CHAPTER- III

REVIEW OF RELATED LITERATURE

Review of related literature justifies the need and relevance of one's study. While duplication in doing unwanted research can be avoided by this, it also helps in recognising inadequacy and inefficiency of existing research work on a particular field of study. In this chapter, a review of related literature has been taken up.

A great deal of literature is available within and outside India on drugs, its use and abuse. Surveys and studies in general, have been made particularly on the incidence and prevalence of drug abuse among youths and the student community.

The causative factors of drug abuse have been studied in very general terms. Quite a number of research works on social factors of drug abuse have been made in India but only a very limited number of studies on the psychological aspects are available. Research study of the kind presently undertaken which puts focus on the social and psychological factors of the drug abusing drop-outs is relatively non-existent.

In reviewing related literature on drug abuse, the following system of classification has been followed:­

The entire chapter has been divided into four sections. The first section presents review of studies made on drug prevalence and drugs of abuse. The second section deals with studies highlighting the general causative factors which are commonly found to lead to drug abuse. In the third section, a review of related literature on the social correlates of drug abuse has been taken up. Under this broad dimension, studies of specific causative factors have been brought out. These are socio-economic status, familial factors such as familial relationships, home environment, parental care, family structure and size, peer factors, age group characteristics, etc. The last section is a review of psychological correlates of drug abuse. Starting with the studies linking certain personality types and traits with drug abuse, the chapter continues to highlight the various studies which relates different psychological factors to drug abuse.

III.1 DRUG PREVALENCE AND DRUGS OF ABUSE

According to the Ministry of Social Welfare, Government of India, there were 8,11,592 drug addicts till December 1992 in India. The statistics was confined to those who had registered themselves with some clinics or
de-addiction centres. The unreported cases would be many times the recorded figures.

There were 1,00,00 heroin addicts in India and 15,000 were being added each year, as reported by Saksena in 1996 in the Times of India.

About 87.6% of drug addicts in India, according to Rebello (1988) were between the ages of 14 and 25 years. There existed 7,00,000 drug addicts and about 30 of them died daily, unsung, uncared and unheard.

The most widely abused drug in India according to Lather (1993) was hallucinogens, i.e. marijuana group of drugs like bhang, ganja, hashish and charas. Marijuana in the form of bhang has been part of ancient society. ‘Smack’ or brown sugar was the most harmful drug abused in India.... the frequency of addicts among Bangalore University students alone was reported as high as 15% out of an estimated 50,000.

Drug abuse studies conducted at the PGI Chandigarh found that Chandigarh and Bhatinda had de-addiction centres where over 5,000 addicts were registered during 1993-94. They included over 2,000 poppy husk addicts and another over 1,000 opium addicts. Unfortunately, the number of addicts from the poorer section of society was found to be three times as compared to those from the upper strata of society.

A study made by Prashant (1993) on a large number of drug abusers at a Delhi de-addiction centre showed that drugs which were abused were heroin, morphine, codeine preparations, diazepam, nitrosun, ganja/charas, opium, bhang, amphetamines, barbiturates and mandrax........... There was usually a lot of multiple drug use .... A very high percentage of addicts said that drugs were available easily.

Agrawal (1995) observed that the worst affected were the North eastern states of Manipur and Nagaland. The number of addicts in Manipur alone was estimated to be around 40,000....

The study carried out in Manipur by Sharma and Luwang (1984) showed that there was an alarming increase in the number of drug abusers. Their number increased from 6 percent in 1972 to 23 percent in 1982. Their study which examined over 1,300 drug abusers revealed that the majority of them, 43.7 percent, were using drugs for a period of more than one year and used injectable drugs like morphine and pethedine. Only 23.60 percent of abusers were using oral form of drugs.

Gupta and associates (1980) found from their study in Ludhiana that the highest percentage of addicts hailed from unskilled labour force, followed by school drop-outs.
III.2 GENERAL CAUSATIVE FACTORS

In this section factors which have, generally, been identified as common causative factors by several studies of drug abuse are outlined.

W.H.O. Expert Committee (1975) made several studies in India regarding drug addiction and reported the following important reasons for addiction:

(i) Underlying character disorder in which immediate gratification was sought at the expense of long term adverse consequences and at the price of immediate surrender of adult responsibilities.

(ii) Manifestation of delinquent (deviant) behaviour in which there was pursuit of personal pleasure in regard to social connection.

(iii) Attempts at self treatment by persons who suffered from either psychic or physical distress or who strongly believed that it had powers to prevent disease or increase sexual capacity.

(iv) A way of getting social acceptance especially for the socially deprived inadequate individual.

Agrawal's study (1995) showed that peer pressure was the most important causative factor where use of drugs was a symbol of modernity. Sheer curiosity came next. It was also evident that students resorted to drugs for more than one reason. Peer pressure often combined with curiosity, while depression was so often a fall-out of failure in love.

Among adolescents and young adults, alcohol and other drug involvement has been traced to motives like rebellion and conformity. Adolescents wanting to demonstrate their independence from and disregard of parental and societal restrictions drank or used other drugs to emphasize their autonomy. Related to this was peer pressure. Many younger drug consumers were initiated into the drug world or became confirmed users because their friends were involved and they wanted the acceptance of the people of their own age. In addition to both these motives, younger people drifted into alcoholism or drug abuse because it seemed to offer a refuge - an escape from depression, or failure of any number of the challenging problems of living. These were the conclusions broadly drawn by Abel (1976), Hardy et al (1978) and Grimspoon et al (1975) in their studies.
Psychological factors like pleasure, frustration and curiosity were identified as the main causes of drug abuse by Kama (1989) in his study of drug abusers in Guwahati and Manipur. Social and cultural factors included friend's pressure, as a fashion and to release tension due to conflict in the family.

According to Emrich (1992), research in the U.S. has at least tentatively identified a number of factors which correlate with drug abuse. These included parental use of alcohol, lack of closeness to parents, high level of peer group involvement, unemployed father and one or both parents missing. The absence of any carefully organised meaningful employment programmes for adolescents, according to him, negatively affected self-esteem of young people, led to close peer attachments, and fostered open rebellion towards the adult world.

With regard to the causative factors of drug abuse, Lather (1993) attributes availability as an important determinant.

The study made on medical students by Chakraborty et al (1980) revealed that curiosity was the commonest reason for drug abuse.

III.3 SPECIFIC CAUSATIVE FACTORS

The findings of different studies which reported the correlation of drug abuse with specific socio-economic factors have been presented here. The main variables taken up in this section are as follows:-

III.3A SOCIO-ECONOMIC CHARACTERISTICS OF DRUG ABUSE

Under this sub-heading, the research reports on i) socio-economic status and drug abuse, ii) socio-economic status and choice of drugs, and iii) living conditions are highlighted.

III.3A(i) SOCIO-ECONOMIC STATUS AND DRUG ABUSE

The studies made on the correlation of socio-economic status with drug abuse have drawn different conclusions. While some researchers show that drug use is related to the upper social and higher income strata, there are others which prove that low-income groups are more prone to the drug habit. There are, however, other research findings which show that the problem cuts across all social classes and income groups.

Taking all the variables pertaining to social characteristics of the drug users together, Ahuja (1977) found in his study that students in certain socio-economic categories run a relatively higher risk of encountering and using
drugs. The survey pointed out significant correlation of drug experience with five factors: i) higher per capita income, ii) adolescence and post-adolescence age-group, iii) English medium of instruction, iv) education—convent and public schools, and v) education in institutions attached with hostels.

Lukoff et al (1972) observed that reported heroin use by self or kin occurred most frequently in families with white-collar occupations and higher income. More reported use occurred where the father was a white-collar worker and had at least a high school education.

Khan (1986) claimed that the per capita income showed a direct relation with drug use. The socio-economic status of the students also showed a positive correlation with drug use, and students with larger pocket-money took to drugs in great numbers.

Kama (1989) found that most drug addicts were fully dependent on their parents and other family members. An assessment of the average monthly income of drug users' family showed that it was moderately high and may be broadly identified as 'middle class families' or 'families of lower middle class status' engaged in urban-based occupations.

In the study made by Prashant (1993), the highest prevalence rate was found to be among the Rs. 500 to Rs. 1000 earners per month. The next highest group was the group which said they had no income. Except for those who had no income or an income below Rs. 500 p.m. The prevalence rate of drug addiction was found to decline with increase in the income slabs. This led her to believe that the lower income levels were more conducive to drug addiction.

Based on their study, Sharma and Luwang (1984) observed that more abusers were from lower or middle income group in India. They also reported that the alarming increase in number of drug abusers in the tiny hill state of Manipur was due to economic and socio-political insecurities, violence, prevailing sense of uncertain future among the youths and easy availability of drugs.

Lather (1993) considered it evident that the ethnic minority groups which form a part of deprived social class of most of the urban slums were more prone to drug addiction than the higher social classes. The epidemic areas were marked by concentration of under-privileged minority groups, poverty and low economic status, low educational achievements, disrupted family life, disproportionately large number of adult females, very crowded
housing and a dense population of teenagers. These qualities led her to the conclusion that drug addiction was essentially a metropolitan phenomenon.

Board on Mental Health and Behavioural Medicine (1985) reported that in the U.S.A., opiate addiction occurred in many forms and prevailed in all socio-economic groups. Heroin addiction was not limited to a particular social class, high or low, but cut across all social categories.

According to Winick (1965) heroin addiction which was considered a problem mainly of slum areas of the U.S. was not a problem of lower class in India. It in fact, cut across all social categories in big metropolitan cities as well as rural population of India because of easy availability; and more westernised attitudes of the youths especially in the big and cosmopolitan cities. The U.S. National Commission on Marijuana and Drug abuse (1972) in its study, reported the same trend but found a slightly higher prevalence among those with above average incomes and some college education.

III.3A(ii) SOCIO-ECONOMIC STATUS AND CHOICE OF DRUG

Geis (1970) observed that for the lower class youth, drug use was a response to an unappealing, frustrating and unrewarding way of life and above all served as splendid time-filler. So this category of subjects tried all sorts of drugs and showed almost equal preference for all drugs. For the middle class youth, drugs seemed frighteningly similar to other requirements of middle class existence. The hope of middle class youth was to escape and not become deeply enmeshed in schedules, pressures and expectations. Hence the drug of choice for the middle class adolescent was L.S.D. and marijuana which provided the source of escape that blotted out the intolerable demands of masculinity.

The findings of Lather (1993) showed that the trend of drug preference was somewhat similar in the upper and middle classes, whereas it was different in the lower class. The highest percentage of drug abuse in upper and middle class was that of hallucinogens whereas for lower SES groups, it was amphetamines. The next highest for the upper class was of tranquilisers, followed by narcotics, barbiturates and amphetamines. The middle class subjects showed a slightly different trend with leanings towards narcotics followed by tranquilisers, amphetamines and barbiturates. Almost equal percentage of preference for various drugs had been reflected in the lower class.
subjects showed a slightly different trend with leanings towards narcotics followed by tranquilisers, amphetamines and barbiturates. Almost equal percentage of preference for various drugs had been reflected in the lower class. After amphetamines, the order of preference for this class was hallucinogens, tranquilisers, followed by narcotics and barbiturates.

The upper and middle classes revealed higher percentage of preference for hallucinogens, tranquilisers and narcotics and lower preference for barbiturates and amphetamines. The lower class abusers on the other hand gave higher percentage of preference to narcotics and barbiturates. It was evident that barbiturates were not that popular in any of the SES group.

III.3A(iii) LIVING CONDITIONS

In a study of drug takers in an English town, Plant (1975) made a subjective classification of accommodation. Most drugtakers were in “acceptable living conditions”. The evidence suggested that the general living conditions of the drugtakers were those to be expected of any young people of their age-group.

III.3B FAMILIAL FACTORS AND DRUG ABUSE

There are several studies which focussed on drug abuse and its correlations with familial factors. These studies have been presented under the following sections:

III.3B(i) FAMILY BACKGROUND AND FAMILIAL RELATIONSHIP

Chein et al (1964) contrasted the family background of addicts and normal controls. The addicts tended to come more often from families characterised by emotional disturbance, distance and poor father relationship. It was found that forty eight percent had a father figure who was cool or hostile towards the son, forty four percent of the fathers had unrealistically low aspirations for the child; and twenty three percent of the father figures were immoral models for the child in early childhood. Other characteristics include an overtly discordant relation between parents (Seventy seven percent). The investigators further reported that mother figure was a more important parent in boys life during late childhood period (Seventy three percent). Twenty three percent of mother figures were cool and hostile to the boys during late childhood. In forty percent of the cases, the boys in general experienced extremely weak mother-son relationship. Mothers had unrealistically low aspirations for boys in late
The study conducted by Delhi School of Social Work (1972) showed that many of the drug abusers seem to suffer from "mother fixation". They described their mothers as persons who cared for them and pampered them. A little over one-half of the respondents compared them to a Goddess. As contrasted with mothers, fathers were objects of hostility. All except eighteen respondents expressed extremely negative attitudes towards their fathers.

O'Dowd (1974) examined one aspect of the family relationship, i.e. emotional support to determine whether supportiveness among family members correlated with the absence of illicit drug use. Mothers of the drug using adolescents perceived themselves giving support to their sons at a level equal to that perceived by mothers of drug free adolescents. Supportiveness did discriminate between the two groups showing that emotional support was related to illicit drug use immunity. The parent-child relationship was a significant factor in pre-determining the behaviour of children.

Blum and associates (1969) studied the family structure and found that drug using students came from families that put little emphasis on child-rearing practices and structured intra-family relationships. Family influences out-weighed those presented by peers, religion and school as the major determinant of drug abuse.

Baer and Corrado (1974) studied the role of parental influence in the etiology of heroin addiction. The addicts reported more physical punishment, more evening freedom as teenagers and less parental cohabitation, less career planning assistance and parents having less influence on their conduct. Finally, the addicts reported religion as less important aspect of family life, a greater tendency towards parental condemnation of pre-marital sex and less inclination to turn to their parents for sympathy or support. Addicts did not find their father as ‘Pals’ and their mother as being ‘well-intentioned’. Majority of addicts led an unhappy childhood which included harsh punishment and a general pattern of parental neglect and rejection.

Wilson (1968) found that the mothers in the family of drug dependants could be characterised as excessively controlling and strict or excessively indulgent and non-disciplinary. The fathers played a minimal role in the patient's living, either by being absent through desertion, separation or divorce or through dis-interest, or were actively punitive and moralistic or were paranoid and controlling in relating to both the mother and the patient. The relationship between the parents were generally poor. Either the father played a domineering, controlling role in the family or the father was a weak and ineffectual figure.
In their study, Forehand et al (1977) observed that the salient features in the drug abuser's family included absent or weak father, over-protective, over-indulgent or dominating mother. They concluded that a combination of unsatisfactory socialisation process and problems related to self-esteem are the characteristics of serious drug abusers.

According to Jurich et al (1985) occasional drug users came from families where there was no communication gap and parents used democratic disciplinary techniques. Bulk of drug abusers came from families where there is a communication gap and either laissez faire or authoritarian discipline. In addition, drug abusers belonged to families in which the person whom they defined as the most powerful tended to use psychological crutches to cope up with stress.

III.3B(ii) PARENTAL DEPRIVATION

Lather (1993) making a brief summary of her findings on parental deprivation among drug abusers, commented that parental divorce seemed to be related to drug problem more than parental death. Separation due to divorce had alarming psychological impact than separation due to death. In such broken homes, there is not only parental deprivation but also emotional deprivation, which the child thrives on in childhood and adolescence.

In his study, Malhotra (1983) found that drug consumption was higher in families in which one or both parents were absent.

- Fifty-six percent of subjects had absence of father figure at home.
- Thirty-eight percent had fathers whose job necessitated them to be earning a livelihood in a different city.
- Eleven percent had lost their fathers.
- Six percent had mother as the dominant partner.
- Eighty-nine percent had difficulty in communication with parents.

III.3B(iii) FAMILY CONFLICT

The drug abusers perceived their family as less harmonious, as compared to the non-abusers. This was the observation made by Lather (1993) in her studies of drug abusers.
Streit and Oliver Junior (1972) found that a perception of an “unclose family” or “homelessness” was reported by drug abusers.

Forehand (1977) reported that the familial patterns of younger abusers included a long, emotional conflicting relationship between parents (one of whom may be ineffectual, distant or inactive, and the other dominating and infantalising).

Horrocks (1976) maintained that the adolescent irrationally acted out “among his extra-familial relationships the conflicts and anxiety of his family, particularly disturbances existing in the relationship of his two parents.

A study made by the Narcotics Command (1988) had identified family negligence as “the main culprit in the victims surrender to the drug habit”. Observations made from a twenty year study showed that a majority of addicts suffered uniformly from parental neglect. The victim, unable to find happiness in the home looked for a substitute, found it in drugs, and because of peer pressure was initiated into experimentation, drug use and finally abuse or dependence.

III.3B(iv) PARENTAL CONTROL

Regarding parental control, Agrawal (1995) observed in her study that in the case of thirty-four percent of drug abusers, parental control was minimal and not as restrictive as when boys or girls were at school. There was some severity in enforcing home reporting time in the evenings in respect of girls.

III.3B(v) PARENTAL EDUCATION

In his assessment of drug abuse, drug users and drug prevention services in Guwahati, Karna (1989) reported that as against only 12.73 percent fathers, 28.00 percent mothers were illiterate. 78.17 percent fathers had completed matriculation and above while for mothers, this percentage was 56.00. There were 49.09 percent graduate mothers. Overall educational status was fairly high.

III.3B(vi) JOINT FAMILY VS. NUCLEAR FAMILY

The study carried out by Prashant (1993) revealed that the majority of addicts claimed to belong to joint families (65.19 percent). The fact that most of the addicts came from joint families supports the view that the joint
family system in an urban setting tends to create conditions more of conflicts and frustrations for its members rather than of security and protection characteristic of it in the traditional sense. A much larger percent of addicts belonging to joint families had their first intake of drugs in the age-groups of 15-20 and 20-25 years as compared to addicts belonging to nuclear families.

A much higher percentage of addicts belonging to joint families showed pride in their habit to drug addiction than the addicts belonging to nuclear families...... the younger members of joint families were more likely to express their revolt against family patriarchism through drugs and hence a much higher self-perception of pride in their habit of drug addiction than the younger members belonging to nuclear families.

Delhi School of Social Work (1972) reported that 87 percent of the drug abusers in their study came from joint families, 64 percent lived with families and 36 percent lived in hostels.

In the study made by the All India Institute of Medical Sciences (1981), drug abuse was found to be more common in those who constituted separate families.

III.3B(vii) FAMILY SIZE AND BIRTH ORDER

Kaplan and Meyerowitz (1970) found that eighteen percent in their sample were ‘only children’ versus six percent in the control groups. The investigators attributed this difference to the high divorce rate among parents of addicts in their sample. When the addict had a sibling, he was more likely to be last born (twenty-seven percent versus fourteen percent of control subjects).

In the survey conducted by Bucky (1971) heroin users represented the highest percentage of ‘only children’ (eleven percent) and lowest percent of youngest children (nine percent). Birth order-wise, drug abuse was more frequent in the middle than in the other groups.

Plant (1975) reported in his study of drug takers that while the average student had 2.1 siblings, the average non-student users and multi-users had 3.0 and 2.2 siblings respectively. He worked out the possibility that individuals from larger families are subjected to less parental restraints than those who are only children. Less parental attention may have attributed to their greater involvement with peers.
III.3B(viii) DRUG USE IN THE FAMILY

Agrawal (1993) asserted that in the case of drug abusers, as many as ninety-two percent had fathers who were taking alcohol. Mothers constituted thirty-seven percent although this relates mainly to casual drinking.

Report of the study made by Rubin and Camitas (1975) revealed that most of the ganja smokers had parents and grand parents who also smoked cannabis.

According to Adler and Lotecka (1968) parents of habitual users of heroin and other drugs were often perceived as habitual drinkers and users of amphetamines and barbiturates. The traditional use of bhang in Indian families provide positive milieu of children to take up abuse to marijuana.

Smart and Fejer (1972) found a positive relationship between the parents' use of drugs, alcohol and tobacco and the students' use of drugs of all kinds.

Lather (1993) found that alcohol use by subjects' brothers and grandfathers and not by fathers was a significant factor. It is possible that male drug abusers identify more with their brothers and grandfathers because results on parental attitudes reveal that drug abusers perceive their fathers as less democratic and loving. So the brothers possibly serve as the 'father figure' for the adolescent to imitate, and grandfather's attitude of love and affection makes him imitate and identify with the grandfather more often than with the father. Thus, the alcohol use by these relations perhaps gives the psychological support to the person to maintain his drug habits.

Margado (1982) and his associates interviewed ninety-six heavy drug users admitted to psychiatric hospitals between 1980 and 1982. Almost sixty-five percent of subjects reported alcohol and/or drug abuse by at least one family member. Alcohol abuse was common in subjects' father and drug abuse was always almost found among siblings.

III.3C INITIATION INTO DRUGS

The findings of studies on initiation into drugs are reviewed under the following sub-headings in this section.

III.3C(i) AGE CHARACTERISTICS

The study conducted by Ahuja (1982) found that a little more than one-fourth (26.1 percent) of the sample were 18 years of age or less, nearly three-fifths (62.6 percent) belonged to 19-24 years age-group and about
one-tenth (11.3 percent) were more than 25 years of age. Comparing the age of girls with boys, female users were found to be younger than male users. A little more than half of the girls (52.7 percent) were 18 years of age or less in comparison to 23.8 percent boys. Taking both male and female together, 16-21 years age-group was identified as the most crucial in developing the habit of consuming drugs.

Konopka (1983) examined adolescent's views on drugs and alcohol through interviews and group discussions with over 1,000 adolescent girls (12-18 years) of various socio-economic status groups. It was found that subjects knew about drugs and were well informed about them from a very early age. Subjects who took drugs often started around 12 or 13 years of age and sometimes even earlier. No subjects reported having started later than 17 years of age.

In the study conducted by Delhi School of Social Work (1972), it was found that about one-fourth of respondents were first introduced to drugs when they were at school. Over sixty percent of the students had been taking drugs for more than two years. About sixty percent of the respondents belonging to the age group of 19-21 and seventy six percent of the respondents belonging to 21-23 age group had been regular drug users for more than 2-3 years. Even in the age group of 17-19 years, it was observed that one-third of the respondents had been taking drugs for more than 2-3 years.

Prashant (1993) observed that the age 15-20 years seemed to be the most drug prone age for all educational levels. The highest percentage was found to be of the addicts who were illiterate or had been educated up to the secondary level.

In Manipur, people in the age group 15-25 years, according to Sharma and Luwang (1984) were found to be the maximum users of drugs.

Research conducted by the Drug abuse information rehabilitation and research centre suggested that most students who start using drugs usually have their encounter with drugs in the seventh standards.

In his study, Karna (1989) found that the highest concentration of 15.49 percent was at the age of 19 and 14.08 percent at 15 years of age. Taken on average, 70.42 percent had their first drug experience before they reached the age of 21 years. Another study that he made in Dimapur showed that 75 percent respondents had
their first drug experience between the age of 15 and 24, making this age-group vulnerable for becoming a drug user.

In his study of drug takers, Plant (1975) found that three-quarters of the study group had at least passed ordinary level exams and 9.5 percent had a degree or some form of professional qualification. This lends no support to the view that all drug takers are likely to be uneducated or that as a group they are drop-outs.

The average age of initiation into drugs in Manipur, according to Agrawal's study (1993), was twelve years and the maximum concentration of the users was in the 14-25 age groups.

Prashant (1993) studied 859 addicts in a de-addiction centre within a period of three years. It was found that the largest percentage of addicts were initiated into drugs between the age of fifteen and twenty years. The addicts were divided into four groups of illiterate, elementary level, secondary level and college level for analysing the age of initiation. At 10-15 years of age at initiation, the percentage went down as educational level increased—a major portion of the addicts, irrespective of their educational levels, took their first taste of drugs at this age.

III.3C(ii) TYPE OF INITIATION

Agrawal's study (1993), based on a sample of 350 students of Delhi University and affiliated colleges who were frequent users of alcohol and other drugs, found that friends were the most common initiators. The students, however, insisted that the decision to smoke, drink or take drugs was their own. Of these, 61 percent were initiated by friends and 19 percent initiated themselves. The relatives as initiators were mostly cousins who were used to smoking or drinking.

Of the 19 percent students who initiated themselves to drugs, most started with anti-depressants taken as medicines. In strange cases, students came from families where taking alcohol was an accepted norm at festive and religious ceremonies. In such cases, the initiators included father and in some cases, even the mother.

Parties were the most vulnerable place where college students were introduced to drugs in the first instance as indicated by 57 percent of the drug users. Hostels were the common places where casualties occurred. Other places included the pan-shop, tea-stall or a neighbour's place.
Out of a total of 859 addicts studied, Prashant (1993) found that almost three-fourths of the respondents were initiated into drugs by their friends. The largest percentage had first used drugs at a social party. Social parties remained the most common place for first intake of drugs for addicts of all educational levels.

III.3C(iv) ACADEMIC ACHIEVEMENTS

In a study of drug abuse among college students in Bombay, Multagi (1978) observed that students fairing well in the examination seemed more prone to drugs than those fairing badly. This challenged the notion that drug abusers were dropped off and were indifferent to their academic achievement.

III.3D PEER-GROUP INFLUENCE

Peer factors play a major role in determining whether or not an individual will take to drugs. Peer groups, peer affiliation, peer identification, peer pressure and peer associations in one form or the other are associated with drug abuse. Drug scene is predominantly a group phenomenon asserting pressure on the individual to become a part of the sub-culture. Friends are not only the most important agents for introducing the individual to drugs, but also provide the social climate and companionship for continued intake and enjoyment of drugs. The pleasure yielded by drug use is enhanced in the company of other friends.

Lather (1993) found that one of the motives for drug use was a reluctant use in response to peer pressure. Peer models exert strong influence on the initiation of drug use. In fact, peer models of substance abuse are more influential than any other.

Prashant (1993) reported from her findings that group pressure was the single most common reason for initiation into drugs. There were more indications that group pressure was more prominent as a reason for abuse among the illiterate or college-level educated addicts.

Giving reason for the great influence of peers on the drug abusers, Erikson (1963) assessed that peer affiliation and acceptance are crucial for the adolescent's sense of 'self'.

In an exhaustive study of high school students' drug use, Kandel (1975) obtained data pertaining to adolescents's use of drugs as well as independent data from their friends. 'Having a close friend who used marijuana' was found to be an important concomitant of the adolescent's use of marijuana.
Analysing the peer factors in drug abuse, Ahuja (1982) found that drug abusers 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. Many 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 abusers also tended to discuss their problems with their peers rather than with parents especially fathers.

Pahujesh (1976) studied the role and influence of family versus peer group on drug taking behaviour among drug abusers. Peer association was only significant when drugs were involved. Association with peers in situations that generally were viewed as highly suspicious were combination of “driving around with and hanging around a group of kids attending parties that serve drugs and alcohol”.

Shared use of drugs, according to Forehand and associates (1977) was part of the closeness which the abusers missed in their families.

In the study made by Karna (1989) in Guwahati, peer group pressure was found to be the most notable influence on drug users.

III.4 PSYCHOLOGICAL CORRELATES OF DRUG ABUSE

The psychological correlates of drug abuse are presented here under two broad sub-divisions. The first part consists of studies on the prominent personality characteristics and traits linked with frequent drug use. The second part puts focus on studies dealing with specific personality traits like psychopathy, depression, self-esteem structure, anxiety and introversion-extroversion.

III.4A COMMON PERSONALITY CHARACTERISTICS: THE ADDICTIVE PERSONALITY

Though the evidence for the addictive personality is not fully established, identified groups of addicts in treatment are often found markedly deviant from the general population in personality scale scores. A number of studies on personality correlates are highlighted here for the purpose.
Based on his study, Snyder (1971) concluded that a person who took recourse to drugs was an immature, poorly adjusted person. He had few close relationships with other families or friends; he distrusted authority and overcome with a sense of futility and failure. He generally did not identify himself with normal adult goals. He had low frustration tolerance, was unable to carry on in the face of difficulty or to accept responsibility.

Lewis and Osburg (1958) made an assessment of institutionalized addicts by categorising them as character disordered, who were passive, aggressive or narcissistic, utilising manipulation of others, corruption of others, provoking others to disagree among themselves and to overt anger—a trouble—some group to take care of.

Nelson (1983) believed that general factors were involved in the psychology of dependence. These significant personality factors were:

- Impulsive behaviour, difficulty in delaying gratification, an anti-social personality and a disposition towards sensation-seeking.
- A high value on non-conformity combined with a weak commitment to the goals for achievement valued by the society.
- A sense of social alienation and a general tolerance for deviance.
- A sense of heightened stress.

Nadkarni (1992) found the following personality traits linked with frequent drug use:

Rebelliousness, non-conformity, resistance to authority, high tolerance and deviance, strong need for independence or normlessness. On measuring personal competence and social responsibility such as obedience, diligence and achievement orientation, non-users scored highest and early users lowest. Frequent users scored lower on well-being, responsibility, socialisation, self-control, tolerance, achievement and intellectual efficacy. With most users, seemed to be decreased motivation and increased alienation.

According to Zinberg and Robertson (1972) studies of the drug abusers demonstrated that the hard-core user was criminal before he began to use drugs. There was a specific ‘junkie’ social and psychological profile. Cigarettes at the age of six or seven; liquor and sex by thirteen; marijuana soon after; in late adolescence, promiscuity and petty thievery merged almost automatically into prostitution and organised crime. Drug abusers of this type definitely showed an ascending use of drugs typically moving towards the one with the big kick, heroin.
Shanmugam (1979) studied 212 drug abusers and 222 non drug abusers in India as controlled group using Eysenck Personality Investigatory (EPI). The results showed that drug abusers were more extroverted, more neurotic and psychotic and had more criminal tendencies as compared with non drug users.

In a comparison between a group of 45 young institutionalised male addicts and a controlled group of non addicts, Gilbert and Lombardi (1967) found that distinguishing features were “the addicts anti-social traits, his depression, tension, insecurity, and feelings of inadequacy, and his difficulty in forming warm and lasting relationships”.

Based on their study, Kosten and Rounsaville (1986) reported that about 68 percent of heroin abusers were diagnosed as having a personality disorder.

Lather (1993) concluded from her studies that the overall pattern of characteristics that were representative of drug takers were non-conformity, a tendency to act out impulses and fantasies and tendencies to be extroverted.

As a result of their studies, Voget et al (1948) asserted that personality types which were identical among them consisted of neurotics who took drugs to relieve anxiety.

The study made by Delhi school of social work (1972) reported that 87 percent of drug abusers were insecure, immature, dependent, frustrated, diffident, anxious and worried persons. They suffered from a sense of failure and personal inadequacy. The results consistently revealed a tendency of slim social contacts among them. The drug users seemed to distrust and suspect other people and their capacity to understand them. Their social contacts were limited to a very small and close circle of friends.

Gilbert and Lombardi (1976) found addicts to be hypersensitive, self conscious, less confident, pessimistic and insecure.

The study made by Smart and Jones (1970) showed that the drug users had worries, anxieties and disagreeable emotional feelings. They also exhibited neurotic and schizoid tendencies.

Sutker et al (1978) found a close relationship between sensation seeking, neurotic involvement and drug-use patterns. High sensation seeking was related to use of more drug categories and drug abusers classified as high sensation seekers scored higher on scales reflecting socio-pathology; attitudinal deviance and heightened
activity. They scored lower on measures indicating denial, hypochondriachal preoccupation, hysteria and social introversion.

Grande (1984) reported that common personality factors include impulsivity, failing to inhibit behaviour that has previously led to negative consequences, and valuing immediate euphoria or gain over more long term consequences. The individuals with their kind of disposition are not frightened of taking risks. It is in fact, part of their personality to try out new experiences, derive pleasure out of everything and seek ecstatic experience.

Lewis and Peterson (1974) identified the potential addict as one who tends to be irresponsible, rebellious, lacking in social conscience, unhappy with the world in general and seeking some means of contentment. He is an easy target for the initial trial of some drugs, perhaps suggested by an acquaintance, which in turn may lead to continued use and later experimentation with other drugs of greater addictive potency.

Stimmel (1983) asserted that the psychological constructs dealing with alcohol and substance abuse included severe ego weakness, a strong need for dependency, a low degree of tolerance for frustration and tension, marked anxiety and ambivalence towards the parental constellation, and anger not expressed outwardly. When destructiveness and the need to obtain relief through withdrawal and introversion were present, heroin was the mode of abuse.

The study made by Spotts and Shontz (1984) indicates that at low level, users took cocaine to overcome personal insecurities and relieve boredom, while heavy users took it to support overvaulting ambitions and striving for self sufficiency.

III.4B SPECIFIC PERSONALITY TRAITS

In the following pages, the specific personality traits associated with drug abuse have been presented under different headings.

III.4B(i) PSYCHOPATHY

Hill et al (1960) associated personality characteristics of narcotic addicts with psychopathy or a predominantly psychopathic nature, although they may include many of the classical psychoneurotic and psychotic features.
Lather (1995) maintained that the predisposition to psychopathic deviation begins right from childhood marked by hostility. Drug abusers also showed more neurotic traits and anti-social behaviour patterns. Addiction and psychopathic behaviour went hand in hand. For the pre-addict psychopath, addiction was just another type of deviancy which he acquired as part of his life. For other addicts who get involved in criminal activities to support their drug habit, it was just an acquired trait. The abusers with basic “psychopathic deviate disposition” were the ones who were likely to turn out to be the hard-core addicts later on.

According to Mensh (1965) drug addiction was symptomatic of organic brain disorders, psychotic disorders, psycho-physiological disorders and psycho-neurotical disorders which are classified as secondary diagnosis.

III.4B(ii) DEPRESSION

The study made by Lather (1995) found drug abusers to be significantly higher on depression than the non-abusers. She asserted that depression and drug abuse may emanate from certain common factors operating simultaneously in both these phenomena. One category of such factors related to the family, e.g., constant neglect, harsh treatment, austerity and authoritarian child rearing practices. Thus the child carried the feelings of isolation and alienation and gradually drifted from the family unit to the peer group sub-culture. Further, she adds that the depression reported by the subjects may not necessarily be a part of their personalities, but an outcome of the effect of drugs on the subjects. It may merely be the “depressive disorder” caused by chronic use of cocaine, marijuana, barbiturates and amphetamines.

Paton and Kandel (1978) found that two factors, depressiveness and normlessness were responsible for drug abuse. Drug users in general had a feeling of inadequacy and depression.

Keilhote and Ladwig (1970) studied 120 juvenile drug abusers and found that they showed depressive actions.

Agrawal (1995) has shown through her studies that depression is one of the important causes among drug abusers which in turn is caused by frustration of non-achievements in today's world of high competition.

Blatt et al (1984) maintained that most opiate addicts were severely neurotic or character disordered dealing with intense depression. Their findings indicate that the addicts had serious difficulty managing painful, dysphoric...
affects, especially depression, anxiety and anger. Depression was often focused around feelings of deprivation, neglect and a lack of affection and love. This depression was focused primarily around issues of dependency, abandonment, rejection and neglect, but evidence suggested that guilt, shame and profound feelings of self-criticism and worthlessness were paramount. Rather than being able to contain depression and/or feelings of anxiety, or finding appropriate ways of expressing their anger, addicts preferred to withdraw from pain and stress of interpersonal relationships into self-induced grandeur and omni-potent experience of bliss.

III.4B(iii) SELF ESTEEM STRUCTURE

Sixty nine percent of drug abusers undertaken for study by Agrawal (1995) had low self esteem which postulates that there was a direct relationship between low self-esteem on the factor of cheerful-depressed and drug use. Drug abusers with low self esteem were not happy-go-lucky type. Drug abusers had high self esteem as measured on the component of self-confident-insecure. 81 percent had high self esteem on the accepted-rejected dimension. Measured on self-sufficient-easily influenced component, 61 percent had low self esteem and on the component of mature-immature, 26 percent drug abusers showed congruency in their ‘real’ and ‘ideal’ self and 74 percent perceived a vast gap between their ‘real’ and ‘ideal’ self. On ‘trusting-suspicious’ component, 61 percent had low self esteem indicating a suspicious nature.

The study of self-perception on habit of taking drugs by Prashant (1993) showed that more than half the addicts felt a sense of pride in taking drugs whereas the rest had negative feelings of shame, guilt and hatred towards their habit of drug abuse. The feeling of pride on the drug abuse habit is the least among the illiterates and goes on increasing with the educational level.

III.4B(iv) ANXIETY

Viney et al (1985) reported that feelings of inferiority, shame and inadequacy, concern about exposures of deficiencies, guilt, loneliness and fear of death were the chief elements in the pattern of anxiety among the drug addicts.

Mc Dill (1965) observed that in every addicted personality, there is excessive anxiety and a lack of psychic tolerance for anxiety.
According to Lather (1993) an individual with anxious personality disposition is likely to take to drugs and once this is found facilitative in controlling anxiety, this behaviour persists leading to hard-core addiction.

Psychic conditions of anxiety were also found to be related to drug use by M. Blumefield and L. Glikman (1967).

**III.4B(v) INTROVERSION-EXTROVERSION**

Cockett and Marks (1969) reported on the basis of their study that users of stimulant drugs were more introvertive, shy and retiring than non-users and those who were using depressant drugs were seen to be more extraverted than non-users.

Initial introversion experienced in abusers might be the result of drug abuse itself, according to Wilson and Kennard (1978) as they saw a fast change in the patients from introversion to extroversion.

Hogan et al (1970) opined that drug users were more socially poised, open to experience, adventurous, impulsive and pleasure seeking.

Knight and Prout (1955) found drug addict patients to be shy, self-conscious, insecure and reserved, all factors relating to introversion.