CHAPTER II

REVIEW OF LITERATURE AND THE RESEARCH DESIGN

A. Review of Literature

Drug addiction is not a result of easy available of drugs but also it is outcome of many other factors such as social, culture, economic, environment, and other family factors. It was thought equally important to acquaint with the prevalence of drug addict in society.

A. Drug Addiction:

Drug addiction is not easily defined, nor is a drug addict readily identified. From the medical viewpoint addiction is a condition resulting from repeated use of any drug to the extent that continued use of it becomes essential in order to retain normal physiological functions, and discontinuance of the drug causes definite physical and mental symptoms. Generally speaking, however, the term ‘drug addiction’ is restricted to the use of narcotics. In 1950 the Expert Committee on Drugs Liable to Produce Addiction, which is a subdivision of the United Nations World Health Organization (WHO), stated (John 1962):

Drug addiction is a state of periodic or chronic intoxication, detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include:

1. Overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means;
2. A tendency to increase the dose;
3. A psychic (psychological and sometimes physical) dependence on the effects of the drugs.

The three aspects of drug addiction are tolerance, physical dependence, and euphoria. Tolerance refers to the diminishing influence that an equal dose of a drug has upon an individual, which causes him to
increase it to regain the desired effect. Physical dependence is the physiological state resulting from repeated administration of the drug which makes necessary its continued use to prevent the various painful symptoms of the abstinence syndrome—the pains of drug withdrawal. Euphoria is the state of well-being that the drug creates within the individual. Some authorities believe that without euphoria there would be no drug addiction, since it is this condition that the addict wants to achieve.

A distinction may be made between a habit-forming drug and an addictive drug. Among the common-habit forming drugs are tobacco, coffee, and alcohol. The major difference between an addictive drug and a habit-forming drug is in the withdrawal symptoms. An individual may give up tobacco, coffee, or alcohol and suffer some slight nervousness of intense desire for them but he does not suffer the acute symptoms characteristic of the addict deprived of his narcotic. The addictive drug resulting in physical dependence upon it, the habit-forming drug does not or at least does so to a very slight degree.

The identification of a narcotic addict is by no means simple. In fact, certain well-known people have used narcotics discreetly for a very long time without causing anyone to suspect their addiction. The popular notion of “dope friend” is misleading. Many persons think of a drug addict as a pasty-faced, emaciated, nervous individual bent upon any kind of violence or theft in order to procure money to purchase a narcotic. Individuals with such characteristics do exist but they are likely to be addicts of long standing who have not had their “fix”, that is, their narcotics, and are going through the withdrawal symptoms.

Shorts of an admission by the individual that he is an addict there are certain signs that indicate but do not necessarily prove his addiction. If he has narcotics in his possession and is unable to give a satisfactory
explanation for them, he may be suspect. Needle marks in the skin which resemble black or blue spots, scars over the veins, abscesses near the place where the drug has been injected, drowsiness, sleepiness or lethargy, and particularly, the indications of the withdrawal symptoms may seem to indicate that the individual has been using opiates or barbiturates. In the case of opiates, that is, opium or morphine, the pupils of the eye may be contracted, especially immediately following an injection. However, this is usually true of the newer addict only because confirmed addicts eventually attain tolerance and may not have this symptom. If the individual has upon his person or in his living quarters hypodermic equipment such as a needle, eyedropper, syringe, a bent spoon, he is very likely an addict. Certain laboratory tests may also prove that an individual has recently taken an addictive drug, but they do not necessarily prove that he is addicted.

Drugs may be categorized into 6 main categories, namely (1) Amphetamines, (2) Barbiturates, (3) Cannabis, (4) Cocaine, (5) Hallucinogen, and (6) Opiates, given in an ascending order of hierarchy according to their potency and harmfulness (Verma and others 1986).

Drugs abuse problem is not only a nation's problem, it has rather become an international problem. Owing to its proximity to the 'Golden Triangle', where 40-50 per cent of heroin consumed in the United States is produced, and its advanced communication infrastructure Thailand remains the major heroin trafficking centre of the world. The 'Golden Crescent,' countries comprising Turkey, Iran, Pakistan and Afghanistan shot into prominence as major heroin and opium outlets after the 'Golden Triangle' (comprising Burma, Thailand and Laos) earned dubious exposure and was subjected to a strict vigil. The 'Golden Crescent' produces, approximately; a 1000 metric tones of opium, the bulk of which is converted into heroin in the refineries situated in the region (Kumar 1989).
B. World-wide Drug Addiction:

Drug problem has become so pervasive that it poses a great challenge to people all over the world. A million of people die every year because of smoking, drinking, and illicit drug use. It costs a lot of damage not only to economy but to 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.

Many social, economic and political factors have contributed to the global spread of alcohol and other drugs. In the nineteenth century, drugs tended to be only available where they were produced, or the very source of production.

However, the growth of transportation, tourism, and communications in the twentieth century has made it possible to transport goods and people quickly to any part of the world. Drug too, are being transported to distant places. Given the economic rewards of producing and transporting drugs, it is not surprising that they are available almost all over the world. The leading area of production in the world is the Golden Crescent area, that is the area embracing Afghanistan, Iran and Pakistan. The next most significant area is the Golden Triangle encompassing Thailand, Burma and Laos. At one time the Golden Triangle was the largest producer of opium in the world, but due to bad weather conditions in the growing area, production dropped dramatically, and as a result, production was increased in the Golden Crescent area. The third most significant area of production of opium is Mexico. The bulk of opium is converted into heroin and shipped to the United State of America (Hino 1987). The main drug traffickers from South-West Asia included Indians, Sri Lankans, Nepalees, and Pakistanis for this purpose. In relation to South-East Asia,
although Chinese, Thais, and Malaysians were prominent, a number of European traffickers have been arrested in Europe and South-East Asia, while, heroin was the major problem in the region (Sundaralingam 1987). There are support researches available on heroin in the region has resulted in heroin and other drug in India and Pakistan by Dr. Parveen Azam Khan (2000), Director, DOST Welfare Foundation, Pakistan, reported Pakistan has an estimated total of about 4.1 million drug addicts, of which 2 million are heroin addicts. Since the early 1980s, political and economic changes within the whole region have facilitated a dramatic increase of poverty and social problems linked to the illegal production, manufacture, marketing and misuse. The socio-cultural and religious background has additionally facilitated a silent growth of demand among adolescent across all segments of the Pakistani society. 53 % of heroin addicts start experimenting with drug at age 15 to 20 and in India (Gabriel 2001) Director, National Addiction Research Centre, Mumbai, reported the use of natural products (cannabis products-ganja, charas, bhang, opium, poppy, coca leaf, some varieties of mushrooms and opium). Major concern is restricted to cannabis and poppy. Among the derivative products heroin from opium, crack and cocaine from cannabis, heroin is considered a major problem. Nationally, the number of consumers of alcohol or other drugs can only be a guess since no valid national study is available. Alcohol users would probably be over 100 million, cannabis users may be 10 million, opium users may be around 3 million, and heroin users may be around 0.5 million.

Matthew and others (2001) research report, ‘Back-projection estimates the number of dependent heroin users in Australia’ showing that back-projection estimates derived from opioid overdoses death indicated that there were 104,000 people (lower limit of 72,000 and upper limit of 157,000) who were heroin dependent in Australia between 1960 and 1997.
Of these it was estimated that 67,000 (39,000-120,000) were still heroin dependent at the end of 1997. Back-projection estimate base on number of new entrants to methadone treatment in New South Wale (NSW) indicated that there were 10,800 (82,000 – 141,000) heroin-dependent people in Australia between 1960 and 1997, of whom 71,000 (47,000 -109,000) were estimated to be heroin dependent at the end of 1997. Both analysis indicated that the number of heroin-dependent people in Australia has increased substantially from the early 1970s onward.

The United Nations International Drug Control Programme have estimated the number of cannabis users world-wide to be 141 million (UNDCP 1997). Reported rates of cannabis use are highest in some developed countries. In the United States national household surveys indicated that approximately one third of the adult populations have tried cannabis and 10% have use the drug in the previous twelve months. In the western European countries data suggest the rate of cannabis use are generally lower than these reported in the United States, Australia and Canada. In the United Kingdom lifetime prevalence of 14 % is reported for adults, with rates of 24% in younger adult rates of use in the previous 12 months are 5% and 12% respectively. And in Sweden lifetime use in reported at 18%, and Finland at around 5%. In both these countries higher rate (around 11%) in the young population are reported (EMCDA 1996).

Cannabis use reported at lower levels in developing countries, although data from many developing countries is limited. Seizures of cannabis have been made in many African countries, including Algeria, Kenya, Lesotho, Malawi, Morocco, Nigeria, Senegal and South Africa (UNDCP 1997). In Latin America reported lifetime prevalence of cannabis use variable. In Columbia in 1992 rates of 5% of lifetime use in the general population are reported. In Ecuador, also in 1992, a rate of 4% is reported.
It is a common knowledge that accurate information on the prevalence of heroin and other opioid use is difficult to obtain. The available evidence shows that there has been a global increase in the production, transportation and consumption of opioids, mainly heroin (Chidress 1994). Heroin use has become increasingly common in North-America and Europe since the 1960s. Increase in the heroin use is often cynical in these countries. In the United Kingdom, there was a reported ‘heroin epidemic’ in the mid-1980s, following a period in the 1970s when the heroin-using population was generally stable and aging (Power 1994). The UK epidemic in the 1980s was in part the result of the availability of cheap, high purity heroin from South-West Asia, notably Pakistan. This form of heroin could be smoked and became attractive to young non-injecting users (Pearson 1987). Evidence from Nation surveys and other data sources suggests that the prevalence of heroin use in general populations is relatively low. The use of heroin is, however, causing widespread health and social problems in many countries. In Europe heroin injectors who regularly consume large amounts of different drugs, face a risk of death which may be 20 to 30 times higher than non-drug users in the same age range (EMCDA 1996).

And another drug, the use of volatile solvents and inhalants occurs in all regions of the world and is a problem in many countries. Since these substances are often used by children and adolescents and the health consequences of their use are particularly significant. Inhalant abuse has attracted considerable attention in many countries world-wide (Sharp and others 1995). About the use of amphetamine-type stimulants (ATS) is a global and growing phenomenon. In recent years there has been a pronounced increase in the production and use of ATS world-wide (UNDCP 1997). Several patterns of ATS use can be identified including:
occupational use by certain professions (for example long distance lorry drivers in South East Asia); instrumental use (for example by students during examinations); medicinal and pseudo-medicinal use (for example in the treatment of attention deficit disorder in children in the United States and as a treatment for obesity in Brazil and other South American countries) and recreational use (for example within youth subcultures). To understand these patterns further epidemiological research is necessary, including the standardisation of indicators and the development, testing and improving of research methods tested. Amphetamine-type stimulants provide a good example of drugs which, because of the variety of social contexts in which they are used may best be understood by using a range of ethnographic and qualitative methods as well as the more traditional survey methods (WHO 1997).

The current, difficult problems faced by countries throughout the world lies in the differing sentence policies, the unemployment situation in many countries and amount of money that is being made in the illicit trafficking of narcotics. Some countries have already instituted legislation for the seizure of the financial and other assets of drug traffickers, and they have also developed some expertise in the tracing of money and the laundering of money. One of the major problems yet to be resolved is how to destroy poppy, coca leaf and cannabis plants. Aerial spraying is certainly one initiative that requires serious consideration.

C. Drug Addiction in Thailand:

Drug addiction in Thailand right from 1950 has been regarded as a significant public health problem by the authorities. Opium abuse persist and heroin addiction is spreading. Heroin abuse prevalent both in rural and urban areas. In 1958 Thailand proclaimed the abolition of opium smoking
and selling throughout the kingdom by 1959. All opium-smoking utensils were seized and burned. The narcotics control Act was promulgated in 1976. As a result the Narcotics Control Board and the Office of Narcotics Control Board was set up. The Office of Narcotics Control Board (ONCB) is an agency under the office of the Prime Minister acting as the central coordinating body for narcotics prevention and suppression, as well as for carrying out assignments of the Board.

Thailand is one of many countries where problems of narcotics drug exist. Difficulty was experienced in giving the exact of current drug addicts in Thailand but this was estimated from the number of drug addicts who voluntarily apply for treatment both at private and government treatment centres has been increasing. There has been an increase in arrests of narcotic offenders. The number of narcotic offenders in 1977 was 11,803. In 1985, it had increased to 34,618, there was a corresponding increase in the amount of narcotics seized. In 1977, 120.67 Kg. of opium was seized. By 1985, it had increased to 1,450.28 Kg. The figures for heroin in the corresponding period was 380.89 Kg. compared with 1,282.1 Kg. in 1985 (Therdsteerasukdi 1987) and in the year (1985) a total 43,914 opiate addicts were admitted for treatment (Office of the Narcotics Control Board 1988).

In 1993, Thailand Development and Research Institute (TDRI) budgeted by United States which surveyed the number of addicts in Thailand in 1993 as 1,267,590 : 21.73 present out of every 1,000 population (Office of the Narcotics Control Board 1995).

In 2001, the number of drug addicts who voluntarily apply for treatment, Office of the Narcotics Control Board is given in table 1.1
Table 1.1: The number of drug addicts who voluntarily apply for treatment in Thailand

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<thead>
<tr>
<th>Age/ Period</th>
<th>2000 (January – December)</th>
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<td>M</td>
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<tr>
<td>15 below</td>
<td>831</td>
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<tr>
<td>15 - 19 yrs</td>
<td>8,513</td>
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<tr>
<td>20 – 24 yrs</td>
<td>9,600</td>
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<tr>
<td>25 – 29 yrs</td>
<td>6,805</td>
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<tr>
<td>30 – 34 yrs</td>
<td>4,393</td>
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<tr>
<td>35– 49 yrs</td>
<td>3,433</td>
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<tr>
<td>39 up</td>
<td>5,821</td>
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<tr>
<td>Total</td>
<td>39,396</td>
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(Office of the Narcotics Control Board 2001)

Dailynews, a Thai newspaper 28 March 2001, reported Liumchaikul, a Secretary - General Office of the Narcotics Control Board, point out, amphetamines from Va - Dang (Burma border) and Lao were trafficked to Thai market about 700 million tablets, there are taken by 2.5 million persons. ‘Thai-rath’ Thai Newspaper 31 July 1999, reported that the police had arrested drug trafficking near Bangkok. More than 500 million of amphetamines tablets, estimated US.$ 50 million in international market, had been seized.

The present government has a strong policy to fight drug abuse and trafficking. Therefore, narcotic problems have been designated as one of the first priorities to be urgently solved. Thai government spends huge amounts of money collected from taxes to contain this malaise every year.

The public education is important to disseminate correct information about the physical dangers of drug with negative social and economic
effects in order to enhance the development of individual who are not tempted to abuse drugs.

For youth, preventive activities for young should include a comprehensive educational programme within the school system, dissemination of information to the parent, support of extracurricular sports activities, and co-ordination between school and control agency.

However, there are many minority groups trafficking in narcotics on Thai border. The influential ones are the Karen and Khun - Sa. These groups make contact with the Thai people in the lowland and also have contacts with the outside world and overseas markets.

Some countries support a community-based programme to make people aware of the danger of drug use. Rehabilitation is carried out in treatment centres, in the home and in prison. One participant suggested that the growing area should not be given exotic or attractive-sounding names like the ‘Golden Triangle’. It would be better to call them, the ‘Hell Triangle’ (Therdsteerasukdi 1987).

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 organization 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 youth, the great source of human power becomes its victims.

D. Drug Addiction and Social Problems:

Human behaviour cannot be isolated from the social, cultural and environmental reality surrounding it. While objective reality is related to the processes of production, subjectivity is the experience of individual that
shapes their worldview and lifestyle. Both the realities form the basis for social action (Molly 2001).

At present, narcotic drugs are spreading among people all over the world. This certainly become a social problem and is one of the factors leading to crime, AIDS, prostitution and unemployment.

EMCDA (1996) reported, in Europe heroin injectors who regularly consume large amounts of different drugs, face a risk of death which may be 20 or 30 times higher than non-drug users in the same age range. Since heroin is commonly used by injecting, the health risks of HIV and hepatitis transmission are substantial. The sharing of injecting equipment has played a critical role in a number of local, national and regional HIV epidemics. HIV prevalence is high in drug injecting populations in southern Europe, the north-east of the United States, parts of Asia and part of South America (Stimson and others 1998).

Shiela and Gregory (2001) studied ‘Social Support systems of women offenders who use drugs: A focus on the mother-daughter relationship’. Conceptually, social support among very heavily drug-involved women is complex and multidimensional. This study examines the structure and function of the social support systems of women offenders (N=100) who used drug during the last 6 months before entering court-mandated drug-free treatment programmes. These systems typically contain about nine supporters, almost equally divided between men and women, and about half of the women’s supports are family members. The woman identify parents and partners as their major providers of practical help and advice. They look most to their partners for a sympathetic ear, and to their parents for affirmation of their self-worth. Overall, two-thirds of the women identify their mothers as among their supporters. These mothers are often anxious to do whatever they can to help their daughters stop using
drugs. Paradoxically, for instance many mothers give their daughters in providing money or basic life necessities often enable the daughter’s drug use. Although many daughters appreciate their mother’s help, there is an element of distrust and control in many of the mother-daughter relationships, and some daughters receive unwanted help from their mothers. Fergusson and Lynskey (1997) longitudinal study of 1,265 New Zealand Children found an association between childhood physical abuse and engaging in substance abuse by age eighteen. Adolescents reporting harsh or severe physical punishment were more likely to engage in substance abuse and more often reported being exposed to childhood sexual abuse.

Arnett and Jensen (1994), studied the socialisation and risk behaviour in Denmark and the United States. The rates of risk behaviour are discussed in terms of the differences and similarities in the socialisation environments of Denmark and the United States. Adolescents, aged 17-18 years in middle class communities of the two countries, were compared for various aspects of socialisation and risk behaviour. Overall, socialisation was narrower among the Danish adolescents, in the sense that they had more household obligations, greater community stability, and more adults beyond their immediate families who were involved in their socialisation. Rates of risk behaviour were higher for American adolescents in the areas of automobile driving (high-speed and drunk driving) and minor criminal behaviour (shoplifting and vandalism), whereas Danish Adolescents were higher in their rates of driving a bicycle or moped while intoxicated. Danish adolescents engaged in sexual intercourse at higher rates than American adolescents, but American adolescents were less likely to use contraception, so the overall rate of sex without contraception was almost identical in the two countries.
Benda and Corwyn’s (1997) study test of a model with reciprocal effects between religiosity and various forms of delinquency using 2–stage least squares regression, studied 1,093 adolescents from six different public high schools, where the same integrated theoretical model of control and social learning theories fit the data on alcohol use, heavy alcohol consumption, use of marijuana, criminal behaviour, sexual exploration, and suicidal thoughts. It was observed that the model explained significantly greater variance in some of these forms of delinquency than in others, indicating only equivocal support for the deviance syndrome argument in the literature. This study also found that religiosity was a significant influence only on criminal behaviour, whereas the feedback effect of delinquency on religiosity was a significant for all forms of delinquent behaviour studied. The importance of this particular finding was discussed in relation to previous studied, since almost all prior research has relied on statistics that do no consider reciprocal effects.

Ingeborg and Grethe (2001) found that a total of 38.0% (Sample of 800 drug addicts) of the drug addicts reported having attempted suicide one or several times; the proportion was higher among those who reported various adverse experience during childhood (sexual or violent assaults, bullying, parents’ alcohol abuse, parents’ psychiatric problems, school adjustment problems and own psychiatric problems), and increased with number of areas of such adverse childhood experiences. Forty-two percent of the clients reported suicidal ideation in the month prior to admission, displaying the same kind of association with adverse childhood experience, and also a significant association when controlling for previous suicide attempts. There were relative small gender difference in self-reported suicidal behaviour, the proportion being somewhat higher among
woman, but only among those with no or few adverse childhood experiences.

Orbach and Hanna (1993) studied the impact of a suicide prevention programme for adolescents on suicidal tendencies, hopelessness, ego identity, and coping. Three hundred and ninety three adolescents from six schools participated in a study aimed at examining the effectiveness of an experiential suicide prevention program with regard to suicidal tendencies, hopelessness, ego identity, and coping ability. The subjects were randomly divided into experimental (N= 215) and control (N = 178) groups. The experimental groups took part in seven weekly two hour meetings. The program was based on the notion that a gradual, controlled confrontation and exploration of inner experiences and life difficulties related to suicidal behaviour accompanied by an emphasis on coping strategies can immunize against self-destructive feelings. In this pretext-protest design, the students completed questionnaires of suicidal tendencies, hopelessness, ego identity, and coping ability before and after the program. The analyses showed that the experimental groups were superior to the controls.

In some studies, attempted suicide among drug addicts has been reported more often among female drug addicts than among their male counterparts (Ravndal and Vaglum 1999). However, as attempted suicide and suicidal ideation tend to co-occur, it could be expected that suicidal ideation is more often found among substance abusers and that the same kind of risk factors in term of neglect, victimization and mental problems would be evident (Grant and Hasin 1999).

Heather and others (2001) studied Inhalant use by Canadian Aboriginal Youth found that, seventy-four per cent of the seventy eight young people tracked during follow-up relapsed after discharge from
treatment. Many of the young people came from backgrounds marked by isolation, poverty, family violence and substance abuse. The average age of these young people started using solvents was approximately 9 years. Gasoline was the most common inhalant used. Inhalant use was often accompanied by alcohol and drug use. Howard and Jenson (1999) also found that inhalant users reported less family support and cohesiveness, low self-esteem, more thoughts of suicide and substance-abusing parents and peers.

There can be no doubt that adolescent substance abuse is a public health problem of considerable national importance. The United States achieves the dubious distinction of having the highest rate of adolescent drug abuse among the industrialized nation of the world (Currie 1993). The immediate costs and developmental consequences of adolescent drug problems on the youth, his or her family, and society are well documented: school failure, delinquency, motor vehicle accidents, arrests and incarceration, and increase risk for human immunodeficiency virus (HIV) and other physical illness (Diclemente 1990). Long-term consequence of drug misuse include impaired psychological functioning, including mental health problems, serious criminal involvement, marital problems and divorce, and job instability (Newcomb and Bentler 1988).

E. Drug and Family Studies:

The development of children starts in the family under the care taking attentions of the parents, the child shapes his first mother and cognitive still, and the affective bonding to the parents lays the foundation for healthy social and emotional development.

Ralph and others (2001) studied boy age 10-12 having biological substance abusing fathers living at home were compared to matched group
of boy where the biological substance abusing fathers were separated from their mothers. Comparisons were made on panel of individual, parent-child interaction, peer, and school adjustment variables. It was found that 10-12 years old boys living with mothers who are separated from substance abusing men are rated higher by their mothers son on conduct problems compared to boys living with both parents. Lower involvement and supervision and lower attachment to their mother’s are reported by boys who do not live with the substance abusing father compared to boys living with both parents. The increased risk for substance abuse in offspring of separated parents where the father is substance abuser is concluded to be due to the combination of transmission of more severe liability from the father and fewer resources available to the single mother for effective parenting.

Laurie and others (2001) studied, indicators of adolescent drug users in a clinical population found that a combination of physical abuse, sexual abuse, family violence, and parental history of alcohol, drug use correlated with adolescent substance abuse.

Halaevalu (2001) studied adolescent substance use and family-based risk and protective factors. It was found that, among the family variables, parental influence seem to be the strongest precursor of adolescent substance use, hostility, and rejection, whereas others imitate the behaviour of parents as they use drugs to cope with their own situations. Monica and others (2000) reported both family and peer factors have an impact on early substance initiation when children in this sample were 11 and 12 years old. The model explained 60% of the variance in substance initiation. Prosocial family process (rules, monitoring and attachment) had a significant impact on child peers. These prosocial family processes had a
significant negative effect on substance initiation even while modeling the influence of antisocial peers.

Family factors are influential in the genesis and exacerbation as well as in the protection against adolescent drug abuse and behavioural problems (Brook and others 1988). Parent and sibling substance abuse, parental attitude that minimize the dangers of drug use, poor relationships with parents, and inadequate child-rearing practices are closely linked to adolescent drug problems (Andrews and others 1993).

Brody (1994) studied the financial resources, parents psychological functioning, parent co-care giving, and early adolescent competence in rural two parents African – American families, proposed a family process model that links family financial resources to academic competence and socio-emotional adjustment during early adolescence. The sample included 909 twelve year old African - American youths and their married parents who lived in the rural South. The theoretical constructs in the model were measured via a multi-method, multi-informant design. Rural African - American community members participated in the development of the self report instruments and observational research methods. The results largely supported the hypotheses. Lack of family financial resources led to greater depression and less optimism in mothers and fathers, which in turn, were linked with co-care giving support and conflict. The associations found among the co-caregiving processes and youth academic and socio-emotional competence were mediated by the development of youth self regulation.

Anderson and Henry (1994) analyzed the adolescent perceptions of family system characteristics along with parental behaviour as predictors of adolescent substance abuse. Self-report questionnaire data were collected from a sample of 489 high school students (ages ranging
from 13 to 20, with the mean age at 16.1 years). Family system characteristics and parental behaviours were found to be predictors of adolescent substance abuse; here, the family system characteristic that was related to reduced risk for adolescent substance use was adolescents perceptions of family bonding. In contrast to the hypothesis, which predicted that perceptions of high levels of family bonding would be associated with increased problems with adolescent substance use, these results challenge a view prevalent in some of the clinically based research on adolescent substance use. Family bonding seems to serve as a buffer against the risk of problems with adolescent substance use. A related finding is that parental support was decreased related to problem with adolescent substance use.

McBroom (1994) studied correlates of alcohol and marijuana use among junior high school students; family, peers, school problems, and psychosocial concerns. The data collected from over 400 junior high school students in grades 7 and 8 is an attempt to determine the relationships between family drug use factors (both attitudes toward alcohol and drug use, and actual use in the family especially by parents); peer drug use factors (again, both attitudes and use; school problems; psycho-social concerns; alcohol, marijuana, and other substance use) and abstinence. Socialization theory is used as the theoretical framework, factor analysis is used to create indices, and analysis of variance and regression procedures are used for analysis. Key indicators are found to be higher levels of drug use in one’s own family, friends using drugs, school problems and use of mind-altering chemicals themselves. Based on the findings, implications for policy, prevention, and treatment programmes are discussed.
Stern and Smith (1999) studied the reciprocal relationships between antisocial behaviour and parenting; implications for delinquency intervention. They discussed implications for family treatment, including assessing the impact of antisocial behaviour on family members, decreasing inappropriate blame, developing collaborative relationships, increasing parent support, and planning for crisis management. They also consider implications for parent skills training and working through the juvenile justice system to be more responsive to parents’ experiences in the service of better engagement, stronger family interventions, and improved services to delinquent youth.

Malkus (1994) examined the relationship between family factors and adolescent substance abuse by comparing the families of adolescents who do not abuse drugs or alcohol with the families of those who do. The subjects were 89 white adolescent males, with a mean age of 16 years, primarily from the rural areas of a mid-Atlantic state. The relationship between each of the family dynamic factors (cohesion, adaptability, family strengths, family togetherness, parents’ marital happiness, and parental drug and alcohol use) and adolescent substance abuse was significant at the 0.005 level. Four of five structural variables also proved to be significantly related to adolescent substance abuse. The results that adolescent drug and alcohol use is greatly affected by family factors and that adolescents who abstain from drug and alcohol use and abuse come from families that are qualitatively different from the families of adolescents who use and abuse substance.

Ammerman (1994) studied the role of family dysfunction in the development of adolescent substance abuse, particularly in families where a parent has a history of alcohol or drug abuse. This study examined parental reports of dissatisfaction with 41 boys (ages 10 to 12 years) of fathers with
a history of substance abuse (SA+) and 68 boys of fathers without such a history (SA-). Higher dissatisfaction ratings by both mothers and fathers were found in the SA+ group, in contrast to the SA- group. Both child externalising behaviour problems and parental personality characteristics were correlated with parental dissatisfaction. Stepwise regression analysis revealed that father's negative affectivity, followed by externalizing symptoms in the boys, were most predictive of dissatisfaction in both mothers and fathers. The implications of these results for an understanding of the adverse family context of substance abuse are set forth.

Bahr and others (1995) studied the family, religiosity, and the risk of adolescent drug use. With questionnaire data from a random sample of 13,250 adolescents, the authors used structural equation modeling to estimate how mother-adolescent bonding, father-adolescent bonding, parental monitoring, family aggression, family drug problems, and religiosity were associated with adolescent drug use. Mother-adolescent bonding and family drug problem had modest indirect effect on the likelihood of adolescent drug use. Father adolescent bonding parental monitoring, and family aggression had relatively weak effects on adolescent drug use. Students who were religious tended not to use drugs or to have close friends who use drugs. The influence of these risk factors was similar for both females and males for all three types of drugs. Involvement in a religious organisation may decrease the likelihood of drug use in several ways: (1) by providing a network of support and friendship that may insulate adolescents from opportunities to use drugs; (2) through finding a meaning to life that makes drug use less attractive; (3) by adopting a belief system that reinforces personal beliefs against drug use; and (4) by a reinforcement of family teachings.
Several studies have demonstrated the direct effect of parental monitoring on level of adolescent substance abuse. Parental monitoring and changes in parenting practices prevent or delay drug involvement and are related to a decrease in adolescent drug use even after a pattern has been established (Steinberg and others 1994). One mechanism for this influence process is the management role of parental monitoring vis-a-vis the adolescent’s peer environment (Dishion and Loeber 1985).

Brook and others (1990) reported family-related risk factors include family conflict and domestic violence; family management problems; family disorganization; lack of family cohesion, social isolation of family; family stress; family drug use; ambiguous lax, or inconsistent family rules and sanctions regarding drug use; sibling rivalry; poor child supervision and discipline practices; parental education level.

Most theories of adolescent drug use include some variant of social learning theory and assume that adolescent model the drug behaviours exhibited in the family (Jessor 1987; Petriatis and others 1995; Simons and Robertson 1989). Research tends to be consistent with this assumption. Adolescent are more likely to smoke, drink, or use marijuana if family members use these substances.

A number of researches have reported that drug use by family members has a relatively small influence on adolescent drug use (Akers and Cochran 1985; Simons and Robertson 1989). Family drug use may have an indirect influence through choice of Peers, rather that through direct modeling. That is, if family member use drugs, adolescent are more likely to choose peers who use drug, and the peers are the direct influence on the likelihood of adolescent drug use (Bahr and others 1995; Chassin and others 1993; Garrett 1997).
In several theories of adolescent drug use, parent-adolescent bonding is one of the variables that tends to decrease the likelihood that adolescent will consume various drug (Brook and Brook 1990; Petraitis and others 1995). Using social control theory, scholars hypothesize that adolescents refrain from taking drug because of the parent-adolescent bonds that have developed. When their strong parent-child bonds, may respect, listen to, and desire to please their parents more than when bonds are weak. Thus, strong bonds may help adolescents resist pro-drug influence from peers. Bonding also may increase the extent to which children internalize parental value opposing substance use (Larzelere and Patterson 1990). And many studies of drug abuse indicates that abusers are most likely to be alienated from families. Simons and Robertson (1989) discuss relationships of drug addicts with their families of origin while growing up and adults, seeing results of interviews with young drug addicts and non-addicts. Although various authors have postulated that drug addicts have pathogenic parental relationships, there were no significant differences in family relationships, between drug addict and control subjects in the study cited. Jurich and others (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 addiction, data were collected on the closest family members 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 persons whom they defined as most powerful tended to use psychological crutches to cope with stress.

Kaufman and Bordes (1984) examined the structure and general characteristics of healthy Anglo-America families, emphasizing the weak links in these families that contribute to or result from 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 anesthetia 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 isolation and alienation. It is the quality of relationship with parents which was most important in drug use (Hechtman and others 1984). Holmberg (1985) did a longitudinal study of drug abuse in 15 years old subjects and found that drug abusers came from multi-problem families.

Ahuja (1982) analyzed the family relationships of drug users. He found 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 as possible, 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 were 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 affect emotional. 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 and analyzed the peer factors in drug abuse fond 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. Drug rather than with parents especially fathers (Stern and others 1984).

Hurd and others (1999) studied the parents - adolescent relationships in families with depressed and self - harming adolescents. They used a content analysis method to assess the quality and nature of 115 parents adolescent relationships. Dependent variables derived to assess the relationship with mothers and fathers were overall quality of the relationship and amount of communication and conflict. Analyses revealed that nonclinical controls reported better relationships with their parents,
with these relationships being characterised by more communication and less conflict than those of the clinical groups. Self-harmers experienced the least satisfactory relationships with their parents, and more conflict with their mothers than the other groups. Contrary to expectation, no sex effects were found. However, there was a trend for girls to report more frequent communication with mothers. The value of this study lies in the use of qualitative methodology that draws directly upon the adolescents' perceptions of their relationships. Additionally, the detail and nature of these data offer mental health professionals the opportunity for greater understanding of the adolescent's world, with the increased possibility for maximally effective prevention and intervention strategies.

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 the other members of the family.

Now-a-days, innumerable problems are created by drug-addiction. There are various causes viz social, economic, political, psychological, environmental of drug-addiction. The social implications of drug abuse are most ominous for a developing country like Thailand which is still struggling to overcome its basic problem of poverty, disease and deprivation. Stresses and strains of modern life erosion in social values and loosening of informal means of social control have compounded the problem relating to this study.
F. Determinants of Drug Addiction:

Sutherland and Shepherd (2001) studied social dimensions of adolescent substance use, was survey of pupils aged 11–16 in a stratified sample of five English school. Data from 4,516 participants were abstained in relation to their cigarette, alcohol and illicit drug use and their contract with the police, perceived academic achievements and future expectations, religious belief, family structure, the importance of family versus peer opinions and suspension from school, reported substantial differences were found between substance users and non-users and various risk factors being examined. For those who had only been in trouble with the police, 18.8% used illegal drug compared with 1.6% of those who had not a police contact and who had no other risk factors. Many of these relationships were age sensitive. For instance, the negative relationship between belief in God and illicit drug use became stronger as age increased.

Segal and Stewart (1996) studied substance use and abuse in adolescence and found that recent change in cultural factor interact with individual factor in the development of substance abuse. They noted that a cultural vacuum, produced by the declining role of family values, as well as the use of alcohol and drug associated with promiscuous sexual practice, as a mean of escape from identity problems, frustration, disappointment, boredom. They also regard the imitation of adult behaviour, curiosity, are a rebellion against age-related restrictions and taboos as reasons for adolescent drug use. These factors seem to apply both to the first experimental use of alcohol and drug.

Teagle and Claire (1998) studied the ethnic differences between African Americans and whites regarding cigarette, alcohol, marijuana, and other drug use among pregnant adolescents attending public parental clinics in one county. A survey of 248 consecutive adolescent, public prenatal
clients was conducted. The sample represented 79% of pregnant adolescents in the county at the time of the study. Ethnic groups were compared through use of bivariate statistics regarding number, types, and frequency of substances used; mean age of first use; change in use six months prior to pregnancy and first trimester; and use among family and friends. Provider information was based on open ended interviews among 23 individuals covering the same themes. The study found that the majority of clients were African American, single and primiparous. Many used at least one substance prior to pregnancy and during their first trimester. Common substances were cigarettes and alcohol. The provider survey indicated a range of perceptions regarding substance use among pregnant adolescents.

Brack and others (1994) studied the relationships among problem behaviours, emotions and psychosocial factors in adolescents are investigated here. Self report measures of the variables were obtained from a sample of 711 junior high school students, ranging in age from 12 to 16 years. A multidimensional scaling (MDS) of the data identified a three dimensional model positive coping resources. ‘Negative coping resources’, ‘rebellion from adult norms/conformity to adult norms’, and ‘secretive/obvious’ that fit both for males and for females and accounted for 86% of the variance in the data. The first dimension (positive coping resources/negative coping resources) is the most important for adolescents in defining these variables. The underlying structure and interrelatedness of these variables are similar for males and females. The second dimension, conformity to adult norms involves ‘difficulty making friends’ and ‘chronic health problems’. It may be that adolescents who have chronic health problems may have difficult making friends and may spend more time, and
communicate better, with adults than they do with peers. On the third dimension, the interrelationships of some of these variables seem unclear.

Goff and Goddard (1999) investigated the relationship of terminal core values to delinquency, substance use, and sexual behaviour within a sample of 544 high school students. Students were classified according to their dominant value, and comparisons were made in regard to 31 indicators of delinquency, substance use, and sexual activity. As predicted by social control and strain theories, groups valuing fun/enjoyment and security were strongly identified with delinquency and substance use. Groups valuing self-respect, being well-respected, sense of accomplishment, warm relationships with others, and sense of belonging exhibited low frequency of delinquent behaviour and substance use. Sense of belonging tended to be related to lower sexual activity, whereas warm relationships with others and being well-respected were associated with the most sexual activity. Gender differences in problem behaviours were also explored. The implications for theory and interventions are discussed, and the value of self confrontation is proposed as a method for reducing problem behaviours.

Lynskey and Hall (1998) examined gender differences and trends over time in the age of initiation to heroin use. Data from two Australian surveys were used, and together, they contained information on 1292 individuals, self-identified as heroin users. Results indicated that, although there were no significant gender differences in the age of initiation to heroin, there was a significant time trend in the mean age at first use. The mean age of first use for those born from 1940 to 1949 was 20.5 years; those born from 1970 to 1979 first used heroin at 16.5 years. Further analysis indicated that younger age of heroin initiation was associated with polydrug use, overdose, and crime after effects of heroin duration were
controlled. The findings suggest both an increase in young people’s willingness to experiment with heroin and increased availability of the drug. Combined with extensive evidence of increased amounts of heroin imported into Australia and increased demand for opiate dependence treatment, data suggest that the country is experiencing an increase in the use of heroin, especially among youth.

Pretorius and others (1999) investigated inadequate parent child relationships, problems with regard to sexuality, and substance abuse among African university students. They reported experiencing positive aspects of the parent-child relationship, such as acceptance, love, understanding, encouragement, and guidance. They also reported experiencing negative aspects of this relationships, including inadequate communication and parents authoritarian attitudes. Numerous sexual issues and the abuse of alcohol and other drugs were perceived as serious problems among teenagers in general. Although an inadequate parent child relationship appears to contribute to substance abuse and sexuality problems. It cannot be regarded as solely responsible, inasmuch as a multitude of factors also play a role. The results indicate the need for life skills training for both adolescents and parents, particularly regarding communication.

Chandy (1994) studied the female adolescents of alcohol misusers and found that children of alcoholics constitute an at-risk population. This study attempted to understand the impact of parental alcohol misuse on sexual behaviours of female adolescents, based on a sample of 1134 teenagers from alcohol-abusing parents in Minnesota. Index adolescents were more likely to report having sexual intercourse, as well as greater frequency of intercourse, history of pregnancy, and overall pregnancy risk based on current patterns of sexual behaviour and contraceptive utilisation.
Bivariate analysis revealed that gender of the drinking parent was also associated with these variables. However, in multivariate at-risk sample, maternal versus paternal versus both parents drinking was no longer salient. Pregnancy avoidance was associated in the index group with two-parent family structure and higher maternal education, while pregnancy history was associated with a history of physical abuse and perception of high levels of vandalism in the school setting.

Friedman and others (1994) studied the relationship between the adolescent drug abuser’s stated degree of motivation for treatment and treatment outcome. These relationships were examined separately for clients admitted to inpatient treatment and for clients admitted to outpatient treatment. For both treatment groups a significant, but only moderate degree of association was found between stated degree of ‘importance of getting help and counseling’ for drug and alcohol problems at admission and the reduction of such problems at a follow up study. The rating of importance of obtaining help for some types of life problems other than substance use/abuse problems also predicted, to a significant degree, a reduction in substance use/abuse at the follow-up study; but these types of problems were different for inpatients from those for outpatients. And unexpected finding was that inpatients who rated obtaining help for employment as relatively more important for them were found to reduce their substance use/abuse to a significantly lesser degree at the follow up studies.

Li (1994) studied the relation between drug trafficking (selling and delivering) and drug use among young adolescents has remained poorly characterized to date. The associations between drug trafficking, cigarettes and/or alcohol use, and illicit drug use have been explored in three different areas—self reported behaviours, personal feelings, and perception of friends’
involvement-based on a sample of 455 black youths aged 9 through 15 years and residing in six urban public-housing developments. Results confirm findings from previous research that illicit drug use rarely occurs in the absence of cigarette/alcohol use or drug trafficking. By contrast, drug trafficking is equally likely to occur in isolation of, or along with, some drug use. The results support a potential role of drug trafficking in the genesis of illicit drug use. Prevention efforts should extend their focus beyond cigarettes, alcohol, and illicit drug use to drug trafficking. And in 1996, he studied persistence of drug trafficking behaviours and intentions among urban African American early adolescents. Longitudinal data obtained six months apart from 132 urban African American adolescents, 9 through 15 years of age, were analyzed to assess the stability and predictability of behaviours, intentions, and perceptions were relative stable overtime regarding drug trafficking. Although rates of drug trafficking were low (7%), about two-thirds of the youth involved at baseline were still involved six months later. Males were more likely to be involved than females. Previous involvement was the best predictor for subsequent behaviour but was also predictive of subsequent intention. Perceptions, particularly those regarding extrinsic rewards and response costs of drug trafficking, were predictive of subsequent behaviour and intention. The youth appeared to differentiate between drug selling and drug delivering. In general, involvement in drug selling was more stable than intention to deliver. These results represent the first longitudinal description of the natural history of the involvement in drug trafficking from a community-based cohort (Li 1996).

Zapata and others (1998) investigated the incidence and patterns of substance use in a school age population, as well as predictive risk factors that may play an important role in understanding its initiation.
Low socio-economic status Mexican American fourth, fifth, and sixth-grade students were surveyed for two consecutive years to obtain information on their substance use and its relationship to specific demographic, environmental, and psychological risk factors. Results capture patterns of substance use among this psychological risk factors. Results capture patterns of substance use among this population over the two years, as well as the relationship between reported risk factors in year 1 and the use of minor and major substance in year 2.

Itzhaky (1999) examined gender differences of local community drug-prevention workers (CDPW) regarding client participation, coping and job satisfaction, and the correlation between them. The data yielded an overall difference between men and women for job satisfaction relating to four coping techniques: emotion-focused, problem focused, denial, and an overall tendency to seek social support. The female workers reported the use of two techniques (emotion-focus and seeking social support) at a higher level than their male counterparts. No significant difference was found between the genders regarding client participation. The effects of coping techniques and client participation on job satisfaction, as well as the correlation between them, show a complex picture in which there is considerable difference between the genders. Since gender differences were found in the use of coping techniques, job satisfaction, and the correlation between them, the recommendations given differ for each group.

Allen and Page (1994) studied variance in substance use between rural black and white Mississippi high school students. The purpose of the study reported here was to determine the extent to which the use of drugs and other substances varied between black and white students in a sample of primarily rural Mississippi adolescents. Study subjects were 1915 adolescents from seven high schools in Mississippi. These schools
represent a mix of students: low, middle, and upper socioeconomic status; black and white students; and public and private schools in a primarily rural district. Male students comprised 48.8% of the sample; females comprised 51.2%. Black adolescent males were significantly less likely than white adolescent males to drink alcohol, become intoxicated, smoke cigarettes, or use smokeless tobacco, hallucinogens, or sedatives. Black adolescent females were significantly less likely than white adolescent females to drink alcohol, become intoxicated, smoke cigarettes, and use marijuana. Differences in proportions of black and white females were more pronounced than were differences between black and white males. These results coincide with those of other studies reporting lower drug and alcohol use among black youth, as compared to white adolescents.

Hawkins and others (1992) studied the relationship between socioeconomic status and alcohol and other drug abuse, found that appositive correlation between parental education level and marijuana use and drinking among teens. However, the poverty associated with childhood behaviour problems has been found to increase the risk for later alcoholism and drug problems (Robins and Ratcliff 1979). The relationship of poverty to the development of drug abuse could be explained by the environmental conditions that define poverty, including unemployment, welfare dependency, single parenthood, and an abundance of illicit drug in the neighborhood (Gitlin 1990). Several researches concern drug addict such as 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 socio-economic status families.
With respect to the urban areas, the problem has been studied, 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 urbanization. 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. 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.

Whether country-made or factory-made, alcohol continues to be the main drug abuse in the country particularly among the college students. This is found by numerous researches (Singh and Singh 1980; Adityanjee and Saxena 1984) estimated that the prevalences of alcohol among students in Jabalpur (N = 4415) was about 9.4 per cent. Khan (1985) found that about 10 per cent of college students were taking alcohol in metropolitan centres located in different parts of the country.

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 give heroin which has become the undoing of many 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
Incidentally, that is also the order in terms of availability, potency and cost. Adityanjee and others (1984) also reported that a large proportion of addicts (nearly 50 per cent) were addicted to cannabis. Chakraborty and others (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 and 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 this 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. Mills and Noyes (1984) studied survey data collected to the period 1978-1981, examining prior and current drug use in 8th, 10th, 12th, graders in public schools. They examined that 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 on set 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 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.

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 drugs 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 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 Tomezak (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) of various socio-economic status group. It was fond that subjects knew about drugs and were well informed about them from a very early age. Subjects who took drugs often started at ground 12 or 13 years of age and sometimes even earlier. No subjects reported having started later than 17 years of age.

Sethi and others (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 12-25 years (52 per cent) or between 12-18 years (36 per cent). Keyes and Block (1984) studied 105 San Francisco East Bay adolescents (ages 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 respondents belonging to the 19-21 age group, and 76 per cent of the students had been taking drugs for more than 2 years. About 60 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 more than 2-3 years.

Broota and others (1982) interviewed 30 drugs 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. 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 interaction process.

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 are probably due to drug consumption and previous restructuring.

B. The Research Design

The Research Problem

Drugs are probably the most ancient and widespread psychoactive substances in the world. These are a naturally occurring substance wherever free-floating carbohydrates are available and thus is widely known and used. Clearly, there are drug uses related to health, nutrition, entertainment, religion, law, and a variety of other social activities. Since the uses of drug vary so widely while the occurrence of addicts is virtually universal. It is essential that an anthropology assessment and evaluation of the relationship between drugs and socio-cultural dimension of a society be undertaken.

Anthropologists interested in drug addiction research are the beneficiaries, over many years, of a very large and diverse collection of studies on drug addicts from a variety of perspectives. But this literature includes very few contributions by anthropologists, and these contributions have been only sporadic and highly individual in both character and quality. The result is that a number of people who utilise and have an interest in the literature on drug are not familiar with the contributions of anthropology. Similarly, a number of anthropologists who occasionally contribute to the understanding of various aspects of drugs and drug-taking are not familiar in depth with the enormous range of relevant work that has been done on these subjects by scholars of other disciplines. It is the awareness of a need for a greater amount of interdependence between anthropologists and those of other discipline that makes the issue. It is hoped that this study will help to assess and evaluate current and
future socio-cultural drug researches and help to stimulate greater collaboration between anthropologists and representatives of other disciplines in the developing field of drug addicts and anthropological studies.

**Objectives :**

The study deals with the problems of narcotic drug on rural Thai youth in Sisaket province, North-Eastern region of Thailand. The aims and objectives of this research work are as follows :

i. To find out the major socio-cultural and economic determinants affecting the drug addict youth.

ii. To find out the impact of drug addict youth on their family life.

iii. To assess the attitude, beliefs and Thai values on the drug addict youth.

iv. To attempt at some possible remedies to check and control the problem of drug addiction.

**Research hypotheses :**

The study focusses on the problem of rural Thai drug addict youth and the impact of socio-cultural dimensions of Thai society.

The following hypotheses are formulated for the present study:

i. Youth making demands on their parents and family members are at great risk of getting drug addicted.

ii. The incidence of drug addiction among youth is high among the higher socio-economic group of Thai. Drugs and substance smelling which are cheap (cost-wise) would have more clientele in rural set up.

iii. There is direct relationship between drug addiction and the family of the drug addict. Both cause and the remedy of drug abuse lies within the family itself; parents are the primary agent of de-addiction.
iv. The incidence of drug addiction is higher in broken families. Broken families and peer group pressure are the two primary agents of youth drug addiction.

v. Drug addiction, by and large, is a male activity. Takers of opium heroin and morphine are exclusively males.

vi. Though religion plays a very important role in the way of living in a Thai society, its significance in the cause of remedy of drug addiction is negligible or limited.

vii. Drug addiction leads to crime and other illegal activities.

**Universe of Study:**

The selection of the universe of study for a piece of research work is indeed a difficult problem that a researcher has to face and overcome. The problem gets compounded when the focus of research is on Thai youth because drug and drug addiction is a serious problem in Thailand. Keeping in view the objectives of the study, the study is focussed to find out the major socio-cultural and economic factors affecting the drug addict youth, and also to find out the impact of youth drug addiction on their family life. This study is restricted to rural, Thai youth only.

Sisaket province of northeast region of Thailand, was selected for research study since this particular region of Thailand is the poorest and face the most serious drug addiction problem.

The rural of Sisaket province, in the past mainly emphasized development of infrastructure, such as electricity, road leading to village, water supply, and economics. The structural changes from fundamental agriculture - base economics to a more industrialised one has transformed the society from being a primarily rural society to a
more urbanised one. Traditional ways of life are undergoing changes to a modernized one. The traditional rural family structure has undergone drastic changes and become smaller. From the typical extended family-type with several generations of family members living together, the increasingly common occurrence is the prevalence of nuclear families of various types, such as families where the head of the household migrate to cities leaving behind the children and the elderly, or single-headed households where one spouse is either dead or more likely separated. The traditional way of life, guided by beliefs values and traditional system of the past, is giving way to economic rationality and posing problems of lack of family warmth. These factors have led to numerous undesirable social conflicts, such as crimes, drug-addiction problem of children and youth.

Sisaket Province Drug Narcotic Control Centre surveyed the number of drug addicts in the Sisaket province in 1999 and found that the number was 6.43 per cent of population in the province. Most of them have taken substance smelling, amphetamine and marijuana. Out of the number of addicts 5.30 per cent were youth. This certainly becomes a social problem leading to crime, AIDS, prostitution, unemployment, and dropouts. Also, those who are addicted to narcotic drug can work less efficiently which effects the development of country and their family.
Collection of Data

Data were collected from both the primary and secondary sources; the primary data was collected both from drug–addict and non-addict youth in the rural set-up. The secondary data were collected through the record of Sisaket Province Drug Narcotics Control Centre.

The sample shall consists of both 100 drug addict and 100 non-addict youth in the rural setting (Diagram No.1) They were between 14 and 25 years old. The duration of data collection was 5 months from September 1, 2001 to January 31, 2002. A revisit to the respondent and their families was made from September 1 to November 30, 2002.

Techniques of data collection

1. Sampling Method

The districts of Muang-Sisaket and Uthumponpisia, where drug-addiction problem is acute, were selected from 22 districts of Sisaket Province. A total of 200 Thai youth from rural population, was further divided in terms of males and females, addicts and non-addicts. Random sampling technique was used for the selection of the respondent.
2. Survey Questionnaire

A survey scale was prepared to obtain information about the name and frequency of the drug used, the causes and age at onset of drug abuse, and certain demographic variables. The five main categories of drug, i.e. sedatives, stimulants, narcotics, psychedelic and hallucinogens, and tranquilizers were included in the scale. Questions about demographic variables preceded those pertaining to drug abuse.

A. Parents Attitude Questionnaire (Spence and Hulmreich, 1979.)

PAQ measures the parents’ attitude and behaviour, and the family atmosphere. It consists of 63 items in total which pertains to family harmony and atmosphere, mothers’ attitudes, fathers’ attitude, and identification with father & mother. It provides a global measure of identification. The parent scale is based on the items from the scales by
Baumrind (1971), Coopersmith (1967), and Heilbrun (1973). This scale measures the factors of mother positively, mother democracy, father partiality, father democracy, family protectiveness, rule enforcement, sex-role enforcement, male / female achievement standards and male / female family harmony.

B. Interview Schedule

A twelve - paged interview-schedule consisting of 78 questions was prepared for the study. Apart from some general information regarding name, age, sex, education, religion, etc. Questions were asked specifically on socio-economic status, family background and kinship ties, economic, political, and religious organizations. Some questions were specifically asked to the drug addicts and there parents whereas non-addicts. The questions were differently chosen (Appendix-I).

3. Procedure of data collection

The data were collected in two phases.

Phase I:

Phase I consists of identifying the drug abusers and the non-abusers with help of the survey questionnaire and also interviewing them to collect information on demographic variables such as socio-economic status, area of residence, number of sibling, mother’s education, etc. The investigator already knew a few students who were drug abusers and the rest were identified by snowball technique, i.e. forming the chain of tie through one group of subjects to another. Subjects in the control group were selected on the basis of their responses to the survey questionnaire, i.e. those subjects who had not used any drug at any time without medical
prescription were included in the category. The responses on this questionnaire were cross-checked against the information collected from their classmates or other associates.

Before starting the formal interview regarding drug abuse, rapport was established with the subjects through general talk to gain their confidence. To assure them of total confidentiality, the subjects were given the freedom not to reveal their identify if they were hesitant. The subjects were also requested to be as honest as possible and neither to overestimate nor underestimate their abuse of drugs.

**Phase II**

Phase II of the study comprised of administering the Parental Attitude Questionnaire (PAQ) to all the subjects who participated in the study. In almost all the cases, the tests were administered by the investigator to each subject individually. The instructions printed on the schedule were read out and explained. Subjects were asked to raise queries and doubts, if any, which were clarified then and there.

**4..Case study :**

The approach used to explore and analyse the life of a social unit; be it a personnn or faculty or an institution or a community or even a culture is known as a case study.

It is away of organising social data so as to preserve the unitary character of the social unit and of the objects being studied. In this holistic approach, history is also accounted for. The events are recorded as the individual see it, emphasizing on its history, development and social interaction.
A case study is a situation whose participation in the making of the whole and the interaction with it are studied.

5. Analysis of Data:

A. Presenting data: Tabular representation

After the data have been collected, the need was to be present them in a systematic and manageable form because raw data fail to convey their full meaning. Only when they are arranged in systematic way, many of their underlying characteristics come to light. One of the methods of presenting data in a systematic form is tabular presentation i.e., presenting data through tables with a systematic organisation of data in rows and columns. The purpose of a table is to simplify the presentation and to make comparisons feasible and easy. A table with its title is able to explain itself. But it is often accompanied by a paragraph or two focussing attention on its important features.

B. Statistical Analysis of data:

a. Percentage: The percentages are great aid to communication through simplification. When proportions are expressed in multiples of 100, they are percentages.

The purpose of using percentages (and ratios proportions as well) is to simplify the problem of comparison. It is important, therefore, to see exactly what their use implies so that they will not be misused form. Second, percentages reduce two frequency distribution to a common base, thus making comparison much simpler.

b. Mean: Arithmetic mean is a most popular and useful measure of central tendency. Generally, when we talk of ‘average’, it signifies
arithmetic mean. It is defined as the sum of values of a group of items divided by the number of items.

One of the limitations of the arithmetic mean is that it gives equal importance to all the items. But there are cases where the relative importance of the different items is not the same. When this is so, we compute weighted arithmetic mean. The term ‘weight’ stands for the relative importance of the different items. The formula for computing weighted arithmetic mean is:

\[ \bar{X}_w = \frac{\sum wx}{\sum w} \]

where \( \bar{X}_w \) represents the weighted arithmetic mean; \( x \) represents the variable values, i.e., \( x_1, x_2, ..., x_n \).

\( W \) represent the weights attached to variable values, i.e., \( w_1, w_2, ..., w_n \), respectively.

c. Standard deviation:

Standard deviation measure of dispersion was first used by Karl Pearson in 1898. It is by far the best and widely used measure of dispersion. It is useful because it is free from those defects from which the earlier measure of dispersion suffered. It satisfies most of the properties of good measure of dispersion.
From Mean:

\[
\delta_x = \frac{\sum|D|}{N}
\]

Coefficient of \(\delta x = \frac{\delta x}{X}\)

Standard deviation is the squares of all the deviations taken from mean. That is why it is shortly known as root mean squares deviation. It is denoted by the small Greek letter \(\sigma\) (read a sigma)

d. Student's 't' - Test:

Sir William Gosset divided a theoretical distribution. The quantity \(t\) is defined as

\[
t = \frac{(\bar{X}-\mu)}{S/\sqrt{n}}
\]

where

\(\bar{X}\) = mean of the sample

\(\mu\) = mean of the parent population from which sample has been drawn

\(S\) = the Standard deviation of the sample

\(n\) = the number of observation in the sample.
the average weighted mean $S_{\omega} \bar{x} = 2.9$

Standard deviation and $t$-test are calculated by SPSS/PC$^+$ Programme.