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## TO STUDY THE AWARENESS OF FELLOW-MATES ABOUT DRUG ADDICTION HABIT

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### ABSTRACT

The foundation of conventional addiction therapy is counselling, which involves an intervention process in which the addict's family asks a professional for assistance in getting the addict into drug rehab. In this phase, the addict's thinking is positively influenced to foster willingness. Patients are given the chance to comprehend the true nature of addiction. Once this has been accomplished, a professional makes contact with the addict's family and coordinates with them to persuade him to visit a drug recovery centre right away. In this form of therapy, counsellors assist addicts in recognising the behaviours and issues that are connected to their addiction. They have the skills necessary to design different recovery programmes and promote the development of constructive behaviours. Additionally, they assist any family members who come into contact with addicts. They should be able to recognise the effects addiction has both on the addict and those around them. Drug misuse has had a profoundly detrimental effect on society. Our society's crime rate rises as a result. Due to this curse, the frequency of eve-teasing, group fights, spontaneous killings, and assaults is also rising in our current culture. Addiction hurts not only society but also every member of the family financially and emotionally. The primary target audience is the 18–35 year old teen demographic. Youth development is on the verge of coming to an end as a result of this detrimental effect on their physical, psychological, moral, and intellectual development.

**KEY WORDS:** *Awareness, Drug Addiction, Habit, Youth Development.*

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### INTRODUCTION

Every year on June 26th, the world observes International Day Against Drug Abuse and Illicit Trafficking. According to national and international statistics, 190 million individuals take different types of drugs worldwide;

drug addiction causes enormous human suffering, and the illicit manufacture and sale of narcotics fuels crime and violence globally. Today, this plague permeates every region of the globe. Usually, this is a campaign the international community launches to educate the public, especially young people, about the dangers of drugs. If the global data on the drug situation are taken into consideration, the situation is bleak. Next to the oil and armaments trade, it is the third largest industry in the world in terms of revenue, at over \$500 billion. Millions of drug addicts live miserable lives on the edge of death all over the world.

India is likewise ensnared in the drug usage cycle, and the number of drug users is rising daily. According to a UN assessment, there are officially one million heroin users in India and an estimated five million more. According to a 2002 report by the International Narcotics Control Board, heroin is becoming more and more popular among opiate addicts in India. Abuse of medicinal products that contain narcotic medicines is also on the rise. Dextropropoxphene and other analgesics are injected intravenously, despite the fact that they are freely accessible and only cost a tenth as much as heroin, and codeine-based cough syrups are still being illegally taken off the domestic market and misused.

India has a sizable youthful population that is at risk, with 40% of them being under the age of 18. In India, it is believed that by the time most males enter the ninth grade, about 50% of them had used at least one gateway drug, according to UN Convention Reports on Narcotic Drugs and Psychotropic Substances in 1961, 1971, and 1988. Teenagers are more likely to use gateway drugs in West Bengal and Andhra Pradesh (approximately 60% in each state) than in Uttar Pradesh or Haryana (around 35% each). Children and teenagers frequently use gutka, a type of smokeless tobacco, in some jurisdictions. Every year, about 55,000 kids start smoking. They typically come from low socioeconomic backgrounds, have little social support, come from unstable homes, and are the targets of prejudice and deprivation. Given that more than 70% of adult smokers claim to have started smoking every day before the age of 18, this harmful behaviour is frequently started throughout childhood and adolescence.

## **CAUSES OF DRUG ADDICTION**

In a rare instances, addiction-related behaviours may be brought on by unemployment, whereas unemployment may be brought on by addiction, which strengthens addiction. People who lose their jobs due to unforeseen events and situations should be closely watched because they are prone to developing addictions. Addiction (abuse of drugs) is a need to be stimulated to alleviate stress, fulfil curiosity, ease psychological pressures, and for relaxation and

tranquilly in the scenarios mentioned above. Several potential causes of drug addiction are being discussed, including:

**PARENTAL INFLUENCE:** Parents have a significant impact on their kids since they are twice as likely to become smokers or drug addicts as other kids. Parents who smoke or use drugs make it easier for their kids to smoke or use drugs, making it challenging for them to stop them. Children who have parents who smoke or use drugs are also more prone to smoke or use drugs them.

**FAMILY STRUCTURE:** The likelihood that family members will use drugs is significantly influenced by family structure. Children from families with lower socioeconomic position and education levels are more prone to use drugs. Children labour in lowly jobs since the family's income is lower. In families, drug misuse among children is linked to parental disagreements and divorce.

**PEER INFLUENCE:** In the situation of today, friends have the biggest impact on their partners. People who are around people who smoke or abuse drugs are more likely to pick up those behaviours themselves. Drug addiction has been linked to low academic performance, school dropout, and the reinforcement of behavioural problems in populations that attend school.

**ROLE MODEL:** In today's world, everyone has their own set of TV stars, music stars, and fashion models as role models, and they are heavily affected by them to witness drug use.

**ADVERTISING AND PROMOTION:** Advertising is a powerful tool for persuading adolescents to start using drugs. Through an Act, the Indian government has made it illegal to advertise for narcotics and other substance items.

**SOCIO-ECONOMIC FACTORS:** As we just addressed in the family structure section, lower income families tend to have greater drug misuse rates. Because they are readily available and inexpensive, chras and bhag are more often abused substances.

**INADEQUATE COPING MECHANISMS:** Abuse-attracting personalities live in addictive communities and families, and they imitate their behaviours and problem-solving techniques. As a result, they do not want to put much work into problem-solving and prefer easy, temporary fixes.

Unmet emotional, social, and spiritual needs: People with unmet needs for closeness, community, security, meaning and purpose, autonomy, play, and unconditional acceptance (for who they are, not for how they appear) experience consistently depressing moods and feelings. These emotions, such as anxiety, anger, loneliness, and sadness, become the triggers that send individuals looking for relief, comfort, or distraction in addiction. This is made worse by their lack of coping mechanisms, inability to handle frustration, and belief in the quick fix.

Lack of Social Supports: People occasionally require the assistance of their family, friends, and society. People tend towards isolation when they lose their jobs or drop out of school because they feel alone.

People watch family members, friends, role models, or entertainers using drugs and rationalise that they can also do so; people feel bored and think drugs will help them relax from stress and help to be fit; people figure if a drug is prescribed by a doctor and it has to be OK; people get physically injured and unintentionally become hooked on prescribed drugs; these are just a few of the responsible causes that lead to increased drug use.

## **ADDICTION REHABILITATION PROCESS**

Drug rehabilitation is the practise of treating drug abusers using medical or psychological care. Through some psycho-therapeutic treatment, it helps addicts keep substances like alcohol, cocaine, heroin, or amphetamines out of their lives. Medication and professional counselling for depression and addictive behaviours are part of this treatment. Drug addiction has negative social, legal, economical, and physical effects on the addict and his family. Drug rehabilitation aids in halting social harm caused by addiction. A healthy lifestyle requires devotion to hard work and is neither quick nor simple to achieve.

**INTAKE:** During the intake phase, a patient's specific needs are taken into account when creating a treatment plan and compiling a history of substance usage.

**DETOXIFICATION:** Detoxification is the difficult but essential process of gradually eliminating drugs, alcohol, and other poisons from your body. When carried out under medical supervision, detoxification is typically a safe process. Addicts should never try to detox on their own at home because the consequences could be fatal.

**REHAB:** Rehab starts following detoxification. Here, in a serene, calming environment, your therapy and physical and emotional recovery can start. Like behavioural treatment for individuals, group therapy, family therapy, and cognitive behavioural therapy (CBT).

Recovery: While recovery is a lifelong journey, you will have mentally and emotionally prepared for it during your stay in rehab. Keep yourself healthy, strong, and well-supported.

The government implements corrective measures such as integrated rehabilitation centres (IRCA), which provide counselling, therapy, and rehabilitation services to victims of drug usage, however there are very few IRCA. Even though there are 3.4 million drug misuse victims, the government only currently operates 401 rehabilitation facilities. According to IRCA, there are on average 8,478 victims, and only 0.3 million of the 3.4 million victims of drug misuse have registered themselves. Out of the 0.3 million registered members in these de-addiction centres, which account for 10% of the overall population, roughly 0.15 million (or 50%) come from Maharashtra, Uttar Pradesh, Karnataka, Odisha, and Manipur.

According to patients, several social organisations, care facilities, recovery homes, and NGOs assist addicts in drug rehabilitation. In these programmes, patients are kindly encouraged to find new ways to connect in a drug-free setting.

Since 1970, scientific research has demonstrated that effective therapy focuses on the patient's whole needs rather than just addressing addiction. Addiction cannot be treated effectively with medically supported drug or alcohol detoxification alone. The National Institute on Drug Abuse (NIDA) suggests detoxification followed by behavioural therapy, medication (if necessary), and relapse prevention. According to NIDA, effective treatment must include services for physical and mental health as well as post-treatment options like community- and family-based recovery support networks.

## **RESEARCH METHODOLOGY**

A research design aids the researcher in making decisions regarding the subjects to be observed and the sort of analysis to be applied in order to interpret the data in any kind of research. The choice of research design in social science is influenced by the study's objectives and the environment in which it is carried out. A research design is the organisation of conditions for data collection and analysis in a way that tries to combine relevance to the study purpose with economy in technique, according to Claire Selltiz and others.

The goals of a research problem are closely tied to research designs. Therefore, the types of study designs include exploratory, descriptive, diagnostic, and experimental. The researcher employed an experimental research design for this investigation.

## DESIGN OF EXPERIMENTAL RESEARCH

By drawing sound conclusions from the research study, an experimental research design allows the researcher to evaluate hypotheses regarding the links between independent and dependent variables.

As a result, the conceptual framework through which the experiment is carried out is referred to as the experimental research design. Therefore, experimental research design is essentially observation under controlled conditions.

The problem must be identified and defined, hypotheses must be developed and their effects must be calculated, and then an Experimental Research Design must be created with the aim of including all the aspects, conditions, and relationships of the consequences.

Following only-Experimental Research Design, before after Experimental Research Design, and Ex-post-Facto Research Design are the three different types of experimental research designs. The "Before-After" Experimental Research Design was employed in this investigation.

## TECHNIQUES FOR COLLECTING DATA

The means used by the researcher to get the necessary data on the respondents are referred to as the data collecting methods. The researcher employed two main strategies for gathering data for this study, which are as follows:

**Observation:** In addition to being one of the most common activities of daily living, observation is a fundamental instrument of scientific inquiry. "Observation may be characterised as systematic viewing, coupled with evaluation of visible phenomena," wrote P.V. Young.

The respondent's circumstances and behaviour were precisely and thoroughly observed by the researcher throughout the investigation.

**Interview:** An interview is a close encounter or conversation that involves talking to two or more people. The interview method offers the chance to get the genuine facts regarding the issue under study and can be applied with practically all demographic groups.

With the aid of an interview schedule she had created with pertinent questions, the researcher in the current study interviewed the respondents. The researcher's focused and structured interview included questions that were pre-

planned and determined in advance and were listed in the interview agenda.

## **DATA ANALYSIS AND INTERPRETATION**

The data have been examined by the researcher in order to get the necessary findings. The completed interview schedules underwent a careful review, editing, and processing. Accordingly, the data have been assessed, examined, and analysed.

## **RESULTS AND DISCUSSION**

Table No.1 reveals if the respondent's friends are aware of their drug use habit or not. 98% of respondents, or the majority, claimed that their friends are aware of their drug addiction habits, while 2% of respondents said that their friends are unaware of their drug addiction habits.

Therefore, it can be inferred that the vast majority of respondents, or 98% of respondents, stated that their peers are aware of their drug-addiction habit.

**TABLE NO.1**

### **AWARENESS OF FELLOW-MATES ABOUT THE RESPONDENT'S DRUG ADDICTION HABIT**

<b>Responses</b>	<b>Number of the Respondents</b>	<b>Percentage</b>
Yes	162	98
No	4	2
<b>Total</b>	<b>166</b>	<b>100</b>

### **BEHAVIOUR OF FELLOW-MATES TOWARDS RESPONDENTS BEFORE KNOWING ABOUT THEIR DRUG ADDICTION HABIT**

The behaviours of coworkers towards respondents before they were aware of their drug use are shown in Table No. 2. The majority of respondents, 71%, said that their fellow-behavior mate's was fairly normal before they learned about their drug addiction. In contrast, 16% of respondents said that their fellow-behavior mate's was hated before

they learned about their drug addiction. 10% of respondents said that their fellow-behavior mate's was neglected before they learned about their drug addiction.

Therefore, it is evident that the majority of respondents, or 71% of the respondents, believed that their friend's behaviour was entirely normal before learning about their drug addiction.

**TABLE NO.2.**

**BEHAVIOUR OF FELLOW-MATES TOWARDS RESPONDENTS BEFORE KNOWING ABOUT THEIR DRUG ADDICTION HABIT**

<b>Responses</b>	<b>Number of the Respondents</b>	<b>Percentage</b>
Sympathetic	0	0
Unsympathetic/Rude	6	4
Hated	26	16
Neglected	16	10
Normal	118	71
<b>Total</b>	<b>166</b>	<b>100</b>

**BEHAVIOUR OF FELLOW-MATES TOWARDS RESPONDENTS AFTER KNOWING ABOUT THEIR DRUG ADDICTION HABIT**

The behaviours of peers towards respondents who are aware of their drug addiction are shown in Table No. 3. The majority of respondents, 43%, said that their fellow-behavior mate's is hated after they learn about their drug addiction. This was followed by 34% who said that their fellow-behavior mate's is neglected after they learn about their drug addiction, 16% who said that their fellow-behavior mate's is sympathetic after they learn about their drug addiction, and 5% who said that their fellow-behavior mate's is normal after they learn about their drug addiction.

It is evident that the majority of respondents, or 43%, felt that their fellow-behavior person's was despised once they learned about their drug use.

**TABLE NO.3**



**BEHAVIOUR OF FELLOW-MATES TOWARDS RESPONDENTS AFTER KNOWING ABOUT THEIR DRUG ADDICTION HABIT**

<b>Responses</b>	<b>Number of the Respondents</b>	<b>Percentage</b>
Sympathetic	26	16
Unsympathetic/Rude	4	2
Hated	72	43
Neglected	56	34
Normal	8	5
<b>Total</b>	<b>166</b>	<b>100</b>

**RESPONDENT’S ABILITY TO FULFILL DRUG REQUIREMENTS WITH THE POCKET MONEY/MONTHLY INCOME**

Table No.4 shows whether or not respondents can pay for their prescription medications out of their pocket money or monthly salary. The majority of respondents, or 53%, stated that they are able to meet their drug requirements with their pocket money or monthly salary, while 47% of the respondents stated that they are unable to do so.

The majority of respondents, or 53% of those surveyed, stated that they are able to meet their drug needs with their pocket money or monthly wage.

**TABLE NO. 4**

**RESPONDENT’S ABILITY TO FULFIL DRUG REQUIREMENTS WITH THE POCKET MONEY/MONTHLY INCOME**

<b>Responses</b>	<b>Number of the Respondents</b>	<b>Percentage</b>
Yes	88	53
No	78	47
<b>Total</b>	<b>166</b>	<b>100</b>

**IF NO, THEN NAME THE SOURCES**

Table No. 5 details what respondents do if their monthly salary or pocket money is insufficient to cover their prescription expenses. It was evident from the preceding description that 47% of the respondents claimed they couldn't afford their medication needs with their monthly or pocket money. When asked what else they do for the same, the majority of respondents, or 100%, said they borrow from friends for their drug needs, followed by 59% of respondents who said they sell off household items for their drug needs, 44% of respondents who said they occasionally steal in the house and steal things/money for their drug needs, and 38% of respondents who said they sell drugs for their drug needs.

Therefore, it is evident that the vast majority of respondents, or 100%, indicated that they borrow money from acquaintances to meet their drug needs.

**TABLE NO.5****IF NO, THEN NAME THE SOURCES**

<b>Responses</b>	<b>Number of the Respondents</b>	<b>Percentage</b>
Borrow from friends	78	100
Selling sold out home's stuff	46	59
Sometime stole in the house	34	44
Stealing things/money	34	44
Sold Drugs	30	38
<b>Base</b>	<b>78</b>	<b>100</b>

**CONCLUSION**

All throughout the world, young people are using more alcohol and other drugs. According to studies, substance misuse habits typically start in youth and their effects pose serious public health issues. When it came to substance misuse, 10 to 13-year-olds showed very little, 14 to 15-year-olds showed a little more, and 16 to 22-year-olds showed the most. Tobacco, alcohol, opiates, and heroin are the most often abused substances by young people in India, along with prescription drugs. Drug misuse has recently attracted attention, though less so because of the severity of the issue than because of shifting consumption patterns, notably among children, adolescents, and young people. Narcotics were solely used for medical purposes in the past, but today, people all over the world openly

abuse drugs. Today, drug misuse is a serious problem that affects young people from all social classes. The issue of drug usage has added additional stress to the lives of young people living in precarious circumstances. The prevalence of narcotic drug use, including that of opium, cocaine, morphine, and other substances, has surpassed all expectations. Today, drug misuse is an international issue that is no longer limited to a single country. The number of young people abusing drugs has been rising alarmingly in India. Many young men and women are enthralled by its use. Drug misuse creates a difficult scenario for the addict's family as well as affecting the addict's mental and physical health. The younger generation is typically more susceptible to the problem of drug usage. Thus, the widespread addiction of narcotics cripples the next generation. The youth's drug addiction turned them into immoral criminals who commit crimes to obtain drugs. They suffer as a result, losing their conscience, willpower, self-control, and memory. They create a scene by engaging in antisocial behaviour, which casts them as social outcasts. The nation's kids, who are its future, will remain in the dark if the drug misuse problem is not addressed quickly. According to a survey, more than 80% of heroin addicts in India are between the ages of 18 and 25. The majority of drug abuse has been reported in the nation's cities.

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