
A STUDY AMONG YOUTH OF DELHI AND CONSEQUENCES OF DRUG ADDICTIONS

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ABSTRACT

In close collaboration with the World Health Organization, the Commission on Narcotic Drugs adopted a convention on psychotropic substances, and India enacted the NDPS Act in 1985 to prevent drug addiction. Abuse of drugs (such as morphine, opium, heroin, cocaine, brown sugar, etc.) spells disaster not only for the addicts but also for their families and society as a whole. The process of drug addiction sets in when a person, knowingly or unknowingly, begins to consume narcotic drugs as a medicine for sound sleep at night or to get stimulation for work. Rather than confronting the facts of reality, he wants to stay in his fantasy world. Gradually, he becomes addicted to drug consumption, and his dependence on these intoxicants increases at a faster rate. Finally, he reaches a stage where he cannot live without the drug since it has become his life habit.

Key words: Psychotropic Substance, Drug Addicts, Drugs Abuse, Addicts and society and Family problems.

INTRODUCTION:

One major aspect of any study on drug abuse is to understand and assess the consequences of drug addiction. The consequences of drug addiction are multifarious and ought to be understood in their entirety. It is beyond doubt that the drug addict himself has to undergo and suffer the major consequences of his addiction, yet it must be kept in mind that the addict being a part of a family, a community, and a society leaves a scar on all these social units. Whoever he interacts with, like his family members in various categories, has to bear the impact of his addiction to drugs. The achievement standards, sexual role enforcement, and rule enforcement as such have not been found to influence drug abuse, but what may be

important is how these are put across to the child. These factors may not cause distress and pressure on the child, especially when the parents use affection and democratic means to implement these ideas. Under such conditions, the children would rather internalize these ideas and perceive the achievement standards and rule enforcement in positive terms. These parental attitudes may be important for the development of such traits as self-confidence, extraversion, sex role identity, achievement motivation, ego development, and social relations, but they are not likely to cause drug abuse behavior.

The personality traits gleaned from drug addicts can be classified as follows:

- Personality characteristics on which abusers scored higher than non-abusers but within the normal range
- Personality characteristics based on which the drug abusers could be classified as falling in the criteria or clinical group

Anxiety, hysteria, paranoia, psychopathic deviation, and the repressor-sensitizer factor were among the personality traits on which both drug users and non-users scored in the normal range, but drug users scored significantly higher.

The personality traits based on which the drug abusers are grouped into clinical categories include depression, mania, and schizophrenia. On these three traits, the drug abusers were found to be clinically deviant from the non-abusers, who fell in the normal range. The personality profiles of the drug abusers were given.

The drug abusers were not in the clinical group on all the traits. It could be because the study's sample included drug abusers of all types, including occasional, frequent, and daily users, rather than just hard-core addicts.

Parental attitudes can group under the following headings:

- Parental/family factors, which were significantly related to drug abuse behaviour.
- Parental/family factors, which were not related to drug abuse behaviour.

The parental/family factors that were found to be related to drug abuse include father and mother positivity, father democracy, parental harmony (pertaining to children's upbringing), and family harmony. The drug abusers perceived both the parents as less positive and the fathers as less democratic. There was less harmony among the parents of the drug abusers as regards their children's upbringing. Also, there was less harmony and protectiveness in their families, thus depriving them of the psychological support of the family system.

Sex-role enforcement, rule enforcement, and achievement standards were the factors that were not found to be different in the families of drug abusers and non-abusers. Perhaps it is parental love, affection, and acceptance, rather than these factors, that are the most powerful contributors to such behaviour as drug abuse in the offspring. While father democracy was found to be significant, mother democracy was found to be unrelated to drug abuse behavior. Therefore, fathers play a more important role than mothers in shaping the male offspring's behavior. On the part of the mother, it is not democracy but acceptance (mother positivity) that is the more important determinant of the offspring's behavior.

Results on drug abuse and socio-economic status reveal that there are no differences with regard to the rate of prevalence in the different socio-economic status groups, but there are differences with regard to drug preference in the three SES groups. For upper-class and middle-class youth, the preferred drugs were the ones that gave pleasure (hallucinogens), and for the lower class, these included drugs that stimulate and give relaxation and pleasure too (amphetamines). This class has shown an almost equal preference for the other drugs. The upper and middle classes, on the other hand, have shown varied preferences for the different drugs.

CONCLUSION:

Compared to the non-abusers, larger numbers of drug abusers resided in the hostels, and a higher number of abusers reported being influenced by peers. These two factors may be at work at the same time, contributing to the drug phenomenon. Freedom in the hostel is cashed by peers more easily and frequently. At home, the drug abusers seem to be influenced more

by the drinking behaviour of their brothers and grandfathers than by any other member of the family (uncles or fathers). It is conjectured that the drug abusers identify more with their brothers and grandfathers than with their parents, who are perceived by them as less positive and less democratic.

The socio-demographic variables that seem unrelated to drug abuse include maternal employment, time of maternal employment, mothers' education, type of family, duration of the father's absence, presence of any other male member in the absence of the father, parental death, alcohol use by fathers, uncles, and other relatives, area, and birth order.

Drug abuse is a multifaceted phenomenon with combined effects of personality, parental attitudes, and other social factors. There is broad agreement that addiction does not arise de novo, except in a relatively small proportion of cases in which medication preceded addiction, but stems from personal and social maladjustment that existed prior to the addictive process. Parental attitudes of rejection, neglect, and overindulgence, along with family discord and disharmony, create a non-congenial atmosphere for the child. These factors eventually become causes of the development of personality problems.

Drug addiction is usually a symptom of a personality disorder. There is probably a pathological personality predisposition in such adolescents. Such vulnerable personalities, when confronted with social, psychological, and emotional complexities later in life, are encouraged to engage in deviant behaviour such as drug abuse. Peers provide a social milieu for subcultures, and for such adolescents, they act as surrogate parents who compensate for the love and affection lacking in the family. Adolescents from the most authoritarian families are the ones who most slavishly conform to their peers.

Personality changes may occur owing to the effects of drugs. Depending on the individual's predisposition, drugs can cause such changes. However, it is difficult to ascertain whether these pathological personality characteristics are the basic traits of the individual or whether they are the aftermath of drugs. In Campbell's (1962) word of caution, "I do not think it is

helpful to define addiction as a personality disturbance and then conclude that anyone who can become addicted must have a disordered personality." While it can be conceded that most confirmed addicts do have difficulty getting along with society in general, with their fellows, and with themselves, it is uncertain whether this is a cause, an effect, or unrelated to the basic problems of addiction. Mensh's (1970). Still, another probability could be that both psychopathological personality aspects and drug abuse behaviour are the outcomes of a common factor like faulty parental attitudes or some stressful experiences. Drug abuse is one of the most serious problems being faced by contemporary societies—both big and small. By now, it has been substantially proven that drug abuse does not take place overnight and that a person does not take drugs just by chance. It is decidedly the consequence of a large number of social, familial, and psychological factors—all interwoven together. The present study has shed light on the personality make-up and familial factors of drug abusers.

As is amply evident from the present study, the group at risk is that in the age range of 22–24 with certain predominant personality traits (anxiety, depression, mania, hysteria, paranoia, psychopaths, and sensitization) and with less parental protectiveness and harmony, and with parents (particularly fathers) low on positivity and democracy. This information is relevant and can be utilised by various social organisations and medical institutions involved in the prevention, intervention, and rehabilitation of drug addicts.

Though drug availability and peer pressure are important variables related to drug abuse, not everybody to whom drugs are available and who is under peer pressure is an addict. Family influences outweigh those presented by other miscellaneous factors. To combat the threat of drug abuse and prevent further devastation of lives, families' parents, in particular, should be educated on the subject. Parents can be made aware through mass media and various specific programmes as to how their neglect, communication gaps, and parental disharmony can make the child susceptible to peer pressure to take drugs. A child with a happy home and identification with the parents is less likely to feel the need for kicks through drugs.

During the treatment and rehabilitation of drug addicts, family therapy can play an important role. It would be fruitful to make parents aware, through counseling, of the various psychodynamics involved in drug addiction. Family members can contribute by way of emotional support to the drug addict who is high on hysteria, anxiety, and manic reactions and suffers from paranoia and schizophrenia tendencies.

The personality profiles of the drug abusers reveal that they have a significantly different personality make-up than their non-abuser counterparts. Therefore, both parents and teachers have to be vigilant about the children's personality development. For example, if the child at school level is suffering from depression and/or anxiety, both the teachers and parents should become vigilant about the child and take preventive measures right from the beginning so that these factors do not accumulate and brew up at later stages to form a predisposition for the child to deviate from normal life into counter-cultures. As the "physical self" of the individual requires vigilant medical care, so does the "psychological self."

A glance at the reasons given by other respondents for taking drugs reveals that the majority of them started for fun sake, kicks, or to overcome anxiety. Perhaps modern societies have failed to provide opportunities or avenues for their youth to channel their youthful energy. If we can create new vistas catering to diverse interests, youth can have enough fun in creative and constructive activities. More community clubs, sports centres, and hobby classes catering to the needs of both the poor and the rich (the study reflects that drug abuse is prevalent in all the social classes) could be a partial answer to this problem.

The present study was conducted on students of Delhi University in the years between 2006 to 2008. This population has its own political, social, and religious setup that is different from the rest of the country. Thus, generalizations for the other parts of the country would not be justified. The correlates of multiple drug abusers were studied. Subjects abusing different types of drugs may have different personalities. It would also be profitable to study personality correlates of drug abuse outside the realms of psychopathology.

It is difficult to ascertain if the present personality make-up of drug abusers who have already become addicts is the basic disposition or if these traits are acquired after the drugs are involved. Longitudinal studies that begin with a normal population and follow them over time can determine whether subjects with psychopathological personality traits become drug abusers or whether those who become drug abusers acquire psychopathological personality traits. Another alternative is to study a sample of drug abusers at the onset of this problem and follow them up over varied periods of time. Cross-sectional studies can be done in which, with all other factors controlled, various groups of drug abusers who have abused drugs over varied time spans can be compared.

Drugs are not a chemical but a social problem in India's case, born out of the large-scale uprooting of people from their traditional, secure moorings in the fast-changing modern world of today, reports Sorman (1993). He further feels that drug abuse is on the rise in India due to the disequilibrium created by the imposition of ill-conceived modernization, which has resulted in so many uprooting.

Drug abuse is a psychosocial and economic problem. It involves the whole network of society. The process of modernization has shattered the old traditional structures of society and brought significant alterations in the population structure, socio-cultural values, and economic values, making it almost impossible for the traditional setups to regulate and control the behaviour of their people. The picture becomes more bemusing for the poor, the weak, and the disadvantaged because they suffer not only physically, mentally, and economically, but they are also forced into a criminogenic life. While the government of India is taking comprehensive steps to control and prevent drug abuse, the management and care of drug addicts have traditionally been the responsibility of the family or their social group. The nature of this problem is so unique and culture-specific that, both in developed and developing nations, the rehabilitation of drug addicts is a tedious job. Therefore, it is appropriate that the family take up the responsibility for the rehabilitation of the drug addict.

This article will provide some facts, precautions, preventions, and guidelines to assist in resolving the issue. Firstly, here are some facts about the problem. The marijuana group of drugs (like ganja, bhang, hashish, and Charas) are widely abused in India, with "brown sugar," "smack," or "heroin" as the most harmful drugs abused. It takes only 48 to 72 hours to become hooked on this harmful drug. The marijuana group of drugs causes only psychological dependence, while heroin predominantly produces physical dependence. Marijuana addicts with a strong will can overcome their addiction without medical assistance. However, because of the severe withdrawal symptoms that occur when the drug is not consumed, it is impossible for a heroin addict to overcome the addiction on his own. An important warning for heroin addiction is that the relapse rate for its addiction, with counselling and rehabilitation, is about 95%. The urge to re-experience the original "high" or "kick" is very strong in heroin addiction. Such a temptation to use the drug may be due to an "inner" urge, or the addict may yield to persuasion from friends who are addicts. Nevertheless, we must all fully realise that addiction is a treatable disease.

It is rarely possible for an addict to get rid of this habit without professional help. In the case of drugs like marijuana that involve only psychological dependence, it may be possible that the person leaves the habit by using his strong will power. The other hard drugs lead to withdrawal symptoms like restlessness, vomiting, nausea, aches and pains, apprehensions, insomnia, diarrhoea, trembling, etc., which increase to an intolerable degree. Therefore, he is forced to come back to the drug, however strong-willed he may be, so professional help and guidance become essential.

Symptoms of Addiction

If any of the following symptoms are observed in the child, the parents should keep their eyes open and maintain a constant vigil on him. However, beware, it may be because of drug abuse.

1. Loss of interest in sports and daily routine

2. Appetite or weight loss
3. Unsteady gait/clumsy movements/tremors
4. Reddening and puffiness of the eyes, unclear vision
5. Slurring of speech
6. Fresh/numerous injection sites, bloodstains on clothes
7. presence of needles, syringes, strange packets, etc. at home.
8. Nausea, vomiting, and body pains
9. Drowsiness or lack of sleep, lethargy, and passivity
10. Anxiety, depression, and excessive sweating
11. Mood changes, temper tantrums
12. Depersonalization and emotional detachment
13. Impaired memory and concentration
14. Preference for solitude, especially spending long hours on the toilet.
15. The disappearance of articles or money from the home
16. A peculiar odour from breath and clothing
17. loss of interest in dress and personal appearance
18. Poor attendance at school or college
19. Decline in academic performance
20. Loss of interest in games and other extra-curricular activities
21. Erratic behaviour or confused thoughts presence of burnt foils, long cardboard or thick paper strips, and powders at home.

Once the person has been identified as an addict, parents must immediately take up the crusade against this problem without any further delay. They must not panic and overreact to the situation. They should try to inquire sympathetically about the child and communicate with him more often. Further detailed information can be sought from his friends. It should be kept in mind that this problem concerns the whole family. Therefore, joint cooperation from every member can only lead to a solution. Parents must stop being sarcastic ("I knew you would do something of that sort one day"), stigmatizing ("you are a useless person"),

accusatory ("You are trying to befool me"), and sympathy-seeking ("Don't you realise how it would affect all of us?") "How sad").

How to motivate a person with an addiction

Patience is the first requisite for motivating an addict to seek treatment. He cannot just be pushed to see a doctor. He needs some time to prepare himself to seek professional help. Any sort of preaching of "Do's" and "Don'ts" would be a sheer waste of time and energy. Parents must avoid lecturing him. No amount of reasoning or arguments would help him in any way. Only through compassion, rather than confrontation, can the addict be motivated. One must always remember that he is suffering from a disease. Labeling him as "good" or "bad" must be avoided, however absurd and erratic his behaviour is. His dignity and pride must be maintained. He should not be referred to as an "addict," "doped," "dopey," or "hooked." When the parents give constant assurance and confidence to their child that they are with him, the addict may agree to take professional help and treatment. There are several de-addiction clinics and counselling centres in India. There are also some voluntary organisations and hospitals that are providing de-addiction facilities.

Management and Treatment of Drug abuse

The average person has certain wrong notions about the treatment of addiction. To clarify their doubts, a few facts are stated below.

1. Drug addicts are not placed with others who are mentally ill.
2. Patients are not locked up in hospitals.
3. Patients are not beaten up.
4. No electric shock is given to an addict.
5. No surgery or operation is performed.
6. Believe it or not, the counsellor is a doctor and not a police informant.

Psychological Treatment

This stage of treatment operates at two levels.

The Patient's Counseling:

"Aftercare" is the name given to this stage of treatment for the patient. It follows detoxification. Here, the role of parents and other family members becomes very important. Parents must keep a vigilant eye on their children because the temptation to go back to drugs is very high. They must engage him in activities that pique his interest. This constant support from his parents would help him restructure his life and build new positive attitudes and behavioural patterns.

Guidance to the family:

Drug abuse brings suffering not only to the addict but also to his family. They are unable to bear the mental torture and shock that they are subjected to. The magnitude of their suffering is immeasurable. The family receives a great deal of understanding and empathy in order to alleviate their suffering. The counsellor, psychologist, or social worker helps and guides them to achieve positive changes in their attitudes and improve their lifestyles. Group therapy and lecture methods may be adopted for counselling patients as well as their parents. Specially trained counsellors involve parents along with the patient in group therapy sessions. This group consists of other patients and their families. They share their experiences with each other. This helps them know that there are other people around them with similar problems. This method helps them get over their feelings of guilt, anger, and hatred and strengthens them to face reality.

Counselors also arrange for separate educational lectures for parents whose topics relate to denial as part of the disease, problems during treatment and recovery and methods to overcome them, relapse and its management, etc. Parents must keep in mind that it is

technically impossible to treat drug addicts successfully on an outpatient basis. Peers may exert their influence, and the patient himself can contact the drug peddler.

SUGGESTIONS

- Many young people are taking refuge in drugs. They find it easy to get rid of the hardships by means of flight into a world of fantasy, wherein everything seems pink and red. Nevertheless, this experience is short-lived. Therefore, it becomes the prime duty and responsibility of parents to help teenagers avoid drugs.
- All of us know that parents care for their children. However, this feeling must be communicated to them. Many times, parents are unable to communicate their affection and feelings to their children. They get lost in their role as strict authorities, which aims at streamlining them. This role alone is not sufficient. Parental expressions of love and concern are very important.
- They must learn to appreciate his contribution to the small amount of work he does at home. Regular communication with the child will provide him with companionship. It is critical that every effort and improvement made by the child be recognized.
- Instead of giving a casual and carefree compliment, parents should discuss their children's good work. Be a friend to them. The child would open up with more details. Mothers, in particular, must take up the role of a counsellor. The child should get assurance of family support whenever he is in trouble.
- Negative comments, criticism, overreaction, and jumping to conclusions can only make your child rebel. Parental warmth must also extend to his friends and playmates. Remember, children are too possessive about them.
- Children never learn what their parents teach them; instead, they adopt only the roles that they see in their own parents. The expectations for the child must be clear, so that the child is not confused as to what they want him to be.
- Another preventive measure is to educate the child about the ill effects of drugs and addiction. Parents must also set an example by not abusing alcohol or drugs themselves.

REFERENCES

1. Annual Report (2009-10): Ministry of Social Justice and Empowerment, Govt. of India, New Delhi, Website: <http://socialjustice.nic.in/annualreports.php> accessed on October 1, 2011.
2. Banerjee A.K. Commentaries on Narcotic Drugs & Psychotropic Substances Act, 1985 (Act 61 of 1995, 2nd Edition, 1993)
3. DRUGS REHABS.ORG- Can be found at Drug Rehabs Origin at <http://www.drugrehabs.org/drughistroy.php>.(dated 16.2.12).
4. Hans Kuljit (198 6), "A Psychological survey of Drug abuse in a village of Punjab" PHD Thesis, Psychology, Punjab University, Chandigarh
5. Hennigfield, J. E. and Cohen, C., Heishman, S.J. (19 91), "Drug Self-administration method in abuse liability evaluation", British Journal of Addiction, Vol. 86, pp. 1571–1577.
6. Indian Express, New Delhi, March 3, 1990, Indian Express, February 25, 1990.
7. International Narcotics Control Strategy Report (2004), cited in www.eld.is.org
8. Miller WR, et al. (1992): Long-Term Follow-Up of Behavioral Self-Control Training, Journal of Studies of Alcohol, Vol. 53, No. 3, 249–61.
9. Manju Saxena and Harish Chandra, Law & Changing Society (Deep & Deep Publication Pvt. Ltd., New Delhi, 1st Publication, 1999), pg.351.
10. Women and Drug Abuse: The Problems in India, Ministry of Social Justice and Empowerment and UNDCP, New Delhi, 2002.
11. "The Extended Pattern and Trends of Drug Abuse," National Survey (2004), Indian Ministry of Social Justice and Empowerment, and the United Nations Office on Drugs and Crime."URL: http://www.unodc.org/india/india_national_survey20.04.html
12. National Institute of Social Defence (2009): Social initiatives: Join hands against addiction, Jan, Vol. 3, Golden Research Thoughts • Volume 2 Issue 11 • May 2013 5.
13. Prashant Saroj (1996): Drug Abuse in Delhi: Causes and Consequences, in Drugs, Youth, and Society, edited by Paul C. Madan, Madhu Deep Publications, New Delhi.
14. K. B & Agnihotri Sunil (2010): Scenario on alcoholism and drug abuse in Border areas of Punjab: An overview, Indian Journal of Youth Affairs, vol.14, No. 2.



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15. Rajiv Narayan, "Portrait of a drug king", and Rajeev Deshpande, "Nabbing Narcotics",
Express Weekend, March, 3, 1990