REVIEW OF RELATED LITERATURE
CHAPTER II

REVIEW OF RELATED LITERATURE

Review of studies or literature is an important prerequisite for actual planning and execution of any research work. The research workers need to acquire up-to-date information and benefit from the work of their predecessor. Good (1941) stated that “survey of related literature helps us to know whether evidence already available solves problems adequately without further investigation and thus may save duplication”. Best (1977,1983) wrote, “practically all human knowledge can be found in the books and library. Unlike other animals that must start anew with each generation, man builds upon the accumulated and recorded knowledge of the past. This content adding to the vast store of the knowledge makes possible progress in all areas of human endeavour”.

The scheme for reviewing the literature is studies related to the variables of drugs, mental health and academic achievement:

(1) Review of studies related to drugs
(2) Review of studies related to correlates of drug use
(3) Review of studies related to mental health
(4) Review of studies related to academic achievement
1. REVIEW OF STUDIES RELATED TO DRUGS

Dove (1964) contended that phencyclidine hydrochloride (Pcp), a relatively obscure drug until mid 1960s had become a major drug abuse over the last 15 years because it was easy to make and was relatively cheap.

O’Dowd (1973) reported that pre-adolescents in drug free families obtained more support that did the pre-adolescents with a drug using adolescent brother. The family history of substance affects the family too.

Adler 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 characteristic.

Gendreau and Gendreau (1973) argued that many of the positive findings of personality differences between addict and non-addict groups were artifact of confounding or uncontrolled subject variable, such as socio-intelligence were essentially similar in the MMPI profile production.

Among heavy marijuana users 84 percent addicts were using “the pills” (methadone, amphetamines, barbiturates or tranquilizers). 78 percent of drug users used L.S.D. or other psychedelics, and 62 percentage cocaine, heroin or narcotics other that heroin Single et al. (1974) other researchers Mc Glothlin et al.,(1970; Josephson and errrol. (1974) Johnson,(1994); have also reported similar results. 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).

Hemminki (1974) in his study of over 2,000 school children in Helsinki between ages 14-17 years indicated that 25 percent of the pupils
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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 significantly use all drugs more than non-users. Moreover, the users of hallucinogens, amphetamines, and barbiturates in that order use all drugs more than users of marijuana, tobacco, and alcohol.

Verma et al. (1977) studied the use of drugs among Panjab University students at Chandigarh. The prevalent rate of users was 18.9 percent, non-users 81.13 percent and the percentage of current to use was 3.9 percent. Further analysis showed that amphetamine use was 4.7 percent, cannabis 2.0 percent, barbiturate 2.0 percent, methaqualone 5.9 percent; drug use 30 times or more was 15 percent (tobacco and alcohol excluded).

Dab (1977) studied students of Panjab Agricultural University and found that 29.6 percent samples of 1961 had taken drugs. Among users were 20.6 percent methaqualone / amphetamine; 2.2 percent used opium; 4.3 percent cannabis; 15 percent LSD; 1.3 percent “bhang”.

Maurer and Vogel (1977) concluded that the reasons for taking drugs are to avoid responsibility and emotional pain.

Malhotra and Murthy (1977) reported that addiction group had a significantly higher psychopathic deviate and hostility scores, high allergic 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 patient.

Singh and Broota (1978) revealed that the drug taking group was found to having higher rate of smoking and alcohol drinking.

Regarding the stimulation, (nicotine, cocaine, mescaline, amphetamines etc) Verma and Dang (1979) estimated that 12.11 percent of school-college students were habitual users of tobacco.

Singh, Ravindra (1979) studied drug prevalence of medical students in Patiala, Punjab (n-750), this data brings out that male lifetime users clearly outnumbered female lifetime user, their proportions being 82 percent and 30 percent, respectively.

Chakraborty et al (1980) reported cannabis use in Calcutta to be equally high (15.7 percent) it may be pointed out that, in the late seventies, the prevalent rate of cannabis was reported to be less than 3 percent.

Chawdhary (1980) studied a sample of International officers. There were 86.5 percent males and 13.5 percent females. 81.26 percent sample studied were using drugs without prescription 85.54 percent males and 53.84 percent females were using drugs.

Singh and Singh (1980) used the term poly drug use and estimated that 79 percent of medical students were taking multiple drugs. Painkillers, sedatives and tranquilizer are used without prescription mostly to reduce pain, anxiety and tension. In the prevalent rate, there appears a sharp increase in early eighties as compared with that in the seventies Singh, Ravindra, (1979); Mohan et al. (1981)

The study by Shanmughan (1981) on college students in Madras, brings out a lower prevalent rate of 19.5 percent. The drug use amongst the
college youth is sizeable was studied in different parts of the country underline a mild upward trend.

Paraneswaran and Marihuddin (1981) provided information on the multiplicity of the use of psychotropic substances. Multiple drug use rarely exceeds one-fifth of those on drugs. Tobacco and alcohol were taken together by 12 percent of the students; tobacco, alcohol and one more drug by about 4 percent.

Morgado et al. (1982) interviewed 96 heavy drug users admitted to psychiatric hospital between 1980 and 1982. Almost 65 percent of subjects reported alcohol and/or drug abuse by at least one family member. Alcohol abuse was common in the subject. Farther, drug abuse was almost always found among siblings.

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

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 percent) were 18 years of age or less, nearly three-fifth (62.6 percent) belonged to 19-24 years ago group and about one-tenth (9.7 percent) were more than 25 years of age; 1.6 percent did not mention their age. Comparing the age of girls with boys, female users were found to be younger than male users. A little more than half of the girls (52.7 percent) were 18 years of age less in comparison to 23.8 percent boys. Taking both male and female drug users together, 16-21 years age group were identified as the most crucial in developing the habit of consuming drugs.
Mohanty and Saraswat (1982) studied attitude towards narcotic drugs anxiety / high insecurity and 47 low anxiety/low insecurity postgraduate male students between 21-23 years. Results indicated that high anxiety/high insecurity subject 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.

Bron (1982) discovered the psychotic pattern among drug users. He conducted 35-45 months follow up of 233 drug abusers in the age range of 14-30 years, who developed psychotic symptoms. Hereditary factor was present in many subjects who developed schizophrenic symptoms. They tended to exhibit schizoid personalities even in the premorbid period. In some instances 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. The organization of psychotic syndromes and changes in personality with partial fluid psychotic symptoms were also observed.

Javetz and shuval (1982) found the correlates of drug use among 5,914 subjects of 7th -12th grade in Israel. Besides other correlates. There were somewhat lower correlation of drug use and symptoms of strain in the home environment.

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 of rules, and high sensation seeking.
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 was associated with higher levels of psychological distress and perceived parental control, lower perceived parental love and more extensive experience of negative event and behaviour.

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

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 other age group. Posel and Tromezak (1983) found that mainly subjects in the young people at 17-20 – age range used dependence – forming drugs. Konopka (1983) examined adolescents’ view on drugs and alcohol through interviews and group discussions with over 1,000 adolescent girls (12-18 years) of various socio-economic status groups. It was found that subject knew about drugs and were well informed about them from a very early age. Subjects who took drugs often started a 12 or 13 years of age and sometimes even earlier. No subjects reported having started later than 12-13 years of age.
Friesen (1983) focused on the pathological familial patterns and found family history of drug abuse in the drug user. Similar results were reported by Malhotra (1983).

Segal (1983) reviewed research identifying antecedents and correlates of drug taking behaviour. Personality constructs, which were considered important causal determinants of adolescent’s drug taking, include rebelliousness, autonomy striving, liberalism, and willingness to try new experiences and striving for independence. The overall pattern of characteristics that were representative of drug takers, were non-conformity of a tendency to act out impulses and fantasies, and a tendency to be extraverted, was found to be an interactions process.

Lewis et al. (1983) investigated the interaction of alcoholism antisocial personality and drug use in 309 male criminals (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 anti-social 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.

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 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”

**Reilly (1984)** discussed adolescent drug abuse as symptomatic of family system dysfunction. It is contended that adolescent drug abused 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 the parental denial and inability to set consistent limits and impaired mourning and impacted grief were the predisposing factor for such behaviour.

**Chassin (1984)** in his selective review of research data found more family models of substance abuse. **Sommer (1984)** asserted that offspring imitate their parents’ drinking behaviour.

**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 grams.

**Napier et al. (1984)** presented the data of drug usage by 2,060 students of 8th – 12th grade. They reported that 76.7 percent of the subjects had tried alcohol at least once, 41 percent had tried marijuana, 64.56 percent tried cigarettes and 16 percent and 12.2 percent had tried amphetamines and barbiturates respectively.

**Spotts and Shonitz (1984)** on the basis of Eysenck’s theorization used extroversion scale of the EPI. They found statistically significant differences among care fully matched series of heavy, chronic users of cocaine, amphetamines, opiates, barbiturates, sedative-hypnotic and a comparable series of non-users. Cocaine users and opiate users were more
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introverted, whereas amphetamine user, barbiturate user, and non-users were more extraverted. Their data suggest that if drugs influence extraversion, it is achieved through suppressing. However the results only partially agreed with Eysenck’s theory as users of another stimulant (amphetamine) and depressant (opiates) scored consistently with commonsense expectations.

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

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 restructuring.

Sharma and Luwang (1984) conducted a study in the hilly state of Manipur and found the their an alarming increase in number of drug abusers. Their number increased from 6 percent in 1972 to 23 percent in 1982. This is a study which examined over 1,300 drug abusers. It revealed that the majority of them (43.7 percent) were using drugs for a period of more than one year and used injectable drugs like morphine and ephedrine. Only 26.30 percent of abusers were using oral form of drugs. People in age group of 15-25 years were the maximum users of drugs. In terms of Cupertino, the drug abusers were maximum from the students group (71.1 percent). In the study conducted by Nagaraja (1985) Andhra Pradesh., it was revealed that out of 1,000 students’ drug addicts surveyed, medical students alone accounted for 24 percent while 6 percent were high school students. Among the drug addicts, 38 percent were hooked to pathedine, acrphine, and heroin. Tranquilizers like calmpospe were popular among girls.
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. Nine females had used alcohol at least once and 4 had used tranquilizers or sedatives.

Mc Dermott (1984) examined the relationship of the variables of parental drug use and parental attitude towards 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 that 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.

Smith (1985) studied "measuring teachers effectiveness as result of intensive training in the essential elements of instructional model. The analysis of data indicates that there was significant difference between the reading scores of students where teacher had received training in the essential elements of instructional model than those students where teachers had not received this training and found that drug abusers came from multi-problem families.

In his study on college students, Khan (1985) estimated that nearly 10 percent 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. Khan concluded further that multiple use of drug among male students (42 percent) as higher than among females (15 percent).
Lindal and Other (1985) in her study found that the drug addicts were reserved, detached, less intelligent, emotional and unstable.

A report by Saxena in Times of India (March 28, 1986) revealed that already there were that over 1,000,000 heroin addicts in India and 15,000 were addicting each year. Saxena further noted, “This drug menace is silent, of addicts among Bangalore University students alone is reportedly as high as capitalist world”.

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

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

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.
Marlow and Others (1989) studied personality disorders classification and symptoms in cocaine and upload addicts and examined extent to which personality disorders and associated symptom criteria were found among 117 cocaine and dependent-dependent men in drug dependence treatment unit. Drug groups were distinguished by higher rates of antisocial and borderline symptomatology rather than by features associated with other personality disorders. Different constellations of target problem feathers emerged for cocaine and opined addicts.

Arneja and Sen (1990) concluded that 78 percent of the drug users started taking drugs out of curiosity, 16 percent gave the reason as psychological stress, 3 percent reasoned it with desire to improve work performance, and 2 percentage started taking drugs on health ground. One student (1 percent) however, mentioned about enhancement of sexual pleasure as reason for taking drugs and the source of introduction to drugs turned out to be the family background and the friend circle. Talwar and Pal (1990) suggested reasons for drug addiction as for experimental purposes or in a casual or recreational way.

Chupikulchai (1990) studied the increasing number of narcotic drug abuse of adolescents in slums at Bangkok. It found that boys who were educated under grade VI and with average age 18 had highest number of narcotic drug abusers. They started to use narcotic drugs at average age 11-16.

Smart and Others (1990) assessed substance use and levels of perceived family cohesion and adaptability of high school freshmen (N-1, 082) found adolescents who perceived families as extreme on cohesion and adaptability were prone than adolescents from balanced and midrange families to use substances. They found adolescents from extreme families
especially vulnerable when family members were perceived as having drinking problem.

Donnemeyer (1993) studied the age at which alcohol is consumed by a young boy, is related to the first use of marijuana as well as to the hard drug. The abuse said order is inverted as the current use of hard drugs consumed as the current use of marijuana, which is intern, expected the current use alcohol.

Johnson (1994) studied the effect of Project DARE (Drug Abuse Resistance Education) in students' knowledge of drug like alcohol and tobacco. The result showed the significant difference at the alpha level 0.05 in pre-test and post-test between students who participated and did not participate in the programme.

Carison et al. (1994) found that students who participate in student assistance programs showed improvements regarding the levels of substance abuse.

Fahey Walsh. (1995) found a school-based health education intervention did positively influence knowledge of experimental group and had significantly higher knowledge score than the control group.

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

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 at home. Students generally believed that each type of delivery mode would positively affect the related drug and alcohol delivery mode would positively affect the related drug and alcohol knowledge, but not this behavior. They also believed that the expert-led mode would be the most effective for educating students.

Smart and Stoduto (1997) studied the self-report data from a 1993 conducted survey on 1,184 of 7th-13th grade students in Ontario. Results indicated that about 33 percent intervened in friends' illegal drug use and drinking but about 50 percent intervened in smoking. It is understood that drug education may give students the knowledge and confidence to intervene in friends' drug use.

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, the current drug use included the measures of poly drugs and an intention measures relevant to the future drugs use.

Cook and Others (1997) investigated drug usage and knowledge among secondary school children in life. Scotland results indicated that 59 percent of students in first year, 95 percent of students in fourth year had used alcohol. 11 percent of students in first year, 30 percent of students in fourth year were smokers.

Mann and Smart (1997) found that in Ontario, decline in alcohol use and related measures among students had occurred since 1979. The proportion of the decline accounted for by the increase of alcohol education was modest and larger for the more serious indicators of alcohol problems.
ONPEC (1997) founded by, Ministry of Education, Thailand is the major government agency responsible for the provision of education and implementing the main project of Ministry to instructional development project for preventing narcotic drugs in schools for children between the ages of seven and fifteen years. The Supervisory Division of the ONPEC is responsible for management of this project by preparing material package concerning narcotic drug prevention in schools at the primary level.

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.

Spruijt. Ed; De Goede, Marijn; Iedema, Jurijen; Mass. Lora; Dvindam, Vincent (1999) examined the effects of adolescents’ vocational and relationship experience, adherence to non-traditional values, and parental divorce and involvement on adolescent soft drug use. Results revealed that vocational and relationship experience in adolescence correlate with the use of soft drugs and adherence to non-conventional norms and values increase the chance of using soft drug.

Campe, Hood, Caitlin, Kuznekoff and Parsons (2001) studied the correlation between the communication of health risks of Ecstasy (MDMA) and the drug use among college students. The purpose of this study was to explore the relationship between college students and their awareness of the hazardous effects of the drug ecstasy. Ecstasy use had risen among college students even though readily available research showed Ecstasy use as having extremely hazardous effects on its users, Research also shows a lack of communication about these hazardous effects, Results shows that
educating college students on the health hazards of Ecstasy will have little effect on their livelihood of future.

2. REVIEW OF STUDIES RELATED TO CORRELATES OF DRUG USE

Dembo and Others (1979) reflected upon the need to construct more inclusive, socially and culturally relevant conceptions of drug use, which currently exist. The determinants of drug involvement among inner city youths within the context of causal model were investigated. The drug involvement of the Black and Puerto Rican junior high school girls and boys was hypothesized to result from their home composition, assumed relationships with parents, attitudes toward school, machismo values, and identification with drug-involved peers. Many studies Craig, (1979); Gerick, Grady, Sexton and Lyons (1981) have demonstrated that some common personality traits are prevalent among the drug abusers.

Malhotra and Murthy (1977) confirmed that drug addiction group was higher on psychopathic traits like, anxiety and hostility. Eysenck, Tarrant, Woolf and England.L and others (1960) found significant positive relationship between extraversion and cigarette smoking. Cigarette smokers scored higher on neuroticism scale of personality.

Johnston, Bachman and O’Malley (1981) studied American sample and revealed that the proportion of high school seniors, drinking alcohol heavily, increased from 37 percent in 1975 to 41 percent in 1980. The annual survey data (1981) from 15,000 high school seniors also offered a chilling finding that teenagers’ liquor consumption had increased rapidly.
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Nevadomsky (1982) in a study of school children, found that 77 percent of the abuse came from families with low income and the rest from good as major reasons for taking drugs.

Konopka (1983) observed peer pressure and escape from problems as major reasons for taking drugs.

Jurich (1984) conducted a study on reasons for drugs use, comparison of drug users and abusers and interviewed a paired sample of 48 subjects matched on sex, marital status, residence and areas. He found that drug users were not well adjusted in their life.

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

Mohan et al. (1981) analyzed the characteristics of 847 males and 313 females alcohol users (grade 15 years) in a rural community in India and investigated that about 50 percent of both male and female users were between 20-30 years of age level. Sethi et al. (1984) studied 50 males chronic between 23-40 years of age. In the majority of subjects, cannabis intake was initiated between 19-25 years (62 percent) and between 12-48 years (36 percent).

Kandel (1984) indicated that adolescents who use cigarettes and alcohol were far more likely to take up marijuana and smoking and those who use marijuana were far more likely to try other illicit drugs. Self-report questionnaire data (1984) indicated that drug use in adolescents was associated with general delinquency and school misbehaviour. The viewpoint of Khantizian and Khantizian (1984) suggested that drug dependence could be explained by the person as major problem in adapting
painful internet emotions and adjustment to external unmanageable realities, including depression, self-esteem disturbances, impulsively, acute and chronic dysphasia and cyclothymiacs. Similarly Vaillant and Milofsky (1982); Vaillant (1983); Tarter (1985), Zucker and Gomberg (1986) and Nathan (1987) concluded that many drug abusers had a history of anti-social behaviour (e.g. non-conformity, acting out impulsively) and a high level of depression or low self-esteem.

Lindal (1985) showed that the drug addicts were emotionally unstable, detached and affected by feeling. Similarly, Sen (1989) in a comparison between drug abusers and non-abusers observed that the drug abuser group was having significant positive leading of factor C, lower ego strength Vs high ego strength, and factor D (Lower integration Vs high self concept) of 16 PF. Drug abusers were affected by feeling and were emotionally unstable. Their frustration tolerance was low and they seemed to evade reality and also had neurotic symptoms.

Elsie Clayton (1985) survey college students (n=688) from two universities to examine variables related to drinking, i.e., peer pressure, social ease and desire to refrain from drinking, showed that a class standing and gender variables affecting the resistance of pressure to drink (RPD). They presented preventive strategies for university administrators.

Lavik and Onstad (1986) conducted his study on Indian sample and reported that drug abuse behaviour was more often psychiatrically disturbed and gave an evidence of psychopathic personality. They showed psychopathic traits like lying, cheating, aggression and sexual deviation.

Arneja and Sen (1988) attempted a comparative study of drug abusers and non-abusers in relation to certain psychosocial variables. The two groups differed characteristically from each other. Drug abusers group
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was found to be introvert, shy, timid and self-sufficient. Further, the drug abuser group was anxious and apprehensive, but less suspicious than the non-abuser group.

Page and Others (1989) studied analysis of group process in Marathon group therapy with users of Illicit drug and used Hill’s Interaction Matrix to measure content and quality of interactions in 12-hour therapy group of 12 male drug addicts and 3 therapists. Categories of therapeutic work included topic of group and personal relationship. Group was highly concretized most therapeutic interactions occurred during middle 6 hours of group time.

However, Talwar and Pal (1990) obtained contradictory results They conducted a study on 104 drug abusers and 100 non-abusers from Jawaharlal Nehru University Hostels and revealed that drug users usually have abstract, theoretical and artistic interests, strong opposition tendencies, high impulse control, internal locus, usually a high sense of personal and social responsibility and wide range of interests.

Smart and Pgborne (1994) revealed that street youth in treatment for substance abuse had larger number of social and drug abuse problems than the non-street youth had in treatment; were more likely to be unemployed on welfare, and have legal problems; and had more depression, lower self-esteem, and used more alcohol and drugs.

Miller and Russo (1995) studied alcoholism, spiritual well being and the need for transcendence, when assessing quality of life satisfaction in relation to an individual’s recovery from an addiction, such as alcoholism, the expressed need for spiritual well-being is frequently a significant aspect of the psychotherapeutic encounter. Some of the quantitative and qualitative aspects of spiritual well-being in recovering alcoholics were examined. The
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study was guided by the following questions what is satisfactory measure for spiritual well being? How could such a measure be useful not only for research but also for psychotherapeutic use? How could such a measure and its findings be adapted to working with addicted individual compared to a similar group for non-addicted adults? Findings indicate that the EWB scales, suggesting that life circumstance related to addiction and alcoholism negatively influenced individuals' spiritual well-being.

Benda and Corwyn (2000) studied A Test of the validity of Delinquency Syndrome Construct in a Homogeneous Sample. They examined if the delinquency syndrome argument has validity in a sample of religious youths, by testing whether the same basic theoretical models explained crime and drug use. Results find that all theoretical factors investigated are correlated significantly with both crime and use of drugs; however, some of these factors are differentially related to those two forms of delinquency.

Simon (2001) studied and Evaluation of an Hypothesized paradigm: The Relationship between childhood abuse and substance use mediated by biopsychosocial factors among priority populations. A questionnaire package consisting of self-report measures was administered to 160 drug dependent participants with and without co-occurring psychological disorders in residential, partial, and outpatient treatment at the Diagnostic Rehabilitation Centre in Philadelphia, Pennsylvania. The results partially support the hypothesis that child abuse is indirectly related to substance use through mediating factors of negative family and social support, low self-esteem avoidance, coping avoidance and effective beliefs, and health and risk behaviour. In addition, exploratory path analysis demonstrated that
sexual abuse and emotional neglect are directly related to alcohol and drug use among women in residential treatment.

**Browne and Others (2001)** studied Consistency and Change as Correlates of youth substance Abuse, 1976 – 1997. The study found a high degree of consistency across historic time in potential beliefs, truancy, and frequent evening visits were consistently linked to substance use. The consistency of other predictors such as region, parental education, and college plans was contingent in part upon historical period, the particular substance, and its level of use. The study also found that correlated within the Academics domain explained the most variance in substance use over the past two decades.

**Backs and Barbara (2003)** studied relapse in clinical depression: test of an integrated psychosocial factor in predicting relapse of Major Depressive Disorder (MMD) in an adult female sample of remit depressed individuals. It has been recommended that multivariate model of depression developed which incorporate psychosocial factors such as life stress, cognitive-personality vulnerability factors, support and coping responses. Results indicated that support was found for both the main effects and buffering models of coping social support. Further, an integrated model involving major difficulties, social support, task-oriented coping, and emotion-oriented coping, was the best fitting and most parsimonious.

### 3. REVIEW OF STUDIES RELATED TO MENTAL HEALTH

The World Health Organization has defined health as “a state of complete physical, mental, social well-being and not merely the absence of disease or infirmity”.
Mitra (1972) states that “Mental health generally implies optimal development of human abilities, optimal growth towards emotional maturity with freedom from neurotic tensions and inhibitions. It also indicates optimal ability to maintain relationships with individuals and groups in accordance with existing cultural patterns”.

McMurray (1975) presented in a bibliography of journal article printed in English and published since 1970 on the psychology and education of the exceptional adolescent. Entries are divided into six major sections (subdivisions are in parentheses): general (background reading, technology, management, mental health, curriculum, counseling, etc.) Intellectual (cognition and behaviour modification; gifted and creative; slow learners and restarted; over/underachievement, achievement motivation, self-concept and self-expectations), sensory (deaf and hard of hearing and blind and partially sighted), physical (crippled, hospitalized, special health), behavioral-social handicaps; handicaps; alcohol, smoking and other drugs; sex and pregnancy, and suicide and self-mutilating behaviour), and learning problems.

Nathawat (1977) studied creativity in relation to mental health and findings revealed that the high creative individuals were not different from the low and the moderate creative individuals of the level of neuroticism as well as in neurotic manifestations such as free floating, anxiety, observations, phobic anxiety, somatic anxiety, 

Robert et al. (1978) findings were considered valid and supplemented through a survey of personal dealing with community problems and made an analysis of statistics on clients and services delivered by the mental health center. Results indicated a significant convergence among the three
strategies. In conclusion, the values of a coordinated need assessment strategy based upon at least two independent methodologies have been demonstrated.

**Bhan and Sinha (1978)** found that the engineering boys were significantly superior in mental health to university boys.

**Sarker (1978)** studied that mentally healthy group of children had no longer family tensions than the unhealthy group. The children from families with synergetic division of functions had better mental health. The family structure (excepting synergetic division of function) was not related to the mental health.

**Sharma (1979)** found that mental health didn’t affect scholastic achievement but influenced certain measures of self-concept. Mental health was positively and significantly related to self-concept.

**Joshi (1979)** studied radical differences in the socio-economic and socio-cultural conditions aggravated mental health problems in Indian society.

**Gupta (1980)** found that sub-dimensions of religiosity and measures of mental health are significantly correlated.

**Brenda Gayle Pannick (1981)** in an investigation concluded that satisfaction with environment had little influence on G.P.A. But family incongruence only correlated significantly with self-concept scores among gifted children.

In view of **Lulla (1981)** “Teacher can maintain the climate for healthy interaction if he/she is mentally and the school maintains and promotes the mental health of teachers through proper environment and healthy management of school affairs. It is the teacher with sufficient degree of mental health who can maintain the twin requisites of teaching learning.
situations viz (a) healthy interactions in the classroom, (b) and healthy participation by students in lessons. A mentally healthy teacher creates healthy teaching-learning situations.

WHO (1981) states “The scope of mental health programmes has been enlarged to include not only psychiatry and neurology but also the psychosocial, biological and other aspects of health and development in general”.

According to Bernard (1982), Mental health involves continuous adjusting rather than a static condition and is, therefore, a progressive goal. It also involves a point of view one takes in all phases of living.

According to Encyclopedia of Britannica (1982), the term mental health represents a variety of human aspirations; rehabilitation of the mentally disturbed, prevention of mental disorder, reduction of tension in a conflict-laden world and attainment of a state of well-being in which the individual functions at level consistent with his mental and physical potentials. As noted by the World Federation for Mental Health, the concept of optimum mental health refers not only to an absolute or ideal state but also to the best possible state in as far as circumstances are alterable. Mental health is regarded as condition of individual relationship to his capacities and to his social-environmental.

Nieminen (1984) conducted a comprehensive study on school teachers’ perceptions of mental health when it was defined as a “dynamic integration process of the physical, social and spiritual existence of a human being” Two groups, 76 middle-aged teachers and 87-advanced teacher trainers. Perceptions of health and mental health were measured with attitudinal statements with psychological, psychobiological, and biological explanations of health etiology. Mental health and social adaptation were
surveyed with thematic interviews, psychological measuring tests and statements regarding job satisfaction. Additional information was obtained with demographic life change and academic achievement variables. The middle-aged teachers regarded mental health issues with more psychological understanding and emphasized more the psychological and biological etiology of health than did the teacher trainees. This was not interpreted as an effect of cultural change, but as an influence of maturity. Cultural influences played a larger part in the perception of health by the teacher trainees.

Rao and Parthasarthy (1987) wrote about mental health professionals, “By virtue of their training and conviction, they have a tremendous potential for healthy collaboration and progressive action with educational institutions”. By virtue of the complexity of behaviour, which is an indicator of mental health, it can be defined that mental health is not a single unified variable but rather a conglomeration of a number of variables.

Marston and Others (1988) surveyed 43 female and 34 male high school students who denied any use of drugs, alcohol, or tobacco and compared “non-user” sample to “user” sample. “Non-user” students reported better physical and mental health, academic achievement, and their parents exhibited a significantly lower rate of similar problems.

Mc Intyre and others (1990) report focuses on children who are at risk for abusing alcohol and other drugs. It notes that the concept of risk factors is only one component necessary to understanding the range of youth drug related behaviors. A second component, protective factors, is identified and defined as those aspects of a person’s biology, psychology, and environment, which serve to mediate or militate against substance abuse. These protective factors serve as the basis of this report. It begins discussing
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protective factor research and providing an overview of the contributions derived from the mental health field.

Chakraborty (1990) study on social and mental health states that mental health broadly includes peoples’ subjective stress, joys, sorrow and what is now fashionably called “quality of life”.

Parichat Wanwaisart (1990) results showed that 66.7 percent of the subjects had potential psychotic disorders. The subjects had a higher score in sub-scale of anxiety and insomnia comparing to other in sub-scale, including somatic symptom, social destruction and severe depression. The subjects had caring behaviour at a moderate level with a percentage mean score of 70.21. There was no significant relationship between mental health and caring behaviour of amphetamine users.

“Mental Health”, writes Kumar (1991) is an indicator which shows a person’s ability to meet social, emotional, physical and psychological demand. However, when the individual finds himself/herself trapped in a situation and lacks matching coping strategies to deal with stress effectively, mental strain develops. This is a psychological disturbance. Mental health, in short, is psychological condition characterized by peace, harmony and contentment.

Cunirgham, Michelle Doucetle (1994) report on child well being in Connecticut that such intuitions are correct in the 10 years since the publication of “Growing up at Risk in Connecticut”, children in the state have become more likely to be victims or perpetrators of violence, less three sections, Part A examines broad issues in the lives of the state’s children and covers four areas; economic security, health, education, and emotional well-being. Explored under these headings and topics such as housing, hunger, childcare, violence, access to health insurance, and child abuse. Part B views
in more detail about 11 important indicators of child well being and two demographic measures. Part C of the report provides the same information presented in Part B, but is organized by region instead of indicator. “We believe that mental is just as important as physical health may be even more so”.

According to Shalala, D. (1996) of Department of health and human service mental health refers to how a person thinks, feels and acts when faced with life’s situations”. National Mental Services Knowledge Exchange Network is of the view that, “The challenge to humanity is to adopt new ways of thinking, new ways of acting, new ways of organizing itself in society in short, new ways of living. (Our Creative Diversity, UNESCO, 1995).

Sirirux Sripunchapong (1998) found that the prevalence of mental problems among amphetamine dependent patients was 57.75 percent. Among the patients who were identified as having problems, the most prominent mental problem was psychotics of 68.40 percent, in depression is 63.64 percent, phobic anxiety is 46.32 percent, paranoid ideation is 45.02 percent, obsessive-compulsive is 43.29 percent, and interpersonal sensibility is 41.99 percent respectively.

Cocozza, Joseph, Showyra, Kathleen (2000) found that youth in the juvenile justice system experience substantially higher rates of mental health disorders than youth in the general population; a high percentage of youth in the juvenile justice system have a diagnosable mental health disorder; it is safe to estimate that at least one out of every five youth in the system has serious mental health problems; and many of the youth in the juvenile justice system with mental illness also have a co-occurring substance abuse disorder.
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Tiet, Quyen and Huizinga, David (2002) reviewed construction of resilience and adaptation by measuring psychosocial function, self-esteem, academic performance, absence or low level of drug use, gang involvement, and delinquent activities among 877 youth at-risk. They found adjustment and low level of anti-social behaviour as two latent constructs of resilience and adaptation.

4. REVIEW OF STUDIES RELATED TO ACADEMIC ACHIEVEMENT

Sanders (1966) interviews were conducted with a subject of the research population (40 students) to enhance and aid in the interpretation of the questionnaire data. Results of the quantitative and qualitative analyses showed that students’ perceptions of teacher and parental academic support and church involvement indirectly influenced their achievement through their positive and significant influence on one more of the attitudinal and behavioral variable measured.

Mehta (1969) expressed the view that the word performance is a wider term that included both the academic and other performances of an individual. It is the learning output of the student in which performance is externally oriented.

Nultal (1972) studied variables expected to be associated with academic achievement in a sample from eight secondary schools in Baymon Norte, Puerto, and Rico. The concern was with the variables associated with academic achievement differed by sex or by socioeconomic status (SES). Multivariate analyses of variance with three factors of academic achievement, sex, and SES were made. High achievers tented to have
accepting mother, parents low on hostile psychological control, and low on autonomy; and were more geographically mobile, placid, self-disciplined, responsible, anxious, mature, and less excitable. High achieving girls were less authoritarians, dogmatic, and less anxious, and gave fewer false but socially desirable responses. Students whose academic achievement was consistent with their SES were more assertive, less dragging, happier, and more SES. Self-concept was higher for achievers, especially for low SES students in junior high schools, and for all students in high schools.

Grabe (1975) examines scholastic achievement of high school students' personal worth. Nine hundred and thirty-four subjects from nine lower secondary schools participated in the study. The hypothesis that in high academic achievers more positive self-concept scores are found among older males and younger females. Thus, reflecting the age level when academic accomplishments were given the highest peer approval, was partially disapprove. The predicted age-related to the decline in the impact of academic achieve of male appears to have a more positive self-concept than the achievement of female.

Banreti (1975) studied the relationship between levels of academic achievement of first year university students and various attitudinal, situational and mental health factors were examined.

Carvalbo, Maria Audiliadara, Vieira, De. (1982) studied the relationship between home environmental influences which enable low income students to succeed beyond the compulsory educational level despite inequality of educational opportunity.

Bodner Johnson, Barbara (1983) interviews focused on what parents do with their children, how they interact with the social and psychological family academic achievement. His major findings were that
the correlation of the overall family environment and academic achievement was not consistent of the levels of status characteristics, generally a more favorable learning environment predicted high achievement in academic content areas. Demographic variables, in order of the power and accuracy of the solutions, predicted high and low achievement better in reading comprehension than in match concepts.

Dixit and Kumari (1985) conducted a study on a sample of 800 students studying in ix class and established that there is very high correlation between intelligence test scores and academic achievement.

Yadav and Srivastava (1989) conducted a study by taking a sample of 50 students of two high schools. They found that there was a significant correlation between I.Q and academic achievement.

Fan and Michel (1995) findings reveal a moderate and practically meaningful relationship between parental involvement and academic achievement. Using moderate analysis, it revealed that parental aspiration/expectation for children’s education of the strongest relationship with the students’ academic achievement. In addition, the relationship indicator is stronger than by a subject-specific.

Lam, Shui Fong’s (1997) study indicates that authoritative parenting and children’s academic achievement were significantly correlated. They also suggest that the effective parenting include a high degree of monitoring, support or involvement, and psychological autonomy granting.

In addition to the accountability of economy, education basics, English Language proficiency, environment, monopoly, nutritional health, poverty, racism, red tape, sexual harassment, teacher shortage, teen pregnancy, unemployment, violence, and drugs was a significant problem.
which was discussed for establishing an education policy to increase academic achievement in U.S. Hanson and Lacy (2001)

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and its various factors leading to study the academic achievement of drug users and non-drug user students. Furthermore Nultal (1972), Grabe (1975), Bodner et al. (1983), Fan et al. (1995), Lam, Shui Fong (1997) made a study of the impact of drug use on the academic achievement of high school students in connection with its sub variables. They tried to analyze the social and psychological factors behind the drug users and non-drug user students.