

Drug Supply, Drug Phenomenon and Socio-economic Factors

Prepared by Chung Tang
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Based on the research: Policy and Practices of Drug Use India: A Situational Analysis

By Lohitha Jaikar, Stella Maris College (India) and Sandra Joseph International Federation of Catholic Universities (France)

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Purpose

- A comprehensive qualitative research on the development and evolution of drug policies and rehabilitation services in India and its implication of modern day drug situation / reality in India.

Approach

- An inclusive and integrated approach which entail a broad understanding of the drug issue through engagement with policy makers, NGOs, civil societies, government, the grass roots and community workers.

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Assumption

- “Drug using behaviour is dynamic, multifaceted phenomenon which is constantly changing and hence has to be understood in the socio-cultural context in which it occurs.”

Lohitha Jaikar and Sandra Joseph

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India's Drug History

- One of the longest history of drug use in the world.
- Drugs were used primarily for medicinal purposes / no regulation.
- Imposed international intervention resulted in secular use of traditional suppliers by criminal networks.
- Contemporary International drug policies sought to control both the demand and supply of drugs through the criminalization of production, trafficking and consumption.
- Due to its strategic location, India became a major transit country for drug trafficking.
- Newer drugs were being introduced and synthetically made.
- Synthetic and chemicals drugs were being abused at increasing and rampant rates.

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The Government's Response:

- In 1985 the Narcotics Drug Psychotropic Substances (NDPS) was introduced to tackle the issue.
- NDPS strategy did not bring down the drug rate, in fact contributed to criminal activity.
- Cannibals and opium loses its traditional value and becomes abused and commoditize.
- According to a 1999 UN Report, India has 1 million heroin dependents, unofficially about 5 million.

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By 2004, India had:

alcohol (62.4 million users)
 cannabis (8.75 million users)
 opiates (2.04 million users)
 sedatives (0.29 million users)

*(National Survey by the Ministry of Social Justice and Empowerment and the United Nations Office on Drugs and Crime published in 2004)

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• By 1995 the Indian government introduced the National Demand Reduction Programme (under the Narcotic Drugs and Psychotropic Substances Act) (NDPS):

- establish as many de-addiction centres as possible for treatment and rehabilitation of drug dependents.
- NDPS dealt with enforcement and treatment.
- The Ministry of Social Justice and Empowerment was appointed to implement strategy:
 - approached to issue only from correctional standpoint.
 - did not want to get involved with direct services, only provided funding.
 - both departments lacked ownership.

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Gaps to the Policy

Lack of Accessibility

- There were less deduction centres than dependents.
- Only “clean” dependents were allowed the services.
- No holistic alternatives for addicts.
- Difficult to get to.

Lack of Quality of Services

- Restricted admission for HIV positive and TB patients.
- Most of these centres were not equipped to deal with health problems associated with addictions.
- Professional counselors and social workers did not run the centre.
- Sixty % of patients relapsed after undergoing treatment.

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Lack of Human Rights Protection

- Patients were forced to be admitted into the centres with the consent of their family members.
- Patients were forced to do all sorts of chores and were physically assaulted.
- Discrimination of HIV positive patients through referrals to other hospitals.

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Conclusion

The development of drug policy is determined by:

- Socio-cultural
- Economics
- Political
- Value Systems / Ideology

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Thank you!

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