

# Adolescents' Awareness on Drug Abuse

By

Shubha M. V.

A THESIS SUBMITTED TO THE AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND  
HIGHER EDUCATION FOR WOMEN (DEEMED UNIVERSITY) COIMBATORE - 641 043

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

**MASTER OF SCIENCE IN HUMAN DEVELOPMENT**

**APRIL - 1999**

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Certified as bonafide research work

*Daya*  
*3-5-99*

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Signature of the  
Head of the Department

*Shubha*

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Signature of the Guide



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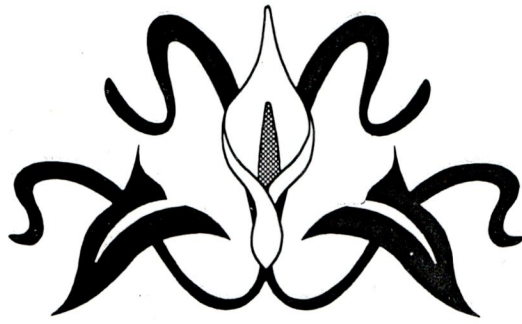
With a great sense of defence and truthfulness, researcher  
places her sincere and grateful thanks to her esteemed honoured guide

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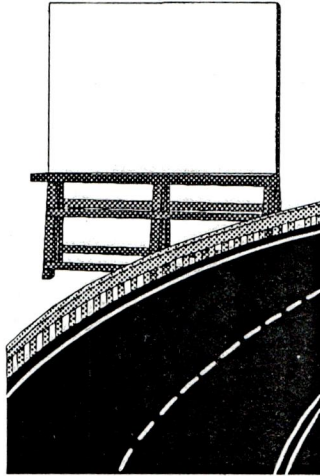
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# INTRODUCTION

## I INTRODUCTION

**God, grant me the serenity, to accept  
the things I cannot change,  
The courage to change  
the things I can,  
And the wisdom to know the difference!**

Adolescence is frequently characterised of great physical and psychological change; experiment with a wide range of behaviours and life style patterns. This occurs as part of the natural process of separating from parents, developing a sense of autonomy and independence, establishing a personal identity and acquiring the skills necessary for functioning effectively in an adult world. As a result of normal cognitive development, adolescents shift from a "concrete operational" mode of thinking (rigid, literal) to a "formal operational" mode of thinking (more relative, abstract and hypothetical). In addition, the influence of parents is supplanted by that of the peer group, (Botwin and Botwin, 1998). The vast majority of young people succeed rather than fail, despite the difficulties they now face; their energy, idealism and creativity can be used to great advantage, they are eager for responsibility, they want challenges and are prepared to take risk for what they believe in (World Health Organisation, 1986).

Rapid industrialisation, mechanisation of human life and scientific inventions have made human life comfortable. Sivasubramanian (1998) rightly stresses that the so-called generation gap, resulting in the lack of communication and emotional binding between youngsters and elders are least conducive to the healthy parent adolescent relationship. Naturally the youngsters feel neglected and rejected. Due to curiosity, adventuresome, peer pressure, ego mechanism, even high parental expectations and stress of modern life, the youngsters invariably become the victims of various unhealthy practices, one of which is drug abuse. (Hamza and Parthasarathy, 1993; Khan, 1997 and Madhu, 1999).

Karott (1998) reasoned out that the shifting socio-economic scenario of India has resulted in migration of rural population into urban areas, ultimately increases number of street children/youth. The lure of the city with its cinema halls and its cheap diversions and the most hazardous of all, drug abuse takes its toll. Anand (1998) opined that adventure is the breath of adolescents and love to live dangerously. College students are easy prey for drug pushers. It is a burning problem at the national and international scene and is a man-made disaster of earth-shaking proportion produced by the society for having lost its hold on the individual because of not respecting the value system practiced from time immemorial (Garg, 1996). He emphasised based on research findings that drug abuse is not confined to any class or creed, rich or poor, young or old. To add, Nayak (1998) affirms that though it can be partly attributed to misguided influences and modern life styles, a grim reminder of the loop holes that have erupted into parental guidance.

Dutt, Kumar and Varma (1993) stated that a problem which appeared confined to the western world, drug abuse today has become a dreaded reality for the third world as well. Nor is it a problem encountered only by the affluent. In fact, this menace has acquired global dimensions, threatening to condemn the very future of mankind. Various studies on drug abuse in the recent past show that, on an average 25-35 per cent of our University youth indulge in drug abuse. At present it is estimated that at least 6 out of 10 youngsters in India either smoke or drink. Out of that 6, it is believed that about 2 or 3 do both (Nayak, 1998). In India, the Government estimated the number of drug users are 2.25 million, according to Jayanth (1999).

Hamza and Parthasarathy (1993) referred the research findings which revealed an alarming 13.5 per cent to 51.2 per cent of the students either abuse one or more drugs listing about the symptoms of drug abuse i.e. chemical dependency. Karl (1999) said that it affects five spheres in youth's lives - their bodies, minds, emotions or feelings, value systems and lastly relationships. The problems of drug addiction among youth are multi-faceted and closely associated with the socio-economic changes in the society. The majority of drug abusers are not aware of its physical, psychological or economic consequences. It is more a social than a medical problem, (Kaul, 1998 and Youth Express, 1999). Kingston and Baradhwaj (1999) added that people with

this chemical imbalance are extra sensitive which makes it harder for them to cope, because they are very sad, angry, and jealous. With such negative coping skills, they develop a negative personality.

Many students used these harmful substances hoping that these drugs would improve their study skills, understanding, comprehension, concentration and retention. Some students used drugs to relieve their tensions and relax. Some were also influenced by poets, novelists and other artists, abusing these drugs. Thus what starts with curiosity, ends with a wide variety of problems, affecting physical, mental health and interpersonal relations (Hamza and Parthasarathy, 1993).

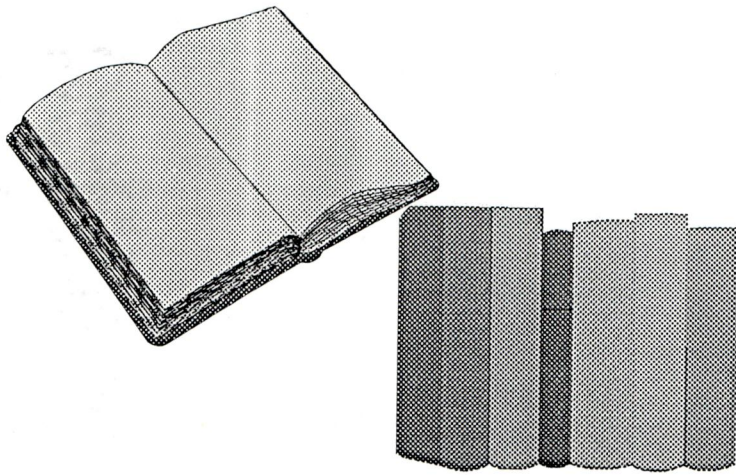
The development of a nation does not lie only in the discovery and development of science and technology in the context of urbanisation, industrialisation and replacing the human services by computerisation. It rather lies more in the quality of human life and national character. Youth is a live-wire, which is to be handled with care and given appropriate directions, training and supervision, can become a mighty source to act upon (Khan, 1998). Garg (1996) viewed that the problems of drug addiction among youth are multifactoral and multi-faceted and closely associated with the socio-economic changes in the society. An effective sustained decline can only be achieved by a multi-pronged and prolonged approach, with the joint action (efforts) of the various sectors such as health education, social welfare, media, political structure, custom, law, home, university and voluntary associations through the inter-disciplinary, integrated and co-ordinated line of action. National reports have indicated that the number of people who inject drugs reporting to treatment centres have increased from three per cent to 17 per cent in recent years. Two-thirds of them were in the age group of 21 to 30 (Jayanth, 1999).

Sivasubramanian (1998) made a clarion call to the youth to prepare themselves to meet the challenges that lie ahead in the 21st century. He should be conscious about his rights, duties and have a sense of commitment and high degree of awareness of all (Vanavarayar, 1999).

Since the problem of drug abuse is predominant amongst the youth and due to peer group pressure, it would be worthwhile to motivate and involve youth

specifically students in controlling measures. While we think of prevention, the question of awareness arises. Hence it is an imperative need to create awareness of the harmful effects of drugs and related information in the young mind. It is necessary to educate the students which is the higher percentage of the youth population about drugs and its consequences, with this aim the investigator had chosen a study on "Adolescents' Awareness on Drug Abuse". It is hoped that this research would serve rightly little for the idea in the young minds and targets of a Drug Addiction Free Society by the year 2000. To highlight the extent of adolescents' awareness on drug and indirectly help them to know tit bits of drugs, these objectives were framed;

- ❖ to study the extent of knowledge of the selected sample on drug abuse and its related aspects
- ❖ to get to know which of the sex has more awareness on drugs
- ❖ to assess how the awareness of adolescents is influenced by economic factor



## **REVIEW OF LITERATURE**

## II REVIEW OF LITERATURE

The literature pertaining to the study on "Adolescents' Awareness on Drug Abuse" has been reviewed and presented under the following headings:

- A. Adolescent's nature
- B. Drug abuse in India - past practices, present scenario and futuristic trend
- C. Different forms of drugs
- D. Causes and symptoms of drug abuse
- E. Treatment, rehabilitation and prevention of drug abuse
- F. Related research studies

### **A. Adolescent's nature**

According to Shetty et al (1997) and Mehta (1997), the demand placed on the adolescents by society are changing at an accelerated rate, and this itself requires a continuing re-appraisal of moral values and beliefs which leads them to severe conflict. A fast and dramatic change in the society has largely influenced the judgement and attitude of adolescents. Pareek (1983) well said that psychological stress and storm is something that every adolescent will experience at one time or another. It is virtually impossible to escape from its effects. Storm and stress can come in many forms. Its intensity may vary, but its effects are never in doubt, will force any individual to undergo a change. And when the cumulative effects of frustration, conflict and pressure reach a certain point, stress and storm can cause serious health problems or even kill. Bargoankar (1998) lists out the sources of storm and stress of adolescents as tension at the college, illness in the family, educational problems and the financial constraints. Nair (1988) spells out the sources of storm and stress as disturbing social and economic changes, coupled with the under demands of science and technology, the crippling competition in the educational field, urbanisation, breakup of the traditional family, failure to meet the basic needs of housing, health and nutrition, all tend to take heavy toll of mental and physical health.

Modernisation, migration, natural calamities and civil disturbances apart from economic upheaval contribute to create a situation of storm and stress in the life of every individual. All these situations make adolescents falling victims to drug addiction, juvenile delinquency, anti-social activities with violence and being the disorder of the day.

Hamza and Parthasarathy (1993) emphasised that students are affected with innumerable psychological and interpersonal stresses and strains. These problems need to be handled adequately. In the absence of any special service, the adolescent's invariably become the victims of various unhealthy practices one of which is alcohol and drug dependence. Today it is a great dilemma for the younger generation as to what course of life they should follow. As said by Shetty (1997), it seems to be a big question mark for their life in future. The modern world is under the grip of all illegal crises. Sachdeva (1988), Jagdeesan (1991) and Bhatia (1992) opined that adolescents are receptive, flexible and susceptible to change and have a tendency to explore new grounds embark upon hazardous tasks, defy unworthy traditions and undertake experiments in social and economic fields and hence, the attitude of adolescents are fast changing.

Thus it is an open fact that adolescent's nature is common. It is in the hands of parents, educational institutions and society to handle them carefully at this time of storm and stress.

## **B. Drug abuse in India - past practices, present scenario and futuristic trend**

### **(1) Past Practices**

The history of drug abuse shows that humans have since long, used drugs not only as a means of coping with life itself but also to apparently enhance their pleasure and to facilitate the achievement of religious and ritualistic aims. India, also had a long history of drug use. The intoxicating properties of alcohol referred to as 'Somras' in some of the earliest Indian texts, Vedas. Cannabis were known in India more than 2000 years ago. Different types of drugs were used by people throughout India for various reasons like personal necessity, medical needs, social customs and religious practices (Gupta, 1988). Dutt, Kumar and Varma (1993) gave a clear picture about the past

practices like Bhang, Ganja, Charas and Somras which were known more than 2000 years ago. It is said that opium drug was perhaps introduced by the muslim traders in the ninth century A.D. The cocaine drug was introduced in India between 1900 and 1980. Bhang was enjoyed in certain occasions like Holi festivals and Maha Shiva Ratri in many parts of Northern India.

## (2) Present Scenario

In a survey, Jayanth (1999) estimated that five to ten lakh people were addicted to drugs where the lifetime use of any drug, including alcohol between 33 and 39 per cent and Ganja was the most commonly abused drug. A multi-centered study of college students in nine cities of India conducted during 1976-78 revealed that 52-78 per cent students had never used drugs, four to thirteen per cent had used drugs earlier but were not consuming them at the time of the study and 18-35 per cent were using drugs at the time of interview. About 20 per cent students were found to be using drugs in Jaipur, Madras and Hyderabad, while the corresponding figures for Delhi, Bombay, Varanasi and Jabalpur were 35 per cent (Ahuja, 1982).

According to the study conducted in Delhi in 1984 by Jiloha and Munja', dependence on heroin had increased from zero to 72 per cent in just four years between 1980-84. Increased dependence on heroin is corroborated by another study in De'hi (Saxena and Mohan, 1984). The study by Jiloha and Munjal also showed that there was representation of all educational strata, right from the illiterates to graduates, post-graduates and professionals. The single highest group of 53 per cent of subjects belonged to the college level. Mohan (1988) presented a paper on "Changing trends in Heroin abuse in India" revealed that the majority of heroin addicts in Delhi were under 30 years of age (88 per cent), two thirds were under 25 years of age during college days, the paper reveals that up to 1981, there was no heroin addict cases, it was rise to a proportion of 72 per cent in 1984. Heroin is a big business in India, in 1981, the price of one gram of pure heroin was Rs. 450 but it tumbled down to Rs. 120, now heroin is easily available at Rs. 25 to 40 per grams. Injection and Inhalation have been easily administered (Garg, 1998).

Adityanjee et al (1985) reported a sudden rise of heroin use in Delhi, among younger age groups, especially college drop-outs and educated male in menial jobs who indulged in heroin smoking. A study conducted by Bhatia (1997) under the ministry of social welfare, Government of India, sponsored research project in seven universities; Bombay, Madras, Delhi, Jaipur, Hyderabad, Jabalpur and varanasi found that alcohol, tobacco and painkillers were commonly used by the students. The prevalence rate of alcohol ranged from 15 per cent in Bombay to nine per cent in Hyderabad. The prevalence rate of tobacco was highest in Madras and lowest (6 per cent) in Hyderabad. The prevalence rate for pain killers was highest in Delhi (20 per cent) and lowest in Madras (1 per cent). The prevalence rate for cannabis was highest in varanasi (11 per cent).

Gurusamy (1998) reported that though no national survey has been feasible to assess the exact magnitude of drug abuse in any country, the Ministry of welfare in the Govt. of India has sponsored a number of research studies on specific population groups considered at risk, through academic institutions. In order to assess the nature, extent and pattern of drug abuse in various regions of the country, a nation-wide study is presently being conducted in 31 cities and 2 border areas. Side by side, a regular scheme for man power development and training of Governmental and non-governmental functionaries has been launched by the Ministry through the National Institute of Social Defence. In view of a considerable degree of ignorance about the ill effects of drug abuse on the individual, the family and the society at large, the Ministry of welfare has taken a number of important steps towards awareness building and prevention education through formal and informal media. Television and radio are being extensively used to disseminate the necessary information among parents, teachers and opinion leaders. Film shows are being arranged through official and non official agencies. Socio cultural programmes including essay, debate and poster, competitions, film shows, exhibitions etc., are being promoted in educational institutions and youth in vulnerable areas (Gurusamy, 1998).

### **(3) Futuristic trend**

Reddy and Kusuma (1993) gave a clear cut picture about achieving the objectives of Health for All by 2000 A.D., all the individuals have to take up challenging

task for preventing drug addiction in our society. People not only need general medical treatment but they also require psychological treatment. In this age of rapid industrial developments, there is a mad rush for money and power in most of the urban and rural families and consequently parents neglect their children and they become easy victims to drug addicts, to break their so-called monotony in the house, which is to taken care. As per the recent survey done by Reddy and Kusuma (1993), there are approximately seven lakh drug addicts in our country out of which one lakh are in Bombay, Pune and Delhi. The number is rapidly increasing in other cities also. Now it is high time for the government, educational institutions, voluntary organizations and the public to take urgent measures to prevent this malady. Aggarwal's (1993) strategies are very many for tackling drug abuse if taken into consideration, surely drug abuse can be seen no more in Indian society in near future. The strategies are;

- ☞ education of the public to make them understand the causes and consequences of drug addiction
- ☞ student and youth energy should be channelised into constructive and creative projects like rural reconstruction, welfare of the society and the nation, and for helping the needy and poor. This will give them a sense of purpose, an opportunity for adventure and new experiences which they seek by taking drugs
- ☞ job opportunities have to be increased and the education systems to be restructured to include job-oriented and employment based courses
- ☞ emphasising on value based education
- ☞ strict enactment of laws to fight out this major social evil

Puri (1998) revealed that number of smoking related deaths in the world each year will be increasing in the next quarter century from three to ten million. It is clear that there is a tremendous increase in the pace and stress of life which under certain circumstances may also increase the need for the use of drugs.

Drug abuse is a painful problem, it has been in existence since time immemorial. However, in recent decades the use of drugs on world wide basis has been reached alarming proportion.

### C. Different forms of drug

Depending on the nature of the effect, drugs may be classified as;

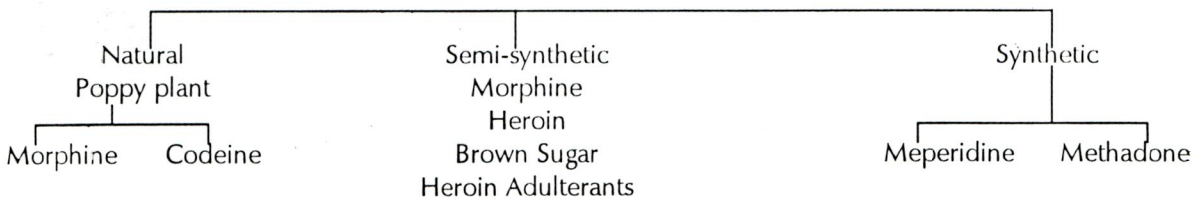
- Narcotic Analgesics
- Depressants
- Stimulants
- Hallucinogens
- Cannabis

The detailed list of each category is given in Appendix 1.

#### 1. Narcotic Analgesics

Medically, the term narcotic refers to opium and opium derivatives substitute that produce opium - like effects. All narcotic analgesics are pain killers with a high addictive potential. The drugs in this category can be studied under three broad categories.

i. narcotics of natural origin, ii. semi-synthetic narcotics and iii. synthetic narcotics.



#### i) Narcotics of natural origin

##### a. Opium

Opium is made from the milky fluid which is collected from the unripe food of the poppy plant. Opium is taken orally. Dried opium, is usually boiled in water and the solution is drunk. Sometimes it is mixed with tobacco, chewed and kept in the mouth (Shekhar, 1998). Jayanth (1999) did a project under WHO and estimated that one million people use opium. Same study was done under Alcohol and Drug Information Centre, among 66 individuals in the age group of six to twenty two years, the findings revealed that twenty two of them use various drugs including opium which is the major

response. Ninety per cent of the selected individuals above nineteen years of age use drugs.

### **b. Morphine**

Morphine is the principal alkaloid which is extracted from opium. About 10-15 per cent of the opium exudate contains morphine which is a very effective drug to relieve pain and widely used for medical purpose (Vandana, 1998.) Morphine is injected just under the skin directly in the vein (Shekhar, 1998).

### **c. Codeine**

Codeine is an alkaloid found in opium in a small percentage than morphine. It is used in cough suppressant drugs. Codeine is injected under the skin directly in the vein. It is available in the form of tablets and syrups (Nayak, 1998). Wairagkar et al's (1994) study reported that 181 and 395 were the addicts from the states of Assam and Nagaland respectively. Of these, 27 per cent and 12 per cent of cases were contributed by the primary abuse of codeine containing cough syrups. All addicts were male in their early twenties. Most of the addicts were unmarried and educated up to matriculation. The age for the first use of codeine cough syrup was 18 years (Assam) and 16 years (Nagaland). Addicts used the oral route several times a day and friends were the main source of introduction, mild forms of physical and psychiatric disorders were reported. Easy over-the-counter availability, lesser expenditure, milder withdrawals and ease of consumption without secrecy were some of the reasons for the emergence of this new form of addiction in Assam and Nagaland.

### **ii) Semi-synthetic narcotics**

#### **Heroin or brown sugar**

Brown sugar is an adulterated form of heroin. Pure heroin is a white crystalline powder with a bitter taste. It is a very costly drug to increase its marketability. The drug's colours vary from light to dark brown, this is referred to as brown sugar or smack (Dutt, Kumar and Varma, 1993). According to the report of the recent study by Sivasubramanian (1998) in Mumbai, 30 Kg of brown sugar was sold every day even without adulteration which was sufficient to supply 1,20,000 adolescents a day. At this

rate, the annual sale of brown sugar in Mumbai was more than Rs. 25 crores. Garg (1998) estimated that 2.5 lakh heroin addicts are found in Delhi.

### iii) Synthetic narcotics

Synthetic narcotics are produced only in the laboratory. These drugs imitate the effect of the opiates. Two types of drugs in synthetic narcotic drugs are mejoeridine which is administrated orally and injected. Methadone is taken only orally in the form of tablets, (Dutt, Kumar and Varma 1993).

## 2. Depressants

Depressants are drugs which depress or slow down the functions of the central nervous system. These include alcohol, barbiturates, sedatives and tranquillizers (Santhosh, 1998).

### (i) Alcohol

Alcohol is a powerful medium which contains the drug ethanol. Alcohol is toxic, dangerous when taken in combination with other drugs. There are approximately five lakh alcohol dependent individuals in the state. Registrations for alcohol related neuro-psychiatric problems increased from 212 in 1985 to 995 in 1994 (Bengal, 1998). When alcohol reaches brain, immediately individuals feel more relaxed and light hearted. They feel to do crazy things, and take risks such as deciding to have unprotected sex or trying an illegal drug, it makes some individual feel aggressive (Youth Express, 1998). Heavy alcohol consumption leads to memory loss, inability to stop drinking until intoxicated, inability to cut down drinking, withdrawal symptoms (Bakhiar, Choudhary and Sapur 1998). Alcoholism invariably affects all sections of the society but the worst hit are those in the lowest economic cadre. Alcohol should be totally prohibited which can be done only through an integrated action at different levels. Social, political, educational and medical including counselling and treatment of the addicts (Kamamma and Pushpa, 1993).

## **(ii) Barbiturates and other sedative hypnotics**

Barbiturates effects are inducing to sleep, they are white powders, bitter in taste. Administered in the form of tablets. Drugs such as glutethimide, methaqualone, chloral-hydrate and ethchlorrymol were introduced as substitutes for barbiturates. Sedatives and tranquilizers are also a form of depressants both are used to get enough sleep, taken in the form of tablets (Dutt, Kumar and Varma, 1993).

## **3. Stimulants**

Stimulants are those drugs which directly stimulate the central nervous system.

### **Tobacco**

Tobacco smoke is a complex mixture of hundreds of different chemical compounds, solids and gases. India has over 20 companies involved in cigarette production. It is estimated that over 42 million men and 37 million women above fifteen years are regular tobacco users, four million individuals below fifteen years were regular tobacco users. India produces about 5,76,200 metric tons of tobacco, making it the third largest producer in the world (Bailey, 1998). According to Rao (1990) for countries where smoking is a long-established custom, about ninety per cent of lung cancer cases, thirty per cent of bronchities and emphysema and twenty to twenty five of coronary heart disease and stroke deaths were attributable to tobacco use. This had serious implications for the health of individuals. Some of the other stimulants which commonly used are - caffeine which is white in colour, bitter in taste and crystalline substance. Cocaine is a chemically derivative of the leaves of one or two species of the cocoa plant which is most commonly inhaled. Amphetamines are used to avoid sleep and to improve athletic performance (Dutt, Kumar and Varma, 1993).

## **4. Hallucinogens**

Hallucinogen is applied to any drug which has the principal effect of producing changes in the mental states. Drugs belonging to this group include synthetic chemicals produced in private laboratories. The two main synthetic hallucinogens which

are currently available are lysergic acid diethylamid (LSD) and bromo-DMA (Sivasubramanian, 1998).

## 5. Cannabis

Main ingredient in cannabis produces a high mood and perception of the user. Ganja, hashish oil, hashish, THC and bhang are the forms of cannabis seen in the market place (Shekhar, 1998).

From the literature it is understood that alcohol, opium and cannabis are the main drugs abused.

### D. Causes and symptoms of drug abuse

#### i. Causes of drug abuse

Khan (1997) points out that drug abuse may occur in any income group, any family and at any age, but common during adolescence and young adulthood. Dutt, Kumar and Varma (1993) and Khan (1997) reasoned out the drug abuse:

- ☞ curiosity is the primary reason, many young people turn to drugs to test their tranquilizing and hallucinatory effects. Adolescents forget the reality of the world and create their own artificial paradise
- ☞ peer influence, sense of adventure, escape from feeling of inferiority, relief from boredom and easing of stress are the other reasons for induction into drug abuse

A study conducted by Sivasubramanian (1998) with the help of Madras school of social work showed that influx of the drug habit among college students at Chennai city. About 61 per cent of these students revealed anxiety over employment prospects and insecurity about the future as reasons for escaping into the world of drugs. Lack of parental care and due to faster pace of present-day life, the family bond is gradually loosening. The trend of urban families is that the younger generation is often left alone; so the young people often feel that they are not getting sufficient attention from their parents and turn to drugs out of anxiety and frustration. Studies by Bhatia (1997) on addicts and their families have identified certain factor that lead to addiction and classified into biological and socio-cultural factors; if one or both parents of a child are

addicts, the child has greater chances of developing addiction. If drugs are available in plenty and money is also there to buy, individuals are found to consume more. This increased consumption which result in a greater number of people becoming addicts, are named as socio-cultural factors. Sharma (1993) mentioned that the reasons for addiction vary from the superficial to the overwhelming - whether it is a broken home, family pressure, sexual problems, unemployment or simply a fashionable aping of the 'in'-crowd-the susceptible individual could be pushed on to the road to self destruction.

In Indian society, people are motivated to take drugs due to curiosity, for fun and pleasure, for thrill, for getting 'kicks' and having mystic experiences and due to other misconceptions. Some resort to drugs to seek company and others may use it to escape from boredom. Stress is an important factor in turning an individual into a drug addict. The highly competitive and success oriented style of living today creates many problems for a large number of young people. There is a crisis of character and deterioration in values. While the aims of life and values of the elders are meaningless, the job opportunities for the youth are rare. Education serves little or no purpose and there are inhibitions and taboos. All these lead one to stress situations. One tries to seek instant relief from frustration, tension, anxieties and depression by resorting to drugs. Others use drugs to free themselves from their inhibitions and some turn to drugs because of guilt, shame, anxiety or disappointment in life. A study conducted by Aggarwal (1993) revealed that drug addicts had strained family relations and unhealthy conditions. Lack of love and affection between themselves and their parents. Fifty five per cent of graduates has been multiple drug addicts for seventeen years due to non-cordial family relations.

So it is the truth that youngsters are easy prey for drug pushers because of their curiosity, peer pressures, stress of modern life and high parental expectations.

## **2. Symptoms of drug Abuse**

Mahadevan (1988), Anderson (1990), Dutt, Kumar and Varma (1993) and Khan (1997) studied signs and symptoms of adolescents' drug abuse and categorised as given below :

### Personal Indicators

- ☞ Makes repeated demands for heavy amounts of pocket money
- ☞ Poor attendance at schools and colleges
- ☞ Shows decline in academic performance
- ☞ Becomes secretive
- ☞ Keeps away from home for longer durations
- ☞ Indulges in constant lying and stealing
- ☞ Neglects personal hygiene
- ☞ Changes friends more frequently

### Psychological Indicators

- ☞ Gets easily agitated
- ☞ Shows out bursts of anger without apparent cause
- ☞ Shows memory decline
- ☞ Shows changes in the ability to concentrate and
- ☞ Becomes very talkative

### Physical and Physiological Indicators

- ☞ Changes style of walking
- ☞ Suffers from loss of weight and appetite
- ☞ Becomes prone to recurrent physical illness
- ☞ Suffer from uneasiness, numbness
- ☞ Remaining drowsy
- ☞ Be restless, tired and fatigued
- ☞ Suffers from thirst, nausea, vomiting
- ☞ Have needle marks on the forearms
- ☞ Slurring of speech
- ☞ Watering and puffiness under the eyes

Drug abuse is not only a law and order problem, but also ruins the individual and the society, physically, socially, culturally, emotionally and economically, which requires tremendous attention.

## **E. Treatment, rehabilitation and prevention of drug abuse**

### **1. Treatment**

Primary treatment is very essential for drug dependent persons. It includes a gamut of rehabilitative efforts through individual counselling, family therapy, group therapy, therapeutic games and recreational activities (Gupta, 1988).

According to Dutt, Kumar and Varma (1993) major types of treatment programmes for drug abuse fall into four categories namely :

- ☞ Emergency referral
- ☞ Detoxification and it's metabolic action from the addicted person's system
- ☞ Utilization of psychological behaviours or other approaches which can provide support for individuals attempting to live in a drug free state
- ☞ Management of individuals either with a narcotic substances or social reintegration

Khan (1997) emphasised that first treatment to be started from parents where they should build a relationship in mutual trust. Parents should respect the individual as a human being, spend time with individual in regard to their hobbies and interest. It is advisable that parents verbalise their concerns to their individuals in sympathetic manner before reaching any conclusion. It is important to consult a counsellor for a correct evaluation. Family and friends need to affirm the individual strength.

### **2. Rehabilitation**

Bhatia (1997) says detoxification and rehabilitation must be considered as two sides of the same coin. The ministry of welfare has been providing financial assistance to voluntary organisations for the setting up of rehabilitation centers. Under this scheme, 217 counselling centers and 121 de-addiction centers are functioning in different parts of the country. During the last five years large number of drug addicts had been

registered and de-toxified. Dutt, Kumar and Varma, (1993), Bhatia (1997) and Shekhar (1998) provided various measures to promote rehabilitation and social reintegration of drug dependent persons. These comprise of educational upgrading, vocational training, drop in counselling centers, job finding and placement programmes, community work projects and therapeutic communities.

### **3. Prevention**

The most effective treatment modalities typically produce only modest results and treatment gains are often due to high rates of recidivism. Therapists are confronted by a disorder that more often proves to be refractory to change, by patient's knowledge of drugs may be daunting to even the most experienced practitioner. Prevention offers a logical alternative to treating individual after they have developed such as insidious disorder as substance abuse (Sivasubramanian, 1998). To prevent and to fight the challenge of drug menace, the International day against drug abuse and illicit trafficking is observed every year on 26th June (Dhawan, 1998). Dutt, Kumar and Varma (1993) classified three types of prevention namely primary prevention, secondary prevention and tertiary prevention.

#### **Primary Prevention**

Primary prevention involved organizing community, education activities through specific target agencies to strengthen family life, deepen inter-personal relationships and inculcate positive human values so that young people do not resort to drug use. Primary prevention encompasses three broad categories under which various activities are undertaken. These categories are : a) Informational b) Educational and c) Community-based measures.

##### **a. Informational measures**

Basically comprises of providing information about illicit drug use, especially about the dangers associated with drug use. It is one of the most widely used programmes of prevention. The objectives of this approach are :

- i) Increase knowledge in the people at large about the dangers of drug use

- ii) Encourage the development of negative attitudes towards specific drugs in order to lower the probability of drug use
- iii) Discourage experimentation with even more dangerous drugs

Contents of informational programmes are determined by the nature and magnitude of the problem, the characteristics of the intended audience/within a community and the community itself. The contents of information includes effects of certain drugs, nature, extent and patterns of illicit drug use, legal status of particular drugs, relationship of drug use to other social problems, social and psychological characteristics of drug using population, physical, psychological, social and economic cost of illicit drug use to the individual.

### **b. Educational Measures**

These approaches are pursued either directly through specially designed curriculum to influence motivation, attitudes and behaviour with regard to drug use. These approaches are divided into four general categories,

- i. health education programmes
- ii. integrated educational programmes as part of the curriculum in schools
- iii. programmed teaching
- iv. programmes emphasizing personal development

### **c. Community based measures**

Community based programmes involve the co-ordinated efforts and appropriate utilisation of government and private resources in a community to reduce drug demand. Some of the community based measures are: informational and educational programs in the community, counselling / advice centers, drop in centers, providing shelter, developing alternative activities, the information resource center, job placement, counselling and training. Minwalla (1996) stresses street play is the best way to create awareness for adolescents. He points out in Mumbai, police decided to create awareness about the narcotics problem, it adopted a prolonged approach by involving staging a street play, after the play around 13 individuals approached the organisers and

asked to be put through the detoxification process; whereas Ramachandran (1996) emphasis street plays are flexible and change to suit the situation.

### **Secondary Prevention**

It involves early case-finding, diagnosis and treatment, it also included the provision of counselling services to young people who have started experimenting with the use of drugs.

### **Tertiary Prevention**

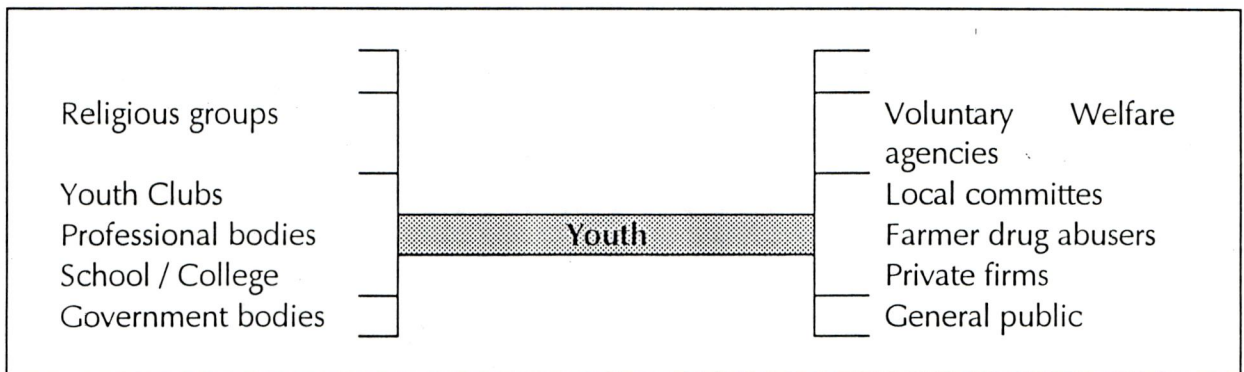
It involves the establishment of linkages with treatment and rehabilitation centers so that drug dependents can be provided with long term support and can be helped to change their life style. Parents can build their self - esteem in keeping off individual from drugs. Individual's with a positive self-image stands a better chance against peer pressure. Parents must help them to see the dangers of trying to conform to some group's standards by going along with drug habits (Khan, 1997). Anderson (1990) suggested that parents should monitor their children's friendships. Parents can provide alternative activities for their individuals like sports, clubs, arts and hobbies which are all positive alternatives to the negative influence of drugs. Parents should teach individuals about drugs, and must set a good example. Jiloha and Munjal (1984) referred that family is the central point of social life where parents contribute much to the personality development and in determining the future course of a person's life. Parents have to give love and care to all individuals and try to solve their problems so that adolescents won't have anyway to hang over their problems in the forms of drugs.

Educational institutions play a vital role for tackling drug abuse. Dutt, Kumar and Varma (1993) clustered the educational approaches into four ways; programmed teaching, integrated drug educational programmes as part of the curriculum in school and college level, health education programmes and programmes emphasizing personal development.

Sivasubramanian (1998) explains that student teacher relationship at the school and college level is not as it used to be three decades ago. It has become more formal, non-personal and commercial. Moral education should be imparted at the school

and college level and ethical values to be inculcated in the students from very early which will put them on the right path. Anderson (1996) makes a clear way for the students to know about evil of drug addiction through film shows, video shows and lectures arranged periodically delving upon the evil effects of drug addiction which will make the students averse to drugs and other bad habits like smoking and drinking. Sivasubramanian (1998) says that after the completion of education, the youth of the country should not be allowed to idle away their time. They should be provided with employment - opportunities may be self-employment, steps should be taken by the central and state governments and the private industry to create more employment opportunities in the public and private sectors. Role of youth is an important aspect to prevent drug abuse. Dutt, Kumar and Varma (1993) had given a clear cut idea by how youth can help a different organizations to be associated in drug prevention programmes.

### Organisations to be associated in Drug Prevention Programs



## Organisational Health Promotion Activities of various sectors in Drug Addiction among youth (Garg, 1996)

Sector	Activities						
Health	Research	Case detection	Treatment	Prevention	Counselling	Education	Camp approach
Education	Research	Service	---	Healthy life-style	Counselling	Education	Followup
Social Welfare	Awareness	Co-ordination	Counselling	Education	---	---	Rehabilitation
Media	Awareness	Motivation	Education	Social Mobilization	---	---	For arousal communication
Political Leaders	Community participation	Support	Commitment to drug free life style	Healthy leadership	Motivation	---	Will to combat drug abuse
Industry	Incentive Scheme	Facilitate for detection	Co-ordination	---	Reduction in Demand	---	Awareness and counselling
Home excise and custom	Law enforcement	Problem solving approach	---	---	---	---	Prevention of illicit trafficking
Voluntary Organization	Participate observation	Co-ordination	Follow up	Motivation	Education	---	Counselling & Rehabilitation

This chapter gives us a clear picture that drug manace to be fought out with challenge of creating awareness among the people of all sections at all age particularly adolescents. For this giant work all have to stretch their hands to play their role.

### F. Related Research Studies

A study was conducted by Bajwa, Pillai and Matto (1998) on "College student's attitude to drug abuse". The study focussed on the development of a scale to assess adolescents' attitude toward drug dependence and its application in 200 college students. The attitude was comparable across the two genders among the younger students. As the age increased, the attitude became progressively more unfavourable among the boys and progressively less unfavourable among the girls. Higher parental education and mother's occupation as housewife were associated with a relatively more unfavorable attitude among the boys. The attitude was not influenced by other variables like family income, locality and hostel/home residence.

Hausen and Metzke (1998) studied on "Frequency and correlates of substance use among preadolescents and adolescents" revealed that alcohol and nicotine use were investigated in a representative sample of 1110, aged 10 to 17 years. In

addition to questions on substance use, the participants responded to questions covering behaviour and emotions, life events, self-related cognitions, coping capacities, perceived parental behaviour, perceived school environment and the social network. The study also revealed that gender gap in substance use tended to close with increasing age. Parental substance use served as a model in the participants' use. Lack of acceptance and control, pressure to achieve at school and life events significantly predicted in substance use; the latter served as a moderating risk variable for delinquent behaviour under stress.

Lynskey, Fergusson and Horwood (1998) did a study on "The origins of the correlations between tobacco, alcohol and cannabis use during adolescence". Methods of structural equations modeling were used to analyse the correlation between reports of tobacco, alcohol and cannabis use in a birth cohort of New Zealand children studied at the age of 16. This analysis produced the correlations between tobacco, alcohol and cannabis use could be explained by a factor representing the individual's vulnerability to substance use. The predictors of vulnerability to substance use were the extent to which the individual affiliated with delinquent using peers, novelty seeking and parental illicit drug use. In the region of 54 per cent of the correlations between substance use behaviours could be predicted from observed risk factors and 46 per cent was attributable to non-observed sources of vulnerability.

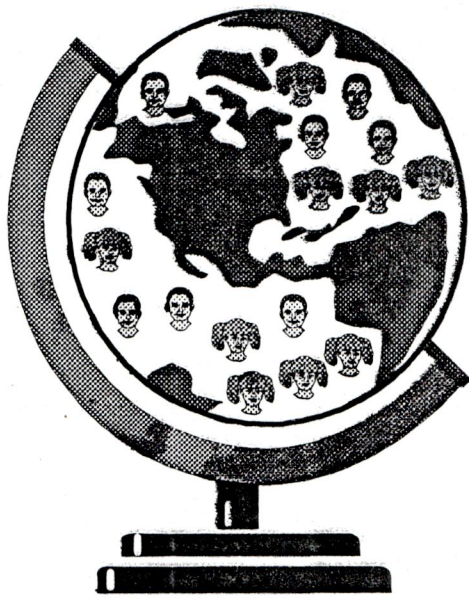
Tiwary (1997) did a research on the "Personality correlates of smoking". For this, 50 well identified habitual smokers and 50 non smokers were matched in respect of age, education, area of residence and income. The analysis of data revealed that smokers are high in neuroticism, anxiety and insecurity and low in adjustment as compared to non smokers. No difference was found in respect of extraversion scores of smokers and non-smokers. Hamza and Parthasarathy (1993) conducted a study on "Magnitude of the abuse of alcohol and other drugs among college students in big cities". It was found that students have been increasingly using alcohol, amphetamines, barbiturates, cannabis, heroin, L.S.D, opium, pathedine, morphine, other pain killers, tranquilizers and tobacco. These studies reveal that an alarming 13.5 to 51.2 per cent of the students either abuse one or more drugs.

Karott (1998) did an action research on "Drug abuse and its prevention among street and working individuals" in Bangalore. Findings of the study were individuals from broken families were more prone to drug abuse, individuals who had little contact with families were addicted to substances for a longer term, peer influence on the street, plays a major role in the initiation of the habit, a substantial part of the earnings is used for drugs, to the neglect of proper nutrition, individuals with poor life skills were more prone to drug abuse, high risk behaviours especially sex abuse is linked to drug abuse, hence the danger of STD/HIV/AIDS and street children shy away from institutionalisation.

Moni (1998) on behalf of WHO undertook a project on "Alcohol and drug information centre" in Thiruvananthapuram among 66 children in the age group of six to 22 years. It was found that 22 children used various drugs including alcohol, cannabis, heroin, opiates, hypnotic and other stimulants. While 50 per cent of the children in the age group of 13 - 18 use drugs, it is 90 per cent of children above 18 years of age.

An investigation was taken by Singh and Singh (1990) to study the alcoholic habits of students in the faculties of arts, science, commerce, engineering, agriculture, veterinary science, law and medicine, a sample of 100 students representing undergraduate, post-graduate and research studies from each faculty were taken in the age group of 18-30. Ninety two per cent of boys and 100 per cent of girls who had once fasted the alcoholic beverages didn't give this habit. Alcoholic students were found interested in eve-teasing, late night movie going, street roaming and sex. The investigators emphasise, alcoholic syndrome starts as a curiosity but generates into a habit.

Combating drug abuse is a multi-faceted problem. It has to be handled not only by the treatment, rehabilitation and prevention, but also through co-ordinated efforts of research, publication and awareness programmes.



**METHODOLOGY**

### III. METHODOLOGY

The design of the study on "Adolescents' Awareness on Drug Abuse" is presented under the following heads.

- A. Selection of the area
- B. Selection of the sample
- C. Selection of the tool
- D. Collection of the data and
- E. Analysis of the data

#### **A. Selection of the area**

Coimbatore being a land of educational city, adolescents of all sectors are seen in the heart of the city. Hence the investigator selected this place from where two co-educational colleges which are very famous namely Kongunadu Arts and Science College and P.S.G. College of Arts and Science were chosen. The authorities' co-operation and easy approachability were the other reasons for the selection of this area.

#### **B. Selection of the Sample**

Youth is a live-wire, which is to be handled with care and appropriate directions to be given, hence the target population for the present study was late adolescents, who are doing second year under graduation course. With equal sex representation based on unrestricted random sampling method 200 students were chosen. It is hoped that by being the subject for this study on a burning problem, at least minimum percentage of sample would be beware of DRUG. Sex and family income of the subjects are the variables taken into consideration to study the difference in the selected adolescent's awareness on drug abuse. The sample categorised under different income were economically weaker section (24), low income (51), middle income (52) and high income (73).

### **C. Selection of the tool**

Questionnaire method was adopted by the investigator to extract information from the selected sample regarding the knowledge on drugs. The questionnaire method will help to get comprehensive and genuine information. Hence this method was selected for its help to achieve success in collecting reliable and dependable data (Saravanel, 1996).

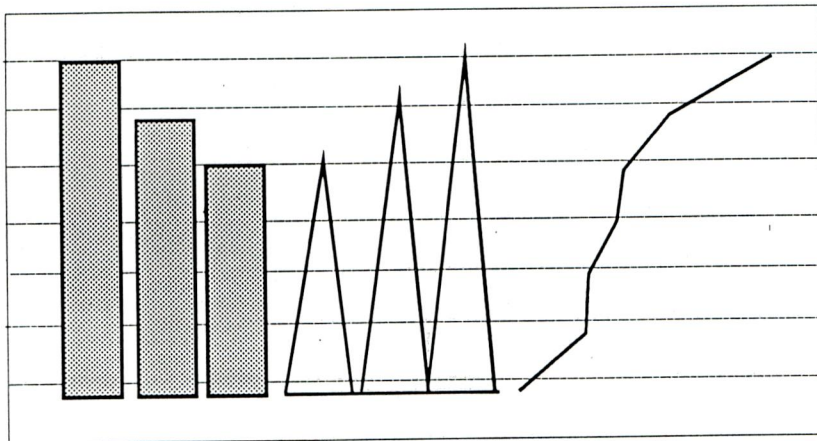
The questionnaire was formulated giving information on family profile of the respondents, common types of drugs, causes, sources, treatment, rehabilitation, prevention and imparting awareness programme, which is given in Appendix II.

### **D. Collection of the data**

The authorities of the selected colleges were first approached, the objectives of the study were explained and prior permission was obtained to conduct the study from the chosen adolescents of the selected colleges. After establishing a rapport with the selected students, the purpose of the study was explained and data were collected.

### **E. Analysis of the data**

The data were consolidated, tabulated, categorised under different heads, percentiles were calculated to analyse the results and discussed in the next chapter.



**RESULTS AND DISCUSSION**

## IV RESULTS AND DISCUSSION

Drug culture is fast making inroads into the life of adolescents making a dent on their mental faculty and physical health. The results of the study "Adolescents' Awareness on Drug Abuse" were categorised based on the objectives and discussed under the following headings :

- A. General profile of the selected adolescents
- B. Respondents' awareness on various aspects of drug abuse
- C. Awareness on treatment, rehabilitation and prevention of drug abuse
- D. Imparting awareness on drug abuse.

### **A. General profile of the selected adolescents**

The general profile of a person is the indicator of his level of standard of living and the position he enjoys in the society. The general profile of the selected adolescents is discussed in terms of the major opted by the respondents, place of residence, education of their parents and family income, which is shown in Table I.

**TABLE I**  
**GENERAL PROFILE OF THE SELECTED ADOLESCENTS**

N : 200

Particulars	M=100 P	F=100 P
<b><u>Major opted</u></b>		
Science	48	50
Humanities	21	50
Management	31	---
<b><u>Residence</u></b>		
Dayscholars	84	82
Hostelites	16	18
<b><u>Type of Family</u></b>		
Nuclear	50	85
Joint	42	13
Extended	8	2
<b><u>Family Income</u></b>		
High Income > 7501	42	31
Middle Income 4501 – 7500	26	26
Low Income 2101 – 4500	19	32
Economically Weaker Section < 2100	13	11
<b><u>Education of the Father</u></b>		
School education	59	59
Graduation	29	27
Post-Graduation	8	6
Professional	8	6
Illiterate	---	2
<b><u>Education of the Mother</u></b>		
School Education	71	78
Graduate	15	10
Post-Graduate	5	3
Professional	2	4
Illiterate	1	5

As the table evinces the male subjects belonged to Science, Humanities and Management faculty, whereas the female subjects were from Science and Humanities. Sixteen and eighteen per cent of the male and female adolescents respectively were the hostilities. The rest of the selected subjects were the dayscholars. Highest number (135) of the selected adolescents belonged to nuclear family, fifty five of them were hailed from joint family and the rest were living in extended family.

Irrespective of the sex, major opted and place of residence, the selected adolescents belonged to economically weaker section (24), low income group (51),

middle income group (52) and high income group (73). But sexwise, 42 male subjects' family income was high, where as 13 out of 100 selected male adolescents came under economically weaker section. Similarly 11 female subjects belonged to economically weaker section and 31 of them came under high income group.

Education of the parents is the most important aspect for their blooming family. It is heartening to note the fact that except two per cent of the female subjects' father, the others were educated, that too more than fifty per cent of the fathers had school education. Twenty eight per cent of the fathers were the graduates, seven per cent of the fathers were of post graduates and professionals each.

Improved women's education in the society is well proved in this study from the educational level of the mothers of the selected adolescents. Nearly 78 per cent of the mothers had school education, 13 per cent of them were the graduates and three per cent of them were the professionals.

## **B. Respondents' awareness on various aspects of drug abuse**

In this modern era of challenges and competitions, westernisation has invaded a lot in everyone's life. Drug abuse has no exception. Awareness on drug abuse is a dire need to the community, specially for younger generation. In order to study the selected subjects' level of awareness on various aspects of drug abuse, the facts were collected and discussed under the subhead of usage of drugs, common drugs, causes and sources of drug, identification, administration, withdrawal and effect of drugs, possibility of recovering from drugs, drug abusers sexwise, classification of drug abusers, adolescents' glamour towards the usage of drugs and areas of problem due to drug addiction.

### **i. Usage of drugs**

More than 50 per cent of the male (57%) and female (56%) subjects knew the drugs are used for medical purpose. Rest of them were aware that drugs are used other than medical treatment. Similarly in incomewise classification, higher percentage of opinion goes for medical usage, except the low income group in which 59 per cent said that drugs are used for other than medical purpose. Thus the findings of this study shows that irrespective of sex and income, higher percentage of adolescents had awareness that

drugs to be used for medical purpose; on the other hand it is used for other purposes also.

It is satisfying to note that 86 and 91 per cent of male and female subjects respectively were aware that usage of drugs is harmful. Eighty three to 90 per cent of the selected sample hailed from families of different income level, did express that drugs are harmful to health of the individuals.

## **ii. Common drugs**

The below given table enlists various drugs that are known to the selected adolescents of this study.

**TABLE II**  
**RESPONDENTS' AWARENESS ON COMMON DRUGS**

N : 200

Drugs	Sex		Income (in Rs.)			
	M=100 P	F=100 P	< 2100 N=24 P	2101- 4500 N = 51 P	4501 -7500 N = 52 P	> 7501 N=73 P
<b><u>Narcotic Analgesics</u></b>						
Brown Sugar	79	84	71	75	81	90
Opium	60	62	38	39	33	58
Heroin	52	68	33	41	38	62
Methadone	17	24	21	22	17	22
Morphine	16	21	13	12	15	27
Codeine	8	4	----	----	6	11
Meperidine	2	4	4	----	4	6
<b><u>Depressants</u></b>						
Alcohol	86	91	83	82	92	92
Tranquillisers	16	35	4	20	25	37
Barbiturates	2	8	17	----	2	7
<b><u>Stimulants</u></b>						
Cigarette	94	87	92	90	90	90
Nicotine	70	65	67	59	58	81
Cocaine	40	26	13	24	27	51
Caffeine	26	37	21	18	25	49
Amphetamines	4	15	4	2	8	18
<b><u>Hallucinogens</u></b>						
Abin	83	79	75	80	89	78
L.S.D.	11	11	----	8	10	18
Hallucinogen	7	15	4	2	8	22
Phencyclidine	7	11	8	6	8	12
<b><u>Cannabis</u></b>						
Ganja	70	77	71	77	79	82
Hashish	12	5	4	4	2	18

\* : Multiple Response

It is clearly evident that the selected adolescents were aware of about 20 drugs which can be categorised into narcotic analgesics, depressants, stimulants, hallucinogens and cannabis.

Opium, herion, brown sugar, alcohol, cigarettes, nicotine, abin and ganja are the drugs known to higher percentage (about 50 per cent) of the respondents

irrespective of the sex. Meperidine, barbiturates, amphetamines and codeine were mentioned by the lesser percentage of the selected adolescents.

The results revealed that among the selected male subjects' awareness, 94 per cent knew the cigarettes, 79 per cent mentioned brown sugar, 86 per cent expressed alcohol, 83 per cent told abin, 70 per cent said about ganja and nicotine each, and opium was known to 60 per cent of the subjects.

Among the female adolescents, alcohol was known most (91 per cent), next cigarettes (87 per cent), brown sugar by 84 per cent, 79 and 77 per cent of the subjects listed abin and ganja respectively, nicotine (65 per cent), heroin (68 per cent) and opium (62 per cent).

Irrespective of different family income, most of the selected adolescents were aware of the brown sugar, alcohol, cigarettes, abin and ganja. Sixty two per cent of the selected adolescents of high income viewed heroin was the mostly used drug; where as surveys and data collected by Sharma (1993) corroborate the association between socially underprivileged sections and heroin use, which is contradictory to the findings of this study.

In this study it was found that 79 and 84 per cent of male and female knew about brown sugar. Alcohol was mentioned by 86 and 91 per cent of male and female subjects respectively. Cigarette was listed by 94 and 87 per cent of the male and female adolescents, abin and ganja were also pointed out by highest percentage of the adolescents. Thus this finding goes well with the statement of Dutt, Kumar and Varma (1993) that all the adolescents knew all kinds of drugs with highest percentage for brown sugar, alcohol, cigarettes, abin and ganja, which is also represented in Figure 1.

# RESPONDENTS' AWARENESS ON COMMON DRUGS

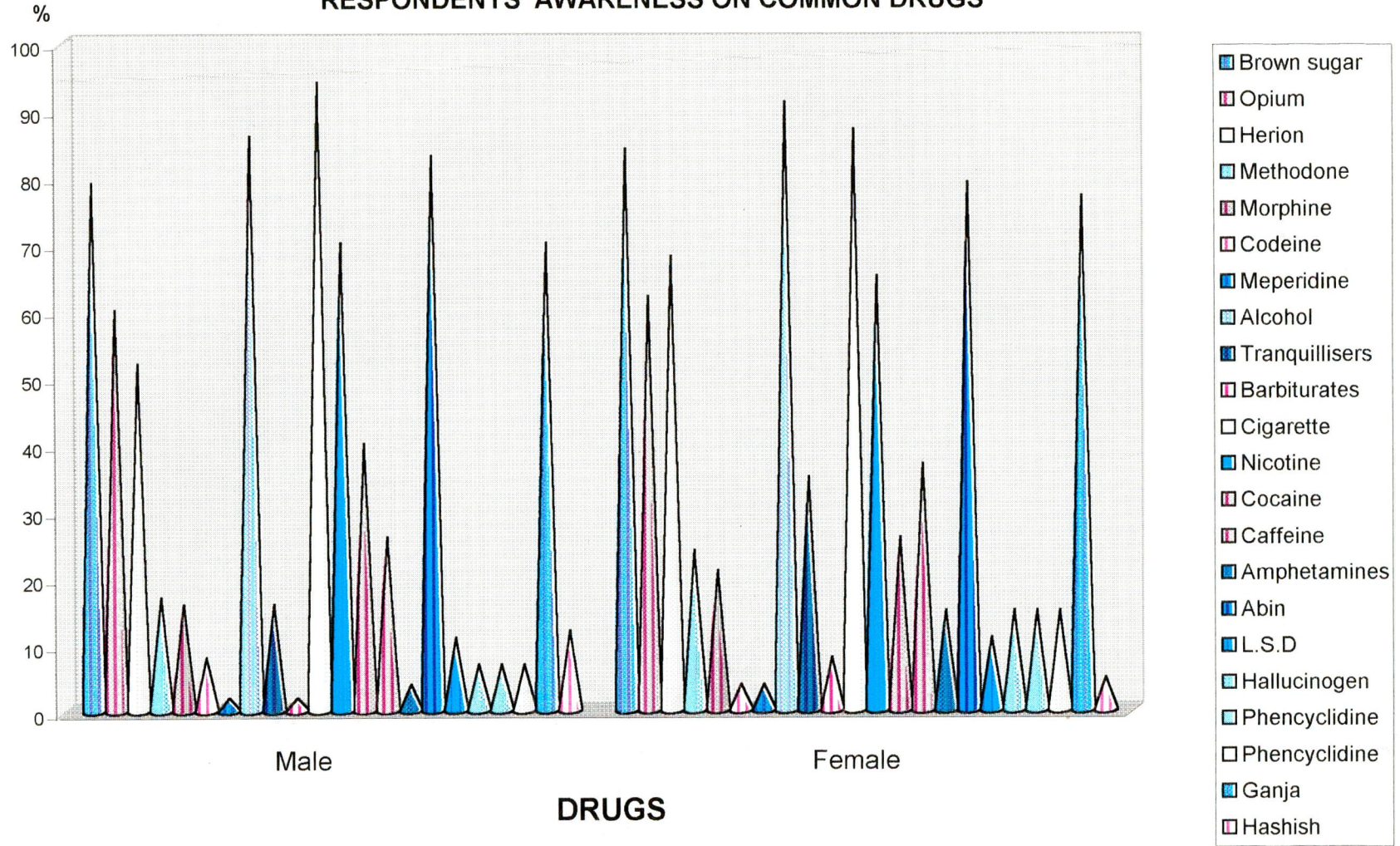


FIGURE. 1

### iii. Causes of drug abuse

Any social evil has its root to various aspects. Likewise drug abuse too has different reasons. The respondents' awareness on causes of drug abuse was collected and tabulated here.

**TABLE III**  
**CAUSES OF DRUG ABUSE**

N : 200

Causes	Sex		Income (in Rs.)			
	M=100	F=100	< 2100 N=24	2101-4500 N=51	4501-7500 N=52	> 7501 N=73
	P	P	P	P	P	P
To satisfy curiosity	48	48	46	43	42	55
Inherent personality problem	32	48	46	43	40	40
Employment Insecurity	47	42	45	42	30	20
Social pressure	23	41	38	20	33	39
Express hostility	25	28	17	37	29	21
Ward of pain	21	21	17	22	25	19
Self identity	11	21	9	26	12	15
Habit of subculture	14	11	13	6	10	19
To awake for long hours	11	7	17	8	6	10

\* : Multiple Response

Adolescents' awareness on drug abuse numerically depicted above shows that curiosity, inherent personality problems, social pressure, awake for long hours, employment insecurity, self identification, habit of subculture, express hostility and ward of pain are the causes of drug abuse (Figure 2).

Forty eight per cent of the male and female expressed that adolescents tempted to take drug to satisfy curiosity. Nair's (1998) study results revealed that the main causes of drugs were some of the inherent personality problems like emotional problems and feelings of inadequacy, which supports the findings of this study that due to inherent personality problems, adolescents do take drugs, which was expressed by 48 and 32 per cent of female and male subjects respectively; 40 per cent and above of the selected sample from the different economic level. Among the female sample, 41 per cent felt

# CAUSES OF DRUG ABUSE

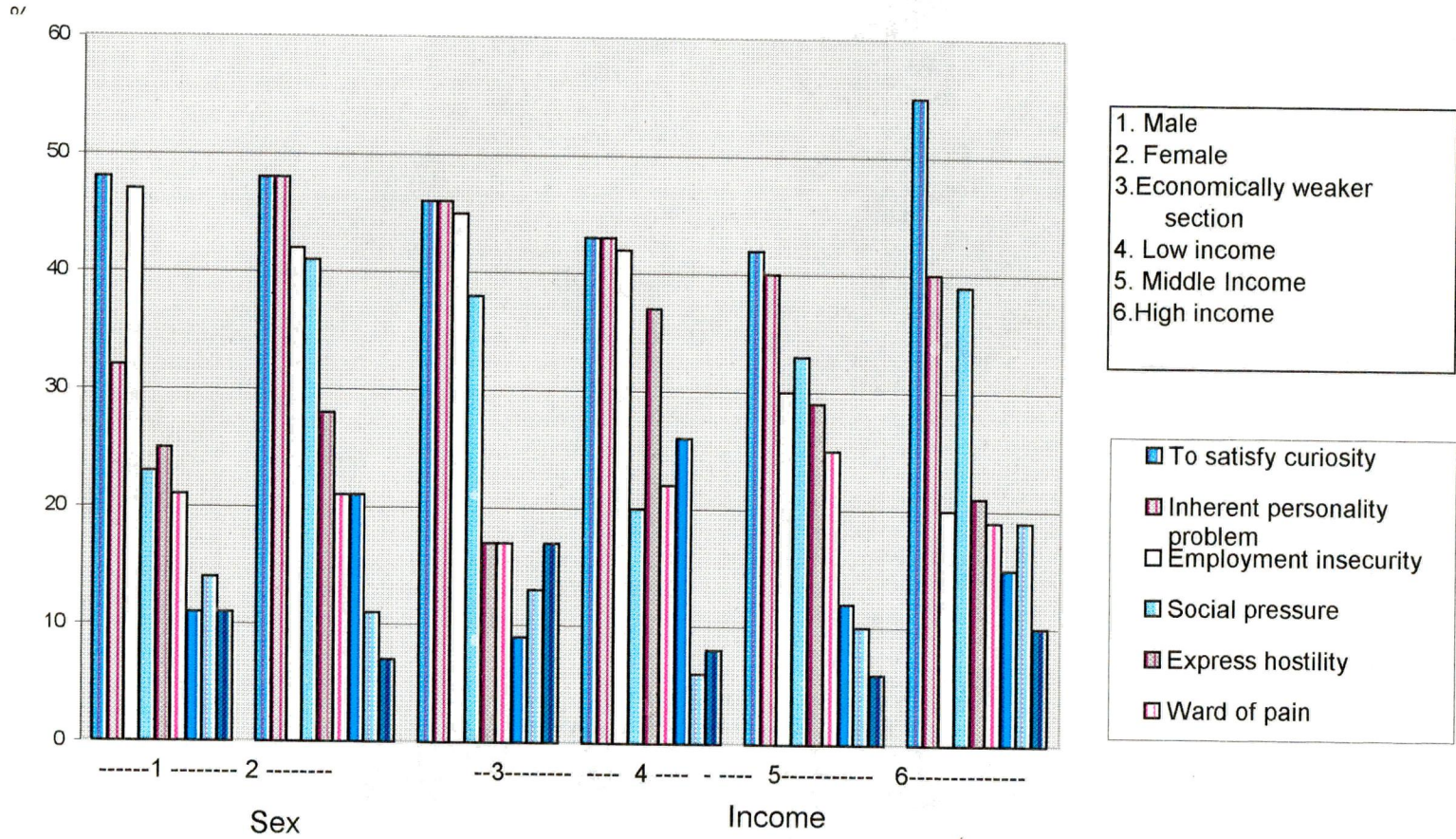


FIGURE 2

that adolescents take drugs due to social pressure. This result is in line with the opinion of Suganya (1999) that groupism is a cause for drug addiction.

It is understood that 47 and 42 per cent of male and female subjects respectively informed that employment insecurity is one of the causes of drug abuse. To support this, it is apt to quote Sivasubramanian's (1998) findings in which 61 per cent of the students opined that anxiety over employment prospects was one of the reasons for escaping into the world of drugs.

Relationship between the family income and opinion on causes of drug abuse indicates that highest percentage of awareness goes for satisfying curiosity, inherent personality problem, employment insecurity and social pressure. Social pressure was one of the major cause for drug abuse revealed in this study. This finding also goes well with the result of Sivasubramanian's (1998) survey at Chennai that 25 to 40 per cent of the university students experimented with drug either out of adventurism, curiosity or peer pressure and also Ryan's (1999) statement that most adolescents fall into trap due to peer group influence.

#### **iv. Sources of drugs**

The data collected to find out the selected adolescents' awareness on sources of drugs are figured in table IV.

**TABLE IV**  
**SOURCES OF DRUGS**

N : 200

Sources	Sex		Income (in Rs.)			
	M=100 P	F=100 P	< 2100 N=24 P	2101- 4500 N=51 P	4501- 7500 N=52 P	> 7501 N=73 P
Drug agents	63	65	58	63	71	62
Petty shops near educational institutions	42	60	42	45	58	53
Peddlers	46	40	50	53	38	10
Friends	46	59	25	43	54	67
Clubs	36	52	38	45	39	49
Parties	30	43	33	43	31	37
Medical Shops	15	7	8	12	10	12
Restaurants	9	10	8	8	6	14
Parlours	6	10	4	4	15	7

\* : Multiple Response

It is surprising to note from this table that the selected adolescents though they are under the course of education, they are aware of the sources of drugs such as drug agents, petty shops near educational institutions, friends, peddlers, clubs, medical shops, parlours, parties and restaurants. Among these sources, drug agents, petty shops near educational institutions, friends, peddlers and clubs are the risk prone sources of drug abuse.

Highest percentage of male and female had the awareness that drug agents are the main source. Fifty nine per cent of female and 46 per cent of male viewed that through friends, people are tempted to consume drugs. This finding coincides well with the interviewees' opinion in Singh and Vatsayan's (1988) article that most drug addicts admit that they picked up the habit from their friends. And Madhu's (1999) statement that easy availability of addictive substances is a factor in the increasing trend of

# SOURCES OF DRUGS

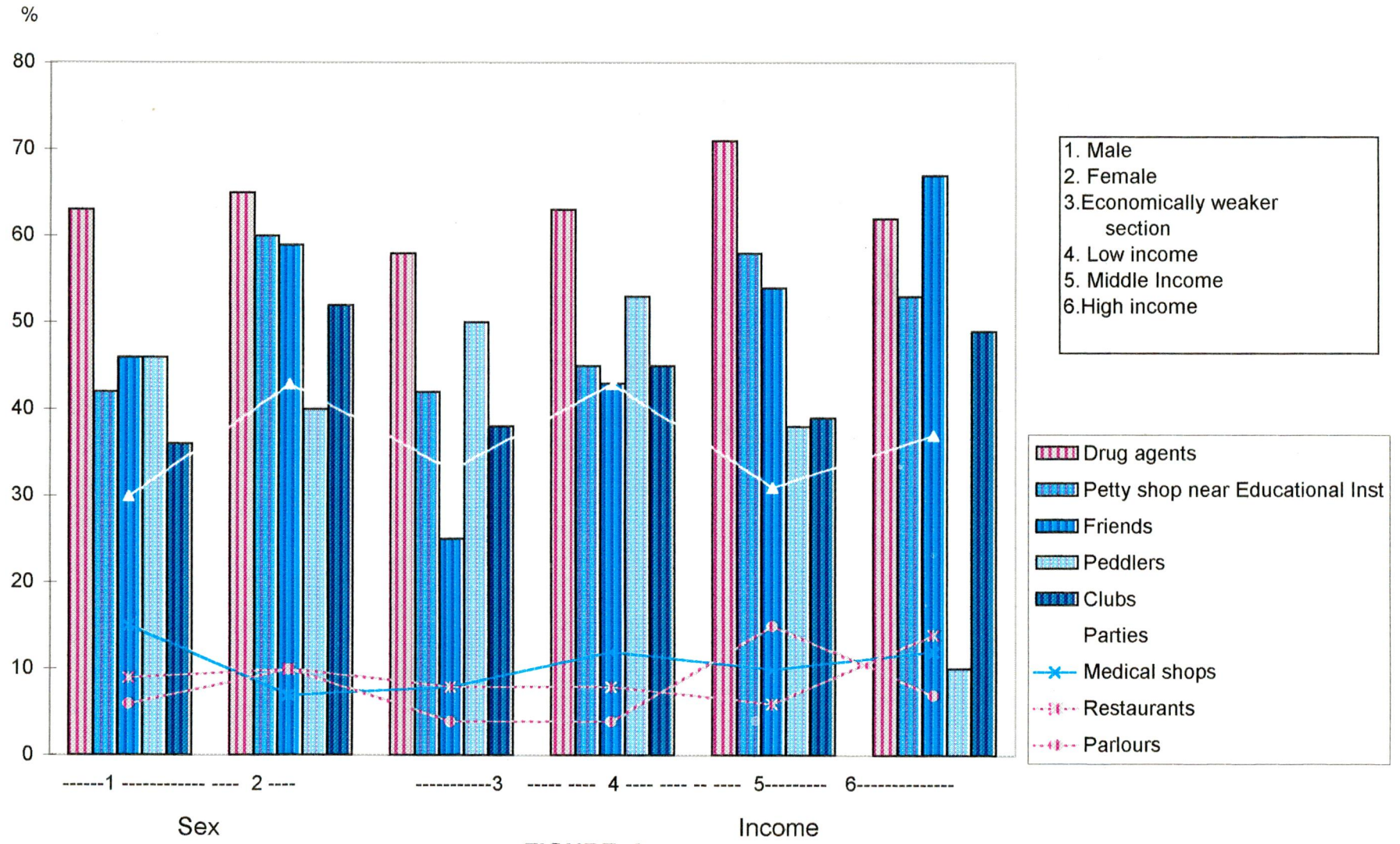


FIGURE. 3

35a

youngsters getting hooked in cities, like Bangalore, every street corner has a puff and drug networks.

Forty two and 60 per cent of male and female respectively agreed that petty shops near educational institutions give way for the students to abuse drugs. Adolescents hailed from different family income also opined the same sources like drug agents, petty shops near educational institutions, friends, peddlers and clubs were mentioned as sources by the highest percentage of the selected adolescents. Fifty three and 50 per cent of the subjects belonged to low income and economically deprived families respectively, stated that peddlers are the main source of drugs for the adolescents (Figure 3). This finding is in accordance with the report published in Amrita Bazar Patrika in the latter half of the year 1988, in which 507 youngsters died due to heroin issued by the peddlers (Khan, 1997).

#### **v. Administration, identification, withdrawal and effects of drugs**

##### **a. Administration**

In order to trace out the respondents' awareness about how the drugs are administered, identify the drug abusers, withdrawal procedure and effects of drugs, informations were gathered. The facts are given below in percentiles.

TABLE V

## ADMINISTRATION, IDENTIFICATION, WITHDRAWAL AND EFFECTS OF DRUGS

N : 200

Administration, Identification, Withdrawal and Effects of Drugs	Sex		Income (in Rs.)			
	M=100	F=100	< 2100 N=24	2101-4500 N=51	4501-7500 N=52	> 7501 N=73
	P	P	P	P	P	P
<b>Modes of administration</b>						
Oral intake	40	53	50	37	44	54
Injection	46	38	33	53	48	33
Inhalation	14	9	17	10	8	12
<b>Identification</b>						
Increased demand of pocket money	38	59	54	67	62	41
Suffer from weight and appetite loss	42	38	33	41	37	44
Shivering	46	74	42	57	52	60
Restlessness	47	61	38	47	56	63
Uneasiness	31	44	38	37	27	45
Become secretive	18	31	25	26	21	26
Injury	16	13	13	22	12	13
Craving for drugs	12	15	8	12	12	18
<b>Withdrawal of drugs</b>						
Uneasiness	46	65	42	58	58	58
Poor health	48	52	58	57	42	48
Poor eater	20	43	33	39	27	29
Been tired	25	31	29	28	29	30
Disinterested	20	22	17	16	17	29
Abdominal cramp	20	19	17	14	14	29
Tears	10	26	17	22	14	19
Running nose	13	10	8	16	12	10
Diarrhoea	7	8	8	6	6	11
Yawning	8	2	-	4	6	7
<b>Effect of drugs</b>						
Brain	79	79	71	80	83	78
Respiratory system	38	32	29	39	25	41
Kidney	22	30	21	29	15	33
Gastrointestinal tract	10	13	21	8	12	11

\* : Multiple Response

It is distinctly clear that injection, inhalation and oral intake are the modes of administration of drugs, as per the respondents' view. Among the selected female subjects, 53 per cent knew about oral intake and 38 percent were aware of injection.

Similarly male subjects were aware of these three modes though the percentage varies. Respondents hailed from middle income families knew more about injection, on the otherhand 54 per cent of the subjects were aware of oral intake. Very low percentage of the adolescents of all the income group knew about inhalation.

### **b. Identification**

Hamza and Parthasarathy (1993) opined that spotting drug addicts is quiet easy provided family members carefully watch day to day life style and academic performance of adolescents. The ways to identify drug abusers suggested by the respondents of this investigation are to check out increased demands of pocket money, suffer from loss of weight and appetite. Thirty eight per cent of male and 59 per cent of female viewed that by checking the increased demands of pocket money the drug abusers can be identified; whereas 42 and 38 per cent of male and female respectively opined that the loss of weight and appetite is a way to identify the drug abusers.

Incomewise classification of the subjects' highest percentage goes for check out the increased demand of pocket money to trace out the drug abusers. This finding goes with the opinion of Khan (1997) that from the demand for more and more pocket money, the substance abusers can be identified.

### **c. Withdrawal**

Withdrawal of drugs leads to lot of problems to the drug addicts. As far as the withdrawal symptoms known to the subjects of this study were craving for drugs, injury, become secretive, restlessness, uneasiness and shivering. Among these symptoms restlessness, shivering and uneasiness were known to higher percentage of the subjects irrespective of sex and family income level. Uneasiness is one of the predominant problem as per 65 and 46 per cent of female and male subjects respectively. General poor health is the next widespread effect due to withdrawal of drugs which was mentioned by 48 and 52 per cent of male and female subjects respectively in this study.

Fifty eight per cent of the subjects hailed from low income, middle income and high income each and 42 per cent of subjects belonged to economically deprived opined uneasiness is the common problem among the drug addicts when they withdraw

from drug. General poor health is the other problem mentioned by 40 to 58 per cent of sample drawn from families of different income level.

Poor eating, yawning, tears, diarrhoea, running nose, abdominal cramps, disinterested and tiredness were the other problems commonly found among the drug abusers, enlisted by the selected subjects irrespective of sex and family income.

Reddy and Kusuma (1993) reported that the sudden withdrawal of sedative drugs results in dangerous withdrawal symptoms like restlessness, nervousness, excessive perspiration, nausea, vomiting, diarrhoea and severe head ache. This is in accordance with the respondents' awareness in the present study.

#### **d. Effect**

Effect of drugs on adolescents would be intensive depending on the quantity and frequency of drug consumption. Seventy nine per cent each of male and female subjects of this study were aware that brain would be severely affected by drug addiction. Respiratory system, kidney, cardio-vascular system and gastro-intestinal tract are the other organs of the drug abusers quickly affected. This fact is known to the subjects in different percentage in this study. Khan (1997) predicted that the drug abusers are affected physically, physiologically and in behavioural aspects. This supports the results of the present study.

#### **vi. Recover from drug abuse**

The investigator collected information from the selected sample whether they are aware of the possibility to recover from drug abuse. Ninety and 86 per cent of male and female respondents respectively agreed that drug abusers can come away from that bad habit. The rest of the subjects viewed that there is no possibility to leave the bad habit of drug addict.

#### **vii. Drug abusers sexwise**

The respondents of this study are fully aware of the drug abusers sex wise. Seventy nine and 78 per cent of the male and female respectively opined that both male and female consume drugs due to various reasons. Twenty per cent each of male and

female reported that only male are easily prone to drug abuse than female. This result is on par with the finding of Goyal (1997) that though the figure of alcoholic women is rising the world over, there are still less women than men with a drink problem. Women can thus said to be the more sober sex.

#### viii. Classification of drug abusers

Views of the selected adolescents regarding the classification of drug abusers are given below.

**TABLE VI**  
**CLASSIFICATION OF DRUG ABUSERS**

N : 200

Groups	Male Percentage	Female Percentage
Teenagers	66	68
Elders	17	27
Adults	17	5

The above table depicts that 66 and 68 per cent of male and female adolescents of this study respectively said that teenagers are easily tempted for drugs. The next group is elders, who take drugs for various reasons. Adult group consume drugs, which was opined by 17 per cent of male and five per cent of female.

Highest percentage of the respondents (58 per cent of female and 32 per cent of male) had awareness that adolescents have glamour towards drugs. This finding is also depicted in (Figure 4). The result of this study coincides with the findings of Gelder, Gath and Mayor's (1990) study that highest consumption of alcohol is generally amongst young men who are unmarried, unemployed, or separated or divorced.

# CLASSIFICATION OF DRUG ABUSERS

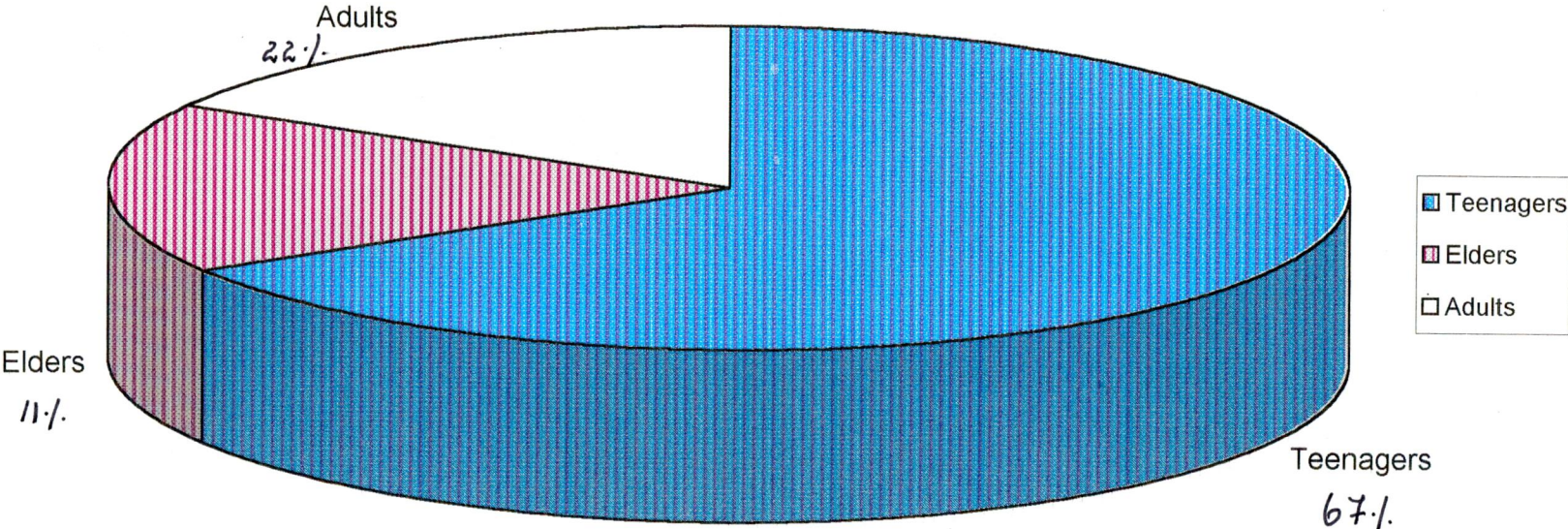


FIGURE 4

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### ix. Problems due to drug addiction

The selected adolescents' awareness on problems of drug addiction was enquired, enlisted in percentiles and presented in Table VII.

**TABLE VII**  
**PROBLEMS DUE TO DRUG ADDICTION**

N : 200

Problems	Sex		Income (in Rs.)			
	M=100 P	F=100 P	< 2100 N=24 P	2101- 4500 N=51 P	> 7501 N=52 P	> 7501 N=73 P
Social	57	73	50	55	71	73
Personal	37	48	42	45	46	48
Employment	23	28	21	22	19	8
Economic	14	33	58	18	19	14
Educational	9	24	21	24	17	15
Handicapness	9	22	8	26	17	10

\* : Multiple Response

Of the selected 100 male, 57 per cent stated drug addiction leads to social problems, 37 per cent of them envisaged personal problems and 23 per cent of them anticipated employment problems. Economic, educational and handicapness are the other problems mentioned by the rest of the male.

Higher percentage of female when compared to male subjects expressed these problems. As per the multiple response, social problems were on top, and personal problems next. Economic, employment, education and handicapness were the other problems in descending order.

Incomewise classification revealed that 73 per cent of high income group and 71 per cent of middle income group felt social problems would be more. Forty two to 48 per cent of the sample drawn from all the four income groups highlighted about personal problems due to drug addiction. Fifty eight per cent of the subjects of economically deprived families thought that economic problems would be more in the families due to drug addiction.

In general it is found that irrespective of sex and different family income, the subjects revealed that social and personal problems would predominate in the life of drug addicts, economic and employment problems would be next in the order. This finding is in line with the opinion of Virathan (1998) that drug abuse affects the sufferer physically and psychologically in his interaction with society.

#### **x. Problems of drug abuse in India**

It is gratifying to note that 74 and 71 per cent of female and male respectively were aware that India is facing problems due to drug abuse which is one of the major causes for socio economic problem of the community which directly affects the economic progress of the country. The rest of the respondents said that drug abuse is not the problem in India, which is incorrect. It is apt to quote the fact echoed by Bhatia (1997) that there has been a sudden spurt in the problem of trafficking in drugs and the number of drug abusers is assuming an alarming proportion in India. A study conducted by the Indian Council of medical Research some time ago showed that on an average, 25 per cent of the college students in larger cities are drawn to drugs, with Delhi topping the list with 35 per cent (Sivasubramanian, 1998).

#### **c. Awareness on treatment, rehabilitation and prevention of drug abuse**

In this chapter, the selected adolescents' awareness related to treatment, rehabilitation and prevention of drug abuse are discussed.

##### **i. Treatment**

Treatment often fails to cure drug addicts because in most cases motivation is weak. Unless the patient is highly motivated and possess a strong desire and will to kick the habit, chances of a relapse would be very high.

**TABLE VIII**  
**TREATMENT TECHNIQUES FOR DRUG ABUSERS**

N : 200

Techniques	Sex		Income (in Rs.)			
	M=100	F=100	< 2100	2101-4500	4500-7500	> 7501
	P	P	N=24 P	N=51 P	N=52 P	N=73 P
<b>Psychological Methods</b>						
Individual Therapy	48	52	20	44	58	53
Family Therapy	39	30	46	37	35	29
Group Therapy	13	18	21	18	8	18
<b>Behavioural Methods</b>						
Meditation	43	32	29	35	46	45
Relaxation exercises	26	28	17	41	19	26
Aversion Therapy	11	13	13	10	14	12
Convert Sensitization	8	10	24	8	8	6
Bio-feed back training	7	8	4	6	8	10
Contingency Management	5	2	13	-	6	1

\* : Multiple Response

Table VIII shows the respondents' awareness on the various kinds of treatment to be given for the drug abusers.

From this table we can understand that the selected adolescents of this study were aware of various techniques of treatment for drug abuse. They have been categorised on the basis of psychological and behavioural methods.

Individual therapy was known to 52 and 48 per cent of female and male subjects respectively. Family therapy was mentioned by 39 and 30 per cent of male and female respondents respectively. Group therapy was spelt out by 13 and 18 per cent of male and female respectively.

Among the behavioural methods, meditation was spelt out by 43 per cent of male and 32 per cent of female. Slightly more than one fourth of the sample knew about relaxation exercises to treat the drug addicts. Aversion therapy, convert sensitization, bio-feed back training and contingency management are the other treatment techniques for drug abusers, known to the selected sample, though the percentage is very small. This result is graphically represented in (Figure 5).

# TREATMENT TECHNIQUES FOR DRUG ABUSERS

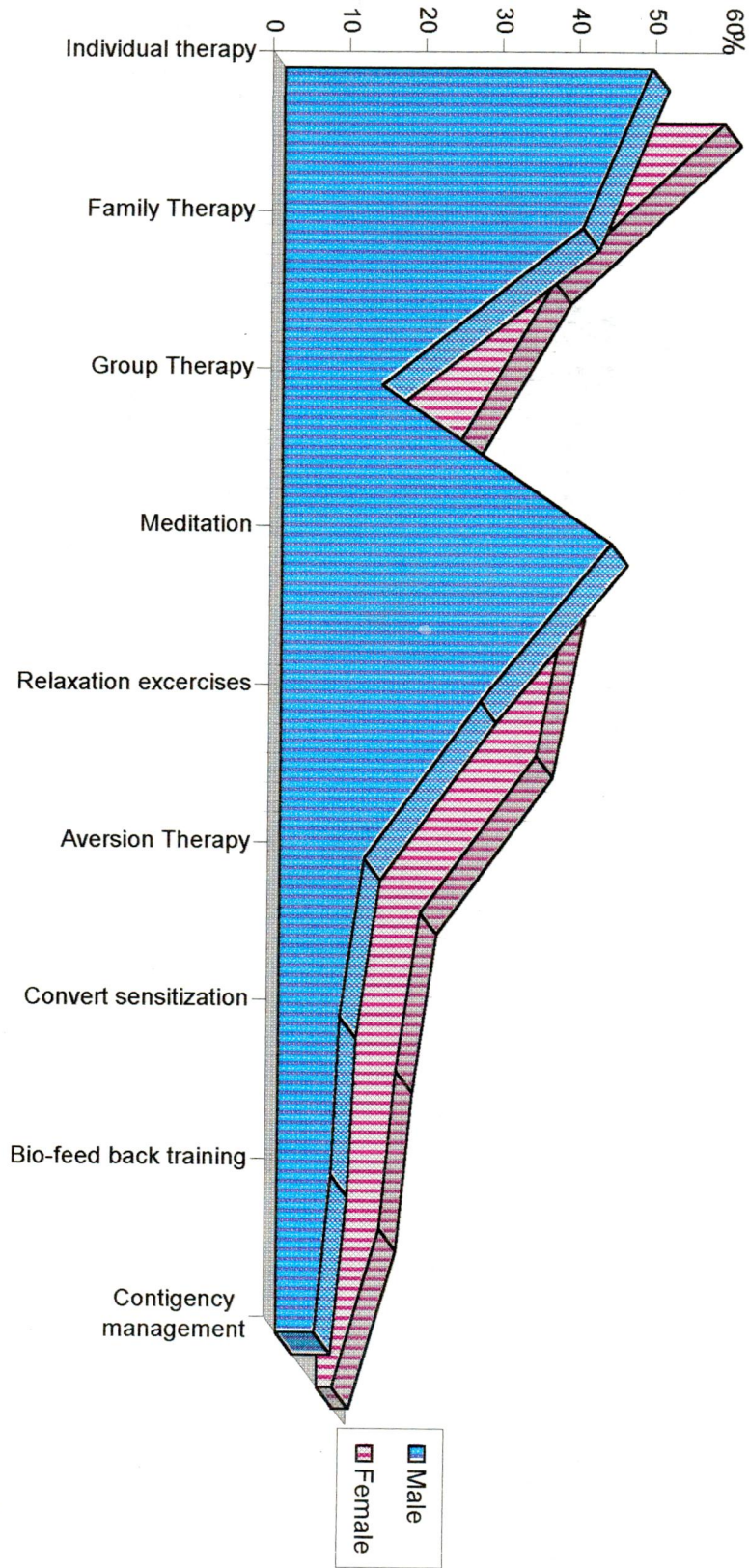


FIGURE 5

432

## ii. Rehabilitation

Any social evils if stopped with treatments, the outcome would not be worth mentioning. Victims would be tempted to go back to their habit or lose interest in life. Hence rehabilitation measures are a must to rejuvenate the victims of drug abuse. The rehabilitation programme has specific well-executed objectives including motivation and skill development, formal and informal education, counselling, meditation, yoga and various other measures intended to rejuvenate the drug abusers, whose immediate concern is survival and shelter (Moni, 1998). Along with counselling and medical treatment, rehabilitation programmes are equally necessary to bring the users into the mainstream of life. Awareness of the subjects on this aspect was collected and enumerated here.

**TABLE IX**  
**REHABILITATION OF DRUG ADDICTS**

N : 200

Rehabilitation	Sex		Income (in Rs.)			
	M=100	F=100	2100 N=24	2101-4500 N=51	4501-7500 N=52	> 7501 N=73
	P	P	P	P	P	P
Educational Upgrading	38	48	29	39	37	49
Community work	31	40	32	41	29	37
Vocational Training	30	32	21	22	17	32
Residential Programme	28	24	25	28	24	33
Job placement programme	26	22	33	20	27	22

\* : Multiple Response

It is heartening to find that the selected adolescents were aware of a broad spectrum of rehabilitation measures. To mention, educational upgrading was known to 38 per cent of male and 48 per cent of female. Community work was suggested by 31 and 40 per cent of male and female respectively. Above 30 per cent of the sample said vocational training would give hope to drug abusers in life. As table IX shows, 20 to 30 per cent of the sample of both sexes were of the opinion that counselling and residential programmes are the other techniques to rehabilitate the drug abusers for their bright future.

The findings of this study revealed that family income did not have an impact on the subjects' awareness on rehabilitative measures for the drug abusers. Though the percentage is smaller, they knew the techniques enlisted in the above given table.

### iii. Appropriate people for rehabilitation work

Rehabilitation measures can be carried out only by the specially trained personnel or people who have an inclination for that. Appropriate people for this work according to the sample of this study are tabulated below.

**TABLE X**

**APPROPRIATE PEOPLE FOR REHABILITATION WORK**

N: 200

People for Rehabilitation	Sex		Income (in Rs.)			
	M=100 P	F=100 P	< 2100 N=24 P	2101-4500 N=51 P	4501-7500 N=52 P	> 7501 N=73 P
Psychiatrists	39	65	29	53	44	64
Psychologists	42	48	42	47	42	47
Close Family Members	38	30	17	45	35	32
Counsellors	12	29	8	14	23	27
General Medical Practitioner	18	19	33	24	15	12
Social Workers	15	19	33	18	8	16
Teachers	12	10	4	10	8	18
Police Officers	11	4	4	6	6	11
Great Personalities	8	11	17	8	8	10
Lawyers	3	3	-	4	8	-

\* : Multiple Response

Selected female subjects had awareness that psychiatrists (65 per cent), psychologists (48 per cent), close family members (30 per cent) and counsellors (29 per cent) can efficiently rehabilitate the drug abusers to lead a new life in the right direction.

# APPROPRIATE PEOPLE FOR REHABILITATION WORK

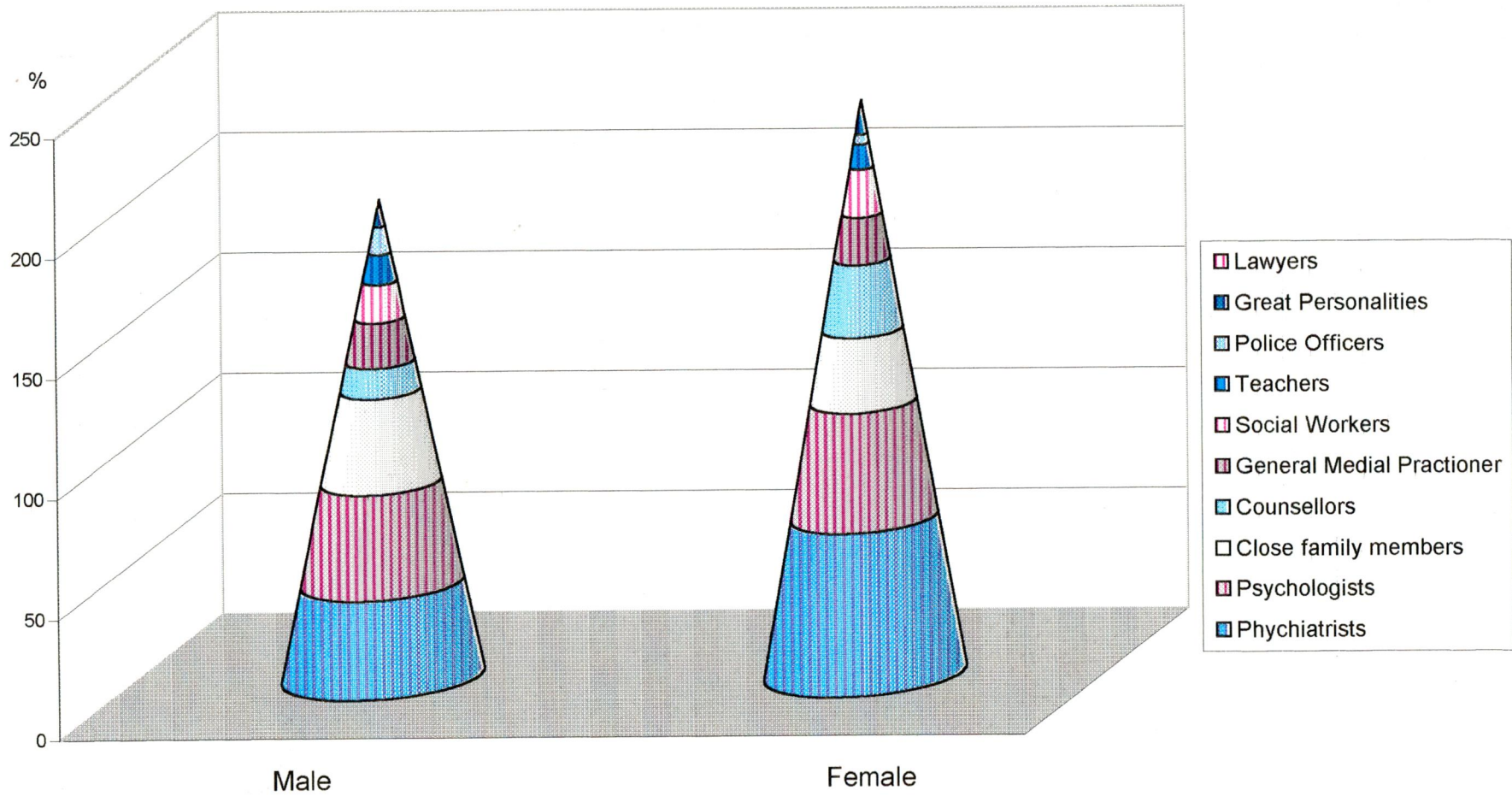


FIGURE. 6

45a

Among the selected male, 42 per cent felt for psychologists, 39 per cent suggested for psychiatrists and 38 per cent thought that close family members can rejuvenate the drug abusers effectively.

General medical practitioners, social workers, teachers, police officers, great personalities and lawyers are the other appropriate personnel who can carry out the rehabilitation service to the drug abusers. Figure 6 gives the pictorial representation of appropriate people for rehabilitation work.

#### iv. Parental care

It is needless to say that improper parent adolescent relationship is one of the major cause for drug abuse. Hence parental attitude is to be changed a lot to rejuvenate their drug addicted youth. In order to find out the opinion of the respondents, information was gathered regarding parental role and is given here.

**TABLE XI**  
**PARENTAL CARE**

N : 200

Care to be taken by the Parents	Sex		Income (in Rs.)			
	M=100 P	F=100 P	< 2100 N=24 P	2101-4500 N=51 P	4501-7500 N=52 P	> 7501 N=73 P
Respect the feelings	59	66	33	49	54	62
Refrain from taking alcohol	58	61	60	57	50	56
Spend time with children	50	63	58	57	60	53
Cordial relationship with the ward's friends	41	49	33	51	42	47
Parent's participation in family activities	37	53	29	57	37	48
Recognise and encourage	36	36	21	41	29	43

\* : Multiple Response

Highest percentage of male (59 per cent) and female (66 per cent) proclaimed that parents should respect the feelings of their drug addicted wards. Very aptly mentioned by 58 and 61 per cent of male and female that first of all the parents

have to refrain from taking alcohol, to treat and rehabilitate their children. Spending time with their wards, cordial relationships with their wards, friends, parent's participation in family activities and giving due recognition and encouragement are some of the other ways of parental care, according to respondents' awareness.

As per family income level, highest percentage of subjects belonging to high income (62 per cent) felt that respecting the feelings of their ward is important and care to be taken by parents. Sixty per cent of middle income group adolescents and 57 per cent of low income group subjects revealed that spending time with their wards would go a long way to rehabilitate their drug addicted children. And 60 per cent of economically deprived group sample, felt that parents can be a role model for their children by refraining from alcohol.

The finding of this investigation can be supported by Sain's (1988) opinion that high incidence of family instability and pathogenic family interaction has been noticed in the background of addicts.

#### **v. Prevention of drug abuse**

Prevention is better than cure is an appropriate adage to check the rising tide of drug menace before it is too late to retrieve the damage inflicted on the society.

Prevention of drug abuse cannot be done by a single source. A mission of workers of government and non-government have to be involved with dedication to curb this massive social evil. Selected adolescents' awareness on this aspect is given below.

**TABLE XII**  
**PREVENTION OF DRUG ABUSE**

N : 200

Ways to prevent Drug Abuse	Sex		Income (in Rs.)			
	M=100	F=100	< 2100	2101-4500	4501-7500	> 7501
	P	P	N=24 P	N=51 P	N=52 P	N=73 P
<b><u>Drug abuse is punishable under law</u></b>						
Yes	62	70	71	63	67	68
No	38	30	29	37	33	34
<b><u>Prevailing Punishment</u></b>						
Imprisonment	51	47	50	45	50	51
Penalty	29	33	33	37	31	26
Don't Know	11	14	8	10	12	16
<b><u>Government action for drug abuse</u></b>						
Strict implementation of the rules	55	55	53	52	55	67
Ban advertisement	42	52	52	40	47	42
Public awareness	45	43	58	48	31	21
Rehabilitation	32	36	40	27	35	29
Special Orientation Courses	24	20	19	14	26	42
<b><u>Areas for Prevention Campaign</u></b>						
Schools / Colleges	59	64	63	60	58	67
Youth Clubs	48	62	46	55	65	51
Former Drug Abusers	34	41	29	39	42	36
Voluntary Agencies	26	21	17	22	25	26
Counselling Centres	19	25	21	10	19	33
Private Firms	14	7	17	10	6	12
Religious Groups	11	9	8	12	6	12
<b><u>Preventing drug abuse</u></b>						
Community Rehabilitation	41	45	21	48	49	38
Educational Programme	39	37	54	47	29	33
Informational Programme	29	18	25	16	23	29

\* : Multiple Response

It is heartening to note that the adolescents of this study strongly said that drug abuse is punishable under law (62 male and 70 female). Rest of them disagreed the fact of punishment under law, which may be due to lack of knowledge on the effect of

drug abuse or they must have been involved in intake of drug. Similarly higher percentage of the subjects of different levels of family income were of the opinion that drug intake should be punishable under law.

Regarding prevailing punishments, imprisonment was known to 51 and 47 per cent of male and female sample respectively. Fifty one per cent of the subjects of high income group, 50 per cent of the middle income group sample, 45 per cent of the low income group and 50 per cent of the economically deprived group subjects were aware of the imprisonment. Penalty payment is the other punishment known to the selected adolescent's though the percentage of the subjects of both the variables (sex and income level) ranges from 26 to 37. Very few percentage of the adolescents did not know about the prevailing punishments for drug abuse.

In order to create awareness among the public about the ill effects of drug abuse, government has to take strong actions. Strict implementation of the rules is one of the action to be followed by the government as per more than 50 per cent of the selected adolescents irrespective of sex and different income levels of the family. Advertising drugs through mass media is the other action to be cut off as per 42 and 52 percent of male and female respectively. Forty two to 52 per cent of the subjects hailing from different income groups also suggested to ban these advertisements (Figure 7). This findings is in accordance with Botwin and Botwin's (1998) analysis of the entertainment media indicates quite clearly the pervasiveness of drug content in movies, television and radio records.

Creating public awareness, conducting special orientation classes in training centres/educational institutions, community centres and organising special educational courses to impart knowledge are some of the other measures that government and voluntary organisation undertake to remove drug abuse from the society, according to the sample of the study. The same opinion is given by Sharma (1993) that if the community takes a firm stand, it can prevent the future of its' young people from being drowned into drugs. Despite the dramatic success of school based prevention approaches, comprehensive community based approaches to prevention offer the potential of

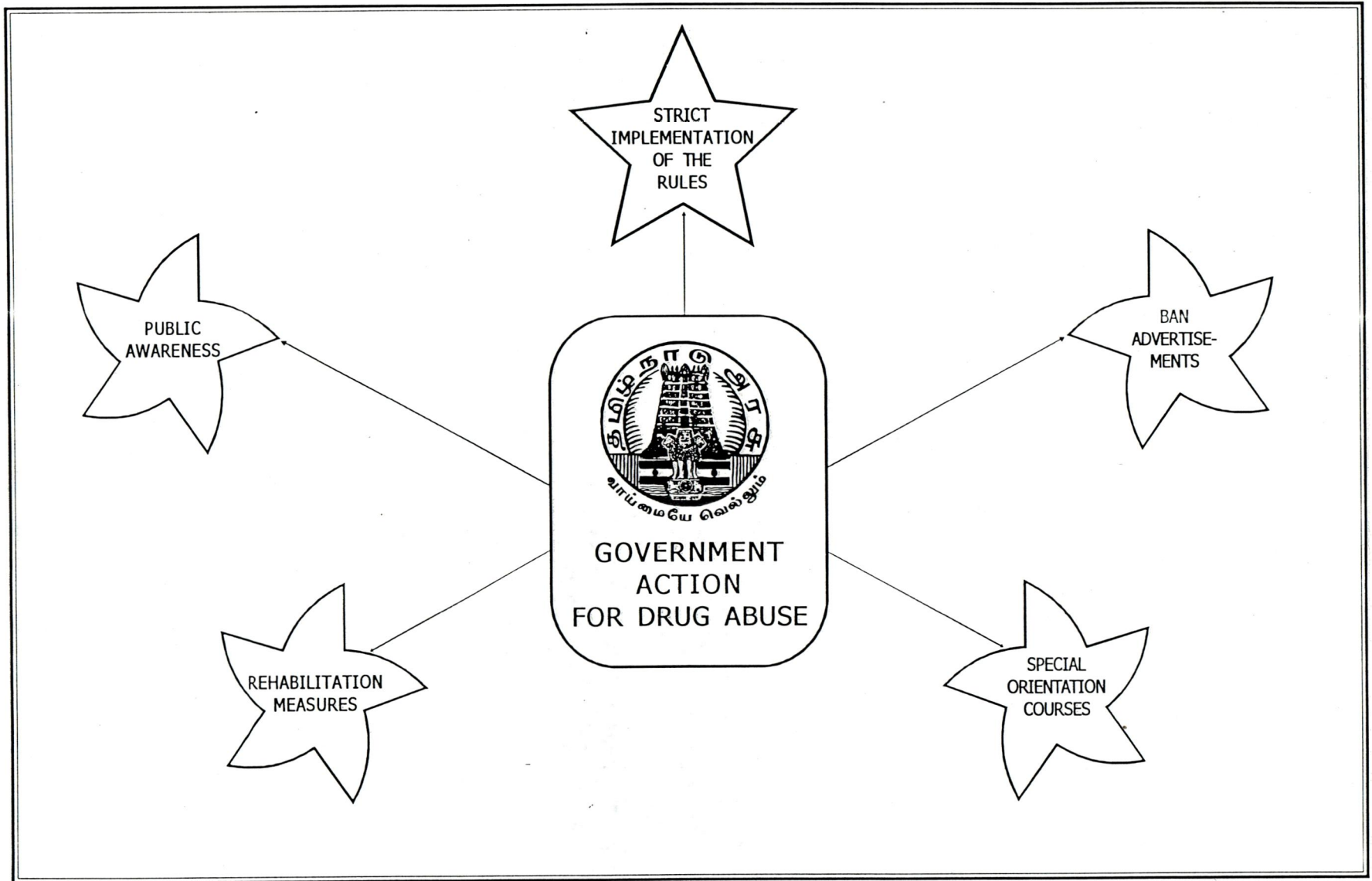


FIGURE. 7

providing an even more powerful approach to substance abuse prevention (Botwin and Botwin, 1998).

As far as the areas for prevention campaign are concerned, 64 and 59 per cent of female and male subjects respectively, suggested schools/colleges would be an ideal place. Youth clubs are preferred next by 48 and 62 per cent of male and female adolescents.

It is interesting to note that 41 and 34 per cent of the female and male respondents suggested that the former drug abusers would be the ideal persons to involve in prevention campaign. Voluntary agencies, private firms and counselling centres are the other suitable areas to conduct drug addicts prevention camp, as per the views of the selected adolescents.

Similar options for prevention camps were made by the selected subjects irrespective of the income group they belonged to.

#### **D. Imparting awareness on drug abuse**

For the disillusioned youth, drugs are a 'trip to heaven at a low price'. However, if the community takes a firm stand, it can prevent the future of its young people from being drowned in a haze of drugs.

The areas and information where drug awareness programme can be imparted, and the effective modes are discussed in table XIII.

TABLE XIII

## IMPARTING AWARENESS ON DRUG ABUSE

N : 200

Implementation of awareness Programme on drug	Sex		Income (in Rs.)			
	M=100	F=100	< 2100 N=24	2101-4500 N=51	4501-7500 N=52	> 7501 N=73
	P	P	P	P	P	P
School	50	50				
College	50	50				
Both	100	100				
<b>Information to be imparted</b>						
Detailed information about drugs	63	82	42	80	49	75
Economic and employment Problems	58	78	68	80	60	40
Physical and Physiological Problems	36	47	33	31	37	55
Socio emotional consequences of drug abuse	24	28	29	24	19	32
Laws and rules regarding drug abuse	28	19	33	8	23	32
<b>Effectiveness media / methods</b>						
Television	57	68	67	57	665	59
Advertisement	57	67	46	57	60	66
Movies	55	61	42	61	56	63
Orientation course in schools and colleges	45	49	38	51	46	48
Exhibition	48	52	13	18	21	15
Debates	30	23	17	10	12	26
Public meeting	23	33	38	26	19	33
Drama, street play	25	28	29	26	21	30
Posters	12	23	13	18	15	21
Creative writing	10	15	13	8	12	16
Slides	14	10	8	4	8	22
Rally	15	4	13	4	6	15
Flash Cards	4	10	13	2	8	10

\* : Multiple Response

### **i. Place of implementation**

The above table depicts that 50 per cent of male and female subjects recommended that drug awareness programmes should be imparted at the school level itself, and another 50 per cent said college level would be an ideal place for imparting awareness on drug abuse. Cent per cent of the subjects irrespective of the sex revealed that information on drugs should be imparted both at school and college levels in order to emphasize the harmful effects of drugs in the minds and hearts of the youngsters who are prone to drugs easily. This finding goes well with the opinion of Mahadevan (1988) that a school or a college considered to be a "high risk" can be selected to launch special programme on drug abuse.

### **ii. Information to be imparted**

Eighty two and sixty three per cent of female and male subjects respectively viewed that all about drugs such as types, harmful nature, problems and effects are to be told to the youngsters in order to help them refrain from drugs. This view was expressed by 80 per cent of the subjects hailing from low income families and 75 per cent of the high income group subjects.

Economic and employment problems due to drug abuse should be emphasised to the youngsters at the school and college level with the hope that their future would be better. This aspect was envisaged by 78 and 58 per cent of the female and male subjects respectively; 80 per cent of the low income group subjects, 68 and 60 per cent of the economically deprived and middle income groups respectively.

The next aspect given due importance by the considerable percentage of the selected subjects was physical and physiological problems due to drug abuse. Information about socio-emotional consequences, laws and regulations of drug abuse were the aspects to be informed to create awareness as per the selected respondents in different percentages.

### iii. Effective media/methods

The effective media and methods that can be used to create awareness on drug abuse are very many as per the selected subjects' opinion. In the chronological order they can be listed as television, advertisements, movies, orientation courses in schools and colleges, exhibition, drama, streetplay, public meetings, debates, newsletters, flashcards, slides, creative writing, and rally, which is also pictorially represented in (Figure 8).

Of these, television was suggested by a high percentage of the selected male and female. More than fifty per cent of the subjects felt that movies and advertisements are also the other effective methods. Orientation course in school/colleges, exhibitions, drama and public meeting are the next in order.

For the economically deprived persons (67 per cent) and 65 per cent of the subjects of middle income group, television is the most effective media for imparting awareness on drug abuse. Sixty one per cent of low income group opted for movie and 66 per cent of high income group felt advertisements would be effective to spread the message about drug abuse. The respondents' opinion goes well with the suggestion of Sivasubramanian (1998) that film and video shows should be shown all over the country to educate the public on the horrors of drug addiction.

Thus the results revealed that the selected adolescents had awareness on different aspects of drug abuse, though the percentage varies, may be due to personal and social factors.

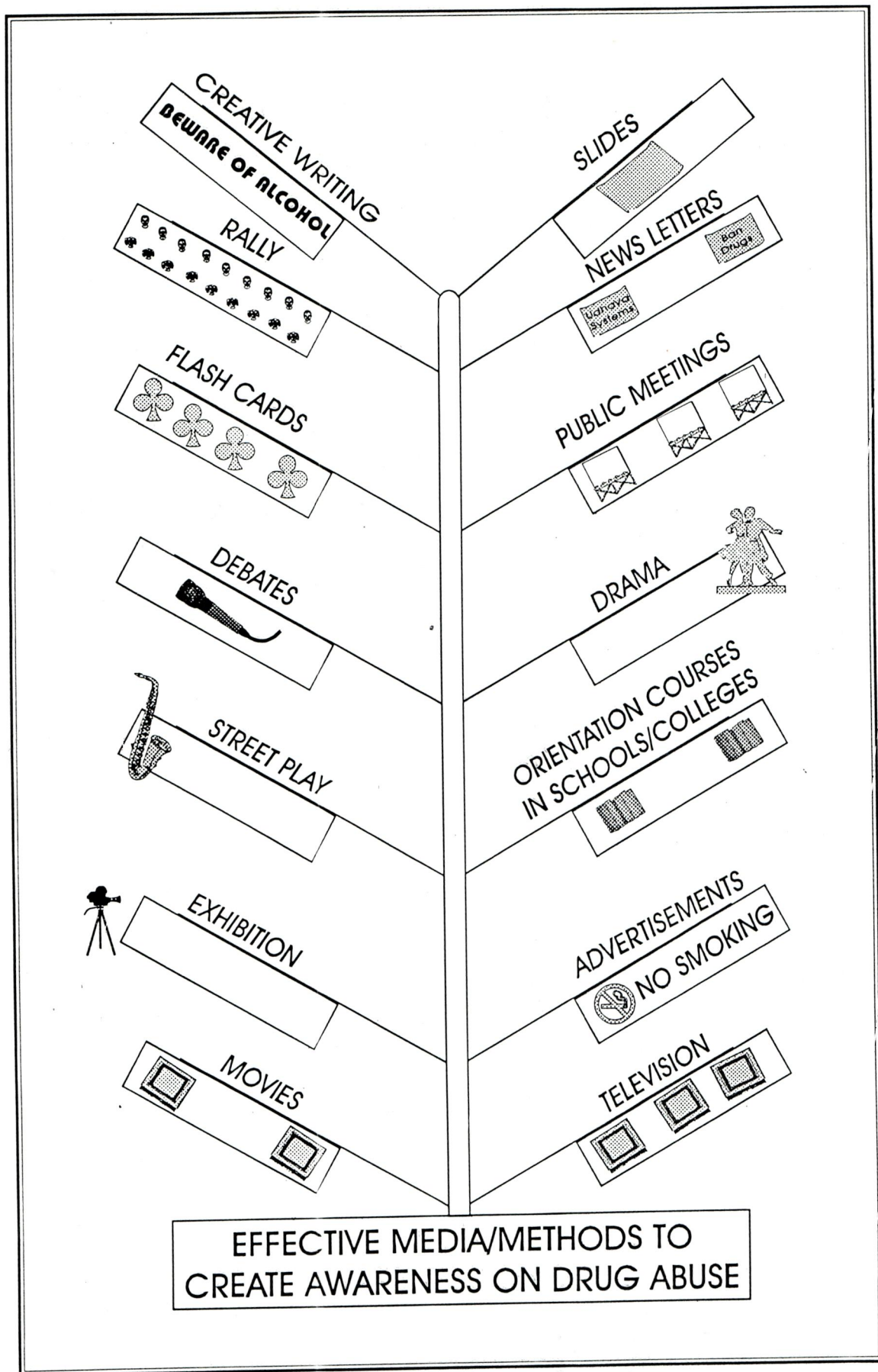
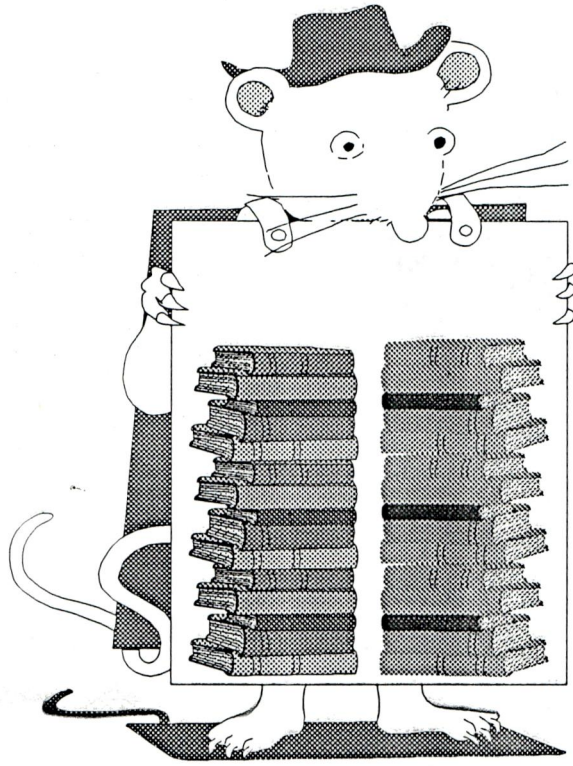


FIGURE. 8



**SUMMARY AND CONCLUSION**

## V SUMMARY AND CONCLUSION

Adolescence is a psychologically important transition period of life and an initiation period for substance use and abuse. It is a matter of grave concern that drug menace is playing the whole world and this making the younger generation totally unproductive, dependent and deviant (Kumar, 1990). The problem of excessive drug abuse has been explored from several perspectives - etiological, socio-cultural, psychodynamic, interpersonal, biological, therapeutic intervention and outcome, to name a few.

Evidence now exists from a number of rigorously designed evaluation surveys that specific school/college based and community based prevention models are effective. It is now incumbent upon health care professionals, educators, community leaders and policy makers to move expeditiously toward wide dissemination and utilisation of these approaches. It is equally important for private and governmental agencies to provide adequate funding for the important research necessary to further refine existing prevention models and to increase the public awareness of drug abuse. Mahadevan (1988) stated that there is growing awareness about the problem of drug abuse and some efforts have already been made to tackle the problems. Laws have been enacted; seminars, workshops and educational programmes are being organised to highlight the problem. All these efforts have undoubtedly contributed a great deal in promoting more awareness and consciousness among the public. Nevertheless, the need of the hour is a comprehensive approach.

However, a number of problems continue to prevail, awareness and co-operation are necessary for effective implementation of laws. Since the problem of drug abuse is predominant amongst the youth and due to peer group pressure, it would be worthwhile to motivate and involve youth specifically students in controlling measures. While we think of prevention, the question of awareness arises. Hence it is an imperative need to create awareness of the harmful effects of drugs and related information in the young mind. With this aim, the investigator had chosen a study on "Adolescents' Awareness on Drug Abuse". It is hoped that this research would serve rightly little for the idea and targets of a Drug Addiction Free Society by the year 2000. To highlight the

idea and targets of a Drug Addiction Free Society by the year 2000. To highlight the extent of adolescents' awareness on drug and indirectly help them to know tit bits of drugs, these objectives were framed :

- ☞ to study the extent of knowledge of the selected sample on drug abuse and its related aspects
- ☞ to get to know which of the sex has more awareness on drugs
- ☞ to assess how the awareness of adolescents is influenced by economic factor

Two hundred students with equal sex representation doing second year under graduation course were selected from Coimbatore city, because youth is a live-wire, for whom appropriate directions to be given in order to assess the knowledge about DRUG. The questionnaire was formulated and used to collect information on general profile of the respondents, facts about drugs and drug abuse. Sex and family income were the variables taken into consideration.

## Findings

### A. General profile of the subjects

- i. Male subjects were belonged to science, humanities and management faculty, where as female subjects were from science and humanities.
- ii. Sixteen and eighteen per cent of the male and female adolescents respectively were the hostelites; the rest of the subjects were the dayscholars.
- iii. Among the selected students, 135 belonged to nuclear family, 55 were hailed from joint family and the rest were living in extended families.
- iv. Irrespective of the sex, major opted and place of residence, 24 students belonged to economically weaker section, 51 hailed from low income group, 52 and 73 from middle income and high income group respectively.
- v. It is heartening to note the fact that except two per cent of the female subjects' father, the others were educated, 53 per cent of them had

school education, 28 per cent of them were the graduates and seven per cent of them were of post graduates and professionals each.

- vi. Improved women's education in the society is well proved in this study from the educational level of the mothers of the selected adolescents. Nearly 78 per cent of the mothers had school education, 13 per cent of them were the graduates and three per cent of them were the professionals.

## **B. Respondents' awareness on various aspects of drug abuse**

### **1. Usage of drugs**

- i. Fifty per cent of the male and 56 per cent of the female knew that drugs are for medical purpose and the rest of the subjects were aware that drugs are used other than medical treatment.
- ii. In incomewise classification too, in all the income groups highest percentage of opinion went for medical usage except low income group in which 59 per cent, of the subjects' viewed that drugs are used for other than medical purpose.
- iii. It is satisfying to note that 86 and 91 per cent of male and female respectively were aware that usage of drugs is harmful.

### **2. Common drugs**

- i. Selected adolescents were aware of about 20 drugs which can be categorised into narcotic analgesics, depressants, stimulants, hallucinogens and cannabis.
- ii. Among the selected male subjects' awareness, 94 per cent knew cigarettes, 79 per cent mentioned brown sugar, 86 per cent expressed alcohol, 83 per cent about abin, 70 per cent said about ganja and nicotine each and opium was known to 60 per cent of the subjects.
- iii. Among the female adolescents, alcohol was known most (91 per cent), next cigarettes (87 per cent), brown sugar by 84 per cent, 79 and 77 per cent of

the subjects listed abin and ganja respectively, nicotine (65 per cent), heroin (68 per cent) and opium (62 per cent).

- iv. Sixty two per cent of the selected adolescents of high income viewed heroin was the mostly used drug.

### **3. Causes of drug abuse**

- i. Curiosity, inherent personality problem, social pressure, awake for long hours, self identification, habit of subculture, employment insecurity, express hostility and ward of pain are the causes of drug abuse according to the selected adolescents.

### **4. Sources of drugs**

- i. Highest percentage of male and female had the awareness that drug agents are the main source for drug supply. Fifty nine per cent of female and 46 per cent of male viewed that by friends, people are tempted to consume drugs. Forty two and 60 per cent of male and female agreed that petty shops near educational institutions give way for the students to abuse drugs.
- ii. Fifty three and 50 per cent of the subjects belonged to low income stated that the peddlers are the main source of drugs for the adolescents.

### **5. Administration, identification, withdrawal and effects of drugs**

#### **a. Administration**

- i. Among the selected female subjects, 53 per cent knew about oral intake, 38 per cent were aware of injection and nine per cent of them knew the inhalation. Similarly male subjects were also aware of these three modes though the percentage varies.
- ii. Respondents hailed from middle income families knew more about injection, on the otherhand 54 per cent of the subjects belonged to high income were aware of oral intake.

**b. Identification**

- i. Thirty eight per cent of male and 59 per cent female viewed that by checking the increased demands of pocket money the drug abusers can be identified; whereas 42 and 38 per cent of male and female respectively opined that the loss of appetite is a way to identify the abusers.
- ii. Incomewise classification of the subjects' highest percentage went for check out the increased demand of pocket money to trace out the drug abusers.

**c. Withdrawal of drugs**

- i. Withdrawal symptoms known to the subjects of this study were craving for drugs, injury, become secretive, restlessness, uneasiness and shivering. Among these symptoms restlessness, shivering and uneasiness were known to higher percentage of the subjects irrespective of sex.
- ii. Uneasiness is one of the predominant problem as per 65 and 46 per cent of female and male subjects respectively. General poor health is the next widespread effect due to withdrawal of drugs which was mentioned by 48 and 52 per cent of male and female subjects respectively in this study.
- iii. Fifty eight per cent of the subjects hailed from low income, middle income and high income and 42 per cent of subjects belonged to economically deprived opined uneasiness is the common problem among the drug addicts, when they withdraw from drug. General poor health is the other problem mentioned by 40 to 58 per cent of sample drawn from families of different income level.
- iv. Poor eating, yawning, tears, diarrhoea, running nose, abdominal cramps, disinterest and tiredness are the other problems commonly found among the drug abusers enlisted by the selected subjects irrespective of sex and family income.

### **e. Effects of drugs**

- i. Seventy nine per cent of male and female subjects in this study were aware that brain would be severely affected by drug addiction. Respiratory system, kidney, cardiovascular system and gastro-intestinal tract are the other organs of the drug abusers quickly affected as per the view of the subjects in different percentage.

### **5. Recover from drug abuse**

- i. Ninety and 86 per cent of male and female respondents respectively agreed that drug abusers can come away from the bad habit. The rest of the subjects viewed that there is no possibility to leave the bad habit of drug addict, however hard they try.

### **6. Drug abusers sexwise**

- i. Seventy nine and 78 per cent of the male and female respectively opined that both male and female consume drugs due to various reasons. Twenty per cent each of male and female reported that only male people are easily prone to drug abuse than female.

### **7. Classification of drug abusers**

- i. Sixty six and 68 per cent of male and female adolescents of this study respectively said that teenagers are easily tempted for drugs. The next age group is elders, who take drugs for various reasons. Consumption of the drugs by elders was mentioned by 17 per cent of male and five per cent of female.
- ii: Highest percentage of the respondents (58 per cent of female and 32 per cent of male) had awareness that adolescents have glamour towards drugs.

### **8. Problems due to drug addiction**

- i. Of the selected 100 male, 57 per cent stated drug addiction leads to social problems, 37 per cent of them envisaged personal problems and 23 per cent

- of them anticipated employment problems. Economic, educational and handicapness are the other problems mentioned by the rest of the male.
- ii. Higher percentage of female when compared to male subjects expressed these problems. As per the multiple response, social problems is on top, and personal problems next. Economic, employment, education and handicapness were the other problems in descending order.
  - iii. Income wise classification revealed that 73 per cent of high income group and 71 per cent of middle income group felt social problems would be more. Forty two to 48 per cent of the sample drawn from all the four income groups highlighted about personal problems due to drug addiction. Fifty eight per cent of the subjects of economically deprived families thought that economic problems would be more in families due to drug addiction.
  - iv. In general, it is found that irrespective of sex and different family income, the subjects revealed, social and personal problems would predominate in the life of drug addicts, economic and employment problems would be next in the order.

## **9. Problems of drug abuse in India**

It is gratifying to note that 74 and 71 per cent of female and male respectively were aware that India is facing problems due to drug abuse which is one of the major causes for socio economic problem of the community, directly affects the economic progress of the country. The rest of the respondents said that drug abuse is not the problem in India, which is incorrect.

### **C. Awareness on treatment, rehabilitation and prevention of drug abuse**

#### **1. Treatment**

- i. Individual therapy was known to 52 and 48 per cent of female and male subjects respectively. Family therapy was mentioned by 39 and 30 per cent of male and female respondents respectively. Thirteen per cent of male and 18 per cent of female spelt out group therapy is the best treatment for drug abusers.

- ii. Among the behavioural methods, meditation was spelt out by 43 per cent of male and 32 per cent of female. Slightly more than one fourth of the sample knew about relaxation exercises to treat the drug addicts. Aversion therapy, convert sensitization, bio-feed back training and contingency management are the other treatment techniques for drug abusers, known to the selected sample, though the percentage is very small.

## **2. Rehabilitation**

- i. Educational upgrading was known to 38 per cent of male and 48 per cent of female. Community work programme was suggested by 31 and 40 per cent of male and female respectively. Above 30 per cent of the sample said vocational training would give hope to drug abusers in life. Twenty to 30 per cent of the sample of both the sex were of the opinion that counselling and residential programmes are the other techniques to rehabilitate the drug abusers for their bright future.
- ii. The findings of this study revealed that family income did not have an impact on the subjects' awareness on rehabilitative measures for the drug abusers.

## **3. Appropriate people for rehabilitation work**

- i. Selected female subjects had awareness that psychiatrists (65 per cent), psychologists (48 per cent), close family members (30 per cent) and counsellors (29 per cent) can efficiently rehabilitate the drug abusers to lead a new life in the right direction.
- ii. Among the selected male, 42 per cent felt for psychologists, 39 percent suggested for psychiatrists and 38 per cent thought that close family members can rejuvenate the drug abusers effectively.
- iii. General medical practitioners, social workers, teachers, police officers, great personalities and lawyers are the other appropriate personnel who can carryout the rehabilitation of the drug abusers.

#### 4. Parental Care

- i. Highest percentage of male (59 per cent) and female (66 per cent) proclaimed that parents should respect the feelings of their drug addicted wards. Very aptly mentioned by 58 and 61 per cent of male and female that first of all the parent have to refrain from taking alcohol to treat and rehabilitate thier children. Spending time with children, cordial relationships with their wards, friends, participation in family activities and giving due recognition and encouragement are some of the other ways of parental care, according to respondents' awareness.
- ii. As per family income level, highest percentage of subjects belonging to high income (62 per cent) felt that respecting the feelings of their ward is important and care to be taken by parents. Sixty percent of middle income group subjects revealed that spending time with children would go a long way to rehabilitate their drug addicted children. And 60 per cent of economically deprived group sample felt that parents can be a role model for their children by refraining from alcohol.

#### 5. Prevention of drug abuse

- i. It is heartening to note that the adolescents of this study strongly said that drug abuse is punishable under law (62 per cent male and 70 per cent female). Rest of them disagreed on punishment under law, which may be due to lack of knowledge on the effect of drug abuse or they must have been involved in drug intake.
- ii. Higher percentage of the subjects of different levels of family income were of the opinion that drug intake should be punishable under law.
- iii. Regarding prevailing punishments, imprisonment was known to 51 and 47 per cent of male and female sample respectively. Fifty one per cent of the subjects of high income group, 50 per cent of the middle income sample, 45 per cent of the low income group and 50 per cent of the economically deprived group subjects were aware of the imprisonment. Penalty payment

is the other punishment known to the selected adolescents, though the percentage of the subjects of both the variables (sex and income level) ranges from 26 to 37. Very few percentage of the adolescents did not know about the prevailing punishments for drug abuse.

- iv. Strict implementation of the rules is one of the action to be followed by the government as per more than 50 per cent of the selected adolescents irrespective of sex and different income level of the family. Advertising the drugs through mass media is the other area for which action to be taken as per 42 and 52 per cent of male and female respectively. Forty two to 52 per cent of the subjects hailing from different income groups also suggested to ban these advertisements.
- v. Creating public awareness, conducting special orientation classes in training centres / educational institution and organising special educational courses to impart knowledge are some of the other measures that government and voluntary organisation can undertake to remove drug abuse from the society, according to the sample of this study.
- vi. As far as the areas for prevention campaign concerned, 64 and 59 per cent of female and male subjects respectively, suggested schools/colleges would be an ideal place. Youth clubs are preferred next by 48 and 62 per cent of male and female adolescents.
- vii. It is interesting to note that 41 and 34 percent of the female and male respondents suggested that the former drug abusers would be the ideal persons to involve in prevention campain. Voluntary agencies, private firms and counselling centres are the other suitable areas to conduct, prevention camp, as per the views of the selected adolescents.

## **D. Imparting awareness on drug abuse**

### **1. Place of implementation**

- i. Fifty per cent of male and female subjects recommended that drug awareness programme should be imparted at the school level itself, and

another 50 per cent said college level would be an ideal place for imparting awareness on drug abuse. Cent per cent of the subjects irrespective of the sex revealed that information on drug should be imparted both at school and college levels in order to emphasize the harmful effects of drugs in the minds and hearts of the youngsters who are prone to drugs easily.

## **2. Information to be imparted**

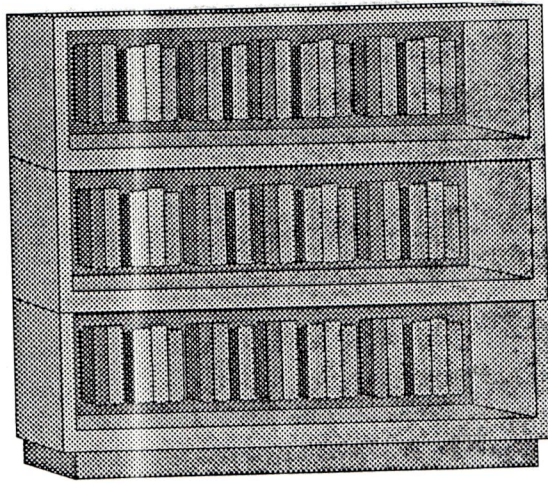
- i. Eighty two and sixty three per cent of female and male subjects respectively viewed that all about drugs such as types, harmful nature, problems and effects are to be told to the youngsters in order to help them refrain from drugs. The same view was expressed by 80 per cent of the subjects hailing from low income families and 75 per cent of the high income subjects.
- ii. Economic and employment problems due to drug abuse should be emphasised to the youngsters at the school and college level with the hope that their future would be better. This subject was envisaged by 78 and 58 per cent of the female and male subjects, 80 per cent of the low income group subjects; 68 and 60 per cent of the economically deprived and middle income groups respectively.
- iii. The next aspects given due importance by the considerable percentage of the selected subjects was physical and physiological problems due to drug abuse. Information about socio-emotional consequences, laws and regulations of drug abuse were the aspects to be informed to create awareness as per the selected respondents in different percentages.

## **3. Effective media / methods**

- i. The effective media and methods that can be used to create awareness on drug abuse are very many as per the selected subjects opinion. In the chronological order they can be listed as television, advertisements, movies, orientation courses in schools and colleges, exhibition, drama/street play, public meetings, debates, news letters, flashcards, slides, creative writing and rallies.

to have upto date data about the status of addicts avoiding duplication of efforts and wastage of exchequer.

- ❖ A group of deeply committed volunteers comprising psychiatrists, general medical practitioners, social workers, psychologists, police officers, lawyers, teachers, industrialists, close family members of addicts and rehabilitated addicts themselves can form an "ACTION GROUP". This "Action Group" can meet periodically (once a week, or once a fortnight) and chalk out specific activities for awareness programmes / rehabilitation work.
- ❖ All sources to procure drugs - drug shops, smuggling centres and cultivation of drug producing plants and preparation of drugs must be banned and uniform legislation is required to punish the violators.
- ❖ Integration of health promotion on drug addiction in schools / colleges / community centres.
- ❖ Orientation of youth, community leaders and village level workers, about the DRUG.
- ❖ As a preventive measure, rehabilitation programmes are equally necessary to bring the users into the mainstream of life.
- ❖ Yoga, sports, recreational centres and youth clubs should become more effective in inculcating moral, ethical and spiritual values among the inmates in counselling centres.
- ❖ Sponsorship of TV programmes and all ads for drugs need to be ban through print, electronic and visual media.
- ❖ Government should encourage and provide financial help to voluntary, social and other non-governmental organisations engaged in awareness campaign.
- ❖ Strong family ties and a healthy family life minimises the possibility of drug addiction in society.



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## **APPENDICES**

## Appendix I

### CLASSIFICATION OF DRUGS

	Stimulants	Depressants	Hallucinogens	Cannabis	Narcotic Analgesics
Categories of Drugs.	Cocaine, Amphetamines, Nicotine, Caffeine.	Tranquillizers, Sedative-Hypnotics Alcohol	Psilocybin, Mushrooms, Mescaline MDA/MDM/ MDMA/MDE PCP	Bhang Ganja Charas Hash oil	Natural Opiates, Opiate Derivatives.
Popular Names	Speed, Yellow Jackets Coke, Cancer Sticks Coffee, Tea.	Vitamin V, Downers, Booze, Brewskis, Cocktails	L.S.D. acid & Magic Mushrooms, Angel dust.	Weed, joint Mary Jane, Thai Sticks	H. horse, China White, Persian Smack.
Physical appearance	Tablets or Capsules.	Tablets and liquid.	Tablets and Powder	Greying green, green brown, Texture varies from dry, leaf, material to dark brown.	Powder-colour ranges from bright, Brown off white to a dirty brown.
Effects	Some users attempt self-medication for depression with stimulants. Others take them for their ability to fend off symptoms of fatigue or hunger or to increase concentration. These drugs make them feel up, productive and active, and particularly with cocaine, produce euphoria and self-confidence. Heart rate and blood pressure are increased and irregular heart beats can occur.	Users may seek to establish a "disinhibition euphoria" where mood is elevated and where self-criticism, guilt & anxiety are reduced. The user may experience an initial increase in energy level and self-confidence despite the depressant effect of these drugs.	Distortion of perceptions (hallucinations) occur in varying degrees depending on the amounts taken, who takes it and when it is taken. With this many variables it is difficult to tell in advance what the outcome of a hallucinogenic experience will be. Concentration is enhanced, but ability to direct concentration is impaired. Nausea & vomiting can occur with any hallucinogen, particularly in the first few hours after ingestion.	Reduction of anxiety & a mild euphoria, Distortion of time and space can make driving or operating machinery dangerous under the influence of cannabis. Short-term memory is impaired under the influence and may persist after the effects of intoxication have worn off.	Users describe a euphoria or "rush" likened to sexual orgasm when opiates are injected. They also affect the bowels and cause constipation as well as sexual impotence in men. Most habitual users report : e u p h o r i a ; warmth; a melting of troubles and feelings of self control; relaxation & drowsiness, suppression of the cough centre in the brain.

## APPENDIX - II

### AVINASHILINGAM DEEMED UNIVERSITY, COIMBATORE.

#### Questionnaire to Elicit Information On "Adolescents' Awareness on Drug Abuse"

Name of the Investigator : M.V. SHUBHA

Name of the Interviewee :

Age in Years :

Name of the College :

#### A. General profile of the selected adolescents

Major opted - Science { } Humanities { } Management { }

Residence - Dayscholar { } Hostelite { }

Type of family - Nuclear { } Joint { } Extended { }

Family Income - > 7501 { } 4501 - 7500 { } 2101 - 4500 { } < 2100 { }

Education of the Parents

	School Education	Graduate	Post Graduate	Professionals	Illiterate
Father					
Mother					

#### B. Respondents' awareness on various aspects of drug abuse

##### i. Usage of drugs

a. Harmful use of drugs { }

b. Use of drugs other than medical treatment { }

##### ii. Common drugs you have heard

Narcotic analgesics	Depressants	Stimulants	Hallucinogens	Cannabis
Brown sugar { }	Alcohol { }	Cigarette { }	Abin { }	Ganja { }
Opium { }	Tranquillisers { }	Nicotine { }	L.S.D. { }	Hashish { }
Heroin { }	Barbiturates { }	Caffeine { }	Hallucinogen { }	
Methadone { }		Amphetamines { }	Phencyclidine { }	
Morphine { }		Cocaine { }		
Codeine { }				
Meperidine { }				

##### iii. What do you think are the major causes of drug abuse?

- a. To satisfy curiosity { }
- b. Inherent personality problem { }
- c. Employment insecurity { }
- d. Social pressure { }
- e. Express hostility { }
- f. Ward off pain { }
- g. Self identity { }
- h. Habit of subculture { }
- i. To awake for long hours { }

**iv. What do you think are the common sources for obtaining drugs ?**

- |  |     |                  |     |
|--|-----|------------------|-----|
| a. Drug agents                                     | { } | e. Clubs         | { } |
| b. Petty shops near<br>educational<br>institutions | { } | f. Parties       | { } |
| c. Peddlers  | { } | g. Medical shops | { } |
| d. Friends   | { } | h. Restaurants   | { } |
|  |     | i. Parlours      | { } |

**v. Administration, identification, withdrawal and effects of drugs**

1. Common modes of administration of drugs

- a. Injection { } b. Inhalation { } c. Oral intake { }

2. How do you identify drug addicts?

- a. Increased demands of pocket money { }
- b. Suffer from loss of weight and appetite loss { }
- c. Shivering { }
- d. Restlessness { }
- e. Uneasiness { }
- f. Become secretive { }
- g. Injury { }
- h. Craving for drugs { }

3. Do you feel that withdrawal of drugs impose any problem to the user?

- |                  |     |                    |     |
|------------------|-----|--------------------|-----|
| a. Uneasiness    | { } | f. Abdominal cramp | { } |
| b. Poor health   | { } | g. Tears           | { } |
| c. Poor eater    | { } | h. Running nose    | { } |
| d. Been tired    | { } | i. Diarrhoea       | { } |
| e. Disinterested | { } | j. Yawning         | { } |

4. What parts of body are affected mostly?

- |                       |     |                            |     |
|-----------------------|-----|----------------------------|-----|
| a. Brain              | { } | c. Kidney                  | { } |
| b. Respiratory system | { } | d. Gastro intestinal tract | { } |

vi. Is it possible to recover from drug abuse?

- |     |     |    |     |
|-----|-----|----|-----|
| Yes | { } | No | { } |
|-----|-----|----|-----|

vii. Who are likely to use drugs?

- |         |     |           |     |         |     |
|---------|-----|-----------|-----|---------|-----|
| a. Male | { } | b. Female | { } | c. Both | { } |
|---------|-----|-----------|-----|---------|-----|

viii. Which group become the worst drug abusers?

- |              |     |           |     |           |     |
|--------------|-----|-----------|-----|-----------|-----|
| a. Teenagers | { } | b. Elders | { } | c. Adults | { } |
|--------------|-----|-----------|-----|-----------|-----|

ix. What sort of a problem drug abuse is

- |               |     |                 |     |
|---------------|-----|-----------------|-----|
| a. Social     | { } | d. Economic     | { } |
| b. Personal   | { } | e. Educational  | { } |
| c. Employment | { } | f. Handicapness | { } |

x. Do you feel that in India the problem is serious?

- |     |     |    |     |
|-----|-----|----|-----|
| Yes | { } | No | { } |
|-----|-----|----|-----|

### C. Awareness on treatment, rehabilitation and prevention on drug abuse

I. Which is the best techniques for the treatment of drug abuse?

- |                           |     |
|---------------------------|-----|
| a. Psychological Methods  |     |
| i. Individual Therapy     | { } |
| ii. Group Therapy         | { } |
| iii. Family Therapy       | { } |
| b. Behavioural Therapy    |     |
| i. Aversion Therapy       | { } |
| ii. Meditation Therapy    | { } |
| iii. Relaxation exercises | { } |
| iv. Convert sensitization | { } |

- v. Bio-feed back training { }
- vi. Contingency management { }

ii. What are the various measures taken to promote rehabilitation of drug dependent persons?

- a. Educational upgrading { }
- b. Community work programme { }
- c. Vocational training { }
- d. Counselling { }
- e. Residential programme { }
- f. Job placement programme { }

iii. Whom do you think would be appropriate to approach for rehabilitation of drug addicted persons?

- |                                  |     |                        |     |
|----------------------------------|-----|------------------------|-----|
| a. Psychiatrists                 | { } | f. Teachers            | { } |
| b. Psychologists                 | { } | g. Police officers     | { } |
| c. Close family members          | { } | h. Great personalities | { } |
| d. General Medical Practitioners | { } | i. Lawyers             | { } |
| e. Social workers                | { } |                        |     |

iv. Which of the following according to you, has to be taken care by the parents of drug abused adolescents?

- a. Respect the feelings of their children { }
- b. Refrain from taking alcohol { }
- c. Spend time with their children { }
- d. Cordial relationship with the child's friends { }
- e. Parent's participation in family activities { }
- f. Recognise and encourage { }

**v. Prevention of drug abuse**

a. Do you feel that drug abuse is punishable under law?

- Yes { } No { }

b. What are the prevailing punishments under the drug abuse?

- Imprisonment { } Penalty { } Don't know { }

c. What sort of enforcement can the Government stipulate to prevent drug abuse?

- |                                    |     |                     |     |
|------------------------------------|-----|---------------------|-----|
| Strict implementation of the rules | { } | Special orientation | { } |
| Ban advertisement                  | { } |                     |     |
| Public Awareness                   | { } |                     |     |
| Educational Centres                | { } |                     |     |

d. Can drug abuse prevention campaign be effectively implemented by

- |                     |     |                     |     |
|---------------------|-----|---------------------|-----|
| Schools/Colleges    | { } | Counselling centres | { } |
| Youth Clubs         | { } | Private firms       | { } |
| Former drug abusers | { } | Religious groups    | { } |
| Voluntary agencies  | { } |                     |     |

e. How do you prevent drug abuse

- |                             |     |
|-----------------------------|-----|
| a. Informational programme  | { } |
| b. Educational programme    | { } |
| c. Community Rehabilitation | { } |

#### D. Imparting awareness on drug abuse

i. Do you think that drug awareness programmes should be implemented in

- |        |     |         |     |      |     |
|--------|-----|---------|-----|------|-----|
| School | { } | College | { } | Both | { } |
|--------|-----|---------|-----|------|-----|

ii. What sort of information should be imported

- |   |     |
|---|-----|
| a. Detailed information about drugs           | { } |
| b. Economic and Employment problems           | { } |
| c. Physical and Physiological problems        | { } |
| d. Socio emotional consequences of drug abuse | { } |
| e. Laws and rules regarding drug abuse        | { } |

iii. Which is the most effective media for imparting awareness on drug abuse?

- |   |     |                  |     |
|---|-----|------------------|-----|
| Television                                    | { } | Posters          | { } |
| Advertisement                                 | { } | Creative writing | { } |
| Movies  | { } | Slides           | { } |
| Orientation course in<br>schools and colleges | { } | Rally            | { } |
| Exhibition                                    | { } | Flash cards      | { } |
| Debates                                       | { } |                  |     |
| Public meeting                                | { } |                  |     |
| Drama / Street play                           | { } |                  |     |

iv. Any other information