Chapter V

Discussion
Chapter – V

DISCUSSION

After a presentation of the results of the study in the previous Chapter, a discussion of the implications of these results would help in better understanding of the findings. The discussion presented here is related to –

1. The relation between the type of drug and the status of addicts i.e. the addicts staying clean after the treatment and relapsed or go back to the old habit of abusing drugs.

2. The significance of difference between adjustment problems of addicts in two status with type of drug and addicts fall under different categories viz. addicts abused single drug, double drugs and multiple drugs.

3. The significant difference of mean age of subjects as per their status i.e. clean and relapsed addicts.

The drug addiction is a psycho-social problem and when we are trying to see the adjustment level of addicts after treatment it is imperative to know the some of the personal characteristics of the respondents.

AGE

Since one’s social status is correlated with age, the study of the age structure is of great importance. The present study revealed that a sizeable number of addicts fall under the age group of 26 years to 40 years (66.41 per
cent). In their study Bedi and Bajpai (1997) found the age between 30-40 years to be more risk prone, a sizeable number of 33.61 per cent fall under this category. Like present study, they also found a small group of addicts (0.55 per cent) below the age of 20 years. But Romeobala (1997) in her study on drug abusers in Manipur found 15 to 20 years of age group are at risk (53.78 per cent). Varma et al. (1985) found the majority of addicts in the age-group of 20-30 years. Mustafa (1985) found in case studies done in Kenya that most of the cases were between the age of 20 and 29 years. National Survey (1993) in Pakistan found that highest percentage of drug abusers in Pakistan was within the age group of 26-30 years and 83.6 per cent were under 40 years of age. Ponnudurai et al. (1993) fund the mean age to be 39.2 years who reported for treatment. Ray and Chandrasekhar’s (1985) study on alcoholics among psychiatry population, found 57.14 were in the age-group of 26-45 years. Bogadia and associates also found alcoholics in the age group of 26 to 35 years. Chopra and Chopra (1965) found the average age of addicts using cannabis were 35 years. Chandrabasavnna and Bhatti (1985) found the mean age of addicts 38.82 years.

All the studies referred above support the finding that addiction gains the momentum after the age of 20 years. Why most of the addicts of various studies are between the age group of 26 to 40 years may be that all the studies
are clinic based and the respondents are patients of the treatment centres. After a long spell of addiction in younger age, probably addicts in this age group are trying to go back to their normal life style.

Chabra (1992) who investigated the drug abuse problem in Amritsar commented that the person below 18 years is generally not vulnerable to drug addiction. But his statement can not be accepted as Romeobala (1997), Gupta et al. (1987), Sharma (1995) and nationwide survey (1992) showed that risk period for drug addiction is below 18 years of age. The age between 15 to 25 years is very sensitive period for human development as this is a transition period from adolescence to adulthood. Peer group plays a dominant role at this stage of life and the youth can be carried away by others or by his heightened emotions. Most of the studies discover that drug addiction has its origin in sheer experimentation out of curiosity and an exploration on the part of the individual to use a drug to have some fun or to release tension. To tackle this problem of drug abuse, the parents need to be educated to remain vigilant about their movement and activities and also their company so that any diversion to drugs is discovered and nipped in the bud.

**Age at first initiation**

The result of the study reveals that 52.63 per cent of drug abusers first initiated drugs between the age of 16 to 20 years. Romeobala (1997) also found
the same age group in first initiation of drug. The National Survey of drug abuse in Pakistan (1993) revealed that 24 per cent of heroin abusers were in the age group of 15-20 years and 46.8 per cent charas smoker were of this age group. Wairakar and associates (1994) revealed that mean age of initiation of cough syrup addicts in Assam and Nagaland were 17.44 and 15.77 years respectively. The study undertaken by Ministry of Welfare in Shillong revealed that the drug users were found to be predominantly unmarried (88.8 per cent), male between age group of 20 to 29 years; the initiation of drug use took place within 16 to 20 years of age.

OCCUPATION

The present study indicates that out of the total respondents of different occupational status 36.44 per cent were service holder. Romeobala (1997) in her study on occupational status and age at first initiation of drugs commented that the three categories (student, unemployed and employed) are all more prone to first drug abuse at the ages of 15 to 20 years. Much against the common cry of students and unemployed becoming the victim of drug addiction is wrong as only 10.85 per cent and 15.50 per cent are students and unemployed respectively in the present investigation. Bedi and Bajpai (1997) found only 3.89 per cent as service holder. National Survey on Drug Abuse in Pakistan (1993) showed that 62.3 per cent of drug users have a full time job. Roy and Chandrasekhar (1985)
in their study on alcoholics found 23.8 per cent of office/white collar occupation and none of the respondent was unemployed.

Though the present study does not show the unemployment as a cause of drug abuse problem, but many researchers believe that drug addiction leads to unemployment. Therefore, probably it will be worthwhile to mention that service providers may think for their vocational rehabilitation. Services meeting the need for vocational training, child care, transportation and housing showed beneficial effects (Polinsky et al., 1999) among the drug abusers undergoing treatment.

Moreover, drug use among employed persons would affect their performance and may even lead to loss of jobs. It has been reported that the rate of unemployment is higher among drug users, so also is the prevalence of drug use among the unemployed. Sharma’s study (1995) on drug abusers indicated that drug addiction had a definite impact on work. ‘About three-fourths of the drug users were unable to attend their work satisfactorily due to drug addiction. More than half frequently absented themselves while two-fifth did so occasionally.’

EDUCATION

The present investigation indicated that 45.8 per cent drug abusers passed only elementary stage of education and 3.8 per cent were illiterate out of
Lai and Sethi (1985) presented 'Socio-Demographic Variables Table' of Sethi and Trivedi (1978) in their study on 'Alcohol abuse; which showed that 88.7 per cent alcohol abusers passed only primary level. Roy and Chandrasekhar's study (1985) also showed educational status of majority alcoholics as 'upto SSLC'. Bedi and Bajpai (1997) found 54.11 per cent respondents to be illiterate. In their opinion either it is a problem of illiterate or educated people are least attracted by the services of the centres.

**TYPE OF DRUGS ABUSED BY SINGLE DRUG ABUSERS**

A number of researches done on the abuse of drugs found that alcohol is the most widely used chemical substance abused by the addicts. In 1975, about 26,000 students were interviewed using a self administered proforma. Alcohol was most abused (by 10-15 per cent) followed by tobacco (by 8-15 per cent) and tranquilizers (by 1-2.5 per cent) of the students. No opiates stimulants and other drugs were reported. The heroin use among college students were reported for the first time in India in 1986 (Mohan et al., 1990; Channabasavanna et al., 1990). Among school students also alcohol was the most commonly abused substance (11-30 per cent), followed by tobacco (3-6 per cent) and minor tranquilizers (1-4 per cent). There were no reports of cannabis or opiate use (Mohan et al., 1986; 1987). Out of 178 patients in five years seeking treatment for addiction in a South Indian city, 43 were addicted only to alcohol and one
was addicted to opium and alcohol both (Venkoba Rao et al., 1978). In one of the studies conducted in rural areas of U.P. found 82.55 per cent were taking alcohol out of total drug abusers (Sethi and Trivedi, 1979).

The present study also revealed that majority of the drug abusers both in clean (87.5 per cent) and relapsed (77.2 per cent) state abused alcohol. Another 12.5 per cent addicts in clean state abused ganja, heroin and spasmoproxivon whereas 22.8 per cent of addicts in relapsed state abused brown sugar, ganja, heroin and spasmoproxivon. Romeobala (1997) also found in her study the alcohol is widely used substance by the addicts (60.23 per cent). In the present study, 8.8 per cent addicts in relapsed state abused brown sugar which is an adulterated form of heroin, 6.3 per cent in clean state and 8.8 per cent addicts in relapsed state abused heroin. Ganja was abused by 3.1 per cent and 3.5 per cent addicts in clean and relapsed state respectively. In Romeobala’s study (1997) 12.0 per cent addicts abused heroin and 1.16 per cent abused ganja. But the status of addicts as clean or relapsed does not depend on type of drugs they abused. Brown et al. (1995) found that the risk of relapsed increased among the individuals with less confidence in their ability to resist alcohol use and among men who rely on alcohol and drug-abusing individuals for their social support. According to them those who relapsed also tended to have positive alcohol
expectancies and engaged in avoidance coping strategies. They also found difficulty in initiating changes in psycho-social functioning.

The study done on non-student youth labour in Ludhiana (Gupta et al., 1987) have shown the type of drug commonly used as follows:

<table>
<thead>
<tr>
<th>Type of drugs</th>
<th>% of abused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>60.31</td>
</tr>
<tr>
<td>Alcohol</td>
<td>51.36</td>
</tr>
<tr>
<td>Cannabis</td>
<td>8.52</td>
</tr>
<tr>
<td>Opium</td>
<td>1.16</td>
</tr>
<tr>
<td>Minor tranquilliser</td>
<td>0.77</td>
</tr>
</tbody>
</table>

A study conducted by Darshan and Sharma (1991) revealed that out of 531 students, 61.20 per cent of the students abused depressant, 11.11 per cent abused opiates, 38.80 per cent painkillers, 11.17 per cent stimulants, 13.18 per cent hallucinogens, 12.62 per cent tranquillisers and 29.76 per cent abused tobacco. The prevalence of depressant abuse among male students was 68.97 per cent followed by pain killers with the prevalence of 38.58 per cent. Most of the female students favoured painkillers (40.30 per cent) followed by tranquillisers (17.91 per cent). The result is with the conformity to Ahuja's study (1979) which revealed that girls use more psycho-therapeutic drugs (pain killers,
tranquillisers etc.) than boys. However, the present study does not explore the problems of drug abuse among females.

The report of drug research project (Singh, 1992) reveals that the traditional drugs like opium, cannabis, tobacco etc. are still persistent in the society particularly among the lower strata. The study conducted under the same project in North East India covering Dimapur, Guwahati, Imphal and Shillong showed that the common drugs of abuse in all four cities were ganja, bhang, charas, heroin, brown sugar, phensedyle.

Tarapot (1997) reported that although in North Eastern states alcohol, opium and cannabis were common drugs of abuse, youth in this backward area dangerously being trapped in heroin addiction. The possible factors which caused drug addiction among youth in the region are ‘easy access to money, pressure from addicts friends, curiosity, broken families, unemployment, lack of parental care, frustration, lack of opportunities to engage the youth in some occupation and perception of a bleak future’.

Baruah (1993) in a study conducted in Guwahati found the alcohol, opiate and cannabis were main drugs of abuse.

The type of drug that is injected does play a mediating role in the relationship between injecting drugs use and its associated harm (Kaye and
Darke, 2000). Compared to primary amphetamine injectors, primary heroin injectors were more dependent on their primary drug, had poorer social functioning and had exhibited a higher degree of criminal behaviour.

ADJUSTMENT OF DEPRESSANT GROUP (SINGLE DRUG)

The analysis of adjustment score of addicts abusing single drug of depressant type shows that there is a significant difference between the drug abusers of clean and relapsed state in the personal adjustment. This indicates that the treatment enhances the personal adjustment level of the addicts which help them to maintain a clean life. But though they improved their personal adjustment they failed to show improvement in the social adjustment.

The study done on the addicts treated in Chandigarh found the alcoholics achieved abstinent status quickly (Verma et al., 1978). They opined “drug abuse may not be perceived to be a medical problem and although the person may feel that he should give up the habit, he may resort to the available social support system for this purpose”.

Another clinic based study showed that 17 per cent drug abusers (alcoholics) maintained abstinence after treatment, 83 per cent relapsed after therapy. After a follow-up of six months, the group which was treated with
group interaction and family therapy had no relapse whereas the group treated with behaviour therapy and group interaction relapse of 83 per cent (Channabasavanna and Bhatti, 1985). The respondents of present study treated with medicine, group interaction, psychological and family counselling. Psychological counselling is done at group and individual level. Family members or significant person in addicts life are called for counselling to make them prepared to accept the addiction as a disease and to provide him support by understanding his problem and not to expect a dramatic change in his life during recovering period. “Dependency and group affiliation are the hall-marks of our culture . . . . . strengthening the dependency and improving the interrelationships of the family as a group needs to be exploited for the proper treatment of addicts” (Channabasvanna and Bhatti, 1985).

Shah and associates (1981) treated 80 alcoholics using disulfiram, marital and family counselling on an out-patient basis. After vigorous analysis of the cases they concluded that ‘combined treatment with disulfiram and counselling as well as case work : with the couple is very effective in alcohol consumption and psychological problems related to alcohol’. Bedi and Bajpai (1997) put forward personal problems which make the addicts to leave the habit as financial hardship, physical weakness, the realization of the family responsibility. The study was done on 360 respondents. This also shows that
until the drug abusers realize the problem by themselves, it is difficult to go for abstinence. Basu and associates (1993) in their report of case study done on two alcoholics commented “when they relapse, they do so more due to a failure in coping with their depression, fear, anxiety or anger”.

It is very striking to show that though treatment is helpful for personal improvement it does not help in social adjustment. According to Worick and Schalar (1977) if the alcoholic is constantly belittled by his supervisors and co-workers for being an alcoholic, the alcoholic may use this as an excuse to drink more, and may loose faith in his own capacity to quit. As the addicts are not accepted by the society even if they are at recovering stage and therefore maintaining follow up and attending AA meeting is very important because they form a separate group where recovering addicts can share their problems and feelings. Interacting with others and a fellow feeling is very important for social development of a person. The study done on treated patient in a village near Vellore showed that after follow-up of one year, thirteen patients were abstinent and were participating regularly in the AA meeting. This also proves the social participation for rehabilitation (Sunil et al., 1991).

The relapsed drug abusers were also of younger-age which indicates that younger age groups (36.56) is more prone to relapse. In a comparative study of the group considered improved (30 per cent) and not improved (70 per cent)
showed that the improved group were of older age, abstinent for more than one year and had less psychiatric problem (Sharma and Murthy, 1988). According to Gomberg (1982) the younger alcoholics report a larger degree of emotional disturbance than older ones. Younger alcoholics have lower recovery rates than older ones.

There is an evidence that subintoxication and intoxication levels of drinking by alcoholics can lead to a deterioration of their often already poor concept (Clive and Hugh, 1982). They observed that the most common way of indicating the effectiveness of alcoholism treatments aimed at total abstinence has been to note the percentage of patients remaining abstinent for a certain number of months or years after leaving treatment. According to them, ‘relapse seems to involve emotional responses, coping responses and changes in some aspects of self-identification’. Gomberg (1982) found the younger alcoholics with a larger degree of emotional disturbances than older ones. Younger alcoholics have lower recovery rates than older ones.

In a follow-up study done by Dutta et al. (1991) in a village near Vellore, treated patients were followed up for one year. After one year thirteen recovery patients were abstinent and were participating regularly in the AA (Alcoholic Annonymous) meeting which shows the importance of social participation for staying clean.
The investigation done by Neeliyara and Nagalakshmi (1993) showed that the alcohol dependent persons have low self-esteem and are low on growth motivation. They have low self-acceptance and self-regard. Low on growth motivation indicates that their capacity to improve growth potential is inadequate. Suman and Nagalakshmi (1993) also found that alcohol dependent individuals are significantly more emotional, frequently anxious or depressed, moody, tense, with irrational ideas and guilt feelings. They have low self-esteem and shyness. They are significantly more aggressive, impulsive and antisocial with a tendency to be ego-centric and tough-minded. They are frequently cold, unempathetic and impersonal in interpersonal relationship as compared to normal persons.

The abstinent group of recovering addicts has a significantly higher social support seeking behaviour as a form of coping as compared to the relapsed group (Singhal and Nagalakshmi, 1993). Contrary to the findings of the present study, Chakradhar (1996) observed a better recovery rate in the younger and older age groups that was <30 years and >40 years of age. Moreover, recovery was not so favourable in the case of single respondents. The study also indicates the proportion of abstinent to relapsed in all the three categories (high, medium, low) was similar, indicative of an absence of a likely relationship between social stability at intake and later recovery. These observations also
highlight that treatment and post treatment influence could have worked favourably in elevating stability levels for the medium and low categories to favour recovery.

Drinking is associated with such social activities as conversation, recreation and dating (Mallams et al., 1982). Under these environmental influences recovering alcoholics may not only lose existing support, but also receive negative sanctions from former drinking associates. Many recovering alcoholics do not have the personal resources necessary to engage in new social situation.

ADJUSTMENT OF HALLUCINOGEN SINGLE DRUG ABUSERS

The analysis of present study shows that there are no significant differences between the adjustment problems of addicts in clean and relapsed state abusing hallucinogen drugs. However, it has been found that though social adjustment problems are similar in both abstinent and relapsed group, personal adjustment problem is less in recovering addicts maintaining a drugs-free life. Age differences between the drug abusers in clean and relapsed state are not significant. Mohan et al. (1985) found the younger age group in cannabis whose average age was 35 years. Age is not a contributory factor to change the habit after undergoing treatment. It is remarkable that out of total respondents only
three addicts were in the hallucinogen groups; one maintaining a clean status and two relapsed. Chopra (1940) deduced that one percent of the Indian population is addicted to cannabis. Mohan and associates (1985) opined that though the cannabis use is widespread, the numbers of individuals seeking help are minimal. The study carried out in Chile indicated that 16.8 per cent Chileans have used marijuana, the most popular drug of the country. There was a modest increase in consumption between 1996 and 1998, following a small reduction between 1994 and 1996 (Fluentealba et al., 1998). The study carried out in Manipur shows 1.16 per cent ganja abusers (Romeobala, 1997). In her study on cannabis related psychiatric disorders. Kulhalli (2002) commented, usually cannabis produces mild euphoria, altered sense of time, impaired memory and inability to maintain the thread of conversation. ..... Acute intoxication with cannabis has been characterized to produce alterations in cognitive function, mood, perception and psychomotor activity. Cannabis smokers tended to be poorly adjusted as against alcoholics (Venkoba et al., 1981).

**ADJUSTMENT OF ADDICTS USING TWO TYPES OF DRUGS**

Significant difference has been shown between personal adjustment of clean and relapsed group of addicts who abused two different types of drugs simultaneously. Interestingly mean score of relapsed group in personal adjustment is higher than the clean or abstinent group. Age difference between
the abstinent and relapsed drug abusers are not significant. Contrary to the belief that treatment will enhance personal adjustment, which will be a catalyst for recovering addicts does not support the present result of the study.

Several investigators do not view the behaviour of drug using adolescents as necessarily deviant on dimensions other than drug use; at the same time they concede that extensive use may lead to a wide range of adjustment problems (Robert et al., 1983). Their investigation in relationship of psycho-social factors with Substance Use by adolescents indicates that higher SUI (Substance Use Involvement) levels were associated with higher levels of psychological distress, lower levels of perceived parental love, higher levels of perceived parental control, lower general self-esteem and more extensive experiencing of negative events and behaviours.

Another test on the adjustment score of abstinent and relapsed group shows no significant differences between these groups. Age differences are also not significant. These addicts abused depressant drugs with hallucinogen drug.

Though some studies have found alcoholics to be impaired on tests of cognitive efficiency, it did not mention to what extent individuals who abuse drugs in addition to alcohol exhibit similar deficits. To get an answer to this 60 control subjects were compared with 40 alcoholics and 81 addict abusing
stimulant and hallucinogen drugs with alcohol. Results indicated that control subjects and individuals who abused both alcohol and hallucinogen drugs performed significantly better than the other group. Probably this can give an insight of thought why in the present study relapsed group could scored better in personal variable.

ADJUSTMENT OF MULTIPLE DRUG ABUSERS

The present study indicates the no significant differences between clean and relapsed group in personal adjustment as well as social adjustment. However, clean groups mean score is better (25.00) than the relapsed group (22.88) in personal adjustment. In social adjustment both groups scored almost same (28.50 and 28.16) respectively.

Mohan et al. (1985) found the multiple drug users of 20 years. The age group of present study both in clean and relapsed state is 26.50 and 27.77 respectively. In a study done by Ponnudurai et al. (1993) found 35 per cent of abusers abused alcohol concurrently with one or more substances such as cannabis, heroin, diazepam and mean age of this group was 24.8 years. The nationwide survey report (Singh, 1992) showed that in Nasik most of the drug dependents were multiple drug abusers. They started from soft drug such as ganja/bhang and then moved to the hard drugs. In Cochin, 23.33 per cent were
multiple drugs abusers. The study done on clinic based drug abusers age group of 16 to 33 years were asked to comment on the treatment plan. Over 90 per cent of them had experienced self awareness and personality growth, spiritual awakening and also has helped them in becoming more determined to recover. A significant number of respondents (36.7 per cent) has said drug abusing has affected their relation with their colleagues who avoids them. Amir and Bahri (1994)'s investigation on the effect of substance abuse on visuographic functions indicated that the poly-drug abusing group and the heroin abusing group scored significantly lower than the non-abusing group on number correct. All substance abusing groups scored significantly higher than the non-abusing group on errors, which seems a better predictor of cognitive impairment.

Whitehead et al. (1983) found the use of marijuana was closely correlated with the use of a large ranges of other drugs. Over 80 per cent of users had taken alcohol and tobacco compared with approximately 40 per cent of non-users. LSD, tranquilisers, barbiturates, stimulants, hallucinogens and opiates were used by 20-25 per cent of marijuana users and 0.6 – 0.8 per cent of non-users. Sharp differences occurred with regard to LSD, other hallucinogens and the opiates in which the likelihood of a marijuana users taking another drug was increased by 25 to 60 times.
ALL DRUG ABUSERS IN TWO STATES

After analyzing addicts on the basis of type of drugs they abused and categorizing them on the basis of number of drugs type they abused, another attempt has been given to put all addicts in clean and relapsed state to see whether treatment has given any impact on them as a group. It is very encouraging to find out that significant differences has been found in personal adjustment though social adjustment is not significant. Several clinic-based studies have shown the similar result. Though various factors contribute in an addicts life to maintain abstinent, the contribution of treatment centres can not be denied.

Age difference is also found significant between clean and relapsed group. The addicts maintaining the clean status are older (39.10) than the relapsed drug abusers (34.45). Sharma and Murthy (1988) also found the ‘improved’ group (30 per cent) after treatment to be older than the ‘not improved’ (70 per cent) group. Apart from that improved group were abstinent for more than one year, had better in marital, social and occupational areas. The views given by alcoholics getting treated in a centre shows the acceptance of alcoholism as a disease and seem to have been educated about the disease concept at the AA meetings and at the rehabilitation centre (Shetti, 1993). The same study indicates ‘self-help’ or ‘will-power’ as more important than external
interventions which was stated by 19.5 per cent respondent. Most of the family members of the alcoholics emphasized stressful family events as the causative factors of alcoholism viz. psychological tensions and pressures more at home, but to some extent at work.

At comparison of single drug abusers with the drug abusers taking two type of drugs indicates that single drug abusers are better adjusted in personal aspects than two type drug abusers. However, no significant differences have been found in social aspects. Age differences between two groups of addicts were not significant. Again when single drug abusers compared with multiple drug abusers, their difference in adjustment were not significant. But there was a significant age differences between these two groups. Multiple drug abusers were younger (27.65) than the single drug abusers (37.64). When adjustment level of multiple drug abusers compared with the addicts abused two types of drugs, a significant differences were found in personal adjustment. That means multiple drug abusers have more personal adjustment than addicts of abusing two types of drug. No Significant differences have been found in social adjustment. But age difference is significant and multiple drug abusers are younger (27.65) than addicts abused two types of drug (33.90 years).

A significant difference found in personal adjustment between clean and relapsed group of addicts fall under depressant group. Significant age differences
also has been found. Relapsed group is younger (36.56) than the abstinent group (40 years). Like in other cases, here also no significant difference is found in social adjustment.

There was no significant difference in both personal and social adjustment and age between addicts of hallucinogen group in two states (clean and relapsed). But a reverse picture has emerged when addicts abusing two type of drugs but of same category (depressant and depressant) have taken for analysis. Mean score of relapsed addicts (21.5) was higher than the clean addicts (9) and the difference was significant at 0.05 levels. But social adjustment score and age show no significant difference. The addicts abused depressant and hallucinogen drugs at a time in both clean and relapsed state show no significant differences in adjustment variable and age differences also found to be insignificant.

It is a non-arguable fact that problem of chemical substance or drug abuse is a damaging factor in the development of society. As a result of drug addiction many changes take place in the addicts interaction with others. Remarkable changes are taking place in the relationship with friends i.e. breaking away or rejection by earlier good friends and developing association and strengthening the relationship with drug abusers. Moreover, individuals abusing drugs suffer from physical and psychological deterioration because of
the direct effect of drugs. Therefore, in the treatment process through counselling they are facilitated to experience self-awareness, personality growth, spiritual awakening and to become more determined to recover.

In the present study, social adjustment did not differ in those who relapsed and those respondents who did not relapse. Improvement in personal adjustment on those who did not relapse may be brought about by abstinent lifestyle, treatment experience and their own conviction about the need to remain abstinent in crisis situation. Social support through treatment and family response may influence recovery favourably and can facilitate the person from going to relapse. In a treatment centre both females and males showed positive change on the psychological measures such as self-esteem, depression, attributional style from treatment entry to treatment completion (Gutierres et al., 1994). In a prison, drug offenders experienced more social maladjustment than offenders in drug addiction treatment centre (Brochu and Guyon, 1999). They were less pre-occupied by their drug consumption and less motivated to change. It has been argued that increased levels of treatment for drug abuse are effective in reducing the levels of drug problems. It was expected that drug related problems (mortality, morbidity and convictions) would decrease, as happened for alcohol problems when alcohol treatment levels increased. Significant negative correlations (suggestive of a beneficial impact) were found between
treatment rates and three drug problem measures i.e. death rates from drug psychoses and drug dependence, other drug related deaths and convictions under the Food and Drug Act (Smart et al., 1997).

It is pertinent from various studies that the young generation is mostly affected by drug abuse problem; but they are less motivated to go for treatment because of stigma attached to the addiction. Substantial harm associated with the use of drug was found, most notably psychological, physical, health problems, dependence and financial problems (Hando et al., 1997). Drug use was more frequent among persons between 19 and 25 years old. Consumption of illicit drugs was more frequent at higher socio-economic levels and use of licit drugs was more common in the lower socio-economic level (Fuentealba et al., 2000). Inhalation abuse may begin very early in childhood and abuse appears to peak in adolescence (Spiller et al., 1997).

Early drug use may impede acquisition of critical thinking skills and hinder the learning of important cognitive strategies required for successful transition to adulthood (Scheier and Bolvin, 1995). Early drug and alcohol users were significantly more likely to have impulsive behaviours like running away from home, trouble with school authorities (Walton and Gomberg, 1994). Psychoactive drugs are used almost universally for the pleasure and benefit which they can provide, but they also cause sufficient harm that most societies
have adapted policies to control and limit the amount of use (Kalanl, 1998). At the same time beneficial effect of treatment programme could not be denied. Bennett et al. (1996) have shown that 74.5 per cent of participants who completed the follow up were abstinent at the six month assessment. Students who completed the follow up experienced the decreases in the number of current psychiatric diagnoses met, depressive symptomatology, alcohol and drug problem severity and family and psychiatric problem severity over the six month period. Most students were attending AA at six months assessment.

Drug addiction is considered as a disease rather than a weakness. This attitude of society has given rise to a parallel sub-culture of drug addicts which is apparently denied social acceptance'. Our society is still not so open to accept drug addiction as a simple issue and probably addicts once so branded, may not be accepted in a drug-free situation. Drug abusers even after staying clean after undergoing treatment looked down upon by a more respectable section of society. Whether illicit drug use is a moral or public health issue seems to be a debatable point. In America, the public supports allowing physicians to prescribe marijuana for severe illness, but opposes the general legalization of marijuana and other illicit drugs. But situation in our state is reverse. Many studies have already shown that the increase in drug problem is the result of easy availability of drugs. In Assam, the Government has taken steps to curb unemployment
problem by providing license to open wine shop. But strict measures have not
taken for selling liquor. Even a minor child can go for buying liquor. Probably, a
day will come when a new strategy will have to be evolved to curb this problem
of drug abuse. Public must raise the voice against this menace and experts from
different field like psychologists, sociologists, medical personnel, social workers
have to join hands and fight unitedly against it to save the human resources of
North east India.