CHAPTER VI

SUMMARY AND CONCLUSIONS

The drug epidemic has become a spreading wild-fire catching on from urban elite to rural youth. It is not confined to any specific geographical area or social class. It has taken as its toll a whole generation, perhaps more, and one cannot dare imagine how many more will become its victims. Drug abuse, one of the most serious challenges of contemporary societies, is a multi-faceted phenomenon with combined effects of social and psychological factors. The phenomenon is widespread and complex and what is most tragic is that majority of drug victims are youths, the lifeblood of our nation, studying in schools, colleges and universities. Once these youths are addicted to drugs, they begin to skip schools, their grades drop and finally they drop out of schools or colleges. What the present century has witnessed is the dehumanisation of youths, with their anxiety, their depressions, their fears, disillusionments and frustrations. There is every reason to be alarmed.

Mizoram has been overwhelmingly affected by the growing drug menace. What is popularly called the “Drug Invasion” started in the early eighties and has since then taken a very heavy toll of young lives. The approximate number of deaths due to drug overdose according to the Mizoram Excise Official Report (from 1984 to December 1998) was 338, with 29 of them being females. Out of the estimated 3,500 drug addicts in Mizoram, about ninety percent were identified as proxyvon users. Since about 1990, the new trend in drug abuse was the use of proxyvon, which is medically used as a pain-killer. The lives of innumerable youths have been affected educationally, since the continued intake of drugs invariable disrupts normal academic life and prevents many young people from continuing with their studies.

The alarming growth rate of drug abuse in Mizoram and the innumerable havoc it has created in the lives of the Mizo youths is considerable, particularly because they are the future human resources of the country. Considering the enormity of the problem and the seriousness of the situation, it is unfortunate that a full-scale research in this line has not been undertaken in Mizoram so far. Innumerable surveys and field studies have been taken up in the past but these are not thorough or in-depth studies aimed at diagnosing the root cause of the problem or the complex reasons and motivations leading to drug use and abuse. Any attempt at fighting the drug menace or at least even in reducing the spreading epidemic will be effective if one cares to look at the underlying causes and identify the far more serious and deep-rooted social and psychological factors afflicting the youth.
It is hoped that the study of social and psychological correlates of drop-outs abusing drugs will provide information and insight into the vital factors involved in the entire gamut of the drug use which eventually sucks them into the whirlpool of drug abuse and drug dependence and ultimately makes them drop out of the educational mainstream.

The habit of abusing drugs and dropping out from the mainstream of academic life leads to the possibility of developing a permanent personality disorder associated with maladaptive behaviour like delinquency, rebelliousness and other anti-social behaviour. This also poses a serious threat for the society and the future of the nation. For management of the problem, one must be equipped with appropriate and adequate knowledge of factors leading to drug abuse and how drugs affect the users mentally, emotionally, morally, socially, etc. However, the effectiveness of any strategy adopted will depend on the identification of associated psycho-social problems.

The study of parents' perception of and attitudes towards their drug abusing and dropped out child is expected to diagnose possible disequilibrium in parent-child relationships and establish the importance of parental attitude and positivity in handling their child’s drug problem.

The study of the socio-psychological factors of drop-outs (13 - 18 years) in relation to drug abuse in Mizoram was carried out with the following objectives:

1. To identify the psychological factors related to drug abuse in drop-outs (13 - 18 years) of Mizoram.
2. To identify the various social factors contributing to drug abuse in drop-outs (13 - 18 years) of Mizoram.
3. To find out the type, nature and pattern of drug abuse in drop-outs (13 - 18 years) of Mizoram.
4. To find out the difference between different groups of drug abusing drop-outs on psychological factors.
5. To find out the differences between male and female drug abusing drop-outs on the above factors.
6. To identify differences between the psychological and social variables for different educational levels of drug abusing drop-outs.
7. To study the parental perceptions, awareness and attitudes towards their drug abusing children.
8. To study the various measures taken up in Mizoram to check drug abuse and extent to which these measures have succeeded.
The following null hypotheses were formulated for the present study:

1. Various psychological factors are not responsible for drug abusing drop-outs.
2. The social factors do not influence the behaviour of drug abusing drop-outs.
3. There is no variation in the type, nature and pattern of drug abuse in drop-outs.
4. There is no statistically significant difference between the Hard-core and Casual drug abusing drop-outs on psychological factors.
5. There is no statistically significant difference between the male and female drug abusing drop-outs on the above factors.
6. There is no statistically significant difference between the psychological and social variables for different educational levels of drug abusing drop-outs.
7. Parental perceptions, awareness and attitudes are not important factors in the drug abusive behaviour of dropped out children.
8. Effective measures have not been taken up in Mizoram to check drug abuse.

The drop-outs in the study referred to adolescents between the ages of 13 - 18 years whose educational careers were disrupted due to drug use and were therefore no longer in the mainstream of academic life. They included both school drop-outs and college drop-outs. The concept of drug abuse meant the misuse of all kinds of drugs, legal and illegal and their consumption apart from medical need.

For studying the psychological factors of drug abusing drop-outs, the fourteen dimensions of personality measured by HSPQ were taken up. These were reserved vs. warm-hearted, less intelligent vs. more intelligent, affected by feelings vs. emotionally stable, undemonstrative vs. excitable, obedient vs. assertive, sober vs. enthusiastic, disregards rules vs. conscientious, shy vs. adventurous, tough-mined vs. tender-minded, zestful vs. circumspect individualism, self-assured vs. apprehensive, socially group dependent vs. self-sufficient, uncontrolled vs. controlled, relaxed vs. tense.

The variables taken up for studying the social factors contributing to drug abuse in drop-outs included the living conditions, the family income, parental education, educational status and performance, peer involvement and friendship patterns, home environment and parental care, participation in social activities, religious affiliation and church involvement, and physical health.
The sample of the study consisted of drug abusers falling in the age-group of 13 - 18 years who were no longer pursuing academic life and had dropped out from schools or colleges. Seventy percent of such drug abusers were found in de-addiction and rehabilitation centres where they were undergoing treatment and after-care. The other thirty percent were personally approached in the confines of their homes.

Though the study covered both male and female drug abusing drop-outs, males far out-numbered females. This may be attributed to the greater susceptibility of males to social vices due to increased exposure and social sanctions and taboos attached to women. Due to these and other reasons, the number of females approachable for the study were only 16 whereas males constituted 129 of the total sample of 145 drug abusing drop-outs whose cases were studied in detail.

Since Aizawl district has the most number of drug abusers, 120 of the total sample of 145 dropping out drug abusers were drawn from this district and the remaining 25 were from Lunglei and Chhimtuipui district.

Attempt was made to ensure attainment of maximum information from the respondents not only about their immediate social environment but also of more personal and sensitive issues relating to and leading to drug use and abuse. Keeping in view the objectives of the study, the sample size, the need for confidentiality in researching a sensitive problem like drug use and abuse, a number of tools of data collection became the obvious choice.

The case study schedule was designed, constructed and edited to incorporate information on social aspects like family, scholastic, companionship, psychological and recreational aspects relating to the drug abusing drop-out. The questions were formulated taking into consideration the socio-cultural and economic background of the Mizo people with their peculiar ways, customs and practices. The case study schedule covered variables such as personal data, habitat and living conditions, parental status and deprivation, family background, intrafamilial relationship, socio-economic status, educational career of subjects in retrospect, friendship patterns, stressful experiences and their effects, social involvement, religious involvement, dress habits and language usage, recreational interests and preferences and health status.

The magnitude, scale and intensity of drug intake was assessed through a drug data sheet. The information elicited through it consisted of types of drugs taken, frequency of drug intake, age at initiation into drugs, reason for taking drugs, company with whom drugs taken, source of getting drugs, means of meeting drug expenses, present usage and future intentions for using drugs.
The HSPQ measures fourteen distinct dimensions of personality which have been found by psychologists to come near to covering the total personality. This test was used to get the information about the personality dimensions of the subjects.

With the objective of assessing parents’ personal relationships with their drug abusing dropped out child, their awareness of and sensitivity to the problem, their reaction to it and their subsequent handling of the problem, a questionnaire was administered on parents which focused on the details of drug abusing children who no longer attended schools or colleges, parents’ perception of child’s traits and qualities, detection of child’s drug use and mode of detection, initial reaction and subsequent steps taken for prevention and recovery, behaviour problems of drug abusing child, familiarity with child’s peer association, effects of child’s drug use on his/her education, and perception of child’s interests and urges.

To review the various drug abuse prevention strategies that have been adopted in Mizoram since 1991, an Information blank was given to the existing de-addiction and rehabilitation centres to get detailed information about their financial sources and expenditure, sufficiency and quality of staff, statistical report of the centre since 1991, recreational facilities, rehabilitation programmes and outstanding problems faced by them.

The first phase of data collection consisted of locating and contacting drug abusing drop-outs. The information was first collected from different schools and colleges in Mizoram about the drop-outs between the age of 13 - 18 years. The drop-outs who had some history of drug abuse were then identified from these lists. Apart from those who were institutionalised in de-addiction and rehabilitation centres, other dropping out drug abusers were traced and contacted taking the help and assistance of Village Council members, leaders of Young Mizo Association (Y.M.A) and Village Defence Party members. Questionnaires were administered after striking rapport with the subjects.

The second phase of data collection was that of contacting parents of drug abusing drop-outs and administering questionnaires on them.

For the final phase of data collection, Information blank was given to all the de-addiction and rehabilitation centres and homes in Mizoram. All the centres contacted were helpful, extending their wholehearted co-operation.
The statistical techniques employed for analysing data from the case study schedule, the questionnaire for parents and the Information blank for de-addiction centres and rehabilitation centres were the frequency counts converted into percentage responses. The chi-square test was applied for testing the significance of differences on the various social dimensions of the variables for the total sample, between the two sexes and between educational levels of drug abusing drop-outs. Chi-square values were worked out on the assumption of equal probability of occurrence of responses of different types.

To make comparison on fourteen personality variables under different groups, t-test was used to test significance of differences. Modal values were used to describe the personality profile of the drug abusing drop-outs. It was felt that the use of modal values would best represent the personality dimensions of the drug abusing drop-outs as it could give information about most typical scores obtained by them on a particular continuum. These modal values have been discussed with reference to the Tabular Supplement for HSPQ for form A. In certain areas where such tests were not applicable, responses were placed in order of ranks.

Abuse of drugs does not receive any sanction — socially, medically or legally. The limitation imposed due to this was of great significance. Most drug abusers did not make themselves readily available for study and were initially reluctant to share their thoughts, feelings, experiences and impart information about their drug habits. Patience, time, energy and tact had to be continuously expended for acquiring reliable and relevant information during the entire phase of data collection. Parents of drug abusing drop-outs were equally difficult to approach as most parents were not willing to openly admit the drug habits of their child. This was another limitation of the study.

The size of the sample for the study was considerably limited because the study attempted to take case studies of individual cases and covered only the age-group 13 - 18 years.

VI.1 CONCLUSION

In accordance with the null hypotheses formed, the following conclusions have been made:

To test the first hypothesis, the psychological dimensions of drug abusing drop-outs were tested on the fourteen dimensions of the Junior - Senior HSPQ and it was concluded that drug abusing drop-outs were found having reserved personality. They were generally of low intelligence level; of average temperament on emotional
stability; and had average excitability. The statistical analysis showed them to have submissive personality; inclined to be sober and serious; and expedient with a tendency to evade rules. They were average on shyness, apprehensiveness, tension and self-disciplined control. The analysis also indicated a doubting, individualistic trait of the drug abusing drop-outs and they were highly self-sufficient.

On analysing the various social factors influencing the dropping out behaviour of drug abusers to test the second hypothesis, and thus rejecting the null hypothesis, it was found that:

- Male drug abusing drop-outs significantly outnumbered their female counterparts, may be because of greater susceptibility of males to drugs and more exposure to social vices.
- In the age range of 13 - 18 years, the occurrence of drug abuse and dropping out was significantly higher at 16 - 18 years age group.
- Urban birth and urban upbringing were identified as significant factors leading to drug abuse and dropping out.
- A significantly higher percentage of drug abusing drop-outs came from homes which did not provide sufficient living space. The buildings they resided in housed two to five families or even more. The living quarters were reportedly congested, crowded and lacked privacy. Though the living conditions of the subjects were acceptable, significantly larger percentage of drug abusers reported dissatisfaction with the quality of their living and wanted a change of place.
- Parental deprivation either due to death or separation was found to be there in forty-one percent of the drug abusing drop-outs. There were 62.50 percent respondents who had suffered parental deprivation at or below the age of fifteen years. Two reasons with significantly higher percentage of respondents were incompatibility and father’s heavy drinking habits. With parental deprivation occurring early in life for most of them, this was considered a significant factor in the subjects’ drug use behaviour and dropping out from the educational mainstream. A significantly higher percentage of subjects from broken homes were living with their mother.
- There was no significant trend in the age composition of the subjects as separation and divorce of parents occurred at all age groups.
- A significantly higher percentage of the fathers of drug abusing drop-outs were found to have only school level education. Mothers were comparatively even less educationally qualified than the fathers, 94.49 percent of them being educated up to different levels of school education only.

- The home environment of the drug abusing drop-outs was generally not conducive to the wholesome development of the adolescents. The family members of the drug abusing drop-outs were found indulging in drinking (54.49 percent), smoking (86.90 percent), taking drugs (10.34 percent) in addition to father’s long absence from home (16.55 percent) and drunken bouts of violence at home (21.38 percent).

- There were significantly higher, 54.48, percent parents who were lenient to their drug abusing children thus overlooking their faults and misdoings. However, 20.69 percent of parents were reported to be harsh. Lack of concern and personal care was revealed by 24.83 percent parents by being indifferent to their children.

- Keeping in mind the family structure among Mizos, 57.93 percent respondents who came from families with four to six family members were from the nuclear families. The drug abuse and dropping out behaviour was thus significantly more prevalent in nuclear and disjointed families than in large extended families.

- It was found that 26.81 percent of drug abusing drop-outs belonged to families which were regulated and controlled by neither father nor mother but by some other members in the family. A significantly higher percentage of families of drug abusing drop-outs where father wielded no authority due to absence or weakness was over fifty-one percent.

- A significantly higher 51.72 percent respondents feared the father most of all than other members of the family.

- Family discord characterized 68.97 percent of homes of the drug abusing drop-outs. Family members involved in fights and quarrels in such homes were mainly the siblings, the father and the mother.

- The phenomena of drug abusing and dropping out cut across all socio-economic classes. However, prevalence was found to be 82.76 percent among the Middle and Low-income groups.

- The dropping out behaviour among drug abusers was found highest (31.72 percent) at class X followed by 24.14 percent at Pre-University or Higher Secondary level. The levels below class X recorded lower incidence of dropping out due to drug abuse.
While English ranked first as the liked subject of study, Mathematics was the top disliked subject. Science was at second rank among both liked and disliked subjects. Hindi was the third disliked subject. The most prominent reason given for dislike of these subjects by the respondents was difficulty in understanding the subject matter (49.58 percent).

Although significantly higher 84.82 percent of the respondents had completed the second last session of studies which they attended, only 16.55 percent had passed in the last examination and 24.83 percent did not complete the final year. In tracing the events leading to educational disruption, it was found that the drug habit, developed at some stage of their studies for a very high percentage of the subjects, interfered in their studies leading to lowered academic performance and finally disrupting education.

Participation in Games and Sports was the most liked activity for almost all the respondents.

Punishments were reportedly received by 51.04 percent of the subjects during the period of education. Punishments frequently received included sitting or standing with raised hands, corporal punishments like beating, caning etc., detention, paying fines, pulling ears during sit-ups and kneeling with raised hands.

Before they left the educational mainstream, certain persons in the educational institution such as a teacher, a classmate, a schoolmate or the Principal was often a focus of dislike and resentment for all the drug abusing drop-outs. Teachers or Principals were profiled as harsh, strict, dominant and unjust. They were described as scornful and bad-tempered. Classmates and schoolmates were disliked because of personal differences. These interpersonal conflicts could have acted as catalytic agents in the drug abuse and dropping out behaviour. There were 64.11 percent subjects who harboured feelings of animosity for the educational institution they were attending. Such subjects searched for escape from the routine of school or college life and drifted into the habit of drug use.

Looking into their friendship patterns, it was found that almost Ninety eight percent of the drug abusing drop-outs were found moving in the company of some friends. A very insignificant two percent preferred having no friends. A significantly higher 69.65 percent drug abusing drop-outs obviously chose friends with whom they could identify themselves and pursue shared interests because drug abusing behaviour is largely a shared experience. Relaxation and listening to music was the top ranked activity enjoyed in the company
Moreover, the approximate number of hours spent daily with friends by the subjects indicated a high degree of peer association. Although significantly as high as 51.03 percent respondents spent three to four hours with their friends, there were another 20.69 percent of them who spent five to six hours with their friends. Involvement in gang activities was to the extent of hundred percent in the dropping out drug abusers. The highest 46.52 percent preferred gangs of 3 - 7 members. The types of activities pursued by the gangs such as drinking, taking drugs, smoking cigarettes, playing truant, etc. were not conducive to learning.

Stressful experiences leaving deep mental, emotional and physical imprints were reported by fifty one percent of the drug abusing drop-outs. These included deaths in the family, initial drug use and the psychological and physiological trauma it caused. Parental conflict leading to divorce and remarriage of a parent, father’s heavy drinking followed by bouts of violence and so on. Evidently, these experiences sowed the seeds of discontentment, fear, insecurity and frustration paving the way not only for drug use but eventual fall-out from the educational mainstream.

- Though all the drug abusing drop-outs were members of one or more social organisations, they did not participate actively in their activities. There were 82.28 percent of them who were members of Young Mizo Association (YMA).

- Almost seventy seven percent of subjects belonged to the Presbyterian Church because this is the dominant church in Mizoram. However, the subjects studied represented almost all churches and religious groups active in Mizoram. An insignificant 3.45 percent of drug abusing drop-outs did not belong to any church. A significantly very low 17.93 percent of the subjects participated in their church activities which indicated religious passivity and indifference. Only 2.76 percent reported regular church attendance and thus low religious affiliation was significantly related with the phenomena of drug abuse and dropping out.

- A significantly high 64.82 percent of drug abusing drop-outs felt most comfortable wearing casual clothes. The use of slangs in their everyday language usage was reported significantly by as high as 68.27 percent of them.

- It was evident that significantly more i.e. 52.42 percent subjects spent two to three hours on selected forms of entertainment and recreation like listening to music, watching television shows and video films, playing
video games, etc. The length of time reportedly spent on these activities could not have been complimentary to academic life.

- The subjects showed little inclination for serious reading. Though length of time normally spent on reading seemed protracted, the kind of reading materials selected were mainly light reading materials ranging from newspapers and comics to novels and magazines.

- A significantly high percentage (55.17) of drug abusing drop-outs liked outdoor games. Football, carrom and badminton were the three top ranking games liked by them.

- There was not much indication that physical ill-health had contributed to the phenomena of drug use and educational disruption. Reported frequent consultation in the preceding two years prior to dropping out were insignificantly 4.81 percent only. Though 26.20 percent respondents reported about hospitalisation in the preceding two years prior to dropping out, 52.63 percent of them had drug related illness. The ailments like headache or migraine, skin ailments, stomach problems and chest or lung problems were the top four ranked ailments common among the respondents.

An analysis of the drug use behaviour using the Drug data sheet led to reject the third null hypotheses and conclude that:

- There was clear indication of multiple drug use by the drop-outs. The kind of drugs most commonly abused such as proxyvon, nitrosun, corex, coscopin, phensedyl, etc. were mainly pharmacological drugs ordinarily used for medical purposes. The cough suppressants like corex and coscopin were the drugs first tried out by the highest number of subjects. Such pharmacological drugs were easily available in the open market but were hitherto banned by the State Government because of their widespread abuse. Other than these pharmacological drugs, cannabis (Ganja) was a common drug of abuse by the subjects.

- The drug intake of 97.93 percent subjects increased steadily after the initial intake with over sixty percent of them becoming Heavy users of drugs. Only a little over six percent remained Occasional drug users.

- Drugs were taken by more than seventy two percent subjects in the company of others because they provided the social climate and companionship desired by the subjects. Out of these, 99.04 percent subjects reported the friends as the persons with whom drugs were taken.
Age at initiation into drugs was between 14 to 16 years (36.55 percent) followed by 16 to 18 years (29.66 percent) age-group. At these age-groups, normally the peer association increases. Thus, over eighty percent of the subjects found themselves introduced into drug usage by friends. Considerable peer influence was evident in the subjects' first experience with drugs as significantly high percent (85.51) reported that friends were the source of initiation into drugs.

Among the varied reasons given for drug use by the drop-outs, curiosity (46.20 percent), peer pressure (17.24 percent) and taking drugs for mere thrill (13.80 percent) were prominent. However, the many stressful experiences which the subjects reported as having deep emotional, mental and moral impact on their lives suggest that these indicated reasons were simply the more immediate causative factors which pulled the majority of them into the drug circle. Evidently, the deep-seated psychological afflictions experienced in the earlier part of their lives may have made the subjects susceptible to drugs and were thus more easily drawn into the net of drug use and abuse.

As high as 86.90 percent of drug abusing drop-outs were taking drugs by intravenous means and 75.17 percent reported their oral use. Smoking and sniffing were the other but less common modes of drug use. Proxyvon, the most abused drug, was diluted with water and injected into the veins.

It was evident that the subjects resorted to various desperate measures to acquire money for buying drugs. The means commonly adopted other than the use of pocket money (40.00 percent) were stealing, extortion and selling personal or family possessions.

A significantly high, 89.97 percent, of the drug abusing drop-outs expressed their genuine desire to give up drugs and resume normal life. Only about eleven percent stated their intentions to continue using drugs because giving up drugs was psychologically and physiologically painful for them.

In connection with the fourth hypothesis that there is no statistically significant difference between the Hard core and Casual drug abusers on psychological factors, the following conclusions were drawn:

Though all three groups of drug abusing drop-outs i.e. Heavy abusers, Moderate abusers and Occasional abusers were found generally having reserved personality, the Occasional abusers of drugs were comparatively more reserved than the other groups.
It was found that the greater the use of drugs, the lesser was the level of intelligence. The intelligence level of drop-outs with heavy drug intake was below average.

The drop-outs of various drug intake levels were all found to be average on the personality variables of Emotional stability and Excitability.

Heavy drug abusers had submissive personality whereas Moderate abusers and Occasional abusers were average on this personality factor.

All the three groups of drug abusers were found having serious and sober personality. However, the drop-outs with moderate drug usage were found most serious and taciturn while Occasional abusers were less serious. The Heavy abusers were the least sober and serious.

Among the three groups of drug abusing drop-outs, the Moderate abusers were found having weak super ego-strength whereas the Heavy abusers and Occasional abusers were average on this variable of personality.

The Occasional drug abusers had a more venturesome and uninhibited personality while the Moderate abusers and Heavy abusers of drugs were less bold and venturesome.

Comparatively, the Occasional drug abusers were more dependent and sensitive than the Moderate abusers and Heavy abusers of drugs.

The Occasional drug abusers were found to be individualistic and internally restrained while Moderate abusers and Heavy abusers were average on this variable of personality.

The Occasional drug abusers had very worrying and depressive personality which was found at a lesser degree in Heavy and Moderate abusers of drugs.

The Heavy abusers and Moderate abusers had less undisciplined conflict than the Occasional drug abusers.

Among the three groups of drug abusers, the Moderate abusers were found least frustrated followed by Heavy abusers while the Occasional abusers experienced more tension and frustration.

Partially rejecting the null hypothesis that there will be no statistically significant difference between the male and female drug abusing drop-outs, the conclusions made were as follows:

Drug abuse and dropping out phenomena occurred at higher age level for females than for males. Most female drug abusing drop-outs taken up for the study were in the age-group of 16 - 18 years whereas 7.75
percent male drug users were found significantly below this age-group. The differences however were not statistically significant.

- Mother’s educational status was found to be significantly lower for male drug abusing drop-outs than for dropped out females abusing drugs.

- In the retrospective study of the educational career of drug abusing drop-outs, more than half of both sexes of the subjects had failed in the second last academic session they attended before dropping out. However, a significantly higher percentage of male than female subjects did not complete the session while a significantly higher percentage of drug abusing females had passed it.

- A significantly higher percentage of female drug abusers were spending more time on reading than male subjects.

- On the various ways and means resorted to by the drug abusing drop-outs for acquiring money to buy drugs, males and females differed significantly. Males were found more open to dishonest and immoral ways like stealing, lying, selling personal and family possessions, etc. Females were found resorting to less notorious methods like extorting money from family members, making contribution with friends and using pocket-money.

The differences between the drug abusing drop-outs of the two sexes in terms of habitat, parental deprivation, educational status of father, parental treatment, family income, types of punishment received, peer associations, stressful experiences, social and religious involvement, types of entertainment, physical health, types of drugs abused were not statistically significant.

On the basis of the null-hypothesis formed on the extent of differences on various social dimensions of drug abusing drop-outs of different educational level, it was concluded that:

- The drug abusers who dropped out after matriculation or above were generally found to come from homes which were significantly less congested and provided more living space.

- It was also found that the educational level of the fathers of drug abusers who left their studies later was significantly higher than those who left their studies earlier. The mothers of those drug abusing drop-outs who studied beyond matriculation were significantly more educated than those who left their studies before completing high school.
A significantly higher percentage of drug abusing drop-outs from high income group had above matric education compared to those from low income group. Amongst those drug abusers who left their education before completing high school, a significantly higher percentage was from the low-income group than those from the high-income group.

It was evident that a significantly higher percentage of drug abusers who continued their studies after high school received less punishment than those who stopped their education earlier.

Drug abusers who left their education before completing high school were found having a significantly stronger dislike for classmates or schoolmates, teachers or principal than those subjects who continued studying after high school. The percentage of those who disliked their educational institutions was significantly higher for those who left education before matriculation.

On assessing the effects of stressful experiences on educational levels, a statistically significant number of drug abusers who left their education before high school felt that stressful experiences affected them psychologically, educationally as well as in their inter-personal relationships. Those who continued studying after high school were less affected by stressful experiences.

With regard to social involvement, those drug abusers who left the educational mainstream early had significantly higher involvement in social activities than those who left at a later stage.

It was found that the educational level of subjects had significant relationship with the type of drugs abused. For those who had not passed matric, proxyvon abuse was significantly higher than those who were above matric. Evidently, the subjects belonging to the higher educational level were experimenting with other drugs.

In ascertaining the association between different educational levels and age at initiation into drugs, it was found that those who were initiated into drugs earlier were the ones who left their studies significantly before completing high school.

Significant difference was discernable for different educational level of drug abusers on the various ways and means resorted to for acquiring money to buy drugs. The incidence of stealing and resorting to other dishonest means, extracting money from family members, etc. was higher among the drug abusers who
continued after matric whereas the habit of selling personal and family possessions was significantly higher among those who left their education earlier.

On other variables like age-characteristics, rural - urban birth and upbringing, quality of housing, educational performance, peer association, religious affiliation, forms of entertainment, physical health, frequency of drug intake, motivation for using drugs and to giving up drugs, the differences between the two educational levels were not found statistically significant.

A comparison was made on the personality dimensions of drugs abusing drop-outs after dividing them into groups formed on social variables studied. The following conclusions were made about them:

- The male drug abusing drop-outs had a significantly higher mean score than their female counterpart which showed that they were comparatively less obedient and less conforming.

- Drug abusers who had dropped out and belonged to medium size family were significantly less sober and serious that drug abusers belonging to large-size family.

- On the personality variable of Submissive - Dominance, the drug abusing drop-outs coming from small size family were significantly more assertive, independent, aggressive and stubborn than those coming from large-size family.

- The drug abusing drop-outs having divorced parents were found to be significantly more doubting, obstructive, individualistic, internally restrained and unwilling to act as compared with drop-outs having deceased parents.

- The drug abusing drop-outs having deceased parents were found significantly emotionally less stable, affected by feelings and easily upset than drug abusers with normal parents.

- The subjects belonging to the high income group were significantly less shy and restrained than those coming from the middle income group.

- The subjects having illiterate fathers were significantly more excitable, impatient, demanding and over-active than those having school-educated fathers, whereas the drug abusing drop-outs having school educated fathers were significantly more sober and serious than those with illiterate fathers.

- The drug abusing drop-outs with illiterate fathers were comparatively emotionally less stable, easily upset, and affected by feelings than the subjects having under graduate fathers. The former group were also found
having significantly more undisciplined self-conflict, following their own urges and being careless of protocol than the latter group.

- Drug abusers dropping out from school with school educated fathers were found less intelligent than those having under graduate fathers. The first group of subjects were also more inactive than the second group of subjects. Those with school educated fathers were also more sober, prudent and serious than subjects with under graduate fathers.

- Drug abusing drop-outs with school educated fathers were significantly found more inactive and stodgy than those with graduate and above educated fathers. The first group were also more serious, sober and prudent than the second group.

- In a comparison between subjects having under graduate and above educated fathers, the latter were found significantly less intelligent than the former group. The latter group were also significantly more emotionally stable, calm and able to face reality than the former group of subjects.

- On the variable of ego-strength, drug abusing drop-outs with illiterate mothers were found to be significantly more evaders of rules and feeling fewer obligations than drug abusing drop-outs with school educated mothers. At the same time, subjects with school educated mothers were more tough-minded, self-reliant and realistic than the subjects with illiterate mothers. A greater degree of feeling to follow own urges and being careless of protocol was found among subjects with illiterate mothers.

- Subjects whose mothers were illiterate were significantly more reserved, detached and cool than those whose mothers were graduates and above. The former group were also found more prudent, serious and sober than the latter group.

- The drug abusing drop-outs with illiterate mothers were comparatively less self-reliant and realistic than those with under graduate mothers.

- The lower mean score obtained by drug abusing drop-outs having under graduate mothers indicated that they had significantly higher feeling to follow their own urges and were careless of protocol than the drug abusing drop-outs having school educated mothers.

- The drug abusing drop-outs having school educated mothers were significantly more sober, and serious than those having mothers who were graduates and above.
In a comparison between subjects with under-graduate mothers and graduate and above mothers, the former were more apprehensive, worrying, depressive and troubled than the latter group.

In the test of significance of differences for different social dimensions of drug abusing drop-outs, no significant difference was found on any personality factor between drug abusers of different educational status; of those belonging to medium-size family and small-size family; of subjects having divorced parents and normal parents; of those from low income group and high-income group families; and of those having illiterate fathers and those with graduate and above educated fathers.

Analysis was made of the drug abuse and drop-out phenomena in relation to parental awareness and perception of the problem and the following conclusions were made:

- More than half of the drug abusing drop-outs (56.55 percent) in the sample were found belonging to families having two to four children which is a normal feature of Mizo families. However, over seventy five percent of them were either first born or middle born.

- Parents’ perception of the reasons for their child dropping out from the academic mainstream was not substantiated by the child’s reported reasons for leaving studies before completion. This showed an imbalance of parent-child relationship. Moreover, 44.83 percent of parents were not even able to objectively assess their child’s positive or negative qualities. Such lack of familiarity with one’s child probably reflects the deteriorating familial relationship formerly characterized by warmth, affection and communicativeness.

- A high percentage of 73.10 percent parents had detected their child’s drug usage only after six months to two year after the habit had developed. This also showed parental ignorance and apathy. Symptoms of the child’s drug usage became visible to 50.03 percent parents only after significant changes in behaviour and activities had appeared. Another 23.45 percent parents noticed signs of drug use by noticing needle marks, blood stains and changes in the personal appearance of the subjects. The close friends and neighbours of 18.62 percent drug abusers had reported about it to their parents.

- Parents were fond resorting to various desperate measures to stop their child’s drug habits. 93.10 percent parents used non-violent disciplinary measures to check the drug habits of their ward. Though most of those measures were taken up by the parents with the best of intentions, it was disappointing to find that just one parent took keen and personal care of the drug abusing child and tried to develop new interests in the
VI.2 PROBLEMS OF DE-ADDICTION AND REHABILITATION CENTRES

With regard to the functioning of the de-addiction and rehabilitation centres in Mizoram, it could be concluded that the existing de-addiction and rehabilitation centres are beset with problems of various kinds which have hampered their effective functioning. From a first-hand observation and information elicited through the Information blank, the prominent problems reported included the following:

i. **Shortage of Staff**: Almost all the centres were found understaffed. Absence of trained and dedicated personnel, particularly at the higher level, was a prominent problem faced in all the centres.

ii. **Financial Hardships**: Financial shortage was a grinding problem in all centres. The staff in most centres except those maintained by the State government, were given nominal pay. Looking after drug addicts required long hours of dedicated service. With the meagre pay being offered and with much zeal absent in most workers, permanency of staff could not be maintained.

iii. **Transport and Communication Problems**: The existing de-addiction and rehabilitation centres were located in isolated areas far from the crowded places of habitation. The approach roads to these centres were mostly kutchta roads where access became extremely difficult especially during the rainy season. The more fortunate centres, owned at best, one vehicle which was often not available for use as complained by the staff. Most centres did not have telephone links. The few who did have could not make proper utilisation due to constant inoperability of telephone lines.

iv. **Difficulty in Adjustment**: Some centres occupied rented buildings which were far from ideal. They were not suitably located or built for the purpose. Most of the inmates who entered the centres to receive treatment had to do with unaccustomed and uncomfortable living conditions which built up resentment and animosity towards the place and people. Such discomforts were tolerated for as little time as possible. Inmates running away from the centres before completing their treatment was a common phenomenon.

v. **Public and Governmental Apathy and Lack of Concern**: Some centres complained that the State government as well as the public were not sufficiently motivated in drug prevention and rehabilitation programmes. Apathy and lack of concern showed by them was a limitative factor. Even parents often did not co-operate with their child’s drug treatment programmes which reduced the chance of permanent or even temporary cure.
vi. Inadequacy of Rehabilitation Programmes: The type and nature of rehabilitation programmes available determines to a large extent the recovery of the addict — emotionally, psychologically, physically and socially because the aim of rehabilitation is to free the addict from the influence of drugs and enable him to resume normal life in society. The main problem faced by the centres in the rehabilitation process was the absence of dedicated volunteers and competent and qualified persons to impart the required skills, knowledge, training and values to the addicts. Most programmes were taken up half-heartedly and then abandoned before they could have the desired effects. The daily routine set for the inmates was not well-planned and they were left much to their own devices. The addicts required personal care and attention which most centres failed to provide. Warm and friendly interpersonal relationships were not built up which is essential in curing a drug patient. Moreover, the programmes provided were not suitably diversified to cater to differing needs and interests.

vii. Lack of Recreational Facilities: Gradual involvement of a recovering addict in some recreational activities will not only prevent relapse but also help personality development leading to full recovery. All the centres were inadequately equipped with the required facilities. Advanced audio-visual equipments and entertainment media were absent in most centres. The common-place items invariably found in all centres were television sets, tape-recorders, radios, guitars and local drums. The indoor recreations available at all centres were the usual carrom board, chinese checkers and draugh board. Five centres possessed table tennis equipment. Facilities for playing football, volley ball and basket ball were available in most centres. Few book shelves were maintained by some centres containing books which were neither appealing nor appropriate for the inmates.

viii. Absence of Family Counselling Sessions: Family Counselling sessions are an extremely essential part of a treatment process because the drug abusive behaviour is often the projection of the internal conflict within the family. Family mal-adjustments stood out as one factor responsible for drug abuse. There seemed to be a direct relationship between proneness to addiction and disturbances in normal family relationships. Once the addict entered the de-addiction centres, he became isolated from the family except for the occasional visits of family members permissible. Thenceforth, the entire process of treatment and recovery was considered the sole responsibility of the centres. Thus, the centres did not provide any family counselling sessions.
VI.3 SUGGESTIONS FOR TREATMENT AND PREVENTION OF DRUG ABUSE

The suggestions for treatment and prevention of drug abuse have been given below under different headings.

i. PREVENTION AND TREATMENT AT FAMILY LEVEL. The present study found a direct relationship between proneness to addiction and mal-adjustments and disturbances in normal family relationships. This substantiated the findings of Blum and associates (1970) and Streit (1973). Many abusers of drugs who had dropped out of studies hailed from families characterized by mal-adjustment, conflicts and low communicativeness. Youngsters belonging to such families sought refuge in drugs. Thus it is the prime duty and responsibility of the parents to help teenagers avoid drugs. Many parents were often lost in their role of a strict disciplinarian aimed at streamlining their children. They forget to communicate their feelings of love and affection. Parental expression of love and concern is very important. Regular communication will provide much needed companionship to the child which they would otherwise seek outside the home. Parents must devote time to their children and learn to do things together. The quality of time spent with one’s child matters, not the quantity. Parental warmth must also extend to the child’s friends and playmates.

Children never learn what parents preach to them, rather they take up only those roles which they see in their own parents. Parenting and role of modelling are being perceived as important factors in initiation of drinking and drug taking behaviour. Parents must make their expectations clear so that there is no confusion as to what parents want out of the child. Parents should educate their children about the ill-effects of drugs and addiction.

In the treatment of addicts, it is believed that family involvement can reduce substance abuse percursors and early signs of abuse. The role of the family in the treatment for addiction is being increasingly recognised. In the Mizo society, where the orientation and emotional attachment to the family is relatively strong, the role of the family in treatment takes on increasing importance and could be an influential factor. Family members should understand that sustained sobriety largely depends upon the atmosphere at home - their concern, understanding and supportive attitude. Faulty attitudes adopted by family members have unwittingly led to worsening of the problem.
Understandably, it is difficult putting up with an addict. Family members particularly parents tend to overreact and become distressed and perplexed. It is to these ends that family counselling becomes extremely important. Counsellors, Psychologists or Social workers in the field should involve parents along with patients in counselling and therapy sessions. Separate sessions may also be arranged for parents to acquaint them with the problem, the methods to overcome them and their management. Family therapies have become very popular in Europe and other developed societies. In family therapy, the entire family is treated as “a client.” The aim is to redefine the role of each family member and help each of them focus on self by looking at their own behaviour and feelings such as guilt, hatred, fear, hurt, self-pity and neglect of responsibilities. Such therapies could be extremely beneficial if administered with great care.

ii. DRUG EDUCATION. Drug abuse prevention education has become extremely essential as one of the strategies of drug control. In this connection, a distinction needs to be drawn between drug information and drug education. According to a UNESCO Study (1982), “Drug information is a form of communication which simply imparts factual knowledge or transmits cognitive learning. It is a fairly limited process in which the main elements are usually information concerning drugs themselves and their harmful effects upon people along with instructions regarding specific drug control, legislation and other forms of social control. Drug education on the other hand is a broad range of concerted activities relating to teaching and learning situation and experience which attempts to maximise opportunities for the intellectual, emotional, sociological and physiological development of young people.” Information is a one-way activity, education involves a two-way communication.

The aim of drug education would be to re-inforce abstinent individuals in their existing behaviour, to motivate the casual or recreational drug abusers to become abstinent and to persuade the drug addicts to go in for treatment. All myths glorifying the use of drugs should be exploded by wide dissemination of current scientific knowledge through educational programmes. The shattering effects of drugs on human mind and body, their capacity to damage the addicts’ lungs, kidneys, spine, muscles, ears, eyes, teeth, gums, throat and even making them impotent should be accurately highlighted through appropriate educational strategies. The fact that drugs destroy human motivation and will-power, generates fear, anxiety, insecurity and inadequacy should all be explicitly transmitted to the youths through educational programmes. The factors should be attributed such that adoles-
cent values are peer approved activities, e.g. physical health, stamina, intellectual competence, honesty, independence, self-assertion and self-regulation. While imparting education about drugs, care would have to be taken to avoid generation of curiosity by detailed descriptions of “euphoria” or the “high” produced by drug intake.

Schools and Colleges must have explicit policies discouraging drug use and drug dealing and the dire consequences thereof. Factually correct information regarding the legal consequences of drug abuse and drug trafficking should be provided. The aim should be to influence attitudes so that drug abuse is less attractive, to increase the ability of individuals to resist pressure to abuse drugs, to promote a healthy drug free life-style and provide positive alternatives consistent with the social values of the community.

For implementing drug education programmes, poster slides and documentaries may be developed in collaboration with media personnel. Talk from ex-addicts can prove effective. The anti-drug awareness can be disseminated through the media of songs and other cultural activities, distribution of simple printed anti-drug literature in schools and colleges, anti-narcotic student camps, debates, discussions, dramas, essay-writing competitions, hoardings, posters and banners for rallies, walkathons, etc. The educational institutions should associate themselves and work in close co-operation with social and voluntary organisations. Maximum recreational facilities and intellectual exercise must be provided in educational institutions to prevent boredom, monotony and frustration.

With the epidemic spreading so wildly among the student community, positive steps will have to be taken by every educational institution against drug abuse. At least one teacher should be given proper training in guidance and counselling. Early detection is important. In this regard, a variety of training techniques such as workshops, discussions, role-playing, decision making and problem-solving exercises and other allied activities should be stressed.

High academic attainment should cease to be the dominant value in the educational institutions. Personal development and the quality of contribution and participation within the life of the school community should be enhanced. This will give the students a chance to find a role, and an identity that is self-enhancing rather than self-depleting. Most of all, closer communication between school and home and establishment of stronger parent-teacher relationship is essential to fight the drug menace.
iii. **MASS MEDIA.** Hanneman (1973) found that non-users of drugs identify the mass media as one of their most important sources of information about drugs. Advertising of cigarettes, alcohol and proprietary drugs may be responsible for more adolescent exposure to drug use than all the entertainment news programming combined. The predominant message of such advertisements is that use of recreational drugs is not only acceptable but is even desirable. The drug content is evident in all forms of entertainment media, including television, radio, magazines, etc. particularly those preferred by adolescents. Little concern is given to their effects on young people. Television is the prominent mass medium among adolescents. Most children spend more time watching television than he or she will spend at any other single activity. All this time spent watching television undoubtedly provides adolescents with many learning opportunities.

The belief that mass media can influence adolescent drug use raises the important issue of devising effective counter measures. Hence the need for prevention programming which should a) provide ways of resisting media influences, and b) make positive use of mass media for prevention. It is believed that shared viewing and directed interaction with adolescents about what they view can affect the influence of a programme dramatically. Parents and teachers must be aware of the media environment and effectively “counter educate” adolescent viewers by offering superior alternatives.

The use of mass media for drug prevention must go through three stages to influence behaviour: i) create an appropriate cognitive structure, ii) create an appropriate motivational structure and iii) create an appropriate action structure, i.e. from providing facts about drugs, to arousing fear of drugs and then to alternating action structures. Consistent messages should be relayed by the media in a balanced approach for positive prevention.

iv. **REHABILITATION OF ADDICTS.** The two objectives of rehabilitation are a) to modify the attitude, values, behaviour and skills of former drug dependent persons so as to encourage their transition to, and maintenance of a drug free life and b) to provide social supports needed to reinstate these individuals in the community in roles they find more satisfying and with which they could function with greater self-assurance.

The facilities currently available in Mizoram for the rehabilitation of addicts are very limited. The programmes offered suffer from a variety of ailments. The type of rehabilitation provided will depend on the extent of
drug abuse, the personality of the abuser, the cause of the drug habit, the type of assistance required to effectively deal with it.

Rehabilitation is not a short term process. It may take as long as two years or much more and requires skill, patience and dedication. The daily time-table in de-addiction centres should be designed to keep each person occupied throughout the day with a variety of activities including manual work, games, spiritual activity and self-assessment cum discussion sessions. The 'Therapy' as such should be process of living in community, building up self-confidence, learning to establish healthy relationships with others and learning to take on responsibility.

Community sharing sessions should be encouraged where each addict is encouraged to share his feelings and express difficulties and tensions. Outside experts such as Psychologists, Spiritual guides/leaders, etc. should be regularly invited to such sessions to supplement the skills of the resident ial staff.

There should be a strong emphasis on developing one's spiritual life within the individual's own religious tradition. Meditative prayers and other spiritual exercises should form part of the rehabilitation programme. In addition to strengthening moral values, spiritual guidance will lead to deeper commitment to and practice of religions. Such a foundation equips the person not only for life in society but also to withstand the evil menace of drugs.

Professional counselling should be provided throughout the rehabilitation process. Various supporting services should function and guidance offered to parents, family members, teachers and others directly involved with the abuser.

Treatment and rehabilitation of addicts has to be based on the realisation that drug addiction is a multi faceted and multi factorial problem and has to be tackled in all its psychological, sociological and medical dimensions. It has to be treated in the totality of the life situations of the addict. And since the problem is largely the offshoot of the social environment that influences the individual, its prevention and control has to be conceived in the wider social framework bringing within its ambit all the aspects interwoven in it. Drug abuse is a form of deviance which cannot be treated in isolation from other forms of deviance and any attempt to create a special machinery for the control of drug abuse will be counter-productive.
Massive rededication of individual societies will be necessary to correct the complex socio-psychological roots of drug use and abuse and only such emphasis on the roots has any chance of success.