

Topic –Drug abuse: A study and result of Indian distress and unfulfillment of human psychological applications.

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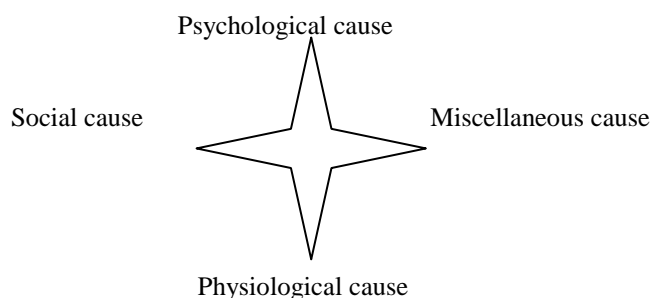
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ABSTRACT : The concept of drug abuse, drug-dependence, drug addiction and abstinence syndrome need some clarity. Drug is a chemical substance, associated with distinct physical and psychological effects. It alters a person's normal bodily processes or functions, but this definition is too broad. In medical terms a drug is substances prescribed by a physician or manufactured expressly for the purpose of treating and preventing disease and ailment by its chemical nature and effect on the structure and functions of a living organism. In the psychological and sociological context, drug is a term of habit forming substance which directly effect upon the brain or nervous system. On the other hand any chemical substance which affect bodily function, mood, perception or consciousness, which has potential for misuse and which may be harmful to the individual or the society. In terms of this definition the frequent use of drug is considered so dangerous and sometime even immoral and anti-social that it arouses the variety of indegent and hostile sentiments on the part of general public.

KEY WORDS : Role of drug and its psychological effect Drug related issues and reforming psychology of drug addicts

I. INTRODUCTION

Puri, the holy seat of Lord Jagannath and with a population of over more than two lakh, is steeped in a drug abuse culture since times immemorial because charas, bhang, opium, ganja have enjoyed traditional importance, while the use of heroin and brown sugar began in the early seventies. The traditional culture of free distribution and use of bhang during the worship of Trinath, the deity comprising Brahma, Vishnu, Mahesh by one and all regardless of age and sex got transformed into drug abuse with the advent of foreigners, who began flocking to Puri mainly for two reasons one food and accommodation is cheap here and two narcotics are easily available. Their advent and the tendency to sell off their possessions cameras, mobile phones, taperecorder or other small but expensive gadgets, brought in over the years a horde of touts, drug peddlers and middlemen who catered the tourist, special interest and stuck it rich in the process. Today Puri is a drug paradise. About 30% of the adults male even females in the city are estimated to be drug addicted. Motivational factors in routine drug abuse Now what are the major causes of drug abuse? The causes may be classified under four important and visible heads



My study for this article is moving around 5000 (thousand) university student revealed that of the 1409 students who consumed drugs 85% took drugs because of their psychological reasons, 10% because of social reasons and 28% because of miscellaneous reasons. The detailed analysis pointed out that the largest number of drug using students comprised individuals who were devoted to pleasure, seeking new excitement and thrill, similarly a small number took drugs as an escape mechanism or to alleviate distress. On the other hand a very small number of students receiving drugs in the course of medical treatment for the relief of pain continued to take them long after the treatment was over. It will not be out of place here to point out that famous Lindesmith (1940-1920) too has provided a detailed critique of the theory of "Psychopathic personality or psychopathic predisposition". As of

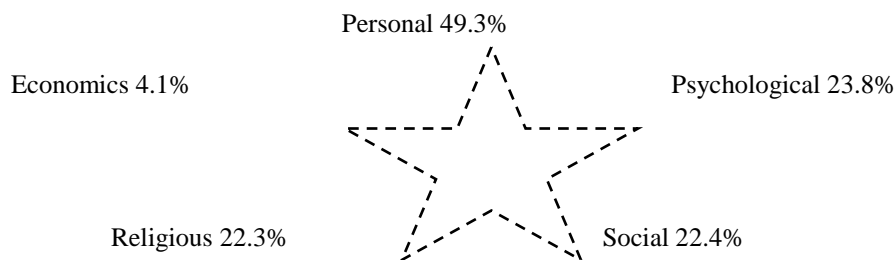
my personal opinion drug abuse is a learnt behaviour, acquired by individual in interaction with peer, acquaintances, family member and other in actually three ways.

- Through persuasion
- Through Unconsciousness
- Through reflective thinking

In the analysis of the sources of getting drugs it was found few but important reasons like

1. Drugs were generally obtained from the non-medical sources like friend, home, family members
2. Medical sources were used more by girls than by boys
3. The non-medical source mentioned most often was Friend.

My study of students showed that the important causes of abstinence and discontinuation were:



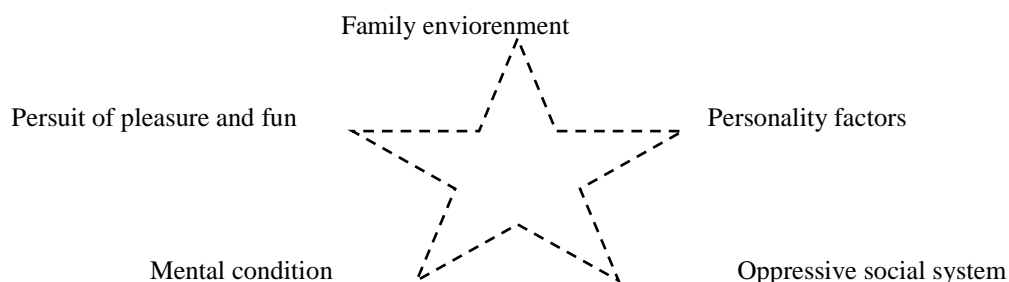
The personal causes were: Lack of interest, curiosity, personal dislike, hatred for the use of drugs and non-availability of drugs.

The psychological causes: Were risk of physical and mental dangers or deteriorating health, risk of dependence on the drug and having had a bad experience of “Being on the trip” the social cause was that individual had either no money to purchase drugs or found drug too expensive.

Role of family and peer group in drug abuse

Family and peer group associations are the primary potent influences upon the directions, which individual take and maintain in his life. A hypothesis in my own study of drug abuse among college and university students was that drug usages was influenced by the quality of affectionate family relationship. This term was operationalized on the following bases:

1. Parents take an interest in the career of their children and are conscious of their parental obligation.
2. Relations between parents of drug users between drug users and their parents and between users and their siblings are based on harmony and solidarity.
3. Parental control is neither very harsh nor very lenient so as to give an opportunity to the child for self exploration.
4. The size of family is so manageable in term of family income that no child in the family suffers from the unfulfillment of the necessities of life.
5. Parents broadly conform to social and moral norms setting examples for their childrens to follow
6. The child exhibits a feeling of trust and security in the parents by taking them into confidence and by seeking their advice and help in facing perplexing problems.
7. The nature of family control, the discipline imposed by the parents over the children, even the drinking, smoking and drug taking behaviour of family members also had a bearing on the use of drugs. On the basis of above analysis it may be pointed out that the main cause of drug abuse are....

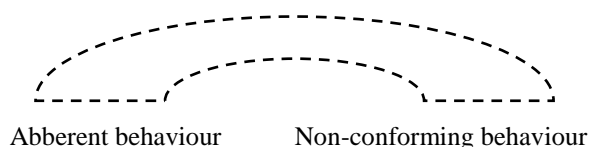


Extent and nature of drug abuse

A survey conducted in late 1980 by the department of applied psychology of Calcutta university and sponsored by the state relief and welfare department, described Calcutta a city more than eleven million people, as having the highest concentration of drug addicts in the country. It pulled the number of addicts 68,518, but source expert like Mr. Hunt believed that since drug addiction is a vicious chain and one addict introduces the habit to others and each known addict there are at least ten unknown ones, there must be a crowd seven lakh addicts in Calcutta city today. Calcutta may top the list but the chain is lengthening fast throughout the country. In January 1989, the union welfare ministry sponsored a study on "Assessment of drug abuse" and drug precaution services in 33 cities and towns, excluding Calcutta. This study gave the idea of damage done by drugs. Similarly in Mumbai, the largest metro, the number of addicts according to the research stood at 1,59,880 at the end of 1988. In Amritsar with the population of more than 8.2 lakh the number of addicts was estimated to be 1,589 per one lakh population. In Delhi, with a population of more than eight million the number of addicts in 1988 was estimated as 5,550. With the formula that for one known addict, there are 10 unknown addicts; the number of addicts may easily be put as 55,000. In north east hill region which lies in the proximity of the golden triangle area, 10% of the population is described as addicted to drugs like heroin, ganja, charas, bhang and phensedyle. Guwahati and Imphal are described as worse. The drug addicts comprise between 10% and 30% of the population.

Aberent behaviour

Drug abuse may be perceived both as aberrant behaviour and a social behaviour. In the formal sense, it is regarded as an evidence of individual's social maladjustment. In the lateral sense it is viewed as a widespread condition that has harmful consequences for society. In several western countries, drug abuse was regarded as an important social problem since long but in India it is only since last one and a half decade, that it has come to be considered a crucial problem. India has about 10 lakh heroin (Drug) addicts alone. India drug lords' monthly sale in the domestic and international market varies between 100 crore and 125 crore. Like wise the quantity of illicit drugs seized between 1986 and 1989 has increased over 1000%. The use of illicit drugs today is not confined to the street urchins and the lower classes more and more middle classes and upper class youth are succumbing to drugs. In spite of this increase drug abuse in India is still considered more as an aberrant behaviour than an anti-social or a non-conforming behaviour. By this one means that the aberrant person conceals his transgression from social norms of society. Violates norms without questioning their legitimacy and attempt to escape the personalities of violating norms without proposing changes in them. The aberrant person is believed to be out to satisfy his private interests. It was Mr. Merton (1979) who has distinguished behaviour in two categories.



His main concern was to show the significance of various kinds of norm violation, according to him the "non-conformist" challenges the legitimacy of the norms and he publicly rejects and advocates the substitution of new norms, but the aberrant person neither questions the legitimacy of norms nor seeks replacement of old norms with new norms. No wonder sociologists perceive drug abuse in India as aberrant behaviour and drug users and addicts as aberrant persons, who unlike non-conformists are not interested in improving social conditions or benefiting mankind. There is no doubt several researches have been conducted on drug abuse in India in the last two decades by medical scientists, psychiatrists and sociologists. This author conducted two studies on drug abuse among different age group students in 1976 and 1986 especially in Rajasthan, not only to analyze the problem of extended drug abuse but also to study its cause and suggest measures for controlling it, before examining the findings of my own and other researches. We must understand a most general factor i.e;

Nature and impact of abusable drug

The abusable drug may be divided into six categories:

1. Alcoholic drug- It is used by some people normally, pleasantly and socially activity, while others take it as a spur which enables them to work. Alcohol relieves tension and lessens aggressive inhibitions. It also impairs judgement and creates confusion.
2. Sedative drugs- Relax the central nervous system, induce sleep and providing a calming effect. Tranquilizers and barbiturates fall into this category. Medically these are used in high blood pressure, insomnia, epilepsy and to relax patients before and during surgery.
3. Stimulants- These drugs activate the central nervous system and relieve tensions, treat mild depression and keep a person awake, increase alertness, combat fatigue and expressive drowsiness. The most widely known

stimulantes are amphetamines, caffeine and cocaine. The heavier doses of stimulants cause extreme nervousness, headache, sweating, diarrhoea and unclear speech. The factors of stimulants are that these drugs do not produce physical dependence, though they are psychologically addicting. Long term of stimulants causes varying degree of intellectual, emotional, social and economic deterioration.

4. Narcotics- Like sedative narcotics produce a depressant effect on the central nervous system. They produce feeling of pleasure, strength and superiority, reduce hunger and increase suggestibility included in this category are opium, heroin, morphine, cocaine, and cannabis. Heroin is a white powder made from morphine, cocaine is made from leaves of coca-bush and known for its odourless. Cannabis is obtained from the hemp plant.

5. Hallucinogenic drugs- Produce distortions of perception and develop dream image. This drug use is not advised by medical practitioners. The well known drug of this group is LSD, which is man-made chemical. It is so powerful that one ounce produces three lakh human doses. LSD is taken orally but it may also be injected.

6. Nicotine in drugs- cigarettes, bidi, cigar, snuff and tobacco. Nicotine has no medical use. It leads to relaxation, stimulates the central nervous system, increases wakefulness and removes boredom, but frequent use of nicotine may cause heart attack, lung cancer and bronchitis, even the law does not classify this as a drug.

Control over drug abuse (Conclusion)

The control over drug abuse can be made possible by adopting the following measures:

Parents need to play a most crucial role in the controlling drug abuse among their children. Since parental neglect, over hostility, rejection, marital disharmony play an important role in perpetuating drug addiction parents have to take more care in keeping the family environment congenial and harmonious. Since addiction does not develop overnight and it involves a process of evolution of losing interest in studies, activities, hobbies, indulging in irresponsible behaviour, irritating impulsive conduct and having a dazed expression, parents can locate the early signs by being alert and can make sure that the child withdraws from the habit. The role of parents could be to communicate openly with the children, set an example for children by not taking drug or alcohol, keep track of prescribed drug in home, take interest in children's activities and their circle of friends, learn as much as about drugs, a change in the attitude of doctors in prescribing too many drugs can go a long way in controlling the abuse of drugs. The doctor has to show a greater care in not ignoring the side effect of the drugs.

REFERENCES

- [1]. Stark, Rodney, "Alcoholism and drug addiction" in social problems, Random house, Toronto 1975
- [2]. Nowlis, Helen H., Drug on the college campus, Anchor books, New York, 1969
- [3]. McClelland, David, The drinking man, Free press, New York, 1977
- [4]. Hirshi, Travis, Causes of delinquency, University of California press, Berkeley, 1969
- [5]. Chein, Isidore, Psychological functions of drug use, In Stenberg (ed), Churchill Illinois, 1970
- [6]. Blachly, Paul, H, Drug abuse, Charles C. Thomas, Illinois, 1970
- [7]. Akers, Ronald L, Deviant behaviour; A social learning approach, Belmont, Wadsworth, 1973
- [8]. Carey, James, L "The college drug scene" Prentice-Hall, Englewood cliffs, 1968
- [9]. Jullian, Joseph, Social problem, Prentice-Hall, Englewood cliffs, 1968