



A STUDY ON SOURCE OF INFORMATION REGARDING DRUGS AND DRUG ABUSE

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ABSTRACT

Drug abuse is a phrase that is relative and can signify different things to different people. Every civilization views some substances as acceptable while rejecting others. Some medications are regarded as harmful, while others are not. Additionally, some communities tolerate the recreational use of some drugs like alcohol without labeling it as drug abuse. In these circumstances, "use" is distinguished from "abuse" based on the amount of substance consumed, the technique of use, and the resultant effect.

The World Health Organization (WHO) defines drug misuse as "the ingestion of a drug other than for medicinal purposes or in excessive amounts." The phrase is defined as "the excessive or addicted use of psychoactive substance for non-medical purposes" in Encyclopedia Americana. Voss stated that the term "drug abuse" is used loosely and can mean different things in different contexts. When the terms "addict" or "abuser" were first used, they only applied to heroin users; today, they also refer to those who use LSD, cocaine, marijuana, and other drugs. With the advancement of society, the definition of drugs has occasionally been expanded.

KEYWORDS: Cocaine, Drugs, Communities, Addict

INTRODUCTION

Today, drug misuse is a major social and public health issue on a global scale. Due to the problem's growing severity and shifting drug consumption patterns, particularly among children, teenagers, and young adults, it has gotten more attention recently. It makes it extremely difficult for healthy people to survive, be protected, grow, and develop. The most important and urgent necessity of the society today is being deemed to be protecting children from drug misuse.



Substance abuse is the self-administration of a drug for non-medical purposes in doses and cycles that may impair a person's capacity to function normally and that may cause social, bodily, and emotional harm. According to the World Health Organization (WHO), drug abuse is "a state of recurrent or ongoing intoxication harmful to the individual and society, generated by repeated drug use." Therefore, the term "drug abuse" refers to a state of drug use that results in users becoming physically and psychologically dependent on the drug. When a person stops using the substance, this reliance is visible in their disordered social, psychological, and physiological behavior. When a user stops using an abused substance, their body and mind have negative reactions that are referred to as "withdrawal symptoms." These signs range from aggressive and impulsive conduct to bodily reactions as body trembling, cramps, indigestion, etc. In general, substance misuse is a major issue because it not only has a negative impact on the body but also on society. Drug addicts' antisocial and nonsocial behavior is a worrying trend that no society can afford to grow.

DRUGABUSE WORLDWIDE

Alcohol is one of the drugs that is misused the most all over the world. Alcohol has an extremely diverse range of affects on the user, unlike many other drugs. Alcohol is one of the oldest drugs in history and has been used in some capacity by all known civilizations. Both ancient documents and legendary writings mention its use. Since its inception, alcohol has been a significant part of many Judeo-Christian and European traditions, from the use of wine in Jewish and Christian liturgical rites to the feasts honoring the god of wine, Dionysus, among the Ancient Greeks. Alcohol is sometimes referred to in Hindu mythology as "somras," an unique beverage of the gods. It has traditionally been a celebratory drink, thus it has been reserved for those in positions of privilege.

Colonial American history contains some of the best examples of alcohol and tobacco abuse and misuse in contemporary history. Views on alcoholism changed in the late eighteenth century as American surgeon Benjamin Rush made the case that heavy drinkers were afflicted with a sickness and unable to stop even if they wanted to. Actually, Swedish physician Magnus Huss coined the term "alcoholism" in 1849 to "define the problems, both bodily and mental, that excessive alcohol consumption could create."



The pre-Civil War era of 1840–1890 saw a dramatic increase in opiate use per person. Tobacco use surged to 26 cigarettes per person, largely in the form of cigars, while beer consumption alone rose to 2.17 gallons per person. As a stimulus for opium and cigarette usage, the civil war itself had different consequences on drug misuse than it did on alcohol abuse, which was the exact opposite of what happened. Cigarettes become a staple military ration and a sizable source of income when they are used. In order to supply the demand for opium, opium dens thrived. Despite this, the primary cause of the increased opium demand was its medical application as an analgesic in the treatment of war casualties. Another reason was that, while being illegal, drug manufacture and distribution had grown to be a significant source of income for many nations, which might be used to balance the budget, finance "legitimate" businesses and industries, or even make entire nations richer.

Americans made the initial discoveries of new wonder opiate medications including morphine, heroin, and cocaine in the 19th century. But over time, these drugs were abused, and society had to deal with the issue of drug addiction and abuse. In the United States, there were reportedly 250,000 addicts by the turn of the 20th century. According to the National Institute on Alcohol Abuse and Alcoholism and other national organizations, alcoholism was the country's worst drug problem in 1970.

Alcoholic beverages contain a substance known scientifically as ethanol. In 1974, there were 100 million alcohol consumers in the US. Unfortunately, between 12 and 15 million Americans are classified as alcoholics—those whose drinking seriously affects their ability to react to changes in their health, interpersonal relationships, and other vocational functions. These alcohol misuse episodes can be occasional to frequent, and they might represent the early, middle, or late stages of alcoholism. In addition to the major issues they cause for themselves, their actions also have an impact on their partners, children, friends, employers, and even complete strangers. They had been drinking alcohol when they were engaged in car accidents. In the United States, it was also observed that juvenile drivers were more likely to be involved in car accidents, which account for 50% of murders, 40% of assaults, 35% more rapes, 30% of suicides, and 50% of deaths and serious injuries annually. In the US, alcohol misuse is a factor in about one out of every three arrests.



STIMULANTS

These medications influence the central nervous system and are used to boost mood and euphoria while reducing appetite, increasing alertness, endurance, and awareness. Cocaine, tobacco, caffeine, and amphetamines like Dexedrine, Methedrene, Benzedrine, etc. are included in this category of drugs. These medicines cause physical and psychological dependence when used.

DEPRESSANTS

The nervous system's activity is slowed down or suppressed by these medications. These substances include ethanol, sedatives, and hypnotics. Toddy, beer, whisky, brandy, rum, and other alcoholic beverages all contain ethanol. Alcohol causes varied degrees of psychological dependence, ranging from weak to powerful. Physical reliance gradually grows. Sleeping tablets typically contain sedatives and hypnotics. Barbiturates induce feelings of tranquility, sleepiness, and wellbeing at low doses. Extreme intoxication brought on by high doses might result in death and coma. Sedatives include Gardenel, Nebutal, and MAndhrax, just like barbiturates. Doriden, Hypotex, Nitresum, Dornin, Ninedral, and Dalmane are hypnotic substances. Additionally, these substances cause cravings and psycho-physical dependence.

NARCOTIC ANALGESICS

These medicines are used to treat pain, but they are also very addictive, creating strong physical and psychological dependence as well as cravings that cause euphoria. These substances are opiate components or opium derivatives, including codeine, morphine, heroin, and synthetic opiates like methadone and pathedine.

STATEMENT OF THE PROBLEM

Recovery requires great resolve because it is a lifelong process. But regrettably, relapse has become a natural aspect of addiction. Relapse, or the return to drug use following a period of self-control, emerges as the key challenge for treatment administrators. Even after abstaining from drugs for a long time or being able to function without them, the underlying cause of the problem may be exposed to drug usage and experience a relapse.



According to studies on human behavior, relapses are caused by triggers connected to drugs, other substances, and stressful life situations. Studies on the anatomy, neurochemistry, and long-term effects of substance use on the brain have identified these modifications. The understanding of the relationship between drug effects and drug-related stimuli has led to additional improvements as well. Severe substance misuse has a negative impact on the brain system, which leads to problematic life circumstances. All of these modifications, when combined with the underlying factors and acquired knowledge, increase sensitivity to drug-related stimuli.

People who use and abuse drugs are at risk for a variety of morbidities, including psychiatric disorders, sexually transmitted infections, and infectious diseases. Drug-related infectious diseases can spread to high-risk behaviors that don't include drugs. Additionally, drug users have significant non-communicable co-morbidities that can damage almost all of the body's organ systems. The disease is typically diagnosed late in the course, especially in those who are disenfranchised and have little or no access to healthcare. Conditions requiring medical management present a substantial burden.

RESEARCH METHODOLOGY

An exploratory investigation is what the current study is. When there are few or no prior studies to draw upon, an exploratory research design is used to investigate a particular study problem. This method is adaptable and addresses all types of research topics (what, why and how). The Region of Andhra Pradesh, which makes up a sizable chunk of the Andhra Pradesh State, will be the subject of the current study's focus on drug de-addiction and rehabilitation facilities.

SAMPLE

In total, 18 centers from the six districts of the area of Andhra Pradesh were chosen for the study, three from each district. Three facilities were chosen from among these accredited centers—one each from the government, the Red Cross, and the commercial sector—as per the Department of Health and Family Welfare Andhra Pradesh list. The main reason for choosing these facilities was to learn about their nature, administrative features, staffing patterns, drug addict profiles who attend inpatient and outpatient programs, types of drugs

abused by various age groups, therapies and activities offered by facilities, and de-addiction center performance. 480 respondents in all were chosen from 18 drug rehabilitation and de-addiction facilities. As there weren't enough drug addicts in all the treatment facilities, 40 respondents receiving indoor treatment from each district were randomly chosen and interrogated.

RESULTS AND DATA INTERPRETATION

SOCIO-ECONOMIC PROFILE OF THE RESPONDENTS

Age is an important demographic variable. It is mainly influenced by the proportion of young men especially in the age group of 18-26 years. Table-1 shows age-wise distribution of the respondents.

TABLE:1: DISTRIBUTION OF THE RESPONDENTS AS PER THEIR AGE

Sr. No	Age	Anantapur	Chittoor	East Godavari	Guntur	Kadapa	Nellore	Total	%
1	below-18	4 (5%)	10 (12.5%)	2 (2.5%)	8 (10%)	0 (0%)	4 (5%)	28	5.83
2	18-26	22 (27.5%)	42 (52.5%)	30 (37.5%)	32 (40%)	18 (22.5%)	24 (30%)	168	35
3	26-35	28 (35%)	10 (12.5%)	24 (30%)	22 (27.5%)	28 (35%)	32 (40%)	144	30
4	35-44	14 (17.5%)	8 (10%)	14 (17.5%)	6 (7.5%)	16 (20%)	8 (10%)	66	13.75
5	above 44	12 (15%)	10 (12.5%)	10 (12.5%)	12 (15%)	18 (22.5%)	12 (15%)	74	15.42
	Average age	27.37	23.3	20.02	24.52	28.75	26.75	26.41	
	Total	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	480	100

Source: Field Work

Addicts differ in their ages, a demographic factor that may have an impact on the issue under investigation. Table-1 study of the respondents' ages reveals the unsettling truth that the majority of them were experiencing difficulties during the most productive time of their lives. In terms of age, 35% of the 480 respondents were between the ages of 18 and 26, followed by 30% of respondents between the ages of 26 and 35, 15.42% of respondents over the age of 44, 13.75% of respondents between the ages of 35 and 44, and just 5.83% of respondents under the age of 18.

**TABLE: 2 DISTRIBUTION OF THE RESPONDENTS
AS PER THEIR SOURCE OF INFORMATION REGARDING DRUGS**

SrNo	Source of information regarding drugs	Anantapur	Chittoor	East Godavari	Guntur	Kadapa	Nellore	Total	%
1	Friends	62 (77.5%)	64 (80%)	40 (50%)	66 (82.5%)	56 (70%)	54 (67.5%)	342	71.25
2	Friends & Family	12 (15%)	12 (15%)	20 (25%)	6 (7.5%)	10 (12.5%)	10 (12.5%)	70	14.58
3	News Paper/Family	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (2.5%)	2 (2.5%)	4	0.84
4	All	6 (7.5%)	4 (5%)	20 (25%)	8 (10%)	12 (15%)	14 (17.5%)	64	13.33
	Total	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	480	100

Source: Fieldwork

Analysis based on source of information of drugs abused, the above table depicts that the main source of information about drugs was identified among addict's friends, friends/family, print media/family and friends/family and print media. Most of the

respondents 71.25 per cent get information regarding abused drugs from their friends. It was more than 2/3rd of total respondents. Friends/ family were the source of information to 14.58 per cent respondents. Only 2 respondents get information from print media. Respondents getting information about drugs from friends was district Guntur’s respondents 82.5 per cent, followed by 80 per cent from Chittoor, 77.5 percent Anantapur, 70per cent Kadapa and 67.5 percent Nellore respectively.

TABLE-3 DISTRIBUTION OF THE RESPONDENTS AS PER THEIR AGE OF INITIATION INTO DRUGS ABUSE

Sr No	Age of initiating drugs	Anantapur	Chittoor	East Godavari	Guntur	Kadapa	Nellore	Total	%
1	12 to 15	18 (22.5%)	34 (42.5%)	30 (37.5%)	24 (30%)	32 (40%)	26 (32.5%)	164	34.2
2	15 to 18	22 (27.5%)	24 (30%)	20 (25%)	14 (17.5%)	20 (25%)	12 (15%)	112	23.3
3	Above 18	40 (50%)	22 (27.5%)	30 (37.5%)	42 (52.5%)	28 (35%)	42 (52.5%)	204	42.5
	Total	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	480	100

Source: Fieldwork

The starting age for using alcohol or drugs is shown in the table above. The majority of respondents (42.5%) were over the age of 18, followed by the 12 to 15 year old age group (34.2%) and the 15 to 18 year old age group (23.3%). According to a district-by-district analysis, the majority of respondents in the 12 to 15 year old age range (42.5%) came from Chittoor, followed by Kadapa district (40%) East Godavari (37.5%) and Nellore (32.5%). A minimum of 22.5 percent of respondents in the 12 to 15 age group were located in the

Anantapur district. Anantapur district had the highest percentage of respondents in the 15–18 age range, while Nellore district had the lowest percentage, or 15%.

TABLE: 4 DISTRIBUTIONS OF RESPONDENTS WHOEVER DROPPED OUT OF TREATMENT

Dropout treatment	Anantapur	Chittoor	East Godavari	Guntur	Kadapa	Nellore	Total	%
Yes	22 (27.5%)	16 (20%)	18 (22.5%)	22 (27.5%)	12 (15%)	14 (17.5%)	104	21.7
No	58 (72.5%)	64 (80%)	62 (77.5%)	58 (72.5%)	68 (85%)	66 (82.5%)	376	78.3
Total	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	480	100

Source: Fieldwork

The number of addicts that dropped out during treatment is shown in Table 4. Due to financial constraints, over 21.7% of addicts discontinue their treatment. The main causes of dropout were a lack of funds, personal issues, a lack of participation from families, an indifferent attitude on the part of center employees, a lack of expertise, and the negative effects of poor treatment. 76.3 percent of addicts admitted to continuing their therapy as recommended by medical professionals and other employees. Anantapur and Guntur districts saw the highest rate of treatment drop-out, or 27.5%, followed by East Godavari (22.5%), Chittoor (20%), Nellore (17.5%), and Kadapa (15%), in that order. The drop-out data shows that policy makers and addiction treatment facilities need to identify its root causes in order to reduce it through the employment of innovative methods and therapies.

CONCLUSION

The goal of the current study was to learn more about drug addiction in general and the function that rehabilitation centers play in the Andhra Pradesh region in reducing this



problem. From six districts, 18 Drug De-Addiction and Rehabilitation Centers in the region of Andhra Pradesh were chosen. Detoxification, providing drug addicts with indoor and outdoor facilities, counseling various types of therapies, outreach programs, harm reduction programs, awareness programs, demand reduction programs, record keeping, and the teaching of vocational skills to reintegrate them into society were all observed to be the primary functions of these facilities. The majority of the centers had sufficient water supply, sanitization systems, and electrical equipment, it was discovered. The government centers each had a set of laboratories. The Drug De-Addiction and Rehabilitation Centers were found to have a severe scarcity of trained staff during the field survey. Most of the respondents acknowledged that they had sought therapy from various drug de-addiction centers but had relapsed after a while, including digestive system issues (such as lack of appetite and constipation), liver ailments, sexual difficulties, and neurological diseases. Some of them stated that they discontinued their therapy because it was too expensive to receive care in private facilities. They also lack qualified workers. Some of them discussed the abuse at these centers.

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