Chapter II

Review of Literature
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REVIEW OF LITERATURE

With the recent trend of increasing the number of drug abusers in the country, researchers from different professions are showing interest to study this problem. Within the country, North East region is badly affected by this problem. Region had over 17 percent of the addicts in the country though it is comprised only 3.5 percent of the country’s total population (TOI, June 26, 1998). Most of the studies are on type of drugs used, availability of the drugs, abusers’ age and very recently efforts have been made to evaluate the existing system of deaddiction and infrastructure of the deaddiction centres. But very little studies have been done on impact of treatment on addicts though the ministry of social justice set up deaddiction centres in the light of disease concept.

The National committee on Drug Abuse (1977) put forward the recommendations that long term perspective and follow up studies on drug abuse be taken up. Ponnudurai and Jayakar (1980) studied 84 cases of suicide in Madras city. Out of 37 males 10.3 percent had committed suicide under the influence of alcohol and about 12.5 percent females took the path of self-destruction as a result of maladjustment with their drug-addict husbands.
In a study done by Venkoba et al. (1981) on 178 registered drug addicts of a clinic 97 percent were followed up. It has been found that abstainers were those addicted to cannabis and alcohol alone or together. Besides this, 75 percent cannabis smokers tended to be poorly adjusted as against 42 percent addicted to alcohol and 60 percent to both. 83 percent of addicts using the drugs for more than five years persisted with this habit.

But as reported by Tuchfeld (1981) positive changes in family relationships like reconciliation with a spouse could in turn promote recovery.

According to Clive and Hugh (1982) there is an evidence that sub intoxication and intoxication levels of drinking by alcoholics can lead to a deterioration of their often already poor concept. 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 a certain number of month or years after leaving treatment. In their opinion 'relapse seems to involve emotional responses, coping responses and changes in some aspects of self-identification'.

Gomberg (1982) found that the younger alcoholics report a larger degree of emotional disturbances than older ones. Younger alcoholics have lower recovery rates than older ones.
According to Mallams et al. (1982) drinking is associated with such social activities as conversation, recreation and dating. Under these environmental influences recovering alcoholics may not only lose existing support, but receive negative sanctions from former drinking associates. Many recovering alcoholics do not have the personal resources necessary to engage in new social situations.

Pandina and Schuele's (1983) investigation on relationship of psychosocial factors with substance use by adolescents indicates that higher SU1 (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 mere extensive experiencing of negative events and behaviours.

Perceived parental environment was related to Substance Use Involvement in a complex manner: adolescents who perceived their parental environment as lacking in love and as hostile were heavier users than those who reported greater perceived parental love, yet abstainers reported somewhat lower levels of parental love than low levels users.

Whitehead et al. (1983) studied on the multiple drug abuse among marijuana smokers in Eastern Canada and reported that 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.

Ahmed and Verma (1984) in their study on personality characteristics of drug user and non-user University students found that the drug users have higher anxiety and show higher neuroticism in comparison to the non-users. They also have lower level of extraversion as compared to the non-users. In the conclusion they observed that confronted with challenging and copying situations these people resort to drugs to alleviate anxiety and other personality problems.

A comparative study done by Sahajpal and Pant (1984) on the handicapped and normal persons to see the differences between smokers and non-smokers on various areas of adjustment like home, health, emotionality found that normal and non-smokers generally showed better average adjustment pattern.

Jiloha and Munjal (1986) investigated the problems of child labourer in Delhi between 1980 to 1984 and found that out of 733 heroin addicts, 157 were between the age group of 10-18 years. Amongst them 31.51 per cent were school
students, 41.40 per cent were unemployed and school drop-outs, and 27.38 per cent were working as helpers in hotels, travel agencies etc.

Gupta et al. (1987) investigated the type of drugs abused by non-student youth labourer in Ludhiana. The sample comprised of rikshapullars, factory workers and railway coolies aged between 15 to 24 years. The result showed that 60.31 per cent used tobacco, 51.36 per cent alcohol, 8.52 per cent cannabis, 1.16 per cent opium and 0.77 per cent used minor tranquillisers.

Disease concept of addiction was justified by Texter (1987). He argued that as the addict can not at will discontinue the use of alcohol and as substance abuse impairs the well-being and social functioning of the individual, alcohol addiction is considered as an illness.

Fijer and Smart (1988) administered the “Tylor Manifest Anxiety Scale” on school children at Southern Ontario to examine the difference between admitted drug takers and non-takers and found that the highest overall anxiety ratings came from the glue and solvent abusers, followed by the stimulants users, barbiturates and tranquillizers. Tobacco, alcohol and marijuana users were also very high but they were found less anxious than the previous category. Moderately high anxiety was also shown by the users of opiate, while LSD users showed lowest level of anxiety.
An investigation done on the prevalence and pattern of drug abuse among university students of Haryana 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 painkillers with the prevalence of 38.58 per cent. Most of the female students favoured painkillers (40.30 per cent) followed by tranquilisers (17.91 per cent). The result is with the conformity to Ahuja’s study (1979) which revealed that girls use more psycho therapeutic drugs (painkillers, tranquilisers etc.) than boys.

In a follow-up study done by Dutta et al. (1991) in a village near Vellore treated patients were followed up for 1 year. At the end of one year, 13 were abstinent and were participating regularly in the AA (Alcoholic Anonymous) meeting which shows the importance of social participation for staying clean.

In a study done by Satija et al. (1991) on fifty opiate addicts, 15 addicts were grouped as ‘initial childhood trauma’ group and 35 were termed as ‘non-initial childhood trauma’ group (initial drug use group). Result indicates that addicts (60 per cent) without childhood trauma (normal) had addiction ‘to be social or have fun’. Under influence of social factors like peer pressure, to relieve fatigue or enhance sex, religious customs and treatment of physical
disorders, they were initiated to opiate and thus developed addiction. Thus, in this group, exposure to drug, group pressure and addictive properties perse are more important than other factors in leading them to drug addiction.

The Ministry of Welfare sponsored a research project during 1989 in 33 cities and drugprone areas ‘to assess the nature and extent of drug abuse’. The project completed in 1990 and result published in 1992. The Report (Singh, 1992) showed that ‘drug addiction is prevalent in varying degrees among all religious and caste groups’. The worst affected age group is 16 to 35 years. The traditional drugs like opium, cannabis, tobacco etc. are still persistent in the society particularly among the lower strata. A sizable number of drug addicts consist of the unemployed, labourers, transport workers and student youth. Peer pressure and curiosity are the main factors in drug abuse. The studies also revealed that existing infrastructure for treatment and prevention of drug abuse is ineffective and inadequate and in many areas, knowledge about the action being taken by the agencies for the prevention and treatment of drug abuse is still lacking.

According to Chabra drug addiction in Amritsar is mostly a middle class problem. Main cause of drug addiction is spare time absorption whereas high class people go to clubs and lower class people indulge in small pass times. He finds raw opium as the most popular drug. Lower classes consume cheaper drugs
like bhang and charas and the high class consumes costlier drugs. Most vulnerable age for turning to drugs is 15 – 25 years (60 per cent).

The study conducted by Veeraraghvan in Delhi shows that 54.5 per cent addicts abused opium, followed by smack (38 per cent) and very few abusers in cannabis drug. The most affected occupational group is the transport workers, daily wage workers, pick pocketeers, rag pickers etc. Two third addicts who got treatment in voluntary organizations were found it satisfactory, while one third did not find it helpful.

The third study in the series conducted Siddiqui in Faridabad revealed that alcohol was the main drug abused by the addicts followed by cannabis and heroin. Hard drugs like heroin and smack etc. does not seem to be widespread in Faridabad. The main causes of drug abuse are peer group influence and pleasure gain. Age did not seem to have a significant association with drug use in this study.

Mehrajuddin conducted the study covering Srinagar, Jammu and Boarder areas. The contributory factors of drugs problem in this area is its location near Goldern Crescent, one of the major source of drug production in the world. The export oriented business of the state and ideal climate for the cultivation of marijuana and poppy are another factors for aggravating the problems of drug abuse. Cannabis is the mainly abused drug. Moreover,
Tariquath School of the Suffism among Muslims patronized music and charas addiction which accelerate meditation.

Under the same project Karna conducted four studies covering Dimapur, Guwahati, Imphal and Shillong. The common drugs abuse in all four cities were ganja, bhang, charas, heroin, brown sugar, phensedyle. Youth are the main victims of this problem and peer group pressure is the main cause of drug abuse. Easy availability of the drugs and obtaining drugs from medical stores specially in Guwahati aggravated the problems. Age at first initiation of drugs were between 20-25 years.

Roy conducted study in Puri, the famous temple town and in Bhubaneshwar. The study revealed that Bhang, Ganja, Charas and Opium used with varying intensity in both the towns. Initially bhang used to be consumed by priest but it has gradually spread over to the families and consumed as a leisure time health drink. She also found that 75.72 per cent in Puri and 82 per cent in Bhubaneswar were multiple drug users including alcohol. Drug habit of elders and particularly of parents is an important factor for the status-imitation for the child and father's habit in particular, influenced the male children. 62.8 per cent children in Puri and 58.6 per cent children in Bhubaneswar accuse their father having drug habit. Sixty per cent addicts in Bhubaneswar feel their social status and activity decrease due to the addiction and in Puri, 52.8 per cent drug abusers feel addiction has affected their social activity but not their social status.
For the Western region study was conducted by Modi in Ajmer. The study revealed that alcoholic, opium and cannabis derivatives were more in use than synthetic substances. Easy and cheaper availability of drugs and open drug peddling are the main cause of drug addiction. While barbiturates enjoy top priority among the younger age groups (15-25 and 26-35 years), consumption of raw opium is highest among the older addicts of the age of 36 years and above. Educational level has direct impact on drug dependence i.e. lower the level of education higher the percentage of addicts. He also observed that barbiturates, raw opium and bhang constitute the top priority of all the categories of addicts irrespective of their educational background. Labour class constituted the largest occupational category followed by salaried employees, stall-keepers, merchants and unemployed persons. Majority of the addicts first initiated into drugs between the age of 15-25 years.

Singh conducted the study in Bhopal where he found that 82.14 per cent of the addicts are between 20 to 30 years of age. Narcotic drugs are popular and are abused by students and young people. The second favourite drug cannabis is common among lower and labour classes. 90.48 per cent addicts first initiated into drugs between 15 – 25 years of age.

The study conducted by Lal in Dhanbad showed that the drug abuse is a male dominant phenomenon and drug abuse is more found in upper class than middle range caste and scheduled caste. Ganja is the most favourite drugs and
main source of supply of drugs are medicinal shops. Contrary to other studies of
the series he found that married persons were more prone to drug than unmarried
people.

Pothen conducted the study at Indore city which is in the centre of
opium producing region. He finds that 68 per cent addicts were in the 21-35 age
group. Fifty semen per cent addicts started their habit before the age of 20 years.
The most widely used drugs in order of frequency are bhang, ganja, charas,
opium, smack, LSD and brown sugar. Occupational categories include traders
(29 per cent), class III employees (19 per cent), students (9 per cent), class IV (7
per cent) and labour (6 per cent).

Investigation done by Srivastava in Jodhpur on the nature and extent of
drug abuse reveals that opium is the most commonly used drug as it is intimately
related to the social rituals, religious beliefs and social and economic conditions
of the region. An important aspect of the problem of drug abuse in the city is that
the contractors, owners of the land etc. use opium for the purpose of extracting
work out of the labourer. As a result they not only become addicted to the drugs
but also dependent on their employers for their regular supply of opium.

In Kanpur, the study was conducted by Srivastava, some of the findings
of the study are – the persons most vulnerable for drug use are in the age group
of 15 to 25 years. Main drugs used in the city are bhang, ganja and charas.
Majority of the respondents fell in the age group of 15-35 years. The drug users' population is mainly comprised of industrial workers, transport and communication services, workers in shops and commercial establishment etc. Majority of the respondents first initiated into the drugs between the age of 20 to 30 years. More than one-tenth of the respondents were multiple drug users.

Lal conducted the study in Patna and reveals that married persons are more prone to drug abuse than unmarried one. Most of the addict first initiated into the drugs before the age of 21 years. According to this study the businessmen and service holders are the vast affected group by drug abuse problem but not the students and labourers.

The study conducted in Varanasi and boarder areas by Tripathi who finds that drug abuse is mainly an uppercaste (44.7 per cent) phenomenon, closely followed by the backward caste (40-7 per cent). Education level is not necessarily related with drug abuse. The majority (58.7 per cent) of addicts came from petty business and shop keeping and majority of them started using drug in their teens and early twenties. Use of bhang in Varanasi was found openly permissible.

Masihi and Desai conducted the study in Ahmedabad and find that 58.4 per cent abused charas, followed by opium (26.4 per cent). Mean age of addicts were 38.8 years and 52.9 per cent had their first experience before they were 20
years old. 36.2 per cent addicts abused multiple drugs. Occupation wise 40.7 per cent are manually employed, 28.6 per cent are in white collar jobs and 19.3 per cent are in business.

The investigation done by Gandevia on the problem of drug abuse in Mumbai (Bombay) reveals that the age group between 16 to 25 years is most prone to addiction. Cannabis, heroin/brown sugar and mandrax are commonly abused drugs and most addicts are multiple drug users. Addiction is prevalent among all income levels though children of families from high income groups and very low income groups seem to be more susceptible to this problem. Easy availability of drugs, pressure of life and psychological factors are some of the causes of drug abuse problem. Addicts are either unemployed or belong to the unskilled category of occupation.

Singh investigated the problems of drug abuse in Goa and Nasik. The results of study in Goa shows that the age group between 20 to 34 years are more prone to drug dependence. 96.0 per cent addicts are literate and 25.0 per cent are school dropouts. Brown sugar is the widely used drugs followed by cannabis products. Peer group has been found to be main introducer of drugs to dependents (66 per cent), followed by foreigners (18 per cent).

In Nasik city the most vulnerable age group is 21 to 30 years. Cannabis, brown sugar, opium, mandrax etc. are common drugs of abuse. Most of the
addicts are multiple drug abusers who started from soft drugs such as bhang or ganja to hard drugs. 78.8 per cent addicts become drug dependents due to peer group pressure, 62.5 per cent abuse drugs due to frustration. Relationship between the drug dependents and the family members appears to be somewhat cordial.

In Bangalore the study was conducted by Shariff who finds cannabis and heroin are commonly used drugs in the city. The common source of supply are drug peddlers, panwallas, icecream vendors etc. Decreasing family control, easy availability of drugs are main reasons of increasing the problem. Majority of the addicts are from slums and low socio-economic areas. Drug addiction is a male phenomenon and is common in the age group of 15 to 35 years. A large number of them are unemployed.

Menon conducted the study in Calicut, who observed the strong peer group influence among the students and workers. She finds corruption in the bureaucracy as the most important causal factors in the prevalence of drugs.

Investigation done by James in Cochin revealed that main source of supply of drugs are smugglers, businessman, tourists and medical shops. The people from colonies and suburban areas are more prone to drug abuse. Majority of the respondents were between the age group of 20 to 30 years. The most commonly used drugs were ganja and its derivatives and easy availability of
drugs, cheap rate and easy mode of intake made the situation worst. She observed that 30 per cent addicts had been using two types of drugs, 23.33 per cent had been using more than two types (multiple) of drugs and 46.67 per cent had been using only one type of drug that is ganja.

Lakshmannna conducted the study in Hyderabad who found that drug addiction was more prevalent in the age group of 25 to 35 years. Age at first initiation of drugs was between 15 to 25 years. Lower classes were found using ganja and raw opium while upper classes and industrial workers use brown sugar etc.

The problem of drug abuse in the city of Madras (Channai) was investigated by George K.N. who finds the age group of 21 – 30 years is the most vulnerable group to the problem of drugs. Cannabis and heroin are commonly abused drugs. Most of the addicts first initiated into the drugs between the age of 11 to 20 or 21 to 30 years of age. Curiosity, thrill and adventure influence the youth for drug abuse. Neighbourhood, peer pressure and foreign nationals play a major role in influencing the youth in acquiring the drug habit.

Shariff dealt with the problem of drug abuse through his investigation in the city of Mangalore. The main drugs abused in the city are cannabis, heroin, raw opium, tranquillizers and stimulants. The menace of drug abuse is increasing
mainly due to decreasing family control, easy access to drugs and lack of awareness of the problem. The most vulnerable age group for drug abuse is 15 to 35 years of age. Drug peddlers, drug firms, small shops and chemists are major supplier of drugs.

Vijaya investigated the problem of drug abuse in Secundrabad and found that majority of drug users are upper caste people and age group belong to 20 to 30 years. Majority of them are unmarried young people living in nuclear family system. The problem is mostly prevailing among the student community, followed by industrial workers and business people. The multi-dimensional factors of problems of drug abuse include family problems, psychological problems, encouragement from friends, failure in love affairs, physical relaxation and curiosity.

James surveyed the problem of drug abuse in Trivandrum and found that 88.33 per cent started taking drugs between the age 10 to 25 years. Out of total respondents 3.4 per cent were industrial workers, 4.7 per cent were slum dwellers and 30 per cent of the addicts took multiple drugs. Drugs are easily available in the medical shops. The major family factors that led to drug abuse were broken families, parental rejection, parental conflicts, rigid training and over protection.
Ranga Rao studied the problem of drug abuse in Visakhapatnam and found that cannabis is the most abused drug (40.6 per cent) followed by narcotics (27.1 per cent) and the multiple drugs (27.1 per cent). The mean age of addicts is 35.7 years. Data revealed that Sadhus are the main source of supply for ganja (66.7 per cent). Stimulants and depressant drugs are supplied by chemists and pharmacists. Drugs are also available in small stalls and sheds.

Bajpai (1992) who studied the attitude and problem of unemployed youth found that only 21 per cent of the respondents believed unemployment as a cause of addiction. He commented that though 64 per cent and 33 per cent of the unemployed youth had smoking and drinking habit respectively, it’s the result of family culture rather than unemployment. Fourteen per cent of respondents with drinking habit and 47 per cent smokers enjoy it with full knowledge of the family. The study did not approve that unemployment leads to addiction.

The study conducted by Baruah (1993) in Guwahati city on drug abuse and is statutory control pointed out that a high percentage of drug abusers (58.38 per cent) were within the age group of 21 to 35 years. 10.18 per cent of individuals were found to be students of schools and colleges. The occupation distribution showed that 36.72 per cent were students followed by service holders (34.37 per cent) and businessman (23.44 per cent). Main drugs of abuse were alcohol; opiate and cannabis. The sample constituted 42.86 per cent
alcoholics, 42.09 per cent drug addicts and 15.05 per cent multiple drug abusers. She commented that though alcoholism is a socially sanctioned tradition and customary practices for various ethnic groups of Assam, it has now crept into the student community as a means of destruction of the young generation.

Basu et al. (1993) in the report of case study done on two alcoholics pointed out that there may be considerable difficulty in the retrospective recall of the exact onset of both alcoholism and anxiety disorders. Instead, it has been proposed that both the conditions may develop ‘interactively’ with ‘each fuelling the other’. When they relapse, they do so more due to a failure in coping with their depression, fear, anxiety or anger.

National Survey on Drug Abuse (1993) in Pakistan revealed that highest percentage of drug abusers in Pakistan was between 26 – 30 years and 83.6 per cent were under 40 years of age. 24 per cent of heroin abusers and 46.8 per cent charas smoker were in the age group of 15-20 years. 62.3 per cent of drug users have a full time job.

Ponnudurai et al. (1993) conducted a study in a deaddicted centre in Madras. Out of 60 male addicts 53.3 pr cent were exclusively alcohol abusers, 35 per cent were abusers of alcohol concurrently with one or more substances such as cannabis, heroin, diazepam etc. and 11.67 per cent were abusers of substances alone. Mean age at which patients with exclusively alcohol abuse
came for treatment was 39.2 years. Mean age of alcohol abusers who concomitantly abused other substances was 24.8 years. Those who abused substances alone (heroin and cannabis; heroin only; heroin, cannabis and nitrazepam) reported for treatment at a mean age of 24 years which is quite similar to the age at which the abusers of alcohol together with other substances resorted to psychiatric help.

Neeeliyara and Nagalakshmi (1993) studied thirty alcohol dependent individuals compared with thirty normal individuals using Motivation Scale. The result indicates that the alcohol dependent subjects 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.

Investigation done by Suman and Nagalakshmi (1993) on forty alcohol dependent with their spouse and ten normal husband and wives indicates that alcohol dependent individuals significantly more emotional, frequently anxious and/or depressed, moody, tense, with irrational ideas and guilt feelings. They are characterized by 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, unempathic and impersonal in interpersonal relationship as compared to normal husbands.
Singhal and Nagalakshmi (1993) conducted a study on alcohol dependent individuals who had undergone treatment and relapsed after a minimum of two months of treatment and alcohol dependent individuals who had continued to stay abstinent after two months of treatment. The study indicates that the abstinent group has a significantly higher social support seeking behaviour as a form of coping as compared to the relapsed group.

The study conducted by Shetty (1993) on an industry's approach to alcohol related problems indicated that those who viewed alcoholism as a disease have had a long exposure to AA (Alcoholics Anonymous) meetings and seem to have been educated about the disease concept at the AA meetings and at the rehabilitation centre. Most of the family members of the alcoholics emphasized stressful family events as the causative factors of alcoholism. The study also indicates 'self help' or 'will-power' as more important than external intervention which was stated by 19.5 per cent of the employees. However, from the management cadre, there was not a single response saying that 'will power' alone is needed for the alcoholic to recover.

Gutierres et al. (1994) designed a study to (1) compare female and male American Indian substance users in residential treatment on psychological and socio-cultural variables and (2) examine relationships of the psychological and socio-cultural variables with programme completion. Results showed that females experienced more family dysfunction (family members misuse of
substances and emotional, physical and sexual abuse) than males. Both females and males showed positive change on the psychological measures from treatment entry to treatment completion. The factors predicting dropout before programme completion were divorce, use of cocaine, and depressants, and living in foster care as a child.

Azrin et al. (1994) studied 82 subjects in a comparative evaluation of a behavioural vs. supportive treatment for illegal drug use. The result showed that the behavioural treatment was more effective across sex, age, educational level, marital status and type of drug (hard drug, cocaine and marijuana). Greater improvement for this condition was also noted on measures of employment/school attendance, family relationships, depression and alcohol use.

Prasadarao and Mishra (1994) advocated towards a Multidimensional Models for treatment of alcohol dependents. According to them treatment programme should contain various therapeutic procedure dealing with physical, psychological and social aspects effectively.

1) Physical – Aversive conditioning is used with electric shock as a noxious stimulus associated with alcohol related visual and olfactory stimuli.

2) Psychological – A therapeutic procedure which creates aversion at the cognitive level, i.e. convert sensitization is useful in order to reduce the attraction towards drink in the natural environment.
3) Social – As drinking behaviour has its social antecedents it is also essential to deal with these aspects in order to control the problem effectively in a comprehensive manner. The social skills technique, assertiveness training and communication skills training have been suggested to deal with the social aspects.

Wairagkar et al. (1994) found the mean age at initiation of cough syrup addicts in Assam and Nagaland as 17.44 years and 15.77 years respectively. Age range of subjects were 15-35 years.

Scheier and Botvin (1995) observed that early drug use may impede acquisition of critical thinking skills and hinder the learning of important cognitive strategies required for successful transition to adulthood. Longitudinal latent-variable analyses were used to examine these relations. The result indicated that early adolescent drug use had a small but significant negative effect on cognitive and affective self-management strategies. Specific effects of drug use adversely influenced important cognitive skills that may be critically related to functioning in both interpersonal and intrapersonal domains.

Suman and Nagalakshmi (1995) compared 40 alcoholic families with male alcohol dependent with 10 non-alcoholic families using 'Family Interaction Scales'. The result of the study showed that –
1) Alcoholic families were characterized by poor communication patterns, lack of mutual warmth and support, spouse abuse and poor role functioning.

2) Spouses of alcoholics expressed greater dissatisfaction in all the areas of family functioning than non-alcoholics.

3) Non-alcoholic families were characterized by free and open communication, mutual warmth and satisfaction and sharing of responsibilities.

A retrospective analysis on 'Opium addiction in Assam' published by State Anti-Drug and Prohibition Council (1995) revealed that 55.8 per cent of the addicts were between 31 to 50 years of age and majority (63.08 per cent) had first experience with the substance between 16 years to 35 years of age. It has been stated in the report that 'the experience between 16 to 35 years might be due to the peer group pressure or due just to curiosity to explore new things'

Chakradhar (1996) in her 'search for factors favouring recovery' observed a better recovery rate in the younger and older age groups that was <30 years and >40 years. In relation to their marital status, recovery was not so favourable in the case of single respondents as in others. 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.

According to Malhotra et al. (1996) as an intervention strategy medication treatment can only 'level the playing field'. Psychological treatment, group therapy and individual counselling do the actual treatment to prevent relapse. Cognitive behavioural therapies appear to be in the forefront today, backed by sound methodology. Cognitive therapy developed by Beck et al. has been successfully applied to substance abuse treatment. Relapse prevention is another set of cognitive behavioural strategies found to be similarly successful.

Lalnunthara (1997) in his study on drug abuse in Mizoram found the unemployment as a cause of relapse (96.7 per cent). 84.8 per cent cited stigmatization as a cause of relapse and 65.7 per cent relapsed due to dislike by the community. Forty per cent addicts took drugs due to peer pressure.

In a study conducted by Dawe and Richmond (1997) on intervention strategy reported that 66 per cent treatment agencies in Australia accepted controlled drinking as a treatment goal. Under the broad umbrella of harm minimization the Australian National Drug Strategy has emphasized the development of services aimed at reducing hazardous alcohol consumption in
problem drinkers thereby shifting the focus of treatment from abstinence to moderation goals.

Hando et al. (1997) reported that amphetamines remained a popular illicit drug among young adults in Australia. A survey of 200 regular amphetamine users showed the substantial harm associated with the use of this drug, most notably psychological problems, dependence and financial problems.

Castillo Mezzich et al. (1997) conducted a study on substance use and risky sexual behaviour in female adolescents in Pittsburgh. Results indicated that behavioural dysregulation, negative affectivity and childhood victimization were related to substance use and risky sexual behaviour.

Romeobala (1997) investigated the drug abuse problem among youth in Manipur found that most vulnerable age group is between 15 to 25 years and a few cases of addiction at the age group of 50-60 years have been detected. Problem of psycholic drug consumption is more in urban dwellers (94.06 per cent). Formal education is not strong enough to prevent drug abuse. She commented that the prevention, control and eradication of the drug abuse problem will require a multipronged approach towards reduction of both supply and demand and curing of the addicts.

Spiller and Krengelok (1997) observed in their study that inhalation abuse may begin very early in childhood and abuse appears to peak in
adolescence. They collected one hundred sixty five cases out of which 75 per cent were male and age ranged from 4 to 45 years. There were 22 substances involved but two substances (spray paint and gasoline) accounted for more than 61 per cent of all cases.

Tarapot (1997) in his journalistic report on Drug Abuse and Illicit Trafficking in North Eastern India commented that although alcohol, opium and cannabis were common drugs of abuse, youth in this backward area dangerously being trapped in heroin addiction either by smoking or injecting it. The possible factors which caused drug addiction among youth in the region are ‘the 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’.

The South Asia Drug Demand Reduction Report (1998) revealed that street children as young as six years old become drug dependent, starting initially with tobacco and graduating to alcohol, charas (cannabis) and glue sniffing by the time they are ten years old to forget the trauma of their everyday life.

Kamath and Murthy (1998) conducted a study on thirty male patient, receiving inpatient treatment in a deaddiction centre. Results showed 82.5 per cent had initiated drinking due to peer group pressure. At the end of treatment,
the patients were asked to indicate the usefulness of each of the therapeutic interventions on a five point Likert Scale. 85.8 per cent reported to have benefited from group therapy. Significant benefit were also noted from family therapy, individual therapy and detoxification.

Prasad et al. (1998) in a study on alcoholic women found that on the Bell's Adjustment Inventory, a majority of the alcoholic women (80 per cent) showed unsatisfactory adjustment at home and in emotional functioning. During withdrawal 70 per cent subjects had elevated score on the Hamilton Depression and Anxiety Rating Scales. However, the scores significantly declined after four weeks of abstinence, without any specific intervention and no clinical evidence of either a depression or anxiety syndrome was evident.

Nixon et al. (1998) conducted a comparative study on cognitive efficiency of alcoholics and polysubstance abusers. Sixty three healthy control subjects were compared with alcoholics and multiple drug abusers. All subjects were administered tests of short term memory, spatial orientation, visual-spatial perception and problem solving. Results indicted that control subjects and individuals who abused both alcohol and marijuana performed significantly better than the other groups on most tests.

A longitudinal study conducted by Fe Caces et al. (1998) revealed increases in the lifetime prevalence of prescription use of sedatives, tranquilizers
and stimulants. Prescription use was higher among women while non-prescription use was higher among men.

Brochu et al. (1999) did a comparative analyses of three groups of addicted men, 553 offenders and 499 non-offenders in treatment for addiction problems and 103 addicted inmates were made to ascertain the biopsychosocial profile of these persons. Results showed that the clients with substance abuse and legal problems experienced more severe biopsychosocial problem than the non-offending group. Offenders in prison experienced more social maladjustment than offenders in drug addiction treatment. They were less preoccupied by their drug consumption and less motivated to change.

Rohrer et al. (1999) examined the problem of follow up contact bias in evaluation of substance abuse treatment programme using administrative data sets. The percent of clients reporting no substance use doubled between admission to treatment and follow-up. Unemployment, arrests and number of days of work or school missed declined.

Polinsky et al. (1999) conducted a study on clients participated in community based drug treatment programme. They were assessed on multiple problem areas and on areas of special needs. The results showed services meeting the need for vocational training, child care, transportation, and housing showed beneficial effects.
Bloch et al. (1999) conducted a study to see the feasibility of the detection of drug use or misused substances. One tenth of the clients were between 15-25 years of age. Cannabis was mostly used and one third of the subjects used psychotropic drugs with alcohol.

Al-Nahedh (1999) investigated drugs problem in Riyadh (Saudi Arabia). The mean age of patients was 29.5 years with a mean duration of abuse of 9.5 years. Age, unemployment, peer pressure and family and social stresses were factors that showed statistically significant associations with repeat admission. The most significant predictors of a patient’s relapse were unemployment and social stresses.

In a study conducted in Chile by Fuentealba et al. (2000) showed that drugs use was more frequent among persons between 19 and 25 years old. Consumption of illegal drugs was more frequent at higher socio-economic levels and use of licit drugs was more common in the lower socio-economic levels. The 50th percentile of the age of initiating drug use was 17 years for alcohol, 15 for tobacco, 30 for anti-anxiety agents, 17 for marijuana, 20 for coca paste, and 21 for cocaine hydrochloride.

An investigation by Kaye and Darke (2000) into whether or not the level of harm associated with injecting drug use varies depending on the drug that is injected was conducted among primary heroin injectors and primary...
amphetamine injectors. Compared to primary amphetamine injectors, primary heroin injectors were more dependent on their primary drug, had poorer social functioning, and had recently exhibited a higher degree of criminal behaviour. This showed that the type of drug that is injected does play a mediating role in the relationship between injecting drug use and its associated harm.

It has been already proved that drug abuse leads to personality disorders. According to Kulhalli (2002), acute intoxication with cannabis has been characterized to produce alterations in cognitive function, mood perception and psychomotor activity. Cannabis produces mild euphoria, altered sense of time, impaired memory and inability to maintain the thread of conversation.

Majority of the studies reviewed have shown the prevalence and pattern of drug abuse, age at first initiation, age of the addicts etc. but very few studies specially Indian studies deal with the effect of treatment. Clinic based studies on deaddicted persons could not give a convincing results as sample size is too small and the study on role of family and society is very limited. The present study is a humble effort on the part of investigator to see the impact of treatment on drug abusers and to see whether pattern of drug abuse hampers to be deaddicted.