A review of related literature is crucial inorder to get an understanding of the variables used in the present study. An insight into the review of literature also aids in hypotheses formulation and making predictions.

During the past few decades drug abuse has become an increasingly complex problem in many societies around the world. Medical practitioners, psychologists, sociologists and overall and above the World Health Organization have been concerned and continuously involved in understanding the factors leading to drug abuse and its debilitating effect on society. A brief review of the research conducted in this area is presented in this chapter with emphasis on the psychological and sociological variables associated with drug addiction.

II.1 PERSONALITY CHARACTERISTICS AND DRUG ADDICTION

Keeping in view, the complexity of the psychological problems associated with drug addiction considerable research has been done to identify the psychological characteristics associated with drug addiction. The concept of psychological proneness towards addiction refers to characteristics within the addict which make him vulnerable to the use of drugs to adapt to psychological distress (Alexander and Hadaway, 1982; Smart, 1980). Some of these characteristics include impulsivity, low tolerance for frustration, anxiety, depression, alienation and psychopathic and sociopathic traits.

A number of studies have emphasized the relationship between a negative self-concept and drug use and abuse (Brehm and Back, 1968; Streit and Oliver, 1972). Drug addicts perceive their own abilities and their lives less favourably.
Lindblad (1977) and Segal et al. (1975) found that drug addicts possess significantly more negative self-attitude or poor self-concept than their non-drug taking counterparts. Smart and Whitehead (1974) found that a low self-concept and a poor male-identity are the causative factors of drug-addiction. Drug abusers, especially adolescents, have been consistently reported to show low levels of self-esteem (Braucht et al., 1973; Serednesky, 1974). They report feelings of inadequacy, inferiority and insecurity (Brook et al., 1974). In an effort to cope with these negative feelings of self-worth, many drug users engage in self-deception (Wittenborn et al., 1970). This further locks them into coping by taking drugs.

Cowan et al., 1980 and Walters, 1967 reported that students who turn to drugs consistently have feelings of low self-esteem. Tripathi et al. (2001) suggests that lack of achievement, especially in school and poor self-esteem is correlated with alcohol and substance abuse. This low self-esteem is associated for many drug users with defective self-identity. They may have inappropriate role identities (Reilly, 1975) and feel there is little purpose in life (Padelford, 1974). This situation is related to having poor methods of coping with the normal crises of adolescence (Bron, 1975) and further nurtured by parents who do little to aid the adolescents identification process (Hirsch, 1961). The adolescent suffers an extreme diffusion of identity (Amini et al., 1976). To cope with this diffusion of identity, many adolescents try to seek a sense of self-definition through the use of drugs, especially psychedelics (Brooks, 1971; Kleber, 1965).
Bandura (1982) reported that higher the level of perceived self-efficacy, the greater the performance. Self-efficacy represents a person's belief that he or she has the ability, motivation, and situational contingencies to complete a task successfully. In the case of illicit substance use, self-efficacy represents adolescents' beliefs that they are personally capable of either obtaining illicit substances and engaging in illicit substance use or refusing all pressures to use illicit substances. Wills et al. (1989) found that 14-year-old adolescents were more likely to abstain from marijuana use if they felt capable of avoiding drugs when they were 12 years old. Wright and Moore (1982) suggested that drug abuse is closely related to decrease in life-satisfaction. These findings are consistent with other studies which have also found boredom and a general dissatisfaction with life to be significantly related to student drug use and abuse (Cowan et al., 1980; Health, 1968; Jurgensen, 1970; Robbins et al., 1970). Jurgensen (1970) concluded that student drug abusers were not only bored and dissatisfied, but unwilling to tolerate such discomfort. Drugs were used by the students in an attempt to find a synthetic joy.

Some adolescents take drugs, to cope with situations which are personally stressful (Rosenberg, 1971). Pittel et al. (1971) traced these problems in drug users back to childhood loneliness and trauma. The drug using adolescent tries to relieve the personal stress of such problems by turning to drugs. This attempt at coping reduces the immediate stress but does little to improve the situation, so the
adolescent grows into an adult who has dilemmas unresolved because he has never learned how to cope with them.

A study by Segal et al. (1980, 1982) associated drug taking behaviour to a coping motive. A coping motive or a tension-reduction motive implies seeking of euphoric effects of drugs to alter consciousness to deal with stress, tension or unpleasant emotions. Drugs are taken to help cope with problems by altering one’s mood to not only “feel good” but also to “feel better”. Firth (1986) in his study found the prevalence of “emotional disturbance” (high levels of stress) to be associated with substance abuse in medical students at three British universities.

Brook et al. (1990) and Simon et al. (1988) have contended that adolescents who are emotional and chronically volatile might be motivated to use illicit substances as a means of coping. In particular, marijuana use is more common among adolescents who, at earlier times, had problems with anger (Flay et al., 1989), temperament (Lerner and Vicary, 1984), emotional disabilities (Baumrind, 1985), emotional maladjustment (Vicary and Lerner, 1983) and who showed signs of global psychological problems (White, 1992). The ability to control one’s emotions might deter the illicit substance use. Simpson et al. (1986) suggested that relief from unpleasant emotional state is a strong motive for starting and quitting daily use of opioid drugs. Krueger et al. (1996) also found that a composite diagnosis of substance dependence was associated with elevated levels of negative emotionality.
Some investigations suggest that abusers use drugs to cope with neurotic or psychotic conditions (Olivenstein et al., 1975). In a study by Ashton and Kamali (1995) prevalence of high level of state anxiety (though not depression), with nearly 40% of the students showing possibly significant anxiety, was found to be associated with substance use. Golding et al. (1983) and Golding and Cornish (1987) found that tobacco and alcohol consumption and experience with cannabis and illicit drugs correlated with psychotism in undergraduates at the universities of Oxford and Newcastle upon Tyne.

Another prime reason for drug abuse is locus of control. Most drug abusers have an external locus of control. The individual who has an external, as opposed to internal, locus of control believes that he has very little power to control his world. Drug addicts have exhibited elements of an external locus of control by being passive (Alexander and Dibb, 1977; Ausubel, 1961), feeling powerless (Hirsch, 1961; Sedlin, 1972) and feeling hopeless (Serednesky, 1974; Torda, 1968). One of the main manifestations of an external locus of control is the use of escape mechanisms to cope with problems. Escapism has been reported to be a major characteristic of drug abusers (Cannon, 1976; Reilly, 1975). Among some drug users, escapism may take the form of excessive day-dreaming (Torda, 1968). In other cases, escapism may take more serious forms, such as truancy or running away from home (Brook et al., 1974; Kolb et al., 1972). In any case, the drug abuser seeks to cope with his problems, by running away from it.
Sensation seeking is the most widely studied personality correlate of drug abuse disorders, with the predictable finding that indicators of this personality characteristic have been consistently associated with drug use disorder status (Kosten et al., 1994; Luthar et al., 1992; Vukov et al., 1995). Sensation seeking represents a need for varied, novel and complex sensations and experiences and is represented by a willingness to take physical and social risks for the sake of such experiences. Gossop and Grant (1990) found that the narcotic addicts have a greater tendency to take risk than the non-addicts. Pedersen (1991) and Teichman et al. (1989) concluded that illicit substance use was more common among adolescents who sought thrills and new sensations.

Segal et al. (1980, 1982) associated drug-taking behaviour to a drug-effect motive. This motive refers to a desire to use drugs in order to experience an altered state of consciousness and sensations that drugs induce. This behaviour is also consistent with behaviour that has been repeatedly found to be connected with “sensation-seeking” behaviour (Segal, 1978; Segal et al., 1982; Zuckerman, 1979, 1983). Brill et al. (1971) reported that people may use drugs for thrill seeking, dangerous experiences and for fun. Khalily (2001) found momentary pleasure seeking, the dominant characteristic of drug addicts. Hale et al. (2003) report novelty-seeking to be significantly higher among marijuana users than among non-users.

Blum (1972) and Rosenberg (1969a) reported that drug addicts have very little control over their impulses. Jessor and Jessor (1977) suggested that children
are at risk for marijuana use if they are impulsive or unable to delay gratification. They have also suggested that adolescents, who have little interest in long-range goals are at risk for illicit substance use. Coffey et al. (2003) reported drug users to be more impulsive than non-drug users.

A study by Mc Gue et al. (1999) associated behavioral disinhibition or the inability or unwillingness to inhibit behavioral impulses, with the etiology of alcoholism. Adolescent drug users score higher than adolescent non-addicts on indicators of behavioral disinhibition. (Labouvie and Mc Gee, 1986; Wills et al., 1994).

Drug addicts are more rebellious to conventional and traditional values and also as a result of this rejection associate with other deviant behaviours (Jurich and Polson, 1984; Kosviner and Hawks, 1977; and Lukoff 1974). The drug addicts exhibit rebelliousness, non-compliance to the existing norms, reject social conventions and traditional family norms (Khalily, 2001). Tahir (1993) found that the drug addicts have the tendency towards the violation of social norms. Hager (1976) reported that the drug addicts are positively associated with negative orientation towards traditional values. Stoessel (1972) reported that those who use poly drugs are rebellious against their parents. Adoloscent drug users exhibit a general anti-authoritarian attitude (Streit and Oliver, 1972) and distrust of authority figures (Brook et al., 1974). This situation, leads to behaviour of adolescents who show many of the personality characteristics of delinquents
(Nail et al., 1974; Timms et al., 1973). Many drug users are incapable of playing any role consistently up to societal expectations (Park, 1962).

Fergusson et al. (1993) found conduct problems among 8 year olds and predicted the onset of marijuana use among 15 year olds. These findings are inline with the assertions that inadequate social interaction skills contribute to illicit substance use (Simon et al., 1988).

Tripathi et al. (2001) concluded that risk factors for substance abuse include social isolation and unconventional behaviour patterns. Personality patterns exhibited by children with substance dependence include behavioural deviance, delinquency, violence, vandalism and hostility. These children have more behavioural and psychiatric problems.

Edwards et al. (1972) found manifestations of deviance to predate the onset of the excessive use of licit drugs, for example, alcohol, as well as of illicit drugs. Deviant groups have a disproportionately high involvement with drugs, for eg, psychiatric patients (Linn, 1972; Shearn and Fitzgibbons, 1972) and delinquent boys (Noble, 1970) or girls (Noble et al. 1972). Platt (1986) reported high prevalence of psychological disorders among addict samples.

Fleming et al. (1982) found that marijuana use was more common among males who previously had learning problems. Tripathi et al. (2001) found learning disabilities, conduct disorder, attention deficit disorder, hyperactivity disorder and depression to be correlated with adolescent drug abuse. It has also been reported
that inattention, impulsivity and hyperactivity consequent to poor behaviour self regulation predispose adolescent to substance abuse (Gilvarry, 2000).

Krueger et al. (1996) reported that substance dependence was associated with depressed levels of constraint. Individuals who are low on constraint are characterized by the unwillingness or inability to inhibit behavioural impulses, a lack of caution and a failure to endorse conventional moral standards. Drug use and abuse are strongly discouraged by conventional cultural standards and are considered risky activities because of their illicit nature.

Varma et al. (1977) reported curiosity and "to help study" or "to get through an examination", as reasons for starting use of cannabis and amphetamines, respectively, among college students. Teter et al. (2005) reported that the most prevalent motives given for use of stimulants in students were to help with concentration and increase alertness.

Chandrasegran (1984) and Nevdowsky (1981) also show that the desire for satisfying one's curiosity about drugs and their effects is an important psychological factor and a strong motive in drug use. Drug addicts also have a low motivation level, which means that they are unable to face the challenges of life, have low potential to accomplish a task and lack interest in tough kind of work (Khalily, 2001).

Carman (1973) found drug use to be more directly related to preferences for independence, freedom from interference by others and the opportunity for autonomous decision making.
Attitudes favorable to intoxication are undoubtedly a significant factor reinforcing drug seeking behaviour. Kamali and Steer (1976) suggested that drug users have more favourable attitudes toward drug taking than the non-users. Generally, people do not understand the adverse effect of drugs on their behaviour. Due to lack of cognitive component of attitude, such individuals form a favourable attitude towards intoxication as a significant factor reinforcing drug seeking behaviour. Khalily (2001) reports that the drug addicts have a more favourable attitude towards drug taking than the non-addicts. Riggs (1973) and Stoessel (1972) also suggested that drug addicts have a more favourable attitude towards drug taking than the non-addicts.

II.2 DEFENSE MECHANISMS AND DRUG ADDICTION

The psychoanalytic concept of ego defense mechanisms has lasted the test of time and has lent important information to the study of normal development, adaptation and psychopathology. Vaillant (1977, 1986) and others (Cramer et al., 1988; Hibbard et al., 1994; Hibbard and Porcerelli, 1998) provide empirical support for the notion of a developmental hierarchy of defense mechanisms ranging from immature to mature. Immature defenses emerge early in development and are less complex cognitively (eg. primitive denial) than mature defenses (eg, sublimation).

Mohamed et al. (1992) report that the psychoactive drug addicts frequently use immature, primitive and psychotic forms of defense mechanisms. Drug addicts at earlier phase of treatment tend to employ more denial as compared to their
counterparts at the later phase, which tend to use more of the mature mechanism such as identification. This departure from a constant state of denial has proven to be a situation of improved mental state as described by Holt (1971) and Fine and Waldhorn (1975) for patients undergoing psychotherapy.

Immature defenses are often referred to as primitive defenses when they are manifested in adults, especially those with severe character pathology (Hibbard et al., 1994; Kernberg, 1975; Vaillant, 1977, 1986)

Cramer and Block (1998) report that men who use denial as a defense at age 23 were at age 3 and 4, observed to be immature in their emotions, intellect, impulse control and social interactions. Further, they felt these inadequacies and conveyed a sense of low self esteem.

(Amini et al., 1976; Chein et al., 1964; Hartman, 1969; Sedlin, 1972) have reported deficits in ego functioning and a poorly developed ego structure, for drug addicts. Bolger and Zuckerman (1995) report that those high on neuroticism use normatively poor coping strategies, but nevertheless use them effectively. In general, of course, higher neuroticism is related to poor coping and more negative scores on virtually every self-report outcome.

Baumeister and Iiko (1995) found that people with low self-esteem use temporal bracketing (it is a form of isolation, in which a misdeed or failure is effectively buried away in one's past, so that the present concept of self is presumably untouched by it) in describing their greatest failure experiences, in
contrast with people having higher self-esteem, who often acknowledge how that failure continued to affect them in the present.

Liberman and Chaiken (1992) showed that caffeine users tended to criticize (selectively) and dismiss evidence of a link between caffeine consumption and fibrocystic disease, whereas non users showed no such bias.

Bellak et al. (1973) and Lerner and Lerner (1980) reported that schizophrenics use more low-level, primitive defenses; normal subjects used more high-level, adaptive defenses; and neurotic patients fell in between.

Bharadwaj and Sharma (1977) reported that chemical dependents have low level of emotional competencies as compared to non-dependents. This in turn, affects their capacity for making sound and effective judgments in coping and resolving problems of finding meaning and happiness in life.

II.3/FAMILY ENVIRONMENT AND DRUG ADDICTION

Of many contexts in which the addiction develops sociological variables have received much concerted attention. The family environment in particular, has been a matter of great concern in studying drug addiction.

Family interactions and the climate of family life are important in relation to adolescent and drug abuse (Needle et al., 1988).

Adolescent alcohol and other drug abuse is part of a syndrome of problem behaviour (Schubert et al., 1988) embedded in a larger context, the problem family (Hendin et al., 1981). If this is so, then the alcohol and drug abuse of parents, the sexual and physical abuse of their children and other characteristics of the family
unit, such as lack of cohesion, lack of emotional, social, political, cultural recreational and intellectual interests and activities are all part of the same dysfunctional biopsychosocial syndrome.

(Cancrini et al., 1970; Carney et al., 1972; Chambers et al., 1970; Chein et al., 1956; Gerard and Kornetsky, 1955; Hawks et al., 1969; Oltman and Friedman, 1967; Rosenberg, 1969b; Sedlin, 1972) reported that fathers absence, parent separation and divorce occur more frequently in the backgrounds of substance abusers than would be expected by chance. Each of these studies suggests that there is a meaningful relationship between a disrupted nuclear family and a child’s later susceptibility to substance abuse. Many of these studies imply (some overtly suggest) that this relationship betokens causation: a disrupted family causes substance abuse in children. Ledoux et al. (2002) reported that children from non-intact families, those who were not satisfied with their relations with their fathers or mothers and those who were less closely monitored, were more likely to be heavy substance users.

Marital transitions in the form of divorce and parental absence have been found to be associated with increased externalizing, antisocial, and noncompliant behaviour among adolescents (Bray, 1988; Hetherington et al., 1985; Wallerstein, 1985). However, the association between parental absence and juvenile delinquency is somewhat misleading, since the quality of parent child interaction appears to mediate this relationship (McCord, 1990). Recent evidence suggests that family conflict is a better predictor of behaviour problems than is parental
absence or divorce. If conflict continues after a divorce, children are at a greater risk for adjustment problems than if it decreases or ceases. Not only do children in families with conflict experience stress associated with family tension but they are less likely to learn appropriate social skills. They lack adequate role models for appropriate problem-solving and communication and are rewarded for using coercive methods for solving interpersonal problems (Dean et al., 1986; Mc Cord, 1990; Patterson et al., 1989; Rutter, 1985; Webb and Baer, 1995).

Freud used the concept of identification to explain the transmission of culture from parent to child, particularly the transmission of the sex-typed behaviour and moral values (Fenichel, 1953; Freud, 1955; Kagan, 1958). The family configuration Freud viewed as most likely to induce healthy identification, was if a child had two parents. Freud linked loss of a parent particularly loss of a father, with failures in identification and enduring deficiencies in sexuality, emotional maturity and social adjustment (Freud, 1961). Wright and Moore (1982) suggested that losing a mother has a substantially greater impact upon males drug use than losing a father under similar circumstances. Prendergart (1974) pointed that psychological tension in the father-child relationship may increase the use of marijuana among the students.

The family constellation most consistently described in investigations of the backgrounds of substance abusers consists of an overprotective, indulgent mother and an absent or emotionally distant father (Alexander and Dibb, 1977; Harbin and Maziar, 1975; Rosenberg, 1971; Schwartzman, 1975; Wellisch et al.,
1970 and Wolk and Diskind, 1961). Lieberman (1974) and Torda (1968) stated that during the process of a child’s development, the father is usually on the periphery of family relations and is distanced, while the mother is predominant and overprotective.

Elliott et al. (1985) reported that adolescents might be at risk for illicit substance use when social institutions are weak or breaking down. If this is true, illicit substance use should be higher among adolescents from disrupted families where parents are absent, family members lack cohesion, adolescents are exposed to psychological and emotional problems among family members and schools are inadequate.

Freidman et al. (1991) reported that a seven year old child who is in a poor family, poor social and emotional environment, with a mother who has been generally negative (criticizing, etc), has a number of small children and has not been able to devote much attention to this seven year old child, is at risk to substance use/ abuse in adolescence.

Vicary and Lerner (1986) stated that children were at risk for marijuana use as young adults, if their parents had conflicts about child rearing practices. Brook et al. (1990) and Simon et al. (1988) hypothesized that child-rearing practices might directly affect adolescents initial illicit substance use. Kandel et al. (1986) found that illicit substance use was more common among male adolescents (but not females) whose mothers were relatively permissive. Similarly, Vicary and
Lerner (1986) found that marijuana use was more common among young adults if their parents were neither disciplinary nor restrictive with them.

Six prospective studies (Baumrind, 1985; Brook et al., 1990; Flay et al., 1989; Hansell and Mechanic, 1990; Jessor and Jessor, 1977; Vicary and Lerner, 1986) found that youths who felt that their parents were unresponsive to their needs, were not nurturing, and discouraged their personal interests, were at least marginally more likely to use marijuana as adolescents than were youths who felt more supported by their parents.

White et al. (1987) found that “heavy users” of illicit substances reported less nurturing from their parents at an earlier age than less frequent users. Elliott et al. (1985) proposed strain (i.e., the discrepancy between adolescents aspirations and their opportunities to achieve those aspirations) to be a cause of illicit substance use. He found that adolescents who wanted (but did not have) closer relationships with their families were at risk for marijuana use during later adolescence and early adulthood. Similarly, 12 year olds who felt rejected by their parents were more likely to use marijuana as 14 and 22 year olds (Kaplan et al., 1984, 1986). Elliott et al. (1985) and Jessor et al. (1991) reported that adolescents who feel emotionally distant, alienated or detached from their families will be more susceptible to social pressures to use illicit substances.

The family tacitly encourages substance abuse (Harbin and Maziar, 1975) or they contribute to its maintenance (Steinglass, 1976). Substance abuse gives the addict a measure of control and independence that would otherwise be impossible
within the family (Howe, 1974; Little and Pearson, 1966; Stanton et al., 1978). Although substance abuse is generally maladaptive, it is functional in a family which otherwise would not permit individuation by adolescents. Stanton (1980) stated that adolescent experimentation with illicit substances is selectively reinforced by family members. Positive reinforcement (more attention is paid to the addict by family members) and negative reinforcement (family members stop doing things aversive to the addict) follow substance abuse and strengthen the substance abuse tendency of the adolescent.

In addition to an absence of family conflict, parental support in the form of affection, monitoring and assistance with problem solving is considered an important deterrent to adolescent deviance and drug use (Brook et al., 1992; Patterson, 1982; Rothbaum and Weisz, 1994). The relationship between poor parental support and behaviour problems can be partly explained by a lack of supervision and a lack of effective discipline/problem solving techniques. Without adequate supervision, many children are left with few opportunities to observe and interact with positive role models and are at risk for involvement with deviant peers. In contrast, mutual attachment between parents and children, combined with parental monitoring and limit setting, may serve as a deterrent to drug use and delinquency during adolescence (Brook et al., 1990).

Family rituals, and shared social, cultural, recreational and intellectual activities are an expression of patterns of behaviour, attitudes, norms or standards of conduct and social relationships that tend to be incompatible with drug use.
Studies have demonstrated (Bennett et al., 1987; Wolin et al., 1980) that ritualized family activities, including such simple activities as family dinners, reduce the likelihood of the transmission of familial alcoholism.

II.4 THE PEER GROUP AND DRUG ADDICTION

When there are problems in bonding with the family or the school, the probability of involvement in peer clusters that transmits deviant norms is greatly increased. The result is likely to be drug use and/or engaging in deviant behaviours.

Peers exert considerable influence on adolescent values and behaviour (Kandel, 1978) and that adolescent initiation into drug taking behaviour has been shown to be largely related to attitudes and closeness of peer relationship (Johnson, 1973; Kandel et al., 1978). Swadi (1988) stated that when family and peer attitudes to drug taking diverge, peers are more important regardless of whether they take drugs or not; the effect of family use of drugs on the adolescent is clearly reduced when peers do not use drugs. Peers in this context can reduce adverse family influences.

The first report of the National Commission on Marijuana and Drug Abuse (1972) emphasized the importance of the peer group in the complex process of becoming involved in multi drug use. The report states, teenagers whose friends use marijuana are likely to be predisposed to marijuana use. The nonuser who is a part of a drug using social group is likely to have the opportunity of experimenting with drugs, to be open to this possibility and to share with his friends many of the
attitudes and needs that are compatible with illicit drug use. Moreover, as the experimental marijuana user becomes increasingly involved in the social matrix of a drug using peer group, he may begin to define himself as a drug user and to experiment with other drugs that are in use within the peer group.

Studies have shown that adolescents are at risk for illicit substance use in the future if they had friends who endorse it (Bailey and Hubbard, 1990; Kandel et al., 1978; White et al., 1987), had friends who talked to them about it (Kandel et al., 1978), or had peers who offered them illicit substances (Huba et al., 1980; Kandel et al., 1978; Weng and Newcomb, 1989).

The Marijuana Commission has suggested that illicit drug use is one of the relatively few opportunities provided by our society for the average adolescent to achieve status with peers and autonomy from parents. Teenage drug use, like other violations of adult imposed codes, may function to consolidate the peer group and to provide opportunities for significant social experiences in the individuals search for identity.

Individuals, who come from disturbed home environment seek the company of groups which may sometimes encourage the use of drugs. Kandel (1974) found that the closer the intra-generational-relationships, the stronger the influence of peers. The loose morals and social values also help in the initiation of drug usage. (Hatterer, 1985; Hawkins et al., 1992; Lavenhar et al., 1972; Schulz and Wilson, 1973) indicated that peer group pressure is the main factor to compel the young person to take some drugs. Researches have pointed out that the
influence and encouragement of friends, social acceptance, the alliance with friends, the desire to go along with the crowd, peer values may initiate the drug taking behaviour (Chandrasegran, 1984; Hendler and Stephens, 1977; Scher, 1970; Segal et al., 1980, 1982).

Crawford and Novak (2002) reported that peers are more influential than parents in shaping adolescent patterns of alcohol consumption. (Bailey and Hubbard, 1990; Flay et al., 1989; Jessor et al., 1991; Jessor and Jessor, 1977; Kandel et al., 1978) also found that adolescents who felt more attached to their peers than their parents were at risk for subsequent illicit substance use. Presumably, peers are more likely than parents to encourage unconventional behaviours among adolescents.

Huba, Wingard and Bentler (1979) stated that adolescent use of drugs is unrelated to any specialized pattern of interaction with peers or adults suggesting the role of coping in drug seeking behaviour.

Kaplan (1980) and Newcomb and Bentler (1986) reported that many young adults with antisocial tendency find greater acceptance and self-worth within a deviant subculture than they would from family members or within their communities. As a result, the peer group becomes a substitute support system for these individuals.
II.5 CULTURAL FACTORS AND DRUG ADDICTION

Culture also determines the norms for substance use to a large extent. Each culture has its own attitudes toward psychoactive drugs. In addition to defining what is acceptable, cultural norms affect the rates of substance abuse and dependence in important ways. On the other hand, poor economic conditions in certain parts of the world limit the availability of drugs, which appears in part to account for the relatively low prevalence of substance abuse in Mexico and Brazil (Filho et al., 1991).

Walcoff (2003) stated that countries and cultures that teach moderation rather than "abstinence only" are far more successful in preventing irresponsible drinking by young people. Caffeine is the most acceptable psychoactive substance across cultures. But despite this general acceptance of caffeine, there are cultures, for eg, the Mormon religion, where caffeine is proscribed. Alcohol is probably the next most acceptable drug across cultures. But there are cultures, such as certain Arab groups, where any alcohol use is an anathema.

Devekar (1961) and Gangrade et al. (1978) suggested that urbanization and industrialization has led to the formation of slums where alcoholism and drug dependence is spreading very fast. Hammer (1992) reported that being unemployed is a risk factor for subsequent marijuana use. Gottfredson (1985) suggested there was no significant association between work and drug use.

II.6 DEMOGRAPHIC VARIABLES AND DRUG ADDICTION

The problem of substance abuse is ubiquitous and cuts across all national, religious or caste boundaries.
Khalily (2001) reported the average onset age for drug abuse to be 18.44 years. It indicates that youngsters at the adolescence period are more vulnerable to addiction. It is the time of stress and storm, which needs a careful attention of parents in solving the adolescence problems. The prevalence at this age is more high as compared to the other stages. Most drug abuse begins during the second decade of life. Adolescent substance abuse establishes a lifelong pattern of deceit and irresponsible behaviour. (Balding, 1993; Plant, 1987; Wright and Pearl, 1995) reported that there is a relentless rise in the use of alcohol and of illicit drugs among young people, including school children, over the past 25 years. Huges et al. (1973) also found an increasing incidence and prevalence of drugs among students over time. Sutherland and Shepherd (2001) reported that the illicit drug use rises rapidly in the early teenage years, with higher rates of smoking in girls and drinking in boys.

Gender, also has been used to account for differences in drug seeking behaviour. Moon et al. (1999) reported that gender significantly affected drug offers and types of offers. Males are more at risk for offers and use at a younger age, and the offers were likely to come from parents or other males. Offers to females were more likely to come from other female or dating partners. Males also were more likely to receive drug offers that appeal to their social standing or self image while females received either simple offers or those that minimize effects. In general males are more likely than females to be offered drugs. Males are more likely to communicate through competition and bragging and are more invested in
peer culture (Maccoby and Jacklin, 1987; Rubin 1985). Thus, stating benefits relevant to self-image and social standing are more likely to be persuasive for males than for females.

Maltzman and Schweiger (1991) reported significant gender differences in the severity of drug dependence and marijuana use, both greater in males than females but significant differences was not reported for alcohol use. On the other hand Ashton and Kamali (1995) reported a marked increase in the use of cannabis and other illicit drugs in both males and females.

Vukov and Eljdupovic (1991) reported that the male drug addicts occupied the position of the youngest child in their families and the female addicts were the oldest or the only child.

Mc Gue et al. (1999) reported that the male drug addicts were less likely to be married and alcoholic men had an average one year less of education and lower occupational status than did non-alcoholic men.

Najam et al. (1997) reported that the high risk group has significantly lower socioeconomic status commensurate with downward social mobility in men with substance abuse (Dohrenwend et al., 1992).

A perusal of the above literature indicates that drug addiction is a widely spread psycho-social problem, across cultures. In view of the above literature the present investigation is an attempt to identify the distinguishing personality characteristics, defense mechanisms and family environment of the drug addicts and the non-addicts in a comprehensive manner.