



# Substance Abuse's Effect on Mental Health: An Assessment of Himachal Pradesh

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## Abstract

Mental health and substance abuse are two interconnected and complex issues that have significant impacts on individuals, communities, and societies at large. This study provides an overview of the relationship between mental health and substance abuse, exploring their interplay, consequences, and importance of addressing them collectively. Mental health disorders and substance abuse disorders often coexist, with individuals experiencing one condition being at a higher risk of developing the other. The relationship between these two issues is bidirectional, as substance abuse can exacerbate mental health symptoms and vice versa. Individuals facing mental health challenges may turn to substances as a means of self-medication, attempting to alleviate symptoms or cope with distress. The study also unfolds the substance abuse's devastating toll in Himachal Pradesh and exploring the correlation between substance abuse and mental health using Meta analysis technique. The study divided in to five parts viz. introductory literature part in which description about substance abuse and mental illness, interrelationship and various national level reports. Second part is the methodology adopted for the study, which is largely based on Meta analysis technique to quantitatively synthesize the data from various sources and assess the results. Third part is the status of Himachal Pradesh in terms of substance abuse and mental illness. Fourth part consists of legislative framework, policies and programmes pertaining to the mental illness and substance abuse, implemented by the government of India. Finally, fifth part is the conclusion of the study describing about provisions of the govt. to address the drug menace, suggestions and way forward.

**Keywords:** mental healthcare act, mental illness, substance abuse, state mental healthcare authority, NDPS act.

**Introduction:**

Mental health and substance abuse are significant public health challenges globally, and the situation is no different in India. With its vast population and diverse socio-cultural landscape, India faces unique complexities in addressing these intertwined issues. This article explores the context of mental health and substance abuse in India, especially in context with Himachal Pradesh, shedding light on the challenges and potential situations. India's cultural fabric places a strong emphasis on collective well-being, and mental health concerns have historically been stigmatized and misunderstood. There exists a prevailing societal bias that equates mental illness with personal weakness or divine punishment, leading to discrimination and exclusion.

The alarming link between mental illness and substance usage has been emphasized in several reports and studies in India. These studies provide information on the prevalence, trends, and effects of co-occurring mental health illnesses and substance use disorders in the nation. There are some crucial points viz. India's National Mental Health Survey (2015–2016) according to a survey carried out by the Indian government, roughly 15% of Indians (or about 150 million people) needed active mental health interventions. The poll also found a sizable correlation between substance use problems and mental health illnesses. National Household Survey on Drug Abuse (2019) this poll offers information on trends in drug misuse in India. It was shown that those who have mental health issues like depression or anxiety were more likely to take drugs. In order to effectively address difficulties with mental health and substance misuse, the report emphasized the necessity for integrated methods. The Indian Journal of Psychiatry has published a number of studies examining the connection between mental disease and drug misuse in India. The prevalence, risk factors, and treatment modalities for co-occurring disorders in various parts of the nation are all useful insights offered by these studies.

**Effects of Drug Abuse:**

- **Stimulant effects:** - A higher level of wakefulness and a more profoundly altered mood are the results of other stimulant substances, such as cocaine and amphetamines, which have a stronger impact on the release of excitatory neurotransmitters. These stimulant medications are commonly referred to as "speed" for this reason.
- **Depressant Effects:** - Alcohol and heroin are both depressants that affect mood and personality in a similar way, but they also release inhibitory chemical signals. However, long-term use of such medications can cause the body to modify how much of its own naturally occurring inhibitory substances it generates. Tolerance as a phenomenon results from this. To achieve the intended effect, increasing amounts of the medicine must be ingested. The first steps towards physical drug dependence may be taken by a user as they develop a tolerance to a drug's effects.
- **Hallucinogenic Effects:** - LSD and some "magic" mushrooms are hallucinogenic drugs that have an effect on the parts of the brain that regulate sensory perception and mental processes. They accomplish

this by changing how the messages are heard and understood. The environment in which hallucinogenic drugs are used is more likely to have an impact on how a person feels or behaves than the drugs' strictly pharmacological effects on the central nervous system.

- **Dual Actions Drugs:** - new classes of medications that appear to have a dual action have recently been introduced, further complicating the situation. These are psychedelic stimulants, ecstasy being the most well-known. Ecstasy, also known by its chemical name of methylenedioxymethylamphetamine (MDMA), is a member of a class of artificial substances that are linked to amphetamines. Due to this familiar connection, ecstasy exhibits stimulant qualities similar to amphetamine and also has certain effects with LSD. Similar to LSD, it affects the brain by releasing the neurotransmitter serotonin, which users have claimed making them feel happier and enhancing their empathy for others.

### **Methodology:**

To understand the relationship between mental health and substance abuse, websites for original research papers were searched. Websites like EBSCO Host, Google Scholar, Semantic Scholars and Scopus indexed journals were searched. The keywords inserted on the search engines were mental health, substance abuse, bipolar disorder, dementia, challenges to mental health establishments, and mental health post COVID-19. Out of the results generated, 55 articles were selected, however, due to their quality of research or not matching the criteria, only 22 out of them were considered. The data is analyzed using Meta analysis technique where results are combined from multiple independent studies on a specific topic. This technique involves quantitative synthesis of data from various studies to draw conclusions and draw patterns or relationship across a pool of evidence. Meta analysis also assess the overall magnitude and consistency of effects, examine potential sources of variation or heterogeneity, and provide a more comprehensive understanding of the research topic.

### **Co-occurrence Severe Mental Illness and Substance Abuse:**

Co-occurring severe mental illness (SMI) and substance abuse is a common and complicated problem that presents substantial difficulties for people, medical providers, and society at large. This article examines the complex connection between SMI and substance dependence, highlighting its causes, effects, and the necessity of interdisciplinary approaches to therapy.

### **Understanding the Co-occurrence:**

Substance addiction problems typically coexist with severe mental illnesses such schizophrenia, bipolar disorder, and major depressive disorder. Studies have repeatedly demonstrated that people with SMI are more likely to take drugs than people in general. Although the prevalence of co-occurring diseases varies, studies indicate that up to 50% of people with SMI also abuse drugs or alcohol.

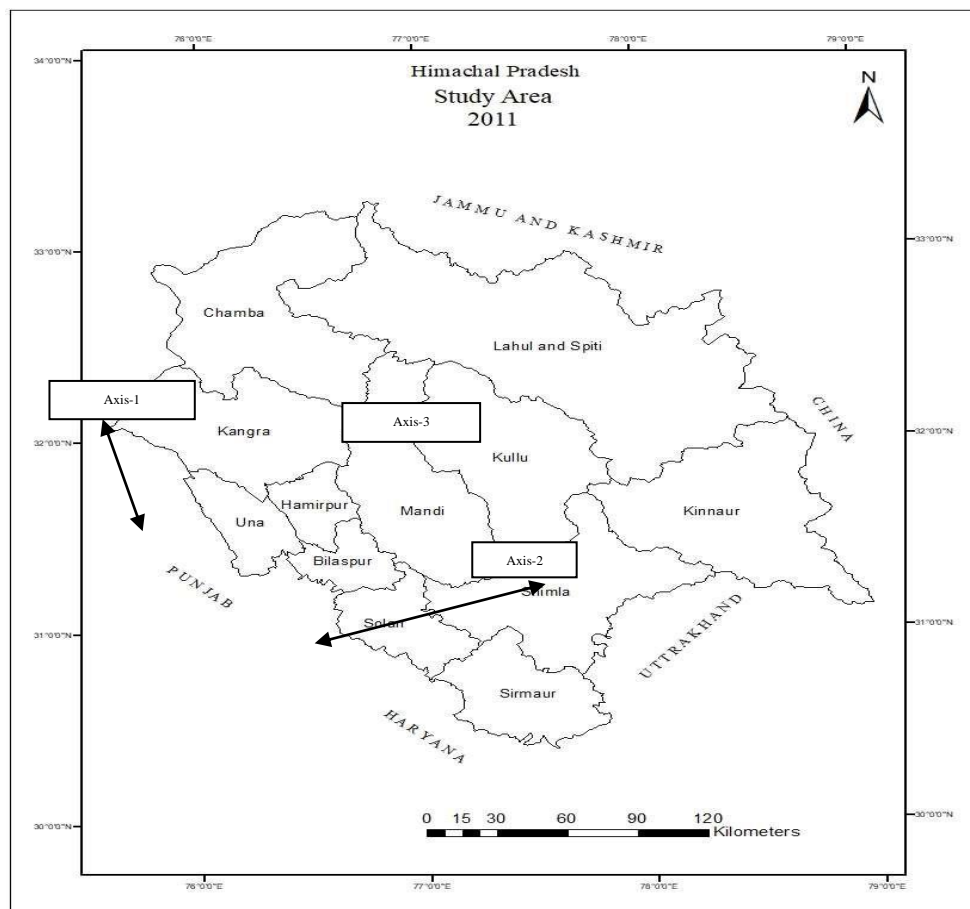
## Contributing Elements:

The co-occurrence of severe mental illness (SMI) and drug misuse is caused by a number of causes. First, individuals are predisposed to both illnesses due to similar genetic vulnerabilities and neurobiological pathways. In addition, environmental elements including stress, trauma, and unfavorable life events can have an impact on the development of both mental illness and substance abuse. In addition, the self-medication theory contends that people with SMI may turn to drugs or alcohol in an effort to cope with uncomfortable symptoms, which can breed dependency.

## Substance Abuse Reports of Himachal Pradesh:

Drug trafficking at geographically strategic 3-level, Damtal-Nurpur Axis for heroin, Baddi-Solan-Shimla Axis for heroin, and Parvati Valley Axis for cannabis. The most other drugs like MDM, LSD, Morphine and Chitta in all forms reaching Himachal Pradesh via Punjab from Pakistan and go to the hands of drug paddlers.

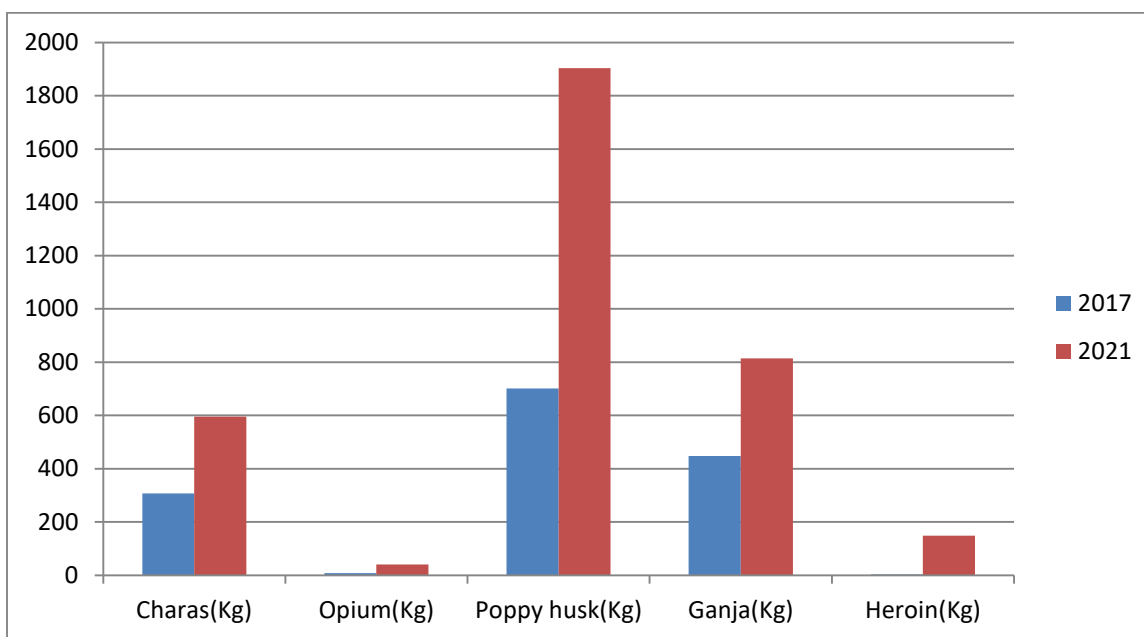
**Map**  
**Location of Study Area**



Source: Census of India, 2011

Himachal Pradesh Police reports reveal that, the capacity of jails is 2400. Due to the rising drug problems, there are 3000 inmates at present. 48.8 percent of the total inmates are involved in drug crimes, 68 percent of them are under trial and 32 percents are convicts. Police department has requested the Govt. to increase the jail capacity up to 5000 due to this situation. The report reveals that there are there are over 8000 NDPS cases under trial in various courts, with about 7000 awaiting trials and department has requested the Govt. to establish special courts for NDPS to address this congestion.

### Rise in Seizure of Drugs by H.P Police Administration (2017-2021)



Source: <https://www.tribuneindia.com/news/himachal/chitta-consumption-up-drug-abuse-high-on-agenda-in-himachal-445001>

In Himachal Pradesh, 3.2 percent of population used charas and ganja, much above than national average. It's the sixth highest user along with UP and Mizoram, according to *Magnitude to Substance Use in India 2019* and the first of its kind partnered with All India Institute of Medical Sciences, New Delhi and The National Drug Dependence Treatment centre. The state quantum of work for opioids 1.70 percent doubles the national figure 0.70 percent. The quantum of work for sedatives scoring 0.39 percent against the national average of 0.20 percent.

### Challenges and Way Forward:

Severe mental illness (SMI) and substance abuse often coexist, which presents serious problems for patients and healthcare systems. The effects of this dual diagnosis are frequently worse than they would be with only one of the conditions. Co-occurring illnesses are frequently associated with more severe mental symptoms, higher hospitalization rates, a higher risk of suicide, and greater difficulties achieving and maintaining recovery. Furthermore, the stigma associated with substance addiction and mental illness can further marginalize people, making it difficult for them to get the right care and assistance

### **Integrated Treatment Approaches:**

Individuals with co-occurring severe mental illness (SMI) and substance misuse have complex demands that call for integrated treatment strategies that simultaneously address both issues. In the past, mental health and drug misuse treatment programmes have worked separately, which has resulted in fragmented care and subpar results. By offering thorough and well-coordinated care, integrated treatment models like the Co-occurring Disorders Programme (CODP) and Dual Diagnosis Capability in Addiction Treatment (DDCAT) seek to close this gap. To address both mental health and substance misuse disorders, integrated treatment combines pharmacological therapies with psychotherapy and psychosocial rehabilitation. Motivational interviewing, cognitive-behavioral treatment, family participation, relapse prevention, and support services are important elements. Treatment outcomes can be greatly improved by employing holistic strategies that cover housing, employment, and social support.

### **Challenges and Future Directions:**

There are a number of difficulties in implementing integrated treatment approaches for people who also struggle with substance abuse and severe mental illness (SMI). Significant obstacles include a lack of funding, disjointed healthcare systems, and the demand for specialized training among healthcare personnel. Additionally, continuing research is required to determine efficient strategies and assess treatment outcomes due to the complexity of co-occurring diseases. Prioritizing awareness, education, and de-stigmatization initiatives is essential going ahead in order to support early detection, prevention, and intervention for co-occurring SMI and substance dependence. To enable service integration and the creation of extensive support networks, cooperation is required between providers of mental health and drug misuse treatment, policymakers, and local organizations.

### **Laws Regulating Mental Health Treatment:**

The original intent of the mental health laws was to protect the public by isolating dangerous persons from it. This was largely due to the lack of or limited therapeutic options at the time. However, in the modern world there has been a paradigm change from custodial care to community care and from a charity-based to rights-based approach because of the following factors.

1. proactively enacting laws;
2. improvements in medical technology for diagnosing and treating mental problems;
3. promoting human rights;
4. 'health' as defined by the World Health Organization (WHO) is more inclusive and comprehensive;
5. a fresh viewpoint on the treatment of mental diseases has been provided, and this has prompted a revision of mental health legislation. Promotive, preventative, curative, rehabilitative, and disability mitigation components of health have also contributed to this;

This paradigm shift needs to be reflected in the mental health legislation since it affects both those who have mental illnesses and those who manage or treat them. These laws will ultimately serve as a guide for the treatment of those with mental illness.

**The following are the primary issues covered by international mental health laws:**

- a) human rights and the rights of those who are mentally ill,
- b) the standard of mental health care,
- c) using administrative and financial controls, and
- d) the organization and management of mental health care services with consumer engagement and involvement.

Regarding India's laws governing mental health, there have been substantial improvements. Numerous laws, rules, and regulations pertaining to the rights of people with mental illnesses exist in addition to those governing mental health. Involvement with the law is highly likely to happen to those with mental illnesses. Therefore, procedural laws and criminal laws awarding remedies, setting procedures, punishing individuals, etc., also need to have a pertinent perspective for those suffering from mental illness. No justice can be served if they are not present. The concepts of criminal law, tort law, etc. are particularly pertinent. There is, of course, a more fundamental question that needs to be addressed: to what extent can law be used as a means of delivering mental health services to those who need them most. The significance of "soft laws" is revealed in this situation. The needy in this situation are cared for in large part thanks to the mental health programme.

**Policy Regarding Mental Health Care:**

The National Mental Health Programme is regarded as the driving principle for the delivery of mental health treatment in India even though the country does not have a dedicated mental health policy. The National Mental Health Programme (NMHP) and national mental health policy are thus utilized synonymously in this study. To address the requirement of widely prevalent mental diseases, the Ministry of Health and Family Welfare, Government of India, established a Policy Group in 2011 to develop a National Mental Health Policy and Plan. Numerous psychiatric epidemiological studies conducted throughout India have shown how common all sorts of mental illnesses are. In India, the prevalence of mental diseases ranges from 9.5 to 370 per 1000 people. This issue is made even more difficult by India's flagrant disregard for mental illnesses for a number of reasons, which include;

- a) stigma,
- b) insufficient funding for mental health services and
- c) severe lack of qualified mental health professionals.

When it comes to the proper delivery of mental health care services, a wide range of other social, cultural, and religious variables are also very important. The stigma associated with mental illness, myths about its causes, its course, and beliefs about its treatments and its side effects all contribute to the complexity.

India was one of the few developing nations to create a National Mental Health Programme in response to the aforementioned issues. A National Mental Health Programme for India (NMHP) was established and recommended for implementation by the Central Council of Health and Family Welfare (CCHFW), the top policy-making body in the country's health sector, as early as 1982. This NMHP was proactive and served as an example for how to include mental health services into primary healthcare. An Expert Committee assembled by the World Health Organization (WHO) strongly supported this approach of integrating mental health within primary care services. Sadly, not much has changed in the area of mental health care in India in the more than three decades following this momentous adoption of NMHP. There was a discussion on whether the NMHP's principal strategy, which integrated mental health and primary care, was the best course of action. The Lancet Global Mental Health series conducted a thorough and authoritative examination of the state of mental health care globally in 2007 to address this topic.

The NMHP supports community-based therapy, but it does not address the challenges of people with mental illness who are housed in institutions. The adopted policy touches on the integration of mental health programmes in primary care and general healthcare settings, but it ignores the problems with consent, admission, treatment, and guardianship. Furthermore, it is a serious worry because there is no regulation of the execution of the mental health policy. However, the passed Mental Health Act of 1987 has no mention of prevention, promotion, treatment, or rehabilitation in community settings and exclusively addresses care in mental institutions. The current mental health legislation and mental health policy are completely uncoordinated. Only few attempts have been made to meaningfully coordinate the policy with the Mental Health Act of 1987. The limitations of laws in addressing social issues are recognized at the same time. Before people with mental illnesses are given the same rights as other members of society, they must first cope with a number of other social challenges in addition to medical and legal concern

In October, 2007; the Government of India ratified the United Nations Convention on the Rights of person with disabilities. So, it became necessary to make suitable amendments in the policies and laws of the country so as to align them with the objectives of Convention.

The Mental Health Act, 1987 had its limitations. There was no provision to protect the rights of persons with mental illness. The Mental Health Act, 1987 did not promote access to mental healthcare in the country. To ensure healthcare, treatment and rehabilitation of persons with mental illness as well as to protect and promote the rights of persons with mental illness during the delivery of healthcare, inter alia, the Mental Health Bill was introduced in Rajya Sabha in 2013. The bill was referred to select committee, which tabled its report in



December, 2013. The Bill, incorporating amendments as suggested by the select committee, was passed in the Rajya Sabha in August, 2016. It was passed by the Lok Sabha in March, 2017.

### **Conclusion:**

Significant difficulties for people and healthcare systems are brought on by severe mental illness and substance abuse. For people afflicted, enhancing outcomes and quality of life, requires recognizing the intricate connections between various illnesses and putting integrated therapy modalities into practice. The initiative taken by Himachal Pradesh govt. to curb the drug menace are establishment of Anti Narcotic Task Force (ANTF) and further provision to establish ANTF at every districts of the state. There is a proposal of creating an advisory board under the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances (NDPS) Act.

We can support recovery, lessen stigma, and advance general wellbeing by attending to the special requirements of people with co-occurring disorders and offering early intervention and prevention, education and awareness, accessible treatment and support, integrated care, peer support programs, holistic approach, community involvement, legislative measure and so on. Apart from the curative measures suggested above there is an urgent need to establish strong inter-departmental co-ordination at various levels of administrative setup, ensuring responsibilities of various agencies viz. state mental health care authority (SMHA), state mental healthcare review boards (SMHB), police department, mental health care establishments, rehabilitation centers, community healthcare centers, active involvement of executives and way forward.

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