CHAPTER IX
DEMAND-REDUCTION STRATEGIES
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The efforts made merely at the reduction of supply of drugs to the existing and potential drug abusers will fail, as pointed out earlier in this work, to achieve any significant success unless efforts are also made in the direction of demand-reduction.

The demand-reduction strategies must aim at bringing drug awareness to every person in the society, and motivating him to give whole-hearted support to the efforts made by the governmental or non-governmental institutions for combating drug menace. Such strategies must make a two-pronged attack: on the addicts to give up drugs, and on the rest of society not to fall prey to the temptation to experiment with drugs.

GENERATING PUBLIC OPINION

The power of public opinion is the strongest weapon against drug abuse and illicit trafficking. It is only a resilient public opinion which will give shape to a strong political will to fight this menace. Public opinion alone can force the elected representatives, legislative bodies and the government machinery to take prompt and effective action in this regard, and to consider themselves accountable to the people. It can also keep the executive alert towards the lethargy, inefficiency and corruption prevalent amongst the public officials, lawyers, judges and all those responsible for controlling drug abuse.
For generating strong public opinion against drug abuse, it is necessary that the people in general should be well aware of the problem. Talking to the common people, including those from the educated classes and with high socio-economic background, reveals that there is hardly any knowledge or awareness about drugs. Even the few people, who claim to know, are found to harbour mistaken beliefs about drugs and their abuse. The source of their information is generally a few television serials, feature films, campaign advertisements and news reports appearing in the print media.

The United States has been able to achieve partial success in its drug abuse control efforts in the last few years only due to the awakened public opinion. Drug abuse has always been a major political issue there and all the contestants for presidential post have been making promises to achieve quick progress on this front. A Time/CNN poll conducted in the United States during October 1989 showed that 70 percent of the population would be willing to pay higher taxes if the money so generated were to be used for drug abuse control.

The absence of drug awareness and consequent lack of strong public opinion against drug abuse explains the absence of a strong political will to take the matter seriously in India.

The public awareness can be increased only by an information drive. Luke-warm attempts have been made by the official agencies by disseminating this information through radio and television programmes and publicity campaigns. However, since the official agencies themselves are not certain about the extent of drug abuse in the country, an effort to
ascertain the same having failed up to now, people in general have no information even regarding the approximate number of drug abusers. Thus, the people tend to think that drug abuse is "someone else's problem" and is not going to "affect them or their children". May be, if they can be told that there are over 25 lakh addicts in India, and that there is a possibility that their own children might be amongst the drug-population, they may take a more meaningful interest in the subject, resulting in a total change of their perception and attitude towards the problem.

In view of the fact that ad hoc patch-work approach to the dissemination of drug information has yielded no tangible results, there is a need, as a first step towards demand-reduction, to set up a directorate of drug information and education at the national level for formulation of a strategy for dissemination of information, aimed at generating public opinion against drug abuse. While such an institution may have full financial support from the government, it should not have bureaucratic dominance but be manned exclusively by committed experts and workers actively functioning in this field.

Independent social welfare organizations, voluntary agencies, religious institutions, local bodies and community elders should also get themselves more involved with the starting of a Peoples' movement against drug abuse and illicit trafficking.

Role of the media

The press has a vital role in the delivery of drug information and in generating public awareness as it has a large
audience. This will consequently result in building up public pressure against the low priority being given to drug abuse control by all the three wings of the government.

The print media are the facilitators and accelerators of social reform in a democratic country. However, a study of newspaper coverage of drug abuse during the last five years reveals that most of the reporting has generally been restricted to the seizure of drugs, arrest of the peddlers, and court verdicts. No serious attempt appears to have been made by the print media to find out and report the plight of the drug abusers and the impact of drug abuse on the Indian society as a whole, in a realistic manner.

The press could present the drug information in such a manner that it may not only attract the attention of the readers but be clearly understandable too. In a country with a large illiterate population, diverse cultures, languages and social beliefs, it is certainly not an easy job. However, a sincere effort would yield results, sooner or later.

Doordarshan and the Radio have telecast some programmes in the past on the subject. However, there is a need for a more concerted and innovative approach in this direction.

**REFORMATION PROCESS**

The major task towards demand-reduction is to de-addict and rehabilitate the existing addicts. Parents, school teachers, youth organizations, voluntary organizations, doctors, hospital staff and governmental institutions—all have important roles to play in this direction.
Adolescent drug abusers: Detection and initial response

It is generally the parents who happen to discover quite by accident that their child is an addict. Most of the damage might have been done already by then. Therefore, the parents ought to remain alert to any symptoms of drug addiction in their children. On the slightest of suspicion, it may be worth-while to keep a close eye on the child particularly when he is alone, and also on all his personal belongings for any trace of drugs.

The parents ought to be careful as to how they react to the discovery of addiction in their child. Normally, instead of treating the addiction as an illness, or a habit just as deplorable as excessive drinking or gambling, most parents show their resentment and sense of shock by nagging, criticising, shouting, locking up, denying privileges or threatening the child. At times, some parents start castigating themselves for not being able to control the child or having given him too much freedom or liberty. A few parents may also indulge in acts like curtailing the child's pocket money so that he may not be able to buy the drug, but it may only drive the child into stealing or push him to commission of even more heinous crimes.

These unproductive approaches of the parents may often lead to the aggravation of the problem as the addict feels isolated from his family and tends to avoid it, which by itself makes de-addiction and rehabilitation all the more difficult.

Counselling

An addict is often pressurised by the members of his family, friends, employers or social groups to seek voluntary
However, such pressure may not be effective in persuading him to do so unless he can be convinced that it will be in his own interest to undergo such treatment. An expert drug counsellor can easily perform this job. Hence, there is a need for adequate number of counselling centres. However, there were only 142 counselling centres throughout the country till June, 1993. Immediate action is, therefore, required to be taken by the appropriate government for setting up more counselling centres to cater to the need of lakhs of addicts.

**Specialised treatment for de-addiction**

After proper counselling of the addict - child, adolescent or adult - the only suitable course is to take him to a treatment and rehabilitation centre dealing exclusively with the addicts. Such facilities are, however, not easily available in the country at present. A study by Avadesh Sharma in 1987 in Delhi revealed that public hospitals seldom admit more than two to five addicts at a time for want of beds. This study also revealed that out of 160 brown sugar addicts, who were interviewed, 54.4% went to private doctors, 12.5% to private clinics, and only 3.0% to the public hospitals for treatment. This data may, however, not be truely representative of the addicts on the whole as the study was restricted mainly to the addicts undergoing treatment in the private sector.

As far back as in 1977, the Drug Addiction Committee appointed by the Government of India had observed:

"The existing facilities for the treatment of drug addicts are not adequate. There are no specially organized facilities for the treatment of drug addicts in the country. Most of the drug dependent individuals
are treated at psychiatry departments, wherever they exist, and if they are referred to those departments. As these facilities are obviously limited, it is presumed that some addicts would be treated by general physicians and other health professionals, while quite a large number of them may not be receiving any treatment at all.

In spite of the above observations, there has not been any marked improvement so far in the facilities for de-addiction. Till June 1993, only 97 de-addiction centres had been set up in the whole of the country, with financial assistance from the Central Government.

If an addict has been motivated through counselling to seek treatment but the facilities for the same are not immediately available, the whole effort goes waste as the addict's motivation may not sustain for long. Due to the lack of these facilities, the needy persons tend to fall into the hands of private medical practitioners who have neither the basic infrastructure nor the necessary professional expertise in handling addiction cases. No significant progress in controlling drug abuse is possible unless treatment and rehabilitation facilities are easily and readily available.

The first step in the treatment process involves de-toxification of the addict. The de-toxification period extends to 15-30 days in most of the treatment centres in the country. The objective of de-toxification is to keep the addict away from the addictive drugs for sufficiently long period so as to enable him to overcome his physical dependence on such drugs.
Rehabilitation and after-care

After the addict has been detoxified, he has to acquire the skill to cope with the stresses and strains of normal life. He also needs to acquire the ability to achieve a productive role in the society. Unless the ex-addict acquires these skills, he is bound to fall back to drugs. Due to this reason, 80 percent of the treated addicts relapse to drug abuse within one year of their treatment.

It is widely believed by experts that no formal and short-term treatment can by itself lead to success as the long-term rehabilitation and after-care is essential to prevent relapses.

Rehabilitation and after-care of the detoxified addict involves counselling, giving him vocational training and assisting him in getting employment or setting up his own establishment. These processes generate a feeling of achievement and also inspire self-confidence, which help the ex-addict in fighting back the uncontrollable urge to use the drugs again.

The rehabilitation and after-care facilities available at present in the country are too meagre to be of much help in the drug abuse control efforts. Till June 1993, only 97 treatment and rehabilitation centres and 15 after-care centres had been set up in the whole of country with the financial aid from the Government.

Non-governmental organizations (NGOs)

NGOs can play an important role in de-addiction, rehabilitation and after-care of the addicts. NGOs can be of great help particularly in the social re-integration of the former addicts.
as these organizations can freely communicate with parents, teachers, employers and other persons in close social circle of such ex-addicts. It can, however, be an ideal situation if NGOs and governmental institutions collaborate as the financial resources of NGOs are generally meagre.

NGOs in India have done a commendable job in the field of drug abuse. In fact, almost all the treatment, rehabilitation and after-care centres in the country are being run by the NGOs with the financial aid from the Central Government. Timely governmental support to NGO efforts could give positive results.

**Associations of ex-addicts**

The associations of ex-addicts can be of vital importance in the reformation of addicts. An experiment in this regard was made by Charles Dederich, a former alcoholic, in U.S.A. in 1958 by founding a therapeutic community called SYNANON, modelled on the pattern of ALCOHOLICS ANONYMOUS. This organization aims at teaching self-reliance and promoting personal growth amongst addicts by providing a residential treatment facility in which the residents willingly live and work under an intensely demanding set of social relationships for mutual benefit of all of them. The addict is expected to give up his former style of life, including all his addict friends. He has to reside in a house run by the group and is given a job of responsibility appropriate to his skill. As all the members of the group are ex-addicts, there is no one to ridicule him, or shower him with unsolicited advice. Such experiments at reformation of addicts have, however, achieved limited success.
for the reason that the programmes are too expensive on a per
patient basis to cater to the need of large number of addicts. 19
Dusek and Girdano (1987) report that about 75 percent of those
who enter such therapeutic communities drop out within a month. 20

Another experiment for reformation of addicts by the
ex-addicts themselves had started in 1953 in USA with the
founding of NARCOTICS ANONYMOUS which too was based on the
pattern of ALCOHOLICS ANONYMOUS. NARCOTICS ANONYMOUS is a
fellowship of addicts who share their experiences and problems
with each other in order to overcome their own addiction or
to help other members in doing so. NARCOTICS ANONYMOUS is
different from SYNANON in the sense that the members of
NARCOTICS ANONYMOUS do not necessarily reside together but
meet only at regular intervals for discussion. NARCOTICS
ANONYMOUS has been quite active in India also since 1986. 21

Anand Nadkarni considers the senior and rehabilitated
ex-addicts engaged in counselling to be "light-houses in the
rough sea for a new entrant trying to reach a safe-shore". 22
Benjamin Lobo too opines that universal experience has confirmed
that there isn't a better person than a recovered addict to
help the suffering addicts. 23 In view of the social stigma
attached to addiction and also the social attitude towards
even the reformed addicts, the movements by ex-addicts to
reform the existing addicts need to be encouraged. Social
workers, religious leaders and voluntary organizations can do
a lot in motivating the ex-addicts to form their own associations
and give a helping hand in emancipating the country from the
curse of drugs.
Community Programmes

Community programmes for reformation of addicts are crucial to the success of drug abuse control efforts in any country. In Pakistan, for example, a voluntary organization called 'Green December Movement' was established in 1983 for better utilization of the community resources for the prevention and reduction of drug abuse. After de-toxification, the addicts are required, under this programme, to join a team of religious leaders for 40 days, away from their place of residence, and jointly make efforts to reduce drug abuse in the community. According to the founder of the movement, the treatment success rate has been 42 percent, with success being defined as abstention from drugs for at least six months after de-toxification. The Green December Movement actively involves media and various social groups, including students and teachers, for providing drug information and creating social commitment to the eradication of drug abuse. It also cooperates closely with governmental agencies and NGOs in their drug abuse control efforts. Religious and community leaders in India can do a great service to the nation by following the example of their counterparts in Pakistan.

Indigenous techniques

We in India have excellent techniques, derived from our ancient culture and science, to deal with the human psyche. Yoga therapy, for example, was tried during pre-detoxification and post-detoxification period on about 1700 persons who underwent treatment at 'Nav-Chetna Centre', Varanasi during...
1986 to 1988. Sharma and Shukla (1988) observe that Yoga therapy resulted in higher degree of motivation, self-confidence and initiative amongst these addicts under treatment. Clements and others (1988) report that 15 research studies made world-wide have shown that the Transcendental Meditation System, which has its root in India, can be significantly used in de-addiction and rehabilitation of the drug addicts. The use of these indigenous techniques can thus go a long way in tackling the drug problem in the country.

**Employers' response**

Employers' response to drug abuse problems in workplaces is poor for the reason that they are worried about the public image of their institution if it gets associated with the instances of drug abuse. They fear the law enforcement action, and would also like to avoid the cost of treatment and rehabilitation of the addict employees. On the other hand, the employees too hesitate to seek and accept any help for their treatment from the employer as they see it as endangering their job security and promotion prospects. Unless the employers make it clear to the employees that anyone seeking voluntary assistance will face no adverse consequences so far as the career is concerned, the employees will tend to hide their problems relating to drug abuse. Thus, there is a need for change of attitudes, if drug abuse is to be effectively controlled particularly at the workplace.
Family counselling

For obvious reasons, an addict cannot remain in the treatment and rehabilitation centre for more than 5 or 6 months. He has to come back to his family. Unless he is treated as a normal human being at this juncture, there is every possibility that he will relapse to addiction. Commenting on the general attitude of a family in such circumstances, Lobo writes:

"It isn't uncommon for family members to pile-up negative feelings towards the addict. Although consciously deceived into believing that the past has since been forgiven and forgotten, feelings of hurt, anger and resentment usually lie deeply buried, only to vigorously surface off and on. Wilfully rubbing the past by recalling unsavoury incidents would be an unwarranted provocation that could ultimately spell disaster by undoing all that has been done. The role of the family is to 'nurture' the newly acquired sobriety, as a means towards this end, 'family counselling' becomes necessary."

The members of the family of an ex-addict ought to consider him as a person who has recovered from an illness and do nothing to remind him of his past conduct. Otherwise, there is little hope that such person will remain 'sober' for long. It has always to be kept in mind that an ex-addict will have uncontrollable urge at times to use the drug again, and it requires a lot of psychological strength and will-power to resist such an urge. The most trivial demoralizing comment from any member of the family may immediately break the feeble and tendermost thread of resistance.
POTENTIAL ADDICTS

Most addicts in the country are in the age group between 16 to 35 years. However, the demand-reduction strategy should be based on the presumption that every person between the age of 10 to 35 years, irrespective of the family, social, religious, economic or educational background, is a potential addict. The primary aim of such strategy should be to prevent all such potential addicts from falling prey to the temptation of experimenting with addictive drugs as it is the root cause of a person getting hooked to such drugs ultimately.

It has been observed by the United Nations that the failure of educational institutions and governmental agencies to communicate accurate and credible information on the hazards of drug abuse to people, young as well as old, is one of the reasons for the rapid increase in the drug use throughout the world.

As Mark Gold rightly puts it: "In my view, the goal of education is to help young people deal with the complexities of modern life. No math problem, no spelling problem, is as important as the problem of drug use." Wherever drug education programmes were seriously implemented in schools in the United States, an appreciable fall in drug abuse has been noticed in such schools within a year of starting of these programmes.

Curiosity and peer-group pressure for experimenting with a drug, are the starting points for the onset of addiction in most cases. The researches made so far in India have also
established that the majority of addicts belong to the literate group. Therefore, if we can teach the adolescents and the young, when they are still in school, how to resist such temptations, we can be successful in reducing the demand for drugs in the near future.

Content of drug education

The content of drug education is of vital importance. Instead of merely explaining the harmful effects of drugs, the educational programmes should further help in fostering proper attitude towards drugs in general and their use. It is equally important to develop the individual's ability to resist pressure to abuse drugs, and to generate individual and community commitment to the cause of uprooting drug abuse from society.

Drug education should not aim at scaring the youth with the dangers of drug abuse or with the penalties for such behaviour, as it may prove to be counter-productive due to the natural tendency of the adolescents to indulge in risk-taking behaviour. Vic Sussman stresses: "Scare tactics and hysteria do no work at any stage. Telling children that smoking marijuana will kill them, for example, may backfire when they glean more-accurate information from their peers."

Authenticity and credibility in information given under any educational programme is of utmost importance. If there is any vital discrepancy between the information given and the pupil's own experience with drugs or that of his peers, such information is likely to be received with contempt.
Care should also be taken to ensure that information given to the youth does not arouse their curiosity or desire to experiment with drugs.

**Enforcement agencies and drug education**

The law enforcement agencies in many countries have been closely associated with the educational and prevention programmes. In Canada, for example, the Royal Canadian Mounted Police works closely with the government departments connected with drug education. 38

In Los Angeles in United States, a joint project of the Los Angeles Police Department and the Los Angeles Unified School District, called 'Drug Abuse Resistance Education', DARE for short, provides for a system under which drug information in schools is imparted by instructors who are uniformed police officers trained by specialists in the field. 39 This project is rated as highly successful by independent surveys. 40

Project 'School Programme to Educate and Control Drug Abuse', SPECDA for short, adopted in New York City of the United States is a collaborative venture of the police and education departments. 41 A team of two, one from the police department and the other a drug counsellor employed by the school, impart basic drug education in weekly 45 minute classes. The main reason for the success of this project appears to be that the police officers enjoy high degree of respect from school students, and the drug information given by them is likely to be considered authentic and credible by their audience. 42
It is not necessary to copy the above system in India also but, however, it will be desirable that some similar experimental projects be undertaken and results thereof evaluated for the purpose of making such projects a part of our strategy towards demand-reduction.

**Training of teachers and parents**

Teachers and parents can hardly be expected to impart drug education, if they themselves have meagre knowledge about drug abuse.

The directorate of drug information and education, proposed earlier in this Chapter, can also develop programmes for training of teachers and parents. Such programmes may involve imparting drug information and education by experts in the field to the groups of teachers and parents, in equal proportion, in one or two hours sessions on holidays for a period of six months. Such trained teachers and parents will be better equipped to carry the anti-drug message to children, adolescents, youth and people in general.

**Need for change in perceptions**

Parents in general perceive drug abuse to be a problem of children coming from the poor families as such children are often deprived of economic, social, cultural and educational facilities. They also perceive it to be a problem of children who are not loved or properly cared for by their parents. They find it difficult even to imagine that their
child can fall prey to drugs. For example, surveys made in 1987 by Gordon S. Black Corporation in United States revealed that 51 percent of the parents thought that their children would never abuse drugs, more than 30 percent believed that their children had never been exposed to drugs, and 43 percent parents were under the impression that their children did not have sufficient money to buy drugs. As is well evidenced, all these assumptions are erroneous, particularly in U.S.A. Unless the parents start realizing that their own child is as much prone to drug abuse as the child of any other category of parents, and start teaching and guiding the child accordingly, the children will keep falling prey to this menace.

The parents also need to develop right attitude towards drugs - whether licit or illicit. Mark Gold points out that the "parents who demonstrate right attitudes about drugs - not just illicit drugs but also about alcohol, cigarettes, even caffeine and prescription medication - eliminate the biggest single risk factor for drug abuse."44

Youth recreation

There is a need to provide avenues for youth recreation as it will result in reducing the frustration, anxieties and boredom which have driven the youth to drugs in many cases. More of sports facilities, swimming pools, youth clubs, social and cultural activities will go a long way in this direction. The youth should be encouraged to participate particularly in adventurous and risk-taking games, and also in creative activities.
The almost total absence of the sources of recreation and creative activities particularly in the rural areas makes the youth fall prey to the only recreational activity available i.e., drinking or consumption of any other intoxicating substance.

LEGALIZATION OF DRUGS

Mere frustration with the failure of laws to control the growing menace of drugs in USA has driven many academicians, political leaders, enforcement officials and judges there to over-stress demand-reduction strategies, and advocate legalization of drugs. The proponents of this approach argue that instead of relying on criminal justice, the emphasis should be placed on drug abuse prevention, treatment and education. This campaign got impetus in late 1989, when Robert W. Sweet, a federal judge in USA, advocated legalization, and argued that illicit drugs should be treated like alcohol, with similar restrictions. In 1991, Nobel laureate Milton Friedman advocated legalization of drugs as, according to him, U.S. government's anti-drug war was a dismal failure. In his view, there was an overwhelming evidence that the war on drugs was doing more harm than good. He suggested that illegal drugs should be treated in the same way as we treated alcohol and tobacco. During the United States presidential election in 1992, the Libertarian candidate Andre Marrou is reported to have promised legalization of drugs, if elected. The print-media in the West has also started a campaign for legalization of drugs.
The first argument by the advocates of legalization is that the 'Prohibition' imposed in USA in 1920 had also failed miserably, and alcohol had to be legalized later. This argument, however, ignores the fact that re-legalization of alcohol had resulted in gradual increase in the number of alcoholics. In Mark Gold's view, the 'Prohibition' should have been considered to be successful as it reduced drinking by one-third, produced 64 percent drop in deaths due to cirrhosis, and resulted in 53 percent decline in mental hospital admissions. Alcohol production increased in USA by 88% during the period 1950 to 1969 whereas the population increase during the same period was merely 33%. There is also no evidence that the tobacco consumption is going down even though its production and use are permissible under law. Therefore, the policy of liberalisation of drug laws with the object of making drug use 'boring' may prove to be an utter failure.

The second argument advanced is that criminalisation of drug abuse and trafficking has brought into existence deadly drug gangs and crime syndicates. It is further argued that due to the enormous profits generated by the illicit drug market, organized and unorganized, drug traffickers are the greatest beneficiaries of the drug laws. This argument is countered by the International Narcotics Control Board in the following words:

"Even if one assumes that crime to support personal drug abuse may decline, crime committed under the influence of drugs, as well as chronic violence in the family and in the community, may increase."
The assumption that organized criminal activity and related violence would significantly decrease may underestimate the capacity of organized crime to adjust to changing conditions without significant loss of economic, political or social power. The third argument advanced by the proponents of 'legalization approach' is that criminalisation of drugs lacks moral basis. They argue that when alcohol and tobacco, which are much more harmful than soft drugs like cannabis, are legally available without any restriction, criminalising all the drugs defies logic. According to Barry Stimmel, the estimated deaths related to the use of alcohol and tobacco range from 2,00,000 to 3,50,000 a year while the illicit drug use is believed to claim less than 4000 lives each year, in USA. This argument, however, ignores that the number of deaths, due to alcohol or drug abuse, alone is not a vital factor in view of the fact that drugs, even though not causing deaths in significant numbers, do result in collateral damage like loss of productivity at workplaces, accidents at workplaces or on the roads, neglect of family and children by the addicts, violence at home, and increase in the juvenile crime.

The fourth argument which favours legalization is that the enforcement of drug laws has been an extremely expensive affair and still has not yielded any fruitful result. This argument is not much convincing as the laws have, in spite of the poor enforcement, prevented many people from experimenting with drugs, which they might have done if the drugs were freely available. Secondly, no programme is expensive enough if it is aimed at protecting the future generations of mankind.
The fifth argument advanced by the advocates of legalization is that the illicit drugs are adulterated, unexpectedly potent or impure, and thus endanger the lives of addicts. They further argue that the sharing of unsterilized needles for intravenous administration of illicit drugs is leading to the spread of AIDS. This argument cannot be accepted on the ground that while there is no guarantee that impure or adulterated drugs would vanish from the market, or that the addicts would stop sharing needles, just because the drugs have been de-criminalised, there is a very high probability of unprecedented increase in drug abuse consequent upon legalization of drugs.

Most of the advocates of legalization stress that there is no harm at least in legalizing 'cannabis' which has been considered by some scientists to be less harmful than alcohol and tobacco. Attacking this argument, Mark Gold points out that cannabis available in USA in 1991 is almost 30 times more potent than the cannabis available earlier when the research about its effects was done. According to the United Nations also, cannabis is certainly much more dangerous than alcohol and tobacco as (i) while alcohol leaves the body within 24 hours as it is water-soluble, cannabis is fat-soluble and its psychoactive chemicals attach themselves to the fatty parts of the body and thus can be detected up to 30 days after use, (ii) cannabis adversely affects memory, heart, lungs, and respiratory functions, and (iii) a cigarette with cannabis products in it contains more cancer-causing agents than plain tobacco cigarette. Besides, there is also a strong evidence, according to Donald Louria, that cannabis use by a person may
lead to his opting for other drugs such as LSD, hallucinogens, or even heroin. Therefore, cannabis has to be treated at par with other narcotic drugs so far as the question of legalization is concerned.

Whatever be the merits or demerits of legalization argument, it is certain that once drugs are legalized, there is every chance that the people in general, and adolescents in particular, will be tempted to experiment with drugs. At present, many persons are repulsed from venturing into the field of drugs as (i) the drug use invites penal consequences, (ii) the drugs are quite expensive in the illicit market, (iii) these are available only with the criminals, and (iv) these may be adulterated or spurious. Once the drugs are legalized and are freely available, there will be nothing to restrain people from trying the drugs to satisfy their curiosity.

The International Narcotics Control Board strongly opposes the plea for legalization of drugs. In its latest report, the Board has observed:

"It appears that basic aim of the advocates of legalization is to allow the recreational use of narcotic drugs and/or psychotropic substances. It must be noted that such a step would create a legal demand for those drugs and, consequently, the current restrictions in respect of supply (cultivation, production, manufacture, trade and distribution) would need to be abolished or fundamentally changed. History offers a good example of the consequences of
such a change. The result would be similar to the situation of China in the nineteenth century, when, after the Opium War, the country was forced to accept the free availability of opium. Following that action, the number of opium addicts in the country increased drastically to an estimated 20 million.\textsuperscript{62}

Legalization of drugs is, therefore, not a solution to the problem. It can be solved only by a societal change which may be brought about by creating public awareness about the hazards of drug abuse, and educating the young generation not to fall prey to it. This process takes a long time. Till then, legalization might lead to an unimaginable spurt in drug abuse. Particularly in a country like India, where literacy rate as well as public awareness about drugs is quite low, liberalisation of even comparatively mild drugs, e.g. cannabis, can spell disaster. Hence, there is a need for equal stress on the supply-reduction strategies as well as the demand-reduction strategies.

To sum up, the demand-reduction strategies should strive at creating public awareness about drug abuse through authentic and credible information, at providing adequate facilities for treatment, rehabilitation and after-care of the existing addicts by involving also the voluntary non-governmental organizations, employers and ex-addicts, and at providing the necessary drug education facilities and creating avenues for youth recreation to keep the potential addicts away from drugs.
NOTES


2. The number of drug addicts is on the decline in USA, as mentioned earlier in Chapter I at p. 33.


6. Id.


10. Id.


12. Supra note 8.

14. Ibid., p. 76.

15. Supra note 8.

16. Id.


19. Ibid., p. 272.


25. Id.

27. Id.


29. Lobo, op. cit., p. 132.


31. Studies in India have revealed that religion, caste, literacy, economic conditions and marital status etc. are of little or no consequence in drug abuse. See, Singh, op. cit., pp. (i) to (xiii).


34. Ibid., pp. 203-205.

35. See, Chapter II of this work.


40. Id.

41. Id.

42. Id.
44. Ibid., p. 173.
49. "Legal Drugs", The Times of India, New Delhi, 20 May 1993.
50. Gold, op. cit., p. 28.
56. Nadelmann, loc. cit.
57. McBride, loc. cit.


