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ADDICTION, EDUCATION, PSYCHE -- STUDYING THE NEED FOR HOLISTIC DRUG AND ALCOHOL EDUCATION IN INDIA

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ABSTRACT

Drug abuse is an epidemic that has been deeply pervasive in Indian society. It has been found through studies that adolescents and children are at a high risk of succumbing to drug addiction and subsequent medical issues and mental illness. It is crucial therefore, to develop holistic drug and alcohol education programmes in India, with a view to prevent such abuse before it begins, and intervene at the appropriate times for such adolescents who are already vulnerable to the same. Policy in India must incorporate the findings from research globally, as it has been largely focused only on fear based deterrence tactics, and drug education that seeks promises of abstinence. However, these approaches have been identified to be ineffective, counter productive, and capable of encouraging drug usage. With the changing social morality across the world and the legalization of certain drugs such as marijuana, it is important to revisit the issue of drug education in India and create holistic programmes for the needs of students, and various other sections of society. This paper will address the theories and evidence from studies on drug education programmes, and pose policy recommendations for Indian educators and the government, to better implement these programmes in schools.

Keywords: Addiction, Education, Psyche, Alcohol, Drug

INTRODUCTION

The 2004 National Drug Survey Report on 'Extent, Pattern and Trend of Drug Abuse in India' recommended a broad prevention programme to prevent the onset of drug use, with accurate information on the same and life skills training. It was also recommended that thee be selective prevention targeting specific sub groups who are most vulnerable to drug addiction (Tandon, 2015).

In India, there were no planned programmes on drug abuse, alcoholism or tobacco in the health sector, until 1986 (Tandon, 2015). The abuse of psychotropic substances is considered a major

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problem. One of the glaring gaps in policy relating to drug education in India, is a lack of data on the curriculum, and the effects that different strategies and modes of teaching have on students, and levels of drug use (AIIMS, 2019).

According to statistics from the National Commission for Protection of Child Rights, the mean age of onset for drug abuse was from the age of 12-15 depending on the type of drug. Therefore, it is crucial that adolescents be targeted to prevent the early onset of abuse.

Further, there is uneven co-ordination amongst government agencies. What has largely been followed in India with respect to education are fear and abstinence based programs, that have not been effective insofar as prevention and harm reduction is concerned (Jiloha, 2017).

While estimates on the proportion and number of people affected by drug use at the national and state level are available, there is a lack of state level surveys and therefore a consequent lack of data on priority areas within the country. There is also a lack of data on the extent of substance abuse among groups such as prison inmates, homeless people, school and college students, transgender people, and the needs of these sections of the population (AIIMS, 2019).

This paper will assess the policy framework that currently exists in India with respect to drug education, and then examine international best practices and case studies. The paper will then pose policy recommendations on the best practices to implement in such intervention and prevention programs in the country.

BACKGROUND

The Draft National Demand Reduction Policy of 2014, prepared by the Ministry of Social Justice and Empowerment, does not embrace harm reduction and the positive experience of harm reduction policies and programs globally, as well is in India. The focus is still on fear based and punitive measures to tackle drug education and spread awareness among the population, despite the evidence that such measures are counter productive (Tandon, 2015). As with the 2012 national policy on narcotic drugs and psychotropic substances, the draft policy on demand reduction also adopts a zero-tolerance approach to drug use, reiterating the conventional strategies of creating awareness and education to prevent the use of drugs and providing counseling and rehabilitation to stop drug use, rather than seeking to stop the harms relating to consumption (Tandon, 2015). Therefore, the existing policy framework does not at all address the need for preventive measures, harm reduction, or effective drug education especially at the school level.

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It is crucial that such policy be developed. A report by the AIIMS in 2019, titled the 'Magnitude of Substance Abuse in India', highlights the dire situation in India with respect to abuse of alcohol, tobacco and psychoactive substances, as well as opioids. The report highlights that a small proportion of people who use substances in a harmful or dependent pattern end up receiving treatment, and a higher proportion seek religious help. A small proportion of people go to hospitals or NGOs, or other places (AIIMS, 2019). Therefore, the statistics indicate that there is a lack of awareness among the population with respect to arenas for help, and there is little effort on the part of state governments to effectively prevent these situations from arising. The report recommends scientific and evidence based treatment, as well evidence based substance abuse prevention programmes for younger people. The report clearly states that contrary to popular implementation, the best prevention strategies are those which are based on scientific evidence, and which involve working with families, schools, the wider community, and connecting adolescents to resources, with peer led interventions (AIIMS, 2019).

In 2016, the Supreme Court directed the Centre to put a national plan in place to curb the rising case of drug abuse among school children. The court ordered the center to rehaul the curriculum in schools to make children aware of substance abuse. The decision was passed on a public interest litigation filed by Bachpan Bachao Andolan, the organization of the Nobel laureate Kailash Satyarthi. However, this direction from the Supreme Court has not in any way been implemented (Financial Express, 2016). The Draft National Education Policy of 2019, does not address the issue of drug abuse in detail at all (Ministry of Human Resources and Development, 2019).

In the following section, this paper will review international best practices, based on evidence from case studies on addiction psychology, and drug education programmes implemented around the world, to assess the way forward for the Indian curriculum.

DISCUSSION

Certain approaches have been shown to have minimal impact on changing drug using behaviour. However, these approaches remain popular and are considered effective not only in India, but across the world. Among these are one-off programmes in the form of lectures to large audiences, extolling abstinence or seeking commitment for abstinence, providing factual information on the harm caused by drugs, in an attempt to use fear based tactics (Ranaweera and Samarasinghe, 2006).

Studies conducted in South-East Asia, including India, have shown that very few implementers of drug education programs use effective content delivery, the content being the issues that are contained within the programmes, aimed at changing drug using behaviour. Some experts are of

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the opinion that adolescent drug use has risen in recent years despite the infusion of resources into school-based drug-use-prevention efforts (Ranaweera and Samarasinghe, 2006). They also feel that evaluations continue to show that the effectiveness of school-based drug-use-prevention programmes is limited. Such critiques are important, as they are moving global pedagogies away from fear based learning to more intensive, student led, and family based learning.

It has been observed by the United Nations that research on underlying theories of developmentally inspired programmes has taken place mainly in urban communities of the USA. These are very resource intensive. These may therefore not be as applicable to the South East Asian region. However, for such countries, the findings of studies on improving family relationships are important from the viewpoint that family ties are considered to be stronger here than in Western countries (Ranaweera and Samarasinghe, 2006).

According to researchers on addiction psychology, scare tactics, providing only factual information on drugs and their effects, self-esteem building, responsible decision-making and didactic presentation of material have not proved to be particularly effective in the prevention of alcohol, tobacco and other drug use (Tobler and Stratton, 1997). Some of these programmes are built on the premise that awareness of the harms of drug use will prevent drug use (Botvin and Botvin, 1992). It is further argued that continuance of impact of drug education programs is heavily dependent on the robustness of the design and content of the programmes (Skara and Sussman, 2003). There are common characteristics found in programmes are that they are evidence based, developmentally appropriate, sequential, and contextual. These programmes should be initiated before drug use commences, and the teaching should be interaction and use peer leaders (Midford, 2002). Further, successful programmes are long term, with repeated interventions (Shceier, 1999).

It has also been found that successful prevention programmes typically address all forms of drug use, including the use of legal drugs such as tobacco and alcohol, the use of illegal drugs such as marijuana or heroin and the inappropriate use of legally obtained substances such as inhalants, prescription medications, or over-the-counter drugs. Such programmes address all drugs, but typically identify and address behavioural and other issues related to specific drugs.

Perceptions of proximity and the intensity of harm by the recipients is also a factor that affects their receptiveness to the program (Johnston, 2002).

However, many experts agree that the social influences approach is far more effective, and global pedagogies are seeking to move towards such an approach, even in India. The social influence model aims to develop the social skills useful in resisting social influences which encourage drug use. It seeks to strengthen students' awareness of and resistance to the external

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pressures exerted by friends, family, and the media, and internal pressures such as low self-esteem, which can lead youth to drug use. Prevention curriculum based on SIM consists of objective information about drug use, examines drug use attitudes and behaviours, and gives social resistance skill training (Ranaweera and Samarisinghe, 2002; Cujipers, 2002; Norem-Hebeisen, 1983; Ellickson, 1990).

In addition, studies have found that it is also crucial to time the drug education programs at the appropriate intervals where interventions are crucial in a student's development. First, programmes should be delivered prior to initial experimentation with drugs, which has the potential to modify behaviour patterns and responses to drug use situations. Secondly, programmes should be implemented when students are experiencing initial exposure, which is known as the early relevancy period. Information and skills are most likely to have meaning and practical application this stage. The third phase is termed as the late relevant phase, where new knowledge is needed to tackle the already prevalent use, and programs seeking to tackle this stage must be specifically tailored to at risk students, from the most at risk groups in society (McBride, 2003).

POLICY RECOMMENDATIONS

Drawing from the studies and conclusions drawn in the preceding section, the following section of this paper will examine how upcoming drug education programmes and curriculum shouldbe framed to address the issue in the most holistic manner. It is of the foremost importance that there be a co-ordinated strategy in the country, with respect to drug education (Ratnayake, 2011). The way forward for the drug education curriculum is scientific, evidence based approaches that do not reply on emotional or simply abstinence based appeals (AIIMS, 2019; Ratnayake, 2011; Tandon, 2015; UNODC Vienna, 2004). The curriculum should not present information about drugs and drug use in a way that normalizes drug use or experimentation, but at the same time, such resources should not exaggerate or misrepresent the dangers of drug use. Presenting frightening case studies that are too far removed from the reality of young people may be counter productive and does not encourage a healthy attitude that is based on clear evidence, and preventive measures (UNODC Vienna, 2004).

A holistic curriculum must be ongoing, comprehensive, developmentally appropriate programme. For example, experiential learning exercises, creating a non-judgmental environment, with effective like skills coaching (UNODC Vienna, 2004). Evidence suggests that programmes that are teacher-facilitated and student-oriented rather than drug-oriented, one-off or information-based are more likely to achieve drug- and health-related learning outcomes.

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Schools must also provide adequate and regular information to parents in this regard (Ranaweera and Samarasinghe, 2006; UNODC Vienna, 2004).

Evidence from the 'Truth' Campaign in the United States and initiatives carried out in the South East Asia Region, shows that increasing awareness about the methods by which the drug and alcohol trade operates has a significant effect on youth consumption. The Truth campaign involved making teenagers at the school level aware of the tactics employed by the tobacco industry to lure young people into smoking. It also highlighted through the media, how such tactics should be identified and countered by the youth themselves (Farelly, 2005; Ranaweera and Samarasinghe, 2006).

This approach was also adopted in Sri Lanka with respect to alcohol vendors, where it was shown that young people do not like to be manipulated, and became resistant to experimentation when these strategies were revealed to them. It is found that students learn to be vigilant for media promotions, and are inspired to then protect their less informed friends who may be influenced by such strategies. Studies which also incorporate a connection to the surrounding community have been found to be successful. An approach of reshaping the environment of norms and expectations and constructing caring communities, has shown promise. Programmes in Sri Lanka for example, have attempted to change the norms and expectations related to drug use by individuals, sub-groups and communities through self examination, critical thinking, and active participation (Ranaweera and Samarasinghe, 2006).

Successful programmes also connect students with resources and services such as therapists, counsellors and medical resources, to remove the stigma from seeking assistance for drug addiction and mental illness (Ranaweera and Samarasinghe, 2006; UNODC Vienna, 2004; Ratnayake, 2011). A curriculum that combines experiential learning, personalized approaches and evidence based material is in line with the thinking of the philosopher and educational reformer John Dewey, who argued that education and learning are social and interactive processes, and students thus thrive in an environment where they are allowed to experience and interact with the curriculum, and taken an active role in their own learning (Hildebrand, 2018). Dewey's philosophy of a holistic curriculum also advocated for striking a balance between delivering knowledge while also taking into account the interests and experiences of the student. Therefore, the teacher also plays an intensive process in promoting intellectual growth of the students (Hildebrand, 2018).

Therefore, policy must also take into account that teachers must go through intensive training to be able to handle such topics as drug abuse and mental illness in a constructive manner. Studies on drug education programmes have also found that successful implementers have stronger self

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efficacy, enthusiasm, teaching methods compatibility, and formal and informal relationships with students (Ranaweera and Samarasinghe, 2006; Rohrbach, 1993).

CONCLUSION

With the legalization of drugs such as marijuana in several parts of the world, the future of inclusive drug education may be changing. There is now awareness on the effects of simply prohibiting drugs, and how it does not address the concerns of preventive education or rehabilitation. There is awareness that drug addiction is to be treated as a disease, rather than simply imposing punitive measures on drug users. While this significant change on drug education is yet to take root in India, it has been found in the United States for example, that while prior generations of students may have perceived drugs such as marijuana as dangerous with long lasting effects, students today are more aware of side effects, and moderated recreational usage (Davis, 2018). Therefore, receptiveness to drug education is more, and interactive learning enables students to be able to focus on preventive measures and learning about their health, as opposed to abstinence based on fear (Davis, 2018).

Such an approach must be adopted within Indian schools as well, as the social morality of the country is also changing with younger generations having access to more information. Drug education must be changed in line with the policy recommendations above, for a healthier society. As the aforementioned report by AIMMS recommends, harm reduction needs to be embraced widely as a philosophy to deal with substance abuse (AIMMS, 2019).

Finally, it is crucial that there be more research and case studies conducted specific to the Indian context, as most of the research is from Western countries. Only from a more intersectional and contextual perspective, will it be possible to develop effective policy.

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