Chapter-IV

REVIEW OF LITERATURE

From time immemorial men are using various fumitories, masticatories and narcotic substances and selective drugs. These drugs disintegrate the personality and impair the intellectual functioning of the user and push them towards criminality and other anti-social acts. Anxiety, a generated feeling of fear and apprehension, is essential to human personality in as much it acts as a motivation force but pathological anxiety because a matter of serious concern not only to the person suffering from it, but to the family and society as well as. Freud (1924) advancing the danger signal theory of anxiety distinguished between objective and neurotic anxiety. Objective is an indicator of normally functioning personality. It is the internal reaction to real external threat or danger evidenced in every individual organism. Anxiety is realized with intellectual as well as non-intellectual abilities. Prisoners and normal persons have been found to be significantly differed on the measure of anxiety (Kaliappan and Senthilathihhan, 1984), Kundur and Kundur (1983) found significant differences between gamblers exhibited less anxiety. In the present study an attempt is made to compare the identified drug addict behaviour with their anxiety.

Bovets (1951) theory states that insecurity is a psychological common denominator that gives ride to free flowing anxiety which

Reiss A. (1952) held that among 1110 male juvenile delinquents, only about 245 were relatively weak ego control and were generally viewed as highly insure. According to Bovet insecurity leads to free floating anxiety which creates tension and this tension is released through aggressive behaviour usually in the form of criminal act.

Tolal P. (1988), Bagley and Y. Loretts (1987), Wallander J.L. (1987), Forchant et al. (1987), Hill et al. (1988), Ross et al. (1987) and Rley et al. (1987) have reported the incidence of deviant behaviour due to pathological factors prevailing in the social conditions. All these studies have concentrated only on the relationship between environment and adjustment of environment and deviance.

In India no serious attempts seems to have been made towards the developments of a psychologically, psychotically or socially oriented tool for the prediction of juvenile delinquency and adults' youth crimes. Ray Krishan and Sandha have tried to establish delinquency prediction scale or criminal prediction scale but these scales have not been used widely. In this regard an attempt was made to conduct an intensive study of graduated students deviant behaviour for establishing the social, psychological, personal and family background of these adolescents. The researcher developed a phased study that was spelt out as (1) preliminary investigations, (2) pilot study, (3) tryout study and (4) final culmination of a prediction tool.
The study 'Drugs and punishment' is a product of an interregional survey, undertaken by the United Nations Social defense research institute, initiated in the early 1986 to promote formulation of crime, policy related to abuse. Finding is that difference between countries in drug related penal legislation are more pronounced with regard to illicit possession and illicit trafficking. It reveals the interesting patterns and trends in the system. (Drug and punishment up to date inter regional survey on drug related offences, Citic Dusan Rome : United Nations Social Defence Research Institute - PUB No. 30, 1988)

Rosylin and George (1968) refer to parental permissiveness as a contributing factor to drug use by the children. Wiener (1920) opines the greater the degree of parental control, less likely school children are to take drugs”. Similar conclusions have been assigned at by Falewiez (1920) in respect of excessive driving among polish youth according to him family tensions inter parental and inter generational are equally important causes. Thus, factors such as age, abnormality, sex, marital status, family educational and inter-generational tensions in the family was also seen as a highly, significant factors.

Jensen et al. (1989) studied the perceived need of under graduate college students for a comprehensive drug education program. According to them educators initiating university level education program are faced with many opinions concerning the use of variety of effectiveness but little data concerning effectiveness. Students in Jenesen et al’s study identified the most important goals
which drug education programs should contain. They felt that prevention of drug abuse understanding the psychological effects of drugs and skull developments for coping with stress as an alternative to drug use were the most important factors. These findings support the recent trend in drug education emphasizing the need to extend beyond drug and alcohol information to teaching coping skills that will help youth resist drugs and alcohol. The preliminary findings of the research show that the proper education is efficient in reducing, smoking, alcohol use and certain forms of delinquent behaviour. The students reported an increase in the knowledge and the ability to resist drug use. There are not many studies which concentrate on the relationship between the social adjustment and deviance, hence, the present study aims to understand the relationship between adjustment and deviant behaviour.

Many obstacles, both performed and environment prevent the graduated students to gratify their needs. Such obstacles provide adjective demands and can lead to the experience of stress and perform strain. Stress is viewed as a response to demands made up on the organism (Sely, 1956) and an interaction between perform and environment (Lasarus, 1996), certain amount of stress facilities to have growing performance but excessive stress may damage the self and ruin one's life. The parent management of education training has equal significant effectiveness in modifying the socialization.

Tanden and Vatsyaan (1991) have studied personal varieties like age, patterns of substance abuse, education and background etc.
of the addicts who came to detoxification centre at Delhi. The study reveals that majority of the addicts (88%) belonged to the age range of 15 to 33 years, 75% from a family where the members were using alcohol, and 22% of the addicts were graduates. This should however, be taken to be the real state of affairs, even through it is an empirical study. The situation may be even worse, it we bear this in mind that only a few cases come for assistance to detoxification centers most of the cases remain unrepeated for one reason or the other.

Maqbool and Hussain (1991) have compared death anxiety in small addicts with alcoholics, and found that smack addicts have higher death anxiety than death alcoholic counterparts. Heroin addicts are reported to be usually psychopathic (Hekimiam and Gesshan, 1969). The present investigator, in a study found heroin addicts to differ from control non-addicts on such components of anxiety on guilt proneness, frustration tension etc. (Misra, 1991). Psychological factors associated with addiction, include low level of aspiration and more worries (Broota et al., 1982). Psychopathy deviation, hostility, ergic tension and neuroticism (Malhotra and Murthy, 1977), Rovet et al. (1981) reported identify disturbances in drug addicts, poor ego strength, suspiciousness jealousy, insecurity, apprehension guilt proveness and emotional instability in drug addicts have been reported by Singh et al. (1977). The present study has been an attempt to measure the incidence of neuroticism and introrsion personality trait in heroin addicts.
Dr. Jeya Nagaraja, professor of Psychiatry, Andra Medical College studies drug abuse problem and this study revealed that of the 1000 students drug addiction surveyed medical students alone according to 24% whole 6% were high school students. 8% of every 100 students in the 14 to 22 age group in the city were drug addicts, 98% were hooked to pantetheine, morphine and heroin tranquillizers like campose and mandrex were popular among girls. It also revealed that 28% became chronic addicts.

Gopalan Committee Report

The growing use of intoxication of intoxicating drugs particularly among students has been a cause of concern for quite some years and in 1976 the health ministry set up a committee of experts under the Chairmanship of Dr. C. Gopalan, the Director General of the ICMR, to go into extent of drug abuse and suggest premedical measures. The committee presented the report in 1977 and the recommendation were broadly in three categories (1) legal and penal measures included the selling up of a national advisory board of drug control enactment of single central law deal with the abuse of all intoxicating drugs except alcohol, evolution of national policy on alcohol, remain inadequacies and plugging loop holes in the existing laws, more stringent punishment for drug peddlers, establishments of registration service for drug addicts and enacting those who register to get the enabling those who register to get the needed supplies of drugs. The educational programmes contemplated creation of
awareness of the drug problem, among all the social group and inclusion of the subject in health education.

The social action envisaged involving graduate students in challenging programmes and social transformation that will reduce the need for using drugs. At present there are several laws dealing with one aspect or the other of drug abuse these include. The opium Acts of 1857, and 1878, The dangerous drug Act of 1930, the drug and cosmetic Act of 1949, The medical Act of 1962, in addiction to there are cosmetics act of 1962 in addiction to there are state laws, multiplicity of law results in lack of occurs on prevention and control of drug abuse. But, the drafting of a single law is yet to be done.

Prof. Devananda Mohan of the AIINS noticed that in 1982, the drug addicts were mostly students but now most of the addicts are the auto rickshaw drivers, businessmen and those working in hotels in the age group of 20-30. He attributes this to easy availability of heroin at a low price. He does not think that the trend will be any different in other metropolitan centers.

Recent reviews indicate that preventive programs that employ a social pressure model are successful in reducing the rate of smoking among adolescents (Polich Ellickson, Reuter and Kalian, 1984). These programs are based on the assumption that adolescents use drugs when pressured by peer or adults because they want to feel mature and be accepted by others (Blotner and Lilly, 1986). The social pressure model is designed to insulate youngster against drug use by helping them to understand social pressures and teaching them how
to resist such pressures (Blotner et al., 1986). These ideas are incorporated in the drug abuse resistance education curricular. One common approach is to use scare tactics to inform graduated students about the harsh realities of using drugs. The total sample size was one thousand. A questionnaire/interview schedule was development to study the objectives as stated above. It included dichotomous and multiple responses. The data was collected through distributed questionnaire personally. The findings are analyzed through sample percentage methods.

However, above efforts are largely unsuccessful because these programs help students to gain knowledge about drugs but do not influence their behaviors. Many drug abuse prevention programs are unsuccessful, because they fail to address the root cause of drug use. For example, the students may use drugs in an attempt to meet basic social needs that are not being met, such as self esteem, coping with stress and development of peer support. Another problem faced by education is deciding what combinations of educational activities are likely to provide students with the skills and information necessary to avoid drugs. The researcher has found differences between the value systems of those who use drugs and those who do not. All subjects regardless of the amount of use of the substances indicated that peer acceptance was very important.

The magnitude of the problem of the child is fully as great as that of heart disease or cancer is for the adult (Weber, 1974). Author Jesse of Fakour (1978) state that delinquents often can be considered
as academically difficult. The learning disabilities are identified during the intake process and the disabilities remedied, significant benefits may be realized in both social and personal terms (Poboy or Mallory, 1978). Two authors (Foster and Berstein, 1979) recommended that structured programming be advocated for the inoculations of social skills among the high percentage of juvenile delinquents, who suffer from learning problems. Unfortunately many of these individuals quit school early and afterwards end up as offenders in the criminal justice system, where confinement not remediation, is the primary consideration. Zehr (1976) observed that crime is a response to a situation, a response to an environment.

The wife of an alcoholic is caught up in a pathological process in the alcoholic’s illness in such a way as to develop parallel emotional and behavioral problems (Turner, 1976). However, some specific areas of marital adjustment, such as satisfaction and affectional expressions are affected by certain dimensions related to drug addiction of alcoholism. The drinking behaviour is a continuum hence, increased consumption can turn a social drinker into a problem drinker (Shoebridge, 1989).

The hypothesis is underlying behaviour therapy is that alcoholism and drug addicts are seen on learned responses and they should be a amenable to methods affective in un learning the habits and discouraging the responses (Bhakta, 1971). Aversion therapy as a technique consists of giving the alcoholic a painful experience and associating it with the use of alcohol, then constructs antisocial
behaviour and psychopathic, further overlap with delinquency (Manorama Year Book, 1986).

The terms anti social and psychopathic personality are used interchangeably to refer to personality characteristics and behaviour patterns that lead to serious difficulties in interpersonal into repeated conflict with society and lack of loyalty to other persons, groups or social values (Paul and P. Brantingham, 1984). The study shows that students' crime or deviant behavior patterns change over time as society changes.

Schizophrenic patients tend to show high degree of general aggression and hostility (Foulds 1995, Caine et al. 1967; and Eysenock, 1973) Depression also show inward directed hostility of intra punitiveness leading to suicide or attempted suicide. The expression of hostility is due to the illness process and usually it comes down to normal level after treatment. Psychophrenics mostly due to influence of hallucinations and delusions behave violently leading to assaultive behaviour, attempted murder. Depressiveness kills their close relation with the belief of relieving to inform the worldly sufferings. Studies report that make patients commit more criminal offences that female patients (Vivkunnan, 1974; Varma Jha, 1966), Rangaswamy et al. (1992) in their study about psycho-social report that mentally ill criminals report that mentally ill criminals exhibit significant hostility compared to mentally ill individuals.

The pre morbid personality of the individuals, the predominant mental systems especially hallucination, delusions, age of the
individual, sex socio-cultural hack ground, brain damage, circumstances etc. would play a role in the causation of deviant or criminal behaviour. Aggressive behaviour of the students leads to more disturbed ward behaviour. Hence, they need intense care and psychological treatment.

No sooner have today's army of children stumbled out of infancy than they are compelled to steer their way through the minefield ahead, the torture of schooling, vicious peer pressures, the on slaughter of premature adult hood spawned by television and of course, the omniscient spectra of drugs (Mahadevan, 1975). Child labour, child sacrifice, infanticide, and child marriage are certain abuses against a children which are still being practiced in different parts of the country. Kidnapping of children or youths for traffic and administration of drugs selling for use violent games and prostitution are more serious abuses against Children. To help the students is something extremely positive which deserves our most immediate and next radical attention. Sobell and Sobell (1973) viewed that individualized approach to the treatment of alcoholics would improve the long term effectiveness.

Likewise, controlled studies related to alcoholic problems have suggested that careful matching of client needs and interventions may produce better results (Paltison, 1979; Glaser, 1980; Gouheil et al., 1981; Ogburne, 1984). The study of Cronkite and out come in related to patients characteristics, the types of treatment program and interactions between types of patients and types of program. Following
these views to see the effect of behavioral techniques based on the patients needs on the rate of a recovery of clients. The research suggested that specific behavioral, psychological, social and cognitive factors are associated with an increased likelihood of abuse (Elmquist et al., 1955). Accordingly, in the drug abuse prevention literature, the factors associated with drug abuse are after called risk factors. Some of the school, college, universities campuses and community environment, studies show that the pressure of substance abuse disordered among parents or other family members poses both genetic and social risks for children (Hasselt et al., 1993; Meriangas et al., 1998). Preventive factors in the family include insistent and contingent discipline; a strong parent child bond; high levels of supervision and monitoring and parental warmth, affection and emotional support (Hawkins et al., 1992). On the whole, the family based prevention interventions have shown great deal of promise for preventing drug use (Etz et al., 1998). There should be a focus on social skills training, including decision making communications and refusal skills (Horn and Kolbo, 2002) one psychological view is that practically all alcoholics show the mask of deprivation of emotional needs during childhood (Clinebell, 1956).

Paul M.C. and Rao D.N. "dimensions and implications of drug trafficking and drug abuse in India" article deals with the drugs trafficking and drug abuse scenario in India context in the global context. The article "Substance abuse and critical role of counselling" by Dr. A. Malik discusses the management of substance related
disorders adopting a multi-disciplinary approach. It provides a
detailed amount of the various techniques of counseling such as
cognitive therapy and the humanistic approach to counseling.

Marital disharmony and domestic quarrel are the main
motivational factors behind the female criminality (Trivedi and
Krishns, 1983) Sheldom and Elenor T. Glueck (1950) had observed
that delinquents came from broken and unstable homes because they
did not get their warmth and affection from their parents and the un-
conducive atmosphere of their family. Stello R.F. (1934) has also
observed that more delinquent girls came from broken home, Healy
and Bronnaer (1936), observed that majority of delinquents had acute
mental conflicts or frustrations or stresses in the family or society.
Hence it is required to adopt a positive approach in mobilizing public
opinion as the magnitude of graduated students problem in objective
terms.

Roughly 1.5 billion prescriptions are written for drugs in the US
each year, about half of which are new prescriptions and the other
half are refills (Goode 1994).

In the modern age increased sophistications has brought with
its techniques of drug production and distribution that have resulted
in a worldwide epidemic of drug use (Kusinitz 1988)

In 1995, 395 billion doses of caffeine were consumed in the US,
other research data supports the findings of social research group pf
George Washington University. For example, an estimated 61 million
Americans smoked tobacco in 1995 or 29% of the total US population (SAMHSA 1996).

The average household owns about 35 drugs, of which one out of fire is a prescription drugs and other four are OTC drugs (NIDA 1993).

Women tend to use pills to cope with problems where as men tend to use alcohol for their problems. In addition people over 35 are more likely to take pills, where as younger people prefer alcohol for this purpose. Among those using pills, younger people and men are more likely to use stimulants than older people and women, who take sedatives (Chambers and Driffey 1975; Horton 1992).

Compulsive users in contrast devote considerable time and energy to getting high, talk incessantly about drug use and become connoisseurs of street drugs (Beschner 1986).

Many compulsive users of drug are from dysfunctional families, and often serious psychological problems underlie their drug taking behaviour. Problems of personal identity, sexual orientation, boredom, family discord, academic pressure and chronic depression all contribute to the inability to cope with issues without drugs (Carroll 1996).

Advertisers use huge amount of money in television commercials because of the popularity of the media. Alcohol industry spends more than 1 billion on yearly advertising (Kilbourne 1989, Crister 1996).
The dependency stage synonymous with addiction. More of the drug is sought despite the presence of physical symptoms such as coughing in cases of cigarette and marijuana addiction or blackouts from advanced alcohol addiction. Withdrawal involves such symptoms as itching, chills, feeling tense, stomach pain or depression from the non use of the addictive drug (Monroe 1996).

Most commonly crimes related to drugs involve theft of personal property, primarily burglary and shop lifting and less commonly assault and robbery (Goldstein 1994).

Drug laws often do not serve as a satisfactory deterrent against the use of illicit drugs. People have used and abused drugs for thousands of years despite governmental restrictions. It is very likely that they will continue to do so despite stricter laws and greater support for law enforcement (Balabanova et. al., 1992)

In 1994 the Violent Crime Control and Law Enforcement Act, known as the crime bill. The entire appropriations for all crime and drug prevention and treatment programs under the crime bill in 1995 (Drug Strategies 1995).

No area of medicine is so bedeviled by semantic confusion as is the field of alcoholism (D.L. Davies 1969). Observers concluded that addicts must have a withdrawn behind a “Double Wall” of “Encapsulation” in which they failed to grow, making such techniques necessary. Other view addiction as a “Career” a series of steps or phases with distinguishable characteristics.
One career pattern of addiction includes six phases,

(1) Experimentation or initiation,
(2) Escalation or increasing use of drugs,
(3) Maintaining or taking care of business,
(4) Dysfunctioning or going through changes,
(5) Recovery or getting out of life, and
(6) Ex-addict or actually quitting

(Waldrof 1983; Clinard and Meier 1992)

a variety of cultural and organizational factors also operate in
the work place or school, college, universities so as to deny the
existence of severity of abuse or dependency. This triad of personal
denial, peer and kin denial and co-dependency and institutional
denial represents the formidable impediment to successful
intervention and recovery (Myers 1990).

The 1970s and 1980s were a golden era for rehabilitation, when
many costly, long term programs flourished. Recently, and in the
context of reimbursement concerns, the need for such a length of stay
as an inpatient has been questioned in several studies. Under the
pressure of managed care and new insurance guidelines many
inpatient programs have closed or been converted into a new form of
treatment (Holder, Longabaugh, Miller and Rubonis 1991).

Antabuse, which goes by the trade name “Disulfiram” is a drug
used for treating alcoholics. This drug is perceives as a deterrent drug,
it makes people violently ill if alcohol is used “Antabuse interferes with
the normal metabolism of alcohol, resulting in serious physical
reaction if even a small amount of alcohol is ingested”. The greatest asset in using this drug is its ability to deter impulsive drinking (McNeece and Dinitto 1994).

It is likely that drug addicts who use two drugs at the same time often are trying to antagonize the unpleasant side effects of the first drug by administering the second. It has been reported that as many as 90% of those currently abusing cocaine also use alcohol (Grant and Harford 1990). The combined use of those two drugs may be a major factor in drug related problems and death in emergency rooms (Karch 1996). Nevertheless it appears that some users may co-administer these drugs in order to antagonize the disruptive effects of alcohol with the stimulant action of the cocaine (O’Brien, 1995).

Individuals responses to drugs can vary greatly even when the same doses are administered in the same manner. This variability can be especially troublesome, when dealing with drugs that have narrow margin of safety. Many of these variables reflect differences in the pharmacokinetic factors just and are associated with diversity in the body size composition or functions, they include age, gender, pregnancy (Nies and Spielberg, 1995). Although tolerance, dependence and withdrawal are all consequences of adaptation by the body and its systems, they are not inseparably joined processes. It is possible to become tolerant to a drug without developing dependence and vice-versa, which are very important for many therapeutic drugs and almost all drugs of abuse (O’Brien, 1995).
The endorphins, among other things are potent endogenous analgesics that provide means for the body to defend itself against the debilitation effects of extreme pain. Research has shown that placebos cause the release of the endorphins to control pain (Hughes, 1975).

Craving is often assessed by (1) questioning the patients about the intensity of their drug urges; (2) measuring psychological changes such as increases in heart and breathing rates, sweating and subtle changes in the tension of facial muscles; (3) determining patients tendency to relapse in to drug taking behaviour (Swan, 1993).

Heroin and morphine are naturally present in the animal brain (Snyder, 1977), why would human and animal brains have receptors for opiate narcotics, which are plant chemicals? Discovery of opiate receptors, suggested the existence of internal (endogenous) neurotransmitter substances in the body that normally act at these receptors sites and have effects like narcotic drugs, such as codeine and morphine. This finding led to the identification of the body's own opiates, the endorphins (Goldstein, 1994).

As a result barbiturates have been replaced by benzodiazepines in most treatments; however they are still included in the number of combination products for the treatment of an array of medical problems such as gastrointestinal disorders, hypertension, asthma and pain. Their use in such prepnation is very controversial (Hobbs, Rall and Verdoorn, 1995).

Withdrawal from barbiturates after dependence has developed causes hyper excitability, because of the rebound of depressed neural
systems. Qualitatively the withdrawal symptoms are similar for all sedative hypnotics (Goldstein, 1995).

Antihistamines are viewed as relatively safe agents compared with other more powerful CNS depressants, antihistamines do not appear to cause significant physical or psychological dependence or addiction problems, although drugs with anticholinergic activity such as the antihistamines, are sometimes abused, especially by children and teenagers (Carlini, 1993).

Different antihistamines work differently on different people. Usually therapeutic doses will cause decreased alertness, relaxation, slowed reaction time and drowsiness. But it is not uncommon for some individual to be affected in the opposite manner that is an antihistamine can cause restlessness, agitation and insomnia. There are even cases seizures caused by toxic doses of antihistamine, particularly in children. Side effects of antihistamines related to their anticholinergic effects include dry mouth, constipation and inability to urinate. These factors probably help to discourage the abuse of these drugs (Serafin and Babe, 1995).

Because of the psychological effects, physical dependence also results from the regular consumption of large quantities of alcohol. This consequence becomes apparent when ethanol use is abruptly interrupted and withdrawal symptoms result. For example, during abstinence alcohol dependent individuals can experience periods of rebound hyper excitability marked by anxiety, agitation, confusion,
insomnia and delirium. The excitation might progress to convulsions and death (O'Brien, 1995).

The Vietnam War was an important landmark for heroin use in the United States. It has been estimated that as many as 40% of the US soldiers serving in Southeast Asia at this time used heroin to combat the frustrations and stress associated with this unpopular military actions. Although only 7% of the soldiers continued to use heroin after returning home, those who were addicted to this potent narcotic became a major component of the heroin - abusing population in this country (Golding, 1993).

Amphetamine is speed an illegal methamphetamine available as a white crystalline powder for injection. The profit for the speed manufacturer is substantial enough to make illicit production financially attractive, the cost ranges between $1 to $150 per gram (Reno, 1996).

A combination of amphetamine or cocaine with an opioid narcotic, often heroin, intensify, prolong or otherwise after the effects of LSD, and the two drugs are sometimes combined. The majority of speed users have also had experience with a variety of psychedelic and other drugs. In addition, people dependent on opiate narcotics frequently use amphetamines or cocaine. These combinations are called “speed balls” (Hall and Hando, 1993).

Over the last 15-20 years cocaine abuse has become one of the greatest drug concerns in the world. In the so called war against drugs, cocaine eradication is considered to be the top priority. The
tremendous attention recently directed at cocaine rejects the fact that from 1987-2002 the world experienced the longest cocaine epidemic in the history. Antisocial and criminal activities related to the effects of this potent stimulant have become highly visible and widely publicized (Grinspoon, 2003).

It is important to note here that the total number of cocaine users declining, the number of heavy users actually increased, resulting in the stable pattern of cocaine consumption over the past decade (Hudcocaine et. al., 1995).

Five years earlier, Johnson was stripped of a world’s record for the 100 mts. dash at the 1988 Seoul Olympics and forfeited the gold medal, when he tested positive for steroids in his urine. Because of the first incident Johnson was suspended from competition for two years. However in 1992 the 31 year old splinter was attempting a comeback with speeds that approached his world record time. In January 1993 a routine urine test determined Johnson was again using steroids to enhance his athletic performance (Ferrente, 1993).

Now that steroid use has been prohibited by almost all legitimate sporting organization, urine testing just prior to the athletic event has become common place (Lukas, 1993). Steroid using athletes attempts to avoid detection by trying to fool the test. These highly questionable strategies include the following:

1) Using steroid only during the training for the athletic event, but discontinuing its use several weeks before the competition.
(2) Taking drugs, such as probenecid, that blocks the excretion of steroids in the urine.

(3) Using diuretics and drinking large quantities of water to increase the urine output and dilute the steroid so it cannot be directed by the test.

(4) Adding adulterant chemicals to the urine, such as Drano, Chlorex, Ammonia or Murine Eye drops to invalidate the test.

Although these techniques may make the analysis of steroids in the urine more difficult, they usually are not sufficient to prevent detection by carefully conducting urine drug testing (Lukas, 1993; Merchant, 1992).

According to Indian traditional wisdom women symbolize the source of power. She is the prakriti, the primordial active energy. History is also testimony to the fact that a society which ensured women an active and equal partnership in social activities makes lasting progress. Gandhi realized it quite well and involved women in the struggle for freedom making it a truly mass movement.

It is however sad and alarming to note that according to the latest report by the National Family Health Survey (NFHS), the most extensive study on health and nutrition in India only 37% of women have heard of AIDS. In other words more than 40% women in India have not heard of AIDS. In rural areas situation is worse of the disease according to the survey. (Social Initiatives, December, 2006, Vol. 8)
Rafael Maldonado López (2007) Molecular Biology of Drug Addiction. Humana Press. pp. 360. A comprehensive multidisciplinary review of the most relevant molecular, genetic and behavioral approaches used to investigate the neurobiological basis of drug addiction. The authors explore the latest findings on opioid, psychostimulant, cannabinoid, alcohol, and [nicotine addiction], provide fresh insights into the genetic basis of drug addiction and the new therapeutic perspectives these have opened. They describe the technology available to generate conditional knockout mice and show how these mice can reveal the molecular basis of opioid, psychostimulant, and cannabinoid addiction. They also review the different behavioral models available to evaluate the rewarding effects of drugs and analyze the genes involved in alcohol dependence.