2.0 Introduction

The previous chapter highlighted the background of the present study. The present chapter gives a review of literature relevant to the topic under study.

The review of literature forms an important part of the study in order to develop a relevant frame of reference for the study. The available literature highlights the problem of drug abuse from various dimensions. An attempt was made here to review available literature with respect to studies conducted on drug abuse both in India and abroad.

2.1 Studies Pertaining to Drug Abuse Done Abroad

A large number of studies conducted by Yost (1954); Huxley (1959); Kolb (1962); Taylor (1966); Lingeman (1969); Wald and Abrams (1972); indicate that an interesting number of youth are turning to drugs to affect changes in their orientation towards their own selves and their environment. Brill (1974) studies the extent of affectation of psycho-social adaptation over a period of time of use of marijuana by students. The students were followed up for three years at a gap of a year each time. The study revealed that most of the students reported "no effect" on the improved adjustment. All those using marijuana for one year and 20 per cent of those using it for seven or eight years reported negative changes in their emotional state which indicated that either regular use of marijuana had a delirious effect on mental health or that people suffering from greater
than usual emotional stress tended to use it longer. Mandanes (1980) compared three groups of individuals, namely 18 heroin addicts and 9 normal college students. The family members of all the three groups were studied, in order to find out the nature of family ties of the heroin addicts. It established a hierarchical structure and close relations among the family members of normal students. The families of heroin addicts were at the bottom of the scale thereby establishing that family relationships were a contributing factor to heroin addiction.

Cafferata et al. (1983) studied 14,000 heads of families selected at random and established that the members taking drugs was more in nuclear families compared to those from extended families. The study also established a positive relationship between psychotropic drug use and the family stress variables, like death in the family, change of roles in responsibilities.

Kalpan et al. (1984) surveyed seventh grade students in eighteen junior high schools in order to test a longitudinal model that incorporated indicators of self derogation, peer influence, social control and early substance use. The research revealed that self derogation predicted drug use through two different routes. First, it led to a loss of motivation and second, peer group networks had a direct and indirect influence on the drug taking habits.
Brook et al. (1985) carried out a study in which 500 white male and female students completed 300 closed items of a questionnaire to assess the interactions between the absence of father in the family and drug use. Out of 335 subjects from intact homes, 165 subjects were from father absent from homes and reports more likely at the higher stages of drug use than those from father present homes. In addition, the findings support a mediational model in which the absence of the father seems to influence, parents behaviour towards the child and towards each other.

Chabon et al. (1986) reported that a very high proportion of drug abusers have psychiatric problem, with depressive symptoms particularly common. Non-abusing depressed patients have been found to demonstrate elevated levels of cognitive distortions in a sample of 52 inpatients depressed and/or suicidal drug abuses. Levels of cognitive distortion were found to be comparable to those reported in other studies for non-inpatient depressed subjects, but lower than those of non-abusing depressed inpatients. Within the present relatively homogenous sample, degree of cognitive distortion was nevertheless related to levels of depression, hopelessness and suicidality. It is concluded that cognitive therapy may be indicated for depressed drug abusers.

Morrison and Hammersley (1987) carried out the study with the purpose of predicting crime opiate use. Interviewing 149
drug users and criminals in and out of jail five separable levels of drug use were found - (1) alcohol only, (2) cannabis with alcohol, (3) poly drugs no opiates, (4) moderate opiates with or without poly drug, and (5) heavy opiates and or heavy poly drugs with opiates. Using regression analysis for the whole sample, it was found that theft could be predicted by opiate use along with various measures of criminal expertise and alcohol use. Drug selling could be predicted by opiate use along with other indices of drug legitimate income. Neither violence nor fraud were predicted by opiate use. Amongst non-opiate users, alcohol use was found to be the major prediction of theft and cannabis use became the major prediction of drug selling. Also though opiate users committed comparable account of theft. It is concluded that the economic dependency model, where need for opiates determine the amount of crime committed, is too simple.

Ihezue (1988) in his survey of Nigerian under graduate medical students class the alcohol and drug users as frequent users, casual users and non users. Place of residence during session and family structures record no significant contribution to the development of the substance abuse. Male sex poor performance and examination, drug taking among close friends and peers and a family background of lower socio-economic status emerged as socio-demographic factors correlating positively with the presence of substance abuse. Health education, controlled distribution of drug and alcohol, stringent regular provision against their use and a permanent commission on substance abuse with full

2.2.1 Estimated Number of Drug Abusers in India

In India, the problem of drug abuse has become a matter of serious public concern especially on account of its proliferation among the youth in various socio-cultural and economic strata. Although there are no definite figures to show the actual extent of the problem. Yet the rising numbers of drug addicts approaching the drug counselling and de-addiction centers indicates the increasing magnitude and extent of the problem. There are no authentic figures about the extent of drug abuse in India. There is a wide divergence of opinion. Published works on the subjects by Indian authors, place the estimated number of drug abusers between 8 lakhs to one crore. Lobo (1986) puts this number at 25 lakhs, Mallick (1991) at 8 lakhs and Bhim Sain (1992) at about one crore. According to Merchants and Dorkings (1991), the number of heroin addicts alone is over 7.5 lakhs. The Government resources estimated the number of drug abusers to be about 20 lakhs in 1992. In India, the Ministry of Welfare had sponsored research studies in 33 cities to make assessment of the current trends in drug abuse. The summarised reports published in 1992 made no estimate about the total number of drug abusers in the country as a whole. The number of drug abusers registered with various de-addiction counselling and after care centres during 1990-91 was about 2.27 lakhs according to Government.
sources. According to the survey conducted by the United Nations' Agency in 1992, India had an estimated number of 10 lakh opium and heroin abusers. The annual International Narcotics Control Strategy Report for 1992 by the US State Department to the Congress puts the number of heroin addicts in India at 10 lakhs and that of opium addicts at 40 lakhs as of 1990. A PTI report from Kathmandu relying on estimates by the Royal Institute of Regional Studies in Nepal, had put the number of addicts in India between 30 lakhs to 50 lakhs. A UNI report in late 1992 from Dhaka, relying on estimates of experts from SAARC countries, has estimated this number to be between 50 lakhs to 70 lakhs. There is a broad consensus about the number of drug abusers in only two States in India, namely West Bengal and Manipur. A survey made in 1991 by the Department of Applied Psychology of Calcutta University whose findings appear to be acceptable to the State Government revealed that the estimated number of addicts in West Bengal was 1,92,626 as on March 1, 1990. With regard to Manipur almost all sources agree that the number of heroin addicts ranges from 30,000 to 40,000.

2.2.2 Drug Abuse Among College and University Students

Drug Abuse is a menace of concern among the college and university students. Chitnis (1974) found the prevalence of drug abuse among the Bombay collegians. With regard to the type of drug used, the study revealed that drug such as Cannabis (17.7%), Amphetamine (7.1%), Barbiturates (5.4%) but also hard drugs like LSD (3.8%), Heroin and Cocaine (1.4%), Opium (2.5%), Morphine
(0.64%) were used by students. Drug abuse among college students in Bombay conducted by Muttagi (1978), the study revealed that of the 42 per cent of abusers, nearly 34 per cent of them were abusing socially acceptable drugs - alcohol, tobacco and pain killers came second (16.32%), tobacco third (13.35%), cannabis (2.46%) ranked fourth and was the hard drug of preference. The other hard drug taken together accounted for some 6 per cent as follows: Tranquilizers (1.76%), Barbiturates (1.54%), Amphetamine (1.23%), Opium (0.12%), LSD (0.34%), Pethedrine (0.22%) and Cocaine (0.12%). While abuse of tobacco and alcohol is rather high among males, pain killers was the most popular drugs with females. While it was found that drug abusers were to be found living in lodgings or a hostel, incidence of drug abuse was much higher among hostlers and to a small degree among those living with parents.

Savitri (1985) observed various student groups in Tamil Nadu to find out the psychological factors relating to drug addiction during 1979-1983. It was found that the students of non-professional colleges had more leisure hours and did not utilize them usefully. Parental attitudes were also greatly responsible for the rise in the number of addicts. A majority of the addicts were found to have hailed from families having problems. It was observed that 35% students used amphetamines due to anxiety during examination.
The study conducted by Mohan et al. (1985 Bulletin on Narcotics) covered 105 heroin addicts treated for their addiction during the period from 1981 to 1984 in the All India Institute of Medical Sciences (AIIMS) in out-patient clinics and in the unit of eight beds. The study included information on socio-demographic variables, addiction history and other data relevant to heroin abuse. The year wise distribution of addicts was as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Addicts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>9</td>
</tr>
<tr>
<td>1982</td>
<td>20</td>
</tr>
<tr>
<td>1983</td>
<td>41</td>
</tr>
<tr>
<td>1984</td>
<td>35</td>
</tr>
</tbody>
</table>

The study showed that there was a steady increase in the number recorded every year and in the first four months of 1984, heroin addicts were over one-third (37.8%) of all drug abusers treated in the two departments of AIIMS. The study also showed the majority of the addicts were under 30 years of age, the period during which they should have been either attending school or college. 50 per cent of the drug abusers were college students.

2.2.3. Factors Relating to Drug Abuse

Several studies have been conducted in India to identify the factors relating to drug abuse. Chitnis (1974) in a survey conducted on 1235 students and 14 case studies indicates
that curiosity and boredom seem to be the major factors that have prompted students to try drugs. The influence of the peer group, the desire to belong to the crowd and the desire to heighten sensation of colours and sound are some of the factors mentioned by the respondents. A few students say that they turned to drugs to escape the harsh realities of their lives. Muttagi (1976) mentioned that the factors motivating drug abuse were generally of two kinds - (1) Personal factors such as his over 'curiosity', a 'thirst of adventure'. (2) Peer group influence, a desire to belong to his group, to be accepted by the people who matter to him at that age, the peer group influence even deciding his choice of a particular drug of abuse.

Ahuja (1977) identified that a large number of students take drugs for pleasure, a small number use them to escape from unbearable and hopeless lives, and still a small number take them both to get away from life but to embrace it and to rebel against the structure and culture of society, since drugs give them a sense of liberation from convention.

Sociological study of nature and incidence of drug abuse among the college and university students conducted by Ahuja (1977) comprised of post graduate and under graduate students of 12 colleges and 6 Faculties (Arts, Science, Commerce, Law, Medical and Engineering) of University of Rajasthan. Out of 4081 students in the main sample, it was found that drugs generally taken by the students are recreational, which do not
produce any toxic hang over and for which no prohibition and social sanction against their unsociable craving make their pursuit of the drug a cause of tragedy and pain. Although drugs consumed by a large number of students are not addictive, the possibility of developing psychological dependence is high. It affects the socially acceptable values of the youth like hard work, struggle for survival and so forth. This study points out a significant correlation of drug experience with five factors - (i) higher per capita income, (ii) adolescence and post adolescence age group, (iii) English medium of instruction, (iv) Education in convent and public schools and (v) Education in institution attached to hostel. On this basis high income group, post adolescence age group 16-21 years, English medium students, Public schools and hostels attached institutions could be identified as "high risk" categories in drug usage.

A study conducted by Mohan, Prabhakar and Sharma (1977) among Delhi University students indicates the extent of drug abuse in almost one third (32.2%) of the student population. After excluding the abusers of alcohol and tobacco, the figure worked out to 18.7 per cent. The prevalence of drug abuse among male students was almost two and a half times more than in female students. Drinking and smoking is particularly viewed as taboo for women.

Gaunai's (1979) research shows that the major reasons as explained by the respondents, show that they took to drugs to
break the monotony of life and to overcome the anxiety. Curiosity over the effects of the drug has attracted them like many others who have taken to drugs before them. It has also been an experience for satisfaction. The respondents have found drug a helping agent to overcome commonest drug abuse excluding alcohol and tobacco were cannabis in boys and analgesics in girls. More than 80 per cent students abused drugs in an experimental manner while the true addicts accounted for hardly 2.2 per cent (excluding alcohol and tobacco). It reveals that charas, bhang and ganja are the most intoxicating drugs among students. These drugs are not habit forming although regularly used by most respondents. About 80 per cent of the respondents obtain their drug from peddlers who are running illegal market. Drug usually taken in groups has provided an opportunity for new respondents to make a link between peddlers and group and respondents. Almost all the respondents comes from educated and well to do families. Per capita income fluctuate from Rs. 1000.00. Findings proved that most of the respondents had experienced drug after joining college. Hostels have provided a good atmosphere for drug takers. Respondents without fear of being exposed and seen by outsiders or their parents who may get upset by setting such behaviour can peacefully inhale drugs for hours remain in a world of illusion in a condition which they explain as 'high' 'stoned' 'nice' 'beautiful' 'pleasant' and so on. Majority of the respondents are regular drug takers. They take drugs once a day although those who takes less frequently than that are many but the number of respondents who take drugs more than once a day are few. Majority
of the respondents fall in the age group of 16-24 years. Almost 56 per cent of them belong to nuclear family with a small size of 4-6 persons. Intoxicating drugs especially charas is very costly. Respondents pay Rs. 30.00 for one tola which is equal to 8 grams. The quantity of drug consumed by some of the respondent reaches to 90 grams per month which cost Rs. 240.00 but majority of respondent consume less than a gram of drug per day which cost them Rs. 2 to Rs. 2.50 per day.

Dev (1979) studied 50 drug users and 50 non-drug users matched on age and education. The subjects were selected from faculties of arts and science. Drug users were those who used one or more drugs purely for non-medical reasons. It was found that cannabis and barbiturates were more frequently used. Education of parents have no relation with use of drug whereas father's profession and income were found to be significantly related with drug use.

Singh and Singh (1980) in a study conducted on 520 students of Punjabi University and its affiliated colleges at Patiala found that alcohol was the most preferred drug by students (27.30%). Next to alcohol, tobacco was the drug ever experienced by the largest number of students (24.61%). Of the other drugs, cannabis, amphetamines, tranquilizers, sedatives were used by a significant proportion of the student. The study also indicate that onset of drug use amongst students was mostly in mid-teens. Only in case of alcohol, tobacco and somewhat in
cannabis, a few students reported early onset. Age at the onset of drug use was generally above 15 years. These were significant sex differences too, more males reported having used more types of drugs than the females, although use of tranquilizers and sedatives were among females. One reason for this may be that the society must have constraints which are placed so strong for males.

2.2.4. Types and Pattern of Drug Used

Banerjee (1963) studied 1,132 students of Calcutta University and found that 26 per cent of the subjects had used tobacco and 11.4 per cent had used amphetamines. Dube (1972) reported that 5 per cent of all the students in an University are regular cannabis user. Mohan and Arora (1976) showed a prevalence rate of 2.7 per cent in Delhi students with tobacco abuse as the highest and followed by alcohol, tranquilizers, amphetamines, opium and barbiturates. Mohan and Thomas (1978) in a replica study on school population (N=399), conducted in two consecutive years reported that 65 per cent of the subjects had not taken any drugs at all, including pain killers, tobacco and alcohol. Among the users, use of alcohol, tobacco and pain killers was more prevalent than cannabis, LSD, cocaine, barbiturates etc. Opiate use was nil. Mohan et al (1978) in another study on high school male students reported alcohol and tobacco as the most popular drug abuse. Other common drugs were cannabis 12 per cent, tranquilizers 8.9 per cent, amphetamines 5.8 per cent, sedative 4.9 per cent and opium 1.3 per cent.
Mohan et al (1977) studied the prevalence rate and pattern of drug abuse among students of Delhi University. The authors defined drug abuse as "non-medical use of drugs", dependence as a "state of inability to do without drugs arising from repeated administration of drugs, on a periodic or continuous basis", experimental user as "using one or more substances once a month or less often", regular user as "those taking one or drugs at least once a week or more often", and addiction as "inability to stay without using one or more drugs". 576 students were covered. The study showed the prevalence of drug abuse as 32.2 per cent. The prevalence was higher among males and among students staying in hostels was higher among males and among students staying in hostels. Experimentation was the major cause of drug abuse. LSD, cocaine and opium were hardly used in a regular manner. Tobacco and alcohol were the most frequently used drugs, followed by cannabis, amphetamines, barbiturates, anti-depressants and tranquilizers.

2.2.5 Studies Pertaining to the Effects of Drug Abuse

The study about drug abuse in India has been known from the time of the Royal Commission, 1893 (Chopra and Chopra, 1965). It has to be mentioned that the first comprehensive study on the problem of drug abuse in India began with the appointment of the Indian Hemp Drugs Commission in 1893, "to inquire into and report on the cultivation, and trade in, all preparation of hemp drugs in Bengal, the effect of their consumption upon the social and moral condition of the people, and the desirability of
prohibiting its growth and sale". The report which remains today by far the most complete collection of information in marijuana in existence. The records of every mental hospital, since the presumed high incidence of the so-called "ganja mania" was one of the factors that prompted the appointment of the Commission. Commission witnesses testifies that cannabis is "refreshing and stimulating" alleviates fatigue, creates the capacity for hard work and the ability to concentrate, and give rise to pleasurable sensations, so that one is "at peace with every body" (Great Britain, 1969). Adverse witnesses correlated the use of cannabis with dissipation, debauchery, crime, violence, disease and insanity. The commission found only a very small percentage of cases in which "hemp drugs might be reasonably regarded as factor causing insanity".

Gaunai (1979) reveals that although many respondents 61 per cent believe that drug had no effect on their education, yet there are some who profess the fact that drug use had an unfavourable negative effect on their education i.e., academic performance. Those who denied any negative effects further mentioned that they avoid taking drugs during their examination days.

Ahuja (1982) reveals that when 160 drug users in an intensive sample were asked whether they still take a keen interest in their studies, 141 users or 88.1 per cent (past users 46, regulars 89 and addicts 6) replied in the affirmative and 19
users or 11.9 per cent (past users 4, regulars 11 and addicts 4) relied in the negative. Of the 19 drug users who had no interest in studies, only one was not interested because of his drug use habit. The interest in studies of the drug users is also evident from their habit of going to college or university library, number of books they get issued on their library cards every month and the type of books they get from their libraries. Of the 160 drug users only 4.4 per cent said they never went to the library. All this clearly indicates the keen interest of the drug users in their studies. Drug use does not have much effect on their academic interest. In the same study conducted, it further reveals that drug users were not only good in studies but they were really good in co-curricular activities. They participated in debates, essay competitions, sports and games, NCC, NSS and other activities. All this shows that there is no relationship between drug use and lack of interest in co-curricular and extra-curricular activities.

2.3 Drug Abuse in the North Eastern Region of India

In the North Eastern states, the drug epidemic has swept across major cities and towns, taking a toll of lives and leaving in its wake broken youths and families in pain. A peripheral survey on the "Assessment of Drug Abuse, Drug Users and Drug Prevention Services in Shillong, Gauhati, Dimapur and Imphal" conducted by the Ministry of Welfare Govt. of India (1989) indicates that drug addiction is a very serious problem prevailing among the youth in the North Eastern Region. Mahanta
(1991) states that the trend of drug abuse is prevailing today not only in the metropolitan cities but today the drug operators are developing a network of distribution of narcotics in the North Eastern Region with Manipur as their base of operation. Due to the failure of the State Government to take timely action to prevent the spread of the evil among the youth, particularly University and College students both boys and girls, there is a rapid increase in the number of addicts.

According to a survey conducted in 1990 by the Indian Council of Medical Research in collaboration with the Manipur Health Department, it was found that more than 15,000 people in the age group of 12-45 years has taken to drugs. In the State of Mizoram also, drug abuse has assumed a greater proportion due to proliferation among the youth in various socio-cultural and economic strata (Zawa, 1992). Although there has so far not been any systematic survey on the number of drug addicts to gauge the actual extent of the problem, but the drug abusers interrogated during the last few years revealed that the menace has spread among the youth aged between 15 and 35 years. A preliminary survey conducted by the State Excise Department indicated that drug abuse is mainly confined to Aizawl, Lunglei and Champai besides three other small towns. It also put the number of intravenous users in the whole state as 300 only and recorded the presence of about 450 social and occasional users who regarded the use of drugs as the latest in the modern youth fashion, but are not necessarily drug dependent. In a seminar on "Drug
Addiction and Alcoholism", Ghonglah (1990) observed that even in
Meghalaya there is a rising tendency of drug abuse touching
different areas and different age groups.

The survey conducted by Ministry of Welfare, Government
of India, Karna (1989) observed that with regard to the
composition of the sample in terms of sex, it was found that in
Shillong from among the 60 addicts, 55 are males and 5 are
females. In Guwahati, from among 71 addicts, 69 are males and 2
are females. In Imphal, from among 73 drug addicts, 65 are males
and 8 are females. The same applies to Dimapur where among 60
addicts, 54 are males and 6 are females. The same research
indicates that in Shillong 90 per cent of the addicts are below
30 years of age and the rest belong to the age group of 30-49
years. The most affected group in Shillong is the age group of 20
to 29, 15.4 per cent in the age groups of 30 to 39 years. Thus,
except three all the other 68 addicts are below 40 years. In
Dimapur the pattern of age composition suggest that 86.67 per
cent addicts in the sample are below the age of 30 years. It is
particularly fascinating to note that as many as 53.34 per cent
respondent have not attain the age of 25 years. In Imphal, 93.16
per cent of the drug users are below the age of 30 years. It is
particularly significant to note that 47.95 per cent respondent
belong tot he age group of 20 to 24 years. The age 15 to 24 years
is always considered vulnerable from the point of view of drug
addiction and therefore to find concentration of addiction in
this group is not at all surprising.
Details about the first encounter with drugs was ascertained by the addicts in terms of both sex and age. There is no fixed age at which a person may start taking drugs. It may begin as early as the age of 13 years and may go up to the age of 24 years or more. In Shillong the highest concentration is at the age of 16 years, 22.66 per cent, followed by 18 years with 15 per cent and 17 years with 13.33 per cent. 95 per cent of the users had their first drug experience at the age of 20 years or less. 76.77 per cent reported that cannabis (Ganja, Charas and Bhang) has been the first drug they ever used. 66.7 per cent had first used the drug heroin and 3.3 per cent used LSD. In Dimapur, 41.07 per cent had their first drug experience between the age of 20 to 24 years. 75 per cent of the respondents had their first drug experience between the age of 15 to 24 years making this age group as the most vulnerable for becoming a drug user. 53.45 per cent reported that heroin had been the first drug they ever used. 18.97 per cent had first used cough linctus Phensedyl and 17.24 per cent used ganja and 10.34 per cent used smack. In Imphal, from 34 per cent respondents received majority of the drug users experience some kind of drug before they were 20 years old. 55.88 per cent had their first drug experience at the age of 15 to 19 years. Turning to the drugs first used 67.65 per cent reported that heroin had been the first drug used. In Guwahati, a close look at the data reveals that 70.42 per cent had their first drug experience before they completed the age of 21 years. Majority of the addicts had started taking cannabis particularly ganja and bhang as their first drug.
In Shillong it was noticed that 41.67 per cent took to drugs out of curiosity, 33.33 per cent for pleasure, 18.33 per cent took it as a fashion and 11 per cent due to insomnia. In Guwahati 97.18 per cent interviewed they took to drugs for the sake of pleasure, 83.10 per cent took to drugs out of curiosity, 88.73 per cent took to drugs due to frustration, 42.25 per cent due to friends' pressure, 23.35 per cent took it because they feel it is a fashion and 12.68 per cent took it as a conflict against family. It is evident that people may not take drugs due to any single factor. Several factors contribute to the causes leading to drug abuse. In Imphal, 41.10 per cent took to drugs out of curiosity 26.03 per cent for having taste of drugs, 5.48 per cent took to drugs out of frustration and to feel independent, 38.36 per cent took due to pressure, 19.18 per cent due to conflict in the family and 13.70 per cent as rebellion against the family, 26.03 per cent took to drugs as it is a fashion and 20.55 per cent took it for pleasure. With regard to Dimapur, 52.11 per cent took to drugs due to frustration, 35.25 per cent due to curiosity, 38.03 per cent due to peer pressure and 23.94 per cent due to easy flow of money.

A research undertaken by Nagi (1993) shows that the number of districts selected are 9 districts from Assam, 5 districts from Arunachal Pradesh, 6 districts from Manipur, 3 districts from Meghalaya, 3 districts from Mizoram, 6 districts from Nagaland and 3 districts from Tripura. In each of the selected district 50 respondents were identified and the
requisite information was collected with the help of an interview schedule. The respondents were the drug addicts selected from drug addiction centres, hospitals, jails, etc. across the seven states in the North Eastern States/Region. The snowballing sampling technique was used for selecting the respondents. With regard to the education of the respondents it shows that the percentage of illiterate respondents is the highest (44.4%) in Arunachal Pradesh. The percentage of such respondents is less than four in each of the other six State. There is no illiterate respondents in Mizoram and Tripura. The percentage of respondents who have studied up to graduate level is the highest in Assam (66.7%) followed by Meghalaya (44.0%) and Tripura (38.7%). Such respondents constitute 1.3 per cent in Mizoram. The percentage of respondents whose level of education is post graduate and above is the highest (10.7%) in Meghalaya and in the rest of the six States it varies from 0.7 per cent to 2.7 per cent lowest being in Mizoram and highest being in Meghalaya.

The same research study probed into the reasons of Drop-out in School/College. The total number of drop out respondents are 905 (51.7%) and these have been grouped into three categories according to the main reasons of drop out mentioned by them. They are monetary reasons, drug abuse and other reasons. The percentage of respondents in Manipur and Nagaland are 68.3 per cent and 68.1 per cent respectively who discontinued their studies due to "drug abuse" and in Meghalaya and Assam the percentage is 29.4 per cent and 47.4 per cent. It
further reveals that more than 42 per cent of the total drop out respondents mentioned "drug abuse" as the reason for the discontinuation of their studies. Hence, the percentage of drop outs due to drug abuse is quite high and if not checked in time, it would become unmanageable.

The study shows that curiosity, influence of friends, broken family, depression, influence of bad company, familial taboo, and influence of films are the main causes which leads to drug abuse. About 77 per cent and 62 per cent of the respondents in Manipur and Nagaland have mentioned that they were very much curious to try drugs. It means that curiosity was the main reason for initiation of drugs for these respondents. More than 50 per cent of the respondents from Assam, Manipur, Meghalaya and Mizoram have mentioned that they were influence by their friends for initiating drugs. Around 10 per cent of the respondents in each of the States of Assam, Arunachal Pradesh and Mizoram have mentioned that they were victims of broken family and that was the main reason for resorting to drug abuse. The percentage of respondents varies from 10 to 34 in the seven States of North East who have mentioned the depression was the main cause for starting drug abuse. The percentage of such respondents is the lowest in Manipur and the highest in Mizoram. The respondents who have mentioned that they were the targets of bad company for initiating the drug varies from 0.7 per cent to 44.7 per cent lowest being in Tripura and highest being in Mizoram. The respondents started taking drugs due to their familial taboos
constitute the highest percentage in Tripura (90%). The percentage of such respondents in other 6 States varies from 4.32 to 22.0, the lowest being in Manipur and the highest being in Mizoram. There are about 20 per cent of the respondents in Arunachal Pradesh who have mentioned that the reason for their starting drugs was the influence of friends. The percentage of such respondents was very low in other States.

The study revealed that cannabis is the most frequently used drugs i.e., bhang, ganja and charas is more striking both in Guwahati and Shillong. Among other drugs used are depressant, stimulant, Cough linctus like Phensedyl and Corex was also used. Whereas the survey in Imphal and Dimapur showed that heroin is most frequently used, then comes phensedyl, ganja, charas, bhang, raw opium, morphine, brown sugar, tranquilizers. Thus it is apparent that both opiates and cannabis are popular besides tranquilizers and cough syrup.

With regard to crime and drug abuse the study showed that 13 per cent of the respondents mentioned that they had committed crimes in their life time, and out of these 92.4 per cent said that they committed crime after drug addiction. It also reveals that percentage of such respondents is quite high in all the seven States excepting Arunachal Pradesh where the percentage is only 33.3 per cent. The percentage of respondent who committed crime after drug addiction in Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura are 66.7 per cent, 88.8 per cent, 93.3 per
Therefore, it may be pointed out that drug addiction is a potential cause for committing crime. In other words, it may mean that there is a close relationship between drug abuse and crime. This, of course is a matter of great concern.

2.4 Studies Conducted in Relation to Prevention of Drug Abuse

It is apparent that drug abuse is a complex and multidimensional problem. People around the world are becoming increasingly concerned about the escalating drug related problems. Medical treatment has been our main answer to date. But considering the high rate of relapse, the expense and the lack of an adequate number of professionals compounded by the easy availability of drugs, treatment has not been an effective answer to the problem. Thus, prevention is an important ingredient in our war against drugs. Prevention should primarily aim at finding out strategies to wear away the individual trying drugs, either out of curiosity or of boredom or through any other process.

An assessment of Drug Abuse, drug users and Drug Prevention services in Shillong, conducted by Karna (1989) sponsored by the Ministry of Welfare, Government of India revealed that Shillong has neither a counselling nor de-addiction centre functioning in the city. Drug addicts are occasionally treated in the Civil Hospital, Shillong under the supervision of a Psychiatrist. The Voluntary Action Bureau under the Meghalaya State Social Welfare Advisory Board is the only Government
sponsored agency which has been involved in drug awareness programme. Several suggestions and recommendations have been made to control and prevent drug abuse. Sealing of the international border. The Excise Department should be made more alert. Peddlers should be kept behind bars. Pharmacists and Medical stores should be kept under close surveillance. De-addiction counselling and Rehabilitation should be started. The Don Bosco Youth Centre should be provided with adequate financial assistance to start a permanent counselling-cum-rehabilitation Centre. The participants of Voluntary Organisation in anti-drug campaign should be strengthened and the co-ordination between Government and Non-Government Agencies should be increased. Awareness programmes for youth, parents and teachers be undertaken by organising Seminars, Workshops, Youth Camps and Preparation of popular reading materials. Reading materials should be made available in the form of leaflets, handouts to school and college going students. Traditional institutions should be utilised to arouse public consciousness against drug abuse.

Gardeiva (1989) suggests that the first step to take in this direction would be to arrange and disseminate information on the problem through awareness programmes. It should be systematically chalked out to meet the needs of specific target group. Prevention should begin before the person reaches the age of 16 years. For School and College students information on drugs and its dangers should be included in the regular curriculum. All schools and colleges should have Counselling Centres for
providing opportunities to the youth to discuss and solve their personal, family and peer related problems. Awareness programmes should include such information as-(i) the specific nature of drug, (ii) the harm it does to the mind and body, (iii) the difficulties faced at the time of de-addiction, (iv) the types of treatment required and (v) the place where such treatment is available. These programme should not be sporadic and problem averted but should form a part of regular health programme. Apart from these it is suggested that it is necessary to set up more rehabilitation Centres. Voluntary Organisation should be provided with financial aid by the Government to run these centres. More Narcotic Anonymous meetings should be encouraged in all drug prone areas.

Vijaya (1989) has given the following suggestions for further action based on the study findings and conclusions. It suggests that:

1. Drug education should be started along with health education at all levels, it must be propagated especially among the students community.

2. Propagation creating full awareness of drug abuse problem through non-formal education should be developed.

3. Drug awareness and prevention cell should be setup in all organisation especially in educational institution.

At a meeting organised by the Social Guidance Centre monitored by the Indian Council for Child Welfare which being organised for all headmen, Voluntary organisation held on 25th
February 1991 on the prevention of Drug abuse. The Minister of Social Welfare Mrs. M. War highlighted the need to combat the drug menace. The Excise and Police Departments should keep constant vigils on drugs and addicts. Dr. Syiem, Psychiatrist of the Sanker Rehabilitation Centre, states that seminars and workshops would not suffice, the problem of drug abuse. Awareness among individuals should be created by organising suitable educational programmes, otherwise this social menace will stay put.

Rev. Father Celia emphasised on the need for a school curriculum which would inculcate moral values in the students at an early stage in their life to fight this menace.

The National Seminar on Drug Abuse held on October 22-24, '92 organised by the Awadesh Pratap Singh University Rewa (M.P.), sponsored by the Ministry of Welfare Government of India, express deep concern over the problem of drug abuse in the present day society. The participants unanimously resolved that in order to create a general awareness, it should be mandatory to include a comprehensive course on the problem of drug abuse, in the context of cause, effect and remedy in the academic curricula of educational institution of every stage starting from higher secondary (+2) level. At the graduate stage a compulsory paper or general awareness may be included with relevant problem of drug abuse. The delegates have consensus opinion that the people associated with drug sales network and distributors should be
dealt with the severest punishment irrespective of their position and status. Medical centres need to be established in the educational institution for prevention and control. In addition, courses on Yoga and mediation should be introduced.

Vagrecha (1992) spell out the following suggestions for prevention of drug abusive behaviour.

1. Awareness about drug abuse should be included in the foundation courses.
2. Scope of extra-curricula activities like NCC, NSS, Sports and Cultural activities should be expanded.
3. Social courses should be included in selective discipline.
4. Alternative awareness should be opened for creative participation of youth.
5. Counseling centres should be established.
6. Integrated plan for intellectual, emotional and personality development should be chalked out.
7. Social support system and small group interaction should be made available for creating an atmosphere of better community-teacher relationship.
8. Supply of drug should be restricted.
9. Quality of life in hostel i.e. food, living conditions and recreational facilities like akhadaa, indoor games should be improved.
10. Library should be made attractive rich and open.
11. De-addiction and Rehabilitation facilities should be made available within the reach of the students.

Singh (1992) put forth following suggestions, emphasising on the need for establishing guidance and counselling centres in very school, to take care of the personal and
psychological problem of students. Seminars, Conferences and Lectures on the problem of drug abuse should be organised in the educational institution from time to time. Mass media should play a major role, in educating the students about the ill effects of drugs. Since the drug addict is a product of society and needs love and affection, every member of society should consider his problem sympathetically and try to develop in him a sense of self confidence.

The ICDAPS European Regional Conference on Drugs, Alcohol and Tobacco was held in Helsinki, Finland 29-31 May 1995. In this conference, Trinidad (1995) of the Philippines, in his paper highlighted on the National Drug Educational Programme currently implemented in all educational levels in the Philippines. The objectives of the programme are:

1. Prevent drug abuse among students in all levels of education through the development of desirable values, attitudes and practices.

2. Maximise utilisation of school resources which can contribute to the child's cognitive, affective and corrective development.

3. Strengthen parent and community participation.

4. Provide pre and in-service training of teachers and other school officials to enable them to help young people to enhance their positive self concepts value system, decision making, communication and other coping skills.

5. Initiate researchers' studies in support of the total programme. The programme has five components - curriculum and instruction, co-curricular and ancillary services, teacher/staff development, parent education and community outreach, research and evaluation. After 10 years of effective implementation, the more significant impact which have been achieved are:
The number of students with behavioural problems has significantly decreased during the last two years due to the intensification of guidance services by trained school counsellors. The effective implementation of the school based programme has minimised drug abuse among the school aged group.

Barkankhan (1995) highlighted the "Role of Teacher in Prevention Strategies" and stated that preventive education must be taken by teachers while teaching and conducting co-curricular activities to prevent pupils from abusing drugs and to identify and assist drug abuses. In many ways it is found that students try to imitate their teachers and it is for this reason why the teacher must be a "role model" because of their influence they have on the students in their attitude and behaviour. The important factors in teacher's involvement in drug education are that teachers do not need to become "Experts" on drugs to do effective drug abuse prevention in the classroom. Teachers can effectively implement drug education within the framework of the established curricula and to help students understand and resist pressures from peers. To do this, pre-service and in-service training should be provided for teachers in this area of drug abuse.

Matai (1995) of Japan emphasised on "A Group Mind Control Method" against drug abuse. The Aum Sect adopted a group mind control method in order to create a terrorist organisation. It is unbelievable that even those who had obtained a high level
of education in celebrated Universities of Japan obeyed Asahara, in founder of the sect, without any question. Asahara adopted a hypnotic method of repeating the same words again and again in a rather low peaceful tone and listening to monotonous music sounds or singing or praying in a calm voice. This is so called a kind of hypnotherapy. It was suggested if this method was adopted for a good purpose like preventing drug abuse in schools, it would be an effective preventive method against drugs.

Vries (1995) in her paper 'Prevention programmes in tobacco, alcohol drugs and gambling in schools' revealed the Dutch approach. The co-ordination of drug policy in the Netherlands is mainly the responsibility of the Ministry of Public Health, Welfare and Sports in co-operation with the Ministry of Justice. On the basis of more than 15 years of experience with the prevention of drug abuse, the Dutch prevention professionals have reached consensus on the main elements and principles of drug educational programmes. They emphasised individually accountable choice regarding risky substances. Emphasis on the dangers of rising substances should be avoided as it is found that users experimenting with substances became defensive when the message only emphasizes the dangers of using substances and young people expect advantages making it possible to discuss the drawbacks. In the implementation strategy of an integrated drug prevention policy in schools, three instruments are adopted: education, monitoring
and guiding and developing a policy and a set of rules concerning
the use of substances in school.

2.5. Conclusion

A number of studies conducted by Yost (1954); Huxley, (1959); Kolb (1962); Taylor (1966); Lingeman (1969); Wald and
Abrams (1972); Brill (1974); Mintz et al. (1974) Mandanes (1980);
Cafferata et al. (1983); Kalpan (1984); Brook et al (1985);
Chabon et al. (1986); Morrison and Hammersley (1987); Ihezue
(1988); Kandell 1989) indicates that drug abuse is one of the
burning problem of the world. The most disturbing feature of drug
abuse in this period was the spread of the vice among the youth.
Mandanes (1980) established that family relationship were a
contributing factor to heroin addiction. Cafferata et al (1983)
study shows that there is a positive relationship between psycho-
tropic drug use and family stress variables like death in the
indicates that poor group network has a direct and indirect
influence on the drug taking habit. Brook et al (1985) conducted
a study to assess the interactions between father's absence and
drug use. Chabon et al. (1986) reported that a very high
proportion of drug abusers have psychiatric problem with
depressive symptoms. Morrison and Hammersley (1987) conducted a
study with the purpose of predicting crime from opiate use.
Ihezue (1988) indicates that demographic factors correlates
positively with the presence of the substance. Kandell (1989)
revealed that those who took to drugs due to social influence
were more likely to give up than those who took it for psychological reasons.

According to Singh (1987) India has become one of the major transit country, for smuggling of morphine and heroin from Golden Crescent and the Golden Triangle. Studies conducted by Mohan and Arora (1976); Saxena and Mohan (1984); Jihola and Munjal (1985); Jihola and Sahay (1986) indicates that drug abuse had afflicted the youth of all classes both in big and medium cities in our country. With regard to the estimated number of drug abusers in India there are no authentic figures. Lobo (1986) put this number at 25 lakhs, Mallick (1991) at 8 lakhs and Bhim Sain (1992) at one crore, Merchant and Dorkings (1991) at 7.5 lakhs heroin addicts. There is a wide divergence of opinion. Published works on the subject place the estimated number between 8 lakhs and one crore. This indicates the intensity and magnitude of the problem.

The most disturbing feature of drug use is its high prevalence among university and college students. Students pertaining to the prevalence of drug abuse among college and university students have been presented by Chitnis (1974); Ahuja (1977); Mohan, Prabhakar and Sharma (1977); Muttagi (1978); Savitri (1985); Mohan and others (1985 Bulletin on Narcotics). Chitnis (1974); Ahuja (1977); Muttagi (1978); Behrooz Gaunai (1979); Dev (1979); Singh and Singh (1980) studies pertains to drug motivating factors among the university and college
students. With regard to the type of drug used, studies conducted by Banerjee (1963); Dube (1972); Mohan and Arora (1976); Mohan and Thomas (1978); Mohan et al (1978) shows that tobacco, cannabis, amphetamines, tranquilizers, barbiturates, opium, sedatives, pain killers were used by students. Studies conducted by Chopra and Chopra (1965); Great Britain (1969); Behrooz Gaunai (1979); Ahuja (1982) pertains to the effects of drug abuse. Mohan et al (1977) studied the prevalence rate and patterns of drug abuse among Delhi University students and found that it was higher among males and among students staying in hostels. Experimentation was the major cause of drug abuse.

In the North Eastern Region an assessment of Abuse, Drug Users and Drug Prevention Services conducted in Shillong, Guwahati, Dimapur and Imphal indicates that "drug addiction is a serious problem prevailing among the youth". There is a rising tendency of drug abuse touching different areas and different age groups as indicated by Ghonglah, H. (1990) and newspaper articles published. Nagi, B.S. (1993) indicates that this menace is on the increase in the North Eastern Region.

Thus, through the various studies conducted abroad and in India, it can be said that drug abuse has reached epidemic proportions in recent times, posing a threat to human existence. Therefore, at this juncture what we need is to prevent it from spreading its tentacles. Thus different studies conducted on "An Assessment of Drug Abuse, Drug Users and Drug Prevention Services
at Shillong, Guwahati, Imphal, Dimapur, Bombay, Secundrabad (1989) sponsored by the Ministry of Welfare, Government of India have given their suggestion on the prevention of drug abuse”. The National Seminar on Drug Abuse (1992) organised by Awadesh Pratap Singh University, Rewa, not only expresses their concern over the problem but also suggested preventive measures to be taken. The International Centre for Drug Abuse Prevention in Schools (ICDAPS) European Regional Conference on Drugs, Alcohol and Tobacco held in Helsinki, Finland (1995) highlighted on the various prevention strategies adopted by various countries.