

CHAPTER I:

INTRODUCTION

There are no universal accepted definitions of the expressions “Narcotic Drugs” and “Psychotropic substances”. The expression Narcotics has originated from the Greek Word Narcotics the meaning of which is benumbing or deadening. The expression Narcotic is generally used to refer to a class of drugs that are central nervous system depressants and which produce insensibility or stupor. The expressions Narcotic as ordinarily used refers to opioids i.e., opium, the derivatives of opium and their semi synthetic or wholly synthetic substitutes. Certain substances grouped as Narcotic drugs either in the single convention on Narcotic Drugs, 1961 or in the NDPS Act are pharmacologically not Narcotic drugs but belong to certain groups of psychoactive substances like stimulants, hallucinogens etc. for example, cannabis and cocaine come under the purview of the Single Convention on Narcotic Drugs, 1961. Under the NDPS Act, they are classified as Narcotic drugs. However, pharmacologically they do not belong to the group of Narcotics. While cocaine belongs to the group of stimulants, cannabis is a drug of its own class. It is more akin to the group of hallucinogens than to the group of Narcotics. The 1931 conference which adopted the convention for limiting the manufacture and regulating the distribution of Narcotic Drugs, 1931 had asked a sub-committee which comprised technical experts to suggest a definition of the expression Narcotic drugs that might be used in the convention. That committee reported that it was unable to frame a definition that was considered satisfactory. The expression psychotropic substance is derived historically rather than pharmacologically in its connotation. The drugs grouped as psychotropic substances either in the convention on Psychotropic Substances, 1971 or in the NDPS Act do not have any. common characteristics which justify their grouping as psychotropic substances as distinguishable from; the group of Narcotic drugs. It was the international concern against increase in cases of poisoning brought out by amphetamines, a group of stimulants in many parts of the world that brought out the Convention' on psychotropic substances, 1971. Those substances that were not under international control at that point of time, which belonged to the group of

substances known as stimulants, barbiturates, tranquilizers and hallucinogens were sought to be brought under the international control envisaged under the convention on psychotropic substances, 1971. Therefore, the substances known as psychotropic substances broadly belong to the groups of stimulants, barbiturates, tranquilizers and hallucinogens. Some of the substances belonging to these groups, like cocaine etc. have already been grouped as Narcotic drugs under the single convention on Narcotic drugs, 1961.

Classification: -

Drugs can be classified on the basis of their effects on human system or better on the mind of a person. The effects can be sedation, stimulation or hallucination. However, when the drugs under sedation are described in two separate categories of Narcotics and depressants, it creates a clear picture of the realm of drugs abuse. It is due to the reason that Narcotics have their own historical importance, which makes them a category apart from other similar drugs to be dealt as depressants. Thus, drugs can be classified in four categories such as Narcotics, depressants, stimulants and hallucinogens. Drugs under category hallucinogen generally cause psychological dependence, where other classes of drugs cause both type of severe dependence

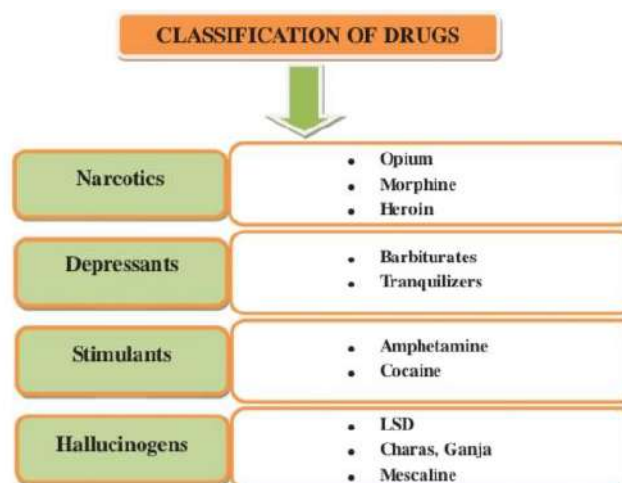


Figure 1.1 Classification of drugs

Narcotics

It refers to opium, opium derived substances, semi synthetic opium derivative and synthetic substitutes similar in effects of opiates. More overall painkillers form the category of drugs-Narcotics. Drugs have analgesic and sedative properties. It is due to these properties of drugs that mankind is practicing their use especially of opium as strong pain killer, cough suppressant and for diarrhea treatment. Narcotics, within limits, do not cause loss of motor coordination or slurred speech as is the case with depressants. These are opium, morphine, codeine and poppy husk which also contain morphine.

2. Depressant Drugs

The class of drug does not allow transmission of neurological signals to central nervous system (CNS) housed in brain and spinal cord. The CNS controls and coordinates all voluntary functions of the body. Hence, the drugs effect perception, motor coordination and functioning of the internal organs. Drugs are prescribed generally for treatment for insomnia, anxiety and tension. Over-doses produce symptoms seen in heavy drunkards. Among the most prescribed and abused drugs under this category are barbiturate series comprising ultra-short, short, intermediate and long acting substances. The barbiturates sought by abusers include pentobarbital, secobarbital, amobarbital and butobarbital. It is due to the reason that onset time for these barbiturates is very small of duration of about half an hour and also the effect of the drugs lasts for about six hours. Methaqualone is another synthetic drug of abuse. It was sold as a formulation of mandrax. It has been banned in India during 1984. The illegal manufacture of drug in India has not been stopped so far as origin of most of the illegal products seized across the country has been traced to India. Major portion of drug also lands in southern countries of Africa especially South Africa. Drugs can be manufactured from simple chemicals like anthranilic acid, ophthalmic anhydride, o-toluidine etc., which are common substances easily available in the market. In addition, availability of technical know how and raw materials, sickness of pharmaceutical industries, abuse of loan license, Indians settled in African countries, African students in India, big demand and huge profit margin are other reasons responsible for thriving manufacture of mandrax in India. Benzodiazepines are another group

of mild depressants, which are abused in conjunction with alcohol to obtain a high kick. Diazepam trade name Valium, Oxazepam trade name Serepax and chloridiazepoxide trade name Librium are the widely prescribed and abused drugs to relieve tension and anxiety.

3. Stimulants Drugs

The most stimulants drugs are derivatives of coca plants Act According to Section 2(v) of NDPS

- Sec. 2. (vii) “Coca plant” means

The plant of any species of the genus Erythroxyton; The class of drugs stimulates the neurological activity of the central nervous system, which makes a person to feel more active, watchful and strong. Amphetamine, dextroamphetamine and methamphetamine were originally developed to treat narcolepsy - an overpowering tendency to sleep. Students and truck drivers abuse these drugs for keeping themselves awake during nights. Ladies also use these drugs to reduce weight.

However, Amphetamines rob a person of hunger, which ultimately results in loss of weight in dangerous way. Abuse of amphetamines by athletes is for enhancement of performance in sports. These drugs are popularly known as ‘speed’.

Psychological Effects

A person under the influence of the cocaine appears more wakeful, alert, energetic and cheerful. Bio-chemically, it is done by cocaine molecules by lodging in the molecular working of the excited neurons by preventing them from returning back into neural resting site. To be cheerful dopamine molecules ride transporters from their homes and go to the receptors to strike. Cocaine also rides the same transporters by making non availability of the transporters to bring the dopamine into its home. So dopamine goes on striking giving more and more pleasure till cocaine is metabolized and vacates the transporters to bring back dopamine to its home site in the brain. The whole of the process causes euphoria to the addict.

Physical Effects

When a person takes cocaine by sniffing, it numbs the part of the body it touches e.g. in sniffing nose and throat, and in smoking mouth and throat. It is due to the anaesthetic effect caused by the cocaine, where transmission of electrical signals from one nerve cell to another is prevented.

Withdrawal Symptoms

The moment cocaine is metabolized, the addict starts feeling depression, hallucination and psychosis. A person without dose feels a state of lassitude, weariness, cheerlessness and amnesia. The regular long-term use of cocaine causes chronic sore throat, inflamed sinus and hole in the cartilage of nose. It also burns out a person. He becomes irritable, short-tempered and suspicious. It causes severe psychiatric problems also.

Dose Effects

A person appears wakeful with a limited dose. However, a few persons lack the enzymes that break down the drug in the body. Such people consuming cocaine die with its small dose. Impurities in the cocaine cause further allergic reactions, which can cause even death. Large doses, for which addict frequently switches on, can skew brain chemistry to stir up underlying disorders, which otherwise may remain dormant. Beyond certain limited dose of cocaine, even a mentally stable person can slide into fully blown paranoid or schizophrenia. It can also switch on to epilepsy. Sudden increase in heartbeat and blood pressure can cause brain haemorrhage and heart failure. Death can occur when brain ceases to support respiratory system or heart.

Dependency

Increased dose of the cocaine will be required by the body subsequently to have same amount of pleasure, which is a sign of tolerance of the system. Cocaine creates more and more psychological dependence as compared to physical dependence.

Hallucinogens

The substances of this category produce a dreamy state by acting on the nervous system, which causes sensory illusion resulting in distortion in perception of senses. Judgment regarding time, self, physical world and space for elements of direction and distance becomes disoriented. Synaesthesia may occur, where senses interchange temporarily. Recurring effects may also occur, in spite of the fact that consumed substance might have been excreted out from the body.

Drug trafficking in Ernakulam District:

Ernakulam is a district of Kerala, India. Situated in the central part of the Kerala state. Ernakulam city is one major hub for narcotics. The number of narcotic cases registered in Kerala by the Excise Department alone spiked from 2,033 in 2016 to 5,946 in 2017 and 7,573 (nearly 1,000 in Ernakulam district alone) in 2018. In the first five months of 2019, 3,316 cases were registered, of which Ernakulam accounts for 421. The figure has already surpassed the total number of cases for the whole of 2016. The police registered 6,501 narcotic cases in 2016, 9,359 cases in 2017, 9,521 in 2017, 7,800 in 2017, 10,700 in 2018, and 3,100 in 2019

The Ernakulam is popular in tourist locations and industrial companies and many multinational companies. So many people's are migrant from different part of the nation especially from North Indian states. Ernakulam having 3 major railway stations Ernakulam south Ernakulam north and Aluva. The borders of the district are the Arabian Sea in the West, Thrissur District in the North, Idukki District in the East and Alappuzha and Kottayam District in the South. Ernakulam district covers an area of 305826 hectare located on the Western Coastal Plains of India.

CHAPTER 2

LITERATURE REVIEW

George F Renger was published a journal in 2008 on “Illegal Drug trafficking and Drug markets among countries.” Illegal drug prices are extremely high, compared to similar goods. There is, however, considerable variation in value depending on place, market level and type of drugs. A prominent framework for the study of illegal drugs is the “risks and prices” model (Reuter & Kleiman, 1986). Enforcement is seen as a “tax” added to the regular price. In this paper, it is argued that such economic models are not sufficient to explain price variations at country-level. Drug markets are analysed as global trade networks in which a country's position has an impact on various features, including illegal drug prices. This paper uses social network analysis (SNA) to explain price mark-ups between pairs of countries involved in the trafficking of illegal drugs between 1998 and 2007. It aims to explore a simple question: why do prices increase between two countries? Using relational data from various international organizations, separate trade networks were built for cocaine, heroin and cannabis. Wholesale price mark-ups are predicted with measures of supply, demand, risks of seizures, geographic distance and global positioning within the networks. Reported prices (in \$US) and purchasing power parity-adjusted values are analysed. Drug prices increase more sharply when drugs are headed to countries where law enforcement imposes higher costs on traffickers. The position and role of a country in global drug markets are also closely associated with the value of drugs. Price mark-ups are lower if the destination country is a transit to large potential markets. Furthermore, price mark-ups for cocaine and heroin are more pronounced when drugs are exported to countries that are better positioned in the legitimate world-economy, suggesting that relations in legal and illegal markets are directed in opposite directions.

Daniel Romer conducted a study on “The relation between drug trafficking (selling and delivering) and drug use among young adolescents in 2007. It has remained poorly characterized to date. In the current study, the associations between drug trafficking, cigarettes and/or alcohol use, and illicit drug use have

been explored in three different areas—self-reported behaviors, personal feelings, and perception of friends' involvement—based on a sample of 455 African American youths 9 through 15 years of age residing in six urban public-housing developments. Results confirm findings from previous research that illicit drug use rarely occurs in the absence of cigarette/alcohol use or drug trafficking. By contrast, drug trafficking is equally likely to occur in isolation of, or along with, some drug use. The results support a potential role of drug trafficking in the genesis of illicit drug use. Prevention efforts should extend their focus beyond cigarettes, alcohol, and illicit drug use to drug trafficking.

J.C Anthony's study investigates whether "Subgroups of people living in disadvantaged neighborhoods may be more likely to come into contact with drug dealers as compared with persons living in more advantaged areas, with due attention to male-female and race-ethnicity differences. Design: Standardized survey data collected using stratified, multistage area probability sampling. Setting: United States of America, 2008. Participants: Nationally representative sample of household residents age 12 or older (n=25 500). Evidence supports an inference that women are less likely to be approached by someone selling illegal drugs. The study found no more than modest and generally null racial and ethnicity differences, even for residents living within socially disadvantaged neighborhoods, where chances to buy illegal drugs are found to be more common. Limitations of survey data always merit attention, but this study evidence lends support to the inference that physical and social characteristics of a neighborhood can set the stage for opportunities to become involved with drugs.

Alfred S Friedman published a journal in 2010 on the topic "The relationship of the degree of use of each of ten types of illicit drugs with each of eight types of violent criminal offenses". It shows, the cases reported for an African-American, inner-city, low SES, young adult study sample (N = 612). Prospective data from the time of birth was available for the statistical analyses, to provide 51 control variables on factors other than substance use which might predict to later violent behavior. Greater frequency of use of marijuana was found unexpectedly to be associated with greater likelihood to commit weapons offenses; and this association was not found for any of the other drugs, except for alcohol.

Marijuana use was also found associated with commission of Attempted Homicide/Reckless Endangerment offenses. Cocaine/crack and marijuana were the only two types of drugs the frequency of use of which was found, for this sample, to be significantly related to the frequency of being involved in the selling of drugs. These findings may not apply to a middle-class African-American sample. Popular media as well as law enforcement agencies throughout Europe routinely identify members of ethnic minorities, and recent migrants in particular, as responsible for selling a large proportion of the illegal drugs that are consumed in Europe. Examination of the existing and modest research literature, as well as a careful reading of the official data, does indeed indicate that certain sectors of the drug market are dominated by a small number of specific immigrant groups. Turkish and Albanian ethnic groups largely control the importation, high-level trafficking and open-air retailing of heroin; Colombian groups dominate the importation of cocaine. However, there are other major sectors of the drug market, notably those for cannabis and synthetic drugs, in which native populations seem to be more important. We offer an explanation for this configuration in terms of the advantages conferred on specific immigrant groups by tighter connections to source and transshipment countries as well as by the lesser ability of police to gain cooperation within those immigrants' communities in the consuming countries.

CHAPTER III:

AIMS AND OBJECTIVE

AIM: -

- To study of the use and trafficking of illegal drugs in the Ernakulam district in Kerala

OBJECTIVES: -

- Statistical Analysis of Illegal Drug use and trafficking in Ernakulam district between the years 2013-2019.
- To determine the most commonly using illegal drug
- To determine which age group people are most addicted to these drugs

CHAPTER IV:

MATERIALS AND METHODOLOGY

MATERIALS

Data base of statistical analysis of illegal drugs case and case studies of narcotics cases are collected from the District crime record bureau Kochi Ernakulum district rural, Kerala. And also the drug trafficking cases data base are collected from the Narcotics cell Ernakulum.

METHODOLOGY

1.A survey based data collection will be done on the use and trafficking of illegal drugs in Ernakulam district, Kerala, between the years 2013-2019 from DCRB (District crime record bureau) Kochi.

2.Comparison of crime rate in use of illegal drugs and trafficking from 2013 to 2019 is collected.

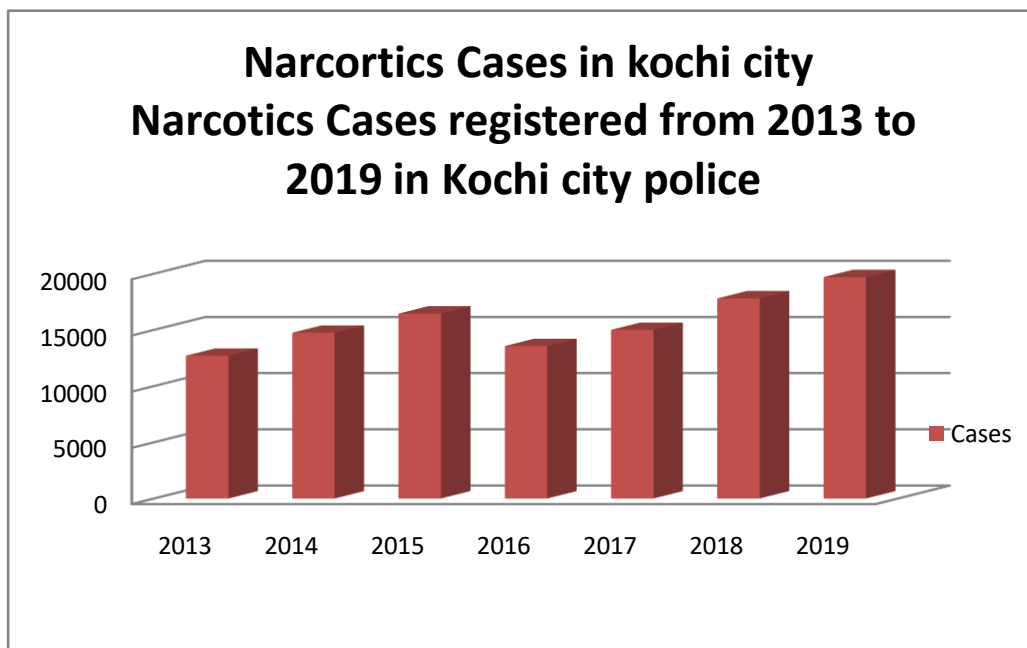
3.Discussed about the age group of people using different illegal drugs

CHAPTER V:

OBSERVATIONS

According to the 2016 NCRB(national crime record bureau) report gave the first linking that after alcoholism, Kerala was facing a new crisis. It said that Kochi, the state's business hub , ranked second only to Amritsar Punjab ,in the number of drug abuse cases reported in the country . And It's not just soft drugs like marijuana, heroin and party drugs like LSD and MDMA too popular

It is the statistical analysis of the NDPS cases in Ernakulam district from 2013 to 2019 according to this data the crime is increase from 2013 to 2015 and a slight difference in 2016 and from 2017 to 2019 the crime rate is increasing. The excise department sources say there are two reason for the proliferating drugs scene since 2014; the previous United Democratic front government's decision to close down bars that year which led to a section of alcoholics moving to drugs and second, huge influx of migrant labour which has eased the path for many inter-state drug syndicates.



GRAPH 5.1 Number of narcotic cases reported

Year of case registered	No of cases registered
2013	12700
2014	14745
2015	16450
2016	14560
2017	15000
2018	17800
2019	19700

Table 5.1: No of cases registered

LSD (lysergic acid diethylamide)

LSD is a strong mood changing chemical, is commonly used among party animals. One’s extraordinary stamina after its consumption lasts for about three hours. In 2011 the enforcement agencies had made the first seizure of lysergic acid diethylamide (LSD) in Kochi. Till then, the Anti -narcotics and police squads had not dealt with this chemical drugs. Now at least 10 cases are being detected every month, indicating that cartels are pumping high-dose drugs to the business capital of Kerala. Trafficking of LSD. The LSD is mainly trafficking from Goa and Bangalore. Through railway and roadway, the peddlers using tourists and students who are addicted to carrying the drugs. For drug peddlers it is easy task as it is in the stamp form, it is very difficult to detect during the checking.

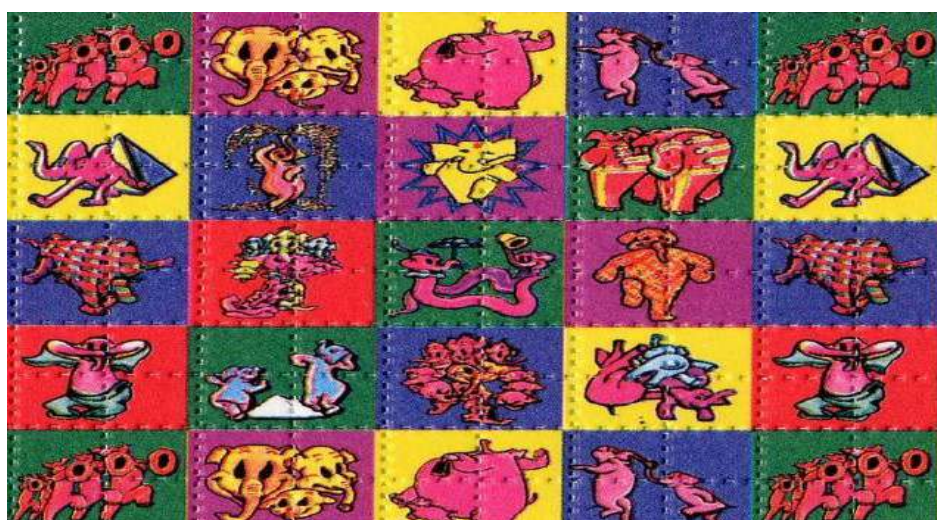
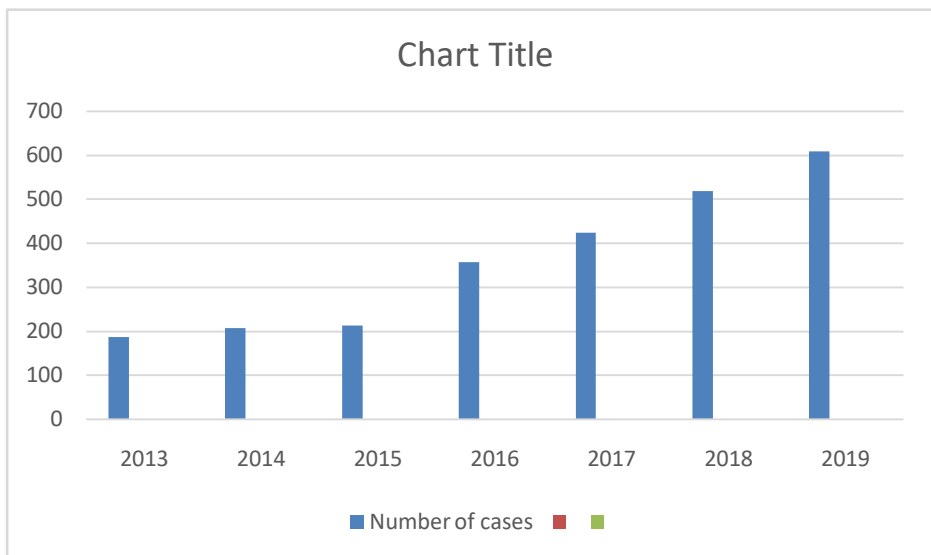


Figure5.1 LSD stamp

Year of case registered	Number of cases
2013	187
2014	207
2015	212
2016	357
2017	424
2018	518
2019	608

Table 5.2: No of LSD cases registered



Graph 5.2: No of L.S.D cases registered

2 . NITROZONE TABELTS

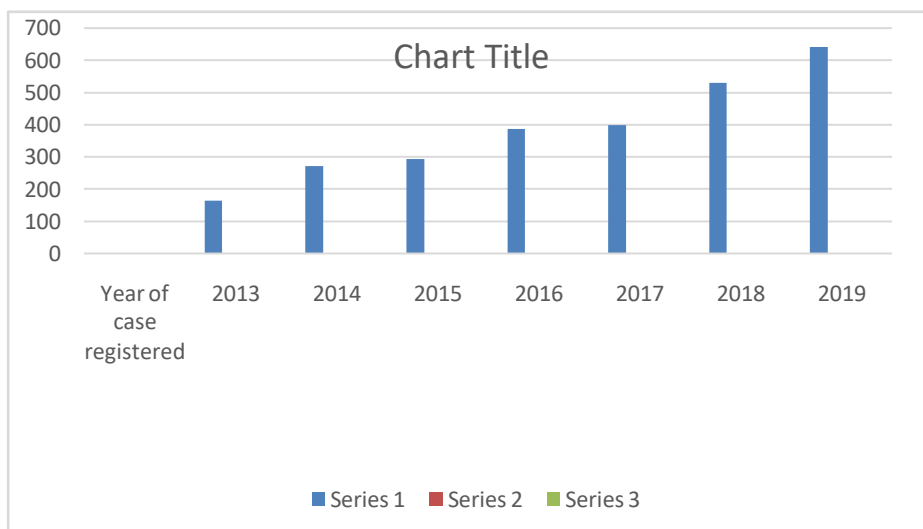
Heavy dose of Nitrozone tablets and ampoules of Phenergan are being smuggled into campuses, the intoxication is amplified when mixed with alcohol and other drugs. The buprenorphine was fast addicted and emerging as the substance abuse drug among addicts, it is available through medical stores for Rs18 an ampoule but agents in Tamilnadu procured it on sly and sold it to peddlers at Rs300 an ampoule. In Kochi an ampoule was sold to addicts at rates ranging Rs 1,200 to Rs 1,500.



Figure 5.2:Ampule

Year of case registered	Number of cases
2013	164
2014	270
2015	292
2016	385
2017	398
2018	528
2019	640

Table.5.3: No of nitrozone tablet cases registered



Graph 5.3: No of Nitrozone Tablet cases registered

3. Marijuana

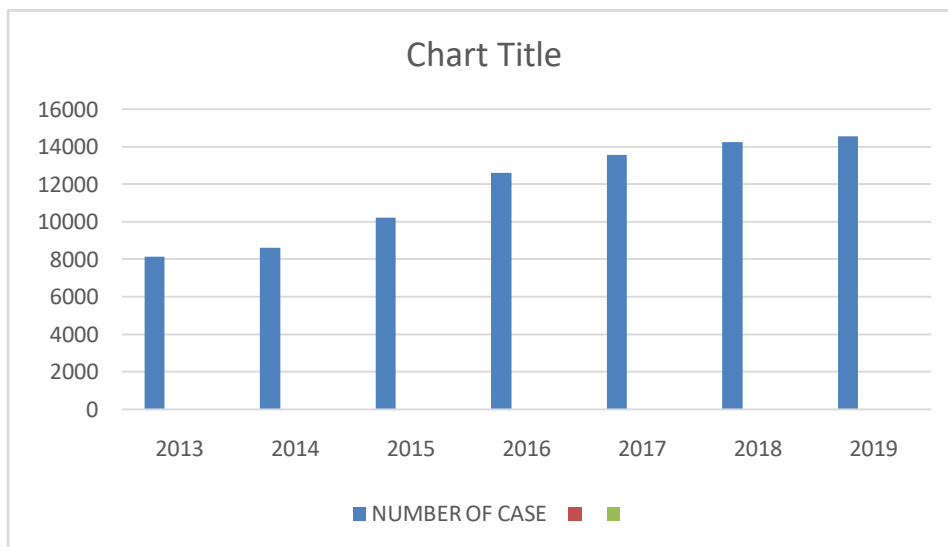
Marijuana is the most widely used and sold in the state smuggled in from West Bengal, Orissa and Andhra Pradesh, about 25kg to 100 kg marijuana is being seized almost every day in Kochi especially from school boys. The youth in Kochi are falling prey to narcotics substance and also part of big racket involved in the sale of ganja among school and college students. Most of the substance were smuggled through trains running via Andhra Pradesh Madurai and Assam such products usually unloaded at Aluva, Ernakulam North Ernakulum South. Marijuana remains most commonly used narcotics among various age groups.



Figure 5.3 Marijuana

YEAR OF CASE REGISTERED	NUMBER OF CASE
2013	8120
2014	8622
2015	10230
2016	12623
2017	13560
2018	14260
2019	14565

Table.5.4: No of case Marijuana cases registered



Graph 5.3: No. of marijuana cases reported

4. MORPHINE

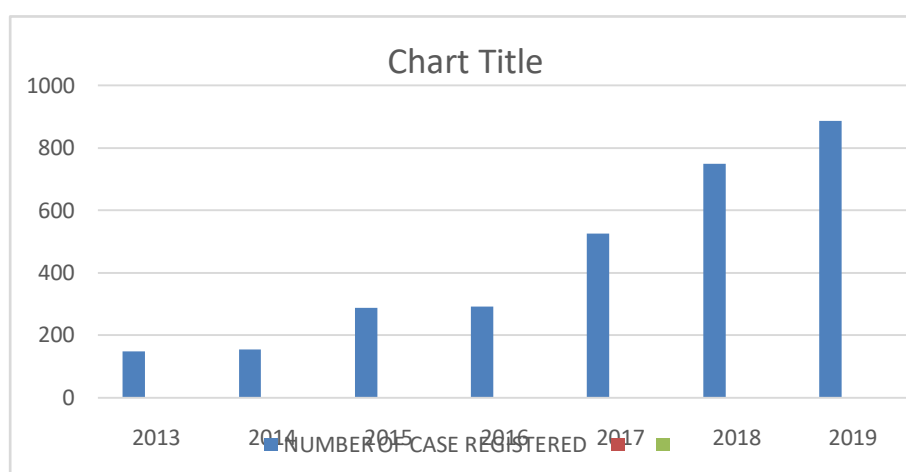
Morphine is found to be refined into Heroin (code name horse H, black, tar) secretly in laboratories where 1kg of Heroin is sold at above 1 lakh. Morphine, a medicine from opiate family, is used by medical practitioners to relieve pain but in Ernakulam it has become a killer drug with abuse by drug addicts. The sources of the morphine injections being sold to the drug addicts were not known. These injections seem to be smuggled from the neighbouring states where some pharma units have obtained licences to make morphine injections. The purity of the morphine injections being supplied by the peddlers may be adulterated. These injections which are primarily meant for use as anti-depressants and as painkillers for cancer patients are supposed to be sold only with prescription. While they are normally priced at Rs 300 to 500Rs per ampoule they are mainly smuggled into Kerala from Tamil Nadu and Karnataka.



Figure5.4: Morphine

YEAR OF CASE REGISTERED	NUMBER OF CASE REGISTERED
2013	148
2014	154
2015	286
2016	292
2017	525
2018	748
2019	886

Table5.5 No of morphine case registered



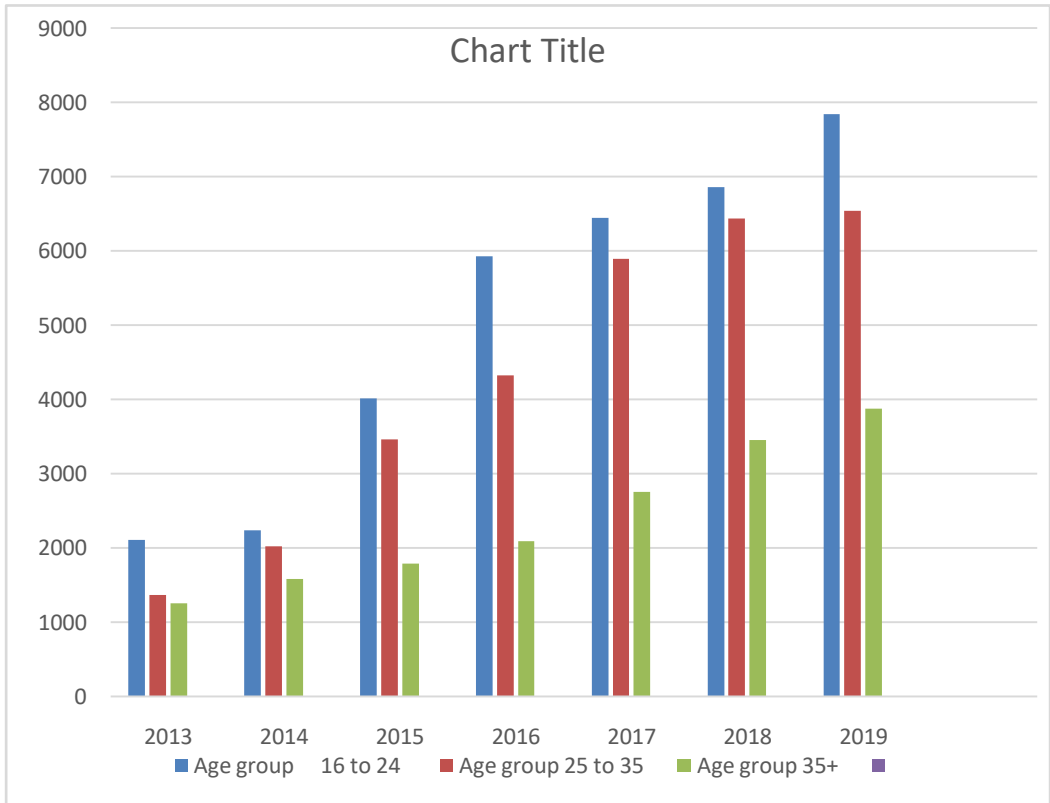
Graph 5.5: Graph on No. of morphine cases registered

DIFFERENT AGE GROUP OF PEOPLES USING ILLEGAL DRUGS

According to the recent studies most of the peoples who are addicted to the illegal drugs and alcohol are in 16 to 21 years. Experts say curiosity, peer pressure and adventurism for the sake of fun are driving youth in the 16-21 age group to drugs addict. Taking serious note of menace, the narcotics department is set up a juvenile counselling centre in Kochi. Mostly the students are addict to these drugs. The Excise Department officials find most alarming about this rise in the drug cases is that school students are forming a large part of the customer base for narcotics drugs. Over 54% of were under 21 the most used drug is marijuana Abuse of illicit substance by the elderly is associated with a wide range of health risks, social exclusion and isolation. Aging is often characterized by social, psychological and health problems, which in turn are risk factors for substance. Substance use disorders are often ignored unrecognized or misdiagnosed. Addiction can be mistaken for depression or dementia in elderly persons, which explains it explain why addiction is in elderly age group.

Sn no	Year of case registered	Age group 16 to 24	Age group 25 to 35	Age group 35+
1	2013	2106	1365	1248
2	2014	2239	2016	1575
3	2015	4013	3457	1784
4	2016	5924	4326	2086
5	2017	6450	5896	2755
6	2018	6860	6435	3454
7	2019	7845	6543	3876

Table 5.6: Age comparison of cases`



Graph 5.6: Graph on Age comparison of cases

CHAPTER VI:

RESULT AND CONCLUSION

Result

The Statistical Analysis of Illegal Drug use and trafficking in Ernakulam district between the years 2013-2019 showed that the rate of use of illegal drugs and its trade was increased from the year 2013-2019. From 2013 the amount and usage of illicit drugs was increased.

The study shows that the mostly used drugs are Marijuana, L.S.D (lysergic acid diethylamide), Nitrozone tablets, Morphine etc., Among this "Marijuana" is commonly used drug, due to its easy availability. Teenagers are mostly addicted to these drugs. Teenage marijuana use is at its highest level in 30 years, and today's teens are more likely to use marijuana than tobacco.

Conclusion: -

Ernakulam has been bestowed the tagline “emerging hub of drug trade in Kerala”. The flow of drugs from other cities cannot be controlled by Kochi city police enforcing the law. Zero enforcement in cities like Goa is affecting enforcement activities in Kochi. The drug culture, which was kept under wraps for years, become more prominent in 2010 and gradually gained a strong foothold in Kochi. Migrants who have access to drugs from their home state from the carriers of these drugs. Migrants purchase free and less expensive psychotropic drugs without prescription from medical stores in places like Delhi and Calcutta. These sell in Kerala at higher price. The drugs are having different effects on one mentally, socially and health-wise. On mental level children may suffer from various emotional issues related to academics or family. Instead of addressing their problem in a healthy manner, they resort to this practise for their day-to-day problems. In the long run, they can slip into psychosis, which is equivalent to insanity. On a social level they need a regular supply on money, they develop the

tendency to steal which can even gradually transform into drug peddlers. They can have run-ins with the law and engage in family disputes. On physical level the long term users of cannabis can cause respiratory problems. The educational institutions are leaving no stone unturned to keep the student in check. The physical therapy department conducts surprise bag checking once a month. Phones are strictly prohibited from the campus. Students are constantly encouraged to inform the grievance cell and in house counsellors about any wayward or unusual behaviour among their peers. No strangers are permitted to enter the campus. Also give them grassroots education on the basic life skills required to identify and keep oneself away from any substance abuse.

According to my opinion the law enforcement have to form a special squad only to control the drug abuse and trafficking of the illegal drugs.

CHAPTER VII

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