The use of drugs to alter state of consciousness goes far back in the history. It appears that humanity has always been interested in finding substances, that relive anxiety, produce feelings of contentment and happiness, and sometimes result in strange experiences that make the user perceive the world in distorted fashion - the way he likes, has hallucinations of imagining sights and sounds and perhaps attain mystical religious sense of oneness, with the universe. The mind altering drugs create their effects by temporarily changing the activity of the brain. Drug abuser slowly develops a psychological dependence on the intake of particular drug. The use of psychoactive drugs like marijuna, amphetemine, alcohol and heroin affects the brain and changes mood, feelings and thinking. Drug abuser's behaviour is associated with abnormal behaviour which creates problems and untold harm to himself, family members and society at large.

Drug abuser in fact is a sick person and most of the time he can be considered maladjusted in different spheres of life. Adjustment in life means individuals' orientation towards his parents and other family members, health, himself and occupational level. Adjustment in fact is concerned with the
individual's ability to cope effectively with the environment around. Unsatisfactory conditions in any of these spheres can lead to maladjustment. This maladjustment in life could in turn make the person to turn to drug abuse, because in the beginning, drugs are stimulating and seem to reduce tension, inhibitions and depressed feelings. However, when these drugs are taken in excess they cause problems. So whenever life problems are seriously disturbing they induce stress which makes him maladjusted. In order to escape from harsh realities of life, he chooses the easy path of drug abuse.

The sample of the present study consisted of 100 drug abusers and 100 non drug abusers. The non drug abusers sample was selected at random from the undergraduate student population of Medical College. In order to select the drug abuser, incidental sampling was used. Although the E was fully aware of the limitation of this sampling technique which unfortunately is perhaps the weakest of the nonprobability sampling techniques. It had to be resorted to in view of the acute shortage of classified drug abusers. The drug abusers were selected from Drug-Deaddiction Cell, Medical College and Hospital, Rohtak. The population comprised of those Ss, who had been admitted in this centre at least for five days. The sample consisted of 51
Marijuana (Bhang, ganja and charas) addicts, 25 alcoholics and 24 opium and heroin addicts. Only male Ss between 16 to 29 years of age were included in the 'drug abuser and non drug abuser' group. Apart from sex and age, attempts were made to achieve some matching on income and education variables as well. After establishing rapport with the Ss and assuring them full of confidentiality, they were administered the specially constructed adjustment inventory in small manageable groups. The same procedure was followed for non drug abuser group as well.

The following hypothesis was formulated for testing.

Hypothesis:

Drug abusers have poor adjustment in various spheres of life than non drug abusers.

The significance of the differences between the overall adjustment / maladjustment scores of drug abusers and non drug abusers was tested by applying t-test. Since the difference turned out to be statistically significant a number of t values were computed to test the significance of differences between the non drug abusers and drug abusers groups on the various adjustment factors (such as home, health, social, emotional occupational) covered by the inventory.
The finding of the present work has great applied value. These results draw our attention towards the maladjustment factors which could greatly contribute towards drug abuse. The drug abusers no doubt need immediate treatment for his physical addiction at properly equipped Deaddiction centre but once the addiction has been controlled, regular psychological counselling of such treated Ss must start in order to improve their adjustment in various spheres. Low adjustment could lead to problems which in turn build pressure and psychological tension in the mind of the people. As a short cut solution these people try to escape from the reality by taking resort to various intoxicating agents. Once they get addicted to such agents, the various forms of adjustments get a further set back. For example an addict might have the drug at the regular intervals whatever the cost may be—in certain cases such drugs have been purchased evenly sacrificing the medicine of an ailing child leading to further problems of home front. Similarly the 'drug dose' may become necessary for an addict after sometime even during his duty hours which is usually taken resulting in loss of work efficiency which ultimately leads to gradual deterioration on the occupational adjustment. It may thus be sometime difficult to identify the cause effect relationships. Infact it is vicious
circle. The attack has to be on two fronts—deaddiction followed by actual rehabilitation programme— if long lasting affects are to be achieved.