CHAPTER II

STUDY OF RELATED LITERATURE

2.1 RELATED LITERATURE : ITS IMPORTANCE

Man generally seeks help and guidance from the past experiences and from his ancestors. He learns from the experiences of others. Before tracing out the framework and frontiers of the present study, it was thought necessary to review the studies conducted in the past in the related field, to know what earlier researchers have done on the problems relating to the present study or on the problems allied to it. It is also necessary to study the works of others even to keep the researchers informed of the research that her predecessors have done in their related field. It will not only keep her informed about the investigations done before but also enable her to utilise the knowledge revealed by other investigators to develop and further her own study. Related literature is the base on which hypotheses of the present research study were laid; beside this, it also provides a comparative data and the bases on which the significance of one's findings can be evaluated and interpreted.

Emphasising the importance of the survey of the related literature, Good, Barr and Scates (1941) have pointed out "survey of related literature helps us to know whether evidence already solves problems adequately, without further investigation and thus may save duplication. It may also contribute to the general scholarship of investigators by providing ideas, theories and explanation valuable in formulating the problem and suggest appropriate method for research followed."

Best (1983) considered the survey of related literature as an important prerequisite to actual planning and execution of any research.
project. He suggests that familiarity with the literature in any problem area helps the student, to discover what is already known, what others have attempted to find out, what methods to attack have been promising and disappointing and what problems remain to be solved.

Therefore, the study of related literature in research is of immense importance because it stimulates and encourages the investigator to develop deep into various aspects of the problem. It also helps in paving the way for understanding the potentialities of the problem in hand. With these thoughts, the investigator reviewed the literature, which she could gather from the different sources.

2.2 DRUG PROBLEM : A SERIOUS CHALLENGE TO THE WORLD

Drug problem has become so pervasive that poses a great challenge to people all over the world. A million of people have died every year because of smoking, drinking and illicite drug use. It causes a lot of damage not only to economy but to human resources as well as most people who are addicted are not in position to help themselves. Drug has no barrier of age, be it young or old. All have a chance to be its victims if they live their life carelessly.

Like other countries worldwide, Thailand has been facing with the drug problem for so many years despite hard work of government as well as private organisation to combat this evil. A number of the addicts have increasingly grown day by day. The most worrying scenario of this problem is that it spreads to schools where students, the great source of human power, shall become its victims.
The issue of drug problem finds expressive in various sources i.e. newspapers, magazines, etc. The recently reported documents from 'The Times of India', 12th March, 2001. title "Substance Abuse: The Nation's Number one Health Problem" commissioned by the Robert Wood Johnson Foundation said that smoking, drinking and illegal drug use cause more deaths, illness and disabilities than any other preventable health problem in the U.S. today. In the years 1995 alone the economic cost of substance abuse in staggering, estimated at more than $414 billion of the more than two million deaths each year in the U.S., one in four is attributable to alcohol, tobacco and illicite drugs is often a strong risk factor for addiction.

Moreover, substance abuse by young people under the age of 20 and particularly by those under the age of 15, increases the likelihood of substance abuse problems later in life. The report clearly indicates illicit drug and tobacco use increased dramatically among youth through the mid 1990s. Since then, these trends have shifted downwards. although the new drug, Ecstasy is on the rise.

The documents from "Thai-rath" and "Matishon" 31 July, 1999 and 14 October, 1999 respectively. They reported that police had arrested drugs trafficking near Bangkok. More than 500 million of amphetamines tablets estimated $50 million in international markets had been discovered.
Drugs trafficking is arrested in Thailand
Question arises as what can be remedial and preventive measures? There are many measures such as enforcing the existing laws, organising exhibition of drugs, providing free medical care, publishing articles, research and survey regarding drug addiction. Educational institutes, schools should take a lead in setting a plan for drug prevention.

Reports documents, news paper, research and survey studies provide formation about drugs which the investigator collected for construction of Instructional Package for prevention of drug problem.

2.3 RELATED LITERATURE: RELATION BETWEEN THE PROBLEM AND VARIABLES

A survey of related literature relevant to the problem is essential from the point of view of methodology and for the formulation of hypotheses. Since the aim of the present study was to construct and develop an Instructional Package for prevention of narcotic drug problem of Lower Secondary Students, to find out the effectiveness of an Instructional Package, to find out the differences of narcotic drug mean scores between students taking-drug and not-taking-drugs and to find out the differences of narcotic drug mean scores between the experimental group and control group, a description of the related literature with regard to these independent variables and their relation to the dependent variable has been given below:

Variety of legal as well as illegal drug consumption is prevalent in the present society. The sudden upswing in the incidence of drug usage has alarmed not only the doctors but also psychologists, sociologists, and psychiatrists.
Tribal and rural population groups have not been free from the use of psychotropic drugs. These groups, however, do not appear to have attracted much research attention. Not only is three-fourths of population in rural areas, but for long, several traditional drugs (tobacco, alcohol and cannabis) have also been quite popular with rural people. Nevertheless, some studies are available.

Sharma and Luwang (1985) in a study found that in Manipur about 1 per cent i.e. 1 in every 100 of the total population is a victim of mainly two drugs - Heroin and Opium. Out of this 1 per cent again, nearly 5.5 per cent of addicts belong to the urban areas. A little over 25 per cent of the addicts belong to the age group of 12 to 30 years and most of them were from middle socioeconomic status families.

With respect to the urban areas, the problem has been studied, though indirectly, as part of studies on the problem among the youth. Khan (1985), observed that the use of drugs tends to increase with the level of urbanisation. He further reported that cannabis was more popular with students coming from rural areas, while alcohol and synthetic drugs with those from rural areas. Verma and Dang (1979) reported that the proportion of urban people given to regular use of drugs was almost double than that of the rural people. Mohan et al. (1981) observed that the most commonly abused drugs were alcohol, tobacco, pain killers and minor tranquilizer.

Much of our knowledge about youthful drug use comes from studies of school population. Such studies are relatively easy to do since they deal with "captive", cooperative population. Students represent a large
proportion of the youth in many countries. A variety of sophisticated methodologies have been developed for undertaking studies on drug abuse and many have been published.

Singh, Gurmeet (1979) has studied drug prevalence of medical students in Patiala, Punjab (N=750). His data brings out that male lifetime users clearly outnumbered female lifetime users, their proportions being 82 per cent and 30 per cent, respectively. The study by Shanmughan (1981) on college students in Madras, bring out a lower prevalence rate, 19.5 per cent. The drug use amongst the college youth is sizeable; besides, studies in different parts of the country underline a mild upward trend.

Whether country-made or factory-made, alcohol continues to be the main drug abuse in the country particularly among the college students. This is evidenced by numerous researchers (Singh and Singh, 1980; Adityanjee, et al. 1984). Khan (1985) estimated that the prevalences of alcohol among students in Jabalpur (N=4415) was about 9.4 per cent.

Painkillers, sedatives and tranquillisers are used without prescription mostly to reduce pain, anxiety and tension. In the prevalence rate, there appears a sharp increase in early eighties as compared with that in the seventies (Singh, 1979; Mohan et al, 1981).

Indeed, opium (its derivatives: morphine and heroin) has a long history of use in the East where it was smoked, injected or taken orally for its specific effects. Although heroin (‘horse’, ‘H’, ‘Junk’, brown sugar, smack etc.) was discovered nearly a century ago, it has come into vogue only in recent years. Certain alkaloids separated from morphine yield heroin are of no use to young people.
As is well known, cannabis drugs include bhang (dried leaves of the plant cannabis indica), ganja (its buds or flowers) and charas (resin of the plant). Incidentally, that is also the order in terms of availability, potency and cost. Adityanjee et al. (1984) also reported that a large proportion of addicts (nearly 50 per cent) were addicted to cannabis. Chakraborty et al. (1980) reported cannabis use in Calcutta to be equally high (15.7 per cent). It may be pointed out that, in the late seventies, the prevalence rate of cannabis was reported to be less than 3 per cent (Verma and Dang, 1979). In the eighties, it has gone up substantially.

As regards to stimulants (nicotine, cocaine, mescaline, amphetamines etc.) Verma and Dang (1979) estimated that 12.11 per cent of school-college students were habitual users of tobacco. In his study on college students, Khan (1985) estimates that nearly 10 per cent of students in the study sample (N=4415) were taking tobacco in one form or the other. Although banned, cocaine or crack has many enthusiasts even among students.

Parameswaran and Masihuddin (1981) provided information on the multiplicity of the use of psychotropic substances. Multiple drugs use rarely exceed one-fifth of those on drugs. Tobacco and alcohol were taken together by 12 per cent of the students: tobacco, alcohol and one more drug by about 4 per cent. Khan (1985) concluded further that multiple use of drug among male students (42 per cent) was higher than among females (15 per cent). Singh and Singh (180) used the term ‘poly drug use’ and estimated that 79 per cent of medical students were taking multiple drugs.
Smart, Reginold G. and Stoduto, Gina (1997) studied the self-report data from a 1993 survey of 1184 7th-13th grade students in Ontario. Results indicated that about 33% intervened in friends' illegal drug use and drinking driving, but about 50% intervened in smoking. It is concluded that drug education may give students the knowledge and confidence to intervene in friends' drug use.

Banerjee (1963) studied drug abuse among Calcutta University students with a sample of 1132 subjects. Prevalence rate found was 37.4 per cent (20 per cent for tobacco, 11.4 per cent for amphetamines, and rest for other drugs).

Blum (1967) reported an overall incidence figure of 69 per cent in a large private California University in 1967 as compared to only 21 per cent who reported having used marijuana in 1966 in a similar study done at the school.

Before World War II, narcotic addiction was distributed throughout America at a low level. After the war, it tended to concentrate in the slum areas of large metropolitan cities, particularly New York city. Economic privatisation, negative attitude towards the law, and the lack of family control over adolescents made the ghetto a breeding place for narcotic drug abusers (Wikler, 1967).

Wilner and Kassebaum (1965) estimated that prior to World War II, addicts bought heroin that was 87 per cent pure; and at the time when they conducted the study, the powdered which was bought were only 2 to 5 per cent pure heroin (one pound produces about 1,50,000 one-grain measures). Blumer (1967) and Nowlis (1968) believed that in recent
years there has been a marked rise in the usage of certain hallucinogens and stimulants especially among adolescents. Lyons (1968) in a survey of the entire field of drug usage estimated that over 10 million persons used prescription sedatives and stimulants (barbiturates, tranquilizers and amphetamines). In (1967) survey of high school students in San Matio County, California (Kaplan, 1970) 50 per cent of the male senior and 38 per cent of the female senior students reported having used marijuana at least once in the preceding year. Clausen (1968) reported that the discrepancy in estimates between various law enforcement agencies and other sources of data was so great as to preclude any adequate estimate of the number of addicts in the United States.

In a study conducted in Lucknow, Thackore et al. (1971) noted that 12 out of 57 medical students (21 per cent) who sought psychiatric help over a period of 4 years had a history of drug abuse at some time. They diagnosed drug disrupted their family harmony and damaged physical, social, and emotional well being. Out of these 12 subjects, had used amphetamines, 3 alcohol, and 1 alcohol plus cannabis.

King (1970) and Boiner and Hymowitz (1972) believed that marijuana has apparently been used at one time or another by a fairly sizeable proportion of the population. According to McMohan (1977) the best educated guess in terms of an average for all college students hovers around 45 per cent.

In a study reported by Delhi School of Social Work in (1972), of 100 graduate (honours) and post graduate students in Delhi, 95 per cent of the drug abusers were detected to be males mostly in the age range of 19-23 years. Of the various drugs abused, cannabis preparations were
found to be most popular (94 per cent), followed by mandrax (49 per cent), and L.S.D. (18 per cent). In a study by Wogan and Elliot (1972), 95 per cent of the college undergraduate students surveyed, reported having tried at least one of 6 classes of drugs - alcohol, marijuana, hallucinogens, amphetamines, barbiturates, and opiates. Of these 55 per cent had tried marijuana at least once, 16 per cent had tried hallucinogens, and 92 per cent had used alcohol.

Donnermeyer, Joseph F. (1993) studied Rural Youth Usage alcohol, marijuana and hard drugs, the findings indicated that age of first use predicts current use of all 3 substances. Age of first use of alcohol is also related to first use of marijuana, which in turn is related to first use of hard drugs. The order is reversed for current use. Current use of hard drugs predicts current use of marijuana, which in turn predicts current use of alcohol.

Zinberg and Robertson (1972) reported that in (1963), American consumers spent $2.3 billion on drugs. By (1969), this figure had grown to $8.1 billion excluding drugs that were charged to persons in hospitals and clinics, and to private and public social agencies.

To what extent are the users in the grip of psychotropic drugs? Towards this, many researchers have looked into the frequency of the use of different drugs. On the basis of frequency of drugs use, user categories have been developed. Shamughan (1979) found daily users to be 23.3 per cent in a sample of 6000.

While discussing the magnitude of the problem, attention also goes to the quantity of intoxicants used. A few researchers have addressed to
this issue also. Singh (1978) estimated that alcohol users consume liquor between 85-2000 gms. per day.

Adityanjee et al. (1984) have explored this dimension in respect of heroin used in a sample of 105 patients in a de-addiction clinic. They reported that the daily consumption of the substance had changed between 0.25 - 2.0 gms.

The persistence typology, is often based on the duration of use. Users who have started on a psychotropic drug for the first time are categorised as 'beginners' and those who have been on drugs for sometime as 'old users'. Focusing on the student population, some of the beginner: in college are beginners in the use of intoxicants and, with their stay on the campus, some of them persist in their habit. Singh and Singh (1980) estimated that in Patiala and the proportion of drug users, among medical students, increased at the rate of ten per cent per year. Verma et al. (1977) reported that students older in age (mean age = 21.22) had a higher proportion of drug users (22.5 per cent) than those who were younger in age (11.8 per cent). Perhaps factors of age and years of education increasingly confront the young with tensions and feelings of insecurity impelling some of them to take to or persist in drug use.

Rosen et al. (1972) reported that apart from the millions of occasional and experimental drug users, it was estimated that there were between 60,000 and 1,80,000 hard core addicts in the United States.

Brecher (1972) reported that the popularity of heroin is spreading from big city ghettoes to suburbs and rural areas, to colleges, high schools and even to elementary schools. New York State Office of Drug Abuse (1975) did a very elaborate study encompassing the whole state
of New York involving 8,533 subjects. It provided some interesting data on students in grades 7th to 12th. Alcohol was used by 81 per cent of the students, but marijuana only by 31 per cent, 9 per cent used depressants and stimulants, 6 per cent L.S.D., and 3 per cent used actual narcotics.

The 1971 Gallup poll indicated that about 51 per cent of college students in New York had used marijuana a vast increase over the 1967 estimate of 5 per cent. Later reports indicate that in some colleges, drug usage was nearer to 80 per cent whereas still other reports indicate that usage was levelling off (The U.S., National Commission on Marijuana and Drug Abuse, 1973).

Hemminki (1974) in his study of over 2,000 school children in Helsinki between ages 14-17 years, indicates that 25 per cent of the pupils had taken drugs, 5 per cent of them over 10 times. Forty-four per cent of the girls and 45 per cent of the boys smoked cigarettes regularly and a positive relationship was found between smoking and drug taking. Sixty-seven per cent of the drug users compared with 20 per cent of the non-users used alcohol.

Addiction to a particular drug is rare. Multiple drug abuse, on the other hand, is a common phenomenon. Calhoun (1974) in a study of both students and adults, disclosed that drug users use significantly more of all drugs than do non-users. Moreover, the users of hallucinogens, amphetamines, and barbiturates in that order use more of all drugs than do users of marijuana, tobacco, and alcohol. Toohey et. al. (1978) described patterns of non-medical drug use between 1970-76 among college students in 5 American Universities. Use of marijuana, amphetamines, alcohol, barbiturates, cocaine, L.S.D., appeared to peak
in 1973 except narcotics. Then began a downward trend. Heroin usage appeared to steadily increase, although morphine use diminished almost to the vanishing point. Napier et al. (1983) gave data of drug usage by 2,060 students of 8th-12th grade. They reported that 76.7 per cent of the subjects had tried alcohol at least once, 41 per cent had tried marijuana, 64.56 per cent tried cigarettes and 16 per cent and 12.2 per cent had tried amphetamines and barbiturates respectively.

Dykeman and Nelson (1996) assessed the effectiveness of various delivery modes commonly employed in substance abuse education. Interviews were conducted with students in an urban school district, in grades 3, 6, 8 and 12 (N = 96). The delivery modes included expert, teacher, peer-led and parents in home. Students generally believed that each type of delivery mode would positively affect drug and alcohol related knowledge, but not behaviour. They also believed that the expert-led mode would be the most effective means for educating students. Implications of these results are discussed.

Heavy use of any drug markedly increases the likelihood of use of any other drug, legal or illegal (Shafer, 1973; Single et al., 1974; Kandel and Fause, 1975). Among heavy marijuana users, 84 per cent also reported use of "the Pills" (methedine, amphetamines, barbiturates or tranquilizers), 78 per cent used L.S.D. or other psychedelics, and 62 per cent cocaine, heroin or narcotics other than heroin (Single et al., 1974). Other researchers (McGlothlin et al., 1970; Johnson, 1973; Josephson and Carroll, 1974) have also reported similar results. Flaherty et al. (1984) interviewed 93 drug users at the time of entry to treatment. Three hundred users who were not currently under treatment were taken for the
study. All the subjects (316 males and 77 females, with a mean age of 28 years) had used heroin at least once during the previous year. Results indicated that there was no longer a "pure" heroin user, most of them also consumed an extensive variety of other drugs and were called multiple drug users. Daily heroin users appeared to use other drugs even more frequently than occasional heroin users and they appeared to live life more focussed on drug use and drug related activities.

For those young people who become involved in the use of variety of drugs, there generally appears to be a chronological progression. It had been known for sometime that most users of heroin or other hard drugs had previously used marijuana. Shafer et al. (1972, 1973) found that where multiple drug use occurs, there appears to be a statistically significant order. Beer and wine are most likely to be tried first, tobacco and hard liquor second, and marijuana third, followed in chronological order by the "Pills", psychedelics, tranquilizers, amphetamines, cocaine, and heroin. This view was held for many years by Federal authorities, but has been proved wrong.

Mills and Noyes (1984) studied survey data collected to the period 1978-1981, examining prior and current drug use in 8th, 10th and 12th graders in public schools. They examined the sequential and cumulative nature of drug use in a sample of 1,036 students and found a stable, sequential, and cumulative hierarchy of drug use in all grades. Colle and Curtet (1983) studied onset of drug addiction in 40 subjects primarily heroin addicts. Contrary to current ideas, the by-products of cannabis were not a concern in 90 per cent of the cases. Forty per cent of the intoxicated persons started with legal drugs. The use of cannabis was not
found to be the beginning of an inescapable correlation towards "hard"
drugs. In 30 per cent of cases, subjects first became addicted to alcohol,
and in 13 per cent of the cases, the first drugs of addition were opiates.

The age characteristics of addicts have been touched upon in two
ways. Several authors have studied the age range of drug abusers and
others have focused on the age of onset of drug use as it relates to
severity and duration at later stage. In England, Bewley and Ben-Arie
(1968) found that the mean age of male heroin addicts upon first
admission to London's Tooting Bee Hospital was 24.7 years for those
born in England and Ireland, and 33.5 for those born overseas. Ball and
Chambers (1970) found that the mean age of addicts admitted to the
Lexington and Fort Worth Public Health Service Hospitals in 1963 was
32.9 years for males and 33.5 years for females. The largest proportion
of females (25.6 per cent) were in the 25-29 years category. While 23.8
per cent of males also fell into this category, the 20-40 years old total was
almost 23.3 per cent. They noted that most addicts were young (80 per
cent were under 40). Their summary of admission statistics indicated that
only 20 per cent of admissions were 40 years of age or older. Nurco and
Lerner (1972) found male heroin users in Maryland Correction Houses to
be older. In their sample, 48 per cent of heroin abusers were under 25
years of age in contrast to 73 per cent for users of other opiates and
synthetics and 70 per cent for all others. The 15-19 years group
accounted for 74 per cent. Scher (1973) reported that in 1973 the
average age of addicts in Cook County Jail was 21 years, compared with
28 some were 13 years and less. Board of Directors of the National
Council on Crime and Delinquency (1974) noted that the average age of
addicts in the United States had declined while their number had increased in the 10 years period of 1964 to 1974. Ball and Chambers (1970) also reported that the median age of addicts in the period between 1937 and 1962 had decreased from 39.1 years to 33.5 years.

DuPont and Greene (1973) reported that the average age of incarcerated addicts in the District of Columbia increased from 23.1 to 25.7 years from January 1970 through August 1972; during the same period no similar changes occurred among non-user offenders. English and Tori (1973) reported that opiate users in their sample, most of whom were voluntarily undergoing methadone treatment, had a mean age of 22.8 years. Platt et al. (1976) reported that within a representative sample of youthful offenders in New Jersey, heroin addicts were consistently older than non-addicts, each year during the period from 1968 to 1971. In 1972, the mean age of addicts declined slightly, while non-addicts who had been increasing in mean age of addicts in 1968 was 20.8 years, which increased to 21.2 years in 1972. This trend continued through 1974, with the average age increasing to 22 years. Peterson (1980) found that more than 50 million Americans had tried marijuana and millions used it regularly and use was particularly high in the age range of 18-25 years.

Ahuja (1982) reported in his study of the 1,629 drug users (1,038 current users and 431 past users in the main sample and 160 drug users in the intensive sample) that a little more than one-fourth (26.1 per cent) were 18 years of age or less, nearly three-fifths (62.6 per cent) belonged to 19-24 years age group and about one-tenth (9.7 per cent) were more than 25 years of age; 1.6 per cent did not give their age. Comparing the age of girls with boys, female users were found to be younger than the
male users. A little more than half of the girls (52.7 per cent) were 18 years of age or less in comparison to 23.8 per cent boys. Taking both male and female drug user together 16-21 years age group was identified as the most crucial in developing the habit of consuming drugs.

Malhotra (1983) studied drug consumption among German youth and found drug use to be higher among females than males up to the age of 14 years, and afterwards much higher among males. Dull (1983) studied 1,449 adult (17 + years old) students and found that 17-26 years old subjects reported higher consumption levels of drugs and alcohol than among any other age group. Posel and Tomczak (1983) found that dependence forming drugs were used mainly by subjects in the 17-20 age range. Konopka (1983) examined adolescents’ view on drugs and alcoholic through interviews and group discussions with over 1,000 adolescent girls (12-18 years) of various socio-economic status groups. It was found that subjects knew about drugs and were well informed about them from a very early age. Subjects who took drugs often started at 12 or 13 years of age and sometimes even earlier. No subjects reported having started later than 17 years of age.

Carlson et al. (1994) found that students who participate in student assistance programs showed improvements, especially in regard to levels of substance abuse.

Parameswaran and Rao (1983) analyzed responses of 2,957 students from 30 colleges in the city area of Hyderabad and Secunderabad and indicated that subjects older than 21 years of age were found to use more drugs. Hechtman et al. (1984) conducted a 10 years follow up study of 75 hyperactive and 44 control subjects (aged 17-24 years) and
reinterviewed a subgroup of 53 hyperactive and 38 control subjects 2 years later. They determined drug and alcohol use and abuse among them. Results showed that alcohol and marijuana were used by large numbers in both groups. Drug use starting around the age of 16-17 years, was highest at 17-18 years age and discontinued at 18-19 years age because of drug consequence and side effects. Keyes and Block (1984) studied 105 San Francisco East Bay adolescents (aged 14 years) for the substance abuse as part of a longitudinal study of ego and cognitive development. The results indicated that females were somewhat more involved in substance use at the early age. Sixth, seventh, and eighth grades were the years that most commonly marked initiation into substance use, with marijuana use more likely to have begun in 6th and 7th grades, and harder drug use more likely in 7th and 8th grades. The study by Delhi School of Social Work (1972) found that about one-fourth of the respondents were first introduced to drugs when they were at school. Over 60 per cent of the students had been taking drugs for more than 2 years. About 60 per cent of the respondents belonging to the 19-21 age group, and 76 per cent of the respondents belonging to 21-23 age group had been regular drug users for more than 2-3 years. Even in the age group of 17-19 years it was observed that one third of the respondents had been taking drugs for more than 2-3 years.

Sethi et al. (1984) studied 50 males pure chronic cannabis abusers and found that most of the chronic abusers were found to be between 23-40 years of age. In the majority of subjects, cannabis intake was initiated between 19 to 25 years (52 per cent) or between 12-18 years (36 per cent).
Ungerleider and Andrysiak (1984) traced the trends in the drug scene from 1965 to 1984 and noted that “fashionable trends” in drug use, beginning with the use of psychedelics for consciousness expansion in the 1960s, led to poly drug use. As a result, the quality of the drugs taken deteriorated leading to the present availability of counterfeit “look alikes”. Several drug problems currently exist including free basing cocaine, phencyclidine, and methaqualone abuse. There are few drugs which have become more popular in the recent past. Dove (1984) contended that phencyclidine hydrochloride (Pcp), a relatively obscure drug until mid 1960s has become a major drug of abuse over the last 15 years because it is easy to make and is relatively cheap.

As is the world wide trend, drug problem in India is alarming, though not a new phenomenon. Chopra and Chopra (1935) estimated that the number of habitual users of cannabis in India was around 3 lakhs. They also found that number of such users declined sharply between 1900 and 1935. National sample survey (1975) found that with the rise in per capita income, the expenditure on intoxicants in society had increased. Chitonis (1974) studied students of Bombay University and found the prevalence rate of 19.7 per cent who ever used a drug (cannabis 17 per cent, amphetamine 7.1 per cent, barbiturates 5.4 per cent, L.S.D. 3.8 per cent, opium 2.5 per cent heroin and cocaine 14 per cent, and morphine 6 per cent). Alcohol and tobacco were excluded. Mohan and associates (1978) studied 3 classes of English high school children in Delhi and found a prevalence rate of drug abuse as 34.2 per cent.

Singh and Lal (1977) studied 6 large villages of district Sangrur (Punjab) and found that 299.8/1000 of age over 10 years had used drugs.
i.e. tobacco, alcohol, opium, cannabis, and barbiturates. The proportion of the then current users was 287.7/1000. Further analysis showed that 40 per cent of them had used tobacco, 25.6 per cent used alcohol, 18.9 per cent used opium, 6.2 per cent barbiturates, and 2.2 per cent used cannabis.

Drugs may cause psychological or physical dependence or both. Physical dependence occurs when the drug has altered the biological state of the body so that continuous use of the drug is necessary. Psychological dependence occurs when a person feels a compelling desire to use a drug and cannot reduce either the frequency or doses. Such people feel they need the drug in order to continue functioning in life or to maintain a feeling of well being. Dependence can be located at any place along a continuum from mild desire to an all-consuming craving for the substance.

Saengkaew, Phon et al. (1974) found that the sample group aged 13-23 in Thailand consumed narcotic drug. Jitpetch, Pornitip (1973) found that 3 in 4 drug addicts mostly aged 15-20, 30% graduating from elementary level, 65% being the labour class.

Suwanla, Jarus et al. (1984) found that the spread of the current narcotic drug tended to be consumed at the age of 15-20.

Fanhitanon, Sern (1974) stated that the increasing in heroin was found in all kinds of the schools and mostly consumers in marijuana and opium are teenagers.

Ausubel (1958) felt that drug addiction is primarily a personality disorder. It represents one type of abortive adjustment to life that
individuals with certain personality dispositions may choose under appropriate conditions of availability and socio-cultural attitudinal tolerance.

According to American Psychiatric Association (1960), "Drug addiction is usually symptomatic of a personality disorder, and will be classified here (in psychopathic conditions) while the individual is actually addicted; the proper personality classification is to be made as an additional diagnosis. Drug addiction is symptomatic of organic brain disorders, psychotic disorders, psychophysiological disorders, and psychoneurotic disorders and are classified here as a secondary diagnosis" (cf Mensh, 1965, p. 1064).

Hill et al. (1960) concluded on the basis of their study of addicts, "The adolescents and all adult addict groups exhibited deviant personality characteristics which were associated with psychopathology or which were predominately psychopathic in nature. The extreme similarity between the teenage and adult addicts supports the belief that personality characteristics do not materially change following addiction, even though procurement, use and effects of drugs necessarily demand changes in the individuals daily activities" (cf Mensh, 1965, p. 1067).

Samark, Sanit et al. (1987) reported that the cause leading to addiction was personality such as sentimental mind and emotion of the consumers including social surrounding, family relationship.

Kateburom, Siriporn (1976) reported that drug addicts came from broken family with confliction and were ignored by their parents.

Likit (1985) found that the measures in solving narcotic problems in Thailand were lack of research leading to give knowledge and proper curriculum of drug in schools and society.
Dahlstrom and Welsh (1962) stated that alcoholism and other forms of dependence upon drugs are complex personality manifestations. Certain personality features seem to enhance the likelihood of forming such habits, the drugs themselves have demonstrable personality effects on those who use them and the consequences of such dependence upon other aspects of the user's lives may, in turn, cause additional emotional disturbance and upset. There is an important discrimination to be made, that addiction is not a behavioural disorder, rather it is symptomatic of a pattern of personality maladjustment.

Chapman (1962) pointed out that most addicts have exhibited delinquent behaviour prior to their drug dependency. There is broad agreement that addiction does not arise denounce, except in a relatively small proportion of cases. He aptly sums up, "... drug addiction is but a facet of the much larger problem of social and emotional maladjustment and the resultant disrupter and mentally disturbed behaviour... the addicts with which society is concerned... have manifested delinquent behaviour of some type prior to addiction and increase their delinquency during addiction..." (cf Mensh, 1970, p. 515).

In great majority of cases, narcotic addiction appears to develop in association with personality disorders. Gilbert and Lambardi (1967) found in a comparison between a group of 45 young institutionalised male addicts and a control group of nonalcoholic - that outstanding distinguishing features were "the addict's psychopathic traits, his depression, tension, insecurity, and feelings of inadequacy, and his difficulty in forming warm and lasting interpersonal relationships". Similarly, in a study of 112 drug abusers admitted to Bellevue Psychiatric Hospital in New York, Hekimian
and Gershon (1968) found that heroin users were usually psychopaths. These studies lend supporting evidence to earlier studies which found young male addicts immature, inadequate, passive-aggressive individuals for whom narcotics seem to have a unique appeal (Ansubel 1961).

Among neurotics and psychotics, narcotic addiction appears to be relatively rare. However, Gilbert and Lambardi (1967) found that many of the addicts they studied did evidence psycho-neurotic or psychotic traits and association with sociopathic ones. But it would appear that the sociopathic characteristics are the ones most likely to be associated with narcotic addiction.

The potentially determinantal effects of alcoholism for the individual, his loved ones, and society are legion. In relation to alcohol.

Raynal and Chen (1996) presented results of an evaluation of the effectiveness of a multifaceted drug prevention program for high-risk elementary and younger, junior high school students. He evaluated about drug use and self-concept among the students who completed the program. Results indicated that high-risk students would benefit from multifaceted drug prevention programs that teach life skills.

Preble and Casey (1969) found that lower class heroin dependent individuals were not passive, withdrawn, inadequate youngsters using opiates to escape from life; they felt overwhelmed by and helpless to deal with it. On the contrary, street users or "junkies" were usually actively engaged in meaningful activities and relationships 7 days a week. Rather than living for the transient euphoria following injection, which was actually a small part of their lives, they aggressively pursued a "career" which was
"exacting, challenging, adventurous and rewarding". They were always on the move and were alert, flexible, and resourceful.

Wig (1969), working on an Indian sample, reported that men with drug abuse behaviour were more often psychiatrically disturbed and gave evidence of psychopathic personality. Sixty-six per cent of the cases were poorly adjusted to their life situations and some of them showed frank psychopathic traits like lying, cheating, aggression, and sexual deviation.

Auster (1969) concluded that addicts and non-addicts have consistently different characteristics. In brief, his findings revealed that addicts suffer a degree of short sightedness in the judgement, and their capacity for decision making is quite limited. They see themselves mainly in negative terms, are unable to form genuine, close relationships and often have confused sexual feelings.

Chein (1964) explained drug (heroin) use in terms of personality traits like passivity, defensiveness, low self esteem, little ability for self direction, distrust of other people, need for predictable gratification and exploitation of others for gratification. The person predisposed to drug dependence is one who is not psychologically prepared to accept adult role. In terms of personality structure, one may say that potential addict suffers from a weak ego, and inadequately functioning super ego, and inadequate masculine identification (Knight, 1937; and Bales, 1962).

Smart and Jones (1970), comparing the MMPI profile of hundred LSD users with forty-six non-users, found higher incidence of psychopathology among the users. A history of criminal deviance seems to be a common characteristics of many heroin addicts admitted to
Lexington and Fortworth; 86.6 per cent had a record of arrests prior to admission (Ball and Chambers, 1970).

Cohen et al. (1971) compared the personality characteristics of 80 psychedelic abusers and a control group. They found that the control group tended to be more self-sufficient and assertive, whereas the drug users tended to be more dependent, passively hostile, and suffering from identity problems. Zinberg and Robertson (1972) believed that neurotically disturbed young people find their psychological support in the drugs. The addictive person is one who is passive, incompetent, and ineffective too (Kimble et al., 1974).

A study conducted by Delhi School of Social Work (1972) on University students reported that 87 per cent drug abusers were insecure, immature, dependent, frustrated, diffident, anxious, and worried persons. They suffered from a sense of failure and personal inadequacy. The results consistently revealed a tendency of poor or limited social contacts among them. The drug users seemed to suspect and distrust other people and their capacity to understand them. Their social contacts were limited to a very small and close circle of friends.

Holroyd and Kahn (1974) examined the personality attributes of a sample of college students who used drugs heavily. They found that both the men and the women in their sample were non-conformists, but the women were highly ambitious as well. This is an indication that the effect of drug usage on personality is indirect. Thus, when "ambitious" persons are unusual or non-conforming, they may also be drug users since using drugs is also a part of non-conforming behaviour.
Taschner (1974) found that patients with psychoses mainly used hallucinogenic drugs. Forty-seven per cent of the drug users admitted to the hospital were without a job and were socially disintegrated. The personalities of the patients were characterized primarily by weak psyche, and activity, increased need for social contact, unstable mood, and increased sensitivity.

Many drug addicts are more like the sociopathic personality type than the impulsive, immature, and dependent person who becomes an alcoholic. One indication of the personality disorder aspect of these addicts is the fact that many of them take the "cure" not to be cured but in order to start all over again with a less expensive habit. It is not only the withdrawal symptoms alone which maintain the continuity of drug but the sociopathic personality (Bourne and Ekstrand, 1976). These investigators further stated that all drug addicts were sociopaths and that 20 per cent of the patients at the Federal Hospital for Drug Addiction, used drugs originally to relieve the basic anxiety.

Mann, Robert E. and Smart, Reginald G. (1997) found that in Ontario, declines in alcohol use and related measures among students have occurred since 1979. The proportion of the declines accounted for by the increase in alcohol education was modest, but was larger for the more serious indicators of alcohol problems.

Varma and Dang (1978) found that a large number of non-addict respondents in their sample disapproved the use of most of the drugs. Majority of the subjects reported drug users to be less ambitious and more antisocial, criminal, emotionally unstable, conforming, interesting, and more sexually permissive than average.
Penk et al. (1979) studied personality characteristics of compulsive heroin, amphetamine, and barbiturate users and found that drug users evidenced greater maladjustment than normative reference groups. Heroin users were comparatively less disturbed than amphetamine, and barbiturate users and aligned with managerial, autocratic and power orientation factors; amphetamine and barbiturate users, on the other hand, reflected more interpersonal difficulties (or what has been called acute alienation).

Addicts maintain high levels of anxiety. Self-report data of the abusers have shown that addicts describe themselves as anxious, tense, and worried (Alexander and Dibb, 1970; DeLeon et al., 1973; Korin, 1974; Steer and Schut, 1979; and Craig, 1979).

Broota et al. (1982) interviewed 30 drug users and 30 non-users and found that drug users had a lower level of aspiration than non-users. Their personal hopes, aspirations, and fears were primarily centered around their own health, personal values, and economics with little concern for family.

Mohanty and Saraswat (1982) studied attitude toward narcotic drugs as a function of some personality variables on a sample of 33 high anxiety/high insecurity and 47 low anxiety/low insecurity postgraduate male students between 21-23 years. Results indicated that high anxiety/high insecurity subjects had pro-narcotic attitudes, whereas low anxiety/low insecurity subjects showed anti-narcotic attitudes. Findings support the view that there are pre-existing determinable personality differences between users and non-users of drugs prior to actual use of these substances.
Segal (1983) reviewed research identifying antecedents and correlates of drug taking behaviour. Personality constructs which were considered important causal determinants of adolescent drug taking include rebelliousness, autonomy striving, liberalism, willingness to try new experiences, and striving for independence. The overall pattern of characteristics that were representative of drug takers were non-conformity, a tendency to act out impulses and fantasies, and a tendency to be extraverted. It was found to be an interactional process.

Lewis et al. (1983) investigated the interaction of alcoholism, antisocial personality, and drug use in 309 male criminals (mean age 25.5 years) on probation and parole. Structured interview and additional psychosocial and criminal data obtained from probation to parole records revealed that 118 of the 309 subjects had antisocial personality and they had higher rates of alcoholism and illicit drug use than those without antisocial personality.

Klinge (1983) indicated in his study that the adolescent minimal users (least users) were more disturbed than the moderate and heavy users, especially on paranoia, schizophrenia, and social-introversion scales of the MMPI.

Bucher and Ulhoa (1984) administered projective tests to investigate the personality characteristics of 36 drug users. Results revealed a profound imbalance in personality and limitations in the possibility of object relationships. Subjects reacted with numerous pathological symptoms, which were probably due to drug consumption and previous destructuring.
Spotts and Shontz (1984) on the basis of Eysenck's theorization used extroversion scale of the EPI. They found statistically significant differences among carefully matched series of heavy, chronic users of cocaine, amphetamines, opiates, barbiturates, sedative-hypnotics, and a comparable series of non-users. Cocaine users and opiate users were found to be more introverted; whereas amphetamine users, barbiturate users, and non-users were more extraverted. These data suggest that if drug influence extraversion, it is achieved through suppressing. However, the results only partially agreed with Eysenck's theory as users of another stimulant (amphetamine) and another depressant (opiates) scored consistently with commonsense expectations.

Jindal (1988) in her study found the drug addicts to be reserved, detached, less intelligent, affected by feelings and emotionally less stable.

There are other studies which have shown contradictory results with regard to personality factors of abusers. Some researchers have shown that moderate marijuana users were not more disturbed or psychopathic than non-users. Instead, the insignificant differences that emerged suggested that moderate marijuana smokers were more poised, sociable, flexible, creative and aesthetically sensitive than non-users (Steffenhagen et al., 1969; McAree et al., 1969; Hogan et al., 1970; Zinberg and Weil, 1970; and Grossman et al., 1971).

In a study of college undergraduates by Wogan and Elliot (1972) the drug users, especially the females, were less anxious than the non-users. They also were more self-confident and adventurous than non-users. Non-users, by contrast, tended to be "more inhibited, responsible, pleasant,
considerate, and somewhat conventional” (p.322). The drug users were also bold and more socially poised. They did not differ significantly from non-users in terms of adjustment and tension. Therefore, the researchers concluded, “It would seem to be more profitable at this point to pursue personality correlates of drug use outside the realms of measures related to psychopathology” (p.331).

Gendreau and Gendreau (1973) argued that many of the positive findings of personality differences between addict and non-addict groups were artifacts of confounding or uncontrolled-subject variables, such as socio-economic level, criminal background, age, and intelligence. These investigators found that addicts and non-addict prisoners matched on age, SES and intelligence were essentially similar in the MMPI profile productions.

On the whole, the review of literature reveals that addicts are people with psychopathic makeup. They are hostile, impulsive, anxieties ridden, depressed, euphoric, immature, narcotics, rebellious, non-conformists, antisocial and are often lacking in social conscience. There might be differences between the personality traits of the habitual users and the real hard core, addicts. An average individual who possesses a normal personality but who is ambitious, competitive, rebellious, and non-conformist may take to occasional use of drugs to enhance and elevate his performance in career or studies. The hard core addicts have deviant personality make up which may be the result of developmental crisis in the childhood.

Experience from many studies of drug abuse indicates that abusers are most likely to be alienated from families. Jurich et al. (1985) discuss
family factors in the lives of drug users/abusers, 24 drug abusers and 24 occasional drug users, aged 15-19 years, were interviewed concerning family factors hypothesized to affect drug use. In addition, data were collected on the closest family member to the drug taking subject, the subjects perception of the most powerful family member. The study revealed that as compared to abusers, drug users were less likely to come from families where there was a communication gap and more likely to come from families that used democratic disciplinary techniques. Drug abusers come from where there was a communication gap and either laissez faire or authoritarian discipline. Drug abusers also come from families where the person whom they defined as most powerful tended to use psychological crutches to cope with stress.

Chein et al. (1964) contrasted the family background of addicts and normal controls. The addicts tended to come more often from families characterized by emotional disturbance, distance, poor father-son relationships, and instability. Eighty per cent of the male drug addicts experienced an extremely weak father-son relationship. 48 per cent did not have a father figure in their significant part of early childhood. 52 per cent of the addicts had a father figure who was cool or hostile towards the son. Forty-four per cent of the fathers had unrealistically low aspirations for the child, and 23 per cent of the father figures were immoral models for the child in early childhood. Other characteristics included marked impulse orientation in father figure (26 per cent), unstable work history of father during boy's early childhood (43 per cent), unrealistically pessimistic attitude or overtly discordant relations between parents (97 per cent). The investigators further reported that mother figure was a more important
parent in boy's life during late childhood period (73 per cent). Twenty-three per cent of mother figures were cool and hostile to the boys during early childhood, 37 per cent of them were cool and hostile to them during the late childhood too. In 40 per cent of the cases the boys in general experienced extremely weak mother-son relationship. Mothers had unrealistically low aspirations for boys in late childhood and in early adolescence (31 per cent). However, no significant differences emerged between the addicts and control group with regard to mother-son relationships. Parental standards for boys were vague or inconsistent during early childhood (55 per cent) and adolescence (63 per cent).

Khantzian et al. (1974) explained that specific ego impairment having to do with self-care and self-regulation, characterizes many addicted individuals. The adequate establishment of this function has to do with optimal nurturing and caring in the early mother-child relationship.

Baer and Corrado (1974) studied the role of parental influence in the etiology of heroin addiction by comparing the responses of addicts and non-addicts on a Life History Questionnaire. Their specific interest was in the kinds of relationship addicts had with parents in childhood and early adolescence. The findings revealed that in contrast to a group of equivalent non-users, addicts although reported an unhappy childhood, yet more often they were more likely to wish to relive part of it. The addicts reported more physical punishment and greater employment among mothers during childhood, more friends home, and less parental interest in their school performance. They also reported less parental cohabitation, less career planning assistance, and parents having less influence on their conduct. Finally, the addicts reported religion as less
important aspect of family life, a greater tendency towards parental condemnation of pre-marital sex and less inclination to turn to their parents for sympathy or support. Addicts described their fathers as "pals" and their mothers as being well-intentioned less often than did non-addicts. Thus, the investigators concluded that the majority of addicts in their study had led an unhappy childhood which included harsh physical punishment and a general pattern of parental neglect and rejection.

Timms et al. (1973) found neurotic family environment as one of the factors associated with drug abuse in adolescence.

Forehand et al. (1977) found in their study that drug abuser's family was the major contributing factor for this behaviour. The salient features included absent or weak father, over protective, over indulgent or dominating mother. There was hostility or conflict between parents, who were inconsistent in maintaining standards of behaviour for the children and often set unrealistic goals for them. Male drug abusers were found to have disturbed relationships with one or both parents, and 1/3 of the parents were heavy drinkers. Thus, a combination of unsatisfactory socialization process and problems related to self-esteem are the characteristics of serious drug abusers.

Cook, C. et al. (1997) investigated drug usage and knowledge among secondary school children in Fife, Scotland. Results indicated that 59% of students in first year, 95% of students in fourth year had used alcohol 11% of students in first year, 30% of students in fourth year were smokers.

Blum (1972) and Shanton (1979) found that the families of heroin addicts were characterised by stereotyped and rigid familial roles, and absence of religious or political affiliation.
Kandel et al. (1979) examined the socio-psychological antecedents of entry into 3 sequential stages of adolescent drug use: hard liquor, marijuana, and other illicit drugs. Parental influences were one of the predictors of such behaviour.

Pajuhesh et al. (1981) found that praise and recognition given by parents (variables closely related to self-esteem) as well as the respondents' perception of their family love, indicated significant positive differences between the responses of users and non-users. The users tended to be less satisfied with their families.

Pandina and Schuele (1983) studied the psychosocial correlates of alcohol and drug use of adolescent students and adolescents in treatment. Results showed that higher substance use involvement levels were associated with higher levels of psychological distress and perceived parental control, lower perceived parental love and more extensive experience of negative events and behaviours.

Friesen (1983) focussed on the pathological familial patterns of younger abusers. Their family patterns included a long, emotionally conflicting relationship between parents (one of whom may be ineffectual, distant, or inactive and the other dominating and infantalizing), and a crisis oriented one in the family with blurring and diffusion of cross-generational boundaries. He states that drug abuse may be used as a family system solution and it may exist in the presence of an unresolved loss or mourning.

Kaufman and Borders (1984) examined the structures and general characteristics of healthy Anglo-American families, emphasizing the weak links in these families that contribute to or result from a adolescent
substance abuse. It was concluded that a healthy family system would prevent adolescent substance abuse even in the face of heavy peer pressure. The key to such family functioning was in the family's flexibility, and an ability to adapt to different stresses. Family ethnicity too was reported to play a significant role in it.

Reilly (1984) discussed adolescent drug abuse as a symptom of family system dysfunction. It was contended that adolescent drug abuse reflects a defect in the normal family "launch sequence", by which the adolescent is prepared for gradual disengagement and separation from the family of origin. He stated that parental denial and inability to set consistent limits and an atmosphere of emotional anaesthesia including central role played by impaired mourning and impacted grief were the predisposing factors for such behaviours.

Sommer (1984) asserted that suicide, drug use, and running away are associated with disturbed family relationships and feelings of isolation and alienation. It is the quality of relationship with parents which was most important in drug use.

Holmer (1985) did a longitudinal study of drug abuse in 15 year old subjects and found that drug abusers came from multi-problem families.

Somewhat contradictory results have been reported in the following studies. Javetz and Shuval (1982) found the correlates of drug use among 5,914 subjects of 7th-12th grade in Israel. Low correlations was found between drug use and symptoms of strain in the home environment. Ahuja (1982) analyzed the family relationships of drug users. He established that in 85.9 per cent cases, relations between the user's father and mother were harmonious. Since in large number of cases, the conjugal
role relationship between user's parents was a joint one, it was expected that they carried out parental activities together with a minimum of task differentiation and separation of interests. As regards the relations of drug users with their parents, in 85.6 per cent cases, the relationship was harmonious, and also they had harmonious relations with the other siblings. The investigator concluded on the basis of these findings that in 85 to 90 per cent cases, the families of drug users could be described as normal and family relationships as cordial affectionate. There was not much of difference between parental control over drug users and non-users. The leniency of strictness in parental control was an insignificant variable. In 96.2 per cent cases, the parents took interest in drug user's studies and in 72 to 80 per cent cases, they took interest in their nature of friendship, leisure activities and future career. Drug users had conscientious parents who were conscious of the parental obligations towards the children.

In the Indian context where family is the major unit of socialization, these factors become even more important. The stereotyped patterns of child bringing up, austerity, authoritarian attitudes may add to child's problems. Encountered with these problems the child may recede to the oblivion of hard narcotics.

Wig (1969) reported somewhat different results. He found that preference for drug varied depending upon area and socio-economic status. People who were addicted to oral opium were mostly from the rural, poorer socio-economic strata, and less educated class. In contrast, cases of morphine or/and pethidine addiction were predominantly from the higher class and part of an urban population. On an average, in middle class community alcohol is prevalent.
Literature suggests that the ethnic minority groups which form a part of deprived social class of most of the urban slums are more prone to drug addiction than the higher social classes. Chein et al. (1964) assessed social and economic characteristics of areas epidemic in terms of drug use non-epidemic areas. Few variables consistently discriminated the two types of areas with the epidemic areas marked by concentration of underprivileged, minority groups, poverty and low economic status, low educational achievement, disrupted family life, disproportionately large number of adult females, very crowded housing and a dense population of teenagers. These qualities led the researchers to observe that "drug abuse is essentially a metropolitan phenomenon".

In the study of Ziomkowski et al. (1975), 75 per cent of tenth graders selected friends of their own age as their chief source of advice about using drugs. Only 16 per cent would go to teachers and 21 per cent to school counsellors. They would turn to friends, despite the fact that peers themselves needed better education about drugs. Naditch (1975) noted that one of the actives for drug use was a reluctant use as response to peer and adult models for drug taking at different stages in adolescence, peer pressure. Huba and Bentler (1980) studied the role of peer and adult models were known to exert strong influences on the initiation of drug use. In fact, peer models of substance abuse are more influential than any other. Drug use occurs within a healthy normal relationship not only with a friend but also with school or work colleagues. Adolescents, whose friends do not use drugs have likelihood of not using drugs themselves (Kandel. 1973; Konopka. 1983' Chassin. 1984 and Napier et al., 1984).
Ahuja (1982) analyzing the peer factors in drug abuse found that drug users had most of their friends from the student community and also from the same college/department and of same social status. A large number of drug abusers were very 'exclusive' and attempted to limit their friendship. About 71.9 per cent of them reported having friends with whom they could share their secrets. The choice of drug was also the same as that of their peers', probably because a large number of drug abusers were those who took drugs not in isolation but in the company of their friends.

Shafer (1972) opined that the peer group at adolescence served as T-group and peer pressure instigated drug abuse behaviour. Peers convey to their associates that drugs "create peace, love, harmony, and insight". Peers offer modeling effects and social reinforcement for drug usage. Initial drug use is usually a social experience with prescribed drugs or marijuana (Health. 1970; Gottleib. 1975; Martin. 1977; Pela. 1982; Blum and Singer, 1983).

The review of literature shows that the influence of peer group on the incidence of drug abuse is decidedly very high. Types of individuals with whom a person associated in adolescence and the role models chosen for emulation affect illegal drug behaviour. Though the influence of peers may not be all exclusive but it is one of the major components in deciding the drug abuse behaviour. An individual already encountering a weak family system, lack of affection and emotional problems may be more prone to peer pressures.

Sethi and Manchanda (1980) interviewed 194 male doctors and 46 female doctors in an Indian Medical College. Out of these, 30.4 per cent
of the subjects were categorised as current drug abusers, 14.2 per cent had used drugs in the past, 17.9 per cent had never used any drug. Significantly higher level of abuse was observed among males (37.1 per cent) than females (2.2 per cent). Alcohol was most commonly abused (17.9 per cent) as well as minor tranquilizers (17.5 per cent).

Ponnudurai et al. (1984) administered drug use questionnaire to 75 male and 41 female medical college and hospital interns in Madras and found that cannabis was used by 7 males. This was the most commonly used drug, followed by sedatives, and tranquilizers. Nine females had used alcohol at least once and 4 had used tranquilizers or sedatives.

Sharma and Luwang (1984) conducted a study in the hilly state of Manipur and found that there is an alarming increase in the number of drug abusers. Their number increased from 6 per cent in 1972 to 23 per cent in 1982. This study which examined over 1,300 drug abusers revealed that the majority of them (43.7 per cent) were using drugs for a period of more than one year and used injectable drugs like morphine and pethidine. Only 26.30 per cent of abusers were using oral form of drugs. People in the age group of 15-25 years were the maximum users of drugs. In terms of occupation, the drug abusers were maximum from the students' group (71.7 per cent). In the study conducted by Magaraja (1985) in Andhra Pradesh, it was revealed that out of 1,000 students drug addicts surveyed, medical students alone accounted for 24 per cent, while 6 per cent were high school students. Of the drug addicts 38 per cent were hooked to pethidine, acrphine, and heroin. Tranquilizes like calmpose were popular among girls.
A report in Times of India (March 28, 1986) revealed that already there are over 1,00,000 heroin addicts in India and 15,000 are being added each year. Saxena in the same article noted that "this drug menace is silent, invisible on the surface but devastating in this country as in the rest of the capitalist world".

Sethi reported in Sunday reading of The Tribune (August 10, 1986) that drug menace has already started taking its toll in India is evident from the fact that the frequency of addicts among Bangalore University students alone is reportedly as high as 15 per cent out of estimated 50,000. If addiction to alcohol is taken into account, the proportion of the affected students comes to 23 per cent.

On the occasion of the 16th Annual Convocation of P.G.I., Chandigarh, a supplement report by Verma et al. (1986) revealed that in P.G.I. over last few years there are more patients than before of drug abuse who are seeking treatment as out-patients and also more are admitted in the ward. In O.P.D. the per cent of patients using heroin was reported to be 20.5 per cent over last few years. It increased to 37.3 per cent in 1985 and 40 per cent in 1986 till date. Among patients admitted in the ward, it constituted 27.5 per cent between 1979 and 1982, 40 per cent in 1983, 50 per cent in 1984 and 56 per cent in 1985 of total drug abuse patients.

The figures reported in the above studies may not be exact because subjects would sometimes have a tendency to deliberately overestimate their use of illegal drugs to show that they are not afraid of risk or to show that they are with it, whereas other adolescents may hesitate to report it. However, the fact remains that a disorganized and sick society is taking birth in India. National Committee on Drug Abuse in India. (cf Rao, 1984)
reported that: "There are disturbing signs which show that drug abuse in India is likely to worsen and get out of hand if the planned comprehensive and sustained measures are not taken immediately to curb the evil".

Mehrotra and Murthy (1977) reported that addiction group had a significantly higher psychopathic deviate and hostility scores, high ergic tension compared to normal controls. This group also showed more neurotic traits and antisocial behaviour patterns during childhood. Data obtained indicated that the addiction group was more similar to the psychiatric control group of patients.

Morfado et al. (1982) interviewed 96 heavy drug users admitted to psychiatric hospitals between 1980 and 1982. In 58 subjects, drug use was associated with overt psychiatric illness. 48 of these had various types of psychoses, and 10 had personality problems and neurosis. The remaining 38 subjects were only drug abusers (including alcohol abuse).

Broota et al. (1982) interviewed 30 drug users and 30 non-users and found that drug users had a lower level of aspiration than non-users. Their personal hopes, aspirations and fears primarily centered around their own health, personal values, and economics with little concern for family.

Bron (1982) discovered the psychotic pattern among drug users. He conducted a 4.5-35 months follow up of 233 drug abusers in the age range of 14-30 years who developed psychotic symptoms. Hereditary factors were present in many subjects who developed schizophrenic symptoms. They tended to exhibit schizoid personalities even in the premorbid period. In some instance drug abuse had very little effect on the development of psychoses, although frequently there was a change in the acute or chronic appearance of the psychopathology. Drug abuse
sometimes led to manifestation of a latent endogenous psychosis. Organise psychotic syndromes and changes in personality with partial fluid psychotic symptoms were also observed.

Bry (1983) on the basis of a review of literature reported that the current knowledge points to several psychosocial risk factors of personality in drug abuse including psychological distress, low self-esteem and achievement motivation, disregard for rules, and high sensation seeking. Predictive studies have shown that combinations of these factors predict drug abuse better than any single factor.

Anu Singh Lather Nee Anu Kumari (1987) found that the drug abusers were different from the non-abusers significantly in most of the personality characteristics, parental attitudes, and certain socio-demographic variables.

Bharatji Upadhyay (1991) studied the problem of drug addiction: A study in sociology (based on the study of 200 case of drug addicts attending the Nav-Chetna Drug De-Addiction Counselling Centre), found that (i) Most of the addicts do not like to abuse drugs bit they do not find any alternative than to use it. (ii) Some of the addicts did not like to abuse drugs in the beginning but later got used to it. (iii) The attitudes of the addicts towards taking drugs vary from addicts to addicts. (iv) The majority of addicts are willing to give up addiction if they will be cured. (v) There is no doubt that drug de-addiction centre play an important role in the whole rehabilitation system for the addicts. (vi) Further, more drug de-addiction centres are needed in the country for which all encouragement and support should be given by the government.
Reilly (1984) discussed adolescent drug abuse as a symptom of family system dysfunction. It was contended that adolescent drug abuse reflects a defeat in the normal family "launch sequence", by which the adolescent is prepared for gradual disengagement and separation from the family of origin. He stated that parental denial and inability to set consistent limits and an atmosphere of emotional anaesthesia including central role played by impaired mourning and impacted grief were the predisposing factors for such behaviour.

Holmberg (1985) did a longitudinal study of drug abuse in 15 year old subjects and found that drug abusers came from multi-problem families.

Somewhat contradictory results have been reported in the following studies. Javetz and Shuval (1982) found the correlates of drug use among 5,914 subjects of 7th-12th grade in Israel. Besides other correlates, somewhat lower correlations of drug use and symptoms of strain in the home environment.

Another issue of importance on which several authors have commented specifically has been the factor of presence of drug abuse behaviour of other members of the family.

The modelling effects of parents is suggested, in results reported by Smart and Fejer (1972). A positive relationship was found between the parents' use of tranquilizing drugs, alcohol, and tobacco and the students' use of drugs of all kinds. Similar results were reported by Lawrence and Velleman (1970), Lavenhar et al. (1972), Hemminki (1974), and Harbin and Maziar (1975).
O'Dowd (1973) reported that pre-adolescents in drug free families obtained more support than did the pre-adolescents with a drug using adolescent brother. The family history of substance abuse affects the family system too.

Alder and Lotecka (1973) found that parents of habitual users of heroin and other drugs were often perceived as habitual drinkers and users of amphetamines, and barbiturates. Interestingly, perceived habitual drinking was the only way in which habitual drinking and drug taking on the part of children was related to the same parental characteristics.

In 1970, the U.S. National Institute of Mental Health commissioned a study of ganja use in Jamaica by the Research Institute for the study of Man. Report of the study prepared by Rubin and Comitas (1975) revealed that most of the ganja smokers had parents and grandparents who had also smoked cannabis.

Morgado et al. (1982) interviewed 96 heavy drug users admitted to psychiatric hospitals between 1980 and 1982. Almost 65 per cent of subjects reported alcohol and/or drug abuse by at least one family member. Alcohol abuse was common in subject’s father and drug abuse was almost always found among siblings.

Friesen (1983) focussed on the pathological familial patterns and found family history of drug abuse in the drug users. Similar results were reported by Malhotra (1983).

McDermott (1984) examined the relationship of the variables of parental drug use and parental attitude toward adolescent drug use, both as perceived by 106 drug users (mean age 17 years) and 96 non-drug users to their own use or non-use of drugs. Results indicated that subjects who used drugs were significantly more likely to have one or both parents who used drugs. Subjects who perceived their parents as having pessimistic views about drug use by youth were significantly more likely to use drugs than those who perceived their parents as holding non-pessimistic views.

Harford (1978) argued that drug related variables such as physiological addictiveness, cost, and availability as well as social variables such as setting, peer pressure, and acceptability seem to have stronger effects than personality in determining how frequently various drugs are used.

Lai and Singh (1979) who studied rural population in Punjab (India) found that drug taking behaviour was directly related to individual's attitude towards drug use, permissive social climate, along with the nature of agricultural work, plus the easy availability of drugs. These factors were, to a large extent, responsible for the high rates of drug abuse in rural population of Punjab.

Johnson, Timmy Dane (1994) studied the effect of Project DARE (Drug Abuse Resistance Education) in students; knowledge of drug, alcohol and tobacco. The result showed the significant difference at the alpha level 0.05 in pre-test and post-test between students who participate and did not participate in the program.
Fahey-Walsh, Jane M. (1995) found that 'A school-based health education intervention' did positively influence the knowledge of experimental group and had significantly higher knowledge scores than the control group.

Smith, Denis Michale (1985) studied "Measuring teachers effectiveness as a result of intension training in the essential elements of instructional model. The analysis of data indicated that there was significant difference between the reading scores of students where teacher has received training in the essential Elements of Instructional Model and those students where teacher did not received this training.

Neher and Short (1998) studied the risk and protective factors for children's substance use and antisocial behaviour. Findings suggested the importance of focusing on substance use as well as mental health outcomes in preventive interventions for children whose parents had been divorced.

Botvin (1997) tested the effectiveness of a 15-session drug abuse prevention intervention with a predominantly minority sample of 721 seventh-grade students in New York. Results indicated that this approach was effective on several behavioural measures use current drug use including measures of polydrug use and on intention measures relevant to future drug use.

Having reviewed the related literature and researches on different dimensions of related problems, it was felt imperative to process, to formulate the plan and design which follows in the subsequent chapter.