

**A Study among Youth of Delhi and Consequences of Drug Addictions**

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**ABSTRACT**

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

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

## **INTRODUCTION:**

One major aspect of any study on drug abuse is to understand and assess the consequences of drug-addiction. The consequences of drug-addiction are multifarious and ought to be understood in their entirety. It is beyond doubt that the drug-addict himself has to undergo and suffer the major consequences of his addiction, yet it must be kept in mind that the addict being a part of a family, the community and the society leaves a scar on all these social units. With whomever he interacts, like his family members in various categories have to bear the impact of his addiction to drugs. The achievement standards, sex role enforcement, and rule enforcement as such, have not been found to influence drug abuse but what may be important is how these are put across to the child. These factors may not cause distress and pressure on the child especially when the parents use affection and democratic means to implement these ideas. Under such conditions, the children would rather internalize these ideas, and perceive the achievement standards and rule enforcement in positive terms. These parental attitudes may be important for the development of such traits as self-confidence, extraversion, sex role identity, achievement motivation, ego development, and social relations, but are not likely 'to cause drug abuse behaviour.

The personality traits tapped from the drug abusers can group under the following headings:

*Personality characteristics on which abusers were higher than the non-abusers but within the normal range.*

*Personality characteristics on which the drug abusers could classified as falling in the criterion or clinical group.*

The personality *traits* on which both the drug abusers and the non-abusers fell in the normal range but the drug abusers were comparatively higher include anxiety, hysteria, paranoia, psychopathic deviate, repressor-sensitizer factor.

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

The drug abusers were not in the clinical group on all the traits. It could be due to the reason that the sample of the study included drug abusers consisting of occasional, frequent, and daily users and not just the hard-core addicts.

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**Parental attitudes can group under the following headings:**

*Parental/family factors, which were significantly related to drug abuse behaviour.*

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

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

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

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

**CONCLUSION:**

Compared to the non-abusers, larger numbers of drug abusers resided in the hostels, and a higher number of abusers reported being influenced by peers. These two factors may be at work at the same time, contributing to the drug phenomenon. Freedom in the hostel is cashed by peers more easily and frequently. At home, the drug abusers seem to be influenced by the drinking behavior of their brothers and grandfathers rather than any other member of the family (uncles or fathers). It is conjectured that the drug abusers identify more with their brothers and grandfathers than with parents who are perceived by them as less positive and less democratic.

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

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

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

Personality changes may occur owing to the effects of drugs. Drugs can bring such changes in the individual, depending upon the previous predisposition. However, it is difficult to ascertain whether these pathological personality characteristics are the basic traits of the individual or whether they are the aftermath of drugs. In Campbell's (1962) word of caution, "I do not think it is helpful to define addiction as a personality disturbance and then conclude that anyone who can become addicted must have a disordered personality." While it can be conceded that most confirmed addicts do have difficulty getting along with society in general, with their fellows, and themselves, it is uncertain whether this is a cause, or effect, or unrelated to the basic problems of addiction. "Mensch's (1970). Still, another probability could be that both psychopathological personality aspects and drug abuse behavior are the outcome of a common factor like that of faulty parental attitudes or some stressful experiences. Drug abuse is one of the most serious problems being faced by contemporary societies—both big and small. By now, it is substantially proven that drug abuse does not take place overnight and that a person does not take drugs just by chance. It is decidedly the consequence of a large number of social, familial, and psychological factors—all interwoven together. The present study has shed light on the personality make-up and familial factors of drug abusers.

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

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

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

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

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

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The present study was conducted on Delhi University students. This population has its own political, social, and religious setup that is different from the rest of the country. Thus, generalizations for the other parts of the country would not be justifiable. Correlates of multiple drug abusers were studied. There might be personality differences amongst subjects abusing different types of drugs. It would also be profitable to study personality correlates of drug abuse outside the realms of psychopathology.

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

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

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

This article will provide some facts, precautions, preventions, and guidelines to assist in resolving the issue. Firstly, here are some facts about the problem. The marijuana group of drugs (like ganja, bhang, hashish, and Charas) are widely abused in India, with "brown sugar," "smack," or "heroin" as the most harmful drugs abused. It takes only 48

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to 72 hours to become hooked on this harmful drug. The marijuana group of drugs causes only psychological dependence, while heroin predominantly produces physical dependence. Marijuana addicts can leave the addiction without medical help with their strong will. However, it is impossible for a heroin addict to get rid of the addiction all by himself because of the severe withdrawal symptoms that follow the gap in intake of the drug. An important warning for heroin addiction is that the relapse rate for its addiction with counselling and rehabilitation is about 95%. The urge to re-experience the original "high" or "kick" is very strong in heroin addiction. Such a temptation to use the drug may be due to an "inner" urge or the addict may yield to persuasion from friends who are addicts. Nevertheless, we must all realise fully well that addiction is a treatable disease.

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

### **Symptoms of Addiction**

In the event that any of the following symptoms are observed in the child, the parents should keep their eyes open and keep a constant vigil on him. However, beware it may not be because of drug abuse.

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

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

### **How to motivate a person with an addiction**

Patience is the first requisite for motivating an addict to seek treatment. He cannot just be pushed to see a doctor. He needs some time to prepare himself to seek professional help. Any sort of preaching of "Do's" and "Don'ts" would be a sheer waste of time and energy. Parents must avoid lecturing him. No amount of reasoning or arguments would help him in any way. Only through compassion, rather than confrontation, can the addict be motivated. One must always remember that he is suffering from a disease.

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Labelling him as 'good' or 'bad' must be avoided, however absurd and erratic his behavior is. His dignity and pride must be maintained. He should not be referred to as an "addict," "doped," "dopey" or "hooked." When the parents give constant assurance and confidence to their child that they are with him, the addict may agree to take professional help and treatment. There are several de-addiction clinics and counselling centres in India. There are also some voluntary organisations and hospitals that are providing de-addiction facilities.

### **Management and Treatment of Drug abuse**

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

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

### **Psychological Treatment**

This stage of treatment operates at two levels.

#### ***The Patient's Counseling:***

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

#### ***Guidance to the family:***

Drug abuse brings suffering not only to the addict but also to his family. They are unable to bear the mental torture and shock that they are subjected to. The magnitude of their sufferings is immeasurable. The family receives a lot of understanding and empathy

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towards minimizing their sufferings. The counsellor, psychologist, or social worker helps and guides them to achieve positive changes in their attitudes and improve their lifestyles. Group therapy and lecture methods may be adopted for counselling patients as well as parents. Specially trained counsellors involve parents along with the patient in group therapy sessions. This group consists of other patients and their families. They share their experiences with each other. This helps them know that there are other people around them with similar problems. This method helps them to get over their feelings of guilt, anger, and hatred and strengthens them to face reality.

Counsellors also arrange for separate educative lectures for parents whose topics relate to denial as part of the disease, problems during treatment and recovery and methods to overcome them, relapse and its management, etc. Parents must keep in mind that it is technically impossible to treat drug addicts successfully on an outpatient basis. Peers may exert their influence, and the patient himself can contact the drug peddler.

### **SUGGESTIONS**

- ↪ *Many young people are taking refuge in drugs. They find it easy to get rid of the hardships by means of flight into a world of fantasy, wherein everything seems pink and red. Nevertheless, this experience is short-lived. Therefore, it becomes the prime duty and responsibility of parents to help teenagers avoid drugs.*
- ↪ *All of us know that parents care for their children. However, this feeling must be communicated to them. Many a time, it is seen that parents are not able to communicate their sense of affection and feelings. They get lost in their role as strict authorities, which aims at streamlining them. This role alone is not sufficient. Parental expression of love and concern is very important.*
- ↪ *They must learn to appreciate his contribution to the small amount of work he does at home. Regular communication with the child will provide him with companionship. It is critical that every effort and improvement made by the child be recognized.*
- ↪ *Instead of giving a casual and carefree appreciation, parents must discuss the good work done by them. Be a friend to them. The child would open up with more details. Mothers, in particular, must take up the role of a counsellor. The child should get assurance of family support whenever he is in trouble.*
- ↪ *Negative comments, criticism, over-reaction, and jumping to conclusions can only make your child rebel. Parental warmth must also extend to his friends and playmates. Remember, children are too possessive about them.*

- ↳ *Children never learn what their parents teach them; instead, they adopt only the roles that they see in their own parents. Expectations of the child must be clear, so that the child is not confused as to what they want him to be.*
- ↳ *Another preventive measure is to educate the child about the ill effects of drugs and addiction. Parents must also set an example by not abusing alcohol or drugs themselves.*

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