

Preventive Education on Drug Use: Early Intervention as a Way Forward

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Abstract

Awareness related to substance abuse disorder in Indian is often undermined and is seldom included in the official school curriculums. Being the world's most populous country and the country with largest population of adolescents it is imperative that we focus on preventive education models to reduce the possibility of them falling in to the trap of addictive disorders. Having such a large population vulnerable to becoming addicts in the future due to easy availability of substances poses a greater social challenge that deserves immediate attention of the policymakers.

The National survey on the extent and pattern of substance use in India reported that there are around 16 crore persons addicted to alcohol, 3.1 crore people are addicted to cannabis and 2.2 crore people use opioids. There are around 1 crore children that use inhalants with most belonging to the age group of adolescents. Adolescence is considered to be the second window of opportunity by UNICEF in its compendium (UNICEF, 2017). An alarming population of youth is engaged in the using drugs (both licit and illicit) resulting in cascade of social problems. Sufficient evidence based studies are there that proves that preventive education can prevent addictive behaviours and linked social problems as they are caused by maladaptive behaviours of individuals. Such educational models can be used to limit the demand of substances in the society. So far this aspect of limiting the demand has been missing in the policy framework and the key focus is on either rehabilitative efforts or punitive measures both of which have their shortcomings. One must understand that the preventive approaches are twofold as in one must focus on reducing either the supply or the demand for drugs in the society. Researches that have focused on promotion of protective factors and identification of risk factors that promote substance use have evidently proven to influence the demand and supply of the substances. The NEP (New Education Policy) 2020 also fails to admit the need of such approaches and it presents itself as a missed opportunity when it includes substance abuse as just a footnote under the broader framework of life-skills and puts the responsibility of teaching such critical topics on teachers that are not experts of the field. This fact when coupled with the fact that there is no incentive for the teachers, no assessment, no follow-up studies or booster sessions and no expertise in the changing dynamics of the drug market such initiatives often lose effectiveness and leave a large population vulnerable to this social evil. Plainly put it is like fighting a forest fire with a water pistol.

With this important gap in mind this article proposes to conduct a critical narrative review of the practices that are aimed at substance abuse prevention in Indian context. the article also highlights the magnitude of substance abuse related problems in the Indian society. It aims at initiating a discourse of adapting to evidence-based practices that are effective in making preventive efforts successful and reduce the demand of substances in the society. The article will provide insights towards the causative factors of substance abuse among adolescents, prevention strategies and will critically examine the role of stakeholders in limiting the epidemic in Indian context.

Keywords: Substance use prevention, Adolescents, Awareness Programs, Policy framework, Drugs of abuse, Peer pressure, Risk and Protective factors.

1. Introduction:

Substance abuse has been classified as a major global health hazard and preventable cause of disease responsible for substantial global disease burden (Murthy Pratima, 2010). Historical references to the consumption of these substances can be linked to multiple cultures across the world that were used for recreational purposes or during cultural ceremonies (Leukefeld & Gullotta, 2018). The use of substances transformed into global psychiatric and public health concern during the 20th century. The issue was so wide spread and evolving that it was highlighted in United Nations and it led to resolution 42/112 that established June 26 as International day against drug abuse and illicit trafficking. Based on this resolution the same day is observed in member states. Indian constitution also included this as a major point under the directive principles of state policy (DPSP) under the article 47 that directs the state implement policies that stop the use of intoxicating drinks and drugs that are proven to be bad for health of a person. This was included even as a directive if not a full right of citizens even before such issues gained global attention. India is a signatory of multiple treaties that influenced its native policies on regulation of drugs. They include legislations that are preventive and punitive in nature. These acts are Narcotics Drugs and Psychotropic Substances act 1985, Cigarettes and other tobacco products act 2003 and Prohibition of electronic cigarettes act 2019. These acts establish the legal framework that aims to regulate the nature in which the drugs are regulated throughout the country with states having prerogative to implement their respective policies for regulation. As per the findings of a 2019 report by National action plan for drug demand reduction and All India institute of medical sciences New Delhi that there are around 20 crore Indians who consume intoxicating substances. This term includes 7 crore alcohol users, 4 crore cannabis users and the most frightening number of around 2 million adolescents that are actively using inhalants (National Drug Dependence Treatment Center, 2019). Considering the population of adolescents in the country (253 million approximately) this number becomes more important as they are vulnerable to fall into risk factors that promote the addictive behaviours among adolescents it is also an established fact that the initiation of addictive substances happens mostly at adolescence and that is why the age preceding this stage should be the target age for prevention efforts to be implemented.

One must understand that the instances of abuse in a particular family are mostly under-reported which can be established using data from NCPCR's (National Commission for Protection of Child Rights) consultation held at New Delhi (Rights, 2019). In this event data related to incidence reported on substance use by minors was sought from the states. The data revealed that the cases under sections 77 & 78 of the JJ Act, 2015 (Juvenile Justice Act) was from Manipur and Madhya Pradesh. Other states either reported that cases in single digits or abstained from reporting. This in no sense means that there are negligible cases that took place in relation to substance use in these states but it is due to the fact that such incidents are reported less. Families often consider substance abuse as a taboo and most of the time such incidents are managed in-situ by the families and institutional help is generally not sought. Even if the institutional help is sought the details are often fabricated so that social concealment can be maintained.

Society plays an active role in the development of youth. It also influences the human behaviour through human development under its norms and value system. Same is reflected when we talk about influence of media on young minds. One must look at this fact before jumping conclusions about how that influences the minds of young children. Alcohol and tobacco industry collectively spent around 21 billion USD to advertise their products to the world. (Victor C Strasburger, 2010). In 2022 alone tobacco industry alone spent close to 8 billion USD on advertisement (*Tobacco Industry Spending | Smoking and Tobacco Use | CDC*, n.d.). Tobacco and alcohol industry makes high stake investments in marketing campaigns that they are essentially doing this to make more customers. The aforementioned data was from America where companies strategically target prospective customers by placing the cigarettes or oral tobacco products in hands of prospective users, positioning tobacco in locations that have high footfall and where these products will be psychologically appealing, Point of sale locations where access is readily available and spend on people who in-turn create good will for the tobacco industry in the minds of public. Adolescents get influenced by these advertisements as in a survey on 8000 9th graders in Eire county where the data revealed that 65% of the regular smokers, 48% of occasional smokers and around 28% of nonsmokers admittedly had t-shirts having cigarette brands as logo. In this age and day the dynamics of this influence due to digital age. Digital penetration has reached around 95% of the teens which opens doors to a whole new online market where access to substances is much easier and discrete delivery options make it difficult to observe the addictive behaviour early (Auxier Brooke, 2020), (Pearl, 2024). This deteriorating social cohesion can be attributed to

rapid urbanization, development of nuclear family structure, cultural lag among generations. This aloofness increases the communication gap between the adolescents and their parents and this is where the chances of substance use develop (Daniel, 2017), (Ramadass S, 2017). It should be noted that UNICEF (UNICEF, 2017) labels adolescence as a “Second window of opportunity” in an adolescents life and this period is greatly characterized by rapid and dynamic neurodevelopment, heightened peer influence, carefree attitude and irrational decision making driven by impulse (Blote Anke W, 2016). Adolescents once involved in substance use develop pre occupation about substances and this increases the chances of adolescents becoming a part of drug trade. This in turn funds the habit of addiction when facing financial stress (Bhargava, 2018). One of the most important case that establishes the need of preventive education to limit and fight social evil is the fact that our legal system treats cases of drug/ substance possession very seriously post the enactment of NDPS (Narcotic Drugs and Psychotropic Substances) Act, 1985. Indian judiciary the belief is that ignorance to law cannot be treated as an excuse to commit crime. The punishments in this law are determined on the basis of the quantity of the contraband. If the adolescents in question are minor then the reformatory approach is used to send the children to reform centres (Debroy, 2025) (Lama, 2020). The paradox here is that there is no systematic education that is provided in relation to substance use or abuse formally.

2. Influence of Risk factors and Protective factors:

Before diving into the factors that may act as a risk factor (promoting the use of substances) and protective factors (act as deterrence and prevents substance use) one must understand the difference between substance use and substance abuse. This understanding is essential to design interventions and understand the strategies that could be used in harm reduction. There is a strong correlation of early substance use initiation and long term dependence. But the factors that are responsible for initiating substance use may not be the factors that are responsible for its progression into dependence. Etiologically there is no consensus on what different variables are similar across individuals and act as triggers for initiation and continuation of substance use. Research mostly focuses on risk and protective factors but the context is mainly limited to factors analysed in the context of substance use and not for substance abuse or dependence. There are biological, psychological and contextual risk factors associated with both substance use and abuse. (Opportunities in drug abuse research: Pathways of addiction)

There are multiple variables that influence the chance of a person becoming addict. The risk framework given by Mackenzie Whitesell (Mackenzie Whitesell, 2013) states that there is an interplay of following factors:

- Genetics and family history: incidents of substance abuse in the family is in direct correlation to adolescent vulnerability. This can primarily be attributed to perceptions about euphoric feelings adolescents have seen others feel and biological soothing responses.
- Parent child relations: the parent child relations matters a lot as stressful home environments where insecurities dwell have been found to be found to be actively be delinquent behaviour.
- Trauma and neglect during childhood: is caused by abuse (Physical and Mental) faced by children in their younger years leads to taking up of addictive behaviours as a coping mechanism.
- Deviant peer relationship: in adolescent age having associations matters a lot. Sometimes however the students may inadvertently become part of a social group that they aspire to be a part of but which uses drugs on a regular basis.
- ADHD and conduct disorder: Attention deficit hyperactivity disorder and other conduct disorders is one of the main factors that promote addictive behaviours at an early age.
- School performance and anti-social behaviour: one of the strongest indicator for the addictive behaviour of adolescents is their non serious attitude at school. It is an indicator that something has deviated in the personality of the child and timely intervention could be very useful at this stage.

Protective factors work as deterrence or positive factors that could prevent such deviations and limit the influence of risk factors. Education, awareness and sound decision making skills may help the adolescent in abstaining all together. Pervention efforts should focus on early identification and implementing awareness based prevention programs. These may include skill building decision taking and personality based interventions that aim to boost the self-esteem in children. interventions should also include refusal skills so that youngsters are able to identify at risk situations and have the conviction to say no to any advances (Das Jai K, 2016).

3. How people become addicted:

Family environment plays an important role in substance initiation. Adolescents model the behaviour of their parents and hence the family environment has already made use of regulated use of substance to be felt as normal routine (Carl G Leukefeld, 2009). The adolescents get influenced by the unhealthy family systems. Parents let go of the moral authority to ask their own children to abstain from using substances. This becomes inconsistent to the adolescents as they see the parents having substances and having enjoyment and they view substances that are prohibited to them. This increases curiosity and eventually leads to first use. This happens as their perceptions about the dangers of drug use are overshadowed by the fact that the parents have normalised the use. (Carl G Leukefeld, 2009, pp. 187-188). Unhealthy family systems can also be attributed to increasing vulnerability of adolescents. There is no consistent boundaries, clear communication or they lack emotional support, include punishments behaviours and even robust emotional support. This makes children seek solace outside the family and this is where their vulnerability actually reach to a point where they themselves seek external coping mechanisms among which substance use is one. (Carl G Leukefeld, 2009, p. 173). The last factor that plays an important role in contributing to addictive behaviours in youth is availability of substances in society that the adolescent belong to. In India we mostly have regulations in place that clearly determine the statutory status of substances passed by legislative bodies. All those substances that are available for sale either legally or by using illegal means are more prone to be used by adolescents once they face any of the aforementioned situations or any situation that becomes a cause of stress for them.

Post the first use phase a completely different factors come into play that contribute in continuation of substance and this gradually progress to next phases of addiction cycle. These include lack of family support which contributes to adolescents continued use. In such cases treating only the person in problem causes insignificant change unless the family is involved. Persistent substance use by other family members also acts as a causative factor that promotes/ facilitates the substance use in other family members. The family and other social systems may not be conducive to change and may cause situations where the person in problem and seeking treatment will taper towards relapse and the person will be engaged in addictive behaviours for a sustained period of time. All these factors are aggravated by the fact that people who initiate the use of substances early have more likelihood of developing substance use disorders and in some cases this can progress into a long term substance use disorder (Carl G Leukefeld, 2009, p. 142). In a study done by has given a path that an adolescent passed while initiating the substance use.

Diagnostic and social obstacles are another factor why adolescents who seek help don't get valid evidence based interventions to counter their addictions and this results in relapse. Emphasis should be given to diagnosis of co-morbidities that may be creating treatment gaps (Luthar SS, 1999). Then there is also a complication with diagnostic framework that promotes over evaluation of a client and making the process of treatment very complicated by focussing on everything else apart from the actual addiction (Martin CS, 2008). Social stigma driven by social prejudices that labels a youth undergoing highly eventful phase of the life as an addict and always consider him as a criminal. This forces parents to be very secretive of society as this could malign the social status and cause community level issues. This however acts negatively as the more protective parents are the young person in question will ultimately have a protection from parents as they will cover up future addiction based episodes as well (Josh Compton, 2019). Even if parents take their child for treatment the condition of centres, facilities available, knowledge level and exposure of psychiatrists and professionals matters a lot as any mis diagnosis may lead to the young person further drifting away in the trap of addiction. Empathetic attitude that maintains confidentiality and have received professional trainings will be more helpful in rapport building and make accurate diagnosis (Carl G Leukefeld, 2009).

4. Intervention models and diagnosis challenges:

Intervention models should include discussions on risk factors, laws and legal discourses about recent developments, trainings on life skills, social skill trainings and refusal skills and promote healthy behavioural choices (Haug S, 2018). If communities are organised and involved then more positive results can be expected as their support is more integrated and mostly free from prejudices (Hawkins J David, 2008) (David Soole, 2008) (Macenzie whitesell, 2013).

The intervention models that are commonly implemented are school based interventions. This approach is based on three models that are Information based, or are based on boosting self-esteem using personality development models and social influence model that focusses on resistance training and behaviour skill acquisition to develop personality traits that identifies at risk behaviours and refrain into submitting to peer pressure (Howard, 2011).

All the diagnostic tools available at disposal of professionals dealing with young populations are designed in a manner that they probe the incidence of substance use in a past standardized duration (Hasin, 2023). They make almost no attempt to let go of this assumption and are not usable when the objectives are to explore the knowledge based perceptions of respondents. Such designs of assessing the knowledge are supposed to be inclusive, participatory and free from social stigma so that participatory exercises are effective in communicating the message that will ultimately help them a rational choice in their life (Guddad Siddharam, 2023).

Apart from this there are other models of trainings that have been evidently proven to be useful in preventing substance use incidence in young populations such as the Social Assertiveness Skills Training by Pentz that is based on social learning model of Albert Bandura that has been associated with development of assertiveness, cognitive behavioural skills training by Schinke where it is believed that the maladaptive thoughts that fuels addiction can be rectified and altered to challenge them and introduce change and life skills training model by Botvin that very creatively blends substance specific knowledge with focus on development of coping skills and social skills. The limitations of this approach are that it is very detailed and needs much detailing in design and execution of projects.

5. How interventions prevent addictive disorders:

It is evidently proven by multiple studies and agreed upon by major organizations like National Advisory Council on drug abuse that any intervention research involving children and adolescents is vital to understand the factors contributing to the initiation, maintenance and cessation. Majority of users who develop addictive disorders actually start at adolescence. National Advisory Council on Drug Abuse (NACDA) an U.S. (United States) based organization has established that the study of these population groups should be promoted to understand different dynamics about the type of interventions that could aid the development of effective prevention programs. It is however suggested that such programs should be ethically developed and implemented (suggested towards Belmont report and other federal regulations). The rationale for permitting a research is based on children's assent (above the age of seven), understanding the risk assessment and potential perceived benefits, parental permissions wherever applicable, maintaining confidentiality and community work to tackle broader issues like social stigma, reintegration of addicts in society and development of natural environment for former addicts. Before any such research is conducted an exit plan should also be developed to understand the dynamics of perceived benefits and risks. If at any point the risks outweigh the benefits the study should immediately be stopped. This termination can also be based on incidental findings that may result in endangering the immediate well-being of children. Pharmacological research are seldom conducted as the potential risks of drug interventions and the involvement of National Institute of Health (NIH). Then there are laws that like "No child left behind Act of 2001 and Protection of pupil rights amendments establish the consent rules. The parental permission can also be waived off on the recommendations of Institutional boards for special studies based on minimal risks perceived, data is anonymously stored or if the permission seeking will create a bias in the study and influence the results. (National Advisory Council on Drug Abuse, 2004)

Carefully designed interventions can actually be helpful in reducing the incidents of substance use and subsequent addiction in youth. such interventions help in designing such (Jonathan B. Vangeest, 2017). There is dynamic interplay of multiple aspects that could influence the behaviour and perception of children about substances and drugs but interventions that aim at knowledge about the potential risk factors are explored using school based programs and family based programs as well. Schools have been considered to be perfect settings due to the outreach that awareness programs in that setting. Secondly schools play active role in socialization of children so intervention along with development of such factors can have lasting effect. School based interventions can also provide valuable insights through effective data collection. This reveals important insights about the type of behaviour expected from children. family interventions are more micro

based interventions that involve families as integral part of the intervention. This is also a target based approach like school based approaches but the scope of interventions is different.

In Indian context there are two models of intervention prepared by the ministry of social justice and empowerment in collaboration with national institutes and other stakeholder agencies working extensively in this domain (Students and youth prevention movement) namely NISD Life skills module and Navchetna modules that contains guiding principles and content that should be integrated in the existing curriculums taught in the schools (Uthaman Seema P, 2020) (Reid Gary, 2022). Such integrated models have been reported to prevent substance use behaviours and subsequent addiction and abuse of drugs by young population. They also delay the age of onset of substance use in youth. These interventions also work by engaging youth energy to focus towards positive factors and abstain or limit the risk factors. The challenges are mainly related to lack of expert teachers for this crucial topic (Weinstein, 2013). The schools also suffer from lack of teachers and lack of tailored interventions that cater to specific geographical areas and are designed for deep understanding and relatedness. (Estroff, Adolescent Substance Abuse Treatment, 2001). The digital penetration also poses a challenge as the accessibility of substances considered to be gateway drugs are just a click away from being in possession (Romer D, 2017) (Daniels M, 2021). There is widespread misuse of provisions of laws like COTPA around educational institutes (Akash Pradhan, 2020). There are issues even with the enforcement agencies about awareness about recent developments and in-depth knowledge of laws (Ahuja N, 2018).

6. National education policy and legal mechanisms:

It should be noted that there is limited mention of drug abuse in the new education policy 2020. Mention comes under point 4.28 as a foot note and point 8.11. the policy. In both these references it is maintained that special attention should be given to problems faced by children that also includes substance or drug abuse along with multitude of problems faced by them. The policy also mentions that children will be taught about the detrimental effects of alcohol, tobacco and other drugs without even mentioning any concrete framework (Education, 2020). With the previous education policy launched in 1986 with modifications done in 1992 it can be assumed that the NEP 2020 will guide the education policy of the nation for at-least a decade. This becomes problematic as almost a entire generation will not get a chance to get formal education or assessments related to substance abuse prevention. In upcoming years the health burden of the government will only increase and the one of the prime reasons for the same will be left un-attended for at-least a generation more. What should have happened is that this issue be taken to children in forms of debates, assessment based formal subjects and inclusive discussions involving brainstorming on ideas to maintain drug free lives. This issue still does not gets the importance that it deserves.

Ironically on one side there is no formal structure in the country that disseminates preventive education on substance abuse to the youth but there are legislations that are punitive in nature with little focus on reformation of youth once they are found by the legal system in possession of any contraband substance. This becomes controversial as on one side the state is unable to act on suppliers involved in smuggling and availability of substances and when youth interacts with such advances by drug peddlers and god forbid if found in possession of a substance the law of the land starts a witch-hunt to impose penalties based on one of the most draconian laws of the nation which is Narcotic drug and psychotropic substances Act, 1985 (NDPS, 1985). Other laws like Cigarette and other tobacco products Act 2003 (COTPA, 2003), Prohibition of electronic cigarettes Act, 2019, and section 77 & 78 of the Juvenile Justice Act 2015.

7. Conclusion:

Despite all these issues the interventions work and as it is established that when the peer rejection is high among students the chances of substance use initiation reduces (Bachman JG, 1998) (O'Malley PM, 1988). People often confuse experimentation with gateway drugs as smooth transition towards adulthood which in reality is a misconception (Murthy Pratima, 2010) (Chandrakar R, 2012). There is essential need to involvement of family and social systems to have an impactful process leading to change (Estroff, 2001). An ideal curriculum should have an educator who is trained, family involvement, social institutions that foster

positive environment and necessary onus of responsibility by all forms of media that youth and adolescents interact with.

Ultimate goal of any intervention strategy to deal with this national epidemic has to be comprehensive and must involve multiple dimensions that this problem exists within. There should be more importance given to the choice that all of us have to avoid, resist and say no to any advance that may lead to substance use. But it must be understood that such ideal situations seldom arise and practically speaking adolescents and young people should know where their occasional use could turn into addiction and the knowledge provided through such interventions help them in taking appropriate measures to retract and abstain from substance use. Only then can the nation stand against this social evil. Moreover such topics should be formally integrated in school curriculums as an compulsory assessment based subject. Interventions work best when introduced earlier and are appropriate in multiple settings to create awareness and curtail demand of substances in communities. It is about time India gives necessary importance to awareness generation programs and tackle this evil that will be leading cause of deaths and medical burden on our society in the upcoming decades.

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