Chapter - I

INTRODUCTION
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The world today is discontented. Massive human problems plague the human race from war in the middle east to threat of famine, from terrorist attacks in Kashmir and North-east to riots, crimes, marriage problems, competition in business, immorality and strife. These and millions of other cause millions to seek escape, a way of getting out of problems. People today want instant relief, they want to experience new kicks or intensify old thrills. Many thousands, in order to get away from it all attempt to draw a chemical barrier between themselves and reality. In West and to some extent in our country several million have become drug abuser or drug misuser. They cannot sleep, wake up or feel comfortable without drugs. The struggle to escape reality approaches a near mania.

In medical practice therapeutic use of chemical substances has been of great benefit to patients and the community but inappropriate use of chemical substances can have significant detrimental consequences. Certain substances are associated with psychotrophic properties, that is they are capable of modifying mental activity. For this reason, many substances are used for recreational purposes. In some individuals, recreational use develop into dependence and misuse. The use of many substances is regulated by legislation, which makes some substances illicit. In turn, this may result in criminal and other undesirable activities associated with the supply and use of those "substances".

Drug misuse have become the most compelling reality of contemporary existence. Drug misuse affects performance, conduct and
relationships at work and at home. Employees who developed drug related problems cause harm to themselves and to others. Drugs have been available for use since the beginning of recorded time and will predictably remain so. Man will undoubtedly continue to use such substances for a number of reasons: to relax, to escape, to enjoy, to worship, to destroy. At given times in history certain drugs have had greater appeal or easier availability and have consequently been used more widely, but the essential point is that some psychoactive drugs are almost always readily available to enable people to achieve what they wish or need for alteration of mood or mind. We are living in a drug using society. Many turned towards chemicals as a way of life. They may have started it out of curiosity or experimentation but after a period of time they find themselves enjoying the experience.

The elders are the greatest consumers of medications. Many of the more commonly used drugs present special problems with the elders and their activity levels, orthostatic hypotension, which exacerbates falls among the elderly, may be associated with several commonly prescribed drugs including anti-depressants, major tranquilizers, diuretics and etc. Medication misuse in elderly should be minimised and when required low initial dose should be used and small incremental adjustments made when needed. Certain classes of drugs should be avoided e.g. psychotropic drugs may further alter the already impaired thermoregulatory functions of the elderly increasing the likelihood of hyperthermia and dehydration. Finally, one should periodically reassess the entire drug regimen for appropriateness and efficacy (American College, 1990).

The emergence of youthful drug misuse has attracted an enormous amount of media and scientific interest. Drugs and their misuse have,
become one of the biggest problems in colleges and universities and a growing problem of the world.

Drug misuse can be explained with the introduction of health consciousness and health locus of control. Health locus of control is an important component of individual's wellness. We can identify the locus of control and its ability to affect our health. Health locus of control is the degree to which individuals believe that their health is controlled by themselves, others or by chance.

A recent area in health care is health consciousness. It refers to those activities which individual undertake in promoting their own health, preventing their disease, limiting their illness and restoring their health. This consciousness is closely associated with behaviour relating to diet, sleep, exercise, weight, personal hygiene, submitting oneself to medical examinations and screening, reporting early when sick and accepting treatment, alcohol smoking and drugs.

The problem of substance misuse in younger people and older in particular, is an area which has been causing growing concern to health service planners and others involved in the area of health promotion.

Drug Misuse

Drug misuse in some form or other is virtually universal. The earliest writings refer to the use of alcohol and herbal remedies and it is almost certain that such substances were used by humans long before they became literate.
During the twentieth century 'drug misuse' has become widely regarded as one of the society's great problem. It is abundantly clear that all over the world various types of drugs are increasingly being used excessively, unwisely and often harmfully. At the same time, the pharmaceutical industry is producing an almost unbelievable range of new drugs to meet the ever growing demand for substances that can reduce depression, anxiety, dullness, pain, stimulation or to aid sleep.

Drug misuse by the elderly is a cause of concern in many countries. The great majority of drug related damage is caused by misuse of prescribed drugs. Often taken by middle aged and elderly people. In almost every society, people have became dependent upon prescribed minor or major tranquillizers to aid sleep.

During nineteenth and twentieth century many new drugs have been introduced which have revolutionised the effectiveness of medicine. In past, emotional stress was regarded as being the concern of the churches. Today the most likely method of dealing with stress is medication. Many people, if not most, now visit a doctor for whatever reason in the expectation that their ailment will be treated with appropriate medicine. Very often doctors complain that they are virtually forced into prescribing pills or tablets. It is a matter of course for even quite minor depression and that such substances will often be made available for protracted periods. Doctors, instead of being the arbiters of drug prescribing, sometimes find that they must respond to patients expectations that they will receive drugs almost as a matter of right. It is much quicker to write such a prescription than to hold prolonged discussion of the underlying causes of anxiety or
depression. Sometimes drugs are excessively or unnecessarily prescribed, and that sometimes doctors even misunderstand the correct purpose or methods of using certain drugs.

The more widely a drug is used the greater is the risk of some form of harm or misuse in relation to it. The greatest drug problems relate to the misuse of drugs. Drug misuse is present when a person consciously or unconsciously deviates from the prescribed dose. People usually overuse because they believe that more is better or underused because of economic needs or as a method to avoid side effects. They thought that drug was not working, so they stop taking it. Sometimes they don't understand instructions correctly and interpret instructions in other ways. They also stopped taking drugs due to fear of becoming drug dependent. This drug misuse can be dangerous, expensive and sometimes lethal.

Drug misuse refers to taking a legal drug inappropriately e.g. using drugs with an expired shelf life, swapping pills (someone giving a friend or relative some pain pills left over from his or her recent surgery, accidently taking the wrong drug (taking B.P. medication instead of heart medication, taking drug incorrectly (if two tyle are good, five will be better for headache).

Drug misuse may include overuse, underuse, contraindicated use, drug interactions and drug related disorders. Misuse may result from errors in self-administration of prescribed, medicines.

There are several obvious reasons for drug misuse

1. An increase in the level of education and knowledge among the general population.
2- A broader dissemination of basic information about illness and health care via popular magazines and television.

3- An increasing interest in self helps and self strategies for modifying life style.

4- A rapid acceleration in costs of medical care.

5- The recognition and interpretation of symptoms.

6- Availability of drugs on medical stores without having prescriptions.

7- To feel better, to feel different, to help them cope, to socialize, etc.

Factors Contributing Drug Misuse

There are some theoretical basis for drug misuse -

Constitutional (Biological) Factor - These are concerned with either biological predispositions or with the relationship between a drug and the body. It has been suggested that depressant drugs or tranquilizers might appeal to those in need of relaxation. Stimulants might appeal to the extroverts who are predisposed to hyperactivity. There is a growing body of evidence that inherited factors can predispose some people to develop drug-related disorders. Such factors interact with availability, social context and other important influences on drug misuse.

Personal Factors

1. Intelligence - Evidence shows that drug misusers are of average or above intelligence. This conclusion is supported by studies of drug takers in treatment, educational and penal institutions and in general population (Plant, 1981).
2. Sex - Males appear for more likely than females to misuse drugs.

3. Age - Elderly people misuse more as compared to the younger ones.

4. Drug misuse as self medication - Most of the drugs have relaxing, effects, e.g. sometimes such drugs are prescribed by doctors. It is a possibility that people who have high anxiety levels or other strong psychological needs use drugs specifically to adjust their unsatisfactory mental states to a more acceptable condition.

**Environmental Factors**

Availability - Specific drugs are misused because they are easily available on medical stores, prescribed drugs have certainly sometimes re-sold stolen or just left around for other to take. Availability is an important factor and appears to influence patterns of drug misuse in a given area and at a given time.

**Levels of Drug Misuse**

There are various ways or levels of drug misuse.

*Drug-Drug Interactions* - Two or more drugs given at the same time may exert their effects independently or may interact when a dose of a drug is given before complete elimination of previous one there is simple addition of effects. Addition may also take place in case of two different drugs with closely similar action. A drug-drug interaction occurs when the effect of one drug is altered by the presence of another drug in the body.

*Drug overdose* - When one increases the dose than the prescribed dose overuse happens. People thought that the more is "better" or stronger dose
will make them well sooner. Sometimes they may be taking a painkiller, a cold relief medicine and a tablet to get fever down, but they may have the same ingredient, which could be over the prescribed dosage per day. It may give a side-effect if one overdoses in an attempt to control the illness.

**Drug Underdose** - It implies less dosage than the prescribed dose. Drug underdose happens because one thought that it will have an after-effect on them, fear of becoming drug dependent. People take less dose than the required especially because of high costs of medicine.

**Self medication** - Self medication is hazardous. It can be even fatal taking a 'simple' vitamin B₁ or B₁₂ injection, if its taken without consulting a doctor. It can be harmful especially when any body doesn't require it. A large number of patients pay visit to the hospitals mainly due to their own fault - self medication, adds Dr. Ajay Rahtagi (2000) State Secretary, Delhi Medical Association. The reason for self medication could be broadly due to lack of money and/or time, or even doctor's phobia, explains Prof. Usha Gupta (2000) of Maulana Azad Medical College, Pharmacology Department. With self medication, body starts building up resistance to that particular drug, and over a period of time, one will need stronger doses to solve the same problem.

There are three kinds of people who go in for self-medication.

* **One has been to a doctor once:** One has been to a doctor and continues buying the same medicine regularly without rechecking.

* **Suits me fine:** One feels that a particular medicine (prescribed) really suited him. And he keeps going back to the chemist and buying the same medicine.
* Peer diagnosis: A particular medicine helped a friend so one assume it will work for him too.

Over/Behind the counter medications - These are non-prescription medications, such as acetylsalicylic acid (ASA), antacids, laxatives and cough syrups, certain medications, such as those containing codeine, one dispensed by the pharmacist only by request.

Improper use of Medication - Improper administration of the medication implies taking the drug in the wrong way, taking medication prescribed for another person, continuing to take medications that are no longer necessary, or failing to finish taking the medication for the prescribed length of time.

Polypharmacy - Taking many drugs at the same time. Seniors may receive multiple prescriptions from the same or different doctors. Or people may take the same medication in multiple doses through multiple prescriptions. The interactions of different medications can reduce, cancel, intensify, or even totally alter what the medication was supposed to do.

Problems associated with medicine misuse range from minor annoyances to life threatening situations, often resulting from adverse reactions to single medicines or the interactive effects of multiple medicines. The incidence of adverse drug reactions increases with age. The chances of an adverse drug reaction is three times greater for older persons than for younger adults. Forty percent of people who suffer from adverse drug reactions are over the age of 60. Elders have tendency to take drugs when they are not needed anymore (Patterson, 2001). Elderly individuals use prescribed drugs approximately three times as frequently as the general
population, and the use of over the counter (OTC) medications by this group is even more extensive. Most of the older people's hospital admissions are due to incorrect usage of prescribed drugs. Older adults are far more likely than younger people to respond, unpredictably to drugs, and because of this, most prescribed drugs are not even tested on older adults. Recent estimates showed that adults age 60 and older take an average of five prescription medications each day (Golden et al., 1999). Stoehr and colleagues (1997) found that 87% of older individuals (mean age 74.5 years) reported regular use of at least one over-the-counter (OTC) medication, and 5.7% were taking five or more OTC medications daily.

The disproportionately greater exposure to medications, coupled with age-related physiologic changes in the pharmacokinetics (e.g. decreased elimination and increased accumulation) and pharmacodynamics (e.g. increased sensibility to benzodiazepines) compared to younger individuals, increase the medication related adverse event.

Although aging affects how medications are processed in our bodies, a major factor affecting how well a medication work is whether or not we take our medications correctly.

**Health Implications of Medication Use**

Studies show that medication misuse can occur for a number of reasons, including the number of drugs needed, lack of accurate information, lack of communication with health care professionals, and poor medication practices. And, as people age some physiological changes occur that may alter the effects of various medications. These include:
1. The digestive system slows-down and drugs are broken down more slowly.

2. Drugs are absorbed at a slower rate.

3. The body's ability to rid itself of medication is slowed up to 50 percent due to decreased functioning of the liver and kidneys. This increases the risk of side-effects and toxicity.

4. The percentage of water and muscle in the body decreases, while fat tissue increases. This affects the length of time a drug stays in the body and the amount absorbed by body tissues.

5. The heart pumps more slowly and delays the removal of drugs.

6. There are fewer filters in the aging body. This may allow drugs to remain in the bloodstream longer.

Improper use of medications can cause problems such as disorientation, dizziness and poisoning, all of which put older age group at risk of injury and illness, leading to permanent disability, loss of independence, hospitalization, long term institutionalization and the loss of home and community.

There are some common reasons for drug misuse in older adults.

1. Believe that drug was "not working, so stopped taking it (medicines have different effects). It may take several days or weeks to get full benefit from medication.

2. Thought that larger dose will make them well sooner.

3. For some adults, vision problems could also be a factor.
size of instructions on medications packages and inserts are sometimes too small to read which adds more frustration to complying with instructions.

4. Felt better so stopped taking medication.

5. Did not hear or comply with instructions correctly.

6. Did not understand instructions.

7. Interpreted instructions such as "take as directed" or three times a day differently than what the doctor intended.

8. Didn't get prescription refilled (or filled).

9. Some older adults suffer from memory loss that can exacerbate any existing confusion with their prescription.

10. Lack of social support compels them towards medication.

11. Multiple medications and/or a complex dosage schedule can make it primarily difficult to keep back of when or how to take medicines.

12. Fear of becoming drug dependent.

13. High cost of medicine, sometimes people try to reduce costs by taking old medicines, taking one half the dose, diluting the dose, skipping a day, or not having a prescription filled.

14. Accidental misuse, unknowingly mixing a prescription drug with an over the counter drug and producing an undesirable effect, or taking medicine with alcohol.

15. Limited mobility, making it difficult to get to the pharmacy or store to purchase medicine, or to give oneself the medicine.

16. Unable to open containers.
17. Thought asking question as a threat or challenge and don't know what to ask about their medication.

18. The most common problem is poor communication between older adults and their health care professionals. This is particularly important for adults taking multiple medications prescribed by multiple physicians.

Elderly persons can react in unexpected way to medications and polypharmacy can put them at risk.

1. Medical errors - The more drugs taken, the greater the chance of taking the wrong drug at wrong time.

2. Adverse effect from each drug - polypharmacy is the primary cause for adverse drug reactions.

3. Adverse reaction from interactions between drugs: The potential signs of adverse drug reactions are changes in eating, sleeping patterns, confusion, disorientation, malnutrition, poor hygiene, neglecting one's appearance, tremors, incontinence, difficult urinating, blurred vision, dry mouth or frequent falls and bruising, fatigue, constipation or diarrhea, depression, excess of drowsiness, hallucinations, dizziness.

Medicines can be more effective particularly when they are used properly and prescribed by doctors. It can also cause a tremendous amount of harm when misused. Drug misuse can be overcome by direct communication with physician and pharmacist. Being outspoken about one's health care and knowing what medicines one is taking, how they interact and how they should be working can prevent the misuse of prescription and the over the counter medications.
Locus of Control

The internal versus external dimension of attribution theory has been applied specifically to health in terms of the concept of health locus of control. Individuals differ as to whether they tend to regard events as controllable by them (an internal locus of control) or uncontrollable by them (an external locus of control).

The construct of Health Locus of control was derived from the social learning theory developed by Rotter in 1966. The social learning theory states that an individual learns on the basis of his or her history of reinforcement. From the social learning theory Rotter developed the locus of control construct, consisting of an internal-external rating scale. This construct comes directly from the psychotherapeutic clinic where it was a frequent observation that psychotherapy was seldom successful if the client did not believe that reinforcements used during therapy were contingent on his behaviour. The conclusion was that the individual must also believe that there is a causal relationship between what one does and what follows.

Originally the notion of locus of control is embedded within the framework of Rotter's social learning theory (1954). According to this theory, the unit of investigation for the study of personality is the interaction of the individual and his meaningful environment, and it is the study of learned behaviour. The occurrence of a behaviour of a person is determined not only by the nature or importance of goals or reinforcements but also by the person's anticipation or expectancy that their goals will occur.
Rotter (1966) defined the construct of locus of control as follows: "when a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then in our culture, it is typically perceived as the result of luck, chance, fate as under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding him. When the event is interpreted in this way by an individual, we have labelled this a belief in external control. If the person perceives that the event is contingent upon his own behaviour relatively permanent characteristics, we have termed this as belief in internal control".

Lefcourt (1966) defined the internal and external constructs as follows "As a general principle internal control refers to the perception of positive and/or negative events as being a consequence of one's own actions and thereby under person's control, external control refers to the perception of positive and/or negative events as being unrelated to one's own behaviours in certain situations and therefore beyond personal control" (p. 207).

It has been found that people differ in the degree to which they believe that they are usually able to influence the outcome of their situations. The same reinforcement in the same situation may be perceived by one individual as within his own control and by another as outside his own influence. If, for instance, the individual is convinced that he has little control over the rewards and punishments he receives, then he has little reason to modify his behaviour in an attempt to alter the possibility that those events will occur. Rewards and punishments then will have lost much
of their reinforcing value, since they will not be as effective in strengthening or weakening the subject's response (Crandall, Katkovsky, & Crandall, 1965).

It follows as a general hypothesis that when the reinforcement is seen as not contingent upon the subjects own behaviour, its occurrence will not increase an expectancy as much as when it is seen as contingent. Conversely, its non occurrence will not reduce any expectancy so much as when it is seen as contingent. It seems likely that depending on the individual's history of reinforcement, individuals would differ in the degree to which they attributed reinforcements to their actions (Rotter, 1966). In other words, locus of control is a measure of a person's perception of the determinants of the reinforcement he receives.

In most research on locus of control, perceived locus of control has been considered a unidimensional, bipolar construct, that is as internal or external. Locus of control should not be regarded as an omnibus trait similar to "competence"or "intelligence" which pertains to each and every fact of human endeavour. Rather it is a circumscribed self appraisal pertaining to the degree to which individuals view themselves as having some casual role in determining specific events (Lefcourt, 1976). Some individuals believe that men are not the masters of their fates whereas others believe that man is responsible for his fate. Hersch and Schiebe (1967), Levenson (1972), and Prociuk and Breen (1974) stated that the theoretical formulation may be too simplistic because of diversity in the meaning of external control. Recent investigators believe that locus of
control is multidimensional construct because of qualitative distinctions between and within internality and externality (Barling, 1980; Lindbloom & Faw, 1982; Nassi & Abramowitz, 1980; Singh, Singh & Shukla, 1986).

Externals may be grouped as congruent externals and defensive externals. The former reflect the classic picture of passive, non-achievement oriented external; the latter are more active and achievement oriented (Davis, 1970).

Rotter, Seeman and Liverant (1962) stated "... internal control refers to the perception of positive and/or negative events as being a consequence of one's own actions and thereby under personal control; whereas being unrelated to one's own behaviours in certain situations and therefore beyond personal control" (p. 499).

The external scores view environmental situation, luck, chance and manipulation by others as determining their destiny while internal scorers perceive the consequences of their lives as resulting from their own actions (Rotter, 1966).

Regarding externals, Lefcourt (1966) stated that they lack power over what happens to them (p. 207), "feel that they have little control over their environment" (Tesser & Grossman, 1969, p. 75)", believes that the events in his life are for the most part beyond his influence" (Broedling, 1975, p. 65), "feel their destinies are beyond their own control" (Levenson, 1975, p. 343).

Levenson (1972) made a tripartile differentiation in the locus of control namely, powerful others and chance. The differentiation of externals
as controlled by powerful others and chance came from the reasoning that those who believe in powerful others believe that the world is ordered (though by others) and thus behave differently from those who believe the world is unordered and operates on chance. In the former case, at least a potential for control exists.

Health Locus of Control

Health is one of the many areas in which there has been a significant amount of interest in relating locus of control (LOC) beliefs to a variety of relevant behaviours. Motivation to control, the expectancy that one's behaviour either is or is not directly related to one's outcomes (i.e. reinforcements).

There is extensive interest in understanding the relationship between locus of control beliefs and a variety of different health attitudes, behaviours, and situations. Health Locus of Control (HLC), was first popularized in 1976 by Wallston, Wallston, Kaplan and Maides, examine the degree to which individuals believe that their health is controlled by internal or external factors. External beliefs are premised on the notion that one's health outcome is under the control of powerful others (i.e. medical professionals) or is determined by fate, luck, or chance. Internal beliefs characterize one's health condition as being the direct result of one's own actions.

A great deal of research has linked internal locus of control to positive health beliefs and behaviours. While not all attempts to correlate the two have been successful, it is widely accepted that health related locus
of control is significantly associated with a variety of health behaviours and outcomes.

(Wallston and Wallston (1982) developed a measure of the health locus of control which evaluates whether individuals regard their health as controllable by them (e.g. I am directly responsible for my health'), they believe their health is not controllable by them and is in the hands of fate (e.g. whether I am well or not is a matter of luck'), or they regard their health as under the control of powerful others (e.g. 'I can only do what my doctor tells me to do'). Health locus of control has been related to whether individuals change their behaviour (e.g. give up smoking) and the kind of communication style they require from health professionals. Wallston, Wallston, Kaplan and Maides (1976) recognized that there was difficulty in predicting health behaviour specifically from generalised expectancy measures such as Rotter's I-E scale (1966).

The test developers discovered through observations of classes for newly diagnosed diabetic patients and their families that medical staff kept stressing the importance of the patient's active role in his or her own health care. It was apparent that the professionals were trying to get the patients to adopt an internal locus of control. This prompted the interest in the developers to relate locus of control scale with health. Wallston et al. (1976) has emerged as a measure of locus of control specific to health domain.)

The social learning theory is likely to exert influence in the health domain as well. Internals who perceive that they retain power over health-
related rewards are prone to obtain proper nutrition, exercise, stress reduction, and to obtain prevention, enhancement strategies to maintain and improve the state of their health. Externals who believe that chance, God or the medical industry, etc. control their health are liable to exhibit behaviours, which are less action-oriented (more reaction-oriented) and appropriate health arena manifests itself in an external HLC.

Levenson (1974) argued that understanding prediction could be improved by studying fate and chance expectations separately from external control, powerful others. Of the six externally worded items on the original health locus of control scale, only one ["I can do only what my doctor tells me to do"] was related to the dimension of powerful others externally. Wallston and Wallston saw that new items tapping into this dimension were necessary. According to Levenson (1974) powerful others should not be internal or external and beliefs about people in general should have less predictive power than beliefs about one's own control. Realizing the utility and supporting evidence of multidimensionality, the multidimensional health locus of control scale was developed. The health locus of control scale was developed as a unidimensional measure of people's beliefs that their health is or not determined by their own behaviour. Increasing numbers of investigators are turning to health locus of control measure as the preferred alternative for studying health and sick-role behaviours. Using health locus of control scales to measure health related locus of control is used to evaluate health education program success. For evaluative purposes, changes in beliefs or expectancies are only relevant if accompanied by desired
behavioural change. Expectancy data, such as provided by health locus of control scales, will add to the understanding of the change or lack of change in behaviours.

Health Locus of Control (HLC) is the degree to which individuals believe that their health is controlled by internal or external factors whether the individual is internal or external is based on a series of statements. The statements are scored and summed to determine whether the individual has internal or external health beliefs. This is called the unidimensional HLC scale that was developed by Wallston, Wallston, Kaplan and Maides (1976). Externals refer to the belief that one's outcome is under the control of powerful others or is determined by fate, luck or chance. Internal refers to the belief that one's outcome is directly the result of one's behavior.

Levenson (1974) questioned the conceptualization of the locus of control as unidimensional construct. She predicted that the construct could be better understood by studying fate and chance expectations separately from external control by powerful others. For this reason, Levenson (1974) developed the 3 eight-item, Likert scale, termed as IPC scale which was used to measure generalized locus of control beliefs. Wallston and Wallston (1978) combined their unidimensional HLC scale and Levenson's IPC scale and developed the Multidimensional Health Locus of Control (MHLC) scale. The MHLC scale consists of 3 six-item scales also using the Likert format.

1. Internal HLC (ILHC) is the extent to which one believes that internal factors are responsible for health/illness.
2. Powerful others HLC (PHLC) is the belief that one's health is determined by powerful others.

3. Chance HLC (CHLC) measures the extent to which one believes that health illness is a matter of fate, luck or chance.

Three major potential uses of a health-related locus of control scales have been identified (a) as an independent variable to predict health behaviour, either alone or in combination with other relevant belief and attitude variables; (b) as an independent variable, in combination with different treatment conditions, such that treatment outcome may vary with locus of control belief; and (c) as a dependent variable to measure treatment outcome. We believe that the relationship between health locus of control belief and drug misuse needs to be understand among younger and older people. By understanding the relationship awareness may be developed among drug misusers regarding the health-related consequences.

**Health Consciousness**

Over the past 55 years, India's health scenario has undergone considerable changes. Life expectancy has increased from 32 to 62 years, birth rate reduced from 41 to 26 and death rate has fallen from 27 to 9 per thousand. Yet a fact remains that India's health sector is currently facing numerous challenges. The rapidly growing population is the greatest challenge before us. The risk of fatal diseases has increased to a greater extent. These factors are bound to affect the quality of life (Discover India, 2000).
Fortunately, India has a very deep rooted tradition of good health practices since ancient time. People have high level of health consciousness and knowledge of treatment of diseases.

Health is a common theme in most cultures. In fact, all communities have their concepts of health, as part of their culture. In some culture health and harmony are considered equivalent, harmony being defined as "being at peace with self, the community, God and cosmos".

Smith (1990) said, "in the past, good health meant the absence of disease". Today, the definition of health is high level wellness that goes beyond the absence of disease toward one's maximum health potential which includes mind, body and spirit. High level wellness is the integration of five health components which are: emotional, physical, social, spiritual and mental. Dintiman, Davis, Penington, and Stone (1989) suggest that combined use of these elements can lead to high-level wellness.

The widely accepted definition of health is that given by the World Health Organization (1948) in the preamble to its constitution, which is as follows: "Health is a state of complete physical, mental, and social well-being and not merely an absence of disease or infirmity".

The Webster College Dictionary (1991) defines consciousness as concern, interest or acute awareness. By combining the definition of health and the definition of consciousness, health consciousness could then be defined as one's acute awareness, interest or concern about achieving and/or maintaining high level wellness.
True health consciousness begins to develop in an individual when one takes charge of her own state of health. The first step is to learn to listen to the body. It is constantly telegraphing messages to the overburdened brain. Most of us learned long time back to ignore physical signals unless they turn into pain. Body awareness can be developed through mind-body exercises like Yoga, t'ai chi or martial arts. The gentle movements, coordinated breathing and meditative mental focus will automatically lead to greater appreciation of our body (Tampa Bay New Times, 1998).

The most importantly, health consciousness is enhanced powerfully by living in the consciousness that we are actually soul in our body, not the other way around. Health consciousness is a shift in how we care for our body, how we approach each day, and how we think of true identity.

Health consciousness may be defined as one's awareness or concern about maintaining health which includes mind, body and spirit. It is believed that personal hygiene and health, fatalistic view about care and healthy lifestyle practices play important roles in health consciousness. The combined awareness of these three elements can lead to high level of health consciousness.

**Significance of the Present Study**

Evidence from drug misuse in younger adults is limited, primarily because of the absence of research. In the field of drug misuse of physicalistic medicine.
Older adults may differ from younger adults with health locus of control orientation and health consciousness in the extent of drug misuse. To be precise, the present study will examine the difference between younger adults and older adults with high or low internality, powerful others, and chance health locus of control orientation and high, moderate, and low health consciousness on different levels of drug misuse.

Widespread and heavy use of physicalistic medicine amongst the elderly has been confirmed worldwide in the developed countries. The use of sedatives and minor tranquilizers has risen to a greater extent in the past two years this increase is specially found in the case of older people. This study will highlight the extent to which type of medicine has contributed, directly or indirectly, to the problem of drug misuse among younger and older adults in India. Particular attention will be given to the question of drug misuse of physicalistic medicine and the impact this has had on younger and older people.

A lot of research has been conducted in relation to identification of factors contributing to the level of individuals health consciousness. The present research is also an attempt to develop health consciousness scale to provide additional support for earlier research results. Differences between two different age groups will be assessed on the different types of drug misuse.

Drug misuse questionnaire was constructed which includes eight levels of drug misuse and twenty different types of physicalistic medicines.
Research Objectives

The present study is not based on the findings of previous research and it is exploratory research. Therefore, investigator did not formulate any research hypothesis. Instead of formulating hypothesis we have set research objectives which are presented below.

The main research objectives of the present study are to:

1. develop the Drug Misuse Questionnaire.
2. determine differences between younger and older subjects with high internal health locus of control on different levels of drug misuse.
3. determine differences between younger and older subjects with low internal health locus of control on different levels of drug misuse.
4. determine differences between younger and older subjects with high powerful others health locus of control on different levels of drug misuse.
5. determine differences between younger and older subjects with low powerful others health locus of control on different levels of drug misuse.
6. determine differences between younger and older subjects with high chance health locus of control on different levels of drug misuse.
7. determine differences between younger and older subjects with low chance health locus of control on different levels drug misuse.
8. develop Health Consciousness Scale.
9. determine differences between younger and older subjects with high health consciousness on different levels of drug misuse.

10. determine differences between younger and older subjects with moderate health consciousness on different levels of drug misuse.

11. determine differences between younger and older subjects with low health consciousness on different levels of drug misuse.