



Review article

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The latest statistical report of the global synthetic drugs

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ABSTRACT

As stated by the world Drug Report 2017 pellucidly exhibit, there is to large extent work to be done to tackle the many harms inflicted by drugs, to health, peace and security and development in every region of the world. Internationally there are minimum of 1, 90,000 in most cases avoidable premature deaths from drugs, and the greater part attributable to the utilization of opioids. An estimated quarter of a billion people, or around 5 % of the global adult population, used drugs at least once in 2015. 29.5 million People of the worldwide adult population were affianced in problematic use suffered from drug use disorders, opioids the utmost harmful drug type accounted for 70 % of the destructive health worldwide. 28 million healthy years of life lost as a result of drug use 17 million healthy years of life lost as a result of drug use disorders. Opioids, including heroin, Cannabis remain the utmost harmful drug type in health terms. The number of drug users in 2015: Cannabis 183 million, Opioids 35 million, Amphetamines 37 million, Ecstasy 22 million, Opiates 18 million, Cocaine 17 million. United Nations Office on Drugs and Crime is completely busy in strengthening responses, working intimately with our United Nations partners and in line with the international drug control conventions, human rights instruments and the 2030 Agenda for Sustainable Development, which are themselves complementary and mutually reinforcing. Lastly, all Governments should help to improve the evidence base for these reports. Areas such as terrorism, the links between drugs pellucidly touch upon subtle intelligence, and there are authentic concerns about conceding sources, collection and operations. But if we want to effectively address drug challenges we need to strengthen international co-operation and information-sharing to the extent possible, to close the gaps and make sure that joint action is targeted, efficient and timely. This article summarizes the introduction, statistical reports on drug abuse and focuses on the distribution of drug abusers within various states. It also provides analysis of the Andhra Pradesh and Telangana in grip of drug-tied deaths.

Keywords:

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1. INTRODUCTION

Drug addiction¹ is defined as a chronic relapsing brain disease that is characterized by obsessive drug looking for and use, despite harmful consequences.

Opium: Opium²⁻⁴ is an opiate alkaloid. It is obtained from the latex produced from immature seed pods of opium poppies (*Papaver Somniferum*). It consists up to 16 % morphine.

Marijuana: Marijuana⁵⁻⁷ is the synonym of Cannabis⁸⁻¹¹. It is one of the majority abused drugs in world. It comes from the Indian hemp plant, the part that contains the drug is found mainly in the flowers (commonly called the buds) and much less in seeds, leaves, and stems of the plant.

Methamphetamine: Methamphetamine¹² looks like small fragments of glass or shiny blue white rocks. Crystal meth are inhaled, inserted or smoked. It is a psychostimulant and sympathomimetic drug. It goes into the brain and activates the release of nor epinephrine, dopamine and serotonin.

Ecstasy: Ecstasy¹³ is a semi synthetic psychedelic entactogen of the phenethylamine family. It is usually

taken oral pills, tablets or capsules. Mixing Ecstasy with alcohol is extremely dangerous and can be fatal.

LSD (Lysergic acid diethylamide): LSD¹⁴⁻¹⁵ is a semi synthetic psychedelic drug of the tryptamine family. It is obtainable mainly in solid form like tablets capsules (OR) in liquid form. It is extract from the very toxic ergot fungus mold.

Heroin: Heroin is an extract of opium poppy. It is mainly used to treat people of morphine. As it crosses the blood brain barrier, after administration of the drug into the blood stream, heroin is changed into morphine.

Cocaine: Cocaine is extract from the leaves of coca plant. The primary marks of stimulation are hyperactivity, restlessness, increased blood rate and euphoria.

Psilocybin mushrooms: These are fungi that consist of psychedelic substances psilocybin and psilocin. When psilocybin is ingested, it is break down to produce psilocin, which is accountable for the hallucinogenic effects.

PCP (Phencyclidine): It is a drug formerly used as sedating agent, showing mind-altering and neurotoxic effects.

According to world drug report 2016-17 the statistical report on drug abuse:

Heroin: Heroin is an extract of opium poppy. It is mainly used to treat people of addiction to morphine. About 40 % of global morphine and heroin seizures in 2015 being made in countries on the so-called "Balkan route", the pathway appears to persist the world's principal opiate trafficking route.

Cocaine: Cocaine is a tropane alkaloid. It is found from leaves of the Coca plant. It is CNS stimulant, an appetite suppressant, shows the feeling of well-being and increase energy. The foremost signs of stimulation are hyperactivity, restiveness, increased blood pressure increased heart rate and euphoria. The amounts of cocaine seized in Asia increased by more than 40 percent related with the previous year, with increases reported across all sub regions. The measured global detention rate of cocaine enlarged to between 45 and 55 % in 2015.

Methamphetamine: Methamphetamine is a psychostimulant and sympathomimetic drug. Amphetamines remain the second most commonly used drug worldwide, with an estimated 35 million past-year users (range 13 million to 58 million), and the use of amphetamines, particularly methamphetamine, is perceived to be increasing in many sub regions, including North America, Oceania and most parts of Asia.

Opium: Opium is produced from the latex released by lacerating the immature seed pods of opium poppies (*Papaver Somniferum*). It is more frequently processed chemically to produce heroin for the illegal drug trade. In 2015, almost 12 million daily or 70 % of the global burden of disease attributable to drug use disorders, were attributable to opioids. In 2016, global opium manufacture (6,380 tons) increased by one third related with the preceding year. The foremost increase in opium production was mainly the result of an enhancement in opium poppy yields in Afghanistan compared with the previous year. The assessed worldwide interference rate of opiates also rose from between 9 and 13 % during the period 1980-1997 to between 23 and 32 % during the period 2009-2015.

Marijuana: Marijuana is a psychoactive product of the plant cannabis sativa. Humans have been consuming cannabis since prehistory, although in the 18th century there was a rise in its use for recreational, religious or spiritual, and medicinal purposes. It is expected that about 4 percent of the world's adult population use cannabis yearly. The minimum amount of THC required to have a perceptible psychoactive effect is about 10 micrograms per kilogram of body weight. Cannabis remains the world's most widely used drug, with an annual prevalence of 3.8 per cent of the adult

population, or an estimated 183 million people (range 128 million to 238 million), having used cannabis in the past year.

Drug abuse in India:

Commonly abused drugs: Heroin, Opium, Cocaine, Lysergic acid diethyl amine are the most arisen familiar drugs abused among treatment seekers. The majority of respondents were abusing alcohol (43.9 %), followed by heroin (11.1 %), cannabis (11.6 %), and opium (8.6 %). Very few reported abuse of other drugs like propoxyphene, hallucinogens, barbiturates and inhalants (around < 2 % each). Amphetamines were the smallest amount abused drugs (0.2 %). Nearly 19 % of drug abusers have reported abuse of numerous other compounds like tobacco products, Ayurveda medicines and non-narcotic painkillers. Overall, about 26 % reported abuse of opiates.

Alcohol abuse: Alcohol abuse were reported from all the 24 states, 2 union territories and the National Capital Region. The major numbers of alcohol abusers in the sample came from Maharashtra (18.8 %), followed by Uttar Pradesh (12.8 %), Kerala (12.6 %), Bihar (6.3 %) and Haryana (6.2 %).

Cannabis abuse: Cannabis misuse was reported from all the states but Jammu and Kashmir. The states subsidizing the major numbers of cannabis consumers to the sample were U.P (20.8%), followed by Bihar (18.6 %), Kerala (15.8 %), West Bengal (7.4 %) and Maharashtra (7.0 %).

Heroin abuse: Among the 2,246 heroin addicts in the study, nobody were from Himachal Pradesh or Tripura. The more numbers of heroin addicts were found in U.P (17.3 %), followed by Delhi (16.3 %), West Bengal (15.0 %), Manipur (10.1 %) and Bihar (10.0 %).

Opium abuse: Altogether 1725 opium abusers were reported in the sample. There were no cases of opium abuse reported from Mizoram, Tamil Nadu and Tripura. The state with the prime number of opium abusers was Punjab (56.3 %), followed by Rajasthan (11.5 %).

Distribution of drug abusers with in various states:

Across states, the percentage of cannabis abusers among those reporting for treatment was high in Bihar (29.9 %), Himachal Pradesh (26.6 %), Orissa (26.2 %), Assam (23.4 %) and Uttar Pradesh (19.4 %). Similarly, the highest proportions of heroin abusers were found in Delhi (44.3%), followed by Manipur (31.2 %), west Bengal (32.7 %), Rajasthan (31.3 %) and Orissa (21.7 %). Opium abusers accounted for 42.1 percent of the sample in the Punjab and 40.8 percent in Rajasthan. The percentage of alcohol abusers was highest in Goa (83.8 %), followed by Meghalaya (79.7 %), Tripura (72.3 %), Andhra Pradesh (72.9 %) and Pondicherry (72.2 %).

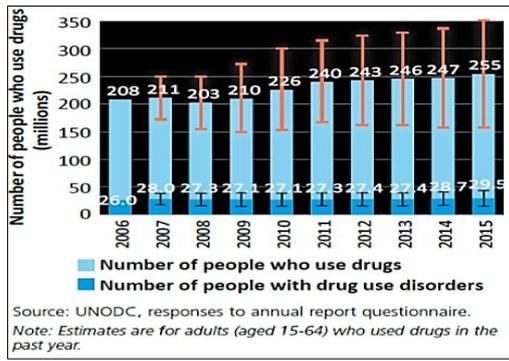


Figure.1a. Global trends in estimated number of drug users and people with drug user disorders, 2006-2015

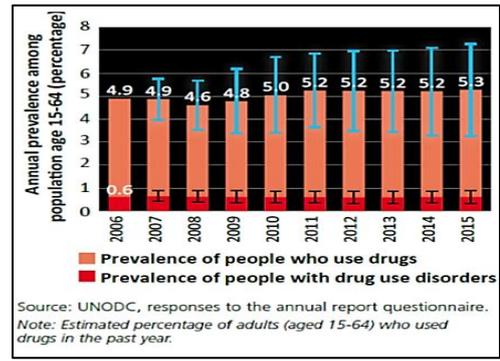


Figure.1b. Global trends in estimated prevalence of drug use and prevalence of people with drug use problems, 2006-2015

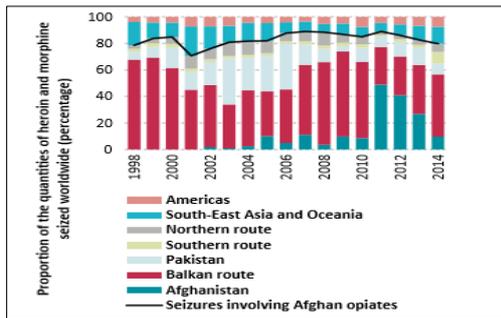


Figure.1c. Quantities of heroin and morphine seized worldwide, by trafficking route, 1998-2014

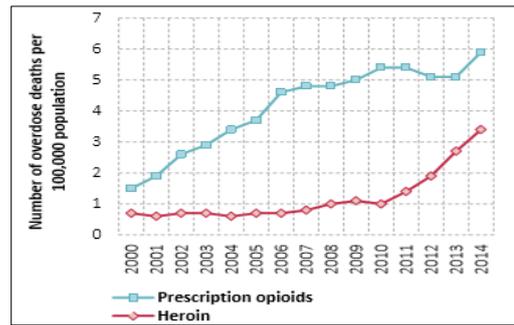


Figure.1d. Age-adjusted rates of death related to prescription opioids and heroin in the United States, 2000-2014



Figure 1e: Quantities of drugs seized in 2015

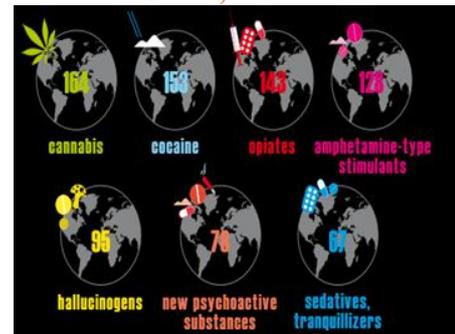


Figure.1f. Number of countries reporting drug seizures, based on 168 countries, 2010-2015

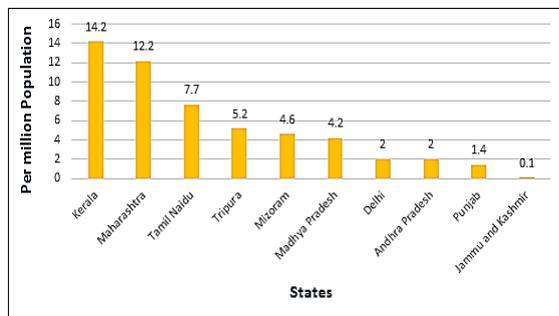


Figure.2a. Drug abuse (or) Drug addiction related suicides in some Indian states

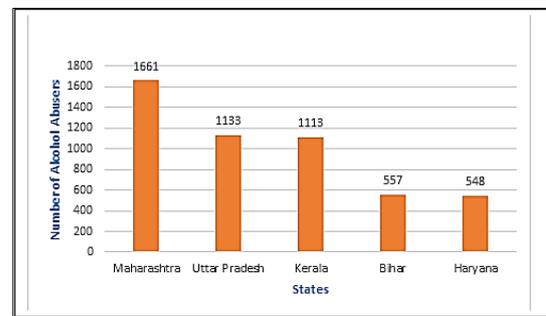


Figure.2b. Alcohol use in top 5 states

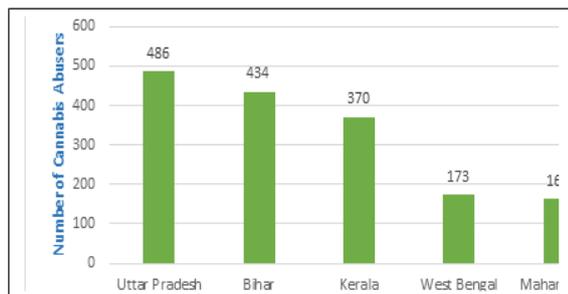


Figure.2c.Cannabis use in top 5 states

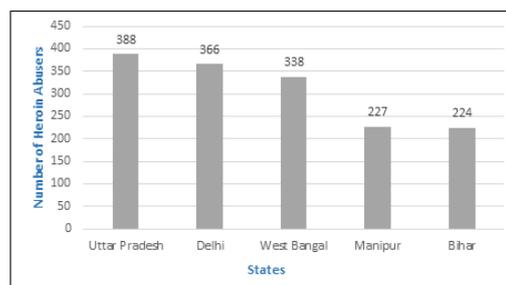


Figure.2d.Heroin use in top 5 states

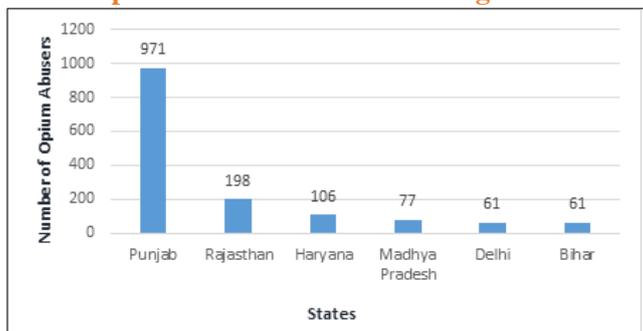


Figure.2e.Opium use in top 5 States

Table.1.Three major drugs used in various states (% of state sample)

States	Most Common	Second Most Common	Third Most Common
Andhra Pradesh	Alcohol 73.0	Cannabis 11.3	Inhalants 3.6
Assam	Alcohol 59.8	Cannabis 24.4	Heroin 4.1
Bihar	Alcohol 37.1	Cannabis 28.9	Heroin 14.9
Goa	Alcohol 84.8	Cannabis 2.6	Opium 1.3
Gujarat	Alcohol 59.3	Heroin 7.7	Cannabis 5.4
Haryana	Alcohol 51.4	Opium 10.1	Cannabis 6.5
Jammu and Kashmir	Alcohol 21.1	Opium 10.5	Heroin 7.9
Karnataka	Alcohol 64.3	Heroin 1.3	Cannabis 0.4
Kerala	Alcohol 50.8	Cannabis 16.9	Minor Tranquillizer 5.3
Maharashtra	Alcohol 65.4	Other sedatives 6.9	Cocaine 5.1
Madhya Pradesh	Alcohol 43.1	Heroin 17.9	Cannabis 15.6
Manipur	Heroin 32.2	Alcohol 19.3	Inhalants 7.1
Mizoram	Propoxyphene 25.2	Alcohol 24.9	Cough syrup 19.8
Meghalaya	Alcohol 76.7	Cannabis 3.3	Heroin 1.7
Nagaland	Propoxyphene 47.3	Alcohol 14.2	Heroin 7.7
Orissa	Alcohol 30.9	Heroin 20.7	Opium 7.5
Punjab	Opium 42.7	Alcohol 18.9	Propoxyphene 6.6
Rajasthan	Opium 39.8	Heroin 30.5	Alcohol 19.5
Tamil Nadu	Alcohol 58.2	Cannabis 1.8	Other sedatives 1.4
Tripura	Alcohol 74.3	Cannabis 15.4	Minor tranquilizer 8.8
Uttar Pradesh	Alcohol 42.8	Cannabis 18.4	Heroin 14.7
West Bengal	Alcohol 34.0	Heroin 32.1	Cannabis 16.5
Delhi	Heroin 44.7	Alcohol 26.4	Buprenorphine 7.7

Andhra Pradesh, Telangana in grip of drug-tied deaths: The National Crime Records Bureau (NCRB) states that Telangana at 5th in the country 2014 in drug related suicides while Andhra Pradesh at 5th in the country in 2015 from drug abuse Andhra Pradesh accounts for 4.41 % & Telangana accounts for 2.72 % of the 3,670 suicides that were reported in the country in 2015 linked to drug abuse and addiction. Drug addiction

had been identified as a major risk for suicide. In 2015, a total of 690 cases were reported in AP under the narcotic drugs and psychotropic substances act while the number increased to 1,040 in 2016. So far in 2017 over 400 cases have been reported. A recent report of the Narcotics wing of Andhra police says that 40 % of drug addicts are black mailed to become peddlers, couriers and stockiest. “Drugs association is about Rs

2,400 crore in Andhra Pradesh and Rs 3,200 crore in Telangana. Key aspects of drug policy is shown in fig:

3.

Table.2. Drug cost in AP and Telangana

Drug	Quantity	Price approximately in Indian Rupees
Heroin	1gm	2000-2500
Cocaine	1gm	2000-3000
Opium	1gm	2000-3000
Injections	One injection of 25ml	300
Blots	1	500-1200
LSD	1gm	3000
MDMA	1gm (sold as pills)	3500
Molly	1gm	2200

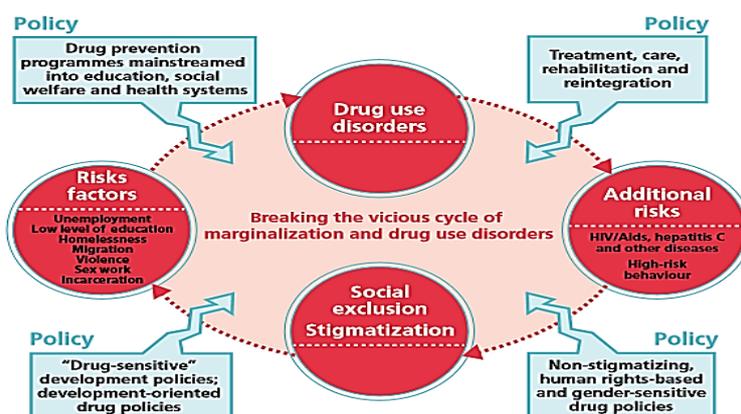


Figure.3. Key aspects of drug policy

2. CONCLUSION

Prevention is one of the ways in which drug abuse can be dealt with in fact it is one problem that can be easily prevented according to medical experts and practitioners. Prevention programs involving entities such as families, schools and the immediate communities are important in this regard. The several drug challenges emphasize the significance of prevention not only drug use but also the prevention of crime, corruption, terrorism and violent extremism, in line with engagement under the conventions and United Nations standards and norms.

Media – especially the entertainment segment – also needs to understand its role in this context and play a positive role by resisting the urge to earn millions by romanticizing and glorifying drug abuse. It needs to highlight the derogatory consequences of drug abuse. It is significant that the youth are made to feel that drug usage itself is harmful in every convincing way and only then will they stop using them and prevent others in their peer group from doing the same.

Improving access to and availability of pharmaceutical opioids for medical use by addressing major impediments and putting in place adequate legal and regulatory frameworks. The implementation of the international drug control conventions need not be an obstacle to the availability of such medication, as their aim is to ensure the availability of controlled substances

for medical and scientific purposes while preventing their diversion and misuse.

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