Chapter : 8

Conclusion and Generalization
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Conclusion

There is no doubt that drug abuse is inextricably linked with many harmful consequences for the individual, the individual's immediate environment and for society as a whole (World Health Organization, 2007). These may include failure to fulfil social role obligations, family and domestic problems, interpersonal violence, road and other accidents, health issues, and employment difficulties. These impacts can require the attention and resources of health care systems, the civil and/or criminal justice systems, and of other social institutions (A. Stevens, McSweeney, Van Ooyen, & Uchtenhagen, 2005; Anish Kumar Verma, 2012). In many countries, the health, social and criminal justice consequences of problematic alcohol and drug use create a significant economic (as well as social and individual) burden (Beynon, Bellis, & McVeigh, 2006; Erich Goode, 2011). The cost to society of alcohol abuse alone typically equates to 1-2% of GDP (Fenoglio, Parel, & Kopp, 2003; Konnopka & Konig, 2007; Nakamura, Tanaka, & Takano, 1993; Varney & Guest, 2002). It has been suggested that globally, only a minority of individuals who need treatment for chronic alcohol and/or drug use actually receive it, and in many communities alcohol and drug abuse treatment is characterised by excess demand and a deficit in resources (Cartwright & Solano, 2003). World Health Organization. (2007). This study is an exploratory study about the "Drug Abuse : Its
Social Dimensions” Drug abuse have become a serious problem which has affected millions of people including the youth who are supposed to be the torchbearers of the next generation. The present study is an exploratory study in which the researcher tried to explore and discover the certain basic facts relation to drug abuse and its dimension in Indian society. In the present study, the researcher has tried to explore and discover the certain basic facts social dimensions relating to the drug abuse of Ballia Tehsil. Snowball Sampling technique was used for the present study. The researcher interviews 250 respondents from Ballia Tehsil. In the present study, the interview schedule method was used which consisted of various questions. The method was considered the most suitable method of data collection, for the present study due to the following reasons. In order to create and establish rapport with respondents which was very essential to collect data on such a personal type of study. Percentage distribution is the simplest form of representing research findings, so in the present study first of all, sample tables were made representing each question and percentage were drawn. The selection of a suitable method depends on the quality of data. The findings of the present study have also been presented therefore, in the form of statistical representations, to give meaning to the data. These will also aid in the analysis and interpretation of the data. The present study reveals different clues as to how the situation may be approached in finding possible solutions to this grave problem. The main discussion has been organized in eight chapters. Of these, Chapter 1 introduction, Chapter 2 has been research methodology has been elaborated. A structured interview schedule was employed for the collection of data from 250 drug abusers through interviews. Snowball
sampling technique was employed for the selection of respondents. For the analysis of data, procedures like frequency and percentage distribution. Chapter 3 Personal and social background of Drug Abuser, Chapter 4 Cultural and economic background of Drug Abuser, Chapter 5 The Problems of Social Life in Ballia from Drug Abuser's Chapter 6 Causal and Prevention factor of Drug Abuser, Chapter 7 Social Welfare programme with Drug Abuser past and Present was devoted to discussion of Tables. Chapter 8 the conclusions were drawn and suggestions made. The data accumulated through interviews formed the bases of conclusions.

From the study of the Chapter personal and social background of drug abuser one concludes that - The age distribution for the respondents of the present study shows that the majority of the respondents (75.20%) belong to the age group 18 and above. Majority of the respondents (52.20%) were general. Majority of the respondents (34.80%) education were intermediate. Majority of the respondent's fathers (28.00 %) were illiterate. Majority of the respondent's mothers (48.00%) were illiterate. The (12.80%) of the respondents were unmarried, (68.80%) married, (13.60%) separated and (4.80%) widowers. The majority of the respondents (74.77 %) type of marriage was arranging marriage. The majority of the respondents (60.80%) were belonging to the nuclear family. The majority of the respondents (58.71) had children were 1-3. The majority of the respondents (52.80%) had family members were 1-4.

From the study of the Chapter cultural and economic background of drug abuser one concludes that - The majority of the respondents (48.80%) did not observe religious injunctions. The majority of
respondents (63.20%) do not read religious texts. The majority of respondents (78.40) believe in religious rituals. The majority of respondents (51.20%) believe voodoo and shamanic practices. The majority of respondents (71.20%) believe in Rites of Passage. The majority of respondents (85.60%) celebrate festivals. The 26.40 percent of respondents are unemployed; 23.20 percent are labourers; 16.80 percent are government servants; 21.60 percent are business men; 4.80 percent are beggars; and 7.20 percent belong to other occupations. The majority of the respondents (26.40%) were unemployed. The 15.20 percent of respondents father's are unemployed; 34.00 percent are labourers; 12.80 percent are government servants; 22.00 percent are business men; 7.20 percent are beggars; and 8.80 percent belong to other occupations. The majority of the respondents (34.40%) have personal income between 6001 to 8000 rupees per month. The majority of the respondents (32.80%) have family income between 8001 to 10000 rupees per month. The majority of the respondents (49.54%) have relationship with spouses just regular. The majority of the respondents (51.20%) have parent's relationship between their parents just regular. The majority of the respondents (32.80%) are living with wife and children. The majority of the respondents (48.80%) had no any hobbies. The majority of the respondents (40.00%) had more than average of friends (4 or more).

From the study of the Chapter problems of social life in Ballia from drug abusers one concludes that - The 72.00 percent of respondents have the habit of smoking; and 28.00 percent of respondents not have the habit of smoking. The majority of the respondents (60.00%) are initial age at smoking was below 18 years.
The majority of the respondents (44.00%) started first using drug was Bhang/Cannabis. The majority of the respondents age at first experimenting drug was below 18 years. The majority of the respondents (68.40 %) age at first experimenting drug was below 18 years. Therefore this study suggests that there is no association of age groups with the first experiencing drug(s). 64.50 percent respondents below 18 years age group and 69.70 percent respondents 18 years and above age group are the first experiencing drug(s) below 18 years age. Chi-square x² 0.36; d.f. 1; p = 0.55 >0.05 Not significant. Therefore this study suggests that there is no association of income groups with the first experiencing drug(s). 68.19 percent respondents had monthly income of less than or equate to Rs. 3000, 65.50 percent respondents in Rs. 3001 to 6000 income group, 71.50 percent respondents in Rs. 6001 to 8000 rupees income group, 73.10 percent respondents in Rs. 8001 to 10000 income group and 56.25 percent respondents in above Rs. 10000 income group are the first experiencing drug(s) below 18 years age. Chi-square x² 3.51; d.f. = 4; p = 0.48 >0.05 Not significant. The majority of the respondents (46.00%) were using one drug. The 21.60 percent respondents used drugs at home; 24.80 percent were used at friend's home, 33.60 percent were used on streets; 11.20 percent were used under bridges and 8.80 percent were used at any other places. The majority of respondents (48.80%) were using drug(s) with their friend. Therefore this study suggests that there is significant association of age groups with the company with used drug(s) and drug addiction. 51.70 percent respondents are below 18 years age group use to have drugs alone but 54.30 percent respondents, which are 18 years and above use to have use drugs with friends. Chi-square x² 11.75; d.f. 2; <0.05 significant. Therefore this study suggests that there is significant
association of income groups with the company with used drug(s) and drug addiction. 54.60 percent respondents had monthly income of less than or equet to Rs. 3000 and 56.25 percent respondents in above Rs. 10000 to above income group use to have drugs alone but 51.80 percent respondent in Rs. 3001 to 6000 income group, 50.00 percent respondents in Rs. 6001 to 8000 rupees income group, 61.00 percent respondents in Rs. 8001 to 10000 rupees income group use to have use drugs with friends. Chi-square $x^2$ 20.84; d.f. 8; <0.05 significant. The majority of respondents (49.60%) spent Rs. 25 daily on drug(s). The majority of respondents (40.80%) were used drug(s) twice in a day. The majority of respondents (31.20%) using drug(s) eat it. The majority of respondents (57.60%) use drug(s) since last 1 to 3 years. The majority of respondents (60.00%) reported that their level of dependency on drug(s) was high. The majority of respondents got drug(s) from drug seller. The majority of respondents (54.40%) that their relatives were drug(s) addicts. The majority of respondents (33.10%) relationships with father were drug(s) addicts. The majority of respondents (76.80%) reported that their friends were drug(s) addicts. The majority of respondents (49.20%) that drug(s) were first introduced to them by their friends. The majority of respondents (35.20%) reported that they started using drug(s) because of bad company. The majority of respondents (32.00%) depend on their wife/family to purchase drug(s). The majority of respondents (72.00%) reported they had no awareness of the negative effects drug(s). The majority of respondents (45.71%) negative effects of drug(s) usage were lost social status. The majority of respondents (70.00%) got negative effects of drug(s) usage upon their health. The majority of respondents (49.20%) got positive effects of drug(s) usage upon their mental health. The majority of respondents (58.00%) got
negative effects of drug(s) usage on their social status. The majority of respondents got negative effects of drug(s) usage on their family relationship.

From the study of the Chapter Causal and Prevention factor of drug abuser one concludes that - The majority of respondents (94.00%) drug(s) were consumed in marriages in their families. The majority of respondents (74.00%) drug(s) were consumed social and religious festivals in their families. The majority of respondents (50.40%) clear that residence of the keys to heaven resided in drinking and consumption of drug(s). The majority of respondents (64.80%) clear that consumerist and western culture contributed to the consumption of drug(s). Therefore this study suggests that there is no association of age groups accept that the consumerist and Western culture contributed to the consumption of drug(s). 64.60 percent respondents are below 18 years age group and 64.60 percent respondents are 18 years and above age group accept that the consumerist and Western culture contribute to the consumption of drug(s). Chi-square $\chi^2 = 0.01$; d.f. 1; $p = 0.92$, $>0.05$ not significant. Therefore this study suggests that there is no association of age groups accept that the consumerist and Western culture contributed to the consumption of drug(s). 64.60 percent respondents are below 18 years age group and 64.60 percent respondents are 18 years and above age group accept that the consumerist and Western culture contribute to the consumption of drug(s). Chi-square $\chi^2 = 0.01$; d.f. 1; $p = 0.92$, $>0.05$ not significant. Therefore this study suggests that there is no association of income groups with accept that the consumerist and Western culture contributed to the consumption of drug(s). 72.80 percent respondents had monthly income of less than Rs.
3000, 51.70 percent respondents in Rs. 3001 to 6000 income group, 
64.30 percent respondents in Rs. 6001 to 8000 rupees income group, 
65.90 percent respondents in Rs. 8001 to 10000 income group and 81.25 
percent respondents in above Rs. 10000 income group accept that the 
Consumerist and Western culture contributed to the consumption of 
drug(s). Chi-square $x^2 = 8.80$; d.f. = 4; $p = 0.07$, $>0.05$ not significant. 
The majority of respondents (53.20) clear that pomp and show 
contributed to the consumption of drug(s). The majority of respondents 
(88.00%) clear that finding new friends contributed to the consumption 
of drug(s). The majority of respondents (54.00%) self affected drug(s) 
addiction Habit. The majority of respondents (53.60%) self-image 
deteriorated after drug(s) usage. The majority of respondents (67.20%) 
reported that they did not give up drugs due to drug dependency up to 
now. The majority of respondents (80.80%) wanted to give up drug(s). 
The majority of respondents (71.20%) not give up drug(s) due to drug 
dependency. The majority of respondents (89.20%) did not any 
treatment to Abandon Drug(s) Addiction. Therefore this study suggests 
that there is very highly significant association of age groups with status 
of received treatment of abandon drug(s) addiction. The above table 
shows that 54.80 percent respondents are below 18 years age group and 
87.20 percent respondents are 18 years and above age group status of 
received treatment of abandon drug(s) addiction. Chi-square $x^2 = 27.77$; 
d.f. =1; $p= <0.001$ significant. Therefore this study suggests that there is 
no association of income groups with status of received treatment of 
abandon drug(s) addiction. 63.63 percent respondents had monthly 
income of less than Rs. 3000, 82.76 percent respondents in Rs. 3001 to 
6000 income group, 78.55 percent respondents in Rs. 6001 to 8000 
rupees income group, 82.92 percent respondents in Rs. 8001 to 10000
income group and 75.00 percent respondents in above Rs. 10000 income group status of received treatment of abandon drug(s) addiction. Chi-square $x^2$ = ; d.f. = 4 ; p = 0.32, >0.05 not significant. The majority of respondents (46.16%) got treatment for the drug(s) addiction before 1 year. The majority of respondents (47.20%) family play important role in social re integration of drug(s) addiction.

From the study of the Chapter social welfare programme with drug abuser past and present one concludes that - The majority of respondents (40.38%) reason of relapse reported bad company. The majority of respondents (74.00%) did not get any specific trainee for rehabilitation. Therefore this study suggests that there is no association of age groups and status of received any specific training for rehabilitation. 71.00 percent respondents are below 18 years age group and 75.00 percent respondents are 18 years and above age group no status of received any specific training for rehabilitation. Chi-square $x^2$ = 0.01; d.f. = 1; p = 0.92, >0.05 not significant. Therefore this study suggests that there is no association of income groups and status of received any specific training for rehabilitation. 63.60 percent respondents had monthly income of less than Rs. 3000, 62.00 percent respondents in Rs. 3001 to 6000 income group, 80.30 percent respondents in Rs. 6001 to 8000 income group, 78.25 percent respondents in Rs. 8001 to 10000 income group and 81.25 percent respondents in above Rs. 10001 income group in status of not received any specific training for rehabilitation. Chi-square $x^2$ = 8.27; d.f. = 4; p = 0.08, >0.05 not significant. The majority of respondents (68.80%) did not receive counselling facility in rehabilitation process. The majority of respondents (75.20%) had family support before drug(s) addiction. The
The majority of respondents (63.20%) had family support in the rehabilitation process. The majority of respondents (47.20%) family play important role in reduction of drug(s) addiction. The majority of respondents (56.80%) suggested creating awareness among the youth about negative effects.

**Varification of Hypothesis**

- It is not verified from the hypothesis, "There is no any relative found indulge in using drug(s) with drug(s) addict" based on this study. The majority of respondents stated that their relatives were drug(s) addicts (Table No. 5.14).

- It is not verified from the hypothesis, "There is no down fall in level of physical health by using drug(s)" based on this study. The majority of respondents got negative effects of drug(s) upon their health. (Table No. 5.22).

- It is not verified from the hypothesis "There is no any effect on family relation of drug(s) addict" based on this study. The majority of respondents got negative effects of drug(s) on their family relationship (Table No. 5.25).

- It is not verified from the hypothesis, "There is no contribution of increasing consumerism and western culture towards usage of drug(s)" based on this study. The majority of respondents clear that consumerist and western culture had not contributed to the consumption of drug(s) (Table No. 6.4).

- It is verified from the hypothesis "There is no drug addict found how initiated treatment for the drug addiction" based on this study. The majority of respondents did not have any treatment to Abandon Drug(s) Addiction. (Table No. 6.12).
• It is verified from the hypothesis "There is no effect of any special training of drug addict for their rehabilitation" based on this study. The majority of respondents did not get any specific trainee for rehabilitation (Table No. 7.2).

Generalization

Drug abuse is complex problem. The complexity of the problem reflects not only in the multiple (adverse) effects it exerts but also in the varied sections of the society it affects. Adverse consequences include effect on physical and mental health and familial, social, economic and legal sequelae. Contrary to some popular notions and beliefs, it does not spare any socio-economic, cultural or religious groups. It affects both genders and a wide age group of the population. While the direct effects might be experienced by those consuming these substances, the impact is felt even by those not using them. These seemingly unaffected sections of the society experience some of the indirect but equally distressing and troublesome consequences of drug use. These include the family members of the drug user who along with the pain of seeing one of them suffering from the effects of drug use face the interpersonal discord, loss of societal respect, marginalization in society and financial constraints among others. In recent years, drug abuse and addiction has been a subject plagued by speculation and myths, especially concerning the cause and nature of the disease (Leshner, 2003). According to the National Institute on Drug Addiction, when science began to study addictive behavior in the 1930s, people addicted to drugs were thought to be morally flawed and lacking in willpower. In addition, many of the causes and effects on society were overlooked in these earlier studies. Research has evolved, however, and so has the information concerning
drug addiction and its effects on the brain, behavior and society as a whole.

Sociological research has concluded that drug abuse significantly affects the society. In fact, the addicted brain is significantly different from the non-addicted brain. Drugs also affect the behavior of the abuser. For example, heavy drug use can make people aggressive, can cause them to have poor social skills and can have a negative effect on their relationships. In addition, drug abuse can become an involuntary behavior once addiction sets in, meaning a person cannot control his or her desire to abuse drugs. Society as a complex system whose parts work together to promote solidarity and stability. Humans are believed to be able to thrive under these conditions. The focus is on society as an entity that can flourish, making things like unity, cohesiveness, stability, and order fundamental necessities for social existence. Chaos, instability, and alienation disrupt society's functioning. Drug abuse, requires attention to individuals' and groups' places and integration in society.

India contains 17% of the world's people, yet it accounts for only 2% of its GDP and 1% of its trade. Poverty remains pervasive – India is still home to 260-290 million poor. Per capita income growth has been slow and there is a great unevenness in the distribution of income. These conditions, together with the geographic location of India between the world's two largest producers of illicit opium, and the breakdown of traditional social capital resulting, in part, from large-scale rural-to-urban migration and its attendant modernization influences, have all contributed to the rise in drug abuse in recent years. Nonetheless, the fact that most (70%) Indians still live in the countryside adds to the importance of recent findings about the extent of substance abuse (including injecting drug use) in the rural areas. The process of
industrialisation has itself contributed new and cheaper pharmaceutical drugs widely abused by the poor and unemployed. At the same time, recent rapid economic growth (in the region of 8%) has created pockets of affluence which propel a market for the sorts of "designer drugs" more commonly consumed in western countries. The fact that India is the world's largest producer of licit opium gum opium has, despite strict controls, meant that some portion of this product is liable to diversion by unscrupulous farmers adding to the availability of drugs on the market. Drug abuse, alcohol abuse and HIV/AIDS epidemic are some of the major burdens of societies in the 21st Century. Studies and statistics show that globally more preadolescent and teenage children are using drugs and alcohol. Drugs used and abused by children and youth include tobacco, alcohol, heroine, cocaine, mandrax, LSD, ecstasy, cannabis and hallucinogens. The easy access and availability of drugs and other substances is another cause for concern amongst those in social development institutions and human social services. There are a number of social and psychological problems related to drug use and abuse, however this paper focuses on the critical mass of young people, whose involvement with drug abuse. India being a vast country, has a lot of variation in the substance use pattern. However in general, drug abuse is seen in both rural and urban parts of India. Mostly young adult males are affected by substance use. However a small minority of women also indulges in substance use. Unfortunately, many substance users do not seek treatment. The present study coincides with the study of Kaur and Narendra Pal Singh and Dr. Shekhar Rajpoot et.al.(2012)⁶, Amanpreet (2009)⁷ and Kaur and Gulati (2007)⁸ and as they also reported the implication of drug abuse like damage of health, frustration and negative
consequences on family. It was also observed during study that hardened drug abusers did not perform any activity; they only desperately searched for drugs.

It is clearly known from the study that drugs are heavily getting used in Ballia Tehsil. Lower and lower-middle income group person and young boys whether they are working or not both are getting addicted to it. Drugs are easily available in Ballia Tehsil. But its sale is being made indirectly. Motivational source to increased popularity of drugs are friends and colleges. People use to experience fun and stress free mind after taking drugs. But in this area solution regarding control of drug addiction is very less even people are not aware of any of it. Increasing addiction of day is badly affecting the personal, social and family life of persons of Ballia Tehsil.

Suggestions

There is wide scope of research on this particular topic. This study which was confined to fixed on selected area of Ballia Tehsil, Ballia (U.P.) for more accurate findings. In the light of the findings of present study, the following suggestions for the welfare, prevention treatment and rehabilitation of drug(s) abusers, may be suggested.

1. Governmental and non governmental organization, institutions and agencies have put in hard work for effective control of drug abuse problem need to assessed in true prespective. Drug abuse is a social issue and problem of social disorganization with multi-dimensional implication for the individual land community medical, socio-economical, and law enforcement. Drug addiction is a social pattern developed in a particular social context, where there is lack of social control, weakning of family relationship,
loss of community life, social isolation, anonymity and mobility, since the problem of drug abuse occur in a social context so it has to be treated with that context with social measures. Non-government organisations must be developed for rehabilitation.

2. Hard legal and administrative steps must be taken for sale-purchase of drugs and groups related to it must be punished.

3. Sub centres should be created for treatment under the controlling of Primary Health Centres.

4. Health centres must educate people about drugs and their outcomes to families in the tehsil.

5. Quotes of renowned persons on drugs should be communicated and published.

6. Spirituality can be used to turn mentality of a drug addict.

7. Doctors should not give maximum medicines to leave drugs.

8. For the treatment and rehabilitation of addicts, it is suggested to explore the possibility of utilization of the existing vocational centres, it is also recommended to develop some schemes for income generation for dependents and families of the drug abusers through governmental and non governmental organization.
References:


