

## Present Scenario of Drug Addiction in India: An Overview

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### Abstract

Drug addiction is a complicated neurobiological illness that alters a person's brain and behaviour to the point that they are unable to control their need to consume drugs. Here researcher finds out a few objectives. These are, to state the present scenario of drug addicts from the perspective of India and explain the government initiative to prevent drug addiction. The researcher will conduct this research through the documentary analysis method. The researcher's main intention is to observe the current situation in India regarding drug addiction as well as how much government initiatives are able to control the structure. Since the younger generation is primarily responsible for leading India and positioning it as a developed nation, developing nations like India need to raise awareness to end this out-of-control situation.

**Keywords:** Drug addiction, Present Scenario, Indian Perspective.

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### INTRODUCTION

Drug-related fatalities have become a significant public health issue in the United States during the last 20 years. As opportunities to use and abuse drugs have tremendously increased during the past 50 years, so has addiction research (Helinski & Spanagel, 2011). Drug and alcohol addiction is a common lifestyle trend that affects both developed and developing nations, and it is becoming more widespread globally. Almost 60 years ago, alcohol researchers began to test strains of mice for alcohol preference and intake (Eisenhardt, *et al.*, 2015). One of the biggest issues facing contemporary culture is substance abuse. Addiction to alcohol, cigarettes, and drugs is now acknowledged as a major public health concern. Addiction science has made great progress in the past decades (Khalili, *et al.*, 2018).

Regular drug abuse has a significant impact on the nervous system, especially the brain. Addiction is a chronic, relapsing brain disease that leads to medical, psychological, and social complications (Fluyau, *et al.*, 2024). Early drug exposure can have long-term effects on the structure and function of the brain. Drug addiction, also known as substance use disorder, is a neurological and behavioral condition that makes it difficult for a person to control their use of drugs or prescription drugs, whether or not they are legal. Euphoric properties of cocaine lead to the development of chronic abuse, and appear to involve the acute

activation of central DA neuronal systems (Dackis & Gold, 1985). Addicts may continue to use drugs even after they cause harm to themselves. It's common to use the terms tolerance, dependence, and addiction when discussing drug abuse. The onset of drug use is often rooted in adolescence, and studies show that substance abuse is often related to cigarette and alcohol consumption in adolescence (Farhadinasab, *et al.*, 2008).

For some users, the first step toward drug addiction is to experiment with pleasurable substance use in social situations, which can result in increased drug use frequency. Both licit and illicit substance use cause serious public health problems and evidence for the same is now available in our country (Murthy, *et al.*, 2010). Drug addiction can begin for certain individuals, particularly those who use opioids, when they take prescription drugs or obtain them from another person who is prescribed. The use of drugs (as intoxicants) is universal; the hedonistic use of such drugs has led to their abuse, and has always been a social problem (Dube & Handa, 1971). You might quickly discover that the drug is necessary for your well-being. As your drug use increases, you may find that it becomes more difficult to quit using them. The most negative attitudes were found toward "heroin" vignette and the most positive attitudes were found toward the "cannabis" vignette (Çirakoğlu & Işın, 2005). First-time drug users may experience seemingly advantageous effects from the substances. It's possible that they think they have control over how they

use them. But drugs have the ability to seize control of a person's life very quickly. Impulsivity appears to play an important role in suicidal behaviors and drug abuse, which are two psychiatric problems that may interact with one another. (DC American Psychiatric Association 2004). When drug use persists, the user eventually finds it more difficult to enjoy other activities and needs to take the drug in order to feel normal. Further research is required to examine the relationship between the different motivations to withdraw from heroin and other important variables such as withdrawal outcome (Murphy & Bentall, 1992).

Although using drugs puts them and their loved ones in a lot of trouble, they struggle to control their urge. Even in the early stages of their drug use, some people may feel a craving to take more drugs or to take them more frequently. Extensive evidence from the laboratory and the clinic suggests that drug addiction can be viewed as operant behavior and effectively treated through the application of principles of operant conditioning (Silverman, *et al.*, 2008). These imply that the person in question is addicted. The current study aims to provide an overview of drug abuse on a national and worldwide level.

## 2. OBJECTIVES

The goals of the current study have been formulated by the researchers as follows: -

- 1) To describe the current state of drug addiction in India from a global standpoint.
- 2) To explain the government initiative to prevent drug addiction.

## 3. METHOD OF THE STUDY

In this investigation, the researchers used a documentary review methodology. Interpretative analysis of qualitative data has been likened to a form of creative storytelling (Sheard, 2022). The research employs a qualitative methodology. The documentary research method (DSM) is examined in this paper with the goal of offering both a general understanding of the DSM and particular tools for its effective application. In order to identify and/or comprehend patterns and regularities in such a social phenomenon, it entails methodically gathering data about it. Documentary analysis of existing information, such as newspaper articles, is an identified method for use in an assessment to provide a descriptive explanation of existing problems or assets (Lawson, 2018). The researcher has read a great deal about drug addiction in reports, policies, and empirical studies.

## 4. FINDINGS OF THE STUDY

The government thinks that treating substance abuse holistically is important. y. Bringing awareness and educating can help in eradicate the problem of drug addiction in our country (Shweta, *et al.*, 2017). On August 23, 1985, the Narcotic Drugs and Psychotropic

Substances Act of 1985 was presented to the Lok Sabha. It was approved by both Houses of Parliament and signed by the President on September 16, 1985. The NDPS Act, also known as the NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT, 1985, went into effect on November 14, 1985. The Narcotics Control Bureau was set up under the act with effect from March 1986 (Anonymous<sup>a</sup>, 1985).

United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. The three United Nations conventions that govern the current regulatory framework for narcotic and psychotropic substances—the Convention on Psychotropic Substances (1971), the Single Convention on Narcotic Drugs (1961, as amended by the 1972 Protocol), and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)—have come under fire. The world community has realized as early as the beginning of this century that collective action between nations is to be more effective in controlling drugs of abuse (Khan, 1979).

The 2014 Amendment recognizes the need for pain management as a major state responsibility. It creates the class of drugs known as Essential Narcotic Drugs (ENDs). In November 2016, the MP Dr. Dharamvira Gandhi announced a plan to amend the NDPS Act through a Private Member's Bill. Opium and marijuana would be made legal under Dr. Gandhi's bill. The Indian Constitution's Article 47 describes the country's attitudes toward narcotic and psychotropic drugs. Article 47 of the Indian Constitution mandates that the state should strive to enforce the prohibition of the consumption of intoxicating drinks and drugs harmful to health (Yadav & Asha, 2024).

### Cultivation in Licit

The State Government is empowered to authorize and regulate the use, sale, transportation, and other activities involving poppies straw under Section 10 of the NDPS Act. The mandatory presumption of law holding the culpable mental state strictly applies in NDPS law where it affects the right of the accused leading to 90% conviction rate in NDPS cases (Chatterji & Sadhu, 2024). Section 8 of the 1985 NDPS Act grants State Governments the authority to authorize the cultivation of cannabis for scientific and medical purposes. Thus the act also have a provision to cultivate drugs like cannabis, poppy, coca plants etc for the medical purpose (Kalura, 2021). Examples of complementary therapies that have only very rarely and exclusively used cannabis are homeopathy and Ayurveda. India also use some other kind of drugs to celebrate different festivals in the nation (Aggarwal, 2019).

The NDPS Act forbids the cultivation of cannabis (*Cannabis sativa*) and opium poppy (*Papaver*

sominiferum). Growing opium poppy in violation of Section 18 carries a penalty, whereas cannabis growers are responsible under Section 20. Once an individual is caught with drugs, investigation process should always result in conviction (Murthy, 2021). Section 44 states that each official designated by Section from the State and Central Governments 41, 42, or 43 may enter, search, seize, and make an arrest for crimes involving illicit farming. The official record states that the NDPS Act was enacted in order to provide adequate penalties for drug trafficking, strengthen enforcement powers, implement international conventions to which India was a party, and enforce controls over psychotropic substances (Tandon, 2015).

### Amendments to the NDPS

1989 saw the first amendment to the NDPS Act. Tough punishments were imposed, including mandatory minimum terms of ten years in prison, prohibitions on bail and suspension, special court trials, forfeitures of property, and, in certain situations involving recurrent crimes, the mandatory death penalty. The smuggling and illegal trafficking of narcotic drugs and psychotropic substances into India have led to drug addiction among a large section of the community, particularly the adolescents, has assumed serious and alarming magnitudes in the recent years (Sangaonkar, 2021). Following these changes, unless one could demonstrate that the drugs were used for personal use, anyone found in possession of even small amounts of drugs could face lengthy prison terms and substantial fines.

The 2001 amendment updated the criminal code and introduced a system of graduated fines based on the amount of drugs used. Regarding the quantity, three categories were created: small, commercial, and intermediate. The Narcotic Drugs and Psychotropic Substances (Amendment) Act, 2001 is the continuation of the parent Act, The Narcotic Drugs and Psychotropic Substances Act, 1985 which was enacted by the Parliament to comply with international legal instruments to prevent the manufacture and utilization of narcotic drugs and other psychotropic substances (Anonymous, 2001). The Central Government issued a notification setting the threshold.

2014 saw yet another amendment to the NDPS Act, which became effective in May of that same year. The original intent of the law was broadened by supporting the use of narcotic drugs and psychotropic substances for scientific and medical purposes while prohibiting their illegal use. The Narcotic Drugs and Psychotropic Substances Act, or NDPS Act, was enacted to control addictive drugs and prohibit their possession, dispersion, sale, import, and trade in India (Thakur & Mittal, 2021).

### Drug Addiction Treatment

The NDPS Act supports drug-using people's access to treatment as a "alternative" to and distinct from criminal measures. Many of the Act's provisions encourage treatment seeking and decriminalize drug use and offenses involving small amounts of the drug. The treatment provisions of the NDPS Act possess certain distinctive features. Repetitive transcranial magnetic stimulation (rTMS) is a noninvasive brain stimulation technique that has been assessed in a growing number of studies for its therapeutic potential in treating addiction (Bellamoli, *et al.*, 2014).

### World perspective

The most recent World Drug Report states that 269 million people used drugs in 2018, a 30% increase from 2009, and that over 35 million people worldwide suffer from drug use disorders according to UNODC, 2020. Drug addiction is characterized by the compulsive use of addictive substances despite negative effects on the user and society. Injecting drug use has been reported in 148 countries and HIV infection has been seen among persons who inject drugs in 61 countries (Des Jarlais, *et al.*, 2016). It is a chronically relapsing disorder.

According to estimates from the UNODC's 2021 World Drug Report, 275 million people used drugs worldwide in the year prior, with over 36 million of those users experiencing drug use disorders.

### 1961 saw the first Convention on Narcotic Drugs

The goal of this convention is to end drug abuse through international cooperation. On March 30, 1961, the 1961 Single Convention on Narcotic Drugs became available for signature. Two complementary approaches are employed in the management and intervention processes. March 2011 marked the 50th anniversary of the Single Convention on Narcotic Drugs (Taylor & Jelsma, 2012). First and foremost, it aims to restrict drug use, possession, import, export, trading, distribution, and manufacturing to uses that are only related to science and medicine. Second, it uses international cooperation to discourage and deter drug traffickers in the fight against support for drug trafficking.

### Second Convention on Psychotropic Substances, 1971

The Convention establishes a worldwide framework for the control of psychotropic substances. To regulate psychotropic substances, the Vienna Convention on Psychotropic Substances, 1971 was developed. In response to the growing diversity and breadth of drugs of abuse, it established regulations over several synthetic medicines based on the combination of their therapeutic value and abuse potential. The Convention on Psychotropic Substances, 1971, lays a great responsibility on the World Health Organization to recommend to the United Nations Commission on Narcotic Drugs notifications initiated by the World

Health Organization, or by a party to the Convention, regarding international control (Khan, 1971).

### **United Nations Convention on the Illegal Trade in Narcotic Drugs and Psychotropic Substances, 1988**

In order to combat drug trafficking, this Convention offers a wide range of measures, such as prohibitions on money laundering and the diversion of precursor chemicals. Finally, in the 1980s, the dangers of the drug traffic assumed an important place on the international agenda and measures to reduce drug-related organized crime were enacted (Carstairs, 2005). This Convention offers extensive measures to combat drug trafficking, such as prohibitions on the diversion of precursor chemicals and money laundering.

### **United Nations Office on Narcotics**

By Economic and Social Council (ECOSOC) resolution 9(I) from 1946, the Commission on Narcotic Drugs (CND) was created to support the ECOSOC in overseeing the implementation of international drug control treaties. The General Assembly (GA) extended the CND's mandate in 1991 to include serving as the UNODC's governing body. The CND's agenda is divided into two sections: an operational section that oversees the UNODC and deals with treaty-based and normative functions, and a normative section that deals with other matters. The role of the United Nations Office on Drugs and Crime (UNODC), *inter alia*, is to support all its member states, especially low- and middle-income countries (LMICs), in fulfilling their commitment to eliminate or significantly reduce the non-medical use of controlled substances (Commission on Narcotic Drugs 2009).

The Ministerial Declaration was adopted by the Commission in 2019 with the intention of supporting national, regional, and international initiatives to hasten the execution of cooperative agreements made to jointly confront and combat the world drug problem. Such efforts to increase decision-makers' readiness and ultimately their endorsement, adoption, and ongoing support of evidence-based preventive interventions should be continued and intensified (Heikkilä, *et al.*, 2021). The goal of the Commission's follow-up to the 2019 Ministerial Declaration is to expedite the execution of all commitments made regarding international drug policy. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale (Degenhardt, *et al.*, 2013).

The 1971 Convention, in contrast to the 1961 Convention, had no provisions controlling the cultivation of plants thought to contain "psychotropic" substances. States parties to the Conventions are required to treat drug trafficking and related activities as serious

crimes, even though treatment may be provided as an alternative in minor cases.

Unlike the 1961 Convention, the 1971 Convention had no rules regulating the cultivation of plants suspected of containing "psychotropic" substances. The intercultural barriers are diminishing in urban populations, and even alien drugs like heroin have been introduced (Sharma, 1996).

Interestingly, the Conventions restrict rather than mandate that State parties criminalize offenses pertaining to personal use (any party may lawfully reduce punishment to minimum strictness).

Nations are free to interpret the term's scientific and medical applications however they see fit because it is not officially defined. Parties must interpret conventions "in good faith," according to Article 31 of the 1969 Vienna Convention on the Law of Treaties (VCLT) 13, which notes that "subsequent practices" can be Nations are free to interpret the term's scientific and medical applications however they see fit because it is not officially defined.

### **India's perspective:**

Goa (78.0%), Punjab (77.5%), Rajasthan (30.0%), West Bengal (32.1%), Manipur (32.2%), Uttar Pradesh (17.3%), Bihar (10.0%), Tripura (Orissa (20.7%), and Delhi (44.0%) had the highest rates of rural drug abuse. The National level survey conducted on drug use in India indicated that prevalence of drug abuse among males in the general population is significant (Singh & Gupta, 2017). More drug abusers in cities reported going to Mizoram (91.0%) and Meghalaya (90.7%) for treatment. The drug laws, initiatives, and programs of the Indian government offer a comprehensive strategy to reduce drug use's origins while also advancing drug prevention and treatment.

### **Previous era of drug laws**

Since the tenth century, opium has been grown in India. During the colonial era, the Opium Acts of 1867 and 1878 were passed to control the production of opium, but not its consumption. In 1893 the Secretary of State for India revealed in the House of Commons that he had ordered the Government of India to conduct a wide-ranging inquiry into the issue of cannabis use in south Asian society (Mills, 2005).

### **Adoption of the Narcotics Drugs and Psychotropic Substances (NDPS) Act 1985**

It is illegal to produce, manufacture, cultivate, possess, sell, buy, transport, store, or consume any kind of narcotic drug or psychotropic substance. According to the NDPS Act, "narcotic drug means coca leaf, cannabis (hemp), opium, poppy straw and includes all manufactured drugs" (Balhara, *et al.*, 2023). The Indian Parliament passed the Narcotic Drugs and Psychotropic

Substances Act, 1985, or NDPS Act. August 23, 1985, saw the introduction of the bill in the Lok Sabha. On November 14, 1985, it was ratified by both Houses of Parliament, and on September 16, 1985, the then-President Giani Zail Singh gave his approval. The primary goal of the act is to regulate the production, distribution, and transportation of these narcotic and psychotropic drugs. The NDPS Act has since undergone four revisions, in 1988, 2001, 2014, and 2021. The Act defines psychotropic substance as “any substance, natural or synthetic, or any natural material or any salt or preparation of such substance or material included in the list of psychotropic substances specified in the Schedule (Anonymous<sub>a</sub>, 1985).

The penalty for violators of the NDPS Act will depend on the quantity of the prohibited substance:

- In this case, a minor offense carries a maximum one-year sentence of rigorous incarceration, a fine of up to ₹10,000 (US\$130), or both.
- The offender may face a severe sentence of up to 10 years in prison and a fine of up to ₹1 lakh (US\$1,300) if the amount violated is more than a small amount but less than a commercial quantity.
- If a commercial quantity is involved in the violation, there will be severe imprisonment for a minimum of 10 years and a maximum of 20 years, along with a fine of at least ₹1 lakh (US\$1,300) and a maximum fine of ₹2 lakh (US\$2,500).

### **The Central Sector Initiative for the Prevention of Drug and Alcohol Abuse 1985-1986**

The Ministry of Social Justice & Empowerment launched the Central Sector Scheme for Prevention of Alcoholism and Substance (Drug) Abuse in 1985–1986 with the intention of informing the public about the harmful consequences of substance abuse and alcoholism.

### **First Drug Addiction related Program in India 1988**

On January 8, 1989, President Ramaswamy Venkataraman signed Act No. 2 of 1989, the Narcotic Drugs and Psychotropic Substances (Amendment) Act, 1988. So far, the UN has organized three international conventions in 1961, 1971 and 1988 (Avasthi, *et al.*, 2019).

### **First Amendment of NDPS Act 1989**

More stringent and severe provisions were added by the 1989 amendment, including special court trials, a ten-year minimum mandatory prison sentence for some offenses, the mandatory death penalty for some repeat offenses, and restrictions on bail. First and foremost, anyone found to be profiting from drugs should face severe penalties. Second, to prevent drug infiltration into the economy trade, border security measures should be strengthened.

### **Second Amendment of NDPS Act 2001**

Quantity-based sentencing, or graded punishment based on "small," "intermediate," and "commercial" quantities, was made possible by the 2001 amendment.

### **HIV National AID Control Program now includes Opioid Substitution Therapy 2007**

Opioid Substitution Therapy was formally integrated as a strategy to prevent HIV among injection drug users (IDUs) in 2007 when the National AIDS Control Programme (NAP) entered its third phase. Some NGOs in India were using OST for HIV prevention among IDUs before official integration. India now has many more OST centers than it did a few years ago. To implement OST effectively, mechanisms for capacity-building, standard operating procedures, and practice guidelines have been established. Prescription opioid use has increased globally from 2008 to 2013, while use of opiates such as heroin and opium has remained stable in many countries, although, decreases have been observed in parts of Europe (Bolshakova, *et al.*, 2019).

### **Narcotics Drugs and Psychotropic Substances Policy 2012**

The National Policy on Narcotic Drugs and Psychotropic Substances (NDPS), which was developed by the Department of Revenue and the Ministry of Finance after consultation with relevant State and Central Government Ministries and Agencies, was approved by the Union Cabinet. The policy documented themes like identifying treatment-related needs for substance use disorder (SUD), establishing minimum standards of care for treatment, assessing SUD treatment programs, government regulation of private and public drug treatment services, building capacity for treatment services, and harm reduction services to lower bloodborne infections. The GoI initiatives for reducing the mental health burden in this country in general and substance use disorders (SUDs), in particular, are immense (Parmar, *et al.*, 2024).

The NDPS Policy will serve as a roadmap for various Ministries and organizations and serve as a statement of India's commitment to combating drug use holistically.

Psychotropic substances and narcotic drugs fall into four general categories:

- Implementing the NDPS Act and its implementing regulations,
- The authorized creation, dissemination, and
- Reduction in the availability of illegal drugs, use of drugs and psychoactive substances for scientific and medical purposes, and
- Reduction of drug demand (illicit).

### Third Amendment of NDPS Act 2014

- a) Establishing a new classification known as "essential narcotics drugs" in order to control particular essential narcotics nationwide;
- b) Raising the objective of the legislation to encourage scientific and medical uses in an endeavor to achieve a balance between drug availability and control;
- c) The terms "management" and "recognition and approval" of treatment centers are introduced to facilitate the establishment of evidence-based treatment approaches; and
- d) Taking away the ability to put someone to death.
- e) A new national regulatory framework for better access to necessary opioid analgesics was established in 2014 by amending this law.

### Rights of Persons with Disabilities Act 2016

The Rights of Persons with Disabilities (RPwD) Act, 2016 was passed on December 28, 2016, and it went into effect on April 19, 2017. One such movement was the disability rights movement which originated during the late 1980s (Chander, 2016). It contends that the definition of disability is based on the idea of mental illness, which is a dynamic and ever-evolving concept about behavior. In order to comply with the UNCRPD, the PWD Act of 1995 was replaced by the Rights of PWD Act, 2016 (RPWD Act 2016).

### Mental Health Care Act 2017

The Mental Healthcare Act of 2017 (MHCA), new mental health legislation, was recently passed in India. The Mental Healthcare Act 2017 replaced the Mental Health Act 1987, subsequent to India's ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2007 (Namboodiri, *et al.*, 2019). It was claimed that this act was more rights-based and less patient-centric than the Mental Health Act of 1987.

### National Drug Demand Reduction Action Plan 2018

The National Action Plan for Drug Demand Reduction (NAPDDR) is a comprehensive program that was started by the Ministry of Social Justice and Empowerment. Focusing on the Indian scenario, this research critically analyses the implementation of the demand reduction programme, i.e. the National Scheme of Assistance for Prevention of Alcoholism and Substance Abuse which emerged from Section 71 of Narcotic Drugs and Psychotropic Substances (NDPS) Act (Joseph, 2019). According to the Department of Social Justice and Empowerment (2021), the National

Action Plan for Drug Demand Reduction (NAPDDR) is the outcome of the collaboration between the Indian government, state and federal governments, and implementing organizations like hospitals, UGC, AICTE, PRIs, NGOs, Trusts, ULBs, and autonomous organizations.

### The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana is being implemented

In an effort to achieve universal health coverage (UHC), the Indian government recently launched the Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (AB PM-JAY) in 2018. India's Pradhan Mantri Jan Arogya Yojana (PM-JAY) is the world's largest health assurance scheme providing health cover of 500,000 INR (about USD 6,800) per family per year (Joseph, *et al.*, 2021). The government of India's flagship program, the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (PM-JAY), aims to realize the long-held goal of achieving Universal Health Care (UHC) in India. Establishing Health and Wellness Centers (HWCs) and supporting universal, comprehensive primary healthcare, along with offering health insurance plans to nearly 500 million Indians to lower their out-of-pocket costs related to the quickly rising cost of healthcare, are its two main pillars.

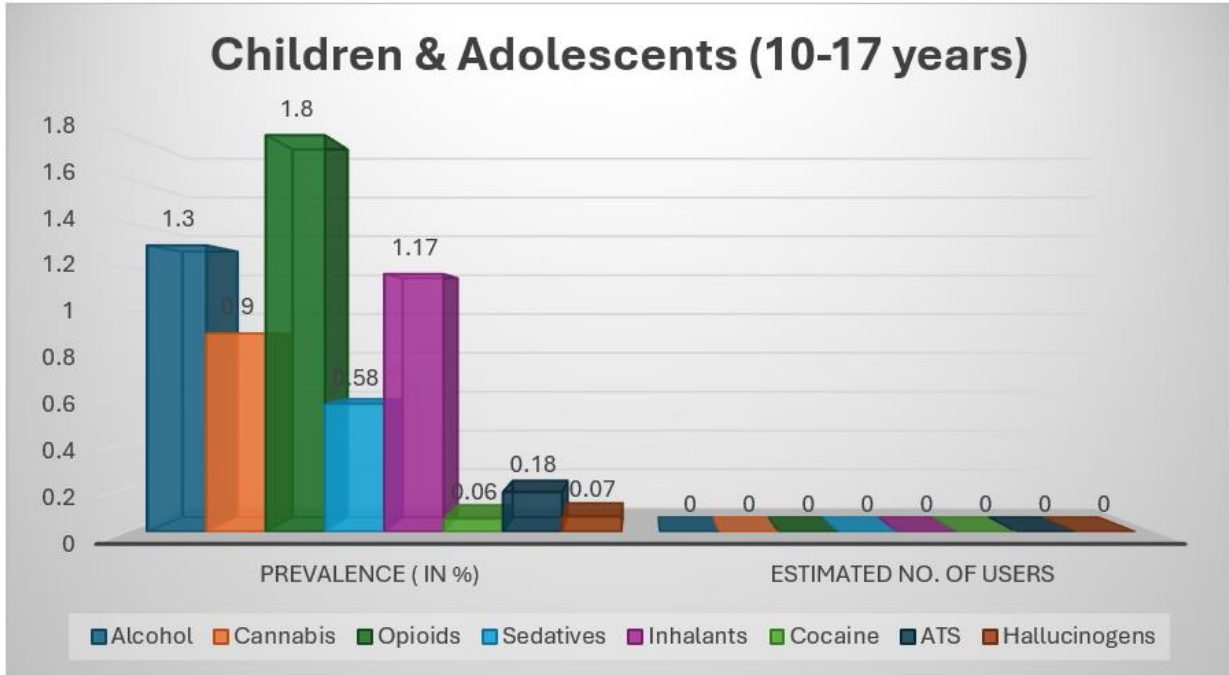
### Launch of the National Telemental Health Program 2022-2023

India's Minister of Finance, Nirmala Sitharaman, unveiled the Union budget for 2022–2023. Mental health issues are a major burden in India, where one in seven people are thought to be suffering from a mental disorder that can be diagnosed clinically. The FM budgeted for mental health because she understood how important it was. A national TV mental health program will be launched," she stated. A National Tele Mental Health Program will be introduced for mental health counseling. Even by conservative international standards, which call for at least one psychiatrist per lakh of population, the most recent National Mental Health Survey found that, in spite of this enormous demand for mental health care services, the infrastructure and skilled mental health professionals that are currently available are woefully inadequate. Telemental health is effective and increases access to care (Hilty, *et al.*, 2013).

According to the Ministry's 2018 National Survey on the Amount and Pattern of Substance Use in India through NDDTC, AIIMS, the prevalence (in percentage terms) and estimated total number of adults and children who use different psychoactive substances at the moment.

**Table 1: Shows the consumption of drugs percentage and their age group.**

Children & Adolescents (10-17 years)		
Substance	Prevalence (in %)	Estimated no. of users
Alcohol	1.3	30,00,000
Cannabis	0.9	20,00,000
Opioids	1.8	40,00,000
Sedatives	0.58	20,00,000
Inhalants	1.17	30,00,000
Cocaine	0.06	2,00,000
ATS	0.18	4,00,000
Hallucinogens	0.07	2,00,000



**Figure 1: Shows drug prevalence percentage and the estimated number of users**

**Table 2: Shows the consumption of drug percentage and their age group**

Adults (18-75 years)		
Substance	Prevalence (in %)	Estimated no. of users
Alcohol	17.1	15,10,00,000
Cannabis	3.3	2,90,00,000
Opioids	2.1	1,90,00,000
Sedatives	1.21	1,10,00,000
Inhalants	0.58	60,00,000
Cocaine	0.11	10,00,000
ATS	0.18	20,00,000
Hallucinogens	0.13	20,00,000

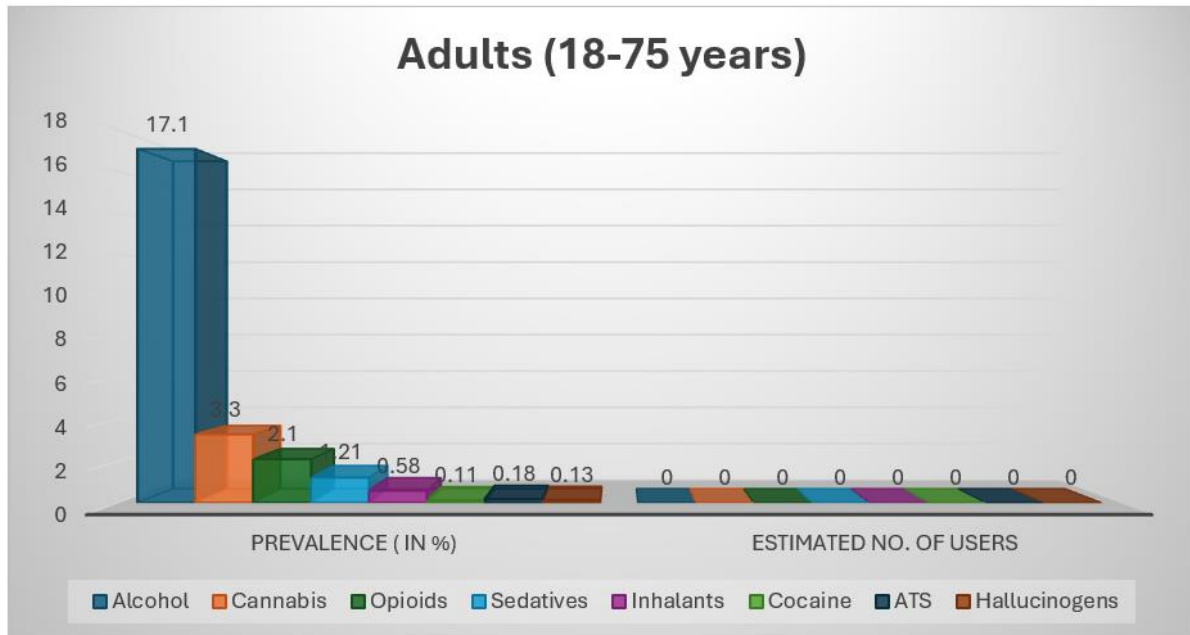


Figure 2: Shows drug prevalence percentage and the estimated number of users

## 5. CONCLUSION

Drug abuse carries a number of risks, such as hypothermia, dehydration, panic attacks, respiratory depression, heart attack, coma, overdose, stroke, blood disorders, and stomach problems. A drug that you take enters your bloodstream, makes its way to various parts of your body, and ultimately reaches your brain, where it produces a pleasurable "high" or "rush." The clinical team at Turnbridge Drug Treatment for Young Adults is knowledgeable about the negative effects that substance abuse can have on the body. These are the recognized effects of medications on various body parts.

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