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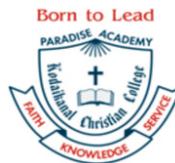


**National
Conference
On
Effects of
Substance
Abuse on Society**

Organized by

The Department of Social Work

9th September, 2016



Kodaikanal Christian College

Accredited by NAAC, Affiliated to Madurai Kamaraj University
Approved by UGC under 12B, 2(f) status & Autonomous
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PARADISE HILL, KODAIKANAL – 624104

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Message from the Chairman

I am happy to learn that our Department of Social Work is organizing a National Conference on 'Effects of Substance Abuse on Society'. The department has chosen a very timely and valid theme. Substance abuse among the youth of today needs to be addressed by student and scholars from a variety of perspectives- from causes to cure and redemption. I am confident the conference will come out with valuable findings and solutions to the social malaise.

I extend my greetings to all the participants from colleges all over Tamil Nadu. I am confident the paper presented at this conference will receive attention and respect from all stake – holders. My best wishes to the organizers and participants.

Dr.Sam Abraham
Chairman & Principal

Prof. R. Nedumaran
Vice – Principal



Message from the Vice – Principal

It is the duty of all men and women of intellect to gather discuss and disseminate the ideas and resolve to gather again. I am confident that the National Conference on 'Effects of Substance Abuse on Society' organised by the department of Social Work will fulfill the dream of Valluvar ;

**உவப்பத் தலைக்கூடி உள்ளப் பிரிதல்
அனைத்தே புலவர் தொழில்**

விளக்கம் :

மகிழும் படியாகக் கூடிபழகி (இனி இவரை எப்போதும் காண்போம் என்று) வருந்தி நினைக்கும் படியாகப் பிரிதல் புலவரின் தொழிலாகும்.

ஆங்கில விளக்கம்:

It is the part of the learned to give joy to those whom they meet and on leaving to make them think (oh! when shall we meet them again)

ஆங்கில வாடிவில்:

**Uvappan Thalaikkooti Ullap Piridhal
Anaiththe pulavar Thozhil**

Prof. R. Nedumaran
Vice - Principal

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**A STUDY ON THE EFFECTS OF ALCOHOLISM
IN RURAL FAMILIES**

S. Ponni

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Manonmanium Sundaranar University, Tirunelveli-627012*

Abstract

*The effects of alcoholism are multidimensional in nature .In family life, women depend on their husband in all aspects in rural area. When the husband is addicted it will affect the whole family. Especially, the wife is the most affected person in the family and it will exploit the family relationship also. **Objectives:** the objectives of the study are to understand the socio demographic details and the effect of alcoholism in their family life of rural women. **Methods:** The study followed with descriptive research design and total of 30 respondents are selected using simple random sampling method. **Results:** the results showed that majority of the respondents are experiencing Social, economical, physical, sexual, psychological problems due to alcoholic husbands. **Conclusion:** It is very important to understand the effect of alcoholism among the families so as to create welfare plans and support for the families affected by these problems.*

Key words: Alcoholism, Wives of alcoholic husbands, Violence.

Introduction

Alcoholism is a family disease, Swedish doctor MAGNUS HUSS who used the word Alcoholism for the first time, during 1849. In Alcohol addiction we can see moderate drinkers, excessive drinkers, morbid drinkers, continuous drinkers, & etc. Alcoholism is considered as an evil social problem and it is the root cause of all main social problems. Once the person addicted, it affects families in several different ways such as family destruction, individual disorganizations, loss of mental stamina, chronic problems, domestic violence, low socioeconomic status, social disorganization so on. So it is a burning social problem to eradicate. Alcohol is banned in some states of India such as

Manipur and Gujarat, but it is legally accepted in the other of states. In fact, Andhra Pradesh is by far India's biggest drinking state, consuming 665 ml per capita per week on average, or nearly 34.5 liters per year, across types of alcohol. Kerala is far behind, at 196 ml per week or just 10.2 liters per year.(The Hindu, August 23, 2014).WHO(2014) report says 30% of the Indian Population consumes alcohol regularly. The average 11.4 liters rural Indian consumes alcohol per year.3.3 million deaths were distributed to alcohol consumption in India. India is one of the largest producers of alcohol – it produces 65% of alcoholic beverages in South-East Asia.

In this study, the researcher focused on the wives of Alcoholic who are facing socio-economic problems and also the effects of alcoholism in their family life. Many studies showed that the wives of Alcoholics are experiencing social, physical, psychological problems and it creates negative effects on the spouse of an alcoholic.

Area of the Study

The area of the research, Abishekapatti village is located in Tirunelveli Tehsil of Tirunelveli district in Tamil Nadu. It is situated 9km away from Tirunelveli, The total geographical area of village is 741.55 hectares. Ramayanpatti is the gram panchayat of Abishekapatti village. The Abishekapatti village has population of 514 of which 250 are males while 264 are females as per Population Census 2011. There are about 150 houses in Abishekapatti village. Beedi making, (NREGA), agriculture are some of the major occupation of women.

Need of the Study

The Alcohol abuse decreases marital satisfaction because it makes less ability to participate in everyday household activities and responsibilities. Also heavy alcohol use is associated with more verbal and sexual abuses, more expressions of anger and less warmth and unity in the relationship. These factors will leads to dissatisfaction in the marriage. Alcoholism creates major

social problems like gender issue, accidents, rape, child abuse, corruption, crime etc. So the research area regarding the above topic is a recent phenomenon and this study mainly focused about research problems encountered in finding the effects of alcoholism in their family life.

Review of the Earlier Studies

Peedicayil A, Sadowski LS, Jeyaseelan L, Shankar V, Jain D, Suresh S, Bangdiwala SI, IndiaSAFE Group. BJOG. 2004 Jul; 111(7):682-7.

This study conducted with the objectives of exploring the risk and protective factors for lifetime spousal physical violence. A cross-sectional household survey was carried out in rural, urban and urban-slum areas across seven sites in India, among women aged 15-49 years, living with a child less than 18 years of age. The sample was selected using the probability proportionate to size method. Of 9938 women surveyed, 26% reported experiencing spousal physical violence during the lifetime of their marriage.\

T.s. Sathyanarayana rao¹ and k. Kuruvilia, A Study on The Coping Behaviours of Wives of Alcoholics, Indian J. Psychiat., 1992, 34(4), 359-365.

This study conducted on 30 wives of alcoholics using Orford-Guthrie's 'coping with drinking' questionnaire. It reported that the alcoholic wives adopted the coping patterns such as discord, avoidance, indulgence and fearful withdrawal while marital breakdown, taking special action, assertion and sexual withdrawal were least frequent. There was no significant correlation between the coping behaviours and the variables like duration of marriage, duration of husband's alcoholism, socio-economic and educational status.

Objectives of the Study

This study consists of following objectives. (1) To study the socio-economic condition of the respondents (2) To study the effects of alcoholism on family members like children and wife.

Methodology

In this present study we used simple random sampling method and selected 30 alcoholics families having daily drinking habits of their husbands and followed direct interview, interview schedule, observation method and descriptive design was used to assess data. To collect the primary information, the researcher prepared the self prepared schedule for interview. Some questions are modified, dropped and added according to the suggestions of the experts.

Analysis of the Study

Personal Profile of the respondents							Total (%)
Age	21-25	26-30	31-35	36-40	41-45	46-50	
	13%	10%	20%	30%	23%	3%	100%
Religion	Hindu	Christ ian	muslims				
	93%	7%	0				100%
Caste	SC	BC					
	100%	0					100%
Education	Primar y	Middl e	Seconda ry	Hig her			
	27%	17%	43%	13%			100%
Occupation of wives	Agricul tural	Labor s	beedi making	Oth ers			
	17%	40%	43%	0			100%
Monthly Income	0-3000	3001- 6000	6001- 9000		Abo ve		
	10%	63%	27%				100%
Residential Status	Own	Rent					
	70%	30%					100%
Types of family	Nuclear	Joint					
	93%	7%					100%

Democratic information such as age, Religion, Caste, education qualification, occupation of wives, and income of the respondents are following

- **Age:** age is the important factor to analyse the data. The researcher found 13% of the alcoholics families women respondents are of 21-25years old. 10% are 26-30 years old.

20% of the respondents are 31-35 and 30% of the alcoholics respondents are 36-40 years old, and 23% of the respondents 41-45 and 24% of the respondents age was 41=45 and also 3% of the respondents were 46-50 years old.

- **Religion:** 93% of the respondents were belongs to hindu and the remaining 7% of them belong to Christian.
- **Education:** - 27% of the respondent's are having primary education. 17% are having Middle school education. 43% are having secondary/degree education and only 13% are having higher education.
- **Occupation of wives:-** 28% are agriculturists. 40% are labors, 43% are beedi making. Due to husband drinking habits, all the respondents are going to jobs to meet their family needs.
- **Monthly income:** - 10% of the respondent family earning up to Rs 00-3000 income per month.63% are getting income from Rs 3001-6000. And 27% are having income up to Rs 6001-9000.
- **Residential status:** - 70% of the respondents of wives of Alcoholic are having own house And 30% of the respondents are living in rental houses.
- **Types of family:-**93% of alcoholic families are nuclear families and 7% of them are joint families.

Effects of Alcoholism in Families

The family members such as wives and children are depended their husbands to satisfy their basic needs. But the breed winners of the family become addicted with alcoholics, it disrupts family life and cause harmful effects. Many of the children of alcoholics have common symptoms such as low self-esteem, loneliness, guilt, feelings of helplessness, fears of abandonment, and chronic depression. Alcoholism leads to various problems such as poverty, family and personal disorganization, and it makes low social and economic status of the alcoholic family in society.

Children	Yes
feeling low intimacy with father	80%
loss of respect in society due to drinking habits	63%
undesired of father's attitude due to drinking habits	73%
Spouse	
Depleting money spend on alcoholism	97%
facing financial problems from alcoholic husbands	70%
Difficult to satisfy your daily life	70%
Having problem in rearing and educate and insecurity due to alcoholic husbands	80%
Less of social respect from the society neighbours due to alcoholic husbands	57%
Alcoholic husbands become sick from consuming health problems of alcohol like physical psychological problems	33%
Shame and guilt [self stigma] problems of to attend social function like marriage ,festival celebrations etc due to alcoholic dependence of the family	70%
Experiencing sexual problems sexual aggression avoiding sexual relationships with the husbands due to drink habits	93%
Experiencing the conflict and domestic violence with alcoholic husbands such as beating wife children parent and with other members of the family	90%

Effects on Children

Feeling shame of fathers drinking habits: 63% of the children dislike their father drinking habits.

Intimacy with the father: 80% of the children have low intimacy with the father. They make comparison with non-alcoholic fathers and showed anger, depression guilt and fighting with the parents.

Loss of respect in society: 63% of the respondent's children felt that father's drinking habit make them ill respect in the

society. Especially adolescent and youth children oppose their father drinking habit and feeling self-stigma among the peer groups

Undesired of father's attitude due to drinking habits:73% of the children undesire about their father drinking habits. Some children share their family burden to reduce financial difficulties as going jobs.

Effects on Alcoholic Spouse

Money spent on alcoholism: 97% of the respondents accepted that most of their husband income spent for alcoholism. It creates financial problem. To meet their basic needs, all the respondents are doing job such as labors, employment guarantee scheme, beedi making etc.

Facing financial problems: 70% of the respondents are facing financial problems. To satisfy their needs, they borrowed money from neighbors, taking money for interest, loans from SHGs etc.

To satisfy your daily life: 70% of the respondents are very difficult to lead their daily life. These respondent's husbands are daily drinkers. They never give money for the family expenses. For getting money, they need to fight with their husbands. It become violence such as wife beating, verbal abuse,ect.

Having problem in rearing and educate their children: 80% of the respondents are having problems to provide healthy food and education to their children. Due to drinking habits, their husbands never contribute to their family socially and economically. This leads to family disorganization.

Social stigma: 57% of the respondents are feeling less of social respect from the society, neighbours due to alcoholic husbands. They feel that Public is treating them as low response. It made them irritation and resentment to go to the neighbors functions such as marriages, ceremonies and also celebrates the festivals etc,

Health Problems:33% of the respondents husbands are suffered with physical health problems like swelling of organs,

asthma, respiratory problems. And also Having psychological problems are anxiety, suspicious, tension etc.

Self stigma:70% of the respondents are having low self esteem.

Experiencing Sexual Problems: 93% of the respondents are experiencing sexual problems with their husbands. Due to drinking habits, spouses are reluctant to sexual contact with their husbands. But their husbands are in sexual aggression. So it becomes sexual violence in the family.

Experiencing Domestic Violence: 90% of the respondents are encountered the conflict, Suspects on wives, wife beating, quarrels with children ,parent and with other members of the family and neighbors, public etc, sometimes wives of Alcoholic having a thought of suicide.

Findings

The wives of alcoholics are encountering many physical and psychological problems. And also they are the victims of domestic violence, poverty, social and economic problems. These make them to feel inferior and lower self-esteem in society. Wives of Alcoholics are facing Problems in marriage of their children due to the loss of respect in the society and economic problems. Some respondents hesitate, and afraid to give clear information of the problems such as physical and sexual harassments etc, in their family.

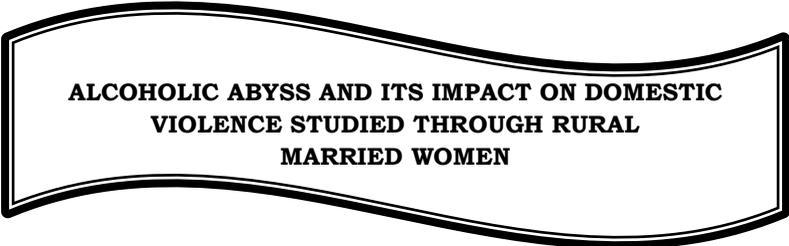
Conclusion

Research has shown that men are consuming alcohol to relieve their stress, but the problem is that drinking to relieve stress may lead to further social, emotional and physical problem with the family members. When compared with non alcoholic families, the alcoholic families are having poor communication among family members, lack of mutual warmth and affection, poor role functioning and compatibility between husband and wife, absence of child care and the wife bearing the entire burden of care. Finally the family environment is become unpleasant.

Wives of alcoholic families are considered to the victims of physical, sexual, domestic violence etc. While facing family problems, majority of the respondents seeking help from relatives. But they never give proper solution. They give suggestion to adjust the family as women. So now a day, it is consider as a serious social problems and it should be eradicate from our society.

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**ALCOHOLIC ABYSS AND ITS IMPACT ON DOMESTIC
VIOLENCE STUDIED THROUGH RURAL
MARRIED WOMEN**

R.Anitha

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Manonmaniam Sundaranar University, Tirunelveli – 627012*

Abstract

In India particularly in rural areas women are faced by many problems in day to day life. In particular alcoholic is one of the major problems of marital life of women. It makes conflict and affects the total married life of women by alcoholic husband. This study focused the problem of alcoholism with affected women and its consequences of psychological and physical violence between rural married women has been analyzed. In rural area, women get marriage at early age of before 18 years old and they don't have enough maturity to live their martial life which is the first reason of their trouble. Researcher saw 151 cases and used simple random sampling method in this study. According to results from analyze, married women felt to close the TASMAC shop and they want awareness program before marriage. It must teach, how to select husband and their own life, Self-awareness program to married women, and we should change the social structure of Indian culture. Social structure gives the mentality of adjustment to her husband. It will encourage their husband to do more and more mistake. Finally women will scarifies their whole life to alcoholic husband and lose their life to hell.

Key Words: *Alcoholism, Married women, Psychological abuse, physical violence*

Introduction

The relationship among alcohol or other substance abuse and domestic violence is complicated. A prevailing myth about domestic violence is that liquor and drugs are the major causes of domestic abuse. In reality, some abusers rely on substance use as

an excuse for becoming violent. Alcohol allows the abuser to justify his abusive attitude as a result of the alcohol. While an abuser's use of alcohol may have an effect on the severity of the abuse or the ease with which the abuser can confirm his actions, an abuser does not become violent "because" drinking causes him to lose restriction of his temper. As described more fully in the section on theories of violence, domestic violence is used to exert power and control over another; it does not represent a loss of control. Understanding some of the theories that have been progressive to explain the substance-violence relationship can, however, help advocates design interventions that can raise women's safety and help men choose non-violence. Most importantly, domestic violence and substance abuse should be understood and treated as own problems: "The reduction of one problem to the familiar language and interventions of another problem is ill-advised." At the same time, because the relationship between substance abuse and domestic violence is complicate institutions that address these problems along must be capable of managing their complexity. Alcohol does affect the user's ability to recognize, integrate and process information. This distortion in the user's thinking does not cause violence, but may gain the risk that the user will misinterpret his partner or another's behavior. (Larry 2007).

Review of Literature

(Jewkess, 2002) Violence against women is a demonstration of male power juxtaposed with the lower status of women. In the context of intimate relationships, violence is a similar manifestation of gender inequality, where given the unequal position of women in the relationship, men perpetrate dominance over them through physical, sexual, verbal, emotional or psychological coercion. In addition to the ideologies of male superiority, research has identified a complex framework of external factors that exacerbate the perpetration of IPV. Alcohol or substance abuse, poverty, women's power and relationship-conflict are a few certain central factors that contribute to IPV

This framework of factors directly affect men's performance of gender roles and this magnifies the vulnerabilities men face related to adhering to the social expectations of manhood. Gender expectations coupled with this framework of external factors; contribute to conceptions of masculinity as well as men's inability to uphold stereotypical perceptions of masculinity – all of which culminates in the perpetration of violence.

In India, eight studies coordinated by the International Center for Research on Women (ICRW) document the pervasiveness of domestic violence among women regardless of age, education level, class, length of marriage, and family living arrangement. In a multi-site study of nearly 10,000 households, 40 percent of the women reported experiencing at least one form of physical abuse and 26 percent reported severe physical abuse, including being hit, kicked, or beaten. Fifty percent of the women experiencing severe physical abuse reported being beaten three or more times in their lifetime and at least once during pregnancy (INCLLEN, 2000). Kumar et al., (2005) have reported a strong association between domestic spousal violence and poor mental health. Varma et al., (2007), in another study from India found depression, somatic, and PTSD symptoms to be higher in those with a history of abuse or sexual coercion, and life satisfaction to be poorer in pregnant women reporting any form - of violence. Women from lower castes, poorer households, having greater economic autonomy, and with alcohol abusing husbands were more likely to report violence. In multivariate analyses, indicators of women's economic autonomy and husbands' alcohol consumption were significantly associated with violence, independent of caste and economic status (Krishnan, 2005).

The role of alcohol consumption in cases of domestic violence has been observed by several investigators (e.g., Gilchrist et al., 2003; Galvani, 2010). A meta-analysis of 22 studies by Stith et al., (2004) indicates that alcohol use is a strong risk factor for domestic violence. Stuart et al., (2006), have also found that alcohol problems in perpetrators and their partners contributed

directly and indirectly to IPV, even after including other correlates of violence in the model.

Methodology

The researcher employed qualitative research method for the study. In-depth interview method was used to collect the data, as it provides detailed background about the respondent's opinions, values, motivations, experiences and feelings. The researcher randomly selected the eligible sample for the study from the taluk selected. The sample size for the study is 151.

Objectives of the Study

- To analyze the level of psychological abuse faced by rural married women.
- To analyze the level of physical violence faced by rural married women.

Area of the Study

The study is conducted in a village in Ambasamuthram taluk, Tirunelveli district, Tamilnadu, India. 456 household's total population is 1824 and the sample is 151 in Pappakudi village from Ambasamuthram taluk, in Tirunelveli district. In Pappakudi village agriculture and beedi making are the primary occupation. Paddy, banana, vegetables are the main crops grown here. In the fertile areas, the cultivation is done for 3 rounds in a year.

Sample Frame and Size

The research area was selected based on simple random sampling. In Ambasamuthram taluks, Pappakudi village was selected. Researcher selected the samples in the age group between 16 - 45years married women. Delimitation of the study is, the widows and separate women are excluded from the study. The overall number of eligible samples is taken for the study. The number of sample size is 151.

Analysis and Interpretation

Classified and total percentage of alcoholic affected husband problem at different marriage group of women are given below in table 1

Women age at marriage	Alcoholic		Total
	Yes	No	
14-17	4%	4%	8%
18-21	19%	35%	54%
22-25	9%	22%	31%
26-29	-	7%	7%
Total	32%	68%	100%

Classified and total percentage of choice of your marriage and husband's alcoholic habit are given below in table 2

Choice of your marriage	Alcoholic		Total
	Yes	No	
Own choice	23%	63%	86%
Family pressure	9%	5%	14%
Total	32%	68%	100%

Classified and total percentage of year of marriage and husband's alcoholic habit are given below in table 3

Year of marriage	Alcoholic		Total
	Yes	No	
2month-4year	4%	20%	24%
5-8year	3%	15%	18%
9-12year	11%	9%	20%
13-16	7%	17%	24%
17-20	1%	6%	7%
Above 20	6%	1%	7%
Total	32%	68%	100%

Classified and total percentage of educated & uneducated women and husband's alcoholic habit are given below in table 4

Education women	Alcoholic husband		Total
	Yes	No	
Illiterate	4%	4%	8%
Primary	13%	21%	34%
Secondary	15%	20%	35%
Higher secondary	0	17%	17%
Degree	0	6%	6%
Total	32%	68%	100%

Classified and total percentage of Working and non – working women and Husband’s alcoholic habit are given below in table 5

Occupation	Alcoholic		Total
	Yes	No	
Coolie(Beedi, match office, 100 days work & agri coolie)	29%	48%	77%
No job	3%	20%	23%
Total	32%	68%	100%

Classified and total percentage of married women affected by psychological abuse by alcoholic husband are given below in table 6

Psychological Abuse	Alcoholic husband		Percentage
	Yes	No	
Insulting	32%	68%	100%
Humiliate in front of others	21%	79%	100%
Saying worthless	30%	70%	100%
Physically harming	25%	75%	100%
Hesitate to provide cash	26%	74%	100%
Say things like, “If I can’t have you,	15%	85%	100%

Classified and total percentage of married women affected by physical violence by alcoholic husband are given below in table 6

Physical violence	Alcoholic husband		
	Yes	No	Total
Pulling hair	15%	85%	100%
Beating	21%	79%	100%
Slapping	32%	68%	100%
Hitting by weapon	25%	75%	100%
Affecting by Injuries	26%	74%	100%

Conclusion

This study focuses on Alcoholic abyss and its impact on domestic violence studied among rural married women. Particularly, the researcher focused on psychological and physical violence. In this study, few rude behavior which leads to psychological violence among women such as Shouting, insulting, humiliation, Talking negative, threaten to harm, not providing cash for household expenses. Then second one is physical violence. The physical violence is caused by various ways. These are the reasons for domestic violence due to alcoholism. These problems are continued for lifelong in women's life and affect their marital relationship. Women are mostly affected by domestic violence and alcoholism which are due to (i) Early marriage (before 18), (ii) Lack of education, (iii) Forced marriage, and (iv) Irresponsible husband. The Indian society gives more importance to men than women. Women are culturally bonded. So there is a need to provide attention for gender equality. Government and NGO should take proper action against violence, awareness program related to alcoholism habit and handling domestic violence cases due to this. This may be useful to women for selecting best life partner and it will reduce 32% of affected women (according to this study) in future.

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A STUDY ON EFFECTS OF SUBSTANCE ABUSE AMONG COLLEGE STUDENTS

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Introduction

June 26th is celebrated as “International Day against Drug Abuse and Illicit Trafficking”. Drug abuse is also called as substance use disorder it is a brain disease. It is considered as a brain disease because it changes the structure and functioning of the brain in every walk of life of the youth. Drugs are abusive and addictive they are not chemically addictive but they are also psychologically addictive. Many people don’t understand why or how other people become addicted to drugs. In reality substance abuse is a complex disease.

One fifth of the Indian population (15-24 yrs. of age group) carries with India’s future. The youth of our nation will eventually determine the country future. In this situation drug abuse and addiction among youth/college students become a threat to our country. This is the time where we all have to take responsibility to prevent and take measures against the use of drugs particularly among the college students.

However now - -days “drugs” means not only medicine, but also fatal narcotics that include cocaine, heroin, brown sugar and many other. Drug addiction means a person becomes dependent on the drug. Since habit forming drugs are mostly misused among youth particularly among college students these are extremely addictive. Once a person is addicted to these drugs, it is very tough to give up. The addict goes mad when he is

prevented from taking the drug at scheduled time which is a worst situation.

Reasons for Intake of Substance Abuse

Substance abuse or addiction among youth is very high. There are various reasons for the intake of substance abuse intake among the college students. The following are the important contributing reasons for the abuse of various drugs:

- A boy or girl who has a company of friends who are into drugs and alcohol tends to repeat.
- Majority of the youth do not understand why or how they become addicted to drugs.
- Personal and family problems also tend to substance abuse among youngsters – who fall to cope up with ever growing family and personal problems.
- Gender, race and geographical location also play an important role –based on this how and when youth begin abusing drugs matters.
- Economic background also influence the usage of substance abuse through which they become addicts.
- It has been observed that most of the substance abuse youth are due to the broken family system.
- Film influences the youngsters to a great extent-often decide them to take drugs for a kick.
- Curiosities makes the youth for their intake of substance abuse to a large extent.
- Lack of self-confidence leads the person to take drugs by which he feels that he is secured or protected.
- One of another major reason contributing for drugs intake is lack of parental involvement.
- Desire for pleasure intends a person for substance abuse.
- Excessive stress leads an individual for this habit by which he becomes addicted.
- Risk of drug abuse increases greatly during times of transition. For an adult, a divorce or loss of a job may lead to drug abuse; for a teenager, risky times include moving or

changing schools. Often during this period, children are exposed to abusable substances such as cigarettes and alcohol for the first time. Teens may encounter greater availability of drugs, drug use by older teens and social activities where drugs are used.

- At the same time, many behaviors that are a normal aspect of their development, such as the desire to try new things or take greater risks, may increase teen tendencies to experiment with drugs. Some teens may give in to the urging of drug-using friends to share the experience with them. Others may think that taking drugs (such as steroids) will improve their appearance or their athletic performance or that abusing substances such as alcohol or MDMA (ecstasy or “Molly”) will ease their anxiety in social situations. A growing number of teens are abusing prescription ADHD stimulants such as Adderall® to help them study or lose weight. Teens’ still-developing judgment and decision-making skills may limit their ability to accurately assess the risks of all of these forms of drug use.
- Using abusable substances at this age can disrupt brain function in areas critical to motivation, memory, learning, judgment, and behavior control.⁷ So, it is not surprising that teens who use alcohol and other drugs often have family and social problems, poor academic performance, health-related problems (including mental health), and involvement with the juvenile justice system.

Various Statistical Reports

- According to UN report one million heroin addicts are registered in India and unofficially there are as many as 5 million.
- The Internal Narcotics Control Board report released pointed out that Indian persons addicted to opiates are shifting their drug choice from opium to heroin.
- According to data’s drug seized status – Mizoram, Punjab, Manipur, Nagaland, Assam, UP are the leading states.

- Statistics reveal that at least 25,426 people committed suicide due to drug abuse and addiction related problems in the last 10 years across India.
- Average 2,542 suicides every year, 211 per month and 7 per day in India.
- The report data from 2002 -2004 National Survey on Drug use and Health (NSDUHS) for trends in people perceptions of great risk associated with cigarettes, alcohol and specific illicit drug.

Consequences and Effects on Family

One of the most stressful issues a family can experience is financial insecurity. Addicts and alcoholics have been known to steal from their family, in order to maintain their drug and alcohol use. All the issues listed below have price tags attached to them. Paying for hospital bills, detox centers, and treatment can be expensive, even with insurance helping.

Emotional Stress

Dealing with addiction is NOT easy. The process can be a long and difficult one. Not knowing what's going on beneath your roof, not knowing what to expect from a loved one, not knowing what each day will bring – these are all incredibly stressful things. Therapy is recommended.

Violence

While under the influence, addicts and alcoholics may act out violently. This violence affects the family emotionally and physically. It can also affect the family financially, if the law's involved.

Legal Issues

Legal issues are common among alcoholics and addicts. Dealing with things like DUI's, and possession charges, can hurt families financially. Dealing with a family member being arrested and jailed costs money. Not to mention the incredible inconvenience and emotional strain.

Separation

All the stress of emotional, financial, personal, or legal issues can take its toll on familial relationships. This can be too much for many couples to overcome and may lead to separation or divorce. Things may not get this dire, but the family may feel ashamed and isolate from their community and friends.

Neglect of Other Members

When one family member has a problem, other members may be neglected. This can lead to feelings of jealousy, resentment, and anger. Focusing on the illness of one individual can hurt the rest of the family.

Health Issues

The lifestyle of active addiction takes a huge toll on the mind and body. The effects of drug and alcohol abuse create a ton of short and long term issues. Family members have to deal with the emotional pain of finding their loved ones unconscious, taking them to hospitals or things like that. They may also have to deal with their loved ones having serious medical issues, including: liver failure, accidental harm to self or others, Fetal Alcohol Syndrome, driving under the influence, etc.

Leads to Crime

The students who are of under substance abuse have the possibility of doing crime. Many times for the intake of abuse he become criminal or does crime in want of money. It leads him to do all criminal activities by which his life will become a questionnaire mark.

It's important to understand that the above issues weren't created on purpose. The addict or alcoholic is pulled along by forces outside of their control. Although that isn't an excuse, understanding these personal issues makes things much easier for everyone involved. It is responsible of each one of us to take responsibility and take prior step to prevent the abuse of drugs among youth.

Socio Economic background of the Substance Abuse Individual

A substance abuse person faces various socio economic problems due to which the individual faces many problems in the family and society. The addicted people often engage in compulsive behavior to obtain the drugs. There is an uncontrollable desire or craving to consume the drug. The addicted find it impossible to control the drug intake. Young people start taking drugs in larger doses than the recommended doses. The addict is not able to discharge his day –to-day responsibilities in an efficient manner. The most foremost problem faced by them in society is that the addicted person often stops socializing.

The college students who depends on their family members for their economic support spends vigorously on substance abuse. They never mind about their family sufferings. Due to this the addicts' family undergo pressure and even commits suicide.

Ways to Prevent Substance Abuse

Prevention is most promising when it is directed at impressionable youngsters. Adolescents are most susceptible to the allure of illicit drugs. Delaying or preventing the first use of illegal drugs, alcohol, and tobacco is essential. Not only does hazardous drug use put young people at risk of negative short-term experiences, but those who do not use illegal drugs, alcohol, or tobacco during adolescence are less likely to develop a chemical-dependency problem. Like education in general, drug prevention is demonstrably most effective among the young. In addition to deterring some initiations completely, drug prevention programs help people who use drugs to use smaller quantities. Successful substance-abuse prevention leads to reductions in traffic fatalities, violence, unwanted pregnancy, child abuse, sexually transmitted diseases, HIV/AIDS, injuries, cancer, heart disease, and lost productivity. There are preventative steps you can take to keep your children safe and healthy, such as the following:

1. Communicate

Talking openly with your teens about what they are and are not doing is essential. It will ease your mind to be in the loop, and it will allow them to feel more comfortable approaching you about these topics in the future. Even if you don't think your teens are involved with drugs or alcohol, the conversation is still worth having. Never assume.

2. Set boundaries

Making your expectations known early is important when setting boundaries with your teens. It helps let them know that you're serious and makes them readily aware of the consequences. Making rules is difficult once they've already been broken, and coming up with punishments after the fact can be challenging. It's important to keep a positive and stable relationship during the rule-making process, so your teens know they can always turn to you. According to the National, research proves that having a close, supportive relationship with parent's results in teens being more likely to delay drinking. Conversely, "When the relationship between a parent and teen is full of conflict or is very distant, the teen is more likely to use alcohol and to develop drinking-related problems."

3. Lead by example

As a parent, you're constantly teaching your teens, even if you don't realize it. If you're heavily dependent on alcohol or if it's a big factor in your social life, you could be setting a detrimental example. Research proves that children with parents who binge drink are two times as likely to binge drink themselves. Not only that, but teens are more likely to become addicts if they've had a parent or grandparent who suffered from addiction. If your teens are witnessing the seemingly positive effects that alcohol is having in your life, they might be curious if it will do the same in theirs. Additionally, if their parents have no problem abusing this drug, why should they feel compelled to treat it any differently?

4. Be Available

As you're talking to your teens and setting boundaries with them about drugs and alcohol, it's vital they know you're there for them if they need help. Telling them not to drink and enforcing rules upon them if they do means nothing if they can't call you when they're in trouble. Let your teen know that if they do make a mistake and get involved with drugs or alcohol, that you will be there to help them. Letting your teens know you're only a phone call away may prevent them from driving drunk or being a passenger in a car where the driver has been drinking.

Conclusion

Young people who persistently abuse substances often experience an array of problems, including academic difficulties, health related problems (including mental health), poor relationship, involvement with juvenile justice system.

Our country Prime Minister Mr. Narendra Modi said "youth are the asset of the country and the nation cannot afford to see them falling to drug abuse". Drug abuse illicit narcotics substances and drug trafficking affects the health of the individuals and destroy the economic structure of the family and society. Most people get better results if they include the following ways to control the intake of substance abuse:

- Yoga
- Meditation
- Hypnotherapy
- Counselling
- Treatments under rehabilitation centers.

It is our each ones responsibility to take initiative steps to prevent and control the substance abuse among the college students. Our Govt. Should implement very strict rules and regulations to control and prevent the sales of drugs and also against the drug abuses. which will bring a great impact for the prevention substance abuse among students and individual.

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IMPACT OF ALCOHOLIC ABUSE ON FAMILIES OF ADDICTS

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Abstract

June 26 is noted as International Day against Drug Abuse and Illicit Trafficking every year. It could be prominent to discuss that 'Substance abuse is a complex phenomenon which has various socio-cultural, economical, psychological and historical aspects'. It creates a lot of annoyance and deviation in the family members including children, parents, siblings, grandparents and anyone who is part of the home. The disintegration of the old joint family system, absence of parental love and care in modern families which both parents are working, decline of old religious and moral values etc lead to a rise in the number of substance addicts. Substance use, misuse or abuse is also primarily due to the nature of the drug abused, the personality of the individual and the addict's immediate environment. The processes of industrialization, urbanization and migration have led to loosening of the traditional methods of social control rendering an individual vulnerable to the stresses and strains of modern life.

Introduction

The words 'Drug addiction' and drug addict' were dropped from scientific use due to their derogatory connotation. Instead 'drug abuse', 'drug dependence', 'harmful use', and 'psychoactive substance use disorders' are the terms used in the current nomenclature. A psychoactive drug is one that is capable of altering the mental functioning. The major dependence producing drugs are, alcohol, Opioids, cannabinoids e.g. cannabis, cocaine, amphetamine and other sympatho-mimetics, hallucinogens e.g. LSD, Phencyclidine, Inhalants, e.g. volatile solvents, Nicotine, and other stimulants (e.g. caffeine). Alcohol is one among them which

is easy to avail and access. Hence this article concentrates much on the impact of alcoholic abuse on families of addicts.

Alcohol is banned in some parts of India such as Manipur and Gujarat, but it is legally consumed in the majority of states. There are believed to be 62.5 million people in India who at least occasionally drink alcohol. Unlike many western countries the consumption of alcohol in India is witnessing a dramatic rise – for instance, between 1970 and 1995 there was a 106.7% increase in the per capita (this means per individual in the population) consumption. International brewers and distillers of alcoholic beverages are keen to become popular in India, because it is potentially offers the third largest market for their product globally. India has also become one of the largest producers of alcohol – it produces 65% of alcoholic beverages in South-East Asia. Most urban areas have witnessed an explosion in the number of bars and nightclubs that have opened in recent years.

Children hear about drugs everywhere, it seems On TV, radio, the news, in music and movies, sometimes on the street or on the playground. When family members with drug problems are at home, it may not be safe for the kids. They might not be alert enough to protect kids from accidents or from other adults who would harm them. There might be a lot of fighting. They might abuse or neglect the children. The adverse effect of substance abuse affects the children's personality as a whole hence this article deals with the adverse effect of substance abuse among children in the family.

Facts on Alcohol

- The national household survey of drug use in the Country is the 1st systematic effort to document the nationwide practice of drug use.
- Alcohol (21.4) was the primary substance used (apart from tobacco) followed by cannabis (3.0) and opioids (0.7) seventeen to twenty six of alcohol users qualified for ICD 10 diagnosis of dependence translating to an average provenance of about 4 percent

- The National Families Health survey (NFHS) provides insights about tobacco and alcohol use. The changing trends between NFHS2 and NFHS3 reflect an increase in alcohol use among males since the NFHS and an increase in tobacco use among women
- The drug abuse monitoring system which evaluated the primary substance of abuse in inpatient treatment, substance were alcohol (43.9%) Opioids (26%) and cannabis (11.6)
- Hospital based studies revealed that ‘alcohol misuse has been implicated in 20% of brain injuries.
- N.C.R. Bureau reveals that ‘over 39,000 traffic violators could lose license for 3 months, over 1800 People awarded jail terms for drunken driving.
- As per N.C.R. Bureau statistics more than 1.41lakh people - around 380 person per day – were killed in road accidents in 2014. Most of these deaths were due to reckless driving and speeding.

The above facts on alcoholism revealed that roughly around 380 families loosed their bread winner either as a husband, father or son etc. In addition it also focuses that these members of family are forced live alone with the absence of the lives. Increasing numbers of widows and semi orphan are also the result of alcoholic abuse.

‘Hence the consumption (legal or illegal) of alcohol should be abolished. Strict measures could be taken by both state and central Governments. Importance of maintaining the traditional value systems will inculcate the moral responsibility of every individual human being.

Impacts on Families

India once had a reputation as having a culture that promoted abstinence towards drugs like alcohol. Things have changed and there is now serious problems arising due to alcohol abuse – some would say that there were always problems associated with alcohol use in India but in the past it was less reported. Today Alcohol dependence is more common in males

and has an onset in late or early third decade. The implications for this rise in alcohol related problems in family include:

- An increasing number of people are becoming dependent on alcohol. This makes it difficult for them to function normally within society.
- Domestic and sexual abuse is often associated with alcohol abuse.
- This type of behavior can be damaging to communities.
- Those individuals who engage in this type of behavior can begin to fail in their ability to meet family, social, and work commitments.
- Families can suffer financially as a result of this type of substance abuse
- Business and the economy suffer because of lost productivity with people coming to work still suffering from the effects of alcohol.
- Drink driving is responsible for many accidents and road deaths.
- Marital Disharmony and divorce
- Physical complications e.g. cirrhosis, gastritis and neuritis

Treatment of Alcohol Dependence

Therapeutic approaches are intervening to recover the person's alcoholic abuse and drug abuse is general.

- Detoxification: Detoxification in hospital is the first step in the treatment of alcoholics. When they stop taking drinks, alcoholics need therapeutic approaches biologically.
- Family therapy: Family plays a key role in the treatment of alcoholics. The family members do not preach nor do they blame or condemn the alcoholic.
- Behaviour modification therapy: Fears in inhibitions are removed to enable him to develop self confidence and self reliance
- Psychotherapy : Re-socialization is reinforced through counseling and through Group therapy

- Deterrent agent (disulfiram): Hospitals provide alcoholic patients the drug. This drug is inexpensive and administered orally
- psychosocial rehabilitation

Conclusion

Family members of alcoholic addicts especially children are badly affected due to the Grandiose, inability, escapism from reality and all other maladaptive behavior through the parental figure. Today children are being influenced to become alcoholic addicts. If this problem of drug abuse remains untreated the entire society will get affected in during course of time. It is the alarming time to implement necessary effort to safeguard the families and societies at large. Alcoholic free society is the pathway of creating health future for the children of our nation.

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**PREVENTION OF SUBSTANCE ABUSE: THE ROLE OF PARENTS,
TEACHERS, EDUCATIONAL INSTITUTIONS & NGO'S**

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Abstract

The incidence and prevalence of substance abuse in any form like alcohol, tobacco, cannabis, kanja, etc are quite increasing in the society especially among children, adolescent and surprisingly in women too. The concept of "Home away from Home" is also increasing in our society as parents want to give their children best in their education which in turn keeps the children distance from home and parents. Hence, the teacher, always quoted as a "Second Parent", has major role to play to as a parent. Further the educational institutions where the children are studying become the "HOME" while the institution also possesses the main responsibility to provide safe "Home Environment" for the children. However, the children who have not been going to any school or college are much more vulnerable when compared to that of children studying in school or colleges. The NGO's play a vital role here in terms of preventing substance abuse among these children. There are many numbers of ways to prevent substance abuse among children & adolescent has been conceptualized and discussed in this paper to help the parents, teachers, educational institutions and NGO's to understand their role and various ways to prevent substance abuse from the root.

Key Words: *Substance abuse, Parent, Teacher, NGO's, Prevention strategy, Children, Adolescent*

Introduction

In the recent days adolescent and school children are using more drugs than the previous years. Especially adolescent are involving in drug abuse in their early life due to cultural change and our social media promotes such kind of behaviours. The adolescent has more need for developing social connections other

than the family members and those who are vulnerable to suggestions are easily dragged into this kind of behaviour. Moreover teenagers has to deal with lot of issues, like academic expectations, family relationships, romantic and friendly relationships, worry about future jobs, that creates lots of difficult feelings for them. Some adolescents are not able to cope up with these difficult feelings where the drugs help them to come out of these stressful situations. Unfortunately they unaware of the truth that this drug will give only a temporary relief and even it will complicate their life in future. Hence prevention of drug abuse in the society especially among the children and adolescent is immediate call for the parents, teachers, educational institutions and NGO's in the present scenario.

Role of Parents

The entertainment world's glorification of drugs and alcohol contributes to the curiosity in young minds that leads to experimentation. In light of this, parents should be aware of what their kids are watching and listening to. Deciding how to censor is a personal choice for the parents; each family has its own set of values and priorities. However, kids are inevitably going to get ideas about drugs from somewhere, so it is always a good idea for them to develop an understanding of the risks at home first. That way, when they meet tempting or unrealistic portrayals of drugs later on, their curiosity will be checked by their knowledge. Parents' plays an important role in the prevention of drug abuse and it is more than giving lecture for not using the drugs. The parents should listen to their children and frequently discuss about the safety and health issues related to drug abuse. As a parent it is important to teach them how to handle with peer pressure and how bad the parents feel when they come to know about their children on drugs. This will help the children to understand the parents' point of views and make them be strong enough to face the peer pressure.

Positive Parenting and Drug Abuse Prevention

National Institute on Drug Abuse developed 5 questions for the parents to ask themselves with regard to positive parenting and drug abuse prevention:

1. Am I able to communicate in a healthy way with my child about relationship issues?
2. Do I reinforce positive behaviours?
3. Do you have the skills to resolve the conflict with your teen in a productive manner?
4. Can you set limits of your teen in a calm manner and manage behaviour problems when they occur?
5. Do you consistently supervise your teen's behaviour?

Some parents may feel uncomfortable talking with their children about drugs or are unsure how to raise the issue without creating awkward tension, but there are some time-tested methods for engaging children in a productive discussion. The conversations should be friendly, as opposed to threatening, and parents should be careful to listen to everything their kids have to say. Asking questions instead of dominating the discussion encourages the child to open up. When parent and child are sensitive to each other's feelings, a mutual trust and confidence develops, and the child will naturally want to preserve the familial bond.

Parents can have a significant influence by modelling responsible behaviours concerning drug use, instituting family rules, becoming more aware of youth culture, recognizing the early signs of drug use and by maintaining communication within the family and with other parents and the school.

Role of Teachers & Educational Institutions

Preventive measures to stop the threat of drug abuse do not have to be saddled entirely by parents. In concert with parental efforts, teachers and educators, as well as community figures, can play a huge role in making entire communities safer for our developing youth. While planning the prevention program at school the teachers should be aware of the prevalence of drugs, what types of drugs are being used and in what context, age

group of the children using the drugs, the amount or level of drug used and frequency of usage of that drugs and also the national laws and policies pertaining to drugs.

The prevention program in the educational institution should consider the students knowledge about drugs, what values, attitudes, beliefs, perceptions students are holding about drugs, students current skills set, and what skills are need to be developed or refined. Before setting goals and objectives of the prevention program the teacher must consider how to challenge students to defend their values, increase their knowledge, explore their attitudes and the attitudes of others, and refine their skills and how to encourage students to reflect on what they have learned and how it can be applied to situations in school, the community and their everyday lives.

Prevention of drug abuse has been done mainly through 3 ways such as Demand Reduction Strategies, Supply Reduction Strategies and Strategies to mitigate the negative health and social consequences of drug use.

Demand Reduction Strategies

These strategies aim to reduce the desire and willingness to obtain and use drugs and to prevent, reduce or delay the uptake of drug use. They may include abstinence-oriented strategies.

Supply Reduction Strategies

These strategies aim to disrupt the production and supply of illicit drugs, as well as limit the access and availability of licit drugs in certain contexts. In the school setting this includes measures taken to limit the use, possession and sale of illicit drugs on school premises.

Strategies to Mitigate the Negative Health and Social Consequences of Drug Use

These strategies aim to reduce the impact of drug use and drug-related activities on individuals and communities.

Student Assistance Programs (SAPs)

The Student Assistance Programs implemented in schools which is focused on providing services to students who are in need of interventions for substance abuse, mental health, academic, emotional, or social issues. The SAP is not a curriculum or treatment center – that connects education, programs, and services within and across school and community systems to create a network of supports to help students. The SAPs identify students as troubled or in need, assess their needs, and provide them with support and referral to appropriate resources. The overarching goal of SAPs is to remove barriers to education so that a student may achieve academically (Tobler N.S. & Stratton H.H., 1997).

Implementing the Prevention Programs – Role of Provider

It is most important that the effectiveness of a prevention program depends on who implements, provider the program. The school based drug prevention programs effectiveness is depends on some characteristics such as who is implementing the program, to which age group it has been given and whether that program is suitable for that particular age group, and what kind of strategies are used in that program that is social skills training, information or education related to drug abuse, or resilience building and so on.

The drug prevention programs led by peers can be as effective as adult-led programs (Allott, et al., 1999; Black, et al., 1998; Cuijpers, 2002; Gottfredson & Wilson, 2003). The effectiveness of the programs by various types of providers are most likely mitigated by a number of other factors, such as program interactivity (Allott, et al., 1999; Black, et al., 1998; Cuijpers, 2002; McBride, 2003). There is evidence that professional program providers outperformed both peers and teachers, and that peers outperformed teachers (Tobler, et al., 2000).

Role of Ngo's – Community

The NGO's and our community has an important role to play in the prevention of drug abuse as our lifestyle is partly build up

on our society and most of our behaviour are influenced by our social environment. However it would be more effective if we work together rather than acting alone to prevent drug abuse in the community. We need to adopt “Upstream Prevention” strategy to prevent drug abuse that is to “fix a problem at the source” rather than going and saving victims. The NGO’s and the community could involve the youth in more productive activities like helping the poor people, elders, and other social services. They may provide holiday programs where the young one gets support and proper mentoring from elders. They can organize wide range sports activities where the youth can exhibit their talents as well as get satisfied with their exploring, risk taking and curious behaviours.

The successful campaigns and prevention programs have proved that multiple strategies will bring greater change. The Alcohol Action in Rural Communities (AARC) program is a coordinated approach to reduce alcohol harm in the community implemented by the University of New South Wales & Newcastle who worked across the community in New South Wales. They developed and implemented a number of actions involving Media, Health Services, Organizations, Schools, Licensees & Police and Sports Clubs. Media can demonstrate the power of advocacy for change for example it can object to advertise the alcohol beverages especially where the young one can see more. Though the sports clubs are promoting the positive health behaviours unfortunately some clubs has the culture to promote drug abuse, smoking and unhealthy food habits which in turn have an impact on our society. Researchers found that the alcohol usage is higher among the members of the sports clubs than the general population and ‘binge drinking’ is also common (Portinga, 2007; O Brien, et al., 2007; Duff, et al., & Rowland, et al., 2005). It was evident that the “Good Sports” is estimated to have averted over 1,300 alcohol related falls, assaults and road accidents and saved the economy \$14 million (Crundall,, 2012).

The use of drugs caused lot of negative impact in the work place like low productivity, higher absenteeism, injuries and

death (Manning, Smith & Mazerolle, 2013). The organization developed a four stage model policy for alcohol prevention in the work place: communicate the alcohol use policy among workers, providing education & training to employees and counselling & treatment services, finally evaluating the effectiveness of the policy (Pidd & Roche, 2013).

Conclusion

The prevention of alcohol abuse in the society has to be treated as an “Emergency Call” and needs an immediate action. Though there are programs to prevent the drug abuse in our society we need speed up our action plan involving everyone in the community as a whole to achieve 100% success to prevent our younger generation from these dreadful behaviours.

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THE INFLUENCE OF DIGITAL AND ENTERTAINMENT MEDIA ON SUBSTANCE ABUSE AMONG CHILDREN AND ADOLESCENTS

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“The Youth Is The Hope Of Our Future.”

- Jose Rizal

Abstract

India is the richest country in having largest young population. Nearly 41% of Indian population falls under the age of 25. But these population of India now in under danger of major health and behavioural problems due to the hazardous use of substances such as alcohol, tobacco, marijuana, etc., Alcohol use by adolescents is a major Threat to the young population on their health and well- being. Researches said that approximately three-fourths of adolescents have tried alcohol by the end of their high school. Adolescents who begin to drink at an early age are at higher risk for injury, illness, long-term alcohol abuse, or even death related to alcohol use. A 2012 survey by the health and family welfare ministry statistics said that Boys aged between 15-19, among them 28.6% reported tobacco use 15% were addicted to alcohol. Girls aged 15-19 showed 5.5% used tobacco while 4% were addicted to alcohol. The reason behind consuming alcohol and other substances is multifactorial but the entertainment and digital media play a major role in these young people come into exposure to the unhealthy stuffs even in their kinder garden level where the Flynn effect of current generation make them to understand and grasp things more easily. So this paper discuss how digital and entertainment media influence the younger generation in fall into the unhealthy activities and also this paper discuss the solution as well, as how to save our future generation from this substance abuse.

Key words: *Digital and Entertainment Media, Substance abuse and Adolescents.*

Introduction

Traditionally a country's wealth is purely determined by the youngsters of any Nation. Youngsters are the great asset to a country. But in this fast and furious scenario these children fall into much unhealthy stuff one among them and greater threat to health and well-being even to the life is substance abuse. India has the largest young population than other countries. Here we have almost 41% of young population as none of other country has. But this population nowadays out of their control of their behavior because of the exposure and opportunities that they are having in this global scenario. Of course this exposures and opportunities are required for their betterment and successful life but still there are lot and lot of unhealthy stuffs also available where they exposed frequently. Among them media is one of the places where a child can learn good things as well as unhealthy things. So media also play a key role in the reason for youngsters consuming alcohol, tobacco and other substances. There are many influences on whether an adolescent begins to drink alcohol at a young age. Some of these include home life and whether parents have talked about rules for alcohol use with their children. Whether an adolescent's peers drink alcohol also influences his or her likelihood of drinking alcohol. Another influence on adolescent drinking is the media: movies and television that depict alcohol use, music that includes lyrics about alcohol use, and advertisements for different brands of alcohol.

Substance Abuse

“Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.”

Statistics on Substance Abuse among Children in India

The number of incidents of drug abuse amongst school children is on the rise in comparison to previous years. More and more teenagers seem to be addicted to alcohol, tobacco, cannabis, heroin, inhalants and injectable substances. Karnataka is on top of the charts in drug abuse amongst kids, followed by Andhra

Pradesh. Alcohol consumption and use of tobacco by children is highest in Meghalaya, according to a recent study. Abuse goes beyond alcohol and tobacco, and often also involves cocaine, heroin and opium. A 2012 survey by the health and family welfare ministry statistics of boys aged between 15-19, shows that a shocking 28.6% reported tobacco use and 15% were addicted to alcohol. Girls aged 15-19 showed 5.5% used tobacco while 4% were addicted to alcohol. Satyarthi's petition cited a recent report, according to which, over 88% children from Karnataka consume alcohol followed by 84.7% in Andhra Pradesh. Chandigarh and Haryana show consumption at 80%. In Delhi, only 23% teenagers consume alcohol while Tripura shows consumption at 35%.

Tobacco abuse by children is highest in Meghalaya at 96.4%, followed by Nagaland at 95.8% and Sikkim at 93.1%. In Uttaranchal 90% children are addicted to tobacco. In Goa only 36.7% consume tobacco, with 69.7% in Delhi. Cannabis use is highest in children from Uttaranchal at 70%, followed by Haryana with 63.3% and Meghalaya with about 50%. In Goa and Tripura it was lowest at just 1.7%. 68.3% kids of Tripura used inhalants, followed by Madhya Pradesh at 66.5%. In Maharashtra, this number stood at 60.6% with 49% in Sikkim. In Haryana, this number stood at 46.7%, in Odisha at 40%, in Delhi and Rajasthan at 39%, in Manipur at 32.3%, and in Meghalaya at 30.9%. Tamil Nadu, Andhra Pradesh, Uttaranchal, Jammu & Kashmir, Himachal Pradesh and Gujarat reported a low 7-8%, with Goa being the lowest at 5%. In a startling fact, the use of heroin was seen to be highest in Meghalaya at 27.3%, followed by Punjab at 19.3%. Less than 15% children from Jharkhand, Jammu and Kashmir and Odisha abuse this drug. In Delhi, Uttar Pradesh and West Bengal the usage stood at 9-10%. The use of heroin in Andhra Pradesh, Kerala, Tamil Nadu, Goa, Tripura, Himachal Pradesh, Gujarat and Bihar stood at nil. Injectable drugs also seem to be popular amongst children, with 88.6% children from Mizoram, followed by Meghalaya and Rajasthan at 25%. In Maharashtra, this number stands at 23.5%.

in Punjab at 13%, in Arunachal Pradesh, Manipur and Madhya Pradesh at 11%. In other states the usage stood below 7%. No child in Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Goa, Tripura, and Himachal Pradesh uses inject able.

The impact of Substance Abuse among Children

- 1. Academics** - Declining grades, absenteeism from school and other activities, and increased potential for dropping out of school are problems associated with adolescent substance abuse.
- 2. Physical Health** - Injuries due to accidents (such as car accidents), physical disabilities and diseases, and the effects of possible overdoses are among the health-related consequences of teenage substance abuse. Disproportionate numbers of youth involved with alcohol and other drugs face an increased risk of death through suicide, homicide, accident, and illness.
- 3. Mental Health Problems** - Mental health problems such as depression, developmental lags, apathy, withdrawal, and other psychosocial dysfunctions frequently are linked to substance abuse among adolescents.
- 4. Peers** - Substance-abusing youth often are alienated from and stigmatized by their peers. Adolescents using alcohol and other drugs also often disengage from school and community activities, depriving their peers and communities of the positive contributions they might otherwise have made
- 5. Social and economic Consequences** - The social and economic costs related to youth substance abuse are high. They result from the financial losses and distress suffered by alcohol- and drug-related crime victims, increased burdens for the support of adolescents and young adults who are not able to become self-supporting, and greater demands for medical and other treatment services for these youth.
- 6. Delinquency** - There is an undeniable link between substance abuse and delinquency. Arrest, adjudication, and intervention by the juvenile justice system are eventual

consequences for many youth engaged in alcohol and other drug use

Reason behind child Substance Abuse

- Other People (e.g. Parents, Peers, Relatives, etc....)
- Popular Media
- Entertainment Media (Cinema, TV Shows)
- Digital Media (electronically encoded music, videos, video games, etc..)
- Escape and Self-Medication (As unhappy time solution)
- Boredom
- Rebellion (Different rebellious teens choose different substances to use based on their personalities)
- Instant Gratification
- Lack of Confidence
- Misinformation (Perhaps the most avoidable cause of substance abuse is inaccurate information about drugs and alcohol)

What is Digital and Entertainment Media?

Digital Media refers to any type of media that is in an electronic or digital format for the convenience and entertainment of consumers. It includes anything that is presented in an audio (sound) or video (visual) form that can be seen and heard by others. Examples include music files, video feeds found on the Internet at popular video websites; and animated Flash and images used to create interactive websites and games. *Entertainment Media* The entertainment media in India consists of many different segments under its folds such as Television, print (Newspaper), and films.

Influence of Media on Substance Abuse

- Alcohol use on television and in movies: Research studies of adolescents have shown that teens who see alcohol use in movies and on television are more likely to start drinking alcohol at a younger age.

- Alcohol use as a topic in music: Research studies have shown that alcohol use is often a topic explored in songs that are popular among adolescents, and the lyrics of these songs often relate alcohol use to sex or violence.
- Alcohol in advertisements: The alcohol industry spent \$1.7 billion in media advertising in 2009. Many alcohol advertisements are placed in different types of media that are popular among adolescents.
- A study in this month's *Archives* looks at adolescents' reports of their favourite alcohol brands. Brands named by adolescents as their favorites tended to be the same brands that have high advertising expenditures. This suggests that alcohol advertising influences teens' attitudes toward alcohol.
- Another study in this month's *Archives* observed more than 2000 young adolescents who initially did not drink. Adolescents who were exposed to alcohol advertisements were more likely to say that they had a positive attitude toward alcohol use, and they were more likely to have started drinking alcohol by the end of the study period. This suggests that alcohol advertisements may lead adolescents to have positive attitudes toward alcohol and to start drinking alcohol.

How to save our Children?

1. School Based Alcohol And Drug Prevention And Training programs

Step: 1 -training for children with substance abuse:

This include those that group substance users together and approaches that focus only on information dissemination or teaching about the dangers of substance use.

Step: 2 – active prevention programs

- How to resist peer influences
- improving generic life skills
- involving families, and
- providing opportunities to become involved in positive experiences with others in the school and community .

Step: 3 – start from elementary level***Effective programs for elementary school students address issues such as***

- self-control,
- emotional awareness,
- communication skills, and
- social problem-solving skills

Effective programs for older students seek to build

- communication skills
- self-efficacy and assertiveness, and
- Drug resistance skills.

2. Make The Media As A Mentor Not A Monster In Young One's Mind

- Limit the number of alcohol advertisements aimed at youth.
- Limit or totally avoid the scripts and dialogues, which encourages substance abuse among children.
- Restrict sensor boards to cut the scenes that are related to substance use.(Strict Gov. rule only can bring such a change change).
- Encourage media peoples to take care and to avoid such kind of ads and films in their career instead of that encourage them to participate awareness camps and prevention programs.
- But these programmes and implementation does not bring overnight changes. But still slow and study always win the race.

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SUBSTANCE ABUSE: A HIGH RISK FACTOR, CO-MORBID CONDITION AND NON – COMPLIANCE FACTOR IN SCHIZOPHRENIA

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Abstract

Many studies have described the long term course and outcome of Co-morbid schizophrenia and substance use disorders. They highlight that patients of schizophrenia with co-morbid substance use have poorer compliance, frequent psychotic relapses and hospitalizations. This conceptual study comprises of an overview about the co-morbidity of substance use on schizophrenia. Co-morbidity is the condition in which two disorders or illness will occur in the person simultaneously or sequentially. Though substance abuse is co-morbid with other disorders like depression, anxiety disorders etc. schizophrenia is a condition that is becoming very common nowadays and also there is lack of awareness among people. Many researches are being conducted to substantiate the fact that Schizophrenia and Substance abuse are co-morbid. Among people in treatment for alcohol or drug abuse, the occurrence of schizophrenia is higher than in the general population. In general population an estimated 1% of people have schizophrenia. In people being treated for alcohol abuse, 4.5% to 6% of people also have schizophrenia. Among people who are being treated for drug abuse, 28% of them have schizophrenia. An important reason for an increased outcome in schizophrenia in developing countries like India is substance use co-morbidity. Some studies have found that the prevalence is up to 54% in India. It is necessary to curb substance abuse by early detection of problem behaviour, by introducing self help groups and also by Cognitive Behaviour Therapies.

Keywords: *Substance Abuse, Schizophrenia, Co-morbidity, Alcohol.*

Introduction

About half of the patients diagnosed with schizophrenia have co-morbid substance use disorders. In developing countries like

India substance abuse is a major causative factor in increased outcome of schizophrenia. Some studies have found that the prevalence is up to 54% in India. The term **co-morbidity** was first introduced as early as in 1970's by Feinstein. It is a condition where two psychiatric disorders in any combination are found in the same person. It may occur simultaneously or sequentially. This study emphasises on the co-morbidity between Substance Abuse and Schizophrenia. Schizophrenia is a chronic and severe mental disorder that effects how a person think, feels and behaves. People with schizophrenia may seem like they have lost touch with reality. The symptom usually starts between 16 and 30.

Schizophrenia as a psychiatric disorder

It will be more appropriate to understand more about schizophrenia as a psychiatric disorder to identify its co-morbidity.

Symptoms of Schizophrenia

Positive Symptoms

These are disturbances that are “added” to the person’s personality.

- **Delusion** - False ideas. The person may complain that somebody is spying on him.
- **Hallucinations** – Seeing, feeling, tasting, hearing, smelling something that really doesn’t exists.
- **Disordered thinking and speech** – Moving from one topic to another which is non sequential.

Negative Symptoms

These are capabilities that are lost from the person’s personality

- Social Withdrawal
- Extreme Apathy
- Lack of drive or initiative
- Emotional unresponsiveness

Cognitive Symptoms

For some patients, the cognitive symptoms of schizophrenia are not predominant, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking.

- Poor “executive functioning” -the ability to understand information and use it to make decisions
- Trouble focusing or paying attention
- Problems with “working memory” -the ability to use information immediately after learning it

Behaviours that are Early Warning signs of Schizophrenia

- Hearing or seeing something that isn't there
- A constant feeling of being watched
- Peculiar or nonsensical way of speaking or writing
- Strange body positioning
- Feeling indifferent to very important situations
- Deterioration of academic or work performance
- A change in personal hygiene and appearance
- A change in personality
- Increasing withdrawal from social situations
- Irrational, angry or fearful response to loved ones
- Inability to sleep or concentrate
- Inappropriate or bizarre behaviour
- Extreme preoccupation with religion or the occult

Types of Schizophrenia

- **Paranoid Schizophrenia** - A person feels extremely suspicious, characterized by Delusions of Persecution or grandeur or a combination of these
- **Disorganized Schizophrenia** – A person is often incoherent in speech and thought, but may not have delusion
- **Catatonic Schizophrenia** – A person is withdrawn, mute, negative, unusual body postures

- **Residual Schizophrenia** – A person is no longer experiencing delusion of hallucination but have no interest or motivation in life
- **Schizoaffective** – A person having both symptoms of Schizophrenia and a major mood disorder such as depression

There are several theories about the particular relationship between substance abuse and schizophrenia. A common hypothesis is that the choice and use of substance is a method of “Self Medication” to treat medical side effects.

Research suggests that substance abuse may also be related to the impact of schizophrenia on the nervous system. This hypothesis suggests that people with schizophrenia may have a tendency for addiction as initial disease symptoms which can appear parallel to and independent from other symptoms. It can be said that people resort to substance abuse for fear of social stigma on developing symptoms of schizophrenia.

Research also says that people with schizophrenia are more sensitive to the effects of alcohol and other drugs due to increased biological vulnerabilities and that they experience more negative side effects from even small amount of alcohol or other drugs.

The reason for this co-morbidity is more likely to be genetic, side effects of medications, psychosocial factors, and environmental factors like family and social influences, specific personality traits, peer influence, early life trauma etc. Overall chronic stress plays an important role in the co-morbidity.

Goswami *et al.*, in their study concluded that substance use disorder comes before the onset of schizophrenia in the majority. It was also found that an increase in substance abuse came before in one- third of the patient.

Aiche *et al.*, conducted a study on 70 patients with schizophrenia. They found out that 54.3% had co- morbid substance abuse. Cannabis and Nicotine was very commonly used among the patients followed by alcohol.

Tien and Anthony found that alcohol use has been associated with risk of developing schizophrenia. In a landmark study,

Andreasson *et al.*, found that Cannabis consumption is an independent risk factor for schizophrenia.

In more than 60% of the patients diagnosed with co-morbid substance use disorder along with schizophrenia, the onset of the substance use is before the onset of the illness.

In Delhi Psychiatric Journal, a study was published which gave an alarming ratio of co-morbidity. Among 2945 persons in treatment for alcohol dependence, it was found that 81% of the sample had used cannabis more than 21 times in their life; 57% had used cocaine more than 11 times and 32% of them used opiates and 38% used sedatives 11 times in their lifetime.

In another study, Up to 60% of chronic schizophrenic patients are reported to abuse alcohol or drugs. This co- morbidity raises the question whether one disorder is a consequence of the other. With a structured interview, the onset and course of schizophrenia and substance abuse were assessed in a sample of 232 schizophrenic patients. Information by relatives confirmed the patients' reports. Alcohol abuse prior to first admission was found in 24%, drug abuse in 14%, which is twice the rate in the general population. Alcohol abuse more often followed the first symptom of schizophrenia. Drug abuse preceded the first symptom in 27.5%, followed it in 37.9%, and emerged within the same month in 34.6% of the cases. The study demonstrates a remarkable association between first-episode schizophrenia and substance abuse.

The hazards of co-morbidity

The high frequency of co-morbidity of substance use disorder in schizophrenia is linked to an increased risk of illness and injury. More deaths, illnesses and disabilities arise from substance abuse than from any other preventable health condition. Today, one in four deaths is attributable to illicit drug use. People who live with substance dependence have a higher risk of all bad outcomes including unintentional injuries, accidents, risk of domestic violence, medical problems, and death.

Health Problems

The impact of drug abuse and dependence can be far-reaching, affecting almost every organ in the human body. Drug use can:

- Weaken the immune system thereby increasing of infections.
- Cause cardiovascular conditions ranging from abnormal heart rate to heart attacks. Injected drugs can also lead to collapsed veins and infections of the blood vessels and heart valves.
- Cause nausea, vomiting and abdominal pain.
- Cause the liver to work harder, possibly causing significant damage to liver and possibly liver failure.
- Cause seizures, stroke and widespread brain damage that can impact all aspects of daily life by causing problems with memory, attention and decision-making, including sustained mental confusion and permanent brain damage.
- Produce global body changes such as breast development in men, dramatic fluctuations in appetite and increases in body temperature, which may impact a variety of health conditions.

Behavioural Problems

- Paranoia
- Aggressiveness
- Hallucinations
- Addiction
- Impaired Judgment
- Impulsiveness
- Loss of Self-Control

Prevention of Substance abuse

Since schizophrenia and substance misuse have been determined to be closely interdependent, a dual diagnosis - treatment of schizophrenia and drug abuse is needed. Currently, research is focusing on a range of psychological strategies such as

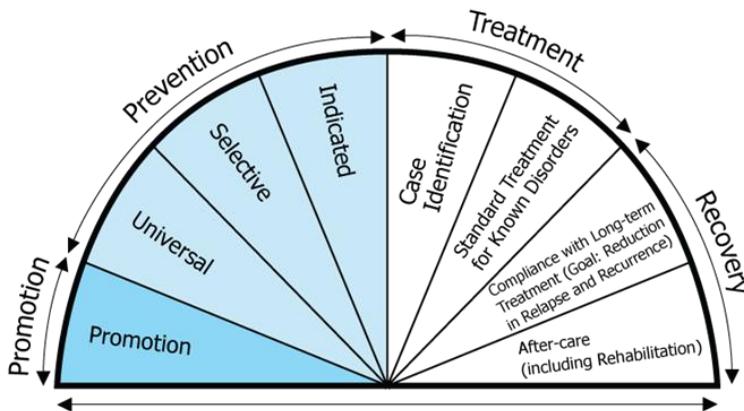
family intervention, skills training, cognitive therapy, or development of substance refusal.

Early interventions of community and family can help to prevent or mitigate behavioural health disorders.

Data have shown that early intervention following the first episode of serious mental illness can make a difference.

Earlier intervention is also critical to treatment before it can cause tragic results like serious impairment, unemployment, homelessness, poverty and suicide.

The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994, by Institute of Medicine report, the model includes the following components:



- **Promotion**—these strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**—delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.
- **Treatment**—these services are for people diagnosed with a substance use or other behavioral health disorder.

- **Recovery**—these services support individuals' abilities to live productive lives in the community and can often help with abstinence.

Prevention is a group activity

Responsibility for prevention belongs to many individuals and groups, not just school-based prevention programs.

Adolescents—initiation from the young adolescent by peer mentoring and leadership programs helps in prevention of substance abuse and further development of mental illnesses.

Schools-Programs that are specific to age, based on the development and culture should be repeated throughout the grades and re-enforced by youth, parent, and community

Parents—Role model of a child is parent. They should define standards for achievement and behavior. They should continuously monitor the behavior and should resort to punishment for improper behavior in such a way that the child realizes the consequences. Regarding drug and alcohol abuse, parents must talk early and talk often.

Communities- The community must react to pro-alcohol and drug abuse messages There should be ordinances restricting youth access to drugs, tobacco and alcohol. And they should be enforced and balanced with opportunities for positive youth involvement.

Family Interventions, Skill training, Cognitive Behavior Therapy, Psychosocial Rehabilitation, Self Help group- Alcohol Anonymous, Drop- in Centers, Housing Program, Psychotherapy and Counseling, Anti psychotic drugs all these can help in the revival of a person to live independently.

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**A SURVEY AMONG MALE ADOLESCENT COLLEGE
STUDENTS ON MEDIA AND SUBSTANCE ABUSE
IN CHENNAI CITY**

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Abstract

Introduction: Mass media have been described as a reflection and projection of society's values. It has played a role throughout history, whenever new developments have threatened the established values and often are singled out as important facilitators and accelerators of social change. As such, it is not surprising that behavioural changes have been leveled against the mass media for their role in the recent escalation of drug use and abuse. Theoretical model of social behavioural emphasize the importance of influence of mass media and peer behavior as modelling or normative influence. The raising burden of substance abuse among adolescents is a major public health challenge worldwide. The present study highlights the role of mass media in substance use among the current male adolescent student population. Methodology: A survey has been conducted among 300 male adolescent college students in the metropolitan Chennai city. The data will be collected using a self-developed questionnaire. Results: Results will be discussed with the help of descriptive statistics.

Keywords: *Substance abuse, Mass media, Modelling, Adolescence*

Introduction and Review

Adolescence -- the period lasting from approximately age 11 to 21 -- covers many social and emotional changes. This transition between childhood and adulthood leads to rapidly

changing behaviors, identity disturbances and strong emotions. Adolescence is a time when teenagers begin to explore and assert their personal identities. Relationships with peers begin to take precedence over relationships with the family. Although family interactions are still important and essential for a teen's development, adolescents often place a stronger emphasis on their friends' perceptions and values. Likewise, during the adolescent years, teens might be strongly influenced by their peers' beliefs and behaviors. Paired with adolescents' limited life experience and under-developed decision-making skills, teenagers are often vulnerable to negative peer pressure.

Alcohol and other substance use are on the rise among the young across the globe. Studies indicate that substance abuse behaviours generally begin during adolescence whose consequences pose important public health problems. In India, the choice of substance among the young varied from tobacco products, alcohol, opioids, and heroin to prescribed medications. For many teens, illicit substance use and abuse become part of the landscape of their teenage years. When it comes to saying no to drugs, the hardest people to say no to are one's friends. Authors Albert C. Gunther et al (2006) conducted a research on Presumed Influence on Peer Norms Affecting Adolescent Smoking, and the results show that peer pressure has an indirect effect on the susceptibility for adolescents for smoking.

Several psychosocial factors have been associated with substance abuse. Particularly, peer pressure, media portrayal of substance-use by celebrities, lucrative advertisements, attractive packaging, assumptions that it may increase their vitality, reduce stress, the best way to party and expectations of joy are commonly associated with harmful use of substances by the young. In general, it is widely accepted that peers, social environment, family and subjective factors play a vital role in substance abuse behaviors among the young.

The power of advertising to influence children, adolescents and adults, is incontrovertible. Advertising makes smoking and drinking seems like normative activities and may function as a

“super peer” in subtly pressuring teenagers to experiment. At best, media representations normalize drug use, and at worst, make drugs, alcohol, sex and smoking seem cool. Author Dr. Scott Frank at the Case Western Reserve University School of Medicine in the year 2010 did a research on Hyper-Texting and hyper networking Teens and found that they are more likely to abuse substance, more likely to have had sex, engage in physical fight, binge drink, use illicit drugs, and abuse prescription drugs.

Research has revealed that advertising may be responsible for up to 30% of adolescent tobacco and alcohol use. Although the causes of teen substance abuse are complex and varied, many experts believe that the influence of celebrity drug culture also plays a vital role. Though attempts are made to blur the images or have a passive statement enclosed in the screen while the celebrity is using a substance, the impact of this is unknown.

The new technologies—the Internet, social networking sites, and even cellular phones—offer new and problematic opportunities for adolescent drug exposure. A variety of Web sites sell tobacco products and few of them have effective age-verification procedures. Social media is big for teens. Apart from the positives, the downsides to social media use are alarming. The CASA Columbia at Columbia University in the year 2011 conducted a research on Teens Regularly Using Social Networking Sites Likelier to Smoke, Drink, use Drugs, and it was found that teens substance-use photos are posted in social networking sites and social networking teens are at increased substance abuse risk.

Methodology

AIM

To study the opinion of male adolescent college students on media and substance use in Chennai city.

Sample and Tool

The survey was done among the 300 male adolescent college students in Chennai city. They were administered using a pre-

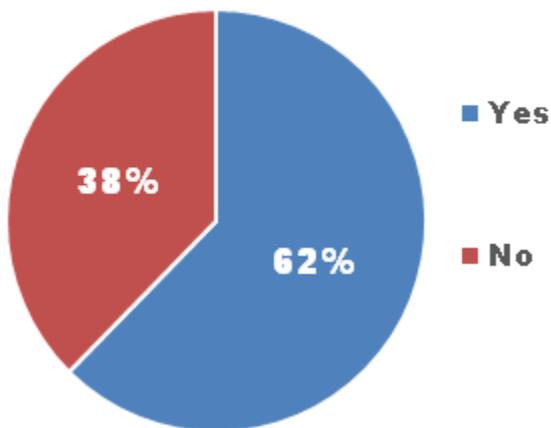
designed survey questionnaire designed by the authors. The questionnaire consists of 26 items related to various substances (alcohol, smoking, drug) and factors like media, peer pressure, celebrity and awareness of ill effects. They were asked to fill the required details and informed that there is no right or wrong answers. The name of the college, name of the students and personal details were kept confidential. The collected data was then subjected to statistical analysis.

Results and Discussion

Percentage analysis shows the following

Table1 Number of subjects who have used substances like alcohol, drugs, and Cigarettesatleast once in their lifetime.

Options	No of Responses	Percentage
Yes	187	62%
No	113	38%

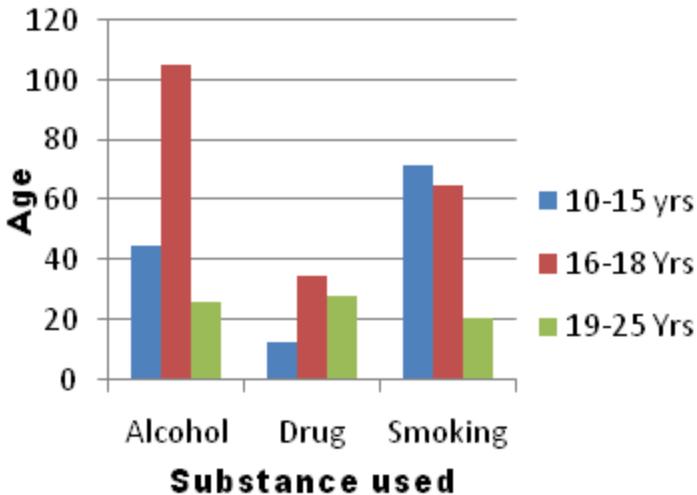


From the above table and graph, it is evident that 62% of the teens have responded 'Yes', which shows that they have consumed substances like alcohol, drugs (Cocaine, marijuana etc.) and Cigarettes at least once in their lifetime. 38% of the teens have responded 'No', which shows that they have not

consumed any of the substance like alcohol, drugs (Cocaine, marijuana etc.), and Cigarettes. This chart shows that the majority of the male adolescent college students have consumed one or the other substance in their lifetime.

Table 2: First time drinking alcohol, using drugs and smoking

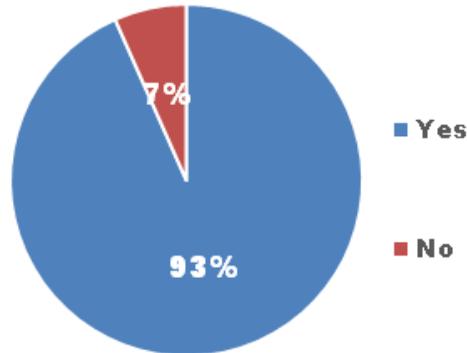
	10-15 Years		16-18 Years		19-25 Years	
Percent age	Respo nse		Respo nse	Percent age	Respon ses	Percent age
Alcohol	45	11%	105	26%	26	6%
Drug	13	3%	35	8.5%	28	7%
Smokin g	72	17.5 %	65	16%	21	5%



This bar graph shows that majority of the teens have their first experience with alcohol by the time they were 10-15 years of age, which is alarming, and that majority report that they have had their first encounter with drugs by 16-18 years and smoked by 19-25 years of age.

Table 3: Opinion about women consuming alcohol and smoking

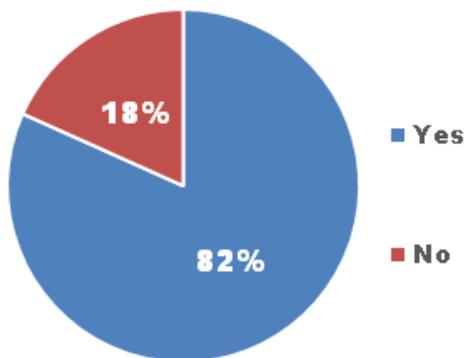
Options	No of Responses	Percentage
Yes	280	93%
No	20	7%



It is seen from the above table and graph that majority of the respondents 93 % have an opinion that women are likely to use alcohol, drugs and smoking. They are likely to believe that in today's society most of the women are vulnerable to the usage of alcohol and other substances. Only 7% of the teens reported that women are not likely to consume alcohol and smoking. This shows that majority of the male adolescent college students tend to believe that women have more freedom and tend to use atleast one substance in their lifetime.

Table 4: Media's influence on women's substance use

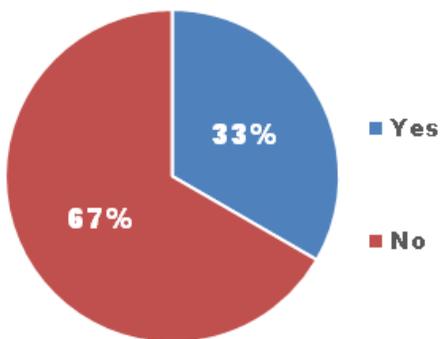
Options	No. of responses	Percentage
Yes	245	82%
No	55	18%



Majority of the respondents 82% reported that media plays a major role in influencing women for using substances. This shows that the respondents acknowledge that the media has some influence over the substance among women. 18% of the respondents reported that the media did not play a major role in influencing women for using substances.

Table 5: Drinking alone

Options	No. Of responses	Percentage
Yes	100	33%
No	200	67%

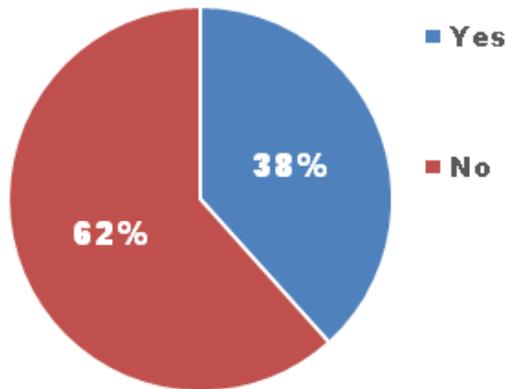


From the above table and graph it is evident that majority of the teens 67% responded that they drink along with their friends. This shows that they are more likely to socialize with friends and are likely to be vulnerable for peer pressure and may have difficulty being assertive when socializing with friends. It is also

evident that 33% of the respondents reported that they do not drink along with friends, and prefer to drink alone. This could be due to the reason that they would like to drink in privacy and not let know others that they have consume any substance.

Table 6: Opinion about the importance of drinking or smoking for social acceptance

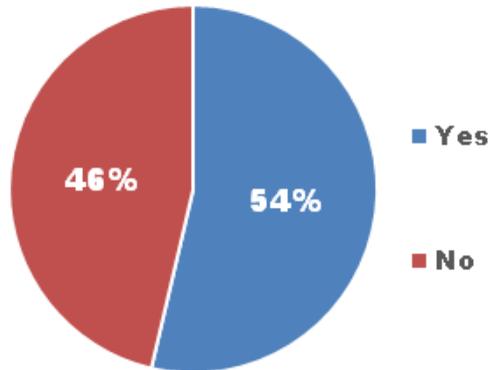
Options	No. of responses	Percentage
Yes	115	38%
No	185	62%



It is evident from the above table and graph that majority of the respondents 62% has disagreed that drinking / smoking is important for social acceptance. This shows that they are likely to be more assertive when such situation arises. This shows that they are more likely to be more concerned about the negative consequences that might happen in social situations. It is also seen that 38% of the respondents reported that drinking/smoking/using drugs is important for social acceptance. This shows that they are likely to be more influenced by their peer group and they might have fear of being rejected in social situations.

Table 7: Do you think you are feeling better / relieved of stress when you use drugs/ smoke/ drinks?

Options	No. of responses	Percentage
Yes	161	54%
No	139	46%



Majority of the respondents 54% reported that they feel better / relieved of stress when they use drugs/ smoke/ drinks. This shows that they may not be aware of the possible coping strategies for relieving from stress. Also, they are likely to rely on the short term positive effects in relieving stress through using substances. 46% of the respondents reported that they do not use substances for relieving stress. This shows that they are likely to use other better coping strategies to relieve stress.

Table 8: Media (movies, advertisements, etc.,) promoting usage of drug/alcohol/smoking

Options	No. of responses	Percentage
Yes	252	84%
No	48	16%

84% of respondents reported that Media (movies, advertisements, etc.,) is promoting the usage of drug/alcohol/smoking, this shows that they believe that media promotes and advertises usage of the various substances in spite

of the blurring or usage of statements like ‘Smoking is injurious to health’ scenes in movies or advertisements. However, 16% of the respondents reported that media is not promoting the usage of drug/alcohol/smoking.

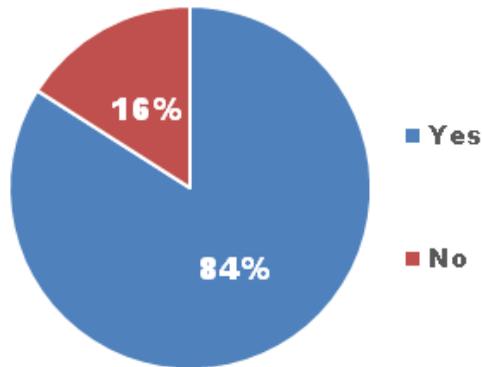
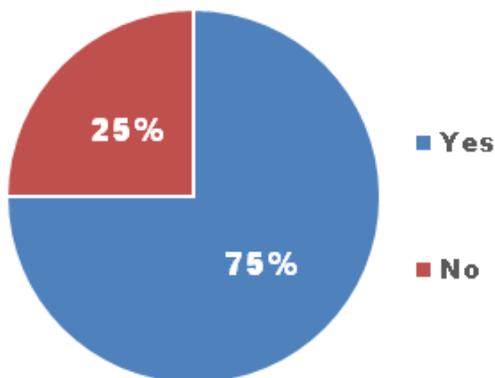


Table 9: Certain dialogues in movies encourage substance use

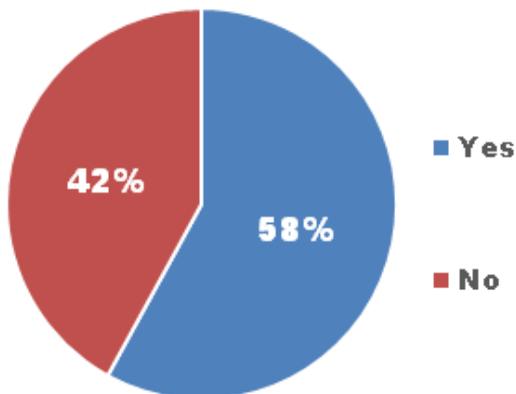
Options	No. of responses	Percentage
Yes	225	75%
No	75	25%



Majority of the subjects 59% agreed that certain dialogues from movies encourage substance use. It reveals that they may be aware that dialogues related to substance in movies promote substance use. 41% of the respondents have disagreed that certain dialogues from movies encourage substance use.

Table 10: Do you think celebrities look ‘cool’ when they smoke/ drink in movies

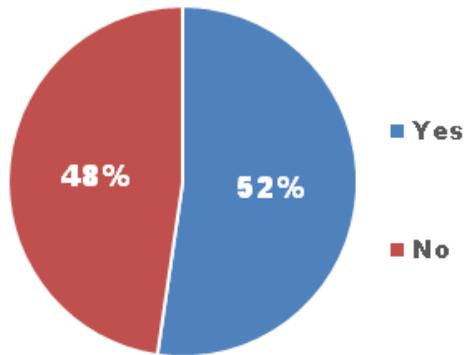
Options	No. of responses	Percentage
Yes	174	58%
No	126	42%



From the above table and graph it is seen that majority of the respondents 58% reported that celebrities look ‘cool’ when they drink or smoke on movies. This shows that in spite of the bad effects of the substance usage, when their favorite celebrities are shown in media, it is likely to have a positive effect in the viewers. 42% of the respondents feel that celebrities don’t look ‘cool’ when they drink or smoke on movies. This may be due to the reason that they feel that it not appropriate for the celebrities to serve as a negative role model for the viewers.

Table 11: Trying a particular brand of substance when it is advertised in media

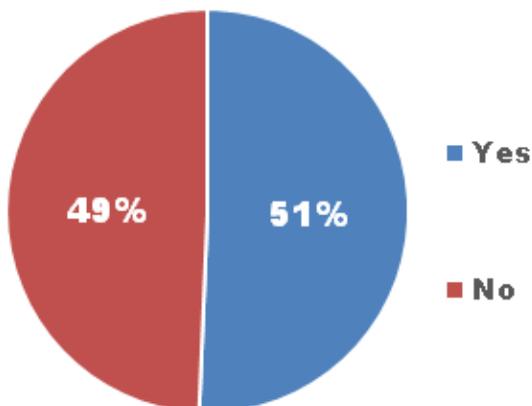
Options	No. of responses	Percentage
Yes	157	52%
No	143	48%



Many teen 52% have responded that they would like to try a particular brand of substance (cigarette, alcohol, and drug) when advertised in media (movies, social media...). It may be because media is often identified as potential source through which young people learn about alcohol and other substance. Advertisements potentially influences on young people's drinking and drinking problems. The ads are more likely to increase the curiosity among adolescents.

Table 12: Do you think using substance/smoking is a sign of masculinity.

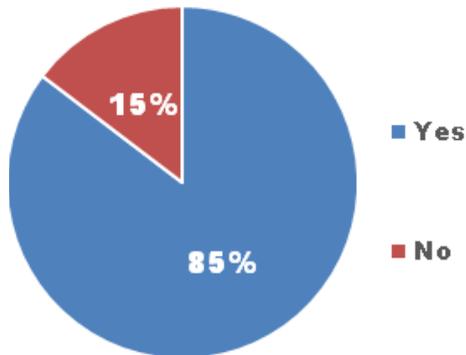
Options	No. of responses	Percentage
Yes	152	51%
No	148	49%



It is evident from the above table and graph 51% of the respondents believe that drinking/smoking is a sign of masculinity. This may indicate that social drinking is a primary cultural symbol of manliness. It is also seen that 49% of the respondents disagreed that using substance/smoking is a sign of masculinity. This shows that they are not likely to associate substance with proving masculinity.

Table 13: Movies and social network portraits usage of substance more nowadays

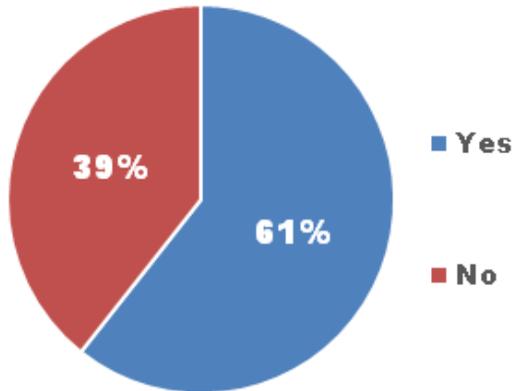
Options	No. of responses	Percentage
Yes	256	85%
No	44	15%



It is alarming to witness the chart that around 85% of the respondents media (movies and social Networks) portraits usage of substance more than before. It shows that movies and other social Networks has become a major route of exposure to substance use. Around 15 % of them seem to disagree.

Table 14: Good party/ treat with alcohol or other drugs

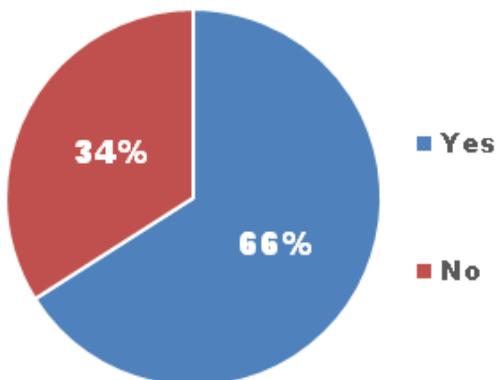
Options	No. Of responses	Percentage
Yes	182	61%
No	118	39%



Majority of the respondents 61% nowadays have agreed that a party must have alcohol or any other substance. This may be because they associate party places as sources of alcohol and enjoyment. 46% of the respondents have disagreed that a party must consider alcohol. This may be because they feel that alcohol is not a necessity to enjoy party.

Table 15: Picture of a person in social media smoking/drinking will gain more likes and comments

Options	No. of responses	Percentage
Yes	198	66%
No	102	34%

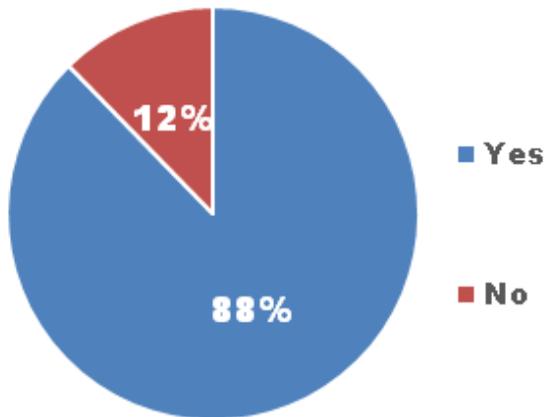


Most of the respondents 66% agreed that picture of person with substance (bottle of alcohol, cigarette...) gain more attention among adolescents. This shows that they believe it is cool to

break barriers and try new ways of enjoying life. 34% of them disagreed with it.

Table 16: Awareness about Ill Effects of the Drug.

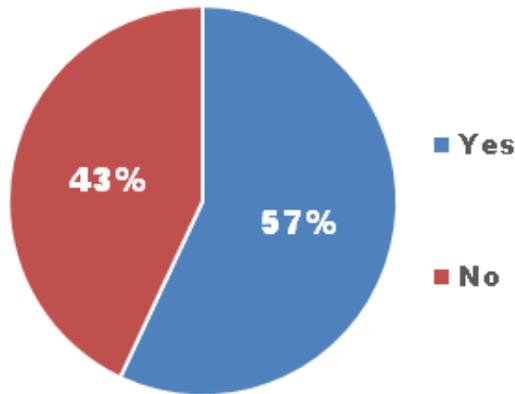
Options	No. of responses	Percentage
Yes	263	88%
No	37	12%



From the above table and graph, it is evident that most of the respondents 88% reported that they are aware of the ill effects of drugs. This shows that they might be aware of the health complications; also they may be aware of the negative consequences associated with substance use. On the other hand, 12% of the respondents reported that they are not aware of the ill effects of the drugs. This shows the lack of awareness among these teen.

Table 17: Awareness about E-Cigarette, Nicotine Patch or Gum

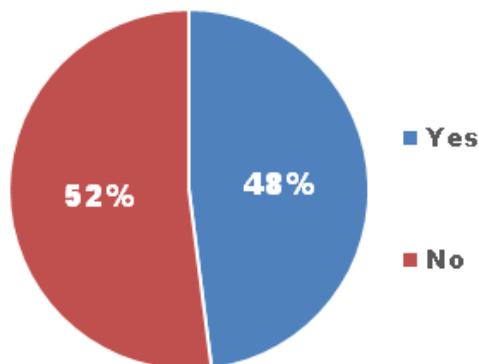
Options	No. of responses	Percentage
Yes	171	57%
No	129	43%



It is surprising that more than half the participants 52% are aware of E-Cigarettes, nicotine patch are available in the market to help a person help get over substance. However, 48% are unaware of it.

Table 18: Impact of warning ads in reducing the substance use among people

Options	No. of responses	Percentage
Yes	144	48%
No	156	52%



48% of the people said that the warning ads would reduce the substance use among people. Whereas 52% of them disagreed. They believe that repeated exposure to warnings may have no impact on substance usage, and may also believe that individual

responsibility, or banning the substance itself may count more than simply go by advertising the ill health caused by substances.

Summary

This survey reveals that majority of the participants have used at least one of the substance (Alcohol, Drugs, Cigarette). Many of the respondents reported that they started using substance at very early stage which is very alarming. Many of them believe that women tend to use substances and have freedom to use them. They also believe that media is playing a key role in influencing women for using substances. Majority of them drink along with their friends which show the vulnerability to peer pressure. Most of the respondents disagreed that drinking or smoking is necessary for social acceptance but do believe that using of substances would help in relieving their stress. This shows that they rely on short term positive effects for relieving stress. More than half of the respondents agreed that celebrities look cool when they drink or smoke in movies. And they think it as a sign of masculinity.

Also they tend to believe that movies and dialogues are promoting more about substances use and their products than before. This shows that mass media is playing a key role in encouraging the substance use among younger generation. Almost all the respondents says that social media is portraying more about substance use and they believe that picture of a person in social media smoking/drinking/would gain more popularity. It is also evident that they are aware of E-Cigarettes, Nicotine Patch, Gum etc but they don't believe that warning ads prevent the substance usage.

Conclusion

It is observed from the survey that there is partial awareness of the ill effects of substance but the participant don't seem to believe that warning ads create any impact. This is high time that a strong step is taken by media especially in movies, advertisements and social media (fb, youtube, etc,.) to ban

promoting such substances of picture of the same. The media act as a source of observational learning by providing models which teenagers may seek to emulate and exposure to such messages provides an indirect reinforcement for substance. Media is also providing anti-substance message through advertisements and movies. So these contradictory messages are leading to confusion among the young generation. Hence media should take a step for ban the promotions of substance use and should start promoting the warning signs and should educate common people.

Recommendations

- The survey can be done on female adolescents.
- A wider range of including adults, younger adolescents can give more useful results.
- Impact of blurring, usage of 'warning' in screen can be studied.
- Although it is theoretically plausible that media exposure precedes substance use behavior, longitudinal research is needed to definitively determine this. Also, our measure of media use was self-reported did not allow us to specifically quantify exposure to episodes of substance use in the various media studied.
- Although self-reported frequency of media use is often used in observational studies with large sample, this method of measurement is subject to bias. Finally, we acknowledge that using statistical models such as these offer only a limited view of what is clearly a much more complex system. It is our hope that future researchers will be able to build upon these results using more complex and nuanced methodologies.

Limitations

- Cannot be generalized to normal population.
- Opinion of all age groups and women can be done.
- Standardized analysis tool wasn't used in this study.
- Small number of sample was used.

- Further research is needed to determine the direction of the relationships and to explore the mechanistic reasons for the diverse associations between various types of media exposure and use of different substances in adolescents.

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SUBSTANCES ABUSE AND ITS AFFECT AMONG YOUTH OF TIBETAN COMMUNITY

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Abstract

Substances abuse referred to drugs, alcohol and tobacco used by an individual which affect the personal and social life of its users. Often people define substance abuse only illicit drugs such as heroin or cocaine. But it is important to know there are so-called "legal" drugs, such as alcohol, tobacco and is more commonly used. Therefore, reason for drug-related health and psychosocial problems are very vast.

In Tibet, substance abuse did exist before 1959 but only in selected people; such as rich merchants or aristocrats and cannabis. Looking into the history, Amdo province has trade of heroin. Peasant family do smoke cannabis and opium. There are deaths of 10 people every year due to drug but the number of deaths caused by alcoholism could be double than that. There has been increasing number substance abuse among Tibetan youth.

The causes of substance abuse among Tibetan youth: Displacement, Easily Availability of pharmaceutical drug, Family problem and teenage rebellion, Peer influence, Lack of proper guidance and Boredom. The effect of substances abuse among Tibetan community Brain Disease leading to Loss of Memory, Attention, Decision Making, Depression, Aggression, Paranoia and Hallucination. The physical effect of substance abuse led to liver, kidney and lungs problem. It also effect in Loss sense of Hearing, Smelling, Vision and huge change in outlooks. In 2009 CTA survey, it was found that over 45% of the Tibetan exile community suffers from diseases such as Cancer, Tuberculosis, Liver cirrhosis, Diabetes and heart diseases are caused by substance abuse. Substance abuse has negative effect on family and society of the user leading to poor Relationship with Family and Society. Divorce cases have been increasing in today's world due to substance abuse because of loss of trust and respect. These abuses also make an individual unemployed as he/she is influence under drugs. Spread Disease because of Care Free Attitude.

Tibetan community are strong and positive family bonds, parental monitoring of children's activities and peers, clear rules of conduct that are consistently enforced within the family, involvement of parents in the

lives of their children, success in school performance, strong bonds with institutions (such as school and religious organizations) and adoption of conventional norms about alcohol use.

Introduction

Substances abuse referred to drugs, alcohol and tobacco used by an individual which affect the personal and social life of its users. Often people define substance abuse only illicit drugs such as heroin or cocaine. But it is important to know there are so-called “legal” drugs, such as alcohol, tobacco and is more commonly used. Therefore, reason for drug-related health and psychosocial problems are very vast.

According to WHO, “Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.”

The relationship between substance abuse and addiction are correlated. Addiction can be called to physical and psychological dependent on substance. Many of substance abuser are not physically addicted which means they won't suffer withdrawal. If they continue with high substance, it is high chances of getting addicted. Once they reach the stage of physical dependence, it is hard for them to quit. Light substance abusers have high chances of escape without too much help.

Types of Drugs Commonly Abused

- a) **Heroin:** heroin can cause to psychosis, seizure and hallucinations when it is abused. Usage of injection can spread serious diseases like human immunodeficiency virus and hepatitis because it interferes with brain's receptors. Heroin user will come physically dependent on it, making

them to achieve same high leading to overdose. Symptom of withdrawal is life threatening.

- b) **Cocaine:** It is very dangerous even when taken in small amount. It increases blood pressure and accelerates heart rate causing strokes or heart attack for some users. The user of cocaine will cause them financial, legal and physical issues and they need immediate treatment.
- c) **Marijuana:** it is the most common illegal drugs. Use of marijuana leads to addiction. Marijuana can affect the memory and mental functions over time. Marijuana user can even loose the relationship, jobs and homes because of drugs. It is not an easy to stop and professional treatment is very important to refrain.
- d) **Alcohol:** alcohol can cause psychological, physical and social problems, leading to relationships, friendships, and marriages. Excess consumption of alcohol makes body weak and may also cause alcohol poisoning. Alcohol also causes irreparable heart and liver damage. Refraining from alcohol is not easy as it has become habit because of mental and physical issues.
- e) **Inhalants:** inhalants are not technically categorized under narcotics but it is assumed because of addiction to it by people. Substances such as spray paint, butane and nitrous oxide cause numb feeling and it gives high. It can cause brain damage or sudden death.
- f) **Tobacco:** people use tobacco to get relief from depression, hunger and weight control.
- g) **Cigarettes:** Cigarettes has addition of nicotine containing thousands of other chemicals too. Cigarettes can cause heart disease, lung cancer, ulcer and stroke etc. the symptoms of withdrawal of smoking are anxiety, hunger, sleep disturbances.

To conduct study on substance abuse in Tibetan community is difficult because the population of Tibetan Community is much smaller as compared to other country. The numbers of substance abuse users are less in number as compare to other but has major

social affect among the Tibetans. In Tibet, substance abuse did exist before 1959 but only in selected people; such as rich merchants or aristocrats and cannabis. Looking into the history, Amdo province has trade of heroin. Peasant family do smoke cannabis and opium. There are deaths of 10 people every year due to drug but the number of deaths caused by alcoholism could be double than that. There has been increasing number substance abuse among Tibetan youth.

“The traditional way of life seems alien to many second and third-generation Tibetans and increasing substance abuse in youngsters is a major cause of concern. As per the study “Substance Abuse among Second-Generation Tibetan Refugees Living in India,” by Catherine Carlson”. The increased use of pharmaceutical drugs among Tibetan youth, for example, exposes political weakness whereas the disproportionate number of second-generation Tibetans addicted to drugs questions factors such as sense of identity and unemployment.”

Terheggen et al. (2001) point out; there are cultural differences in what is considered to be a traumatic event, and the way in which emotional distress is communicated. For example, in their study of Tibetan refugees in India, they found that “witnessing the destruction of religious signs” was ranked top in a list of possible traumatic events, and that the most common signs of distress reported were somatic rather than psychological. Terheggen et al. (2001) assessed the degree of intrusion-avoidance, another concept closely linked to PTSD, in their sample of Tibetan refugees. They found a significant difference in distress levels between those who suffered intrusive-avoidant symptomatology and those who did not. Unfortunately, however, the researchers did not also assess the refugees’ PTSD status, so were unable to determine whether the difference noted between the two groups reflects a Western notion of PTSD.

Causes of substance abuse among Tibetan youth

a) **Displacement:** There is a lack of innovativeness, a narrow-mindedness that comes from the self not being there. With

Tibet, we lost our history. When the history is not there, the self is not there. “A report by the Executive Committee of UNHCR states: “The consequences of having so many human beings in a static state include wasted lives, squandered resources camps save lives in the emergency phase (but) as the years go by, they progressively waste these same lives. A refugee may be able to receive assistance, but is prevented from enjoying those rights that would enable him or her to become a productive member of a society”.

- b) **Easily Availability of pharmaceutical drug:** It has reached the monastic institutions too leading to the overdose deaths. Therefore, pharmaceutical drug among the school going Tibetan children are very high. Ages between 13 to 17 are under the influence of this substance abuse.
- c) **Family problem and teenage rebellion.** Majority of the substance abuse comes with background of family problem or the members of family are already victim of substance abuse. Due to family problem, teenagers get rebellious and takes up substance abuse in anger.
- d) **Peer influence:** one of the most common cause of Substance abuse. The students studying in Central School for Tibetans, Bylakuppe has many students who are substance abuser and are influence by their peer group.
- e) **Lack of proper guidance:** lack of proper guidance leads to wrong way and ends up using drugs etc.
- f) **Boredom:** A study on Status of unemployment among Tibetan Youth conducted in Hunsur Tibetan settlement shows that many of seasonally unemployed youth remains economically unproductive for more than 8-10 months a year. About 50 % of respondents do economically productive work for only 3-4 months in a year.

Case Study

Case Study 1: Mingyul (Himalayan Community committee, NY), issue 3 year 2004

Lobsang Tsering was under the influence of heroin in 1990s and he also referred brown sugar as the meaning of his life.

His act of substance abuse begins from his early age by stealing his father's alcohol. The initial use of drugs happened when he attended bon-fire parties organized by foreigner during his teenage (60s and 70s). Introduction of marijuana in his life had changed the cycle of his life. He started to dislike the school and he left the school in 1984. After that he worked as waiter for low wage and taken up business of delivery of drugs to westerners for years and he almost lost contacts with his family. The turning point for him was when his mother fell ill and couldn't help to attend her funeral also. He was also feeling insecure as he was scared of withdrawal. In the end of 1990s, his Indian friend encouraged him to try for rehabilitation center to recover his life. With that his family had given him financial and moral support to overcome drugs.

Case study 3: Gyalpo

He has been drinking from his very young age. The reason behind his drinking habit because it makes him forget everything. He drinks local drink that can cause him health issue. She was desperate to tell someone about her frustration. He beats his wife often, the previous night and had beaten her in the past when he had been drunk. He was young man around 35. Alcohol makes a man lose his bearings and the woman suffers, the children suffer, the family suffers and the society.

Role of Kunphen

“KUNPHEN literally means “universal Benevolence”. It is the first and only Tibetan run non-government organization (NGO) that provides programs focusing on treatment and care for alcohol and drug abuse based in Dharamsala. Apart from that the center also provides assistance in human resource development and HIV/AIDS by promoting education and carrying out awareness campaigns in communities. It is registered under the Indian Societies Registration Act XXI of 1860.” (<http://www.kunphen.org/about/>)

In the past ten years, center has helped over 124 by providing necessary funds to send them to the Delhi rehabilitation center in order to become free from addiction to drugs and alcohol. The main aim of the center is to create awareness among the younger generation in order to prevent them against addiction by providing awareness and counseling programs in schools concerning the problems of addiction with the help of experts. Former addicts who were willing to share their addiction, the center provides all that is needed during after-care service and facilitates their re-integration into a normal life, by helping them to be self-reliant once they are on their own.

(<http://www.kunphen.org/about/>)

1. Awareness, Education and Counseling,
2. Treatment and rehabilitation programs:
3. After-care; Socialre-integration:
4. Vocational training and Career skills development.
 - Family counselling..
 - Group counselling...
 - Individual counselling..

Effect of Substances Abuse

Mentally

The effect of substance abuse is Brain Disease. Brain disease can cause

- Loss of Memory, Attention, Decision Making
- Depression, Aggression, Paranoia and Hallucination. Brain Damage and Stroke

Physically

Substance abuse can develop liver, kidney and lungs problem. It also effect in Loss sense of Hearing, Smelling, Vision and huge change in outlooks. 'In 2009 CTA survey, it was found that over 45% of the Tibetan exile community suffers from diseases such as Cancer, Tuberculosis, Liver cirrhosis, Diabetes and heart diseases, which require a high degree of secondary and tertiary care.

HIV

“Addictions like alcoholism, smoking and drugs were also found in significant number, with 1,019 (>50 %) individuals with at least one of these addictions. Relative risk analysis indicates that gender-wise females are more vulnerable to STDs than males. The number of partners, addictions, especially alcohol and drug abuse, also contribute to STD cases. STDs act as a significant risk factor in transmitting some of the types of hepatitis. In such cases, females are more vulnerable than males. The results suggest that new community health programs are essential for both, HIV and non-HIV STDs in Sikkim.”(Rajapure et al)

Effects on Family and Society

Substances abuse effect negative on family and society of the user leading to poor Relationship with Family and Society. Divorce cases have been increasing in today's world due to substance abuse because of loss of trust and respect. These abuses also make an individual unemployed as he/she is influence under drugs. Spread Disease because of Care Free Attitude.

Tibetan community are strong and positive family bonds, parental monitoring of children's activities and peers, clear rules of conduct that are consistently enforced within the family, involvement of parents in the lives of their children, success in school performance, strong bonds with institutions (such as school and religious organizations) and adoption of conventional norms about alcohol use.

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GUILT AND SELF ESTEEM BETWEEN SOCIAL DRINKERS AND ALCOHOLICS

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Abstract

Man on earth ever since had a major role to play in the development of him and the country, slowly was drawn to drink to relax, celebrate and socialize as alcohol is legal and a popular social activity. Alcohol taken in low-risk patterns is called Social drinkers. Many people who drink are not alcoholics. Alcohol in moderation is what keeps social drinkers merely social and not full-blown alcoholics. The precipice of alcoholism is slippery and anybody can slide down, no matter how much they think they will never become one. People who drink heavily is at risk for adverse health consequences (biologically) and the drinker be it social drinker or alcoholic develops guilt (psychologically) if the intake is crossing the regular limit. The encyclopedia of psychology defines Guilt as a cognitive or an emotional experience that occurs when a person believes or realizes accurately or not that he or she has compromised his or her own standards of conduct or has violated a moral standard and bears significant responsibility for that violation. It is closely related to the concept of remorse. Guilt prone, leads to feel low in esteem as they do not perform an expected active and responsible role in the family and ultimately to the society. So the present study attempts to find out whether the social drinkers and alcoholics differ in terms of guilt and self esteem. The sample consists of 100 members of which 50 are social drinkers and the remaining 50 are alcoholics. They are in the age group of 35 to 55 years. Purposive sampling technique is used to select the sample and Expost facto research design is being used. Guilt Questionnaire by Malcolm Miller, and Rosenberg Self Esteem Scale (1965) are used to measure Guilt and self esteem respectively.

Independent t test (critical ratio) and Pearson's product moment correlation are used to analyse the data.

Keywords: *Guilt, Self Esteem, Social Drinkers and Alcoholics.*

Introduction

Man on earth ever since had a major role to play in the development of him and the country, slowly was drawn to drink to relax, celebrate and socialize as alcohol is assumed to be legal and a popular social activity. Alcohol taken in low-risk patterns is called Social drinkers. English oxford defines social drinker as a person who drinks alcohol chiefly on social occasions and only in moderate quantities. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), "low-risk" drinking for females consists of no more than 7 drinks per week and no more than 3 drinks per sitting. For males, 14 drinks per week and no more than 4 drinks per day. Nearly 100,000 Americans die each year as a result of alcohol abuse, and alcohol is a factor in more than half of the country's homicides, suicides, and traffic accidents. Alcohol abuse also plays a role in many social and domestic problems, from job absenteeism and crimes against property to spousal and child abuse Many people who drink are not alcoholics. Alcoholism, also known as alcohol use disorder, is divided into two types: alcohol abuse and alcohol dependence. The immediate physical effects of drinking alcohol range from mild mood changes to complete loss of coordination, vision, balance, and speech, signals acute alcohol intoxication, or drunkenness. Larger amounts of blood alcohol can impair brain function and eventually cause unconsciousness. People who drink heavily is at risk for adverse health consequences (biologically) and the drinker be it social drinker or alcoholic develops guilt (psychologically) if the intake is crossing the regular limit. The English Webster dictionary defines Guilt as a feeling of worry or unhappiness that an individual has to have done something wrong. Guilt prone, leads to feel low in esteem as they do not perform an active and responsible role in the family expected by the society. Baumeister, 1998 defined Self esteem as the evaluative aspect of the self-concept that corresponds to an

overall view of the self as worthy or unworthy. Coopersmiths (1967) defines self-esteem as a personal judgment of worthiness that is expressed in the attitudes the individual holds towards himself. self-esteem among addicted persons is found to be extremely low, often reaching a feeling of personal worthlessness (Ghadirian 1979; Hendin 1974; Stengel 1978). Gross and Adler (1970) found that both alcoholic inpatients and members of Alcoholics Anonymous scored lower on objective tests of self-esteem than did the groups.

Objectives of the study

1. To find out if there is any significant difference between Guilt and Self Esteem between Social drinkers and Alcoholics
2. To find out if there is any relationship between Guilt and Self Esteem

Hypotheses

1. There will be no significant difference on Guilt between social drinkers and Alcoholics.
2. There will be no significant difference on Self Esteem between social drinkers and Alcoholics.
3. There will be no significant difference among drinkers on the basis of demographic variables with respect to Guilt and Self Esteem.
4. There will be no significant relationship between Guilt and Self Esteem between social drinkers and Alcoholics.

Research design

Research design is Expost facto, cross sectional and bivariate in nature.

Sample

The sample consists of 100 members of which 50 are social drinkers and the remaining 50 are alcoholics in the city of Chennai in the age group of 30 to 50 years. Purposive sampling technique is used to select the sample.

Tools used

Guilt Questionnaire (Malcolm Miller)

Guilt Questionnaire consists of 12 items, rated on a three-point scale (sometimes, medium and lot). The items relate to all relevant components of the individual's body image, cognition, worthlessness, evaluation of oneself and by others, reinforcing self blame, that cause guilt in some way or the other. The reliability index by split half (odd-even) method was 0.94 and the validity 0.94. Scores from 12-15, refer to the usual guilts, 16-20, refers to higher guilt, and 21 or above, carry a lot of guilt inside the individual.

Rosenberg Self Esteem Scale (1965)

Rosenberg Self Esteem Scale is a self-report measure consists of 10 items to be rated on a four point scale. Items 1,3,4,7 are scored directly (1,2,3,4) and items 2,5,6,8,9, are scored in reverse manner(4,3,2,1.) Test-retest reliability was found to range from 0.82 to 0.85 and internal consistency to range from 0.77 to 0.88. Criterion related validity was found to be 0.55. Higher the score higher is the self esteem.

Statistics used

Independent *t* test (C.R) and Pearson's Product Moment correlation were used to analyze the data.

Results and discussion

Table 1: Showing the Mean, Standard Deviation, 'C.R.' value and Level of Significance on Guilt and Self Esteem between Social drinkers and Alcoholics.

Variable	Nature of Sample	N	Mean	Standard Deviation	C.R. value	Significance Level
Guilt	Social drinkers	50	16.83	3.672	3.583	0.01
	Alcoholics	50	20.43	1.222		
Self Esteem	Social drinkers	50	19.35	4.588	0.91	NS
	Alcoholics	50	20.57	3.413		

NS-Not significant

The mean score of Social drinkers on Guilt is 16.83 and the mean score of Alcoholics is 20.43. The obtained C.R., value was found to be 3.583, significant at 0.01 level. This implies that there significant difference portrayed between Social drinkers and Alcoholics in experiencing Guilt. Alcoholics experience higher Guilt than the Social drinkers. Perhaps the individual is likely to have hurt friends and family as a result of their addictive behavior and the victims of abuse generally blame themselves for all the deeds. Addicts are willing do all types of desperate acts in their attempts to get high and feel deserved to be punished for the past misdeeds. Alcohol or drugs intake makes the person feels better about themselves, but makes the situation far worse. Some addicts come from a family where their parents had excessive ideas about good and bad. So these individuals grow up feeling guilty about everything and fall into the habit of feeling guilty. This means that they almost constantly carry the feeling that they have done something wrong. This is because the individual becomes dependent on mind altering substances and lead to things to feel guilty about. Even when the individual has managed to escape their addiction they can still be persecuted by feelings of guilt. . Hence **Hypotheses 1 is not accepted.**

The mean score of social drinkers on Self Esteem is 19.35 and the mean score of Alcoholics is 20.57. The C.R., value was found to be 0.91. This indicates that there is no significant difference between the social drinkers and Alcoholics with respect to Self Esteem. This could be due to the fact that irrespective of being a social drinker or alcoholic the self evaluation was high, did not lower their esteem as they feel that they can excel in their respective roles. They are self-aware that they equally are great performer that scale their career. This is against the study done by Kinsey (1966) that lack of self-worth was the predominant self-characterization of alcoholic women undergoing hospital treatment. Low levels of self-esteem have also been observed among heroin addicts Kurtines, etal.,1975; O'Mahony 1984). Padina and Schuele also found that heavy substance users among female junior and high school students had relatively low self-

esteem. Women with low self-esteem were found to be heavier drinkers than women with higher self-esteem (Carter, 2001). Hence, **Hypothesis 2 is accepted.**

Table 2: Showing the Mean, Standard Deviation, C.R. value and Level of Significance of demographic variables on Guilt and Self Esteem among drinkers.

Variable	Nature of Sample	N	Mean	Standard Deviation	C.R. value	Significance Level
Guilt	30-40 years old	52	16.85	3.86	2.451	0.05
	40-50 years old	48	19.19	2.56		
	First born	56	18.42	3.27	1.59	NS
	Second born	44	16.87	3.85		
	One sibling	52	18.27	3.27	1.168	NS
	Two sibling	48	17.13	3.90		
	Alcohol intake (1-3 yrs)	50	17.21	3.54	1.87	NS
	Alcohol intake (4-6 yrs)	50	19.20	3.36		
Self Esteem	30-40 years old	52	19.48	4.61	0.385	NS
	40-50 years old	48	19.95	3.90		
	First born	56	19.61	4.59	0.107	NS
	Second born	44	19.74	4.01		
	One sibling	52	19.23	4.57	0.822	NS
	Two sibling	48	20.21	4.00		
	Alcohol intake (1-3 yrs)	50	19.41	4.56	0.700	NS
	Alcohol intake (4-6 yrs)	50	20.33	3.63		

NS-Not significant

It is seen from the table 2 that drinkers, as a whole, did not differ significantly on order of birth, number of siblings and the

period of alcohol intake with respect to Guilt and Self esteem but significant at 0.05 levels on age with regard to guilt. Hence, **Hypotheses 3 is partially not accepted.**

Table 3: Pearson's Product Moment Correlation between Guilt and Self Esteem among drinkers.

Variable	N	Correlation Coefficient	Significance Level
Guilt	100	0.366	0.01
Self Esteem	100		

The correlation coefficient was found to be significant at 0.01 levels indicating a good relation exists between Correlation between on Guilt and Self Esteem among drinkers. A positive relationship exists between Guilt and Self Esteem among drinkers. This indicates that higher the Guilt higher is the self esteem. Hence, **Hypotheses 4 is not accepted**

Conclusion

1. Social drinkers differed significantly on Guilt from Alcoholics.
2. Social drinkers did not differ significantly from Alcoholics with regard to self esteem.
3. Drinkers did not differ significantly on order of birth, number of siblings and the period of alcohol intake with respect to Guilt and Self esteem but age differed significantly with regard to guilt..
4. Positive relationship exist between Guilt and Self Esteem among drinkers

Implication of the Study

The present study identified the levels of guilt and self esteem. The intake of alcohol could be suppressed with the help of counseling, Psychological intervention and therapy thereby increasing the normal behavior both physically and psychologically.

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SUBSTANCE ABUSE AMONG CHILDREN LIVING IN URBAN SLUMS

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Abstract

Substance abuse and dependence has become a very serious problem in our society. This affects almost every country in the world. The present study was carried out with the objective: To study the substance abuse among children living in slum of Madurai City. Sample was collected from 520 children of 11 to 15 years old. The survey was based on drug addiction habits. Results shows that 39.8% children of the slum area used substance like Gutkha, Tobacco, Smoking, Alcohol, Ganja, Thinner and Marijuana. Synthetic narcotics and LSD were not used by any of the abusers. Our study revealed that children living in slums are at high risk and cause significant problem in their lives, therefore there is necessity of targeted interventions to reduce this huge burden.

Keywords: *Substance Abuse, Dependence, Habits, Slum*

Introduction

Substances abuse is acknowledged to be seriously growing problem in many parts of the world. It is a complex disorder with psychological, physical and social aspects, having for reaching harmful effects on the family and the society as well as on physical and mental health of abuser himself. This habit impeded their personal development and social growth. Children living in slums are most deprived, vulnerable, most often excluded from the progress and most difficult to reach. The incidence of drug abuse among children and adolescents is higher than the general population. Slums are the place where children easily get influenced to the habit of drug or substance abuse due to the high prevalence of poor social environment. Without knowing the consequences, the habit of substance abuse among children living

in slums are increasing day by day. Shaping the attitude of children and promotion of a healthy lifestyle, including constructive behavior is essential in the formative years of life. Hence enquiring this issue is need of the hour and this problem has to be evolved seriously in order to create better society.

Research Methodology

- The design of the research is descriptive in nature. Children in the age group between 11 to 15 years old were selected by using the method of purposive sampling.
- The main objective of the study is to find out the prevalence of substance abuse among the children living in Madurai city.
- Both primary and secondary data were employed in this study. Primary data collected through observation and interview schedule and secondary data collected through Books, Journals, Articles and website.

Analysis and Interpretation of Primary data

Table: 1 Distribution of the respondents according to the habit of their substance abuse

S.No	Substance abuse by children	Frequency	Percent
1	Children having the habit of substance abuse	207	39.8
2	Not having	313	60.2
	Total	520	100.0

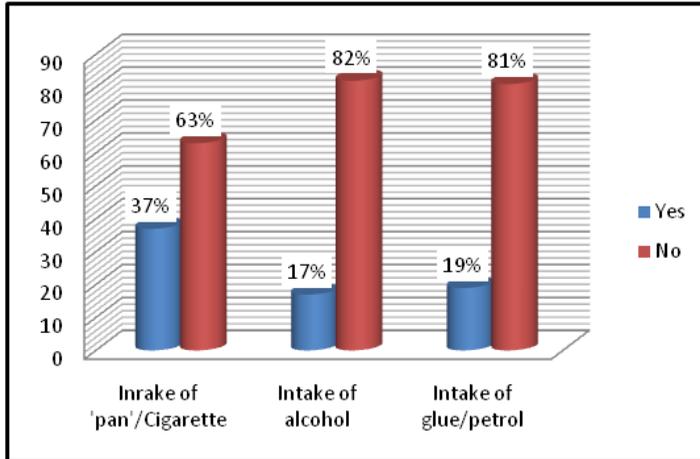
Above table reveals that most of the respondents (60%) don't have the habit of intake drugs/alcohol and 40% of them have the habit of intake alcohol and other drugs.

Table: 2 Distribution of the respondents according to the Sex and Substance abuse

Sex	Substance Abuse by the Respondents				Total	
	Yes		No			
	N	%	N	%	N	%
Boys	200	64.3%	111	35.7%	311	100
Girls	7	3.3%	202	96.7	209	100
Total	207	39.8	313	60.2	520	100

Majority of the respondents who are having substance abuse 64.3% (200) are boys. Meagre 3 % of the girl respondents have this habit.

Figure: 1 Types of drugs in taking by the respondents



The above Figure shows the distribution of the respondents according to in-taking different kind of drugs. Even though majority of the respondents do not have this habit a considerable segment that is 39.8% (207) of the children are affected by; this problem. Most harmful Pan*, Ghutka*, Cigarette are taken by the respondents (37%) are high. 19% of them have the habit of inhaling glue/petrol and 17% of them having consume alcohol. Once children get addicted to those harmful drugs they would face severe physical and psychological problems.

Table: 3 Distribution of the respondents according to the persons initiated for substance abuse

S. No	Persons Initiated	Frequency	Percent
1	Friends	127	61
2	Cinema	29	14
3	Family members	51	25
	Total	207	100

The above table reveals that most of the respondents (61%) started this habit due to the initiation of friends, 25% by Family members and 14% by cinema.

Table: 4 Problems faced by the respondents due to Substance abuse

S.No	Problem faced due to substance abuse	Frequency	Percent
1	Felt sick	33	16
2	Got in to fights	32	15
3	Got punished by parents	43	21
4	Missed schools	99	48
	Total	207	100

The above table shows that Most of the respondents 48% do not go to school regularly due to this habit. 21% of them got punished by parents, 16% fell sick and 15% got in to conflict with others. Most of the respondents reflected that they are frequently caught and punished by parents.

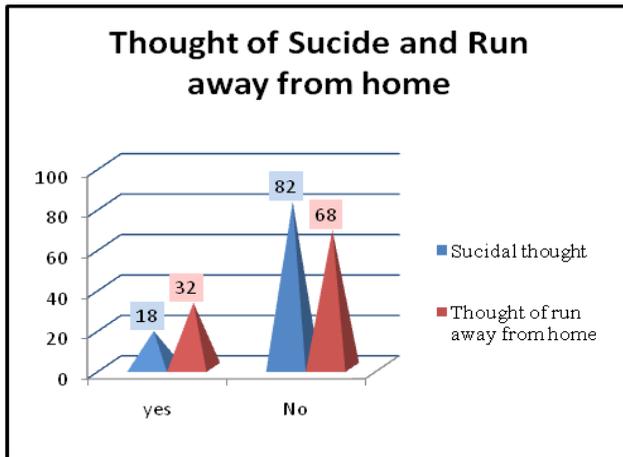
Table: 5 Substance abuse by the parents and Substance abuse by the respondents

Parents	Children				Total	
	Yes		No			
	N	%	N	%	N	%
Yes	80 (21.4%)	89.9	293 (78.6%)	68.0	373	71.7%
No	9 (6.1%)	10.1	138 (93.9%)	32.0	147	28.3%
Total	89	100.0%	431	100.0%	520	100.0%

The above cross tabulation reveals that among 72% of the respondents who are living with alcoholic parents about 15% are having the habit of in taking drugs. Among 28% of total respondents who are living with non alcoholic parents about (2%) among having this habit. The result shows that majority 90% of the respondents living with parents who have the habit of in taking alcohol/drugs. Observation from the above table is that

behaviour of the parents is also one of the major determinants of the behaviour of the children.

Figure: 2 Thought of suicide and run away from home by the respondents



- The above figure shows that most of the respondents (82%) don't have Suicidal tendency and rest of the 18% having the thought of suicide.
- Most of the respondents 68% are not having the thought of run away from home but rest of the 32% has the thought of run away from home.

Findings and Suggestions

This study result reveals that most of the respondents (60%) don't have the habit of intake drugs/alcohol and 40% of them have the habit of intake alcohol and other drugs. most of the respondents (61%) started this habit due to the initiation of friends, 25% by Family members and 14% by cinema. Most of the respondents 48% do not go to school regularly due to this habit. 21% of them got punished by parents, 16% fell sick and 15% got in to conflict with others. Most of the respondents reflected that they are frequently caught and punished by parents. Majority of the respondents 60% don't have the habit of in taking any drugs, rest of the 40% who are having the habit of in taking drugs,

majority 93% are in taking Pan/Cigarette, Cigarette, Hashish, Marijuana leaf and etc., among them majority (61%) of the respondents habituated this habits by the initiation of peer group and friends and among them majority 48% not attending school regularly. Majority of the respondents who are having substance abuse 64.3% are boys. Most of the respondents (82%) don't have Suicidal tendency and rest of the 18% having the thought of suicide. Most of the respondents 68% are not having the thought of run away from home but rest of the 32% has the thought of run away from home.

- Government should initiate Schemes and programs for early identification and prevention of substance abuse in urban poor children living in slums
- Social workers should actively participate in promotion of programs that enhance protective factors and social skills development through interactive child and parent curricula, while collaborating with communities and schools, will assure children against drug abuse.
- As per the words of Johnston, substance abuse in children is a complex multi-factorial challenge that requires "consistent and unremitting attention.

Conclusion

Any sort of addiction with alcohol or drug was declared a disease by 1956 by the WHO. It is a primary, progressive, terminal and permanent disease. Usually Children easily get influenced by their immediate surroundings. Substance abuse leads to memory loss, intestinal ulcers, gastritis, fatty liver, depression, anxiety, fear etc., on the whole it affects normal development of child. But without knowing the consequences of this issue, slum children are playing with drugs. Emotional insecurity, lack of love and affection in the early upbringing are the main causes of drug addiction. Drug addiction is different from drug abuse but this habit may lead to addiction in later. According to this study the number of children with this kind of habit is low in number but the seriousness of the problem is too

high. Persons with such problems becomes problem to self, to family, and friends. It affects the child's physique, mind, intellect and child's moral standing. The policies, strategies and programmes for preventing substance abuse among children in India are using WHO guidelines and initiatives. National Commission for Protection of Child Rights (NCPCR) set up a Working Group in July 2011 for "Substance Abuse and Drug Addiction among Children". The Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme, namely, Integrated Child Protection Scheme (ICPS) from 2009-10 for children in difficult circumstances including children who are victims of substance abuse. It provides Specialised Services for Children with Special Needs including children affected by substance abuse. These services cater to individual specific needs like substance abuse, behavioural problems and social deviant behaviours and require specialized institutional care and treatment including medical, nutritional, and psychological support. Each State/UT has to notify and designate at least one shelter home for care, detoxification and counseling of children affected by substance abuse. These Shelter Homes shall offer day and night shelter facilities to the children in need of support services for a temporary period, while efforts are made to rehabilitate them. Further, the Ministry of Social Justice and Empowerment implements Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse under which financial assistance is provided to NGOs /Voluntary organizations for running Integrated Rehabilitation Centres for Addicts (IRCA's), organizing de-addiction camps and conducting awareness programmes about the ill effects of Alcoholism and Substance (Drugs) Abuse on the individual. The IRCA's (de-addiction centres) provides counselling, treatment, after care and rehabilitation of drug dependent persons including children. It shows the efforts taken by the government and welfare organisations to prevent substance abuse and their effects among children. A national plan for substance abuse was significant for treatment, rehabilitation, and awareness building especially for

slum children to prevent substance abuse. Even though the Government of India has launched many schemes and welfare measures the provisions are still inadequate and difficult to reach the target group. The risk of substance abuse is very high in children living in urban slums Thus; the multiple approaches were implemented in India for the prevention of substance abuse among children living in Indian slums. It is very essential to prevent root causes and consequences of substance abuse and street children in all part of the country.

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PSYCHOSOCIAL ATTRIBUTES OF SUBSTANCE ABUSE AMONG ADOLESCENTS

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Abstract

Adolescence is the crucial period in the life of an individual with its unique characteristics and challenges. Adolescents life need to be reconstructed with dignity and selfhood. Alcohol and other substance use are on the rise among the young across the globe. Studies indicate that substance abuse behaviours generally begin during adolescence whose consequences pose important public health problems. This present study tries to capture the issues and concerns of adolescent being subjected to Substance abuse.

Introduction

In Indian society, it was found that substance abuse was negligible among 10-13 year old but a bit marked among 14-15 year old and maximum in 16-19 years of age. In India, the choice of substance among the young varied from tobacco products, alcohol, opioids, heroin to prescribed medications. Among the users, the gender differences were significant with regard to the magnitude of substance abuse but not the choice of substances. Therefore, it is essential to study the young population as substance abuse is associated with several psychological, social, physical, legal and economic problems.

Substance Abuse

Several psychosocial factors have been associated with substance abuse. Particularly, peer pressure, media portrayal of substance-use by celebrities, lucrative advertisements, attractive

packaging and expectations of joy are commonly associated with harmful use of substances by the young. In general, it is widely accepted that peers, social environment, family and subjective factors play a vital role in substance abuse behaviors among the young. There are few studies that looked into the factors associated with initiation and maintenance of substance abuse among the young in India. First is the awareness about the harmful effects of substance abuse and its related substance behaviors. Secondly, peer influence that again is identified as a source of encouragement for initiation as well as maintenance of substance use. It is also understood that the initial reasons for substance abuse among the adolescents was peer pressure, but it was duly attributed to many reasons such as sources of enjoyment (e.g. partying, celebrating festivals) as well as to escape stress related to love failures, parental pressure (particularly from fathers) and family problems, etc. Both peer and family played a vital role in the initiation and continuation of substance abuse.

Related Studies

Studies on the Substance abuse among adolescents found that the most popular functions for the use of substances were to relax, become intoxicated, keep awake at night while socializing, enhance an activity and alleviate depressed mood. Nevertheless, peer behaviors and attitudes were found to be very influential on socially impermissible behaviors as substance abuse. Thus, in overall, the reviews indicate that age of onset of substance abuse is adolescence. There are both personal and social factors responsible of substance use in which peer influence plays a major role. Many initiate and continue to use substances despite being cognizant about the harmful effects of substances.

Methodology

The study samples were taken from the general population, from various schools, colleges and institutions in the cities where the authors are currently based. Convenient sampling method, a

non-probability sampling technique was used in this study. A questionnaire was designed to collect the detailed information such as the demographic details, family details, family history of substance use; reasons for using or not using substances; perceived factors for maintenance and relapse etc. Questions regarding the initiation, progression, maintenance, abstinence, relapse and potential factors for behavior change were meant only for the substance users.

Findings

The study area is Madurai district. The study was conducted among adolescent in the age group between 15- 19, which sample is taken from Schools, colleges and technical institutions. The study shows that the majority of users was males (85%) and had initiated substance between the age ranges from 15 to 18years, suggesting that adolescents are at high risk for substance abuse behaviors. This finding suggests the role of genetic vulnerability or psychosocial environment or both in precipitating substance abuse behaviors. They have a strong family history of substance use. Majority of the users were aware of the potential negative effects of substances, but initiate substances out of peer influence and curiosity. Among all these factors, peer influence on the initiation of substances is high and consistent. Most of the participants of this study reported of starting with alcohol, smoking or combination of both and mostly stuck to the same substances. The reasons for continuing substance use behavior was for 'feel good factor' and 'need for socialization'. The respondents want to retain the peer group and for the purpose of it, they are continuing the substance abuse. Together these factors included 'getting high and escaping stress', 'sense of belongingness with peer group', 'feelings of grown-up and exercising autonomy'. The respondents in this study did not try to quit substances and felt that there are not any potential factors that would help them change their behavior. But sometimes, it was indicated by some of the respondents that their personal values sometimes question their self on this substance abuse.

Awareness about the adverse impact on health and family values were only secondary factors in preventing them from substance use. Sex heterogeneity was broadly observed in terms of both substance abuse and psychosocial problems. Female adolescents in the school-based sample were found to generally report higher levels of psychosocial problems and greater use of minor tranquilizers than school boys or boys in treatment for substance abuse. Conduct deviancy was associated with substance abuse problems only in males, while health problems were associated only in females. However, among all youth, substance abuse problems were found to be associated with older age, greater social competency, problems in school performance, and involvement with deviant peers. Familial substance abuse was associated with substance abuse problems among all adolescents, however, the pattern of associations with other psychosocial problems differed between males and females.

Overall findings may suggest that the respondents could not resist peer pressure and curiosity though, were aware of the negative impact of substance on health.

To conclude, it was found that knowledge about harmful use of substances is not sufficient to prevent harmful use of substances among adolescents. There are some sample of the study, who are never interested in substances therefore studies are required to look into the characteristics of such people to come up with appropriate prevention programmes in the form of building up specific qualities or value system of our Society.

Conclusion

It is very much essential to initiate necessary educational programs for the adolescents during early adolescence, that is, before the age of 15 years. Such programs need to address issues such as resisting peer pressure, finding healthy avenues to feel good about self, family history of substance and family values related to substance use behaviors. There should be consistent, regular reminders on the negative impact of substances on health. Since individual values and perceptions were found to be

the primary reasons for initiating and not-initiating substances, respectively, individual-focused prevention programs may be considered while working with adolescents.

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**WOMEN'S PERSPECTIVES ON THE PSYCHOLOGICAL
AND SOCIOLOGICAL PROBLEMS OF SUBSTANCE ABUSE**

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Abstract

Substance abuse in persons has caused severe mental illness among the addicted persons. Today all of us are aware of the environmental risk factors of drug abuse and still we need greater understanding of the relative strength of the risk factors and what factors would protect the drug addicted persons. For most of the addicted persons, Substance abuse is a socio-environmental phenomenon embedded in interpersonal activities. This paper highlights the psychological issues of such person which is into substance abuse. It tries to critically analyse the issue for further prevention.

Introduction

There are many abused substances which produce some form of intoxication that alters judgment, perception, attention, or physical control. There are many substances, such as alcohol, tranquilizers, opiates and stimulants which produce a phenomenon known as tolerance and use of these drugs in larger amount would produce the same level of intoxication. Many people have alcohol as a "pickup" and slowly it would make a person to depression of the brain. Whenever a person takes up the drug it would lesson his inhibitions, slurs speech and decreases muscle control.

Meaning of Substance Abuse

Substance abuse is defined as a pattern of harmful use of any substance for mood-altering purposes. "Substances" include alcohol and other drugs as well as some substances that are not drugs at all.

"Abuse" results when one is using a substance in a way that is not intended or recommended, or because one is using more than prescribed.

Substance Abuse – Case Study

There are many cases to be quoted, especially in the Indian context to bring out the psychological and social problems of the addicts of alcoholism. From my life experiences I would like to quote an event which happened in the case of Mr. S.P. Antony. He was a young chap brought up by his educated parents who were teachers. He went to college and had friends of liquor addicts. He made many fights and quarrels in the College and was thrown out in his II year graduation. He went and worked in many companies but he spent the money in drinking and gossiping with his friends. He started drinking liquor at the age of 22 and now his age is 46. He still continues drinking. Meanwhile, he got married to a girl, who is a teacher and had two sons. The family life was not smooth, because of his habit of drinking. The whole family tried to change his habit of drinking but all in vein. In due course they left him, he felt alone and more depressed, meanwhile became a whole time drunkard.

This case is narrated to highlight the Psychological and sociological problems of substance abuse which means the excessive consumption or misuse of a substance for the sake of its non therapeutic effects on the mind or body, especially drugs or alcohol.

Harmfulness of Substance Abuse

In the above mentioned case Mr. Antony has crossed the line into substance abuse and due to his repeated use he acquired the following significant impairments:

- Psychological Problems
- Social Problems
- Health related problems
- Failure to meet responsibilities
- Impaired control
- Risky use

In the above case Mr. Antony used alcohol and drugs without developing an addiction or negative effects in the early stages of his life but later on he became an addict, so due to alcohol and substance abuse, he was met with multitude of problems. He was facing lot of interpersonal challenges and difficulties and failed to fulfill his responsibilities at home and at work.

Psychological Problem of a Victim

In the above mentioned case, Mr. Antony, for example he never bought saree to his mother or a dhoti to his father even for a festive and looked after them as a son with responsibility. Because of chronic substance abuse, it resulted in feelings of shame, guilt, helplessness and pessimism. He used the substance despite the negative cognitive, cognitive, behavioural, social and mood –related symptoms. For instance the case referred above within a second would change his speech and would get angry with other people for unnecessary things.

Social Problems of a Victim

Coming to the social problem, the above mentioned victim towards substance abuse, he lost his social recognition in the public. Though he was born and brought up in a family of teachers with a staunch catholic faith, he was not respected for his drunkard nature. Due to the social non-acceptance, he had difficulty with decision-making, impulsive control, a worsening physical condition, social withdrawal, or irritability and anger outbursts.

Health Related Problems

In general any drunkard would face health related problems such as cirrhosis of the liver, heart disease and stroke, HIV, hepatitis, lung disease etc. in the above mentioned case, Mr. Antony had been affected by a long-term substance abuse which had affected his brain functioning causing memory loss, learning difficulties, impaired judgment and involving in unintelligible quarrels with others. Due to his excessive quarrel with wife and children, they have left him alone and separated from family life nearly for 20 years.

Failure to Meet Responsibilities

Mr. Antony not only neglected his own health, family position, caring the children, duties to fulfill at home for the smooth functioning of the family etc. Though earned for his livelihood, 2/3rd of the earnings were spent on his drinking. So an addict of substance abuse would be reluctant to look after himself as well as shoulder the responsibilities of the family.

Impaired Control

With reference to the case study, Mr. Antony, always had thirst for drinking and before taking an meal, he used to drink liquor. His senses are impaired and he used to lose his control after consuming the liquor within a short span of time. In the urge of taking liquor, he used to drive on a two wheeler and he usually will fall down on the road side, because of his impaired control. Even for two days, he would sleep in the home, if someone drags him to his place and he may not be aware of his condition.

Risky Use

In the above said case, Mr. Antony uses substance abuse for more than 30 years. His life is at risk, in spite of that he is regular customer of Toddy Shop. He is mentally depressed as living alone, there is no one to take care even at his risky hours of life, and he is leading a miserable life with tears.

Women's Perspectives on this Issue

- Any women would not like to live with a substance abuser
- Women are always against an addict because they depend on them
- Women hold an image in the public and due to substance addict, when they loose their self-respect, they are socially deprived
- Women look at the substance abuse as one of the evils of the society which brings down degradation to the family culture.
- Because of the substance abuse, many women had committed suicide and their life becomes nothing. The society also pushes them aside.
- In the cultural context, the neighbors, relatives and other friends maintain distance with the drug addicted family and most probably women are affected psychologically and socially.
- More than the drug addict, the dependent women are affected in health aspects and economically they strive to withstand with unlimited resources.
- Women feel that the family Unit is lost and due to that family disintegrates and the sufferers are the children.

Conclusion

While substance abuse is a serious problem that not only affects the particular individual, but the family and the society. Unless the addicts want change, the addiction could not be eradicated. The change should come from the individuals. The family members also should understand the inability of the substance addict and treat him with concern. If we indent to bring change on the addict, it would not be possible unless the addict himself agrees to undergo medical treatment.

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**IMPACT OF SUBSTANCE ABUSE ON FAMILY
RELATIONSHIPS AMONG YOUTHS/ ADOLESCENTS**

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Abstract

As people who are transferred from the innocence of childhood to the adult maturity, youths express a confused and highly energetic life pattern. They are usually vulnerable and get in encounter with many negative factors. It results in the origin and development negative changes in the behavioral patterns, and thereby in the dysfunction of the basic institution of a society, family, and to the dysfunction of other inter connected social institutions and finally of the entire society. Researches make it evident that the use of drugs without proper medical prescription is increasing among youths. Apart from personal adversities, substances abuse may result in family crisis and jeopardize many aspects of family life. Its addiction influences their psychological and cognitive conscience strongly and freezes their real feelings, emotions and logical sense and loses their confidence to face the real life. Substance abuse among youths eventually but directly prevents the stable development of the nation. This research paper discusses the concept of substance abuse, and tries to find out its impact on family relationships among youths within the age limit of 17-22 who consult de addiction centers with special reference to Thrissur district, Kerala along with strategies to tackle down the issue.

Introduction

Youth is a complex period of development in the life of every human with extreme level of energy and enthusiasm. They become vulnerable to almost all the new and attractive elements of the life. Their energetic attitude can be directed to the right or the wrong path. Here a youth needs guidance in the right

manner. In the absence of such guidance, they come in encounter with the negative factors. The changes occur in the behavioral patterns of a person due to this, can make an adverse impact in various dimensions like psychological, physical, social, and financial. It leads to the dysfunction of the social institutions, primarily of the family. Family is a domestic group of people with some degree of kinship – whether through blood, marriage, or adoption. Each child is nurtured, respected, and grows up to care for others and develop strong and healthy relationships.

Adolescent's Development Stage – a Period of Transaction

Adolescence is the age when the individual becomes integrated into the society of adults, the age when a child no longer feels that he is below the level of his elders but equal. Conformity to the standards of the youth culture has had two profound and serious effects. It causes alienation and protest against the adult culture and, it is a poor preparation for entrance into the adult society marked by adult values. There are many universal concomitants of the changes that occur during adolescence. One is heightened emotionality, the intensity of which depends on the rate at which the physical and psychological changes are taking place. Second, the rapid changes with sexual maturing make young adolescents unsure of themselves. Third, changes to their bodies, interests, and in the roles the social group expects them to play create new problems. Fourth is the change in values. Fifth, most adolescents are ambivalent about changes. While they want and demand independence, they often dread the responsibilities that go with independence and question their ability to cope with these responsibilities.

They often consider their parents old-fashioned. Family members resent adolescents' hypercritical attitudes toward them and the general pattern of family life. The more active life of adolescents may result in the breaking of family rules. An adolescent who has a very close relationship with the family member will identify with that person and want to develop a

similar personality pattern. When family relationships are marked by friction, feelings of insecurity are prolonged, and adolescents will be deprived of the opportunity to develop more mature patterns of behavior. The adolescent whose family relationships are unfavorable may also develop poor relationships with people outside the home. This militates against good social adjustments. Irresponsibility as shown in neglect of studies, in favor of having a good time and winning social approval, an overly aggressive, feelings of insecurity, which cause the adolescent to conform to group standards in a slavishly conventional mannered are the common danger signals of adolescent maladjustment.

Adolescent Period and Drug Abuse

Status symbols are prestige symbols that tell others that the person who has them is superior or has a higher status in the group than other group members. The status symbols tell others that the adolescent has a high socio economic status than other members of the peer group; that the adolescent is an accepted member of it because of appearance or actions similar to those of other group members; and that adolescent has a near-adult status in society. They engage in premarital sex, smoking, drinking, and use of drugs to symbolize their near-adult status and their identity with the peer group.

The use of drugs, at least the smoking of marijuana, among youths at functions becomes widespread. Many who are not satisfied with marijuana turn to drugs that are more habit-forming and harmful to health. Studies of why adolescents begin to use drugs have revealed that many adolescents are motivated by a desire for independence from family restrictions; by conforming to the pattern of behavior set by leaders in the peer group; or by a desire for adventure. Gulas and King, from studies of the personality patterns of users and nonusers of drugs during adolescence, have concluded that there are certain personality characteristics that distinguish users from nonusers.

Effects of Drug Abuse on Family

The effects of substance abuse frequently extend beyond the nuclear family. Extended family members may wish to ignore the person abusing substances. Intergenerational effects of substance abuse can have a negative impact on role modeling, trust, and concepts of normative behavior, which can damage the relationships between generations. Drug users find themselves isolated from their families. Reilly (1992) describes several characteristic patterns of interaction, which are likely to be present in a family because of substance abuse: negativism, parental inconsistency, parental denial, miscarried expression of anger, self-medication, and unrealistic parental expectations. A restructuring of the entire family system is the remedy for all these problems.

In a general population sample of 10- to 20-year-olds, roughly 12.4 percent met criteria for a substance use disorder (Cohen et al. 1993). Drugs play a prominent role in violent death for youth, including homicide, suicide, traffic accidents, and other injuries. Aside from death, drug use can lead to a range of possible detrimental consequences like violent behavior, delinquency, psychiatric disorders, risky sexual behavior, possibly leading to unwanted pregnancy or sexually transmitted diseases, neurological impairment, developmental impairment, etc. Drug use may lead to cognitive deficits and perhaps irreversible brain damage. Adolescents who use drugs are likely to interact primarily with peers who use drugs, so relationships with friends, including relationships with the opposite sex, may be unhealthy, and the adolescent may develop a limited repertoire of social skills.

Research Methodology

- **General Objective**
 - To find out the effects of substance abuse among youths.
 - To find out the major changes in family relationships due to substance abuse among youths.

- To find out the strategies to cope with the issue of substance abuse among youths.

Research Design

- **Research design** - The design followed for this study is descriptive design.
- **Sampling method** -The researcher selected 60 young people within the age limit of 17-22 as samples from the clients of different de addiction centres Thrissur district, Kerala. The method used here for the sampling is stratified sampling technique.
- **Tools of data collection**- Tools of data collection were direct personal interview.
- **Pilot Study**

Pilot study was conducted to find out the scope and feasibility of the study, to determine the venue and universe of the study. To know about the feasibility of the study the researcher interacted with different de addiction centre authorities, clients and their family members.

- **Universe**

All the adolescents within the age limit of 17-22 who consult de addiction centres in Thrissur district Kerala.

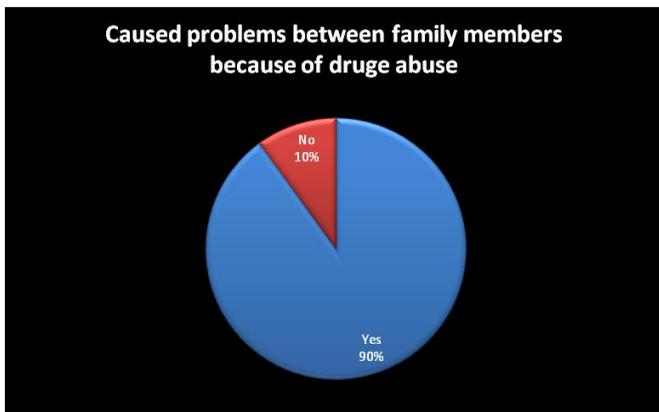
- **Unit of The Study**

One adolescent, whose age falls within 17-22 and consults a de addiction centre in Thrissur district Kerala.

Data Analysis and Interpretation

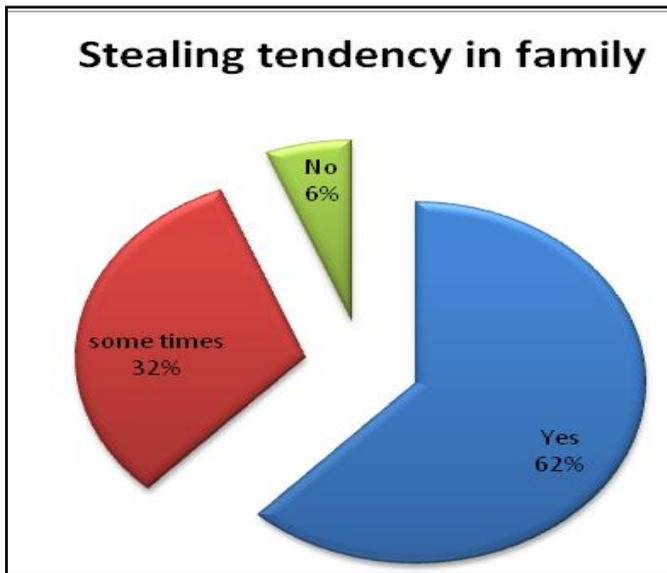
According to the survey conducted among 60 people within the age limit of 17-22 who consults any de addiction centre in Thrissur district, Kerala, 54% of people spend 12hours to 24 hours a day with their family. At the same time, 36% of people spend 5hours to 11 hours and 10% of people spend only 1hour to 4hours a day with their family respectively. It is evident from the data that 46% of people do not spend a complete day with their family. It emphasizes the withdrawal of people from the bonds of family relationships.

54% of people communicate effectively with their entire family members whereas 46% of people do not maintain proper communication with their family members. Effective and timely communication is one of the basic factors for strong family relationships. But here occurs a kind of communication gap in the lives of many people who get addicted to drugs. Such a lack of effective communication affects the family bonds or it can be considered as a symptom of breakdown of family relationships.



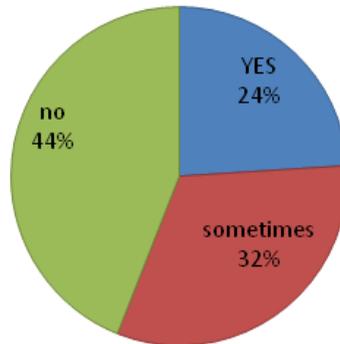
The information gained from the survey states that 90% of people had to face problems between their family members because of drug abuse while only 10% of people did not have any similar experience. It can be understood from the data that drug abuse causes serious and critical issues in a majority of families.

The survey also observed the eating pattern of families. It is surprising to know that 56% of people used to have food alone. 20% of people eat food sometimes with the family and sometimes alone. On the other hand, 24% of people are having food with their families. The distance voluntarily or unknowingly occurs among family members as having food together is a major symbol of creation and maintenance of strong family bonds. Here more than half of the people are not having food together with family members which implies the deterioration of family relationships due to substance abuse.



Another aspect revealed from the survey that 62% of youths possess stealing tendency in families whereas 32% express the same sometimes. Only 6 % of youths do not feel stealing tendency in family although they consume drugs. The fact is really relevant, shocking and it requires to be analysed well as it remarks a major adverse change in the personality of the youths because of drug abuse. They tend to steal money or things from their own family, and later from outside, with the influence of the addiction of such substances. It predicts the high possibility of a serious issue of making the new generation criminals and thieves due to substance abuse. Apart from the personal issues, the family relationships also get affected with the problem.

Participation in family Functions



On the basis of the information collected directly from the youths who consult any de addiction centre, it was understood that 44% of them fail or give up in participating family functions. 32% are taking participation only sometimes and 24% assure their participation in the family functions. Family functions are meant for the strengthening and enhancing of relationships. The constant absence of drug addicted youths in family functions remarks their tendency of withdrawal from family bonds and social life, or the neglect they face from the part of their own family. It is a major symptom that makes an awareness of how substance abuse causes one's personal and social life, and their family relationships.

Major Findings

- The consumption of drugs among youths has increased in the present scenario.
- Substance abuse causes major changes in the behavioural patterns of its users, especially of youths.
- It results in the psycho social problems in the youth life.
- The family relationships get broken with the issues raise out of substance abuse among youths.
- The impact of substance abuse among youths on the family relationships affects the entire society.

- Preventive actions in the collective level such as awareness programmes, trainings, motivation and value education classes, cultural programmes and celebrations in order to make the family and social bonds stronger and everlasting, and effective monitoring, preventive and corrective measures against substance abuse with the cooperation of schools and colleges where the youths spend their most of time and of the governmental authorities should be taken as early as possible.

Conclusion

Adolescence is a complex phase in human development where a major transition takes place in both physical and psychological levels. They are the most essential part in the development of a nation. In this period, most of the youths tend to avoid the dependency on family and at the same time, they are in crucial need of the family's support and guidance. Their healthy and reasonable life pattern is inevitable for the advancement of social wellbeing. Family relationship is the basic factor which nourishes human values and knowledge among youths for the same goal. During the phase, they are exposed to various negative elements among which drugs are of great importance. Substance abuse causes multi-dimensional personality and social changes, especially in the lives of youths. The substance abuse among adolescents affects their family relationships to a great extent. It results in the arousal of many issues which spread to the entire society. This research paper reaches in the conclusion that substance abuse, especially among youths, causes their personal life and their family relationships in a negative manner and it affects the nation as a whole. Preventive and corrective measures should be taken to save the youths, the builders of the future of the nation, from the traps of substance abuse.

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**SUBSTANCE ABUSE AND PERSONALITY CHANGES A STUDY
AMONG ADOLESCENCE WITH SPECIAL REFERENCES TO
THRISSUR DISTRICT, KERALA**

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Abstract

Substance abuse and addiction have negative consequences for individuals and for society. Researchers have shown that the key risk periods for drug abuse are during major transitions in children's lives. The first big transition for children is when they leave the security of the family and enter school. It is at this stage:-early adolescence that children are likely to encounter drugs for the first time. When they enter high school, adolescents face additional social, emotional, and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. To most people, the effects of drugs and alcohol on the user are obvious. They may act out, become violent, and get into verbal altercations or simply act like a different person. Drugs and alcohol can intensify behaviours. Take someone who has trouble with controlling his temper. Give him drugs or alcohol and he may become extremely violent. This paper studies the major issues in personality development of college students (16 to 21 age category – who consulting a De-addiction centre) due to the substance abuse with special references to Thrissur district Kerala.

Introduction

Personality is often defined as an organized combination of attributes, motives, value, and behaviours unique to each

individual. An individual's unique patterns are thoughts, feelings and behaviour. So it's proven that personality is a combination of feelings, thoughts and behaviour patterns produced by an individual. There is several factors influence the personality development and the personality changes. Youth is the period of transaction, the word 'adolescence' comes from the Latin word '*adolescere*' which means 'to grow'. So the essence of the word adolescence is growth and it is in this sense that adolescence represents a period of intensive growth and change in nearly all aspects of a child's physical, mental, social and emotional life. Adolescence has been described by Stanley Hall as 'the period of storm and stress of human life'. It is a very crucial period of one's life which covers roughly from 12-18/19+ years. The most important fact about adolescence is that it is a period of transition from childhood to adulthood. Transition from one period to another always is associated with some problems. So in adolescence age or youth age period it's very important to care the personality development to.

Now days the statistics are showing that youth age category people are become more addicted on substance and drug abuse. These additions will influence the personality of individuals and these leads to negative and harmful adaptation in their personality. According to the National Institute on Drug Abuse, although the most common side effects with drugs like Adderall have to do with ones sleep and appetite, there is substantial evidence that it can affect a person's personality. One student who was using Adderall admitted that she experienced dramatic emotional changes. Drug abuse or substance abusers negatively affect on the personality of youth and it is the one of the important social factor which leads to make the youth become negatively or harmful for the society.

Review of Literature

Personality development in adolescence takes place in a social and ecological context that influences the individuals and at the same time is also influenced and altered by the

individuals. This developmental approach is a cumulative approach and it stresses the mutual influence between society, environment, and individuals. It sees adolescents as active (and acting) individuals who are in the development of their identity. In adolescence one must fulfil demands and resist hassles, one has a unique chance to individualization and integration, one need to develop coping strategies but also needs social support from attachment persons and one depends on the social structural settings of the environment.

Risk Factors and Problem Behaviour in Adolescence

Increasing pluralism and loss of tradition makes it more difficult for adolescents to develop a “personal system of orientation” or a “personal identity”, and they often suffer under the pressure to achieve originality or have difficulties meeting the growing expectation from family and peers (Hurrelmann & Lösel, 1990). The fulfilment of the developmental tasks is for adolescents both a goal and a burden and facilitates their abilities and skills to a certain extent. If the familial, personal and financial resources are sufficient, adolescents have a good chance to cope effectively with the developmental challenges. They have the chance to establish durable behavioural patterns that guide their life even in adulthood. In the case of inefficient coping, there is a high probability that disorders or problematic behaviors occur that lead to a high-risk constellation, especially when the adolescents’ own personal aspirations fail (Hurrelmann & Hesse, 1991). Hurrelmann (1987) characterizes high-risk constellations by poor educational achievement, social and emotional conflict with the parents and/or lack of social integration with the peer group.

Paths to Drug Abuse

Silbereisen and Kastner (1985a, 1985b) have summarized the most important functions of legal and illegal drug abuse in adolescence. In the German literature on prevention they are known as “the six paths to drug abuse” [“die sechs Wege zum

Drogengebrauch”]. The consumption of health-endangering substances can serve as a substitute to adolescents if they are impeded in their development or cannot succeed in their strive for autonomy and independence. Drug abuse means rebelling against societal norms and demanding attention from the environment. Drugs can bring short-term release from daily hassles or bring acknowledgement and respect from peers. Specifically adolescents who are in a weak social position and who are without friends may choose drug abuse as a means to integrate in a peer group. On the personal level, drug consumption can increase self-esteem and decrease anxiety. The consumption of legal drugs, like smoking and drinking alcohol is specifically considered an attribute of adulthood, and so can demonstrate an anticipated adult image. It is therefore important not only to consider the health endangering aspects of drug consumption during adolescent age, but also to take into account the advantages it brings to individuals in their developmental process.

Research Methodology

General Objective

- To find out the effects and affects of substance abuse on adolescence.
- To find out the major Behavioural changes due to drug abuse on adolescence.
- To find out the major emotional changes due to drug abuse on adolescence.
- To find out the major Attitude changes due to drug abuse on adolescence.

Research Design

- **Research design** - The design followed for this study is descriptive design.
- **Sampling method** –the researcher collected 50 samples from adolescences (18 to 21age category) who consulting different de addition centres in Thrissur district Kerala

- **Tools of data collection-** Tools of data collection were direct personal interview.
- **Pre test-**The researcher conducted a Pre test at Christ College (Autonomous) Irinjalakuda in 10 students who studying different courses. The pre test helps the researcher to make sufficient changes in the questionnaire which used for the data collection.

Pilot Study

Pilot study was conducted to find out the scope and feasibility of the study, to determine the venue and universe of the study. To know about the feasibility of the study the researcher interacted with different De addition centre authorities, Clients and their family members.

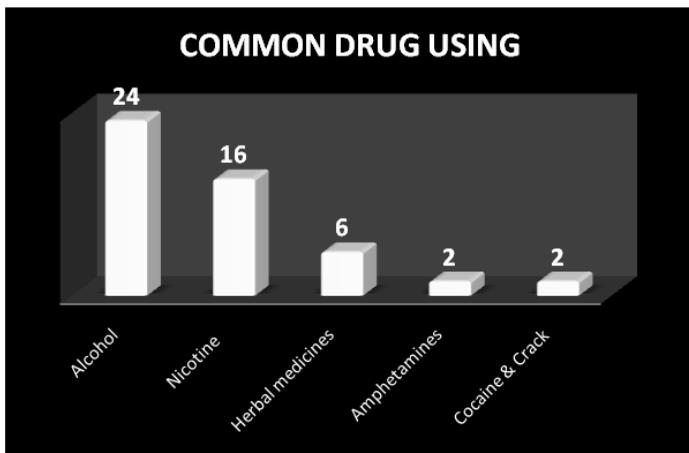
Universe

All the adolescents who consulting de addition centres in Thrissur district Kerala.

Unit of the Study

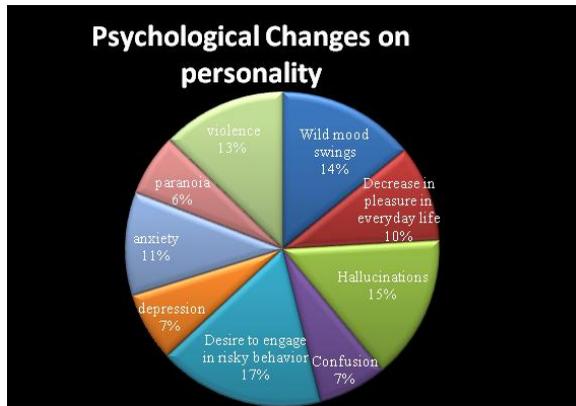
One adolescent who consulting de addition centre in Thrissur district Kerala

Data Analysis and Interpretation

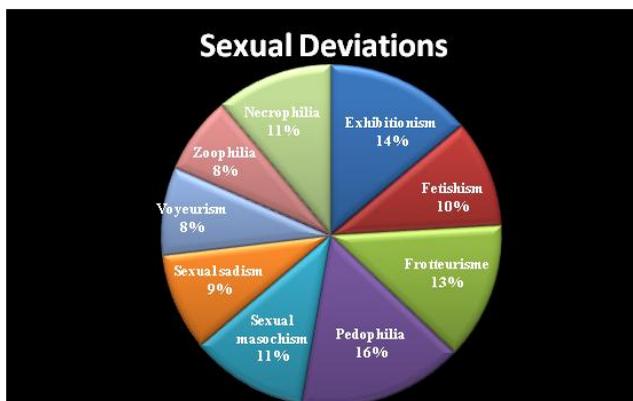


The above graph shows that the common drug by the sampled adolescence are alcohol, Nicotine, Herbal medicines etc. Among the 50 samples 24 used to use Alcohol, 16like to use Nicotine, 6 like to use

Herbal medicines and 2 people use both amphetamines and cocaine & crack.



The above graph shows psychological changes that happen in the personality of those who use the substance abuse. Among that, there are 17% of the people causes of desire to engage in risky behaviour, 15% have hallucinations, 14% have wild mood swings, 13% have violence, 11 % have anxiety, 10% have decrease in pleasure in everyday life, 7% have depression and confusion, 6% have paranoia. The most of the people have desire to engage in risky behaviour.



The above graph shows the sexual deviations among the substance abusers. The most of the people have sexual deviations

in Pedophilia 16% of the people has this concept, 14% has concept of exhibitionism, 13% of them have Frotteurisme, 11% have the concept of Necrophilia and Sexual masochism, 10% have the concept of fetishism, 9% have the concept of sexual sadism, 8% have the concept of Zoophile and Voyeurism. Among the sexual deviations most have the nature of Paedophilia.



The above graph shows the behavioural changes among the substance abusers. Most of them have shown behavioural changes such as lie and they are very likely to be engaged in criminal acts. They are 22% of the total percentage. 21% have shown behavioral changes in likely to become abusive, 20% have shown behavioral changes in shift the blame and 15% have shown behavioral changes in manipulate others. In this we can understand that the most of the people have shown they are very likely to be engaged in criminal acts.

Major Findings and Conclusion

Adolescent drug use has numerous negative consequences on developmental outcomes. Therefore, it is extremely important to study development and risk factors for this kind of behaviour. Research shows that there are numerous and varied factors which influence drug use. Hawkins, Catalano, and Miller (1992)

divide these risk factors into two categories. The first category refers to societal and cultural factors that provide legal and normative expectations for behaviour. The second category includes intrapersonal and interpersonal factors (families, school classrooms, and peer groups). Sometimes people use alcohol, tobacco or other drugs to cope with negative emotions. This is often called 'self-medication'. Other aspects of a person's personality may also affect their alcohol, tobacco or other drug use. For example, people who have antisocial traits may use substances because it is a 'deviant' behaviour, and people who are 'avoidant' may use substances to help them cope with anxiety in social situations. According to the DSM, substance abuse is a pattern of recurrent use that leads to damaging consequences. Damaging consequences may involve failure to meet one's major role responsibilities (e.g., as student, worker, or parent), putting oneself in situations where substance use is physically dangerous (e.g., mixing driving and substance use), encountering repeated problems with the law arising from substance use (e.g., multiple arrests for substance-related behaviour), or having recurring social or interpersonal problems because of substance use (e.g., repeatedly getting into fights when drinking).

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ROLE OF DE-ADDICTION CENTRES IN COMMUNITY

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Abstract

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviours. Addiction is characterized by inability to consistently abstain, impairment in behavioural control, and craving, diminished recognition of significant problems with one's behaviours and interpersonal relationships, and a dysfunctional emotional response. This paper discussing the different roles and responsibilities of de addiction centres in the community.

Introduction

The word "addiction" has too many meanings. For centuries, "addiction" referred to (he state of being "given over" or intensely involved with any activity. The ambiguity lay in the value attached to this state; addiction could be either tragic or enviable, or somewhere in between. As well, a second meaning emerged in the 19th century, and now coexists with the earlier one. The new meaning is more restrictive than the traditional one in three ways; it links addiction to harmful involvements with drugs that produce withdrawal symptoms or tolerance. Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviours. Addiction is characterized by inability to consistently

abstain, impairment in behavioural control, craving, diminished recognition of significant problems with one's behaviours and interpersonal relationships, and a dysfunctional emotional response. Substance abuse occurs when an individual continues using the substance despite the negative cognitive, behavioural, physical, social and frequently mood-related symptoms.

A drug addiction treatment centre is a must for every drug addict; one does not have any option to it. It is absolutely necessary to follow a drug rehabilitation treatment after the clinic treatment and it is always recommended by most of the doctors. There are many centres that offer drugs addiction treatment, but choosing a good and a professional centre is not an easy task. Several drug centres offer a standard and a normal treatment program that are meant for every drug addict, whereas, there are also other centres that offer drug addiction treatment program based on the individuals and the seriousness of the addiction. These are customized treatment based upon the different and volatile behaviour of the drug addict. This paper finding out the role and different responsibilities of de addiction centres in our society.

Objectives

- Understand about the scope of de-addiction centres.
- To find the role and responsibilities of a de-addiction centres in a community.
- To find the objectives and duties of de-addiction centres.
- To find the roles of de-addiction centres in individual ,family and groups

Methodology

- Review of literature and direct personal interview

Drug Addiction a Growing Social Problem in India

A drug is any biological substance, synthetic or non-synthetic, that is taken primarily for non-dietary needs. It is usually synthesized outside an organism, but introduced into an

organism to produce its action. That is, when taken into the organism's body, it will produce some effects or alter some bodily functions. Drug addiction is a growing problem in India Defined as a disease in 1956 by the World Health Organisation and the American Psychiatric Association, drug abuse is the illicit consumption of any naturally occurring or pharmaceutical substance for the purpose of changing the way, in which a person feels, thinks or behaves, without understanding or taking into consideration the damaging physical and mental side-effects that are caused. It is a substance, which is not food and which, when ingested, affects the functioning of the mind or the body or both. The common drugs of abuse amongst children and adolescents in India are tobacco and alcohol but use of illicit and stronger drugs like cannabis, opium or even intravenous use of drugs such as heroin have also been reported. A new trend has emerged in drug and substance abuse with children now taking a cocktail of drugs through injection and often sharing the same needle, which increases their vulnerability to HIV infection.

Drug Abuse Statistics and Trends in India

In 2008, 5.3 million Indians age 12 and older had abused cocaine in any form and 1.1 million had abused crack at least once in the year prior to being surveyed. The NIDA-funded 2008 Monitoring the Future Study showed that 1.8% of 8th graders, 3.0% of 10th graders, and 4.4% of 12th graders had abused cocaine in any form and 1.1% of 8th graders, 1.3% of 10th graders and 1.6% of 12th graders had abused crack at least once in the year prior to being surveyed.

It is a commonly accepted fact that drug abuse is on the rise in India. However, the true extent of the proliferation of drugs in this country will surprise many. According to estimates, there are approximately 70 million drug abusers in India. Data on drugs seizure by the Narcotics Control Bureau shows that consumption and smuggling of synthetic drugs, which are much more dangerous and addictive than natural ones, has been steadily increasing while that of natural drugs has been decreasing.

Between 2009 and 2012, smuggling and consumption of cocaine and ephedrine increased by over 250% and that of morphine increased by over 500% while among natural extracts, only opium saw an increase over the same period, that too only because opium is used to manufacture heroin.

Effects of Drug Abuse

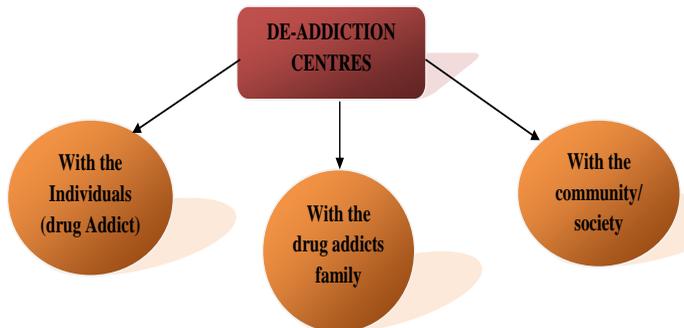
Drugs are chemicals. Different drugs, because of their chemical structures, can affect the body in different ways. In fact, some drugs can even change a person's body and brain in ways that last long after the person has stopped taking drugs, maybe even permanently. Depending on the drug, it can enter the human body in a number of ways, including injection, inhalation, and ingestion. The method of how it enters the body impacts on how the drug affects the person. For example: injection takes the drug directly into the blood stream, providing more immediate effects; while ingestion requires the drug to pass through the digestive system, delaying the effects.

Most abused drugs directly or indirectly target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. When drugs enter the brain, they can actually change how the brain performs its jobs. These changes are what lead to compulsive drug use, the hallmark of addiction.

Role of De Addiction Centres/ Rehabilitation Centres in the Community

Statistics are showing that drug abuse is one of the growing social problems in the society.. Drug rehabilitation (often drug rehab or just rehab) is a term for the processes of medical or psychotherapeutic treatment, for dependency on psychoactive substances such as alcohol, prescription drugs, and street drugs such as cocaine, heroin etc. Statistics have shown that, in India, there are some at least some 3 million people who are drug dependent, excluding alcohol users or abusers. Focusing on the

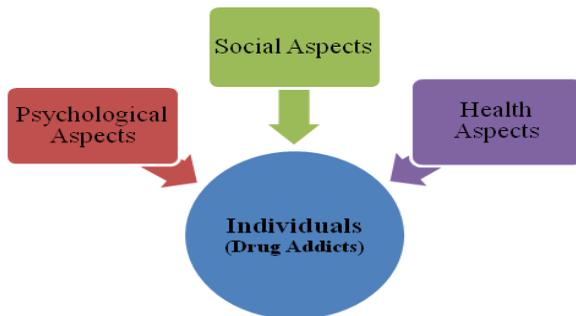
role of de addiction centres in the community we can see 3 levels of the working area. These are 1. With individuals (drug Addict) 2. With the drug addicts family 3. With the community/society.



Role of De addiction centres/ rehabilitation centres in the community

Role of De Addiction Centres in Individuals (Drug Addicts)

Drug Addiction is ruining our society and destroying the health of our citizens. Drug Abuse has destroyed the creative power of millions of population.



In Psychological Aspects of a Addict

Drug abuse will makes different fluctuations in a personality of a individual, his/her emotional, thinking and thought process will negatively affected by the drug. So the de addiction centre can apply different therapeutic treatment techniques such as behavioural counselling,

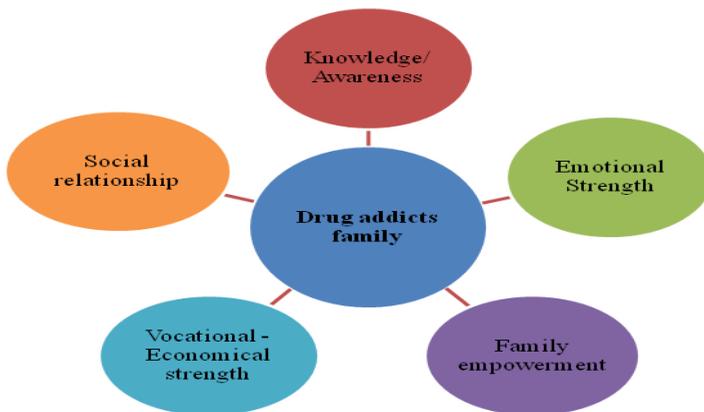
Social Aspects of a Addicted Person

As we all know man is a human animal, an individual living in a society with a web of relationships. If you are addicted to alcohol, nicotine, drugs or even caffeine then the effects of this can negatively impact upon the following: Marriage/ Relationships, Home/family life, Education, Employment, Health and wellbeing, Personality, Financial issues, Law and order

Health Aspect of a Addicted Person

Physical effects of drug addiction vary by drug but are typically seen in all systems of the body. Some of the primary physical effects of drug addiction take place in the brain. Drug addiction changes the way the brain functions and impacts how the body perceives pleasure. Cardiovascular disease, Stroke, Cancer, HIV/AIDS, Hepatitis B and C are some diseases as a result of substance abusers.

Role of De Addiction Centres in Drug Addicts Family



Role of de addiction centres in drug addicts family

❖ Knowledge/ awareness of drug addicts family

The centres have to give appropriate awareness and information about the problem and situations faced by the addicted person. To create awareness programs among the

people regarding the impact of drug abuses by organising various program such as seminar, campus, exhibition etc.

❖ **Emotional Strength of drug addicts family**

Centres addressing the physical, mental, emotional, interpersonal and spiritual areas for recovery. The main objective is to manage their desires, thought, emotion, feelings etc. without the help of any addictive substance our experience tough us that using drug substitutes.

❖ **Family Empowerment of drug addicts family**

Family power is the best way to build a rich and full life for individual children as they live and grow in their communities. De-addiction centres have a great role in empowering in a addicted family. Family can show an appropriate path for the addicted person to lead a good life.

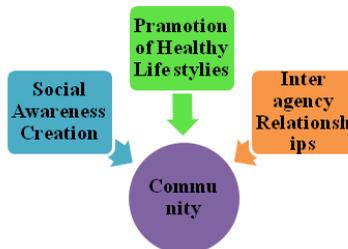
❖ **Vocational -Economical strength of drug addicts family**

The de addiction centres also have a great role in providing vocational training for the addicted person's family. Vocational training programs improve the economic development of the family. It is one of the important features of the de addiction centre.

❖ **Social Relationship of drug addicts family**

Relationships are very important in individual's life. Relationship is important for sharing our feelings, ideas, thoughts and opinions. The de addiction centres provides a good and harmonious relationships for the individuals with his/her family, community and society.

Role of De Addiction Centres in the Community



Role of de addiction centres in the community

❖ Promotion of Healthy Life Stylizes

“Precaution is better than cure”. De-addiction centres gives information about the healthy life style and give awareness about the diseases in the society as the result of bad and unhealthy lifestyle

❖ Inter agency Relationships

There are many social defense agencies in the community for the protection and security. The centre has to maintain a good and healthy relationship between the other agencies for the protection and help for the members in the community.

❖ Social Awareness Creation

The de-addiction centres have to give awareness classes and programs for the members in the community to lead good and full life awareness are very important for a community to lead a positive life.

Conclusion

De addiction centres are the important institutions in our nation. Without de addiction centres the addicted person can't our come his problems, physical, mental and social. If there no any de addiction centres in our nation the addicted persons will became negative effect of our nation.

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**A STUDY ON THE ALCOHOLIC ADDICTION AND
ADAPTATION OF RISKY SEXUAL BEHAVIOURAL PATTERNS
AMONG YOUTH**

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Abstract

Alcohol use and unsafe sex are common behaviours and are responsible for a large proportion of the overall burden of diseases. According to World Health Organization, it is a period of life from puberty to attainment of growth, a time of being young when one's appearance is full of freshness. Many social evils of today, like drug abuse, Alcoholic abuse, Cyber-crimes contribute many young people as their Victim. An important or the very recent threat which we can see now is the alcoholic addiction which risking the sexual behaviour pattern. . Adolescents also share certain characteristics that distinguish them from other generation. Such characteristic include, desire for independence, zealously, radicalism, rebellions, curiosity, sexual risk behaviours, etc. The alcohol-sex linkage has serious implications for the health of populations due to the advent of HIV infection. The use of alcohol should therefore be recognized as a risk factor in the transmission of HIV and other sexually transmitted infections. It has been assumed that alcohol contributes to risky sexual behaviour. This paper trying to find out the relationship and influences of alcoholic addition and risky sexual behaviour pattern development among youth.

Introduction

Sexual exploration is a normal and typically healthy part of adolescent development. However, certain behaviours increase

the likelihood of unwanted outcomes such as pregnancy or sexually transmitted disease (STD). Researchers have long been interested in describing the relationship between substance use, also fairly common in adolescence/ youth, and sexual risk taking - a relationship that appears to be complex and not always as we might expect. This paper outlines what research has to say about connections between substance use and sexual risk taking among adolescents/youth (primarily 18 to 25 aged youth who consulting a de addition centre for Alcohol consumption), and describes how adults can promote healthier environments for growing up.

Adolescence/Youth: A Time for Taking Chances or Risks

Risk taking is common and expected in adolescence. Across the lifespan, adolescence is the time of greatest risk taking (Chick & Reyna, 2012). While understanding or even over-estimating the likelihood that an action will result in harm, adolescents may place higher value on the benefits that might come from taking a particular risk. Adolescents are more responsive to the rewards of risk, may be less sensitive to feeling the ill effects of substance use, and are still developing the capacities for judgment and self-control (Institute of Medicine [IOM] & National Research Council [NRC], 2011). Context matters in decision making. A teen who drives recklessly with a group of joyriding friends may decide to be more careful when with friends who disapprove of unsafe driving, in part because youth are highly sensitive to their image among peers. Our sense of danger is also dependent on contextual cues, and can vary based on associations and memories that are triggered by a given situation. If the context does not prompt us to think of our principles and values, for example, we will not necessarily apply them to decisions.

Alcohol Addiction and Adolescence Period

The word "addiction" has too many meanings. This is partly because it contains a fundamental ambiguity. For centuries, "addiction" referred to the state of being "given over" or intensely involved with any activity. The ambiguity lay in the value

attached to this state; addiction could be either tragic or enviable, or somewhere in between. The new meaning is more restrictive than the traditional one in three ways; it links addiction to harmful involvements with drugs that produce withdrawal symptoms or tolerance. Alcohol is the most widely abused psychoactive drug in the world. Drinking in adolescence can be harmful to young people's physical development, particularly brain development. Adolescence is a critical period in a young person's development towards adulthood. What they learn during their teenage years, and how they learn it, can set the young person's path for later life. Alcohol consumption during this time can bring about learning difficulties, memory problems and other problems later in life.

What Constitutes “Risky Sexual Behaviour”?

While sexual behaviour in adolescence can be risky, it is also a natural part of human development. Studies examining the link between alcohol and risky sex at the global level typically ask participants about their overall involvement in some high-risk behaviour and their overall frequency and quantity of alcohol use. Alcohol use occurs in association with sexual behaviour for a variety of social, cultural and other reasons. In most societies, alcohol use was rooted in tradition. However, tradition has lost its grip, causing alcohol to be used in other settings, including where people engage in sex. This has opened the way for sexual risk behaviour. The alcohol-sex linkage has serious implications for the health of populations due to the advent of HIV infection. For example, where young people use alcohol before they engage in sex, risk-taking behaviour occurs, notably unsafe sex. Even in the general population, people are less likely to adopt safe sex procedures when under the influence of alcohol. The use of alcohol should therefore be recognized as a risk factor in the transmission of HIV and other sexually transmitted infections.

Review of Literature

Adolescence is a distinct and dynamic phase of development in the life of an individual, which is characterized by spurts of

physical, mental, emotional and social development. It is the time when influences outside the family assume greater significance. Adolescents find themselves facing new opportunities and challenges. It is also a formative stage in terms of sexual and reproductive maturity. Traditional societies did not consider it necessary for adolescents to have information about sex prior to marriage in the belief that sexual activity occurs only within wedlock. However, with modernization and the influence of mass media, the socio-cultural milieu has been changed significantly and resulted in changes in values and norms related to sex and sexual behaviour, and adolescents are now often tempted to have sex even before marriage. The phase of adolescence is also marked by the experimentation and influence of friends and peer groups. During this stage of life, adolescents start spending more time outside the home, escaping the chaperon ship of the adult members of their families. Lack of knowledge on preventive measures and negotiating skills, adolescents and youth get easily influenced by mass media, friends and peer pressure leading them to experiment in risky lifestyles such as smoking, alcohol intake, drug consumption and sexual activity. As a result, risk of sexually transmitted diseases (STDs), including HIV/AIDS, may be significant among adolescents and youths. Furthermore, they are biologically susceptible to infections and have limited access to health facilities for treatment.

A survey conducted by the Kaiser Family Foundation found more than five million adolescents (15-24 year old) have unprotected sex because of alcohol and drug use (Columbia University, National Centre on Addiction and Substance Abuse, 2002). A study of functional relation between unprotected sex and alcohol– marijuana use among adolescent detainees reveals that marijuana use was associated with unprotected sexual intercourse. Another interesting study signifies that the association between alcohol use and condom use varied by type of sexual encounter: drinking at first intercourse was associated with decreased condom use, but drinking was unrelated to condom use in recent sexual encounters with new partners. Some

researchers are of the view that it is the impulsivity among the adolescents, which leads to substance use and risky sexual behaviour associated with HIV/AIDS. Moreover, sensation seeking was lower among girls, and was also lower among youth who remained uninvolved in drug-related behaviours.

Research Methodology

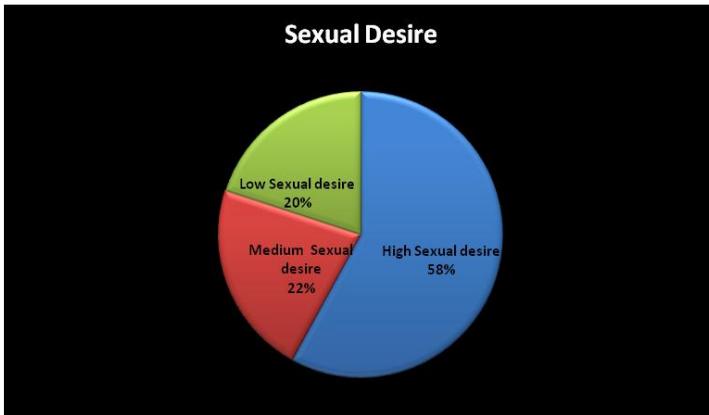
General Objective

- To find out the effects and affects of substance abuse on youth.
- To find out the major sexual behavioural changes due to the substance abuse among youth.
- Find out the influence between alcohol use and risky sexual behaviour

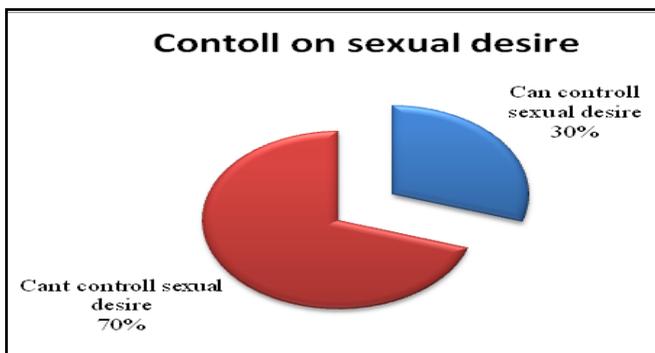
Methodology of the paper

- **Research design** - The design followed for this study is descriptive design.
- **Sampling method** – the researcher collected 50 samples from adolescences (18 to 21age category) who consulting different de addition centres in Thrissur district Kerala.
- **Tools of data collection**-The basic data used for this study has been taken from a number of primary and secondary sources.Tools of data collection were direct personal interview. Close and multiple choice questions where used for collecting the information’s requesting study.
- **Pre test**- The researcher conducted a Pretest at Thrissur district in 20 youth people who consulting different de addition centres in Thrissur District. The pre test helps the researcher to make sufficient changes in the questionnaire which used for the data collection.
- **Universe:** All the adolescents who consulting de addition centres in Thrissur district Kerala.
- **Unit of The Study:** One adolescent who consulting de addition centre in Thrissur district Kerala

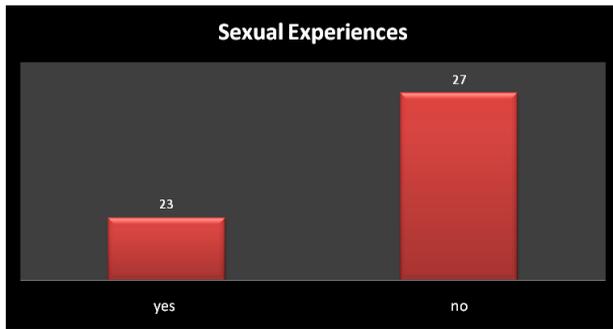
Data Analysis and Interpretation



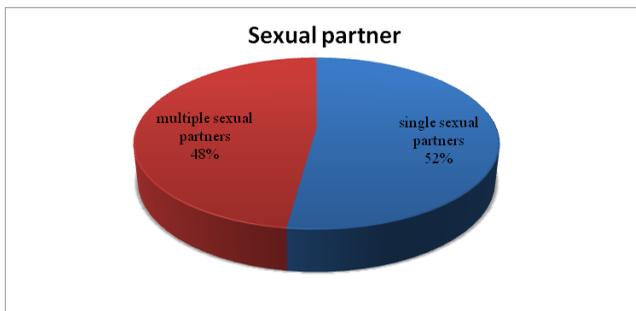
This figure shows the sexual desire among youth. From this figure, we can understand that 58% of peoples shows high sexual desire and 22% of youth peoples shows Medium sexual desire and 20% of young people's shows the Low sexual desire. Hence, we can say most of the young people's have in the high sexual desire level.



In the above figure, it illustrates how much the youth can control their sexual desire. It shows 30% of peoples can control the sexual desire and 70% of young people's cannot control the sexual desire. Hence, the overall result is most of the alcoholic addicted youth are cannot control their sexual desire.



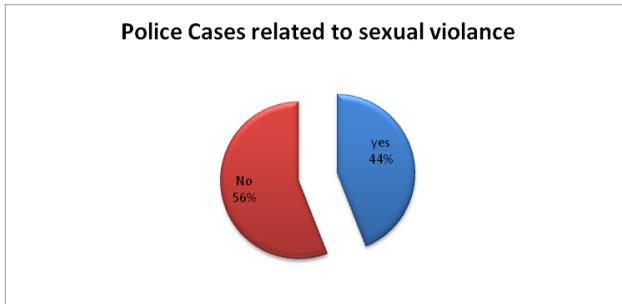
In the above figure they shows the sexual experiences of alcoholic addicted youth people's. From the survey of 50 youth people's, we can understand 27 peoples are do not experience in sexual practice and 23 young's are experienced sexual practice.



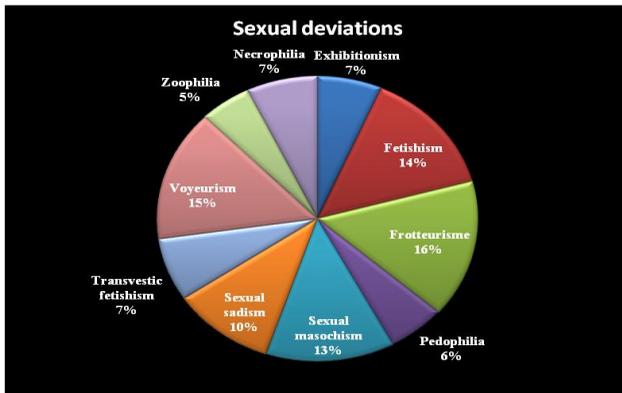
From the above illustration we came to know that most of the peoples are not experienced the sexual practice. On the basis of above result, 48% of young generation are attempt the multiple sexual partners and 52% of young generation are attempted to the Single sexual partners.



According to above results, we came to understand that the sexual attempts are 57% are unsafe and 43% sexual patterns are become safe.



From these survey results, there are some sexual violence are occurred. Hence, the police registered the sexual violence cases are illustrated by 44% stated and 56% cases are not be reported.



From this figure, they shows the result of sexual deviations among the young generations. 7% are Necrophilia, Exhibitionism, Transvestic fetishism sectors, the zoophilia and pedophilia is 5% and 6% respectively. Voyeurism 15%, Sexual sadism is 10%, Frotteurisme is 16% and Fetishim is 14% reported from the survey. Hence, we came understand most of the young generation are occurred the Frotteurism sexual deviation.

Conclusion

Assessing relationships between substance abuse and risky sexual behaviour poses a challenge to researchers because any estimates about this association may be dependent on the measure of sexual behaviour that is used. Substance use seems to serve as a possible risk factor for sexual risk behaviours among youth. From the survey of 50 of youth people's they shows the sexual experiences of alcoholic addicted youth people's. we can understand 27 peoples are do not experience in sexual practice and 23 young's are experienced sexual practice , 48% of young generation are attempt the multiple sexual partners and 52% of young generation are attempted to the Single sexual partners and 57% are unsafe and 43% sexual patterns are become safe. Hence, the police registered the sexual violence cases are illustrated by 44% stated and 56% cases are not be reported.

This paper to find out the relationship and influences of alcoholic addition and risky sexual behaviour pattern development among youth.

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**SUBSTANCE ABUSE AND SOCIAL PROCESS- A STUDY ON THE
EFFECTS OF SUBSTANCE ABUSE IN ENHANCING DISSOCIATIVE
SOCIAL PROCESS IN A COMMUNITY**

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Abstract

Social processes are the ways in which individuals and groups interact, adjust and readjust and establish relationships and pattern of behavior which are again modified through social interactions. Interaction between individuals and groups occurs in the form of social process. There are two processes of social interaction- associative process and dissociative process. Associative process comprises of positive type of interaction which brings stability and progress in the society. But, on the other hand, dissociative processes are the negative type of interaction which often works towards disintegration in society. This includes (i) competition and (ii) conflict. Substance abuse and addiction have negative consequences for individual as well as for the community. The present society, substance abuse is accompanied by a devastating social impact upon community life. It enhances the dissociative social process in a community, resulting in conflict and competence in the society. Thus the society loses its stability. Nobody deliberately begins to use addictive substances expecting to develop a problem. But as they continue their downward spiral, the negative influences that at first affect only their family and close friends spread to the workplace and then to the society in which they live. In other words, drug abuse is a problem that involves communities as much as it does individual user.

Introduction

Man is a social animal. It is difficult for him to live in isolation. They always live in groups. As members of these groups

they act in a certain manner. Their behavior is mutually affected. This interaction or mutual activity is the essence of social life. Social life is not possible without interactions. There are two processes of social interaction- associative process and dissociative process. Associative process comprises of positive type of interaction which brings stability and progress in the society. But, on the other hand, dissociative processes are the negative type of interaction. Which often work disintegration in society, by the use drugs developing the dissociative process in the society. Drug abuse may lead to create issues in individual and social life which interrupts the functions of basic institutions such as family, schools etc. The dysfunction occurs in the social process, as a result of these problems breaks a kind of balanced equilibrium between the associative and dissociative functions of a society, which is supposed to be maintained. This paper attempts to study on the effects of substance abuse in enhancing dissociative social process in a community.

Social Process

Social processes refer to forms of social interaction that occur repeatedly. By social processes we mean those ways in which individuals and groups interact and establish social relationships. Man plays many roles within the society. He also performs many and varied social activities as per his nature, needs and roles. While performing these social activities or social actions he comes into contact with others. This contact or relationships with other changes the action of the individual into interaction. The behaviour of each individual is affected by the behaviour of others. This interaction is the basis of social life. Interaction refers to an action done in response to another action. Actions performed by a number of individuals are called interaction. Society is rooted in interactions. Interaction is the basic ingredient of social relationships. The various social processes are the forms of interaction. The process of interaction, contact, forming and breaking down of relationships continuously occurs in society. Behaviour system grows out of interaction.

Without interaction there would be no social life. There are various forms of social interaction such as cooperation, conflict, competition and accommodation etc. As Ginsberg says, “Social processes mean the various modes of interaction between individuals or groups including cooperation and conflict, social differentiation and integration, development, arrest and decay”. Social process can be positive or negative. Accordingly, social process has been classified into two broad categories, variously entitled ‘conjunctive and disjunctive, ‘Associative and Dissociative’.

Associative Process

Associative processes are also called the integrative or conjunctive social processes which are essential for the integration and progress of the society. These social processes work for the solidarity and benefit of society. It is a positive process. Those processes which tend to create harmony or unity in society. This category of social process includes cooperation, accommodation, assimilation and acculturation etc.

Dissociative Process

Dissociative social processes are also called the disintegrative or disjunctive social processes. Although these processes hinder the growth and development of society, their absence results in stagnation of society. It is a negative process and which tend to create disharmony or disunity in society. These are the negative type of interaction which often works towards disintegration in society. This includes (i) competition (ii) conflict.

Competition

Competition is a less violent form of opposition, in which two or more persons or groups struggle for some end or goal. Attention is focused on the reward or the goal rather than on the competitor. It is based on the fact that people can never satisfy their desire. Competition takes place whenever there is an insufficient supply of things that human beings commonly desire.

There is no competition for sunshine and air which are unlimited. Its aim is not to banish or destroy the opponent. The competitor observes rules of the game which eliminate force and fraud. When these rules are broken, it becomes conflict. There are some characteristics of competition. That is competition are unconscious activity, impersonal struggle, cause of social change, universal, may be constructive or destructive, continuous, dynamic, always governed by norms and source of motivation for the individuals.

Conflict

Conflict is universal and occurs in all times and places. There never had been a time in which some individuals or groups did not come into conflict. It arises primarily from a clash of interests within a group or society. Conflict is, in other words, a competition in its more occasional, personal and hostile forms. It is an ever present process in human relation which seeks to obtain rewards by eliminating or weakening the competitors. There are some characteristics of conflict. That are it is affected by the nature of the group and it may be personal or impersonal. Conflict promotes the frustration and insecurity. And it is always personal, conscious and universal.

Substance abuse and Dissociative Social Process

Drug addiction doesn't just affect the addict: it has a far reaching effect which encompasses family, friends, employers, healthcare professionals and society as a whole. Substance abuse, also known as drug abuse, is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder. Substance abuse is widespread globally with an estimated 120 million users of hard drugs such as cocaine, heroin, and other synthetic drugs. Drug abuse is often accompanied by a devastating social impact upon community life. The present article focuses on the adverse effect of drug abuse on industry, education and training and the family, as well as on its

contribution to violence, crime, financial problems, housing problems, homelessness and vagrancy. When drug abuse becomes a necessity for maintaining psychological and emotional equilibrium it is called Drug Addiction. Drugs corrode the basic structure of a whole society, by affecting a cultured human society in all aspects including destabilizing families, reducing human productivity, corrupting trustworthy governments and honest police, and demoralizing law respecting citizens.

Substance abuse Effects on Individual (Psycho- Social View)

People who use drugs experience a wide array of physical effects other than those expected. The excitement of cocaine high, for instance, is followed by a "crash": a period of anxiety, fatigue, depression, and an acute desire for more cocaine to alleviate the feelings of the crash. Users of marijuana and hallucinogenic drugs may experience flashbacks, unwanted recurrences of the drug's effects weeks or months after use. The purity and dosage of illegal drugs are uncontrolled; drug overdose is a constant risk. There are over 10,000 deaths directly attributable to drug use in the United States every year; the substances most frequently involved are cocaine, heroin, and morphine, often combined with alcohol or other drugs. Many drug users engage in criminal activity, such as burglary and prostitution, to raise the money to buy drugs, and some drugs, especially alcohol, are associated with violent behavior. A situation in which one half of a couple is an addict then this can cause untold hardship for the other half. The person who is addicted may have changed from a previously easy going personality to one who is prone to mood swings, violent outbursts, secrecy and other forms of extreme behaviour.

The sad fact is that the actions are often committed by someone who is not a violent person by nature but is driven by their need for this substance. Their addiction is their main priority in life and that's all that matters to them. Someone in the grip of an addiction can become selfish, self-centred and oblivious to other people's concerns. Things such as paying the

mortgage and bills or other day to day issues of running a home are no longer important to them. This often leads to a breakdown in the marriage or relationship which causes financial hardship and distress. They are bothered by what others might think and are unsure as to what to do for the best.

Substance Abuse Effects on Group

A common motive for first time drug and alcohol use is peer pressure. This desire to fit in ensures that there is a constant pool of new recruits who may later develop an addiction. Membership of a social group, that supports drug or alcohol use encourages people to keep on using these substances. It is also the case that belonging to a group that supports recovery can help the individual escape drug abuse. Peer pressure is an important factor when it comes to using alcohol and drugs. Drunk driving is more likely to occur if the individual belongs to a group that condones heavy alcohol use. It is also usual for addicts to belong to a group that supports this activity.

Substance Abuse Effects on Community

Drug abuse affects society in many ways. In the workplace it is costly in terms of lost work time and inefficiency. Drug users are more likely than nonusers to have occupational accidents, endangering themselves and those around them. Over half of the highway deaths in the United States involve alcohol. Drug-related crime can disrupt neighborhoods due to violence among drug dealers, threats to residents, and the crimes of the addicts themselves. In some neighborhoods, younger children are recruited as lookouts and helpers because of the lighter sentences given to juvenile offenders, and guns have become commonplace among children and adolescents. The great majority of homeless people have either a drug or alcohol problem or a mental illness.

Main Findings

- Disintegrative or Dissociative or Disjunctive social processes are those “which tend to create disharmony or disunity in society.

- Social interactions are reciprocal relationships which not only influence the interacting individuals but also the quality of relationships.
- People in action with one another means interaction of some kind. But not every kind of action is social.
- It's a dynamic interplay of forces in which contact between persons and groups result in a modifications of the attitudes and behavior of the participants
- The substance abuse will affect the effective interplay between individual to individual and individual to the social groups.
- This gap between individual and individual or individual and social group will negatively affect the social process.
- These gaps reduce the associative social process and influence to develop the dissociative social process in a society.

Conclusion

Social processes refer to forms of social interaction that occur repeatedly. By social processes we mean those ways in which individuals and groups interact and establish social relationships. There are several of forms of social interaction such as cooperation, conflict, competition and accommodation etc. Disintegrative or dissociative processes are quite opposite to the integrative processes. They breed contempt, tension and bring disunity among the members of a group or society. Competition, rivalry and conflict are the main disintegrative processes. Both the associative and dissociative processes should exist in a community in equilibrium for social wellbeing. But the increasing tendency of drug abuse enhances the dissociative processes, and thereby breaks the equilibrium of the society. The paper came to the conclusion is that substance abuse makes an important role in developing dissociative social process in a society such as competition and conflict.

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IMPACT OF SUBSTANCE ABUSE ON CHILD REARING PRACTICES IN FAMILIES OF ADDICTS

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Abstract

Changing cultural values, increasing economic stress and dwindling supportive bonds are leading to the initiation into the substance abuse. Substance abuse can be said as the harmful use of substances for non-medical purposes, often it refers to illegal drugs. As reality, substances don't just hurt the person taking them; it also hurt the everyone connected to the person. Among that, family is the most adversely affected sector and it is often viewed as the basic source of strength, providing nurturance and support to the individual members for their well-being. Substance use affecting the family in variety of ways. In reality family can have a powerful influence on the shaping the attitudes, values and behavior of the children and also a positive relationship is critical for normal emotional development of children. Different child rearing practices lead to different child upbringing. Through good parenting child may lead into a healthy and productive adult to the new phase of the society. In contrast parental substance abuse and dependence have adversely affect the child rearing practice, thus it create a negative impact on the physical, emotional, conduct, and academics problems. If we do not mould our youth today, we may have to regret tomorrow.

Introduction

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The broadest term it can be said as 'any taking of a drug which harms or threatens to harm the physical or mental health or social well-being of an individual or other individuals or society at large, or which is illegal.'

People abuse substances such as drugs, alcohol, and tobacco for varied and complicated reasons, but it is clear that our society pays a significant cost. The toll for this abuse can be seen in our hospitals and emergency departments through direct damage to health by substance abuse and its link to physical trauma. Jails and prisons tally daily the strong connection between crime and drug dependence and abuse.

Most frequently abused substances include:

- Alcohol
- Tobacco
- Marijuana
- Hashish
- Stimulants: methamphetamine or cocaine
- Hallucinogens: LSD mushrooms
- Inhalants: glue, lighter fluid, gasoline, or paint thinner
- Narcotic painkillers

Substance abuse can have many causes. For most teenagers, curiosity and peer pressure leads to their first drug experience. It is natural for teenagers like to engage in risky behavior. Some teenagers find that marijuana or other drugs can help relieve anxiety or depression, which is known as 'self-medication'. They may offer a short-term escape from conflicts in life. Being around family members or peers that encourage drug use may influence your child's substance abuse.

Effects of Substance Abuse

Drug abuse affects society in many ways. In the workplace it is costly in terms of lost work time and inefficiency occupational accidents, endangering themselves and those around them. In some neighborhoods, younger children are recruited as lookouts and helpers because of the lighter sentences given to juvenile offenders, and guns have become commonplace among children and adolescents.

The general effects of addiction to any drug can be devastating. Psychologically, intoxication with or withdrawal

from a substance can cause everything from euphoria as with alcohol, to severe depression or suicidal thoughts with cocaine or amphetamine withdrawal. In terms of effects on the body, intoxication with a drug can cause physical effects that range from marked sleepiness and slowed breathing as with intoxication with heroin or sedative hypnotic drugs. Prolonged drug dependence interferes with just about every organ in human body, and while different drugs have different damaging effects. These are some of the common conditions substance abuse can cause:

- Damaged immune system
- Cardiovascular conditions
- Nausea, vomiting, and abdominal pain
- Liver overexertion or liver failure
- Seizures and strokes

Drug abuse can have a number of damaging consequences on an addict's social and emotional well-being, including:

- Loss of employment
- Relationship loss
- Incarceration
- Financial trouble
- Homelessness
- Risky sexual behavior\

Behavioral Problems

- Aggressiveness
- Hallucinations
- Addiction
- Impaired Judgment
- Impulsiveness
- Loss of Self-Control

On the Individual

People who use drugs experience a wide array of physical effects other than those expected. The excitement of cocaine high, for instance, is followed by a "crash": a period of anxiety, fatigue,

depression, and an acute desire for more cocaine to alleviate the feelings of the crash. Marijuana and alcohol interfere with motor control and are factors in many automobile accidents. Sudden abstinence from certain drugs results in withdrawal symptoms. For example, heroin withdrawal can cause vomiting, muscle cramps, convulsions, and delirium. Sharing hypodermic needles used to inject some drugs dramatically increases the risk of contracting AIDS and some types of hepatitis. Many drug users engage in criminal activity, such as burglary and prostitution, to raise the money to buy drugs, and some drugs, especially alcohol, are associated with violent behavior.

Effects on the Family

The family occupies a key position in the society order, not only because it is recognized as the basic unit of civil society. In the family, the citizen of tomorrow acquires the fundamental moral, social and cultural experience which will set the pattern for his whole life. Finally, it is in the new home which he himself founds, that the child of yesterday gives back to the human community the richness which he received from his own family environment. Thus from generation to generation, human society grows richer by the never ending accumulation of the moral, intellectual, religious and cultural contributions.

The substance abuse on families leads to:

Money Problems: Addicts and alcoholics have been known to steal from their family, in order to maintain their drug and alcohol use.

Emotional Stress: The process can be a long and difficult one not knowing what's going on beneath your roof, not knowing what to expect from a loved one— these are all incredibly stressful things.

Violence: While under the influence, addicts and alcoholics may act out violently. This violence affects the family emotionally and physically.

Legal Issues: Legal issues are common among alcoholics and addicts. Dealing with things like DUI's, and possession charges, can hurt families financially. Not to mention the incredible inconvenience and emotional strain.

Effects on Children

The substance abuse of a parent has a lasting and apparent effect on all young children. Parents who are substance abusers may knowingly or unknowingly be causing a number of problems for their child. Substance abuse in a parent can lead to child abuse and neglect. Children can experience depression including symptoms like fatigue, listlessness, and no interest in pleasurable activities. The child may also show behaviors evident of regression, including thumb-sucking, enuresis and infantile behavior. There are also a number of medical issues that can occur with a child who was exposed to drugs or alcohol by their mother in the prenatal stage of life such as Fetal Alcohol Syndrome or contraction of an infectious disease. As these children grow older they usually experience difficulties in learning, attention, memory and problem solving. Parental substance abuse can be destructive to a family and the relationships that exist within the unit. Each child deals with this situation in a different manner but it is common for a child to develop behavior problems. As a child grows older, these behavior problems can lead to substance abuse, academic deficiencies, educational disabilities, behavior disorders, delinquency and violence. Children who come from families involved with substance abuse are often viewed as having impulsive behavior. This is because they are used to having to do things for themselves and they do not have structure or routine at their home. Problem behavior in school can also include; quiet and non-communicative, appearing to be lazy, crying often and ruining other children's work.

Culture and child rearing are both essential in child development. Culture and ethnicity can have a deciding effect on the child-rearing techniques that families implement throughout

the world. Personal development in that it puts much importance on early childhood experiences being crucial to the development of the adult. Parenting or child rearing is the process of promoting and support the physical, social, emotional, financial, and intellectual development of a child from infancy to adulthood. Social class, wealth, culture and income have a very strong impact on what methods of child rearing are used by parents. A family's social class plays a large role in the opportunities and resources that will be made available to a child. It is believed that the cause of adult personality stemmed from early child rearing techniques, but that these techniques were largely based on the influences of cultural institutions on the child rearing practices.

Parenting Experts Break Child Rearing Styles Down into Four Basic Categories

Authoritative, which means parents have high expectations for their children, yet express love and are responsive to their children. Authoritarian, in which children are expected to obey unquestioningly. These parents direct their children throughout the day and bring fast consequences for failure to comply, according to Global Post's Everyday Life. Uninvolved parents don't express love or warmth to their child. Nor do they place any expectations on the child. Permissive, in which children don't place many expectations on their children. Parents do express love and warmth toward their children, but discipline inconsistently.

Impact of Substance abuse on Child Rearing Practices

Parenting is a complex endeavor, particularly if it is to be carried out in a manner that enhances psychosocial outcomes for children. Those who study the parenting process have identified core behaviors or attributes that are associated with optimal child development at various stages of growth.

Problems resulting from prenatal exposure to other drugs may not manifest themselves until later in the child's development. For example, prenatal cocaine exposure has been associated with poor language development, emotional problems

(e.g., social withdrawal, anxiety, and depression), and negative behavioral manifestations. The impact of parental substance abuse on the functioning of the family can be particularly severe, especially as it relates to parenting practices and the care of children. There is a strong association between improper parenting practices and subsequent negative behavioral manifestations such as delinquency. These improper parenting practices take the form of harsh discipline such as spanking or threatening a child in response to problematic behavior.

Main Findings

- The substance abuse levels of a parent will affect the parenting style in a family.
- Different styles of parenting style will make different influences on a child's development.

Conclusion

Children of drug addicted parents are the victims of a number of negative effects. Through a negative child rearing practices they may experience physical effects such as fetal alcohol syndrome, premature birth and various types of abuse. They can also experience behavioral effects such as behavior disorders, impulsive behaviors, and passive behavior. There are also emotional and mental effects on these children such as guilt, confusion, ambivalence, conflicts. As John Locke suggested that the child's mind is like an empty slate/white sheet of paper that can be filled up by the parents/caretakers/adults advice. So, the main focus for the good mindset and good thinking process lies in the hands of the child rearing practices who are taking such main role for the development of one's mind at the early stages. Through a good child rearing practices child can achieve social, emotional, cognitive and motor development as well as health and nutritional status. If we do not mould our youth today, we may have to regret tomorrow as tomorrow's nation is in the hands of our upcoming children and they would pass on what they have acquired from the social environment, to the coming generation, thus enabling the nation to grow in all sector. Then only becomes the most powerful and harmonious nations of tomorrow.

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SIGNIFICANCE OF INTERVENTIONAL STUDY ON DRUG ABUSE

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Youth are the asset of the country and the nation cannot afford to see them falling to drug abuse. Government has a responsibility to address social problems like drug addiction and it will create an environment in this regard. Psychosocial interventions on substance use remain the cornerstone to prevention. Recent years have seen developments both in primary and in early secondary prevention. The latter focuses on individuals who have developed minimal or no complications related to drug abuse. Brief interventions, many of which are based on the FRAMES (feedback, responsibility, advice, menu of strategies, empathy, and self-efficacy) model which have shown promise, and their easy administration make them particularly attractive for use in the third world, where trained manpower may not be available.

In India, there have been many steps taken by various governmental and non-governmental agencies in the area of prevention of substance abuse. A major achievement has been the recent inclusion of information on substance abuse as an obligatory component of the school curriculum. On the demand side, the Ministry of Health and Family Welfare has established several de-addiction centers which are mostly based at the district hospital level: there are about 130 such centers spread across the country now. A Narcotic Drugs and Psychotropic Substances (NDPS) Act was passed in 1985 and amended in 1989. In 1999-2000, the Ministry of Social Justice and

Empowerment, along with the United Nations Office for Drugs and Crime, undertook for the first time a major national study on the extent, patterns and trends of substance abuse in the country, a major component of which was a national household survey. This has become the basis for planning of substance abuse prevention and treatment strategies. An inter-ministerial collaborative effort has already been initiated.

Substance abuse can be addressed at the individual level, at the local level (societal, national, etc.) and at the cross-national level. At the individual level, there has to be a synthesis of biological understanding with the exploration of background socio cultural factors. In spite of the availability of services, their utilization is poor and the role of stigma and ant stigma measures needs emphasis. At the national and cross-national level, there has to be a concerted effort of all the countries in managing the issue of substance abuse, taking into account the local socio-cultural and political scenarios.

The purpose of this paper is a content analysis (1) to make aware of the current situation on intervention on substance abuse, (2) to present evidence on psycho social intervention strategies that is being proved successful and (3) to suggest the suitability of adapting this experience for addressing the issues and treatment.

Is it a tough Challenge?

Statistics reveal that at least 25,426 people committed suicide due to drug and addiction related problems in the last 10 years across India. This comes down to an average 2,542 suicides every year, 211 per month and 7 per day.

Appalling truth is that suicides due to drug related problems exceed dowry, poverty and money related suicides in India in most of the last 10 years.

The number of suicides has been steadily increasing since 2004. From 2004 to 2013, it is being observed a jump of a whopping 149%. According to official data from the Ministry of Social Justice and Empowerment, India has an estimated 3.4

million drug abuse victims. This number excludes alcoholics, who figure at around 11 million in the country. Tamil Nadu ranks second in the number of suicides in the country with 16,122 cases reported in 2014, according to the Accidental Deaths and Suicides in India report that was released by the National Crime Records Bureau (NCRB) Tamil Nadu reported only 552 suicides due to Drug Abuse and Addiction, the second highest in the country next to Maharashtra which reported 1,372 suicides. Addiction affects the entire family, not just the individual using. It is a progressive and deadly disease, therefore successful treatment must be just as progressive and specialized.

India is highly vulnerable because it is sandwiched between two infamous drug routes and poppy growing areas, namely the 'Golden Crescent' on the northwest and 'Golden Triangle' on the northeast, where drugs are easily available.

The government undertakes remedial measures like Integrated Rehabilitation Centre for Addicts (IRCA) that provides counselling, treatment and rehabilitation services to drug abuse victims. But the numbers of IRCAs are very low.

Even though there are 3.4 million drug abuse victims, the government has only 401 rehabilitation centres functioning at present. That is an average of overwhelming 8,478 victims per IRCA.

Out of these 3.4 million drug abuse victims, a mere 0.3 million have registered themselves in these de-addiction centres, which is just 10% of the total figure. And of the 0.3 million registered members about 0.15 million (50%) are from Maharashtra, Uttar Pradesh, Karnataka, Odisha and Manipur.

If calculated using 'per capita drug victims' then most of the Northeastern States get lined-up on the top of the table as home to drug abusers.

Entry of drugs into the Indian market is another cause of grave concern. During the last four years (2011 to 2014), around 100 million kilogram of drugs were seized across India. Drug abuse among the youth was highlighted in the last assembly election campaign in the Punjab State.

Even the information available in the public domain is old as no Indian agency has maintained drug related data effectively. The efforts taken to bring the discussion to the public domain is a good start because drug abuse, which primarily affects the youth, takes a toll on health, leads to suicides and can hamper India's demographic dividend if not checked soon.

The Role of Psycho Social Interventions in Drug Treatment

1. Psychosocial interventions to help people to recognise their drug use problems

Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change (Miller and Rollnick, 2013). It is used to help people with different types of drug problems. Frequently, individuals are not fully aware of their drug problems or they can be ambivalent about their problems. Motivational interviewing is often referred to as a conversation about change and it is used to help assist drug users to identify their need for change. It seeks to address an individual's ambivalence about their drug problems, as this is considered the main barrier to change. It follows five stages: (1) expressing empathy for the client; (2) helping the client to identify discrepancies between their behaviour and their goals; (3) avoiding arguments with the patient about their motivations and behaviours; (4) rolling with the resistance of the patient to talk about some issues; and (5) supporting the patient's sense of self-efficacy.

Motivational interviewing is used to promote change in many different situations and settings, including in outpatient services and primary care. It is used in prisons (www.nta.nhs.uk/uploads/phemappingmanual.pdf), by social services and in the workplace. Motivational interviewing can be provided by therapists, counselors or other specifically trained professionals. It can be used to help someone make a decision, to start and follow a pharmacological treatment or as a standalone psychological treatment. However out of 10 studies, five of which

were also included in Smedslund et al., 2011, and concluded that motivational interviewing is not effective in reducing illicit drug use among adolescents.

Brief interventions use the collaborative conversation style of motivational interviewing to address problematic or risky drug use, but are delivered in a shorter timeframe, ranging from 5–30 minutes. Personalised feedback is provided on a person's substance use. This enables them to understand their use in relation to other people's use. In this approach, the therapist asks for permission to talk about the possible drug or alcohol use and helps the client to position him/herself on a scale of use. Brief interventions consist of five phases, called the '5As' — ask, advise, assess, assist and arrange (Babor et al., 2007).

2. Psychosocial interventions for treating drug problems

Cognitive Behavioural Therapy (CBT) is an umbrella term that encompasses cognitive therapy on its own and in conjunction with different behavioural strategies. Cognitive therapy is based on the principle that the way individuals perceive and process reality influences the way they feel and behave. As part of drug treatment, cognitive therapy helps clients to build self-confidence and address the thoughts that are believed to be at the root of their problems. Clients are helped to recognise the triggers for substance use and learn strategies to handle those triggers. Treatment providers work to help patients to identify alternative thoughts to those that lead to their drug use, and thus facilitate their recovery. Generally, cognitive therapy is provided after a client has been diagnosed as having drug dependence problems. Cognitive therapies are delivered by licensed psychotherapists in outpatient settings, and sessions may also be available in residential treatment facilities and prisons. A meta-analysis of studies on the use of cognitive therapies found positive results in terms of the reduction in substance use (Magill and Ray, 2009). A recent systematic review (Cooper et al., 2015) highlighted that more research is needed to identify the optimal number of CBT (or motivational

interviewing) sessions that can help cannabis users to improve outcomes.

Family therapy is used to treat drug use and the problem behaviours that can be associated with it. It is particularly relevant during adolescence, when substance misuse typically causes a group of problems including psychiatric symptoms, problems at school and high-risk sexual behaviour. Both family therapy and couples therapy are supported by a wide theoretical basis (Gurman and Kniskern, 1991). Family therapy is usually provided when a young person's drug problem, and the means of treating it, is considered best addressed using a systemic approach.

Here, the underlying idea is that treating an individual in isolation would not solve the problems with the family system that are resulting in the drug use. Family therapies can be delivered by specialists in outpatient settings, but can also be provided in the client's home (Rigter et al., 2012). Evidence in support of multidimensional family therapy (EMCDDA, 2014) and couple-based therapy (McHugh et al., 2010) in reducing drug use and related problems is accumulating; and the use of family-based interventions (e.g. Strengthening Families) for both the prevention and treatment of adolescent substance misuse is also well evidenced.

3. Psychosocial interventions for helping people to follow treatment and achieve social reintegration

Contingency management refers to a set of interventions involving concrete rewards for clients who achieve target behaviours. This approach is based around recognising and controlling the relationship between behaviours and their consequences (Petry et al., 2001). Initially introduced in the treatment of alcohol-related problems (Higgins and Petry, 1999), contingency management can be applied to drug users with different types of problems in a variety of settings. It has been used, for example, with opioid and cocaine users, and with homeless clients. Contingency management is used to maintain

abstinence by reinforcing and rewarding alternative behaviours to drug use with the aim of making abstinence a more positive experience. Contingency management programmes can, for example, be used during drug treatment to reward a user remaining abstinent or to motivate a user's presence at work in a social reintegration programme.

The **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)** is an agency of the European Union located in Lisbon, Portugal. Established in 1993, the EMCDDA strives to be the "reference point" on drug usage for the European Union's member states, and to deliver "factual, objective, reliable and comparable information" about drug usage, drug addiction and related health complications, including hepatitis, HIV/AIDS and tuberculosis.

Though the EMCDDA primarily serves Europe, it also works with other partners, scientists and policy-makers around the world.

EMCDDA concluded that contingency management might be helpful in retaining patients in treatment, and that it helps patients to abstain from cocaine use during treatment, and helps patients to maintain abstinence.

Self-Help Groups are voluntary not-for-profit organisations where people meet to discuss and address shared problems, such as alcohol, drug or other addictions. Participants seek to provide support for each other, with senior members often mentoring or 'sponsoring' new ones. Prominent examples include Alcoholics Anonymous and Narcotics Anonymous, and there is a range of other groups with similar purposes. As well as helping drug users, some Self-Help Groups exist to support the family members of people with alcohol- and drug-related problems. Self-Help Groups can be used to help the victims of such issue.

4. Interactive element is also one of the psychosocial interventions on a drug user's treatment journey available with the EMCDDA.

There are recognition about drug-related problems and can be a support during drug treatment, and they can help users to

maintain abstinence and prevent relapse. The groups aim to create a drug-free supportive network around the individual during the recovery process and provide opportunities to share experiences and feelings. Self-help groups are usually led by former drug users (but groups led by professionals also exist) or other peers in a range of places within the community, and in healthcare and prison settings.

Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse

Under the **Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse**, implemented by the

Ministry of Social Justice and Empowerment, the Non-Governmental Organisations have been entrusted with the responsibility for delivery of services and the Ministry bears substantial financial responsibility (90% of the prescribed grant amount).

The quantum of assistance is not more than 90% of the grant amount. In case of the seven North

Eastern States, Sikkim and J & K, the quantum of assistance will be 95% of the total admissible expenditure. The balance of the approved expenditure shall have to be borne by the implementing agency out of its own resources.

The Universities, Schools of Social Work and such other institutions of higher learning will be eligible for 100% reimbursement of approved expenditure.

The Scheme has the following components for financial support:

- Awareness and Preventive Education
- Drug Awareness and Counselling Centres
- Treatment-cum-Rehabilitation Centres
- Workplace Prevention Programmes
- Deaddiction Camps
- NGO Forum for Drug Abuse Prevention
- Innovative Interventions to Strengthen Community Based Rehabilitation

- Technical Exchange & Manpower Development
- Surveys, Studies, Evaluation and Research
- Any other activity considered suitable to meet the objectives of the Scheme.

State Mental Health Authority, Tamil Nadu, Institute of Mental Health Campus, Chennai on the International Day against Drug Abuse and illicit trafficking celebrated on June 26th of every year stated that of all the diseases affecting the human beings, the worst one is substance misuse and addiction ,alcohol, tobacco, cannabis, opium and its products and many other chemical substances are abused world wide and the incidence of drug abuse is increasing in alarming proportions in India.

The prevalance of various drugs abused in our country is as follows: alcohol - 20%; cannabis - 3%; heroin - 0.2%; opium - 0.5%; other substances -1%

Persons who are abusing addictive substances are affected in all areas of human life

1. **Physical problems:** brain, heart, liver, pancreas, stomach, intestines, lungs, nervous system, and all other parts of our body are affected and may lead on to even cancer and other life threatening diseases
2. **Psychiatric problems:** brain, the seat of mind is affected leading on to various types of psychiatric disorders
3. **Family problems:** drug abuse leads on to personality change, sexual dysfunction and psychological abnormalities which in turn impair the harmonious family life
4. **Occupational problems:** psychiatric complications and physical complications end in poor efficiency in work and frequent absenteeism.
5. **Financial problems:** because of the occupational impairment, income generation is affected.
6. **Social problems:** because of personality changes, psychological complications, occupational and financial problems, status which the individual enjoys gets affected leading on to loss of respect and prestige in the society.

7. **Legal problems:** because of the abuse of substances, criminal tendency gets increased and road traffic accidents due to drug abuse has increased dramatically in recent times, leading on to medico legal problems. Because of the above negative consequences family, society, and in turn our country are affected.

Pledge of Drug Abuse Day

1. I will not abuse any substance
2. when I happen to come across any person abusing substances (alcohol, tobacco, cannabis, opium and other chemical substances) I will counsel the affected individuals and their family members to go to nearby government hospital and take treatment in psychiatric facility
3. I will pass on the message of negative consequences of drug abuse to all the younger generation and create an awareness.

Prevention

- Approaches to prevention of drug dependence should have realistic aims. Over-ambitious hopes of eradicating a drug problem in a short time are likely to lead to policies that are unrealistic and self-discrediting. Changes in culture attitudes and alteration in relevant aspects of the environment can be brought about only slowly.
- Legal approach: The legal control on the distribution of drugs when effectively applied has been and remains an important approach in the prevention of drug abuse.
- Educational Approach: Educational Approaches to the prevention of drug use and drug related problems have been used in many countries. Social Media combining with educational approaches will yield effective results.
- Community Approach: Action programmes at community level should be emphasized to prevent drug abuse. Because the communities often bear the main burden of dealing with the harmful use of drugs and drug related problem. NGOs play a crucial role in the development of attractive activities

in eliminating such practices. Important tenets of the Community-Based Rehabilitation approach were realized in the intervention experience in South India: It was a community-based initiative resulting from an expressed need, using community assets in the form of 'host organizations' and utilizing knowledge acquired from community members in program planning. The intervention took place in the community using community identified resources. Community participation formed an integral component in utilizing community members to contribute to the program (food, follow-up, support) and thus building social capital. Cultural relevance was achieved through sensitivity to timing and duration of the program and adapting program delivery to the context through the use of narratives, religious elements and flexible and creative use of professional markers like confidentiality. Education of the community at large including active program participants created the human capital necessary for sustenance and follow-up activity. Simplification of treatment strategies like detoxification and building social networks addressed not only fiscal efficiency but community self-efficacy.

- Though drug addiction may be considered as a social problem, the first step in its management is medical care which includes: identification of drug addicts and their motivation for detoxification which requires hospitalization.
- -post detoxification counseling and follow up based on counseling and home visits and -rehabilitation
- Simultaneously with medical treatment, changes in environment like home, school, college, social circles are important. The patient must effect a complete break with his group, otherwise the chances of relapse are 100%.Psychotherapy has a valuable place in the management of addict.

Conclusion

Psychosocial interventions are now well established as part of the processes of drug treatment and recovery, and ongoing

research in support of their use is accumulating. They continue to play an important role in treating a range of drug problems and addictive behaviours. youth are the asset of the country and the nation cannot afford to see them falling to drug abuse. Each individual has a responsibility to address social problems like drug addiction and it will create an environment in this regard.

Psychosocial interventions can help drug users to identify their drug-related problems and make a commitment to change, help clients to follow the course of treatment and reinforce their achievements. They can also have a role in supporting family members and creating a network to help facilitate the recovery process.

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“ROLE OF DE-ADDICTION CENTERS”

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Abstract

The World Health Organization estimates that as of 2010 there were 208 million people with alcoholism worldwide (4.1% of the population over 15 years of age). In the United States about 17 million (7%) of adults and 0.7 million (2.8%) of those age 12 to 17 years of age are affected. It is more common among males and young adults, becoming less common in middle and old age. It is the least common in Africa at 1.1% and has the highest rates in Eastern Europe at 11% Alcoholism directly resulted in 139,000 deaths in 2013 up from 112,000 deaths in 1990. A total of 3.3 million deaths (5.9% of all deaths) are believed to be due to alcohol. It often reduces a person's life expectancy by around ten years. In the United States it resulted in economic costs of \$224 billion USD in 2006. Many terms, some insulting and others informal, have been used to refer to people affected by alcoholism including: tippler, drunkard, dipsomaniac, and souse. In 1979, the World Health Organization discouraged the use of "alcoholism" due to its inexact meaning, preferring "alcohol dependence syndrome".

Introduction

Alcoholism, also known as alcohol use disorder (AUD), is a broad term for any drinking of alcohol that results in problems. It was previously divided into two types: alcohol abuse and alcohol dependence. In a medical context, alcoholism is said to exist when two or more of the following conditions is present: a person drinks large amounts over a long time period, has difficulty cutting down, acquiring and drinking alcohol takes up a great deal of time, alcohol is strongly desired, usage results in not fulfilling responsibilities, usage results in social problems, usage results in health problems, usage results in risky situations,

withdrawal occurs when stopping, and alcohol tolerance has occurred with use. Risky situations include drinking and driving or having unsafe sex among others. Alcohol use can affect all parts of the body but particularly affects the brain, heart, liver, pancreas, and immune system. This can result in mental illness, Wernicke–Korsakoff syndrome, an irregular heart beat, liver failure, and an increase in the risk of cancer, among other diseases. Drinking during pregnancy can cause damage to the baby resulting in fetal alcohol spectrum disorders. Generally women are more sensitive to alcohol's harmful physical and mental effects than men.

Both environmental factors and genetics are associated with alcoholism with about half the risk attributed to each. A person with a parent or sibling with alcoholism is three to four times more likely to be alcoholic themselves. Environmental factors include social, cultural, and behavioral influences. High stress levels, anxiety, as well as inexpensive easily accessible alcohol increases risk. People may continue to drink partly to prevent or improve symptoms of withdrawal. A low level of withdrawal may last for months following stopping. Medically, alcoholism is considered both a physical and mental illness. Both questionnaires and certain blood tests may detect people with possible alcoholism.

Prevention of alcoholism is possible by regulating and limiting the sale of alcohol, taxing alcohol to increase its cost, and providing inexpensive treatment. Treatment may take several steps. Because of the medical problems that can occur during withdrawal, alcohol detoxification should be carefully controlled.

One common method involves the use of benzodiazepine medications, such as diazepam. This can be either given while admitted to a health care institution or occasionally while a person remains in the community with close supervision. Other addictions or mental illness may complicate treatment. After detoxification support such as group therapy or support groups are used to help keep a person from returning to drinking. One commonly used form of support is the group Alcoholics

Anonymous. The medications acamprosate, disulfiram, or naltrexone may also be used to help prevent further drinking.

Drug abuse and dependence can be treated with levels of success comparable to those for other chronic conditions. Similarly to chronic diseases, such as diabetes or hypertension, the use of a combination of approaches (medications, behavioural changes, and health care for physical and psychological symptoms) during appropriate periods of time is needed to suit each individual's needs and the severity of the problem at different stages of recovery.

There are many types of services for drug users that may be linked to provide a "continuum of care". If there is integration between different interventions, clients are more likely to progress and move smoothly from one programme to another to become, and remain, drug-free.

Types of Interventions

Early/brief Interventions

Early/brief interventions are designed to prevent the progression to problematic drug use by detecting persons who are using drugs in a potentially hazardous manner and helping them to stop or decrease use. This is best carried out within the primary care system by general practitioners, nurses and community workers.

Outreach, Harm Reduction and Low – Threshold Interventions

Outreach, harm reduction and low-threshold interventions aim to reach drug users, build trust, provide basic living support, prevent or reduce negative health consequences associated with certain behaviours, and initiate a therapeutic process whenever the person is ready for it, without setting abstinence as an initial condition. In relation to drug injecting, 'harm reduction' components of comprehensive interventions aim to prevent transmission of HIV and other infections that occur through the sharing of non-sterile injection equipment and drug preparations.

Detoxification

Detoxification programmes help a person who is dependent on a psychoactive substance to cease use in a way that minimizes the symptoms of withdrawal and the risk of complications, sometimes using a prescribed medication. Detoxification alone has limited effectiveness and should be considered the starting point for other treatment interventions aimed at abstinence.

Counselling and Psychotherapy

Counselling and psychotherapy form integral parts of most forms of treatment. They aim at initiating and maintaining behavioural and lifestyle changes, and help to control urges to use illicit substances.

Counselling is an intensive interpersonal process concerned with assisting people in achieving their goals or functioning more effectively. It uses a variety of methodologies and techniques, including motivational interventions, cognitive-behavioural approaches (social skills training, stress management, anger management), relapse prevention, provision of incentives, community reinforcement therapy and family interventions. Psychotherapy is generally a longer-term process concerned with reconstruction of the person and larger changes in more fundamental psychological attributes, such as personality structure.

Pharmacotherapy

Pharmacotherapy involves the use of prescribed medications to support the patient in stabilizing his/her life and reducing or eliminating the use of a particular illicit substance. Two main types of pharmacological agents are administered for these purposes: substitution drugs, which are pharmacologically related to the drug producing dependence; and blocking agents, which do not have any psychotropic effects and block the effects of the substance(s) producing dependence.

Pharmacotherapies are often accompanied by psychological and other treatment.

Self help

Self help approaches aim at abstinence from alcohol and other drugs and are mostly organized around the 12-step programme of Alcoholics Anonymous (AA) or adaptations of that programme.

These programmes involve admitting one is powerless over one's drinking/drug taking and over one's life because of drinking/drug taking, turning one's life over to a 'higher power', making a moral inventory and amends for past wrongs, and offering to help other people with addiction problems.

Ancillary health and social services. Many patients also require other services, such as medical and mental health services, vocational training, employment and housing support, and legal advice.

Continuing Care/Aftercare

As the patient progresses, the intensity of treatment decreases and the final part of treatment entails continuing individual and group support in order to prevent a return to substance use. Full rehabilitation and reintegration requires efforts at all levels of society.

Treatment Setting

Depending on the individual needs and problem severity, treatment interventions will take place in one of the following settings

Community-based treatment is in a non-residential setting. Outpatient treatments (day attendance based services provided from a hospital) are often bracketed by community-based treatments. Examples of community-based treatments are opioid substitution programmes, counselling programmes and aftercare services.

Residential Treatment

Residential treatment programmes provide residential services on the same site as treatment services. The programmes

generally strive to provide an environment free of substance abuse, with an expectation for compliance in a number of activities such as detoxification, assessment, information/education, counselling, group work, vocational training, and the development or recovery of social and lifeskills. Two main types of residential treatment are available: shorter term residential therapy (less than six months, including detoxification) and residential therapeutic community treatment (typically six to 12 months post-detoxification). Therapeutic communities are highly structured programmes focusing on the resocialization of the patient to a drug-free lifestyle, using the programme's community as an active ingredient of treatment.

Institutional Treatment

Institutional treatment, meaning drug treatment programmes in correctional institutions, can provide similar services to those available in the community with the aims ranging from a reduction of the health consequences, including HIV/ AIDS transmission, to the elimination of drug abuse and a reduction of criminal behaviours. The most successful programmes link to community-based programmes that continue treatment when the client returns to the community

Types of Treatments

Various types of programs offer help in drug rehabilitation, including: residential treatment (in-patient), out-patient, local support groups, extended care centers, recovery or sober houses, addiction counselling, mental health, and medical care. Some rehab centers offer age- and gender-specific programs.

In a survey of treatment providers from three separate institutions (the National Association of Alcoholism and Drug Abuse Counselors, Rational Recovery Systems and the Society of Psychologists in Addictive Behaviors) measuring the treatment provider's responses on the Spiritual Belief Scale (a scale measuring belief in the four spiritual characteristics AA identified by Ernest Kurtz); the scores were found to explain 41%

of the variance in the treatment provider's responses on the Addiction Belief Scale (a scale measuring adherence to the disease model or the free-will model addiction).

Scientific research since 1970 shows that effective treatment addresses the multiple needs of the patient rather than treating addiction alone. In addition, medically assisted drug detoxification or alcohol detoxification alone is ineffective as a treatment for addiction.¹ The National Institute on Drug Abuse (NIDA) recommends detoxification followed by both medication (where applicable) and behavioral therapy, followed by relapse prevention. According to NIDA, effective treatment must address medical and mental health services as well as follow-up options, such as community or family based recovery support systems. Whatever the methodology, patient motivation is an important factor in treatment success.

For individuals addicted to prescription drugs, treatments tend to be similar to those who are addicted to drugs affecting the same brain systems. Medication like method one and buprenorphine can be used to treat addiction to prescription opiates, and behavioral therapies can be used to treat addiction to prescription stimulants, benzodiazepines, and other drugs.

Types of Behavioral Therapy Include

- Cognitive-behavioral therapy, which seeks to help patients to recognize, avoid and cope with situations in which they are most likely to relapse.
- Multidimensional family therapy, which is designed to support recovery of the patient by improving family functioning.
- Motivational interviewing, which is designed to increase patient motivation to change behavior and enter treatment.
- Motivational incentives, which uses positive reinforcement to encourage abstinence from the addictive substance.

Medications

Certain opioid medications such as methadone and more recently buprenorphine (In America, "Subutex" and "Suboxone") are widely used to treat addiction and dependence on other opioids such as heroin, morphine or oxycodone. Methadone and buprenorphine are maintenance therapies intended to reduce cravings for opiates, thereby reducing illegal drug use, and the risks associated with it, such as disease, arrest, incarceration, and death, in line with the philosophy of harm reduction. Both drugs may be used as maintenance medications (taken for an indefinite period of time), or used as detoxification aids. All available studies collected in the 2005 Australian National Evaluation of Pharmacotherapies for Opioid Dependence suggest that maintenance treatment is preferable, with very high rates (79–100%) of relapse within three months of detoxification from LAAM, buprenorphine, and methadone.

Ibogaine is a hallucinogenic drug promoted by certain fringe groups to interrupt both physical dependence and psychological craving to a broad range of drugs including narcotics, stimulants, alcohol and nicotine. To date, there have never been any controlled studies showing it to be effective, and it is accepted as a treatment by no association of physicians, pharmacists, or addictionologists. There have been several deaths related to ibogaine use, which causes tachycardia and long QT syndrome. The drug is an illegal Schedule I controlled substance in the United States, and the foreign facilities in which it is administered tend to have little oversight, and range from motel rooms to one moderately-sized rehabilitation center. Some antidepressants also show usefulness in moderating drug use, particularly to nicotine, and it has become common for researchers to re-examine already approved drugs for new uses in drug rehabilitation.

According to the National Institute on Drug Abuse (NIDA), patients stabilized on adequate, sustained doses of methadone or buprenorphine can keep their jobs, avoid crime and violence, and reduce their exposure to HIV and Hepatitis C by stopping or

reducing injection drug use and drug-related high risk sexual behavior. Naltrexone is a long-acting opioid antagonist with few side effects. It is usually prescribed in outpatient medical conditions. Naltrexone blocks the euphoric effects of alcohol and opiates. Naltrexone cuts relapse risk during the first 3 months by about 36%. However, it is far less effective in helping patients maintain abstinence or retaining them in the drug-treatment system (retention rates average 12% at 90 days for naltrexone, average 57% at 90 days for buprenorphine, average 61% at 90 days for methadone).

Acamprosate, disulfiram and topiramate (a novel anticonvulsant sulphonated sugar) are also used to treat alcohol addiction. Acamprosate has shown effectiveness for patients with severe dependence, helping them to maintain abstinence for several weeks or months. Disulfiram (also called Antabuse) produces a very unpleasant reaction when drinking alcohol that includes flushing, nausea and palpitations. It is more effective for patients with high motivation and some addicts use it only for high risk situations. Nitrous oxide has been shown to be an effective treatment for a number of addictions.

Residential Treatment

In-patient residential treatment for alcohol abuse is expensive and common in the U.S. Most American programs follow a traditional 28-day program length. The length is based solely upon providers' experience in the 1940s that clients needed about one week to get over the physical changes, another week to understand the program, and another week or two to become stable.^[14] Seventy to 80 percent of American residential alcohol treatment programs provide 12-step therapy.^[14]

Experimental Treatment

The Nature of Things, a CBC Television program by David Suzuki, explored an experimental drug treatment by Dr. Gabor Maté who works with addicts in Vancouver which uses the substance Ayahuasca.

Criminal Justice

Drug rehabilitation is sometimes part of the criminal justice system. People convicted of minor drug offenses may be sentenced to rehabilitation instead of prison, and those convicted of driving while intoxicated are sometimes required to attend Alcoholics Anonymous meetings. There are a number of ways to address an alternative sentence in a drug possession or DUI case; increasingly, American courts are willing to explore outside-the-box methods for delivering this service. There have been lawsuits filed, and won, regarding the requirement of attending Alcoholics Anonymous and other twelve-step meetings as being inconsistent with the Establishment Clause of the First Amendment of the U. S. Constitution, mandating separation of church and state.

Counseling

Traditional addiction treatment is based primarily on counseling. Counselors help individuals identifying behaviors and problems related to their addiction. It can be done on an individual basis, but it's more common to find it in a group setting and can include crisis counseling, weekly or daily counseling, and drop-in counseling supports. They are trained to develop recovery programs that help to reestablish healthy behaviors and provide coping strategies whenever a situation of risk happens. It's very common to see them work also with family members who are affected by the addictions of the individual, or in a community in order to prevent addiction and educate the public. Counselors should be able to recognize how addiction affects the whole person and those around him or her. Counseling is also related to "Intervention"; a process in which the addict's family requests help from a professional in order to get this person into drug treatment. This process begins with one of this professionals' first goals: breaking down denial of the person with the addiction. Denial implies lack of willingness from the patients or fear to confront the true nature of the addiction and to take any action to improve their lives, besides of continuing the

destructive behavior. Once this has been achieved, professional coordinates with the addict's family to support them on getting this family member to alcohol drug rehabilitation immediately, with concern and care for this person. Otherwise, this person will be asked to leave and expect no support of any kind until going into drug rehabilitation or alcoholism treatment. An intervention can also be conducted in the workplace environment with colleagues instead of family.

One approach with limited applicability is the Sober Coach. In this approach, the client is serviced by provider(s) in his or her home and workplace — for any efficacy, around-the-clock — who functions much like a nanny to guide or control the patient's behavior.

Twelve-Step Programs

The disease model of addiction has long contended the maladaptive patterns of alcohol and substance use displayed by addicted individuals are the result of a lifelong disease that is biological in origin and exacerbated by environmental contingencies. This conceptualization renders the individual essentially powerless over his or her problematic behaviors and unable to remain sober by himself or herself, much as individuals with a terminal illness are unable to fight the disease by themselves without medication. Behavioral treatment, therefore, necessarily requires individuals to admit their addiction, renounce their former lifestyle, and seek a supportive social network who can help them remain sober. Such approaches are the quintessential features of Twelve-step programs, originally published in the book *Alcoholics Anonymous* in 1939. These approaches have met considerable amounts of criticism, coming from opponents who disapprove of the spiritual-religious orientation on both psychological and legal grounds. Nonetheless, despite this criticism, outcome studies have revealed that affiliation with twelve-step programs predicts abstinence success at 1-year follow-up for alcoholism. Different results have been reached for other drugs, with the twelve steps being less

beneficial for addicts to illicit substances, and least beneficial to those addicted to the physiologically and psychologically addicting opioids, for which maintenance therapies are the gold standard of care.

Client-Centered Approaches

In his influential book, *Client-Centered Therapy*, in which he presented the client-centered approach to therapeutic change, psychologist Carl Rogers proposed there are three necessary and sufficient conditions for personal change: unconditional positive regard, accurate empathy, and genuineness. Rogers believed the presence of these three items in the therapeutic relationship could help an individual overcome any troublesome issue, including alcohol abuse. To this end, a 1957 study compared the relative effectiveness of three different psychotherapies in treating alcoholics who had been committed to a state hospital for sixty days: a therapy based on two-factor learning theory, client-centered therapy, and psychoanalytic therapy. Though the authors expected the two-factor theory to be the most effective, it actually proved to be deleterious in outcome. Surprisingly, client-centered therapy proved most effective. It has been argued, however, these findings may be attributable to the profound difference in therapist outlook between the two-factor and client-centered approaches, rather than to client-centered techniques per se. The authors note two-factor theory involves stark disapproval of the clients' "irrational behavior" (p. 350); this notably negative outlook could explain the results.

A variation of Rogers' approach has been developed in which clients are directly responsible for determining the goals and objectives of the treatment. Known as Client-Directed Outcome-Informed therapy (CDOI), this approach has been utilized by several drug treatment programs, such as Arizona's Department of Health Services.

Psychological Therapy

Psychoanalysis, a psychotherapeutic approach to behavior change developed by Sigmund Freud and modified by his followers, has also offered an explanation of substance abuse. This orientation suggests the main cause of the addiction syndrome is the unconscious need to entertain and to enact various kinds of homosexual and perverse fantasies, and at the same time to avoid taking responsibility for this. It is hypothesised specific drugs facilitate specific fantasies and using drugs is considered to be a displacement from, and a concomitant of, the compulsion to masturbate while entertaining homosexual and perverse fantasies. The addiction syndrome is also hypothesised to be associated with life trajectories that have occurred within the context of traumatogenic processes, the phases of which include social, cultural and political factors, encapsulation, traumatophilia, and masturbation as a form of self-soothing. Such an approach lies in stark contrast to the approaches of social cognitive theory to addiction—and indeed, to behavior in general—which holds human beings regulate and control their own environmental and cognitive environments, and are not merely driven by internal, driving impulses. Additionally, homosexual content is not implicated as a necessary feature in addiction.

Relapse Prevention

An influential cognitive-behavioral approach to addiction recovery and therapy has been Alan Marlatt's (1985) Relapse Prevention approach. Marlatt describes four psychosocial processes relevant to the addiction and relapse processes: self-efficacy, outcome expectancies, attributions of causality, and decision-making processes. Self-efficacy refers to one's ability to deal competently and effectively with high-risk, relapse-provoking situations. Outcome expectancies refer to an individual's expectations about the psychoactive effects of an addictive substance. Attributions of causality refer to an individual's pattern of beliefs that relapse to drug use is a result

of internal, or rather external, transient causes (e.g., allowing oneself to make exceptions when faced with what are judged to be unusual circumstances). Finally, decision-making processes are implicated in the relapse process as well. Substance use is the result of multiple decisions whose collective effects result in consumption of the intoxicant. Furthermore, Marlatt stresses some decisions-referred to as apparently irrelevant decisions-may seem inconsequential to relapse, but may actually have downstream implications that place the user in a high-risk situation.

For example: As a result of heavy traffic, a recovering alcoholic may decide one afternoon to exit the highway and travel on side roads. This will result in the creation of a high-risk situation when he realizes he is inadvertently driving by his old favorite bar. If this individual is able to employ successful coping strategies, such as distracting himself from his cravings by turning on his favorite music, then he will avoid the relapse risk (PATH 1) and heighten his efficacy for future abstinence. If, however, he lacks coping mechanisms-for instance, he may begin ruminating on his cravings (PATH 2)-then his efficacy for abstinence will decrease, his expectations of positive outcomes will increase, and he may experience a lapse-an isolated return to substance intoxication. So doing results in what Marlatt refers to as the Abstinence Violation Effect, characterized by guilt for having gotten intoxicated and low efficacy for future abstinence in similar tempting situations. This is a dangerous pathway, Marlatt proposes, to full-blown relapse.

Cognitive Therapy

An additional cognitively-based model of substance abuse recovery has been offered by Aaron Beck, the father of cognitive therapy and championed in his 1993 book, *Cognitive Therapy of Substance Abuse*. This therapy rests upon the assumption addicted individuals possess core beliefs, often not accessible to immediate consciousness (unless the patient is also depressed). These core beliefs, such as “I am undesirable,” activate a system

of addictive beliefs that result in imagined anticipatory benefits of substance use and, consequentially, craving. Once craving has been activated, permissive beliefs (“I can handle getting high just this one more time”) are facilitated. Once a permissive set of beliefs have been activated, then the individual will activate drug-seeking and drug-ingesting behaviors. The cognitive therapist’s job is to uncover this underlying system of beliefs, analyze it with the patient, and thereby demonstrate its dysfunctionality. As with any cognitive-behavioral therapy, homework assignments and behavioral exercises serve to solidify what is learned and discussed during treatment.

Emotion Regulation and Mindfulness

A growing literature is demonstrating the importance of emotion regulation in the treatment of substance abuse. Considering that nicotine and other psychoactive substances such as cocaine activate similar psychopharmacological pathways, an emotion regulation approach may be applicable to a wide array of substance abuse. Proposed models of affect-driven tobacco use have focused on negative reinforcement as the primary driving force for addiction; according to such theories, tobacco is used because it helps one escape from the undesirable effects of nicotine withdrawal or other negative moods. Acceptance and commitment therapy (ACT), is showing evidence that it is effective in treating substance abuse, including the treatment of poly-substance abuse and cigarette smoking.

Mindfulness programs that encourage patients to be aware of their own experiences in the present moment and of emotions that arise from thoughts, appear to prevent impulsive/compulsive responses. Research also indicates that mindfulness programs can reduce the consumption of substances such as alcohol, cocaine, amphetamines, marijuana, cigarettes and opiates.

Behavioral Models

Behavioral models make use of principles of functional analysis of drinking behavior. Behavior models exists for both

working with the substance abuser (Community Reinforcement Approach) and their family (Community Reinforcement Approach and Family Training). Both these models have had considerable research success for both efficacy and effectiveness. This model lays much emphasis on the use of problem solving techniques as a means of helping the addict to overcome his addiction.

Conclusion

Drug rehabilitation (often drug rehab or just rehab) is a term for the processes of medical or psychotherapeutic treatment, for dependency on psychoactive substances such as alcohol, prescription drugs, and street drugs such as cocaine, heroin or amphetamines. The general intent is to enable the patient to cease substance abuse, in order to avoid the psychological, legal, financial, social, and physical consequences that can be caused, especially by extreme abuse. Treatment includes medication for depression or other disorders, counseling by experts and sharing of experience with other addicts. Some rehab centers include meditation and spiritual wisdom in the treatment process.

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SUBSTANCE ABUSE AND ITS IMPACTS

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Introduction

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

People abuse substances such as drugs, alcohol, and tobacco for varied and complicated reasons, but it is clear that our society pays a significant cost. The toll for this abuse can be seen in our hospitals and emergency departments through direct damage to health by substance abuse and its link to physical trauma. Jails and prisons tally daily the strong connection between crime and drug dependence and abuse. Although use of some drugs such as cocaine has declined, use of other drugs such as heroin and "club drugs" has increased. The National Institute on Drug Abuse estimated the number of users of illicit drugs in 2014 in the United States ages 12 and over to be about 7 million. In addition, the survey estimated that 6.4% of Americans (roughly 17 million adults) abuse or are dependent on alcohol. Abused substances produce some form of intoxication that alters judgment, perception, attention, or physical control.

Many substances can bring on withdrawal, an effect caused by cessation or reduction in the amount of the substance used. Withdrawal can range from mild anxiety to seizures and hallucinations. Drug overdose may also cause death. Many substances, such as alcohol, tranquilizers, opiates, and stimulants, over time also can produce a phenomenon known as tolerance, where you must use a larger amount of the drug to produce the same level of intoxication.

Types of Drugs and its Impacts

Drugs are chemicals. Different drugs, because of their chemical structures, can affect the body in different ways. In fact, some drugs can even change a person's body and brain in ways that last long after the person has stopped taking drugs, maybe even permanently.

Tobacco

People cite many reasons for using tobacco, including pleasure, improved performance and vigilance, relief of depression, curbing hunger, and weight control. The primary addicting substance in cigarettes is nicotine. But cigarette smoke contains thousands of other chemicals that also damage health. Hazards include heart disease, lung cancer and emphysema, peptic ulcer disease, and stroke. Withdrawal symptom of smoking include anxiety, hunger, sleep disturbances, and depression. Smoking is responsible for nearly a half million deaths each year. Tobacco use costs the nation an estimated \$300 billion a year, in direct and indirect health care costs and lost productivity.

Alcohol

Although many people have a drink as a "pick me up," alcohol actually depresses the brain. Alcohol lessens your inhibitions, slurs speech, and decreases muscle control and coordination, and may lead to alcoholism. Withdrawal from alcohol can cause anxiety, irregular heartbeat, tremor, seizures, and hallucinations. In its severest form, withdrawal combined with

malnutrition can lead to a life-threatening condition called delirium tremens (DTs). Alcohol can cause heart enlargement and increase the risk for cancer of the esophagus and stomach. It can also cause chronic inflammation of the pancreas (chronic pancreatitis) and cirrhosis of the liver, which are both considered to be risk factors for pancreatic cancer.

In addition to its direct health effects, officials associate alcohol abuse with nearly half of all fatal motor vehicle accidents. In 1992, the total economic cost of alcohol abuse was estimated at \$150 billion.

Marijuana (also known as grass, pot, weed, and herb)

Marijuana, which comes from the plant *Cannabis sativa*, is the most commonly used illegal drug in the United States. The plant produces delta-9-tetrahydrocannabinol (THC), the active ingredient associated with intoxication. Marijuana resin, called hashish, contains an even higher concentration of THC. In 2014, there were 22.2 million Americans age 12 and over who reported using marijuana in the past month, up from 14.4 million (5.8 percent) in 2007. The drug is usually smoked, but it can also be eaten. Its smoke irritates your lungs more and contains more cancer-causing chemicals than tobacco smoke. Common effects of marijuana use include pleasure, relaxation, and impaired coordination and memory. Often, the first illegal drug people use, marijuana is associated with increased risk of progressing to more powerful and dangerous drugs such as cocaine and heroin. The risk for progressing to cocaine is 104 times higher if you have smoked marijuana at least once than if you never smoked marijuana.

Cocaine (also known as crack, coke, snow, rock)

Cocaine use has gone down in the last few years; from 2007 to 2012, the number of current users in the U.S. ages 12 or older dropped from 2.1 million to 1.7 million. In 2014, the number of adults (ages 12 and older) that reported using cocaine in the previous month was 0.10 percent. Derived from the coca plant of

South America, cocaine can be smoked, injected, snorted, or swallowed. The intensity and duration of the drug's effects depend on how you take it. Desired effects include pleasure and increased alertness.

Short-term effects also include paranoia, constriction of blood vessels leading to heart damage or stroke, irregular heartbeat, and death. Severe depression and reduced energy often accompany withdrawal. Both short- and long-term use of cocaine has been associated with damage to the heart, the brain, the lung, and the kidneys.

Heroin (also known as smack, horse)

Heroin use continues to increase. According to the National Survey on Drug Use and Health (NSDUH), in 2012 about 669,000 Americans reported using heroin in the past year, a number that has been on the rise since 2007. The biggest increases are among users ages 18 to 25.

Effects of heroin intoxication include drowsiness, pleasure, and slowed breathing. Withdrawal can be intense and can include vomiting, abdominal cramps, diarrhea, confusion, aches, and sweating. Overdose may result in death from respiratory arrest (stopping breathing). Because heroin is usually injected, often with dirty needles, use of the drug can trigger other health complications including destruction of your heart valves, HIV/AIDS, infections, tetanus, and botulism.

Methamphetamine (also known as meth, crank, ice, speed, crystal)

Use of this drug also has increased, especially in the West. Methamphetamine is a powerful stimulant that increases alertness, decreases appetite, and gives a sensation of pleasure. The drug can be injected, snorted, smoked, or eaten. It shares many of the same toxic effects as cocaine -- heart attacks, dangerously high blood pressure, and stroke. Withdrawal often causes depression, abdominal cramps, and increased appetite.

Other long-term effects include paranoia, hallucinations, weight loss, destruction of teeth, and heart damage.

Club Drugs

The club scene and rave parties have popularized an assortment of other drugs. Many young people believe these drugs are harmless or even healthy. These are the more popular club drugs.

Ecstasy (also called MDMA, or 3, 4 -methylenedioxy-methamphetamine, as well as Adam, STP):

This is a stimulant and hallucinogen used to improve mood and to maintain energy, often for all-night dance parties. Long-term use may cause damage to the brain's ability to regulate body temperature, sleep, pain, memory, and emotions.

Rohypnol (also called roofies, roche):

This is another sedative that can be used as a date-rape drug. Effects include low blood pressure, dizziness, abdominal cramps, confusion, and impaired memory.

Ketamine (also called Special K, K):

This is an anesthetic that can be taken orally or injected. Ketamine (Ketalar) can impair memory and attention. Higher doses can cause amnesia, paranoia and hallucinations, depression, and difficulty breathing.

LSD (also called acid, microdot) and mushrooms (also called shrooms, magic mushrooms, peyoteand buttons):

Popular in the 1960s, LSD has been revived in the club scene. LSD and hallucinogenic mushrooms can cause hallucinations, numbness,nausea, and increased heart rate. Long-term effects include unwanted "flashbacks," psychosis (hallucinations, delusions, paranoia), and mood disturbances.

PCP (also known as angel dust, hog, love boat):

PCP is a powerful anesthetic used in veterinary medicine. Its effects are similar to those of ketamine but often stronger. The anesthetic effects are so strong that you can break your arm but not feel any pain. Usually, tobacco or marijuana cigarettes are dipped into PCP and then.

General Impacts of Drugs

Depending on the drug, it can enter the human body in a number of ways, including injection, inhalation, and ingestion. The method of how it enters the body impacts on how the drug affects the person. For example: injection takes the drug directly into the blood stream, providing more immediate effects; while ingestion requires the drug to pass through the digestive system, delaying the effects.

i) Injuries

More deaths, illnesses and disabilities stem from substance abuse than from any other preventable health condition. Today, one in four deaths is attributable to illicit drug use. People who live with substance dependence have a higher risk of all bad outcomes including unintentional injuries, accidents, risk of domestic violence, medical problems, and death.

ii) Health Problems

The impact of drug abuse and dependence can be far-reaching, affecting almost every organ in the human body. Drug use can:

- Weaken the immune system, increasing susceptibility to infections.
- Cause cardiovascular conditions ranging from abnormal heart rate to heart attacks. Injected drugs can also lead to collapsed veins and infections of the blood vessels and heart valves.
- Cause nausea, vomiting and abdominal pain.

- Cause the liver to have to work harder, possibly causing significant damage or liver failure.
- Cause seizures, stroke and widespread brain damage that can impact all aspects of daily life by causing problems with memory, attention and decision-making, including sustained mental confusion and permanent brain damage.
- Produce global body changes such as breast development in men, dramatic fluctuations in appetite and increases in body temperature, which may impact a variety of health conditions.

iii) Effects on the Brain

Most abused drugs directly or indirectly target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. When drugs enter the brain, they can actually change how the brain performs its jobs. These changes are what lead to compulsive drug use, the hallmark of addiction.

iv) Behavioral Problems

- Paranoia
- Aggressiveness
- Hallucinations
- Addiction
- Impaired Judgment
- Impulsiveness
- Loss of Self-Control

v) Birth Defects

Nearly 4 percent of pregnant women in the United States use illicit drugs such as marijuana, cocaine, Ecstasy and other amphetamines, and heroin¹. These and other illicit drugs may pose various risks for pregnant women and their babies such as having extremely poor nutrition or developing sexually transmitted infections. Some of these drugs can cause a baby to

be born too small or too soon, or to have withdrawal symptoms, birth defects or learning and behavioral problems. Additionally, illicit drugs may be prepared with impurities that may be harmful to a pregnancy.

vi) Suicide

Suicide is also very common in adolescent alcohol abusers, with 1 in 4 suicides in adolescents being related to alcohol abuse. In the USA approximately 30% of suicides are related to alcohol abuse. Alcohol abuse is also associated with increased risks of committing criminal offences including child abuse, domestic violence, rapes, burglaries and assaults.

Conclusion

Policies which influence the levels and patterns of substance use and related harm can significantly reduce the public health problems attributable to substance use, and interventions at the health care system level can work towards the restoration of health in affected individuals. Finding effective treatment for and prevention of substance abuse has been difficult. Through research, we now have a better understanding of the behavior. Studies have made it clear that drug education and prevention aimed at children and adolescents offers the best chance to curb abuse nationally.

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YOUTH AND ALCOHOL ABUSE

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Substance abuse is any pattern of substance use that results in repeated adverse social consequences related to drug taking which can be in the form of interpersonal conflict, failure to meet work obligations, family or school obligations, economic, financial or legal problems. People abuse substance such as drugs alcohol and tobacco for varied and complicated reasons but it is clear that our society plays a significant cost. The common drugs of abuse include alcohol, nicotine, opioids, cannabis, benzodiazepine, pines and volatile solvents. Among the substance abuse alcohol abuse is seen as the world's prevalent public health problem because it affects people's health, physical, mental and spiritual which is serious. And therefore is a matter of concern, not confined to any group culture or country. Today many crimes are committed by the youth due to alcohol abuse, hence in this article an attempt is made to find out the causes and consequences of alcohol abuse among youth.

Introduction

Alcohol is the substance abuse most frequently used by adolescents followed by marijuana and tobacco. In the past month 39percent of high school seniors reported drinking some alcohol, almost 23 percent reported using marijuana and 16 percent reported smoking cigarettes alcohol More adolescents drink alcohol than smoke cigarettes or use marijuana. Drinkers endanger adolescents in multiple ways including minor vehicle crashes which is the leading cause of death for the age group. Nearly one in four adolescents has ridden in a car with a driver

who had been drinkers. Genetic factors and life stressors influence adolescent's alcohol abuse but life stressors influence adolescents alcohol abuse but parents and guardians can help by monitoring adolescent's activities and keeping channels of communication open .Consumption of alcohol and drugs before the brain has fully developed increases the risk for future addiction to alcohol. Young people who start drinking alcohol before the age of 15 are five times more likely to develop alcohol abuse or dependence than people who first used alcohol at age 21 or older. Research for drug use and drug addiction has found similar results. A person's decision to use alcohol is o a drug is a choice, influenced by his environment, peers, family and availability. But once he uses alcohol or drugs, the risk of developing alcoholism and drug dependence is largely influenced by genetics. Alcoholism and drug dependence are not moral issues, aren't a matter of choice or a lack of will power and simple peoples bodies respond to the effects of alcohol and drugs differently. If the individual has a family history of alcoholism or addiction the individual is four times more likely to develop a problem.

The teen years are considered to be the most crucial period of a person's life as he attempts to navigate the precious bridge between childhood and adulthood. It is the challenging decisions for them to make difficult decisions whether to start using alcohol or drugs. Teens may consume alcohol because of self exploration or by their virtue of being young and lack of life experience, aren't prepared for the consequences that often follow. But whatever may most teens experiment alcohol at some point for many different reasons.

Reasons for Alcohol Consumptions

- **Peer pressure:** It is a powerful force at any stage of life, but it is influenced during adolescence and saying no can also have painful consequences, ranging from being laughed at or mildly teased to being humiliated, rejected and bullied.

- **Adult identity:** Adolescents often want to be treated like adults especially when privileges that come with age like using alcohol. It is no surprise that they are drawn to things that make them feel like an adult-older more mature, more sophisticated. Drinking, smoking, and drug use can all boost feeling. But they over estimate their maturity and under estimate their vulnerability.
- **Parents influence:** Teens who grow up with parents who abuse alcohol or drugs often follow the same. After all that's what they know and what they have learned not to mention, if one or both parents are actively using they often have easy access as well.
- **Curiosity/Desire:** The desire to try new things and explore the world becomes very strong during teens. Most teens have a lot more autonomy than they did as children. They are less closely supervised and often left home alone for chunks of time while the parents are still at work or out for the evening. The desire to find out what it feels like to get drink or high just once. Unfortunately for many kids end up in drug/alcohol treatment.
- **Boredom:** It gets any one and especially a restless teen into all sorts of trouble. It is even worse for them who have bored friends. Passing the time with a few peers or a few hits with friends or even alone is often a slippery slope in addiction.
- **Emotional disturbances:** Teens who struggle with a lot of emotional pain are especially vulnerable to alcohol abuse. They know that getting drunk with at least temporarily, numb or ease their pain and provide them with a means of escape. These substances can also appear to ease the problem. For instance a socially awkward or extremely shy teen may use alcohol in a desperate attempt to feel more comfortably around others.
- **To exhibit assertiveness:** In order to assert themselves especially before their parents they use alcohols weapon.
- **Popular Media:** Forty-seven percent of teens agreed that movies and TV shows make drug seem like an OK thing to

do, according to a 2011 study. Not surprisingly, 12- to 17-year-olds who viewed three or more “R” rated movies per month were seven times more likely to smoke cigarettes, six times more likely to use marijuana, and five times more likely to drink alcohol, compared to those who hadn’t watched “R” rated films (Amy Khan 2005).

- **Escape and Self-Medication:** When teens are unhappy and can’t find a healthy outlet for their frustration or a trusted confidant, they may turn to chemicals for solace. Depending on what substance they’re using, they may feel blissfully oblivious, wonderfully happy, or energized and confident. The often rough teenage years can take an emotional toll on children, sometimes even causing depression, so when teens are given a chance to take something to make them feel better, many can’t resist.
- **Rebellion:** Different rebellious teens choose different substances to use based on their personalities. Alcohol is the drug of choice for the angry teenager because it frees him to behave aggressively. Methamphetamine, or meth, also encourages aggressive, violent behavior, and can be far more dangerous and potent than alcohol. Marijuana, on the other hand, often seems to reduce aggression and is more of an avoidance drug. LSD and hallucinogens are also escape drugs, often used by young people who feel misunderstood and may long to escape to a more idealistic, kind world. Smoking cigarettes can be a form of rebellion to flaunt their independence and makes their parents angry. The reasons for teenage drug-use are as complex as teenagers themselves.
- **Instant Gratification:** Drugs and alcohol work quickly. The initial effects feel really good. Teenagers turn to drug use because they see it as a short-term shortcut to happiness.
- **Lack of Confidence:** many shy teenagers who lack confidence report that they’ll do things under the influence of alcohol or drugs that they might not otherwise. This is part of the appeal of drugs and alcohol even for relatively self-confident teens; you have the courage to dance if you’re a bad

dancer, or sing at the top of your lungs even if you have a terrible voice, or kiss the girl you're attracted to. And alcohol and other drugs tend not only to loosen your inhibitions but to alleviate social anxiety. Not only do you have something in common with the other people around you, but there's the mentality that if you do anything or say anything stupid, everyone will just think you had too many drinks or smoked too much weed.

- **Misinformation:** perhaps the most avoidable cause of substance abuse is inaccurate information about drugs and alcohol. Nearly every teenager has friends who claim to be experts on various recreational substances, and they're happy to assure her that the risks are minimal. So educate your teenager about drug use, so they get the real facts about the dangers of drug use.

There is no single age group of people more affected by alcohol and drugs than young people. In some ways it feels like it is an issue everywhere: for you, your family and your friends. Plain and simple, try as you might, you cannot escape the issues of alcohol and drugs. More than 23 million people over the age of 12 are addicted to alcohol and other drugs affecting millions more people -- parents, family members, friends and neighbors. For some, one time or infrequent use of alcohol or drugs can result in tragedy: alcohol overdose (alcohol poisoning), an accident or fall when under the influence of alcohol or drugs, or an arrest associated with alcohol or drugs that may cost you your reputation and/or your freedom. For others, even though they may not use alcohol or drugs, they could become a victim of an alcohol or drug-related crime. And, for yet others, what may have started as occasional use can turn into an addiction that presents extraordinary health concerns with potentially grave and tragic consequences.

Most teens don't know what is good and what is bad for them. Experimenting with alcohol seems innocent enough, often regarded as a sort of adolescent rite of passage. Getting drunk high with friends sounds for the time moment. What is not fun

about spending time with friends, sharing intensely pleasurable drug induced euphoria or the disinheriting effects of alcohol? The silliness, the shared words, the stumbling, the bizarre behavior all of these things can be very entertaining and makes fragrant stories the next day or dawn the road. Of course, it is all just good old teenage find- until some ones seriously injured, has to face a judge a winds up or a cold slab in a morgue. Teens don't use alcohol with the intent of becoming addicted. They just experiment, have fun with friends or seek a temporary escape from crappy life.

Consequences of Alcoholism

When young people engage in alcohol otter drug use, their families and their communities usually suffer. In some cases because of the strong association between substance abuse and delinquency, an increased burden is also placed on the juvenile justice system. Persistent substance abuse among youths often accompanied by an array of problems, including academic difficulties, health related consequences, poor peer relationships, mental health issues, and involvement with the juvenile justice system. There are also significant consequences for family members, the community and society in general

- Declining grades, absenteeism from school and other activities, increased potential for dropping out and other school related problems are associated with adolescent substance abuse.
- Health related consequences of teenage substance abuse include accidental injuries, physical disabilities and diseases, and the effects of possible overdoses. Death through suicides, homicide, accidents and illness may be the final outcome, for youth involved with alcohol land other drugs
- Alcohol related traffic fatalities for youth have declined but young people are still over represented in this area. In 1995, more than 2000 youth aged 15-20 years were killed in alcohol related car crashes (National Highway Traffic Society Administration, 1997).

- Many aspects of family life are jeopardized, sometimes resulting in family dysfunction. Siblings and parents are profoundly affected by alcohol and drug involved youth who often drain family financial and emotional resources.
- High economic and social costs can result from monetary expenditures and emotional distress related to alcohol and drug related crimes, increased burden for the support of adolescents and young adults who're not able to become self supporting and greater demands for medical and other treatment services for these youth.

Glimpses of Crimes in Tamilnadu Worker Fatally Knocked Down By Inebriated Woman on OMR:

Aisarya A 26-year-old woman, daughter of a business man reportedly drunk, was arrested on charges of fatally knocking down a 54-year-old man K.Muniswamy, a load man residing at PTK Nagar, Thiruvanmiyur, with his wife and 2 children, a boy and a girl aged 16 and 11 respectively in Rajiv Gandhi Salai, OMR, on early 2ndJuly2016. According to police, Muniswamy had stepped out of his house at 4 a.m. As he tried to cross the road on Rajiv Gandhi Salai with his friend, a speeding Audi car knocked him down fatally on the spot.

Actor Arun Vijay arrested for Drunk and Drive Case | Car Accident:

At around 3 AM27th August 2016, the actor was driving his car in Nungambakkam when he accidentally rammed into a police vehicle parked by the roadside. This has caused damage to the police vehicle. The actor was arrested and taken to the Pandy Bazar Police station, However there was no casualties.

Youth Beaten To Death – Tamil Nadu:

G. Rajkumar (23), a labourer of Pethanaickenpalayam in Vazhapadi, was found dead near a temple in the area on 3rd September2016. The police said that he was beaten to death with a stone.. Inquiries revealed that Rajkumar and his brother

Ranjith Kumar (25), also a labourer, were consuming liquor on Friday night near the temple. An altercation broke between them and Ranjith Kumar beat Rajkumar with stone. In the impact, Rajkumar suffered head injuries and died on the spot. Ranjith Kumar fled the scene. The police arrested Ranjith Kumar and produced him in the court. He was lodged at Salem Central Prison.

Girl Murdered on College Campus in T.N:

Sonalia III year engineering student was beaten to death with a log by Udayakumar in the college premises on 30th August 2016. Sonali had avoided Udayakumar when he tried to speak to her at the college. Angered over this, Udayakumar went to the classroom and attacked her with a log. He was under the influence of alcohol when he committed the crime,

Girl Chased by Drunken Youth, Run Over:

Stephanie, working in a call centre at Tidel Park, was leaving a hotel on a scooter on Sept. 19th 2014, was chased by four drunken youths Venkatesan (21); Nestle, (19), a second year student of a city college; Denver, 16, a plus two student of a private school at Vepery and Raja, 22, a bill collector with a mobile phone company in a car, while trying to intercept her, swerved to the left, but dashed against the scooter. Stephanie was thrown off her vehicle and run over. She died on the spot.

One Killed, 10 Injured as ‘Drunk’ Driver Crashes Porsche Into Autos:

In the wee hours of Monday, 29 year old auto driver, Arumugam, was killed and 10 others injured after a Porsche driven by a 22 year old Vikash Anand, a racer and a student from Chennai rammed into 12 parked auto rickshaws in the city on Sept. 19th 2016. According to reports, the driver who was allegedly drunk hit a median and lost control. Not only was Arumugam's life cut too short, his 7 year old daughter has now been orphaned. His wife and younger daughter had allegedly committed suicide

four months ago, leaving him and his older child behind. Another victim of the accident is lying in a hospital in critical condition, battling for his life.

Drunken Driver Kills One Person:

In the early hours of November 2,2012 S. Prasanth (27), a resident of Valmiki Nagar, Thiruvanmiyur, drove his car in a drunken condition and ran over a person, who died on the spot.Drunk youths kill shopkeeper in Chennai : Venkatraman,a shopkeeper and a resident of PerumalKoil Street in West Saidapet,in Chennai was allegedly murdered by a group of five youngsters on Thursday night when he questioned them for drinking alcohol near his shop and creating nuisance. Police said when Venkatraman questioned the youths for drinking alcohol near his shop, they attacked him. One of them broke an empty liquor bottle and stabbed him.. Police nabbed theyouths, out of which two are juveniles.

Vengeful Students Murder Principal:

Suresh, 45, principal of Infant Jesus College of Engineering, KeezhaVallanad in Tuticorin district, was fatally attacked with long knives as soon as he got out of his car. The suspension of P. Pitchaikannan (21), a final year Aeronautical Engineering student, for his behaviour on and off the college campus, allegedly provoked him to murder the principal, police sources said.WhilePitchaikannan, the prime accused, stabbed the principal in his stomach, his room-mates, G. Danish (21), final year B.Tech. (Information Technology) and M. Prabhakaran (21), third year (Civil Engineering), said to be his room-mates, caused a grievous bleeding injury on his head, the police said. Besides arresting the trio, the police seized the weapons used in the killing. Preliminary investigation revealed that Pitchaikannan was suspended for five days on Monday following an alleged attack on Athithan, a final year student, over occupying a seat in a bus on October 5. Athithan was attacked on the college premises and outside the campus recently. Pitchaikannan was

also irregular in attending classes and laboratory work. Agitated by the disciplinary measure, Pitchaikannan and his room-mates attacked Dr. Suresh at 8.20 a.m. He was taken to a hospital, where he died.

23-Year-Old Woman Hacked to Death by Jilted Man in Coimbatore:

S Dhanya A 23-year-old engineering graduate was hacked to death in Coimbatore after she allegedly rejected the advances of a man Zahir, hails from Kerala and was working in a mill at Tiruppur in Tamil Nadu, These incidents are only the tip of the iceberg to prove that crimes are committed when the youths are under the control of alcohol where they lose self control. Statistics shows in the last three years, the state has recorded an increasing number of on-road fatalities caused by drunk drivers. From having the fifth highest number of cases in the country in 2011, Tamil Nadu has climbed to the third place in two years, i.e. in 2013, 718 people were killed by drunk drivers in Tamil Nadu, about 200 more than in 2011 according to data from the Union ministry of road transport and highways. Hence stringent punishment has to be given for those who violate the traffic rules.

Suggestions

- Free talk/friendly with your wards about the danger of alcohol
- Don't lecture
- Show unconditional love, gesture, concern, understanding and heartfelt compassion
- Recognize the challenges and temptations that are prevalent in that age.
- Understand how vulnerable and easily influenced teenagers are.
- Open communication/ and keep the door of communication open so as to enable the teens to approach you whenever they want/need.
- Approach de-addiction centre immediately.

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ROLE OF NGOS IN PREVENTING SUBSTANCE ABUSE

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Introduction

Substance abuse is a burning problem in modern world. Substance abuse refers to the harmful or hazardous use of psychoactive substances including alcohol, tobacco and different illicit drugs. Widespread use of various drugs and psychoactive substances are becoming common among youngsters. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state (WHO, 1994). Substance abuse is the use of drugs, alcohol, or chemicals. The substance abuse results in physical, psychological, emotional harm to the user or others. Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain- they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors seen in people who abuse drugs (DSM-5, 2013).

Substance Abuse

Substance addiction has a severe impact not only on the individuals, but their families and ultimately the society as a whole. According to World Health Organization, substance abuse can have detrimental effects on the individuals. The following are some of the observations highlighted by the World Health Organization caused due to substance abuse. It has been noted that the harmful use of alcohol results in 3.3 million deaths each year. It is noted on average that every person in the world aged 15 years or older drinks 6.2 litres of pure alcohol per year. It has been seen that less than half the population (38.3%) actually drinks alcohol, this means that those who do drink consume on average 17 litres of pure alcohol annually. It is noted that at least 15.3 million persons have drug use disorders and injecting drug use reported in 148 countries, of which 120 report HIV infection among this population. These figures from the UN's health body are alarming to say the least. Drug abuse has become a major public health problem that impacts society on multiple levels. Many communities are affected by drug abuse and addiction, directly or indirectly as are various families. Drugs take a heavy toll on our society at various levels. This includes health care expenditures, lost earnings, and costs associated with crime and accidents. This results in an enormous burden that affects all of society including those who addicted to these substances as well as those who are not. Substance abuse and drug addiction impacts the individual, family and community at multiple levels and in different ways. Everyone knows someone who is affected by substance addiction and come across an individual suffering from drug abuse. DSM covers substance abuse as a blanket term to include ten separate classes of drugs, including alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics, anxiolytics, stimulants, tobacco and other substances. The vulnerable groups include adolescents as this is a time period of high vulnerability to risk taking behaviors. People with mental illnesses and disorders are also particularly at risk for problems related to substance abuse. The prolonged usage of various

psychoactive substances can result in grave consequences. These can include illness, injuries and death. Each year millions of people suffer from debilitating illnesses or injuries as the result of their use of tobacco, alcohol, drugs or other addictive substances.

Role of NGOs

Non-governmental organizations (NGOs) were first called such in Article 71 in the Charter of the newly formed United Nations in 1945. While NGOs have no fixed or formal definition, they are generally defined as nonprofit entities independent of governmental influence (although they may receive government funding). Non-governmental organizations have played a major role in dealing with the problem of substance abuse. According to Cousins William the major roles of NGOs include development and operation of infrastructure, supporting innovation, demonstration, facilitating communication, providing technical assistance and training, advocacy as well as research, monitoring and evaluation. Former UNODC Executive Director Yury Fedotov had emphasized the importance of NGOs and stated that to tackle drugs; we need to keep constant contact with on the ground knowledge and expertise. Our partner NGOs provides that context and supports our work from the local to the global level. NGOs have a long and rich history of serving as a bridge between the communities and the vulnerable groups. NGOs represent a rich and diverse expertise in dealing with all aspects of the drug problem and its impact on people across the globe. NGOs are also actively working in the area of drug prevention and education. Non-governmental organizations working in the area of alcohol problems are varied and have different histories depending on their political, social and cultural contexts. All of them, however, must solve certain ethical problems if they are to move away from a hygiene-based approach and focus on individual responsibility. The role of NGOs is located between dreaming of a better world and rising up against a market-based system where health and the quality of life take second place to

commercial interests. Furthermore, their role is to be found between the impulsive nature of action and the often demotivating process of scientific reasoning and analysis. NGOs can intervene flexibly in all the fields of information, training, advocacy and assistance. They can readily position themselves in the long time-frame required for prevention and a space freed from burdensome administrative procedures. Their actions often appear to entail criticism of the authorities; in fact, however, they complement the latter, by countering the "hands off" or fatalistic approach of certain communities in the face of the alcohol risk. NGOs are often the main providers of established and innovative services for those who use illicit drugs and can thus be uniquely placed to make contact with and give voice to the individuals, families and communities.

The role of NGOs is essential for the prevention and rehabilitation of the addicts living in different communities. It throws many challenges before the NGOs. The NGOs can take a number of steps as follows to combat this social problem,

1. NGOs should emphasize the importance of ill effects of substance addiction among the public.
2. NGOs should prepare the special plans and programmes for the encouraging drug abstinence and alcohol moderation by addicts.
3. NGOs should be involved in facilitating the process of behavior change of high-risk individuals.
4. Rehabilitation and reintegration of recovering addicts into the mainstream should be promoted by generating employment opportunity for these addicts.
5. Awareness regarding the importance of health care services in communities affected by extensive drug abuse needs to be created.
6. NGOs need to collaborate their efforts to advocate and raise public awareness about the issues and plight of the families affected by substance addiction in the forefront.
7. NGOs should be actively involved in early identification of troubled people and whole range of community based services

for the identification, motivation, counseling, de-addiction, after care and rehabilitation.

8. NGOs should educate the addicts about their rights and responsibilities towards their families and communities.
9. NGOs need to effectively utilize mass media to reach out to the masses living in remote areas.
10. NGOs should make use of new technologies including social media to inform and educate teenagers and children about the ill-effects of substance abuse.

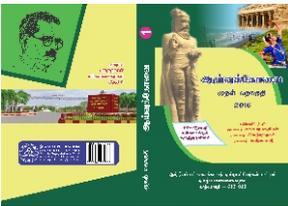
Conclusion

Addiction is a major social problem in modern society. There are various forms of substances which used over a prolonged period of time leads to addiction. Substance addiction is a major challenge we face today. When individuals get addicted to various substances such as tobacco, drugs, alcohol and it not only affects that particular individual but the impact can be seen at different levels. The negative influences can be clearly observed in families of these addicts. The communities and societies they live in get paralyzed and affected in long run. Addiction leads to weakening of relationships within the family but it also weakens the ties and bonds within the society. Substance abuse cannot not only paralyze the individual psychologically but it also damages the health, social status and economic well-being of the individual. Addiction is a burden on society because addicts become highly irregular to their work commitments, become less productive and progress economically. Addiction leads to frequent absenteeism in work place. Thus it affects the individual, family, and society economically and financially. Addiction includes continuous usage of different types of psycho-active substances such as tobacco, alcohol, LSD, heroine, hashish, cocaine, etc. Addicts usually experience highs as these psycho active substances influence the nerve system in the body. Though substance abuse addicts get stimulated for a short period of time, long term effects can be devastating. Prolonged usage of certain psycho-active substances can permanently alter the state of mind among

addicts. The Government taking this in to consideration has imposed bans on several of such psycho-active substances. The narcotics body within the Government works continuously in implementing control over the usage of the psycho active substances. But the most important role comes from various NGOs, de-addiction centers that work untiringly in creating awareness about the harmful effects of the psycho active substances. These organizations are important since they work at grassroots level. They also help the substances abuse addicts in overcoming their addiction to such psycho-active substances through counseling as well as psychotherapy. Thus the role of NGOs become extremely crucial in fighting against this social menace by creating awareness about the ill-effects of various psycho active substances among general public and society.

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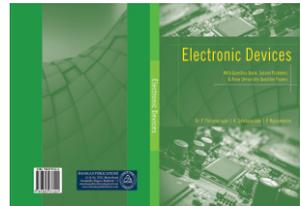
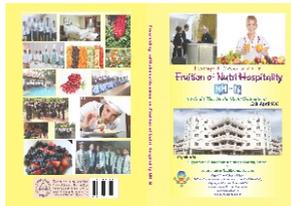
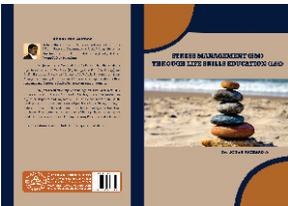
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