

**DRUG ABUSE AMONG YOUTH IN TIRUCHENGODU OF
NAMAKKAL DISTRICT**

By

Mathumitha.K

(20PSW015)

Thesis Submitted to



**The Department of Home Science Extension Education
Avinashilingam Institute for Home Science and Higher Education for Women,
Coimbatore – 641043**

**In partial fulfillment of the requirements for the
Degree of Master of Social Work**

May - 2022

**DRUG ABUSE AMONG YOUTH IN TIRUCHENGODU OF
NAMAKKAL DISTRICT**

By

Mathumitha.K

(20PSW015)

Thesis Submitted to

The Department of Home Science Extension Education

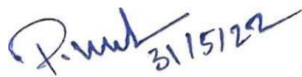
Avinashilingam Institute for Home Science and Higher Education for Women,

Coimbatore – 641043

In partial fulfillment of the requirements for the

Degree of Master of Social Work

May - 2022

Handwritten signature in blue ink, appearing to read 'P. ...' followed by the date '31/5/22'.

Signature of the Guide

Handwritten signature in blue ink, appearing to read 'S. Rajalakshmi'.

**Signature of the
Head of the Department**

Signature of the External examiner

CERTIFICATE

This is to certify that the dissertation entitled, “**Drug Abuse among Youth in Tiruchengodu of Namakkal District**” submitted to the Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore – 641 043 in partial fulfillment of the requirements for the award of the Degree of **Master of Social Work** is a record of original research work done by **Mathumitha.K**, during the period of the study in the Department of Home Science Extension Education, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore – 641 043, under my supervision and guidance, has not formed the basis for the award of any degree/ diploma/ associate ship/ fellowship or similar title of other University.

P. V. V. V.
31/5/22

Signature of the Guide

S. Rajalakshmi

**Signature of the Head of the
Department**

Signature of the External examiner

DECLARATION

I **Mathumitha.K**, hereby declare that the thesis, entitled “**Drug Abuse among Youth In Tiruchengodu of Namakkal District**”, submitted to the Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, in partial fulfillment of the requirements for the award of the **Master of Social work** is a record of original and independent research work done by me during six months under the Supervision and Guidance of **Dr.P.Kalaivani** and it has not formed the basis for the award of any Degree/Diploma/Associate ship/Fellowship or other similar title to any candidate in any University.



Signature of the Candidate

ACKNOWLEDGEMENT

At the outset, the researcher would like to express her deepest gratitude to Lord, the **GOD ALMIGHTY**, for his abundant grace and guidance without which this research would not have been taken up and successfully completed.

The investigator is extremely thankful and highly indebted to **Dr.Thiru.T.S.K.Meenakshi Sundaram** and **Prof.S.P.Thyagarajan**, Chancellor, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, for their blessings and permission for the conduct of the study.

The researcher expresses and extends her sincere gratitude to former Vice Chancellor, **Dr.Premavathy Vijayan** and **Dr. Bharathi Harishankar**, Vice Chancellor, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, for facilitating to carry out the research project.

It is an honour for the researcher to thank **Dr.S.Kowsalya**, Registrar and **Dr.K.Manimozhi**, Controller of Examinations, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, for their kind help extended throughout the period of study.

The investigator owes her gratitude to **Dr.N.Vasugi**, Professor and Dean, School of Home Science, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, for her constant encouragement and inspiration given during the study.

The investigator is indebted to **Dr.S.Rajalakshmi**, Professor and Head, Department of Home Science Extension Education, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, for the able advice, pertinent remarks and valuable suggestions given throughout the course of the study.

The investigator records her immense privilege and fortune to have worked under her guide **Dr.P.Kalaivani**, Assistant Professor, Department of Home Science Extension Education, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, for her skill, innovation, guidance, encouragement, support, untiring patience, meticulous supervision and valuable advice for the successful accomplishment of the research.

The researcher acknowledges her sincere thanks to all the **faculty members** of the Department of Home Science Extension Education, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, for their valuable suggestions to strengthen the research work.

The investigator is greatly indebted to her **family and friends** who extended constant support, help and encouragement during the study.

CONTENTS

Chapter No.	Titles	Page No.
	LIST OF TABLES	
	LIST OF FIGURES	
	LIST OF APPENDICES	
I	INTRODUCTION	1
II	REVIEW OF LITERATURE	8
	A. Effect of drug abuse among youth	8
	B. Effect of drug abuse among various behavior issues, economic complications	9
	C. Prevention and control of drug abuse	14
III	METHODOLOGY	23
	A. Selection of area	23
	B. Research design	24
	C. Selection of sample	25
	D. Selection of method	25
	E. Source of data	25
	F. Collection of data	25
	G. Ethical approval	26
	H. Analysis and interpretation of data	26
IV	RESULTS AND DISCUSSION	28
	A. Socio Economic Profile of the Respondents	29
	B. Duration of the drug usage	31
	C. Stimulation of external environment	33
	D. Influencers for drug usage	36
	E. Poly drug use	36
	F. Exploration of unrevealed circumstances	37
	G. Medical problems while stopped taking drugs	39

	H. Involved in fights when under the influence of drugs	40
	I. Reasons for drug usage	41
	J. Physical effects, psychological effects, financial effects, social effects	42
V	SUMMARY AND CONCLUSION	50
	BIBLIOGRAPHY	54
	APPENDIX	57

LIST OF TABLES

Table No.	Title	Page No.
I	Socio economic profile of the respondents	29
II	Frequency of drug usage	31
III	Period of drug usage	32
IV	Stimulation of external environment	33
V	Influencers for drug usage	36
VI	Poly drug use	36
VII	Exploration of unrevealed circumstances	37
VIII	Medical problems	39
IX	Involved in fights when under the influence of drugs	40
X	Reason for the drug usage	41
XI	Physical effects of the drug abusers	42
XII	Effects on personal hygiene	43
XIII	Psychological Problems of the drug abusers	44
XIV	Social problems of the drug abusers	45
XV	Financial problems of drug abusers	46
XVI	Correlation between Financial Problem of the Drug Users and Demographic Profile	47
XVII	Opinions and suggestions to prevent from drug abuse	48

LIST OF FIGURES

Figure No.	Title	Page No.
1	Location of the selected area	23
2	Research Design	24
3	Socio economic profile of the respondent	30
4	Frequency of drug usage	32
5	Period of drug usage	32
6	Stimulation of external stimulation	34
7	Influencers for drug usage	36
8	Poly drug use	37
9	Exploration of unrevealed circumstances	38
10	Medical problems of the drug abusers	39
11	Fights under the influence of drugs	40
12	Social problems of drug abusers	45
13	Financial problems of drug abusers	46

LIST OF APPENDICES

Appendix No.	Title	Page No.
1	An interview schedule to elicit information on drug abuse among the youth	55
2	Ethical clearance certificate	61

INTRODUCTION

Drug is any substance that is used to prevent, diagnose, treat, or relieve symptoms of a disease or abnormal condition. Drugs can also affect how the brain and the rest of the body work and cause changes in mood, awareness, thoughts, feelings, or behavior. Some types of drugs, such as opioids, may be abused or lead to addiction (Bruce, 2007).

Drug addiction has become a worldwide problem, especially in teenagers. Many young people become dependent on different types substances and stimulating medicines that comes hand-in-hand with narcotic effect. The life of addicts becomes spoiled in all aspects, as they lose contact with their family and live in a different world. They spend lots of money on drugs, and then look for ways to earn money illegally. If we compare the health problems, there are many dangerous effects of drugs (Padon, 2018).

The most disturbing thing about drug addiction is that people in different countries of the world are becoming addicted to all kinds of drugs. There are different types of street drugs such as cocaine, meth, marijuana, crack, heroin etc. Heroin is one of the dangerous drugs that suppress your heart's work and is appropriate to achieve narcotic effect. The alarming rate of drug consumption has always been a problem and has detrimental effects on the society. Personal and family problems also lead to drug abuse among youngsters who fail to deal with personal problems. The physiological effects of drug addiction can be difficult to endure and this is why the addict must be treated for their condition. The worst thing is that drugs are that they affect youth in every country of the world (Oliveira, 2010).

The term drug not only means medicine, but fatal narcotics with different specifications. These drugs have their evil effects on mind and body cells of the addicts. The addict becomes dependent on the drug to a great extent that he or she cannot stop using it. Despite of having full knowledge of its effects on health, addicts use it on a regular basis. Drugs are substances that change a person's mental or physical state. They can affect the way your brain works, how you feel and behave, your understanding and your senses. This makes them unpredictable and dangerous, especially for young people. The effects of drugs are different for each person and drug (Dusembury, 2003).

A drug is any chemical substance that causes a change in an organism's physiology or psychology when consumed. Drugs are typically distinguished from food and substances that provide nutritional support. Consumption of drugs can be

via inhalation, injection, smoking, ingestion, absorption via a patch on the skin, suppository, or dissolution under the tongue (Brown, 2001).

In pharmacology, a drug is a chemical substance, typically of known structure, which, when administered to a living organism, produces a biological effect. A pharmaceutical drug, also called a medication or medicine, is a chemical substance used to treat, cure, prevent, or diagnose a disease or to promote well-being. Traditionally drugs were obtained through extraction from medicinal plants, but more recently also by organic synthesis. Pharmaceutical drugs may be used for a limited duration, or on a regular basis for chronic disorders. Pharmaceutical drugs are often classified into drug classes groups of related drugs that have similar chemical structures, the same mechanism of action (binding to the same biological target), a related mode of action, and that are used to treat the same disease. Psychoactive drugs are chemical substances that affect the function of the central nervous system, altering perception, mood or consciousness (Merianos, 2017).

These psychoactive drugs have been proven useful in treating wide range of medical conditions including mental disorders around the world. The most widely used drugs in the world include caffeine, nicotine and alcohol, which are also considered recreational drugs, since they are used for pleasure rather than medicinal purposes. All drugs can have potential side effects. Abuse of several psychoactive drugs can cause addiction and/or physical dependence. Excessive use of stimulants can promote stimulant psychosis. Many recreational drugs are illicit and international treaties such as the Single Convention on Narcotic Drugs exist for the purpose of their prohibition (Chaiken, 2005).

Drug abuse, is the use of a drug in amounts or by methods which are harmful to the individual or others. It is a form of substance-related disorder. Differing definitions of drug abuse are used in public health, medical and criminal justice contexts. In some cases, criminal or anti-social behavior occurs when the person is under the influence of a drug, and long-term personality changes in individuals may also occur. In addition to possible physical, social, and psychological harm, the use of some drugs may also lead to criminal penalties, although these vary widely depending on the local jurisdiction. Drugs most often associated with this term include: alcohol, amphetamines, barbiturates, benzodiazepines,

cannabis, hallucinogens, methaqualone and opioids. The exact cause of substance abuse is not clear, but there are two predominant theories: either a genetic disposition which is learned from others, or a habit which, if addiction develops, manifests itself as a chronic debilitating disease (Chesang, 2015).

Drug abuse or substance abuse refers to the use of certain chemicals for the purpose of creating pleasurable effects on the brain. There are over 190 million drug users around the world and the problem has been increasing at alarming rates, especially among young adults under the age of 30. Apart from the long term damage to the body drug abuse causes, drug addicts who use needles are also at risk of contracting HIV and hepatitis B and C infections. Cannabis, marijuana and hashish are the most widely abused drugs in the world. Around 141 million people worldwide consume cannabis. The use of stimulants such as amphetamine and ecstasy is also widespread, with nearly 30 million people abusing these drugs. Cocaine is used by around 13 million people across the globe, with the highest number of users in the United States. Abuse of heroin and other opioids is less common than with other drugs and is taken up by around 8 million people worldwide, mainly in South-East and South-West Asia and Europe (Caday, 2017).

Drug abuse is seen in various different age groups and in individuals from nearly all walks of life and socioeconomic strata. However, men are more likely to abuse drugs than women, single people are more likely than married individuals and urban dwellers more likely than rural dwellers. Prisoners, street children and younger individuals are also more likely to abuse drugs. People from all walks of life can experience problems with their drug use, regardless of age, race, background, or the reason they started using drugs in the first place. Some people experiment with recreational drugs out of curiosity, to have a good time, because friends are doing it, or to ease problems such as stress, anxiety, or depression (Denbo, 2004).

However, it's not just illegal drugs, such as cocaine or heroin that can lead to abuse and addiction. Prescription medications such as painkillers, sleeping pills, and tranquilizers can cause similar problems. In fact, next to marijuana, prescription painkillers are the most abused drugs in the U.S. and more people die from overdosing powerful opioid painkillers each day than from traffic accidents and gun deaths combined. Addiction to opioid

painkillers can be so powerful it has become the major risk factor for heroin abuse (Wunderlich, 2010).

Young people's brains are growing and developing until they are their mid-20. This is especially true of the prefrontal cortex, which is used to make decisions. Taking drugs when young can interfere with developmental processes occurring in the brain. It can also affect their decision-making. They may be more likely to do risky things, such as unsafe sex and dangerous driving. The earlier young people start using drugs, the greater their chances of continuing to use them and become addicted later in life. Taking drugs when you are young can contribute to the development of adult health problems, such as heart disease, high blood pressure, and sleep disorders (Shopland, 2013).

Young people who are into severe drug abuse face many problems like academic issues, physical and mental health problems, disturbed relationships, and worse, interaction with the juvenile justice system. This does not stop just here. The effects are often extended for their family members, their communities, and even the entire society. The legal problems involves, possession of illegal drugs lands young people in court. If a person is caught distributing or selling substances, it can even lead to a sentence in prison. Once a teenager's prison records are created, the future life for them can be extremely difficult. A criminal record can lead to long-term legal issues like: Admission or readmission to school, Eligibility for public housing, Job opportunities, financial aid for studies, joining the armed forces (Sussman, 2016).

Apart from this, DUI is one of the most common legal troubles teens are involved in. Dealing with such legal fatalities can be a costly affair due to the involvement of penalties, mandated testing or probations, court & representation costs, and several other fees. Sadly, the deaths of many young people occur because of automobile crashes. According to the data from the Centers for Disease Control and Prevention, six teens aging between 16 to 19 die on roads every day in the US, and most of these cases are connected to drug abuse. The possibility of serious criminal behavior is more with drug-abusing teens. The more severe the drug abuse, the more serious the criminal offense. The reports tell that 4 out 5 juvenile offenders are under the influence of drugs (Severson, 2013).

The physical effects of drug abuse among youth include accidental injuries, increased threats of suicide, homicide, illness, and disabilities. Also, drug-abusing teens are

more susceptible to diseases like HIV or AIDS due to sexual contact with an infected person or sharing of unsterile injections. The mental problems include the following are the mental health issues that are linked to young people who abuse drugs: Depression, Withdrawal symptoms, Apathy, Developmental lags, Bipolar Dementia, Amnesia and Psychosis (Possi, 2018).

This list is not limited as drug abuse can cause several other psychological dysfunctions in young people. We have been experiencing an alarming increase of drug abuse among the youngsters in recent years. Every now and then we read in the newspapers that teens are being held for consuming drugs and most of them are usually aged between 17-20. But the main question arises that why the Indian society is experiencing such a dilemma where more of the teenagers and youths are involved in unethical and unproductive activities like substance or drug abuse (Kimbal, 2015).

The youths are topping the charts for the wrong reasons this time around. Recently many college going boys and girls were hauled up by the police involved in the case of drug consumption in a rave party. The alarming rate of drug abuse has always been a problem and especially the increase of drug abuse among youngsters has had detrimental effects on the society. Personal and family problems also leads to drug abuse among youngsters who fail to cope up with the ever-growing family and personal problems. Workplace pressure and issues with the colleagues results in workplace deviance which later results in detrimental effects on the individual (Melchior, 2012).

The adolescence situation is often the cause of such unproductive activities. The friend's circle in which a young individual stays also influences his/her activities. A boy or girl who has a company of friends who are into drugs and alcohol tends to repeat the same; an attempt to be an active member of the peer group which often results in addiction of the same leading to many unproductive activities in future of the youngsters. It might begin with experimenting. A friend or your loved one's must have tried it once out of curiosity because of friends or just to cope up with a problem. In the early stages, one might really find it helpful to erase some problems or make one's life better, which leads to more and more consumption of drugs. But as addiction reaches a step further, it becomes more of a need rather than just a problem solver. Even for simple petty issues which can be solved

will result in drug abuse because one is so used to it that without consumption of the same, one just cannot think of anything (Trevithick, 2009).

These are some of the few common causes which have resulted in the increase of drug abuse among the youngsters immensely. Drug abuse and addiction are among the largest and most challenging problems facing society today. Scientific advances over the past twenty-five years have greatly contributed to our understanding of drug abuse and addiction. We now know that drug abuse is a preventable behavior and that drug addiction is, fundamentally, a treatable chronic, relapsing disease of the brain. We also now have tremendously detailed knowledge of what drugs actually do to an individual's brain and behavior. For example, it is known that drugs work by attaching themselves to a particular class of proteins called receptors. Many different proteins can serve as receptors for drugs. Scientists have identified and cloned the receptors in the brain for every major drug of abuse (Gardner, 2003).

They have identified the cellular sites where drugs like cocaine, marijuana, nicotine, and opiates bind to the brain. For example, in the case of cocaine and methamphetamine, they have recognized the dopamine re-uptake transporter as a major site of action. Researchers have not only discovered specific brain circuits involved in drug experiences, like euphoria, but the processes of addiction and drug withdrawal as well. Research also shows that addiction occurs as a result of the prolonged effects of abusable drugs on the brain and that addiction results in a brain that is changed both structurally and functionally (Feudo, 2002).

Drug abuse continues to create a major international epidemic affecting society. A great majority of past drug abuse research has focused mostly on the mechanisms of addiction and the specific effects of substance use disorders on brain circuits and pathways that modulate reward, motivation, craving, and decision making. Few studies have focused on the neurobiology of acute and chronic substance abuse as it relates to the neurovascular unit (brain endothelial cell, neuron, astrocyte, microglia, and pericyte). Increasing research indicates that all cellular components of the neurovascular unit play a pivotal role in both the process of addiction and how drug abuse affects the brain response to diseases. This review will focus on the specific effects of opioids, amphetamines, alcohol, and nicotine on the neurovascular unit and its role in addiction and adaptation to brain diseases.

Elucidation of the role of the neurovascular unit on the neurobiology associated with drug addiction will help to facilitate the development of better therapeutic approaches for drug-dependent individuals (Flay, 2014).

People from all walks of life can experience problems with their drug use, regardless of age, race, background, or the reason they started using drugs in the first place. Some people experiment with recreational drugs out of curiosity, to have a good time, because friends are doing it, or to ease problems such as stress, anxiety, or depression. However, it's not just illegal drugs, such as cocaine or heroin that can lead to abuse and addiction. Prescription medications such as painkillers, sleeping pills, and tranquilizers can cause similar problems. In fact, next to marijuana, prescription painkillers are the most abused drugs in the U.S. and more people die from overdosing powerful opioid painkillers each day than from traffic accidents and gun deaths combined. Addiction to opioid painkillers can be so powerful it has become the major risk factor for heroin abuse (Pokharen, 2019).

Drug use either illegal or prescription doesn't automatically lead to abuse. Some people are able to use recreational or prescription drugs without experiencing negative effects, while others find that substance use takes a serious toll on their health and well-being. Similarly, there is no specific point at which drug use moves from casual to problematic. Drug abuse and addiction is less about the type or amount of the substance consumed or the frequency of your drug use, and more about the consequences of that drug use (Okafor, 2017).

Keeping the above said need for research in view, the present **“Drug Abuse among Youth in Tiruchengodu of Namakkal District”** was taken up, with the following objectives: To

- study the socio demographic profile of the respondent.
- analyze about various influencing factor of drug usage.
- examine about the physical and psychological problem because of drug use.
- assess about the social and financial problem of the drug users.

II REVIEW OF LITERATURE

The review of literature pertaining to study “**Drug Abuse among Youth in Tiruchengodu of Namakkal District**” is discussed under the following heads:

- A. Effect of drug abuse among youth
- B. Effect of drug abuse among various behavior issues, economic complications.
- C. Prevention and control of drug abuse

A. Effect of drug abuse among youth

Paul Eric (2002) conducted a study on socioeconomic effects of drug abuse among Nigerian youths. This work looks at drug abuse and its socioeconomic effects on youths in Nigeria. Drug abuse is a cankerworm that has eaten deep into the fabric s of our societies, whose effects are cataclysmic as it cuts across every creed, race and social status. No acceptable method has been developed to curb the menace since it has become a subculture that annihilates every human productive endeavors. Changing man is the focal point here as it breeds a change in the family, community, society, and the entire body polity. This is done via a collaborative efforts of the government, non-governmental organizations, community based associations as well as educational institutions, all this against the backdrop that a work on this Issue has overtime suffered negligence.

Andrew Halper et al., (2007) in Journal of school Health in his studies the efficacy of peer leaders in drug abuse prevention found that the results from school based, peer-led psychosocial smoking prevention programs suggest that this approach is effective in reducing smoking onset rates. This paper provides a theoretical rationale for using peer leaders as a major strategy in school based drug abuse prevention programs and reviews the available literature assessing the impact of peer leadership in such programs. Furthermore, some of the practical issues involved in selecting and training peer leaders and teachers are discussed, and process evaluation data from studies conducted at the University of Minnesota are presented. The authors conclude that peer leadership can be an effective vehicle for drug abuse prevention among adolescents. However, increased

research is necessary to clarify the conditions under which the impact of peer leaders is enhanced.

Mary Ann Pentz (2016) conducted a study on Effects on drug use prevalence in multi-community trial for primary prevention of adolescent drug abuse. The entire early adolescent population of the 15 communities that constitute the Kansas City (Kansas and Missouri) metropolitan area has participated in a community-based program for prevention of drug abuse since September 1984. The Kansas City area is the first of two major metropolitan sites being evaluated in the Midwestern Prevention Project, a longitudinal trial for primary prevention of cigarette, alcohol, and marijuana use in adolescents. The project includes mass media programming, a school-based educational program for youths.

B. Effect of Abuse among Various Behavior Issues, Economic Complications

MK Possi (2018) conducted a study on effects of drug abuse on cognitive and social behaviors: A potential problem among youth in Tanzania. This article provides definitions of drug and drug abuse. It also provides sources of drugs in global and local colonies. It further discusses the effects of drug trafficking in Tanzania. Theoretical issues underlying drug abuse are discussed in detail. The paper indicates that the youth gets involved in drugs due to peer pressure, curiosity, wanting to be different, rioting from the system and also due to escape behavior, i.e., running away from problems. Characteristics of drug abusers are provided. Most drug abusers are said to have glue with them, possess large paper bags, handkerchiefs, and hypodermic syringes. The effects In terms of problems and/or dangers of drug abuse are highlighted as brain damage, behavioral disorders, inability to reason, low academic performance, etc. To conclude, the paper offers a summary and outlines recommendations for action against drug abuse. It also recommends that attempts be made through the Ministry of Education and Culture, and the Ministry of Labor and Youth to see to it that ways and means of alleviating the drug abuse problems are sought out. Parents and the community at large should be involved in anti-drug programs.

Ifeoma P Okafor (2010) conducted a study on Causes and consequences of drug abuse among youth in Kwara state, Nigeria .Drug abuse is one of the health-related problems among Nigerian youth and has been a source of concern to educational stakeholders. Its social implications to undergraduate students cannot be quantified. In light

of this, this study examined causes and consequences of drug abuse among undergraduates at the University of Ilorin, Kwara State, Nigeria. A descriptive survey design was adopted for the study and a simple random sampling technique was used to select the respondents for the study. The instrument used was a researcher-designed questionnaire on the causes and consequences of drug abuse among undergraduates. The instrument was validated by lecturers in the Department of Social Sciences Education and it possessed a coefficient of 0.72 using a test re-test method. All of the undergraduate students of the University of Ilorin formed the population of the study. The demographic data of the respondents and drug abuse variable were described and analyzed using percentages. Means were used to analyze the research question, while t-test and Analysis of Variance were used to test the null hypotheses at a 0.05 level of significance. The findings of the study revealed that the major cause of drug abuse among undergraduates at the University of Ilorin was the need to cope with academic challenges. Findings also revealed that the main consequences of drug abuse among undergraduates of the University of Ilorin was low self-esteem. It was further revealed that there were no significant differences in the causes and consequences of drug abuse among undergraduates of the University of Ilorin based on gender and their faculty. It was, however, recommended among others that the government should enact measures on people that are selling drugs indiscriminately and should be supervising the target area, and if possible, check the activities of the victims of drug abuse. The Ministry of Education in conjunction with the National Campaign against Drug Abuse (NACADA) should engage in appropriate interagency agreements in order to streamline the provision of services to support students with social and behavioral problems emanating from drug abuse.

Ferrari Bernardy et al., (2010) in the role of family relationships in the initiation of street drug abuse by institutionalized youths stated that The objective of this study was to analyze the role of family relationships in the initiation of street drug abuse by youths, meeting social-educational measures, considering the severity of the problems that drug abuse brought to the youths and their families. This descriptive, cross-sectional study used a case series design and was developed in the cities of Rolandia and Cambe (Brazil), at the Vida Nova Halfway House, with institutionalized youths and their parents or responsible adults in March 2007. Data was collected from institutional records and the instruments used were two interview forms. Data comparison was performed for analysis, according to

the content analysis technique. Eleven families were studied. Signs of negligence and abandonment, physical abuse, lack of family dialogue, and especially a culture of drug use in the family environment determined the initiation

Merianos (2018) in their study observed that Psychosocial Factors Associated with Over-the-counter Drug Abuse among Youth. Abstract Over-the-counter (OTC) drug abuse among youth is a major health concern. The purpose of this study was to examine OTC drug abuse among 7th-12th grade students. A total of 54,361 students in grades 7-12 completed the PRIDE National Drug Use survey. Results indicated that 7.1percent of students had ever abused OTC drugs in their lifetime. Male, high school, Hispanic, and employed students were at highest risk for OTC drug abuse. Students who had high levels of involvement in pro-social behaviors, had parent and peer disapproval of youth substance use and who had parents, teachers, and schools who frequently discussed the potential harms of youth substance abuse and who set and enforced substance use rules were at decreased risk for lifetime OTC drug abuse. Those who were involved in antisocial behaviors were at elevated risk for OTC drug abuse. Such findings held true for males, females, junior high and high school students. This study provides a thorough understanding of the psychosocial factors associated with OTC drug abuse among youth. Findings may be beneficial to health educators and prevention specialists developing and implementing OTC drug abuse prevention programs and interventions for junior high and high school students

Mario De la Rosa (2003) in Drug abuse among minority youth stated that during the past decade, some advances have been made in understanding the nature and extent of the drug use problem encountered by minority youth." Results obtained from this research have provided suggestive evidence that American Indian high school seniors are more likely than their non-Hispanic white, Hispanic, African-American, and Asian-American counterparts to use and abuse licit and illicit drugs (Beauvais et al. 1989; Bachman et al. 1990). Data also suggest that stress caused by assimilation into American Society and lack of family cohesiveness and support may be related to the drug use behavior of Hispanic and African-American youth (Vega et al., this volume; Szapocznik and Kurtines 1980). Information on the prevalence and causes of drug use among minority youth has been utilized by human service and health care providers, law enforcement officials, and

policymakers to develop interventions and policies geared toward addressing the drug problem experienced by these youth.

S Meghani (2016) in Substance abuse among youth: A harsh reality stated Substance abuse is a public health problem globally. The prevalence of substance abuse among youth is alarming. The problem not only harms individuals but also negatively affects families and society. A review was carried out in 2013 and 2014 using various databases, including: Science direct, PubMeds and CINAHL and other health sciences journal within 10 years were used. Finally 11 research based articles and other authentic reports were included. Research articles and reports were on magnitude of substance abuse among youth, determinants of drug abuse, and harmful effects of drug abuse and framework of STAR project. Globally, the numbers of drug-related deaths among youth were 211,000 in 2011. Predisposing factors for substance abuse among adolescence are age, gender, family structure and relations, poverty, and the affordability and accessibility of drugs. This problem is common across developing and developed countries. However, developing countries are more vulnerable due to poor socioeconomic conditions. There are risk factors for substance abuse and its understanding can help community at large to address substance abuse among youth. Project STAR was an example of an effective community-based effort to address substance abuse among adolescents in United States of America

MK Possi (2018) in Effects of drug abuse on cognitive and social behavior. This article provides definitions of drug and drug abuse. It also provides sources of drugs in global and local countries. It further discusses the effects of drug trafficking in Tanzania. Theoretical issues underlying drug abuse are discussed in detail. The paper indicates that the youth gets involved in drugs due to peer pressure, curiosity, wanting to be different, rioting from the system and also due to escape behavior, i.e., running away from problems. Characteristics of drug abusers are provided. Most drug abusers are said to have glue with them, possess large paper bags, handkerchiefs, and hypodermic syringes. The effects In terms of problems and/or dangers of drug abuse are highlighted as brain damage, behavioral disorders, inability to reason, low academic performance, etc. To conclude, the paper offers a summary and outlines recommendations for action against drug abuse. It also recommends that attempts be made through the Ministry of Education and Culture, and the Ministry of Labor and Youth to see to it that ways and means of alleviating the drug abuse

problems are sought out. Parents and the community at large should be involved in anti-drug programs. Drug Use and Abuse Drug use has a long history. The Chinese knew about cannabis sativa in 2700 BC (Kariuki, 1989). Drug use is becoming a major issue all over the world, following the introduction of heroin and related substances. Almost every day one can hardly miss news or information on drug abuse, drug trafficking, or people caught in some kind of drug business, both at national and international levels (Malima, 1995; Daily News, 1995; Muncie Evening Press 1990 & Phi Delta Kappa, 1990).

Ira H Cisin in (2009) in National survey on drug abuse stated that the results are based on 7,224 face-to-face interviews with a probability sample of youth, young adults, and older adults. For this study, the basic national sample was supplemented by a sample of residents of rural areas. Interviews were conducted from August 1979 through January 1980. In addition to providing information on the extent of the drug abuse problem, this survey describes the various forms in which the phenomenon occurs. Among survey results, findings show tht the highest usage rates of marijuana are among young adults (age 18 to 25). Nearly 7 in 10 (68.2 percent) young adults report experience with the substance and more than one-third (35.4 percent) report current use. Lifetime experience with inhalants has increased significantly since 1977 among both young adults and older adults; 16.5 percent of the young adults report lifetime prevalence. Experience with hallucinogens is reported by one-fourth (25.1 percent) of young adults, 1 in 14 (7.1 percent) youth, and 1 in 22 (4.5 percent) older adults. Similarly, cocaine use is also highest among young adults, with 27.5 percent of the 18-to 25-years olds reporting at least one use of this substance. Reported experience with heroin is 3.5 percent among young adults, 1 percent among older adults, and .5 percent among youth. Concerning alcohol, 95.3 percent of young adults, 91.5 percent of older adults, and 70.3 percent of youth report experience with alcoholic beverages. Experience with cigarettes is reported by 82.8 percent of young adults, 83 percent of older adults, and 54.1 percent of youth. Finally, more than two-thirds of young adults report experience with an illicit substance. Over 100 tables present data on drug use. A glossary and footnotes are included. Information on data quality, sampling and statistical inference, definition of the sample, attitudes, and the interview schedule and related materials are appended.

C. Prevention and Control of Drug Abuse

Donald R Shopland (2005) conducted a study on integrating supply and demand reduction strategies for drug abuse prevention, historically, demand and supply reduction approaches to the prevention and control of tobacco, alcohol, and other drug abuse have been treated as independent efforts in the United States, vying for public attention and funding. Separate reviews of research suggest that the more effective components of each approach can reduce potential drug use by 20percent to 40percent for 3 years and sometimes longer. Review of theories relevant to behavior change suggest that integrating the two approaches could increase this proportion to 40percent to 50percent for longer periods by synergistically affecting community anti-drug use norms and compliance. This study briefly reviews demand and supply reduction approaches to drug abuse prevention and presents hypothetical models of change in drug use behavior based on program and policy interventions that are introduced sequentially into communities.

Gilbert J Botvin (2003) in Effectiveness of a universal drug abuse prevention approach for youth at high risk for substance use initiation observed that Universal school-based prevention programs for alcohol, tobacco, and other drug use are typically designed for all students within a particular school setting. However, it is unclear whether such broad-based programs are effective for youth at high risk for substance use initiation. The effectiveness of a universal drug abuse preventive intervention was examined among youth from 29 inner-city middle schools participating in a randomized, controlled prevention trial. A subsample of youth (21percent of full sample) was identified as being at high risk for substance use initiation based on exposure to substance-using peers and poor academic performance in school. The prevention program taught drug refusal skills, antidrug norms, personal self-management skills, and general social skills. Findings indicated that youth at high risk who received the program (n = 426) reported less smoking, drinking, inhalant use, and poly drug use at the one-year follow-up assessment compared to youth at high risk in the control condition that did not receive the intervention (n = 332). Results indicate that a universal drug abuse prevention program is effective for minority, economically disadvantaged, inner-city youth who are at higher than average risk for substance use initiation.

Kipkemboi Chesang (2015) in their study observed that Drug abuse is one of the top problems confronting the nation today especially among the youth. Incidences of drug and alcohol abuse and related anti-social behavior have tremendously increased in recent years. This has become a matter of concern to the government, parents, teachers, Non-governmental organization and all other relevant agencies. The Kenya government has recognized the seriousness of the drug problem and initiated the National Campaign against Drug Abuse (NACADA) in early 2001. This organization is charged with the responsibility of coordinating activities of individuals and organizations in the campaign against drug abuse. Its mandate is to initiate public education campaign and develop an action plan aimed at curbing drug abuse by the youth. The study found that drug use and abuse among youth is increasing despite the control mechanisms that have been put in place. The study recommended that as a first step to prevent and control drug abuse, parents should be sensitized on the dangers of drug abuse, the attendant problems and their functions as role models; schools should have a drug prevention curriculum from Kindergarten onwards teaching that drug use is wrong and harmful and that there is need for initiation of rehabilitation programs for drug dependent persons.

Ira H Cisin (2017) in this study the results are based on 7,224 face-to-face interviews with a probability sample of youth, young adults, and older adults. For this study, the basic national sample was supplemented by a sample of residents of rural areas. Interviews were conducted from August 1979 through January 1980. In addition to providing information on the extent of the drug abuse problem, this survey describes the various forms in which the phenomenon occurs. Among survey results, findings show that the highest usage rates of marijuana are among young adults (age 18 to 25). Nearly 7 in 10 (68.2 percent) young adults report experience with the substance and more than one-third (35.4 percent) report current use. Lifetime experience with inhalants has increased significantly since 1977 among both young adults and older adults; 16.5 percent of the young adults report lifetime prevalence. Experience with hallucinogens is reported by one-fourth (25.1 percent) of young adults, 1 in 14 (7.1 percent) youth, and 1 in 22 (4.5 percent) older adults. Similarly, cocaine use is also highest among young adults, with 27.5 percent of the 18-to 25-years olds reporting at least one use of this substance. Reported experience with heroin is 3.5 percent among young adults, 1 percent among older adults, and 5 percent

among youth. Concerning alcohol, 95.3 percent of young adults, 91.5 percent of older adults, and 70.3 percent of youth report experience with alcoholic beverages. Experience with cigarettes is reported by 82.8 percent of young adults, 83 percent of older adults, and 54.1 percent of youth. Finally, more than two-thirds of young adults report experience with an illicit substance. Over 100 tables present data on drug use. A glossary and footnotes are included. Information on data quality, sampling and statistical inference, definition of the sample, attitudes, and the interview schedule and related materials are appended.

Dri Santoso (2021) in *Efforts to Prevent Drugs Abuse Among Youth in Islamic Family Law Perspective* stated that In dealing with the drug problem, Islamic Law offers a “significant solution” for improving the condition of humanity, protecting, and saving them from destruction and destruction, guiding people from misguidance, keeping people away from immoral acts, and motivating people to do good, preventing humans from deviating from the straight path. This study aims to analyze the eradication of drugs from the perspective of Islamic Family Law. This study uses a normative juridical approach as well as descriptive-analytical research specifications. The results showed that Ulama agreed to forbid narcotics except in an emergency, both intoxicating and non-intoxicating. According to Islamic Family Law, children are born in a holy state and choose mono- theism which must be guided, nurtured, and developed from the child from the time he is in the womb to adulthood so that the child has a solid educational provision to deal with various situations and any conditions so that it is difficult to fall into negative things such as drugs.

Michael Klitzner et al., (2006) in *Journal of children in contemporary society* in his studies Future issues and promising directions in the prevention of substance abuse among youth stated that environmental and public policy approaches to prevention not covered in the prior articles. Next, it provides a scheme for conceptualizing the various approaches to prevention in relation to the Public Health Services prevention model-the Host/Agent/Environment Triad. The difficulty in prioritizing prevention approaches and six major areas of research needed before this can be accomplished are discussed. The article concludes with speculation about the future of prevention, based on possible positive and negative changes in society and drug use patterns, and finally, recommendations are made for the most promising approaches.

Richard Dembo et al., (2004) in Personal drug use and attitudes toward prevention among youth living in a high risk environment Stated that Non-users, users of alcohol, and users of both alcohol and marijuana were identified coexisting in the same neighborhoods. (Sample selection also included a procedure which guaranteed that at least part of each group saw themselves “at risk.”) Separate subcultures for each of the three populations were strongly indicated. Differences were found in terms of behavior, attitudes, peer groups (including a distinct rejection of hard drug users), and significant adults in the environment; especially those felt to possess accurate information about drugs and to whom they would go for help with a drug problem. Almost any activity was seen as appropriate for a drug abuse prevention program, although there were strong differences in terms of desirability. How users can be differentiated from non-users in the same population is discussed along with additional implications for prevention programming.

Alvin E Strack (2008) in Drug use and abuse among youth stated that the barbiturate drugs have been used in medicine for half a century. They are used as sedatives, sleep producers, for epilepsy, high blood pressure, gastrointestinal disorders, and many other disease states. Used as directed, and in the doses prescribed, they are quite safe. Abused at high doses for long periods of time, they produce severe psychological dependence and a type of physical dependence which in at least one respect is more severe than that seen with narcotics. To be specific, abrupt withdrawal of barbiturates from a dependent individual can cause convulsions which can be fatal if untreated. It is this fact which has caused some investigators to say that the barbiturates are more toxic when abused than narcotics. Symptoms of barbiturate abuse include slurred speech, staggering gait, and sluggish reactions. The user is erratic and may easily be moved to tears or to laughter. Perhaps the best description of the barbiturate intoxicated individual is a reeling drunk who does not smell of alcohol. Certain tranquilizers, notably those usually designated as minor tranquilizers and employed for the less severe mental and emotional disorders, have occasionally been abused, with the development of psychological and physical dependence. Symptoms in dependent individuals during withdrawal of these drugs closely resemble those seen with barbiturates.

Susan Teru (2019) in Economic implications of drug abuse among the youths observed that Over the years, various government and communities has frown on the new

form of menace that has bedevil the society, and is eating deep into the productivity sector of the economic as its directly affect the youths, leaving the labor market vacuum of labor force simply because the youth have indulge in diverse kind of drug abuse, that have made them insane and unproductively members of the society, hence this review analyzes the economic implications of drug abuse on the youth and the economic, and the need for strict measures to be taken to mitigate the menace, there will come a time, where the working age group will be scarce in the labor market.

AT Panter (2000) predicting substance abuse among youth with, or at high risk for, HIV. This article describes data from 4,111 males and 4,085 females participating in 10 HIV/AIDS service demonstration projects. The sample was diverse in age, gender, ethnicity, HIV status, and risk for HIV transmission. Logistic regression was used to determine the attributes that best predict substance abuse. Males who were younger, HIV positive; homeless; involved in the criminal justice system; had a sexually transmitted disease (STD); engaged in survival sex; and participated in risky sex with men, women, and drug injectors were most likely to have a substance abuse history. For females, the same predictors were significant, with the exception of having an STD. Odds ratios as high as 6 to 1 were associated with the predictors. Information about sexual and other risk factors also was highly predictive of substance abuse issues among youth.

F Caday (2017) in Causes of drug abuse among college students: The Philippine experience stated that Drug abuse among the youth is a widespread problem in many countries including the Philippines. Thus, this study was conducted to determine the root causes of drug abuse among students in colleges as an avenue in looking for possible solutions. Mere law enforcement activities will be ineffective in curbing the prevalent drug abuse if its root causes will not be properly addressed. With this, there is a need to know the causes of drug abuse as a framework in re-aligning the prevention and rehabilitation programs to ensure its effectiveness. Survey instruments and interview were employed as techniques in gathering data. The respondents includes the law enforcement agencies handling drug related cases such as the police and drug enforcers. College faculty and staff whose function is related in handling cases of students were also included. The result of this study revealed that the top ten causes of drug abuse among students in colleges are peer influence, lack of attention from parents, serious problems in the family, lack of guidance

from parents, weak foundation on moral values, suffering frustrations, absence of school anti-drug abuse council, lack of drug abuse prevention activities, means to temporarily forget problems, and lack of concern from faculty and staff.

Lisa R Metsch et al., (2016) in *Intervening with drug-involved youth*. The discussions aim to provide drug abuse counselors, clinicians, and researchers an understanding of juvenile drug abusers, options for intervention, and the prevention of other high-risk behaviors. The prevention and treatment strategies analyzed included school-based and street-based programs operated by law enforcement, family therapy, residential treatment approaches, and programs in Brazil and India. Individual papers focus on drug abuse causes, drug abuse epidemiology, the history of juvenile drug use from the 1970's through the 1990's, risk and protective factors for drug use, and classical theories on how adolescents make decisions about drugs and health. Further chapters focus on Drug Abuse Resistance Education (DARE), the role of religion in the initiation and prevention of juvenile drug use, treatment through juvenile health service centers, and a juvenile assessment center for youth who are involved with both drugs and crime.

Fidell et al., (2008) in *Drug use and abuse among women* stated that a usage of three popular drug categories heroin, marijuana, and the psychotropic reveals that use and abuse of these drugs by women have been largely neglected in both research and treatment. Women's usage of these three drug categories bears investigation because use and possibly abuse, by women, of all three of these categories is increasing. Heroin addiction among women has increased at a much faster rate than among men, marijuana usage is estimated to equal that of men in some regions of the United States, and use of the psychotropic is consistently higher among women than among men. In all areas of female drug usage, a scarcity of data exists, with some studies including only male respondents. In still other studies, the female user is treated as a deviant user because she does not fit the conceptual models derived from studies of male abusers.

Niyi Adegoke (2021) in *Effect of Drug Abuse Among the Female Youths in Northwest, Nigeria* Stated that The social problem of drug abuse among female youths is becoming rampant and recognized although it is not reflected in most official drug statistics. Its increasing rate has created concern for parents, policy makers, law enforcement agencies and researchers. Northwest of Nigeria is witnessing an upsurge in drug abuse among the

female youths. The consequences of this menace have become alarming, hence, the study aims at examine the effect of drug abuse among female youths in Northern Nigeria. The study adopted exploratory and cross-sectional in research design. The questionnaire and in-depth interview methods were used to elicit data from respondents. The paper applied multistage sampling technique method in which two states will be randomly selected among geo-political zones of Northern Nigeria. Two towns were selected which are Kano and Kaduna, 600 respondents were surveyed. The theory of social learning was adopted as theoretical underpin. Findings revealed that the peer group influence, unemployment, frustration, etc are some of the reasons for engaging in drug abuse among female youths. Also it was revealed that codeine, tobacco, marijuana are among the drugs being abused.

The study recommends, among others that the government, parents and religious organization should take responsibility to curtail female youths from menace of drug abuse.

Marcia R Chaiken et al., (2000) in Drugs and predatory crime observed that Drug abuse and predatory criminality are behavior patterns that coexist in certain social groups. In other groups, drug abuse often occurs without predatory criminality. Among populations involved in drug abuse and predatory crime, a temporal sequence from drug abuse to predatory criminality is not typical; on the contrary, predatory criminality more commonly occurs before drug abuse. Drug-abusing offenders who display increasingly deviant behavior over time may eventually cross over a threshold to heroin addiction or frequent poly drug abuse. The intensity of their criminal behavior typically escalates substantially. If these high-rate offenders subsequently decrease the amount of drugs they use, they typically also lessen their rate of criminal activity. Among offenders who use multiple types of drugs, individual predatory crime commission frequencies are typically two or three times higher among offenders when they use multiple types of drugs than they are for the same offenders when they are in drug treatment or abstain from drug abuse.

Joel H Brown (2001) in Youth, drugs and resilience education observed that Billions of dollars are spent annually on school-based drug education programs, with youthful drug use remaining near peak levels since the 1980s. Institutional, policy, and program evidence presented here suggests that although primarily delivered in schools, the educational community rarely participates in the development of drug education; and despite the finding that “no-use” programs such as Drug Abuse Resistance Education

(D.A.R.E.) or Life-Skills Training (LST) are likely ineffective, they continue to thrive in schools. This may be explained by insufficient educational participation and scientific discourse considering these issues; and the role of interest group politics, such as the symbiotic relationship between government, researchers, and the tobacco industry, in drug education. In addition to this evidence, resilience based program alternatives, evaluation, and implications are discussed.

Steve Sussman et al., (2016) in *Journal of Drug Education* in his studies youth at risk for drug abuse stated that Students at alternative high schools may be at substantial risk for drug abuse. The present article provides a general overview of the drug use-related context of continuation high schools in southern California. A total of 144 students and ninety-six staff were interviewed from twenty continuation high schools. The interview data revealed that continuation school students show high levels of substance use. However, only 20 percent of the students report that they received any drug abuse prevention programming. Also, students at continuation high schools aspired to a productive life after high school including continued education. Thus, these youth may still be amenable to preventive educational interventions which deter them from drug use and help them to fulfill their future goals.

Peter F Wright (2010) in his studies *Pattern of multiple drug abuse among adolescents referred by a juvenile court* stated that thirty-five suburban youths charged with drug abuse were referred by juvenile court judges to GUIDE, an experimental program of drug education and rehabilitation staffed by volunteer physicians. The adolescents had utilized a wide range of psychoactive agents and experienced difficulties in academic and interpersonal areas. Seventeen of 35 had neuropsychiatric disorders and generally the youths lacked direction and skills to pursue goals. Interference with the developmental process of adolescence is felt to be a major detrimental effect

Korir Weldon (2011) in his studies *An analysis of drug abuse along the coastal region of Kenya at International NGO journal* in his study sought to examine the connection between youth and drug abuse which has raises several questions, like: Why are young people at risk of drug abuse, Why do young people use drugs, What is wrong with doing drugs, The study will try to answer some of these questions, but there is a need to start with the basics. In Kenya today more youth are abusing drugs than in any other time in history,

and many of the youth are found most along the coastal town of Kenya. The objective of the study is to find the extent to which the damages has increased.

Binod Pokharel (2015) in his studies Causes of drug abuse in youth: Case of mid-western region of Nepal found that Drug abuse is one of the serious social problems in Nepal and elsewhere for a long time. Drug abuse has several effects over the human life. Burgeoning unemployment, broken family, crime, depression, love failure, formation of peer group, mass media are major problems faced by the youth of the country. This paper explores the causes of drug abuse among youth in Mid-Western Region of Nepal. Quantitative research method was used to draw the data from 252 respondents. Simple random sampling technique was used to select the respondents of different rehabilitation center of Surkhet, Banke and Dang District. Data were analyzed by using chi-square statistical tools. Drug causes have covered the psychological, peer pressure, school/college, socio cultural and mass media causes of drug abuse. Among them, majority respondent responded causes of drug abuse is bad relationship with family, to feel relax, failed in exam and films stars and idols which are shown on television.

III METHODOLOGY

Methodology is the systematic, theoretical analysis of the methods applied to a field of study. The methodology for the study entitled “**Drug Abuse among Youth in Tiruchengodu of Namakkal District**” is presented under the following headings.

- A. Selection of area
- B. Research design
- C. Selection of sample
- D. Selection of method
- E. Source of data
- F. Collection of data
- G. Ethical approval
- H. Analysis and interpretation of data

A. Selection of area

The study was conducted in Living sober rehabilitation center in Tiruchengodu of Namakkal district. The area was easily accessible to the investigator for conducting the research as the researcher did the internship in the same center. The drug patients in rehabilitation center were found to be co-operative and willing to render their support for the proposed research.

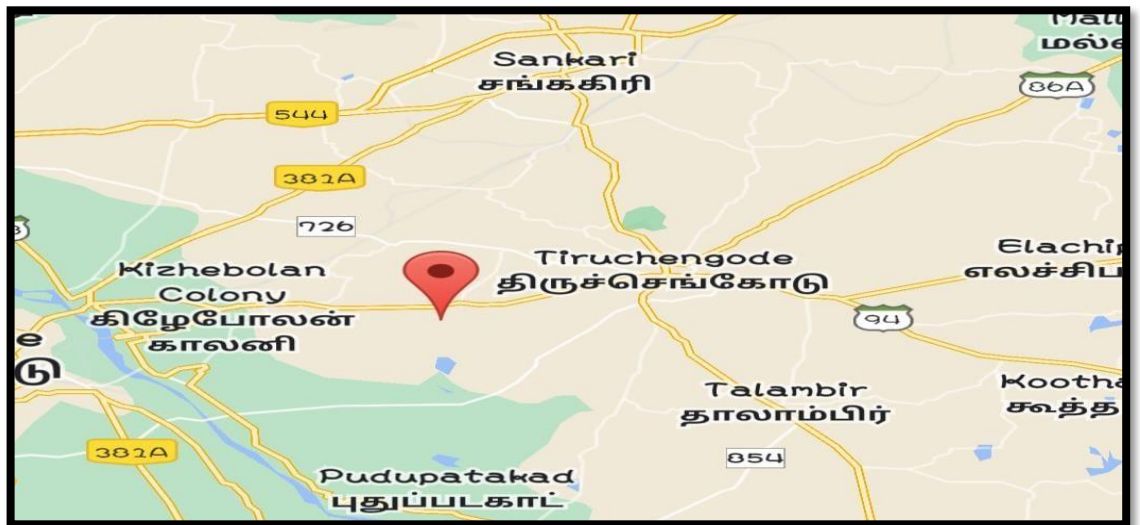


Figure 1: Location of the selected area

B. Research Design

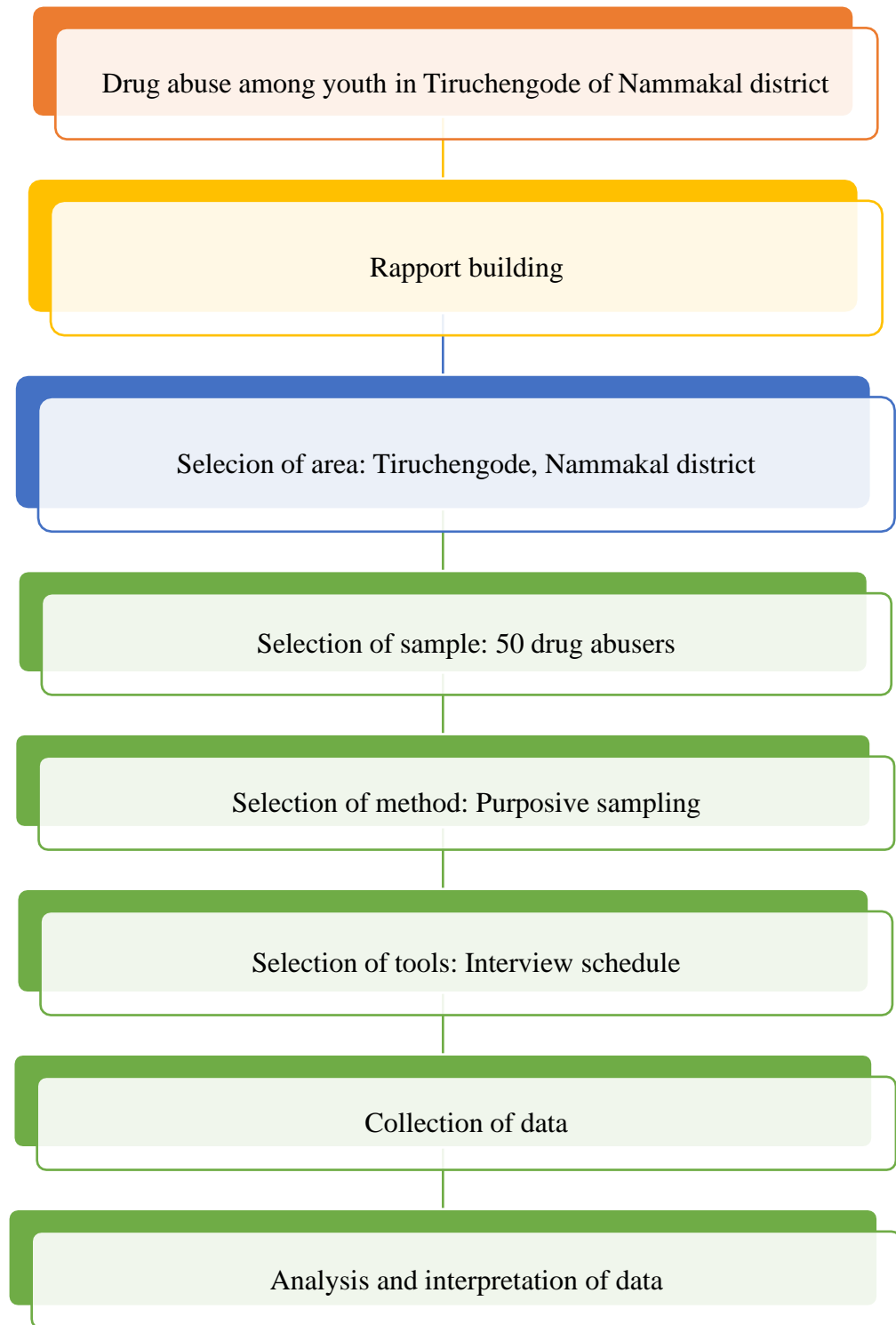


Figure 2: Research Design

C. Selection of sample

Bhardwaj (2019) defined sample as a collective of people, items or objects that are taken from a larger population for measurement or determination of results. Sampling is the process by which a smaller group of a sample has been selected to determine about the facts and truths of the larger population or it can be easily understood as the process of selection of a small group of sample to determine about what the larger population will say or answer when enquiry of the same is being made (Adwok, 2015). There were around 95 patients in the living sober rehabilitation Centre in Tiruchengodu. Out of 95, 50 of them were drug abusers. Therefore the number of samples chosen were 50.

D. Selection of method

Purposive sampling method was used to carry out the research. Primary data were collected from 50 drug abusers in the Living Sober Rehabilitation Centre Tiruchengodu of Namakkal district through interview schedule. The interview schedule is attached in annexure I.

E. Source of data

The collection of data is considered to be one of the important aspects in the research methodology. There were two types of data that exists one is primary data and the other is secondary data.

Primary Data:

Primary data is collected through interview schedule and observation. An interview was conducted among the employees to know their opinion. Observation were done during the visits to the organization.

Secondary Data:

Secondary data is collected through company records, published sources, report on the study, review of literature, books, periodical surveys, etc. In this present study the data collection is used by interview method as a primary source.

F. Collection of data

Primary data is one which is collected by the investigator herself for the purpose of a specific study with the help from the center from the drug abusers. The researcher interviewed 50 drug abusers.

G. Ethical approval

The study was approved by the Institutional Human Ethics Committee, Avinashilingam Institute for Home Science and Higher Education for Women. The approval number is AUW/IHEC/MSW-21-22/XPD-11.

H. Analysis and interpretation of data

The interviewer used an interview schedule to collect opinion from the respondents. A schedule is a structured set of questions which are usually asked orally and recorded in writing by the interviewer. A well-structured schedule was used for this study. The types of questions used in the schedule are open-ended and multiple choice. Opened-ended questions are questions which are entitles to give a free response to their choice. Multiple-choice questions are question, which contain a list of answer and permit the subject to select the best answer.

Tools of Analysis:

The data have been analyzed with help of several statistical tools such as,

Simple statistical analysis:

The data collected were codified, classified, tabulated and analyzed. The simple statistical tools using statistical packages for social science (SPSS), version 16.0 wherever needed were employed to analysis the appropriate data.

- Frequency and Percentage analysis: The findings from analysis of data were suitably interpreted and accordingly the conclusions were drawn. Each of the above tools briefly described below. Frequency and percentage analysis were employed to know the distribution pattern of the respondents in respect to different variables like age, education etc.
- Weighted is arithmetic mean similar to an ordinary arithmetic mean except that instead of each of the data points contributing equally to the final average. Some data contribute more than others.
- Correlation Analysis:

It was done to test the existence of relationship between two variables and the formula employed to calculate the correlation co-efficient is given below:

$$r = \frac{\sum_{i=1}^n (x_i - \bar{x})(y_i - \bar{y})}{\sqrt{\sum_{i=1}^n (x_i - \bar{x})^2 \sum_{i=1}^n (y_i - \bar{y})^2}}$$

Where; r = co-efficient of correlation between variable Xi and Yi

$\sum X_i$ = sum of the scores on first variable

$\sum Y_i$ = sum of the scores on second variable

$\sum X_i^2$ = the sum of the squares of the first variable

$\sum Y_i^2$ = the sum of the squares of the second variable

$\sum X_i Y_i$ = the sum of product of scores of two variables

N = number of observations for each variation

The data after collection has to be processed and analyzed in accordance with the outline laid down for the purpose at the time of development of research plan. The term analysis refers to the computation of certain measures along with searching for patterns of relationship that exist among data groups (Kothari, 2011).

The data thus collected were coded, tabulated and analyzed using the statistical tools discussed below and findings emerged from the analysis of the data were suitably discussed and interpreted and necessary conclusions and inference as were drawn in the following chapters.

IV

RESULTS AND DISCUSSION

The results of the study on “**Drug Abuse among Youth in Tiruchengodu of Namakkal District**” are presented and discussed under the following heads.

- A. Socio Economic Profile of the Respondents
- B. Duration of the Drug Usage
- C. Stimulation of External Environment
- D. Influencers for Drug Usage
- E. Poly Drug Use
- F. Exploration of Unrevealed Circumstances
- G. Medical Problems While Stopped Taking Drugs
- H. Involved in fights when under the influence of drugs
- I. Reasons for drug usage
- J. Physical Effects, Psychological Effects, Financial Effects, Social Effects

A. Socio economic profile of the respondents

The socio economic profile of the respondents were collected and discussed in the below table.

TABLE I
SOCIO ECONOMIC PROFILE OF THE RESPONDENTS

Aspects	Frequency	Percentage of respondents (N:50)
Age (in years)		
➤ 15-18	12	24
➤ 18-22	27	54
➤ 22-25	11	22
Gender		
➤ Male	48	96
➤ Female	2	4
Educational qualification		
➤ Illiterate	2	4
➤ Primary education	5	10
➤ Higher education	20	40
➤ Graduate	23	46
Occupation of the respondents		
➤ Business	13	25
➤ Student	28	56
➤ Private employer	7	15
➤ Daily wages	2	4
Monthly income of the family		
➤ 2000-5000	28	56
➤ 5000-20,000	11	22
➤ 20,000-50,000	7	14
➤ 50,000 and above	4	8

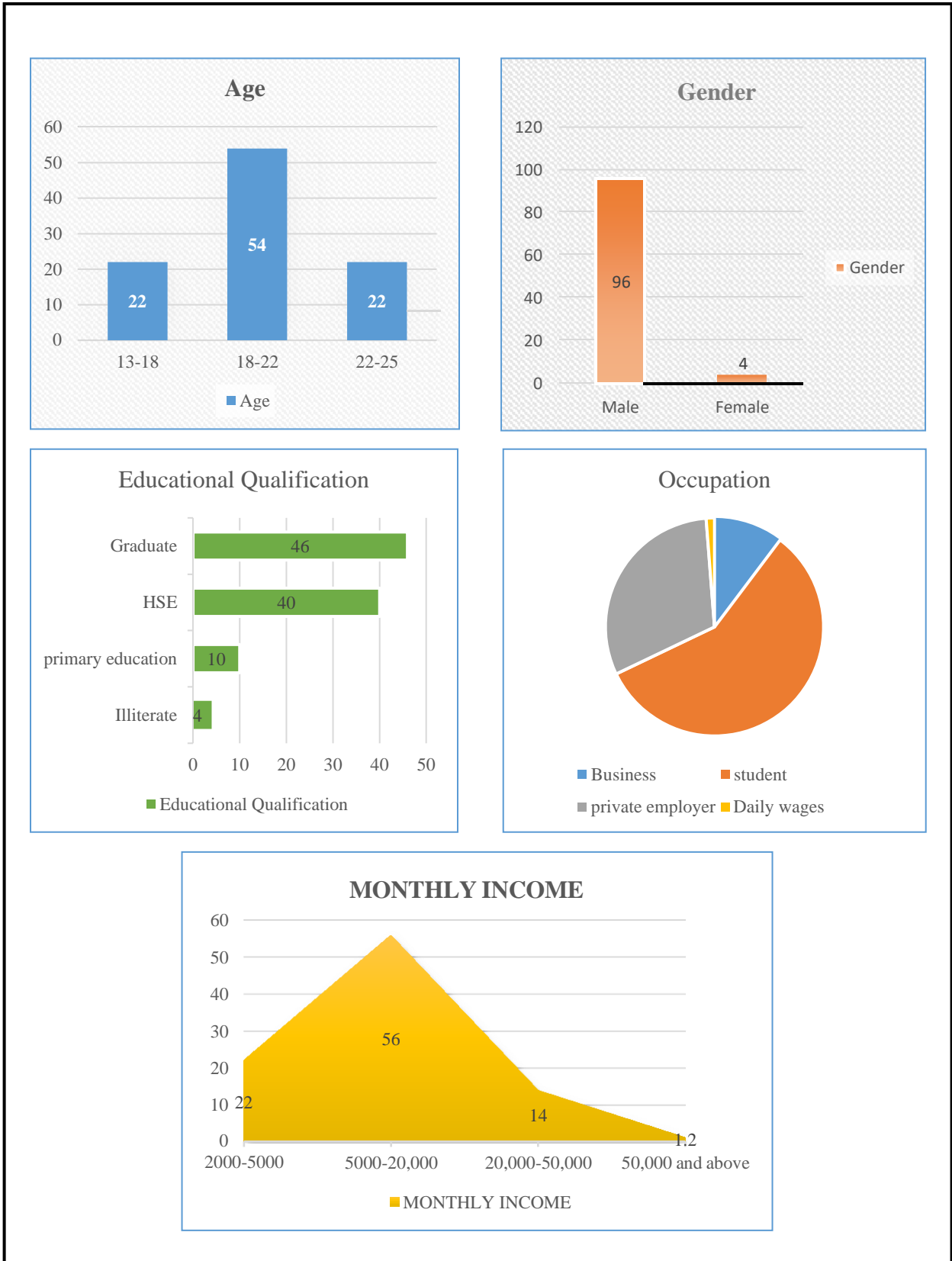


Figure 3: Socio economic profile of the respondent

Age

Regarding the age wise distribution 24 per cent of the respondents were under the age group 15-18 years, 54 per cent of the respondents were comes under the age group of 18-22 and 22 per cent of the respondents were under the age group of 22-25.

Gender

Regarding the gender wise distribution 96 per cent of the respondents were male. Mostly male prefer to go towards drug and other substance abuse as they have work pressure, financial burden, family issues, peer groups or engaging themselves in toxic friendship etc. and 4 per cent of the respondents were female.

Education

A majority 46 per cent of the respondents had education up to graduation, 40 per cent of the respondents completed the higher education, 10 per cent of the respondents were completed the primary education and least 2 per cent were illiterate.

Occupation of the respondent

A majority 56 per cent of the respondents were students as they are engaging themselves with toxic friendship or lack of parental guidance, peer group stress etc, 30 per cent respondents were private employer, usually private employers have lot of work pressure when comparing to others and 10 per cent of the respondents were doing business and least 4 per cent of respondents were going to daily wages.

Monthly income of the family

Among 50 respondents 22 per cent were earning 2000-5000, 56 per cent of the respondents were earning 5000-20,000 and 14 per cent of the respondents were earning 20,000 -50,000 and 8 per cent of the respondents were earning 50,000 and above.

B. Frequency of drug usage

The below table illustrates the frequency of drug usage.

TABLE II
FREQUENCY OF DRUG USAGE

Types	Frequency	Percentage (N:50)
Regular drug user	47	94
Not a regular user	3	6

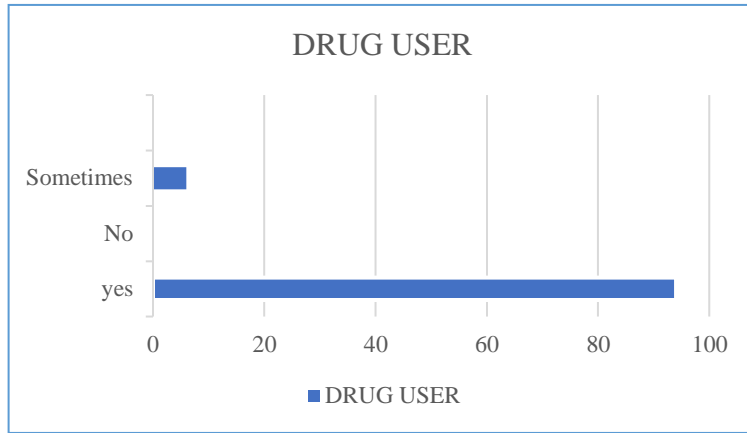


Figure 4: Frequency of drug usage

From the above respondents, 94 per cent were drug abusers which are harmful to individual and others, when the person is under the influence of drugs the long term personality changes in individuals may occur and 3 per cent of respondents use drug but not on regular basis. The period of drug usage is given in table III.

**TABLE III
PERIOD OF DRUG USAGE**

Types	No of Respondents	Percentage (N:50)
More Than Years	32	64
Few Months Ago	3	6
From School Days	15	30

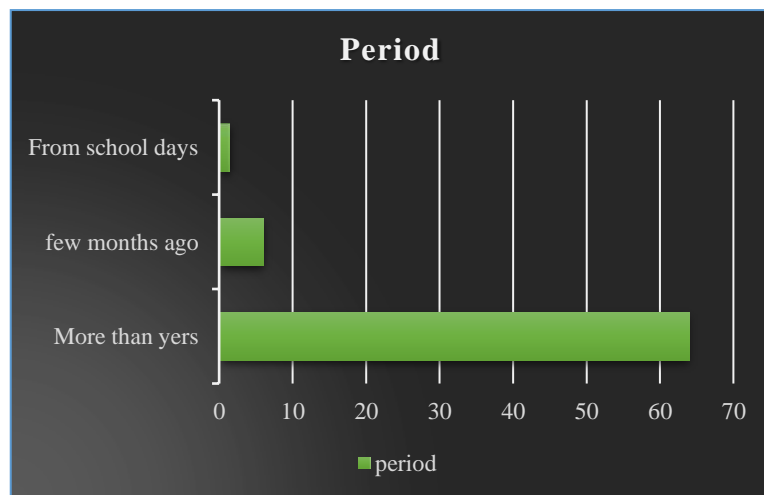


Figure 5: Period of drug usage

From the data collected it is observed that 64 per cent of the respondents were using drug for more than a years they get addicted to drug for more than a years and 6 per cent of the respondents were using drug for few months ago and 30 per cent of the respondents were using drug from school days.

C. Stimulation of External Environment

The various external environment aspects that stimulate drug usage is given below.

TABLE IV
STIMULATION OF EXTERNAL ENVIRONMENT

Aspects	Types	Frequency	Percentage (N:50)
Introduction to drugs	➤ Friends	32	64
	➤ Family	7	14
	➤ Self	11	22
Availability of drugs	➤ Available	39	78
	➤ Lack of drugs	11	22
Over used the drug prescribed by the doctors	➤ Overused	12	24
	➤ Not at all used	28	56
	➤ Sometimes	10	20
Affect to socio-economic status	➤ Affected	37	74
	➤ Not affected	13	26
Usage of drug by friends	➤ None of the friends	16	32
	➤ Many friends	20	40
	➤ One of my friend is a drug user	14	28
Duration of drug usage	➤ Everyday	4	8
	➤ Twice a week	22	44
	➤ Once a week	15	30
	➤ Once a month	9	18

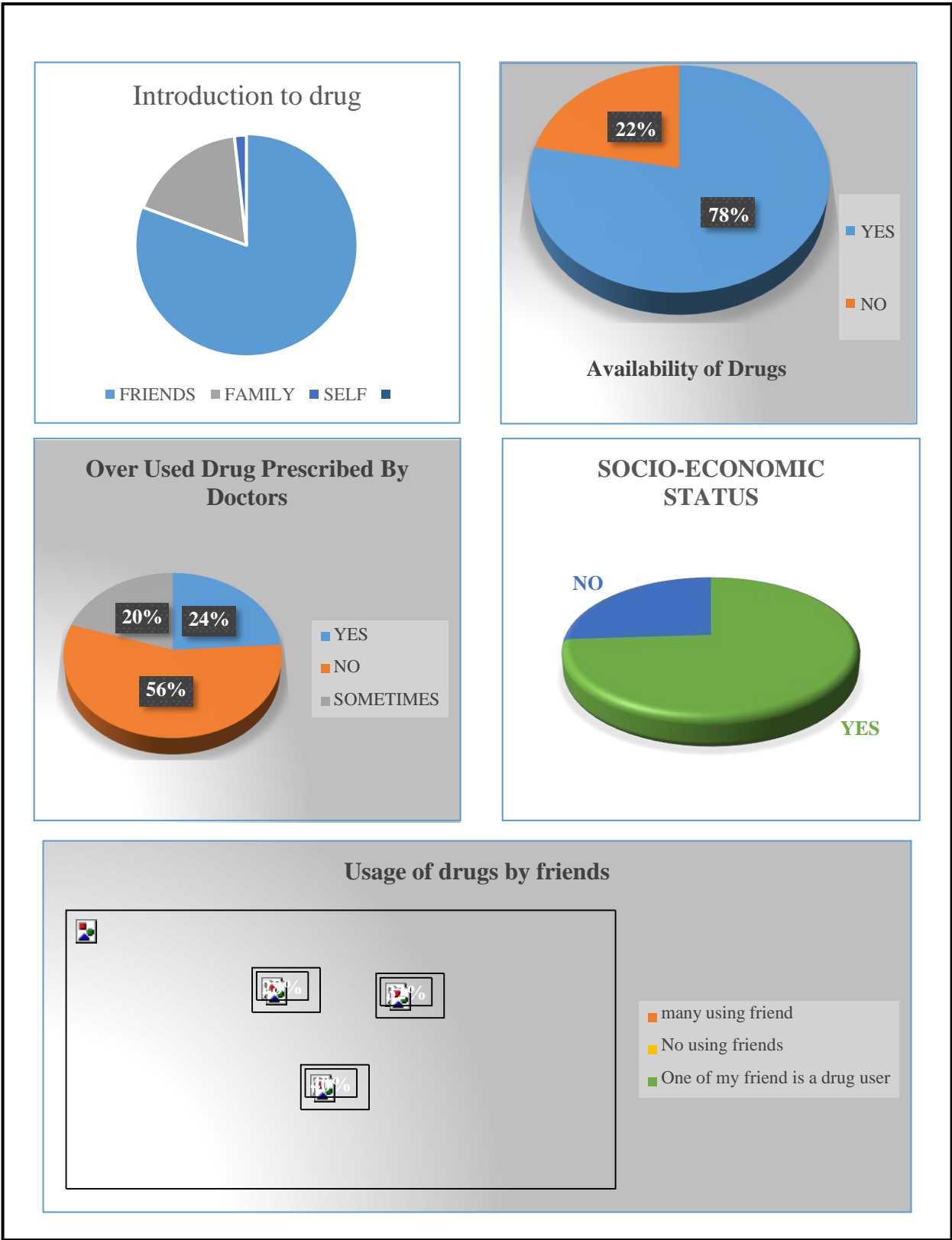


Figure 6: Stimulation of external stimulation

From the above respondents it is observed that majority 64percent of the respondents were get introduced the drug by their friends, as they spent most of the time with their friends certain habits matches between them, 14 per cent of the respondents were get introduced drug by their family, somebody in their family might be drug user and 22 per cent of the respondents were get introduced to drug by them self by seeing internet, public peoples and through various ways.

From the above respondents it is observed that for 78 per cent of the respondents the drug is available in their community. As the drug is easily available in the community they may easily get addicted to drugs and for 28 per cent of the respondents the drug is not available in their community they should get from out their region.

Among the 50 respondents, majority 56 per cent of the respondents were not over used the drug prescribed by the doctor as they may aware of side effects of the drug usage, and 24 per cent of the respondents were over used the drug prescribed by the doctors as they are unaware of the side effects of drug and the least 20 per cent of the respondents sometimes unknowingly over used the drug prescribed by the doctors.

From the data collected it is observed that, for 74 per cent of the respondents socio – economic status were affected due to their drug usage. The other 26 per cent of the respondent’s socio economic status were not affected as they are from upper middle class family.

Among the 50 per cent respondents 40 per cent of the respondents has no using friends, 32 per cent of the respondents has many using friends who use drug and least 28 per cent of the respondents has one of their friend is a drug user.

From the above data it is observed that majority 44 per cent of the respondents use drug for every 2-3days. Another 30 per cent of the respondents use drugs once a week, 18 per cent of the respondents use drug once a month and least 8 per cent use the drug every day.

D. Influencers for Drug Usage

The influencers for the drug usage is discussed in the below table.

TABLE V
INFLUENCERS FOR DRUG USAGE

Types	No of respondents	Percentage (N:50)
Peer Pressure	24	48
Curiosity	7	14
Influence By Media	5	10
Lack of parental guidance	10	20
To deal with academic or work problems	4	8

From the above table it is observed that 48 per cent of the respondents were get addicted to drugs because of peer pressure and 14 per cent of the respondents were get addicted to drug because of the curiosity of how the drug would be, they might start consuming to taste or it have it once and finally they get addicted, 20 per cent of the respondents gets addicted to drug because of lack of parental guidance, they may don't have anybody to guide or they may stay away from their parents and least 8 per cent were get addicted to drug because to deal with academic work or problems ,because of work pressure ,stress in their job, cant able to handle their academic works etc.

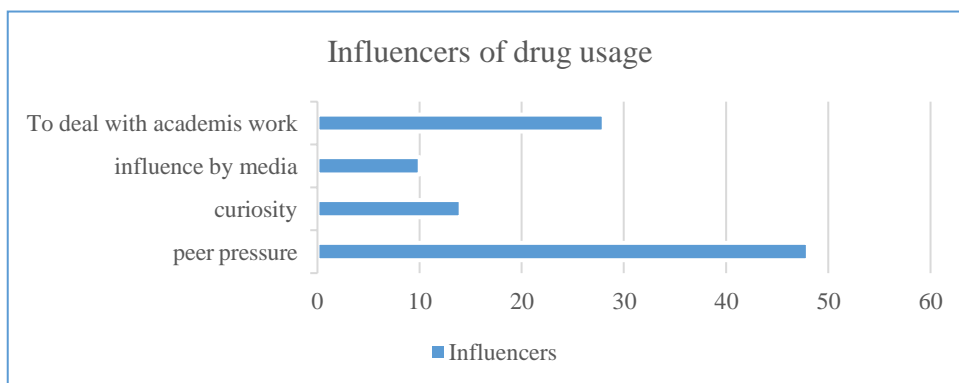


Figure 7: Influencers for drug usage

E. Poly Drug Use

TABLE VI
POLY DRUG USE

Multiple drugs	Frequency	Percentage (N:50)
Poly drug user	23	56
Not a poly drug user	22	44

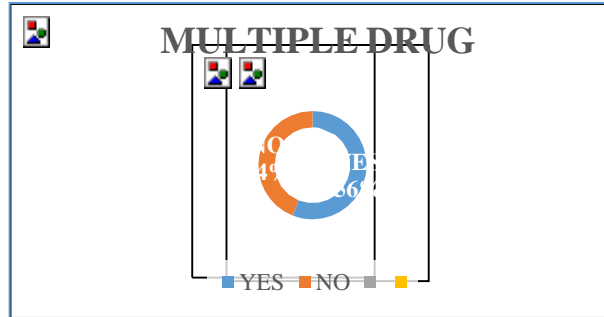


Figure 8: Poly drug use

From the table it is observed that 56percent of the respondents abuse more than one drug at a time, they are a poly drug abusers and 44percent of the respondents don't abuse more than one drug at a time. Pursuing a high by taking two or more drugs simultaneously can cause serious and fatal side effects.

F. Exploration of Unrevealed Circumstances

The exploration of unrevealed circumstances are given in the table below.

TABLE VII

EXPLORATION OF UNREVEALED CIRCUMSTANCES

Aspects	Types	Frequency	Percentage (N:50)
Possibility to overcome	Possible to overcome a week	39	78
	Impossible to overcome a week	11	22
Guilty about drug abuse	Felt guilty	11	22
	Never felt guilty	13	26
	Regret sometimes	26	52
Arrested for possession of illegal drugs	Arrested	20	40
	Never arrested	30	60
Withdrawal symptoms while stopped using drugs	Experienced withdrawal symptoms	19	38
	Not experienced withdrawal symptoms	10	20
	Never tried to withdraw	21	42
Unable to stop using drugs when you want	Able to stop	29	58
	Unable to stop	21	42

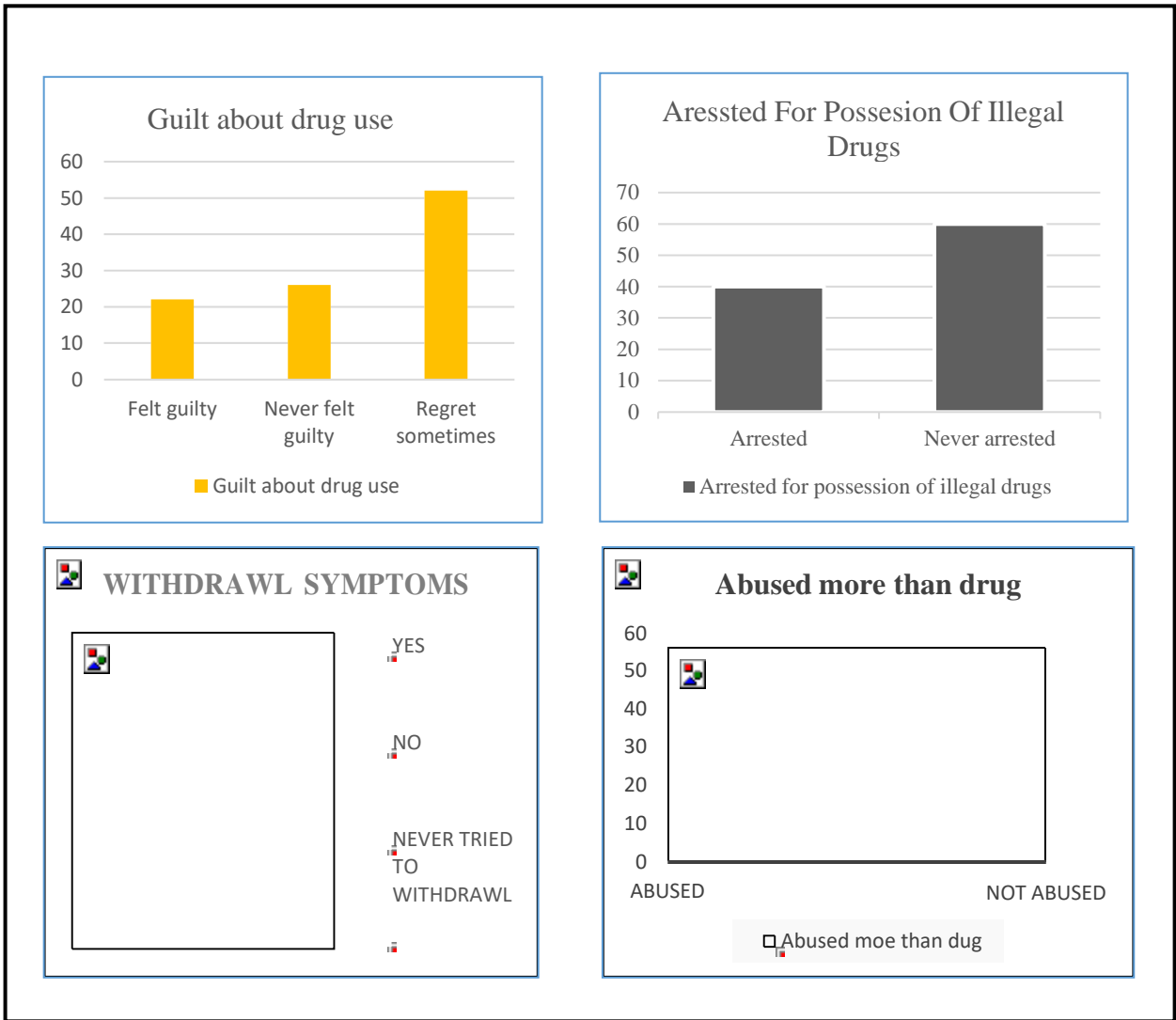


Figure 9: Exploration of unrevealed circumstances

From the above table it is observed that majority 78 per cent of the respondents possible to overcome a week without drug and 22percent percent of the respondents were impossible to overcome a week without drug.

From the above table it is observed that majority 52 per cent of the respondents regret sometimes for using the drug but they couldn't stop using drug. 22 per cent of the respondents feel guilty for using drug and 26 per cent of the respondents never felt guilty for using drugs.

From the above table it is observed that a majority 60 per cent have not been arrested for possession of illegal drugs and 40percent of have been arrested for possession of illegal drugs. Morphine –cocaine punishment is rigorous imprisonment up to 1 year or fine up to

Rs. 20,000 or both. There are many drug law enforcement agencies in India like narcotics control division, central bureau of narcotics .They will manage the possession of illegal drugs.

G. Medical Problems While Stopped Taking Drugs

The medical problems faced while stopped taking drugs are discussed below.

**TABLE VIII
MEDICAL PROBLEMS**

Medical problems	Frequency	Percentage (N:50)
Memory loss	8	16
Hepatitis	4	8
Convulsions	2	4
Bleeding	5	10
Shivering	31	62

From the above table it is observed that 62 per cent of people had shivering while stopped taking drugs and 38 per cent of the people have various medical problems like memory loss, hepatitis, convulsions, bleeding as they consumed drug for very long time when they suddenly stop using the drug they may have this kind of medical problems. 16 per cent of the respondent experience memory loss whether it may be short term memory loss or long term memory, other 8 per cent experience hepatitis and 4 per cent of the drug abusers experience convulsions while stopped using drug and another 10 per cent experience bleeding while stop using drugs

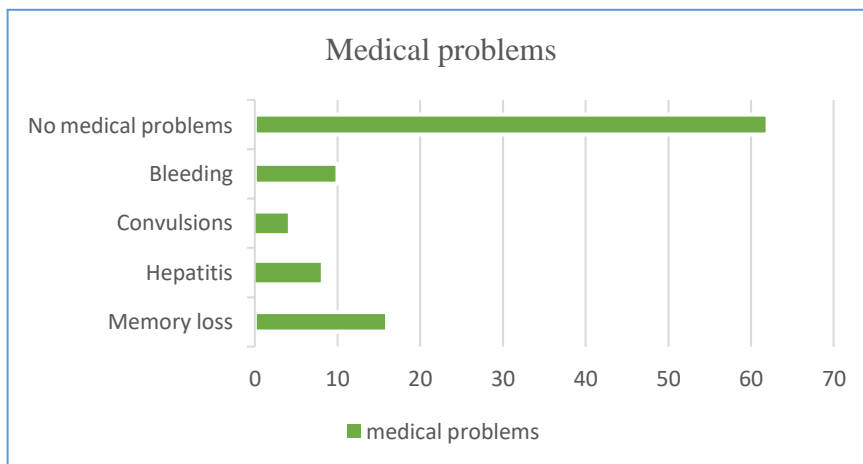


Figure 10: Medical problems

H. Involved in fights when under the influence of drugs

The involvement of drug abusers in fights are presented in the below table.

TABLE IX

INVOLVED IN FIGHTS WHEN UNDER THE INFLUENCE OF DRUGS

Types	No of respondents	Percentage (N:50)
Involved in fights	12	24
Not involved in fights	6	12
Sometimes involved	29	59
Never involved	3	5

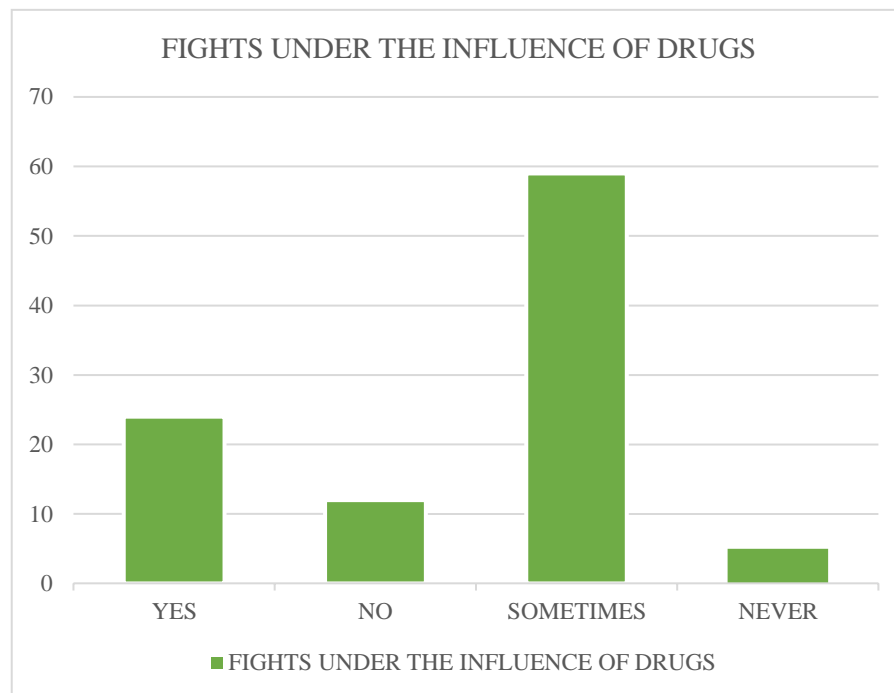


Figure 11: Fights under the influence of drugs

From the above table it is observed that majority 59 per cent of the respondents were get into fights when they had drugs, 24 per cent of the respondents were get into fights when they were under the influence of drugs, 12 per cent of the respondents were never get

into fights when they had drug and least 5 per cent never get into fights when they had drugs.

I. Reason for the drug usage

The various reasons for the drug usage are discussed in the table below.

TABLE X
REASON FOR THE DRUG USAGE

	Mostly		Not at all		Rarely	
	Frequency	percent	Frequency	percent	Frequency	percent
To relieve physical pain	33	66	10	20	7	14
To relax or relieve tension	15	30	19	38	16	32
To help with the sleep	20	40	19	38	10	20
To experiment or see what it is	10	20	21	42	18	36
To feel good or get high	16	32	22	44	12	24
To help with feeling or emotions	15	30	22	44	12	24
Other reasons	23	46	15	30	12	24

From the table it is observed that majority 66 per cent mostly used the drug to relieve physical pain and 20 per cent of the respondents not at all used the drug to relieve physical pain and other 14 per cent rarely used the drug to relieve physical tension. It is also observed that majority 38 per cent not at all used the drug to relieve physical tension, 30 per cent of the respondents rarely used the drug to relieve tension and remaining 30 per cent used the drug to relieve tension. Majority 40 per cent are giving the reason that they took it for help with the sleep, 38 per cent of the respondents were not at all used to help with the sleep and remaining least 20 per cent were rarely used it to help with the sleep. Majority 40 per cent of the respondents says that they were not used the drug to experiment or see what it is. Majority 44 per cent were used it to get high or feel good, 32 per cent of

the respondents mostly used it to get high or feel good and least 24 per cent were rarely used to get high or feel good .

From the observation of above table it is observed that majority 44 per cent of the respondents seems not at all use the drug to help with feeling or emotion, 30 per cent of the respondent mostly used the drug to help with feeling or emotions and the least 24 per cent of the respondents rarely used it to deal with feeling or emotions. Majority 46 per cent of the respondents mostly use the drug for the other reasons.

J. Physical Effects, Psychological Effects, Financial Effects, Social Effects

1. Physical effects of the drug abusers

S.No	Particulars	Agree	Strongly Agree	Disagree	Strongly Disagree	Neutral
1.	P1	10	18	16	2	4
2.	P2	12	17	14	3	4
3.	P3	13	9	20	2	5
4.	P4	12	11	18	4	5
5.	P5	12	20	19	4	6

Here weighted average mean is used. In this method P1 is taken as inability to cease using drug. P2 is taken as difficulty maintaining personal hygiene. Increased impulsivity and risky taking behaviors is taken as P3, loss of interest in formerly enjoyable activities is taken as P4 and P5 is taken as noticeable changes in appearance especially in weight loss.

TABLE XI

PHYSICAL EFFECTS OF THE DRUG ABUSERS

S.No	Particulars	A* 4	SA* 5	D* 2	SD* 1	N* 3	Total	Total/10	Rank
1.	P1	40	90	32	2	12	176	1.76	2
2.	P2	48	85	28	3	12	175	1.75	3
3.	P3	52	45	40	2	15	154	1.54	5
4.	P4	48	55	36	4	15	158	1.58	4
5.	P5	48	100	38	4	18	208	2.08	1

The first rank is given to noticeable changes in appearance especially in weight loss and then the second rank is given to inability to cease using drug, following that the third rank is given to difficulty maintaining personal hygiene, and then the fourth

rank is given to loss of interest in formerly enjoyable activities and finally the fifth rank is given to increased impulsivity and risky taking behaviors.

2. Beyond physical health it also affects personal hygiene

S.No	Particulars	Agree	Strongly Agree	Disagree	Strongly Disagree	Neutral
1.	P1	11	25	9	3	2
2.	P2	13	12	15	6	4
3.	P3	17	11	15	4	3
4.	P4	14	12	15	6	3
5.	P5	11	18	10	6	5
6.	P6	11	14	15	7	3

Here weighted average mean is used. In this method P1 is taken as changes in appetite. P2 is taken as sleeplessness or insomnia. Increased heart rate is taken as P3, change in cognitive behavior is taken as P4, P5 is taken as loss of co-ordination and P6 is taken as temporary Sense of Euphoria.

**TABLE XII
EFFECTS ON PERSONAL HYGIENE**

S.No	Particulars	A*	SA*	D*	SD*	N*	Total	Total/10	Rank
1.	P1	44	125	18	3	6	196	1.96	1
2.	P2	52	60	30	6	12	160	1.60	5
3.	P3	68	55	30	4	9	166	1.66	3
4.	P4	56	60	30	6	9	161	1.61	4
5.	P5	44	90	20	6	15	175	1.75	2
6.	P6	44	70	30	7	9	160	1.60	5

The first rank is given to Changes in appetite and then the second rank is given to loss of co-ordination, following that the third rank is given to increased heart rate, and then the fourth rank is given to change in cognitive behavior and finally the fifth rank is given to sleeplessness and insomnia and temporary Sense of Euphoria.

3. Psychological Problems of the drug abusers

S.No	Particulars	Agree	Strongly Agree	Disagree	Strongly Disagree	Neutral
1.	P1	7	15	16	5	7
2.	P2	11	8	20	5	6
3.	P3	15	18	10	3	4
4.	P4	15	10	14	3	3
5.	P5	4	9	15	19	3

Here weighted average mean is used. In this method P1 is taken as memory Loss. P2 is taken as hallucination. Depression is taken as P3, anxiety/ aggression is taken as P4 and P5 is taken as paranoia.

TABLE XIII
PSYCHOLOGICAL PROBLEMS OF THE DRUG ABUSERS

S.No	Particulars	A*	SA*	D*	SD*	N*	Total	Total/10	Rank
1.	P1	28	75	32	5	21	161	1.61	3
2.	P2	44	40	40	5	18	147	1.47	4
3.	P3	60	90	20	3	12	185	1.85	2
4.	P4	60	50	28	3	48	189	1.89	1
5.	P5	16	45	30	19	18	128	1.28	5

The first rank is given to Anxiety/ Aggression and then the second rank is given to depression, following that the third rank is given to memory loss, and then the fourth rank is given to hallucination and finally the fifth rank is given to paranoia.

4. Social Problems of the Drug Abusers

The social problems of the drug abusers are discussed in the table below.

TABLE XIV

SOCIAL PROBLEMS OF THE DRUG ABUSERS

Social problems	Frequency	Percentage (N:50)
Crime and violence	2	4
Unemployment	20	40
Mental trauma	13	26
Child abuse	7	14
Drugged drinking	8	16

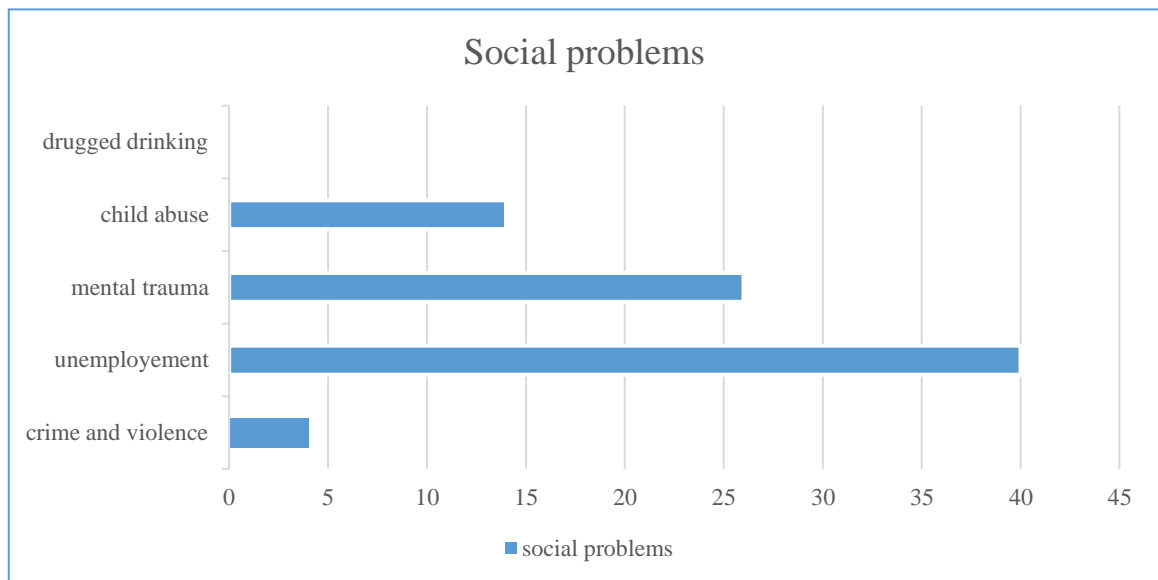


Figure 12: Social problems of drug abusers

From the above diagram it is observed that majority 40 per cent experiences unemployment as they were the drug users they can't stay in the same job for long time so they experience unemployment. Also 26 per cent experience mental trauma, certain illegal drugs can cause people with an addiction to experience one or more symptoms of mental health problems and 16 per cent had social problems of drugged drinking, another 14 per cent encountered with the social problems of child abuse they'll show the harmful behavior

to children and least 4percent involves crime and violence, individuals who use illicit drugs are more likely to commit crimes. Drug abuse has led to a detrimental impact on the society.

5. Financial problems of the drug abusers

The financial problems faced by the drug abusers are presented below.

TABLE XV
FINANCIAL PROBLEMS OF DRUG ABUSERS

Financial problem	Frequency	Percentage (N:50)
Drug expensive	30	60
Neglected responsibilities	8	16
Medical bills	2	4
Legal problem	4	8
No savings	6	12

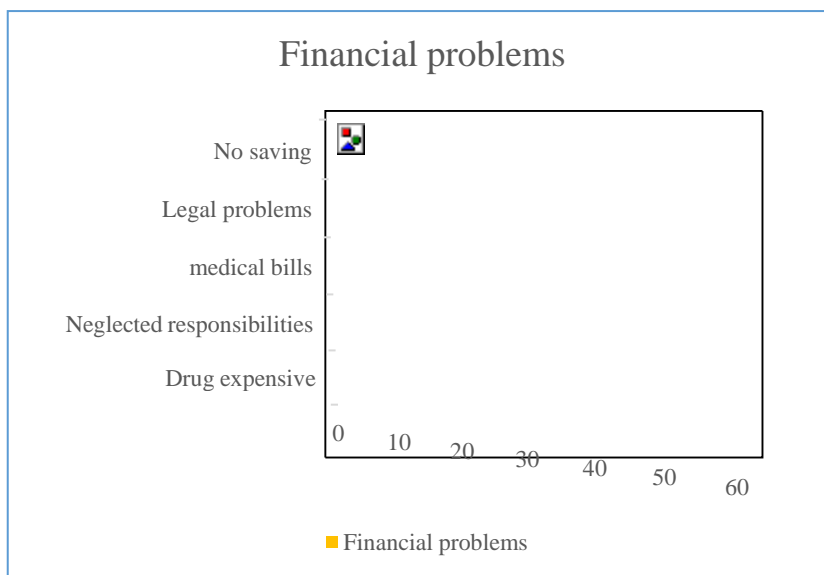


Figure 13: Financial problems of drug abusers

From the above diagram it is observed that majority 60percent experiences financial problems because of drug abuse is expensive. Drug costs money, 8percent of the respondents neglected responsibilities. Responsibilities like going to work, paying the bills, or taking care of the kids could all fall through the cracks when a persons goes towards drug, 12 have no savings because they spent all their earnings in buying drugs. 8percent

have legal problem .As many drugs are illegal and being caught by authorities can put them in a hot water with the legal system. Court costs and attorney fees can rack up.4percent have encountered with medical bills, long term drug abuse can cause health problems .medical issues that result from addiction can also be very costly. Drug abusers may suffer from liver diseases, cancer, mental illness or organ failure. The cost of medical treatment can eventually add up, leaving the person in debt.

**Correlation between Financial Problem of the Drug Users and Demographic Profile:
p-Value**

The below table shows the correlation between financial problem of the drug users and demographic profile.

**TABLE XVI
CORRELATION BETWEEN FINANCIAL PROBLEM OF THE DRUG USERS
AND DEMOGRAPHIC PROFILE**

Financial Problems of the Drug Users	Age (In Yrs.)	Gender	Education Qualification	Occupation	Monthly Income
Drug Expensive	.030 .672	.024 .731	.171 .015	.246** .070	.350 .093
Neglected Responsibilities	.148 .037	.009 .904	.045 .517	.160 .024	.155** .098
Medical Bills	.004 .954	.061 .394	.066 .228	.148 .038	.072 .722**
Legal Problem	.954 .050	.139 .049	.169 .017	.084 .238**	.316 .018
No Savings	.479 .025	.183 .009	.218** .002	.121** .087	.059 .158

A Spearman’s Rank-Order correlation was run to determine the relationship between Financial Problems and the Demographic Profile. There is a very strong significant relationship between occupation and Drug Expensive where ($r_s(50) = .246, p = .070$), Age,

Gender, Education Qualification and Monthly Income are not related to Financial Problems of Drug Users. Neglected Responsibilities are highly correlated with Monthly Income where ($r_s(50) = .155, p = .098$). There is a very strong relationship between Monthly Income and Medical Bills where ($r_s(50) = .722, p = .072$). Occupation is highly correlated with the legal problems where ($r_s(50) = .084, p = .238$). There is a very strong relationship between No Savings and Occupation where ($r_s(50) = .087, p = .121$).

Opinion and suggestions for the betterment of healthy life

TABLE XVII

OPINION AND SUGGESTIONS TO PREVENT FROM DRUG ABUSE

Suggestions	Percentage* (N:50)
Be with supportive friends and family	82
Develop a structural and organized daily schedule	24
Follow up spirituality	76
Involve yourself in physical exercise	72
Maintain a healthy eating habit, consume a healthy and balanced diet	82
Identify the source of stress and take immediate measure	64
Follow the things that bring happiness	58
Reserve healthy boundaries	48
Create awareness on its health issues	36
Socialize with others	44
Finding out the new hobbies	32
Meditate yourself, mindfulness exercises have been helped in recoveries	96
Avoid temptation and peer pressure	58
Seek for mental illness	34
Avoiding places where you know drugs and alcohol will be available	46
Learning how to cope with stress and relax without drugs	32
Distracting yourself with activities like exercise or listening to music	76
Surrounding yourself with friends who don't use drugs	54
Get involved in something you care about to deviate yourselves	40

*Multiple responses

Majority of 96 per cent of the samples suggested good meditation and exercises to recover from drug abuse. A minimum of 24 per cent of the respondents suggested to develop a structural and organized daily schedule.

This chapter deals with findings of data presented in the previous chapter and attempts to capture the essence of the study. This chapter also consists of details on the suggestions given and the conclusion.

Drug abuse and problematic patterns of drug abuse among youth can lead to problems at various places, cause or aggravate physical and mental health related issues, promote peer relationships, cause motor vehicle accidents and place stress on the family. They can also develop into lifelong issues such as drug dependence, chronic health problems and social and financial consequences.

It can cause or mask emotional problems such as anxiety, depression, mood swings, suicidal thoughts and various kind of problems. Drug use and addiction are preventable. Prevention programs involving families, schools, communities and the media may prevent or reduce drug use and addiction.

Objectives of the study

- Study the socio demographic profile of the respondent.
- Analyze about various influencing factor of drug usage.
- Examine about the physical and psychological problem because of drug use.
- Assess about the social and financial problem of the drug users.

The area selected for the study was Tiruchengodu of Namakkal district in Tamil Nadu. A sample of 50 drug abusers from Tiruchengodu village of Namakkal district in Tamil Nadu were selected for the study. The interview schedule were followed to elicit the information from the selected respondents.

A. Findings on analysis of socio-economic profile of the respondents

From the findings it was concluded that majority of the respondents' i.e. about 54percent of the drug users were belonged to the age group between 18-22 years. Male respondents were extremely high (96) when compared to female (4), most of them 46percent were doing their graduation and equal to that 40percent were doing their higher education, majority 56percent of the respondents occupation is students (28) among both

male and female and the majority 56percent of the respondents monthly income is 2000-5000,as majority were students they don't earn so their monthly income will be around 2000-5000. Majority 94percent of the respondents were drug user whereas other 4percent is also a drug user but not on regular basis. Majority 64percent were using drugs for more than years.

B. Findings on the over stimulation of external environment

Majority 64percent of the respondents gets introduced to the drugs by their friends, and for the majority 78percent of the respondents the drugs were available in their the community, Most of the respondents 56percent were over used the drugs prescribed by the doctors and for 74percent of the respondents the socio economic status were affected and majority 40percent of the respondents have many using friends ,they are get influenced by their peer groups and the duration of the drug usage for the majority of the respondents 44percent ranges between every 2-3 days. They used to take the drug for every 2-3 days.

C. Reason for drug usage and poly drug usage

Majority 48percent were get addicted to drugs because of peer pressure and 20percent were get addicted to drugs because of parental guidance and another 14percent were fall into drugs because of curiosity and the majority 56percent were a poly drug user which means they take more than one drug at a time.

D. Finding on the Exploration of Unrevealed Circumstances

From the findings it is observed that majority 56 per cent of the respondents abused more than one drug at a time, and majority 78 per cent of the respondents were able to overcome the week without using the alcohol whereas other 22 per cent of the respondents wouldn't able to overcome the week without using the alcohol and most of them 52 per cent of the respondents sometimes feel guilty about using the drugs. Majority 64 per cent wee not been arrested for the possession of illegal drug, most of the respondents 42 per cent don't have any withdrawal symptoms as they never tried to withdrawal and majority 58 per cent of the respondents were unable to stop using drug when they want.

E. Findings on the Analysis of Medical Problem while Stopped Taking Drugs and involved in fights when under the influence of drugs

Majority 62 per cent of the respondents has no medical problems because of drug use and other 38 per cent has various medical problems Among that majority 16 per cent of the respondents has temporary memory loss and 10 per cent of the respondents has bleeding and others have hepatitis and convulsions and majority 59 per cent sometimes involved in fights when under the influence of drugs.

F. Finding on the analysis of the physical effects

This was analyzed under weighted average mean, six statements were taken from that analysis it is found that the first rank is given to noticeable changes in appearance especially in weight loss and then the second rank is given to inability to cease using drug, following that the third rank is given to difficulty maintaining personal hygiene, and then the fourth rank is given to loss of interest in formerly enjoyable activities and finally the fifth rank is given to increased impulsivity and risky taking behaviors.

G. Finding on the analysis of beyond physical health it also affects personal hygiene

This was analyzed under weighted average mean, five statements were taken from that analysis it is found that The first rank is given to Changes in appetite and then the second rank is given to loss of co-ordination, following that the third rank is given to increased heart rate, and then the fourth rank is given to change in cognitive behavior and finally the fifth rank is given to sleeplessness and insomnia and temporary Sense of Euphoria.

H. Finding on the analysis of the psychological problem

This was analyzed under weighted average mean, five statements were taken from that analysis it is found that The first rank is given to Anxiety/ Aggression and then the second rank is given to depression, following that the third rank is given to memory loss, and then the fourth rank is given to hallucination and finally the fifth rank is given to paranoia.

I. Finding on the Analysis of Social and Financial Problems

From the findings it is observed that the drug abusers may have various social problems and financial problems majority 40percent of the respondents were unemployed and other 26percent experienced the various mental trauma and in the financial problems majority 60percent of the respondents spent more of their income in getting drugs and 12percent have no savings because of this habit.

J. Opinions and suggestions to overcome drug abuse

Majority of 96 per cent of the samples suggested good meditation and exercises to recover from drug abuse. A minimum of 24 per cent of the respondents suggested to develop a structural and organized daily schedule.

The limitations faced by the interviewer (student)

The following are the limitations faced by the student during data collection.

- There was no opportunity to interact with respondents as in or like interview schedule.
- It was unable to know about how the parents feel, their view point and opinion about the questions asked in the questionnaire.
- No appropriate or fixed time schedule for data collection.

BIBLIOGRAPHY

- Altice, F. L., Maru, D. S. R., Bruce, R. D., Springer, S. A., & Friedland, G. H. (2007). Superiority of directly administered antiretroviral therapy over self-administered therapy among HIV-infected drug users: a prospective, randomized, controlled trial. *Clinical Infectious Diseases*, 45(6), 770-77
- Barry, A. E., Padon, A. A., Whiteman, S. D., Hicks, K. K., Carreon, A. K., Crowell, J. R., & Merianos, A. L. (2018). Alcohol advertising on social media: Examining the content of popular alcohol brands on Instagram. *Substance use & misuse*, 53(14), 2413-2420.
- Bernardy, C. C. F., & Oliveira, M. L. F. D. (2010). The role of family relationships in the initiation of street drug abuse by institutionalized youths. *Revista da Escola de Enfermagem da USP*, 44, 11-17.
- Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M., & Diaz, T. (2003). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Jama*, 273(14), 1106-1112.
- Brown, J. H. (2001). Youth, drugs and resilience education. *Journal of Drug Education*, 31(1), 83-122.
- Caday, F. (2017). Causes of drug abuse among college students: The Philippine experience. *The International Journal of Social Sciences and Humanities Invention*, 4(4), 3430.
- Chaiken, J. M., & Chaiken, M. R. (1990). Drugs and predatory crime. *Crime and justice*, 13, 203-239.
- Chesang, R. K. (2015). Drug abuse among the youth in Kenya. *International journal of scientific & technology research*, 2(6), 126-131.
- Dembo, R., Williams, L., Wothke, W., Schmeidler, J., & Brown, C. H. (1984). The role of family factors, physical abuse, and sexual victimization experiences in high-risk youths' alcohol and other drug use and delinquency: A longitudinal model. *Violence and victims*, 7(3), 245-266.
- Dodson, W. E., Alexander, D. F., Wright, P. F., & Wunderlich, R. A. (2010). Pattern of multiple drug abuse among adolescents referred by a juvenile court. *Pediatrics*, 47(6), 1033-1036.
- Donald R Shopland , C. (2013). The stigmatization of problem drug users: A narrative literature review. *Drugs: education, prevention and policy*, 20(2), 85-95.

Donaldson, S. I., Sussman, S., MacKinnon, D. P., Severson, H. H., Glynn, T., Murray, D. M., & Stone, E. J. (2016). Drug abuse prevention programming: Do we know what content works?. *American Behavioral Scientist*, 39(7), 868-883.

Drevno, G. E., Kimball, J. W., Poggi, M. K., Heward, W. L., Gardner III, R., & Barbetta, P. M. (2018). Effects of active student response during error correction on the acquisition, maintenance, and generalization of science vocabulary by elementary students: A systematic replication. *Journal of Applied Behavior Analysis*, 27(1), 179-180.

Eric, P. (2002). Socioeconomic effects of drug abuse among Nigerian youths. *Canadian Social Science*, 13(1), 49-53.

Huba, G. J., Melchior, L. A., Greenberg, B., Trevithick, L., Feudo, R., Tierney, S., ... & Panter, A. T. (2000). Predicting substance abuse among youth with, or at high risk for, HIV. *Psychology of Addictive Behaviors*, 14(2), 197.

Johnson, B. D., Williams, T., Dei, K. A., & Sanabria, H. (1987). Drug abuse in the inner city: Impact on hard-drug users and the community. *Crime and Justice*, 13, 9-67.

Johnson, C. A., Pentz, M. A., Weber, M. D., Dwyer, J. H., Baer, N., MacKinnon, D. P. ... & Flay, B. R. (2016). Relative effectiveness of comprehensive community programming for drug abuse prevention with high-risk and low-risk adolescents. *Journal of consulting and clinical psychology*, 58(4), 447.

Klepp, K. I., Halper, A., & Perry, C. L. (1999). The efficacy of peer leaders in drug abuse prevention. *Journal of school Health*, 56(9), 407-411.

McCoy, C. B., Metsch, L. R., Chitwood, D. D., & Miles, C. (1996). Drug use and barriers to use of health care services. *Substance use & misuse*, 36(6-7), 789-804.

Nyameh, J., Yakubu, M. I., Teru, S., & Titus, A. (2019). Economic implications of drug abuse among the youths. *Journal of Economics and Sustainable Development*, 4(11), 100-102.

Okafor, I. P. (2010). Causes and consequences of drug abuse among youth in Kwara state, Nigeria. *Canadian Journal of Family and Youth/Le Journal Canadien de Famille et de la Jeunesse*, 12(1), 147-162.

Parry, H. J., Balter, M. B., Mellinger, G. D., Cisin, I. H., & Manheimer, D. I. (1973). National patterns of psychotherapeutic drug use. *Archives of General Psychiatry*, 28(6), 769-783.

Parry, H. J., Balter, M. B., Mellinger, G. D., Cisin, I. H., & Manheimer, D. I. (1979). National patterns of psychotherapeutic drug use. *Archives of General Psychiatry*, 28(6), 769-783.

- Pathak, D. C., & Pokharel, B. (2015). Causes of drug abuse in youth: Case of mid-western region of Nepal. *Journal of Advanced Academic Research*, 4(2), 44-54.
- Possi, M. K. (2018). Effects of drug abuse on cognitive and social behaviours: A potential problem among youth in Tanzania. *Utafiti Journal*, 3(1).
- Prather, J. E., & Fidell, L. S. (1998). Drug use and abuse among women: An overview. *International Journal of the Addictions*, 13(6), 863-885.
- Santoso, D. (2021). Efforts to Prevent Drugs Abuse Among Youth in Islamic Family Law Perspective. *Journal of Drug and Alcohol Research*, 10(8).
- Schwartz, R. H., Gruenewald, P. J., Klitzner, M., & Fedio, P. (2006). Short-term memory impairment in cannabis-dependent adolescents. *American Journal of Diseases of Children*, 143(10), 1214-1219.
- Somani, S., & Meghani, S. (2016). Substance abuse among youth: A harsh reality. *Emerg Med (Los Angel)*, 6(330), 2.
- Strack, A. E. (1968). Drug use and abuse among youth. *Journal of Health, Physical Education, Recreation*, 39(1), 26-58.
- Weldon, K. (2011). An analysis of drug abuse along the coastal region of Kenya. *International NGO journal*, 8(7), 153-158.

APPENDIX I

An interview schedule to elicit information on drug abuse among the youth in Tiruchengodu of Namakkal district

Socio economic profile

1. Age
 - a. 15-18
 - b. 18-22
 - c. 22-25
2. Gender
 - a. Male
 - b. Female
3. Educational qualification
 - a. Illiterate
 - b. Primary education
 - c. Higher education
 - d. Graduate
4. Occupation
 - a. Business
 - b. Student
 - c. Private employer
 - d. Daily wages
5. Monthly income of the family
 - a. Rs. 2000-5000
 - b. Rs. 5000 – 20000
 - c. Rs. 20000 – 50000
 - d. Rs. 50000 and above

Duration of drug usage

1. Are you a drug user?
 - a. Yes, I am a drug user

- b. Not a regular user
2. How long are you using drugs?
 - a. More than years
 - b. Few months ago
 - c. From school days

Stimulation of external environment

1. Who introduced drugs?
 - a. Friends
 - b. Family
 - c. Self
2. Are the drugs available in your community?
 - a. Available regularly
 - b. Lack of drugs
3. Does taking drug regularly affect socio-economic status?
 - a. Affected
 - b. Not affected
4. How often you use drugs?
 - a. Everyday
 - b. Twice a week
 - c. Once a week
 - d. Once a month
5. Do you have any friends using drugs?
 - a. None of friends use
 - b. One of the friend uses
 - c. Many friends use

Poly Drug use

1. Do you abuse more than one drug (Poly drug user) at a time?
 - a. Yes
 - b. No

Exploration of unrevealed circumstances

1. Can you get through a week without using drugs?
 - a. Yes
 - b. No
2. Do you ever feel guilty about drug use?
 - a. Yes
 - b. No
3. Have you been arrested for the possession of illegal drugs?
 - a. Yes
 - b. No
4. Have you experienced withdrawal symptoms while stopped using drugs?
 - a. Yes
 - b. No
 - c. Never tried to withdraw
5. Are you unable to stop using drugs when you want?
 - a. Yes
 - b. No
6. Medical problems while stopped taking drugs
 - a. Memory loss
 - b. Hepatitis
 - c. Convulsions
 - d. Bleeding
 - e. No medical problems
7. Involved in fights when under the influence of drugs
 - a. Involved in fights
 - b. Not involved in fights
 - c. Sometimes
 - d. Never

Reasons for drug use

<i>Reasons</i>	<i>Mostly</i>	<i>Not at all</i>	<i>Rarely</i>
<i>To relieve physical pain</i>			
<i>To relax or relieve tension</i>			
<i>To help with the sleep</i>			
<i>To experiment or see what it is</i>			
<i>To help with the feelings or emotions</i>			
<i>Other reasons</i>			

Physical effects of drug abusers

<i>Reasons</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly disagree</i>
<i>Inability to seize using drug when you want</i>					
<i>Difficulty in maintaining personal hygiene</i>					
<i>Increased impulsivity and risk taking behavior</i>					
<i>Loss of interest in formerly enjoyable activities</i>					
<i>Notable changes in appearance especially weight loss</i>					

Effects on personal health

<i>Reasons</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly disagree</i>
<i>Changes in appetite</i>					
<i>Sleeplessness or insomnia</i>					
<i>Increased heart rate</i>					
<i>Change in cognitive behavior</i>					
<i>Loss of co-ordination</i>					
<i>Temporary sense of euphoria</i>					

Psychological problems

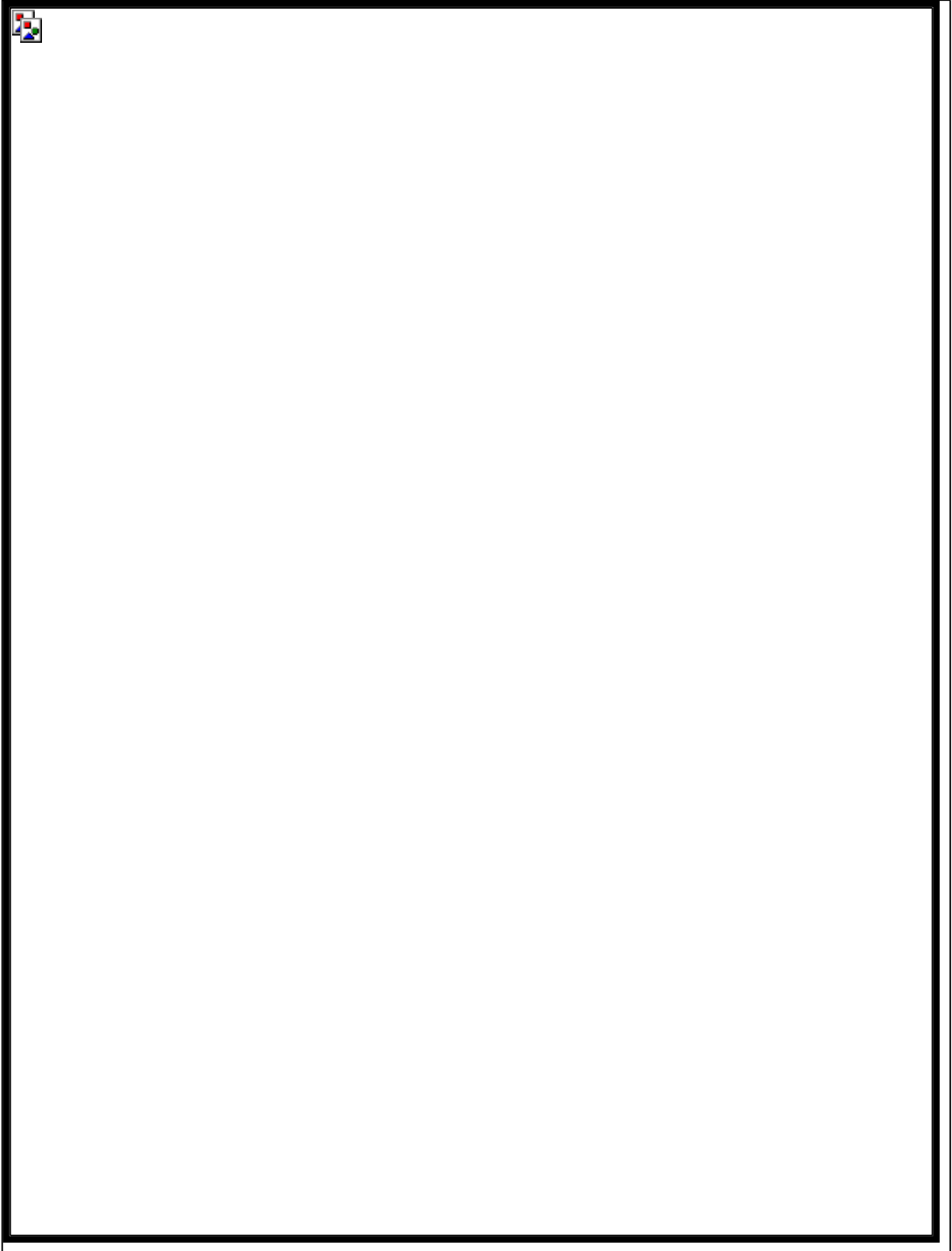
<i>Problems</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly disagree</i>
<i>Memory loss</i>					
<i>Hallucination</i>					
<i>Depression</i>					
<i>Anxiety or aggression</i>					
<i>Paranoia</i>					

1. What are the social problems you experience?
 - b. Crime and violence
 - c. Unemployment

- d. Mental trauma
 - e. Child abuse
 - f. Drugged driving
2. What are the financial problems you experience?
- a. Drug expensive
 - b. Neglected responsibilities
 - c. Medical bills
 - d. Legal problem
 - e. No savings
3. Opinion and suggestions for the betterment of healthy life.....

APPENDIX II

Ethical Clearance certificate

A large empty rectangular box with a thick black border, intended for an ethical clearance certificate. A small icon is visible in the top-left corner.