INTRODUCTION
CHAPTER 1
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Since times immemorial drugs had been employed for treatment of patients and for ritualistic ceremonies. The Greek writer Homer had written about opium in his great epic ‘The Illiad’. In 8th century B.C. Hippocrates spoke about the medicinal values of opium (‘opion’) more than twenty five centuries ago. In India, psychotropic drugs ‘Soma Rasa’ and ‘Sura’ – two potent liquors are attributed to ‘Sagar Manthan’ (Churning of ocean) and have been used since long in Rig-Vedic religious ceremonies. Similarly, the use of cannabis sativa, the “Indian hemp”, is mentioned in Atharva Veda and its derivatives-bhang, ganja and charas are traditionally used by some followers of Lord Shiva and have become a part of Indian heritage and culture.

By 11th century, opium trade was established in Europe and by 16th century it was being used in Germany and Holland. It is also mentioned in Chaucer’s “Canterbury Tales” and Shakespeare’s “Othello”. In the 18th and 19th centuries opium was imported into China from India by the British and opium wars were fought over the trade in the 1839 and 1856.

In 1816, Fredrick William Sertumer, a pharmacist in Hanover, isolated a white crystalline substance from opium and named it Morphim after Morpheus, the god of sleep.

Despite wide socio cultural acceptance of alcoholic drinks, cannabis and its derivatives in India; their usage was constantly challenged by saner elements. Lord Krishna is said to have pronounced a curse on all kinds of intoxicating drinks. ‘Bhakti cult’ and ‘Vaishnavism’ also strongly opposed the use of alcohol and psychotropic drugs.

The magical qualities that these substances have to alter consciousness, to change mood, to modify perception, or to energize the body, apart from other effects, has resulted in more highly individualized motives and in more widespread use. People, for example, have come to rely on psychoactive drugs many of which are the products of the
pharmacological revolution that began in the 1950s, to help them to cope either with the tensions and strains of everyday living, or to alter unwanted feelings or emotions. For many others, the social-recreational use of psychoactive drugs, in addition to alcohol, has become increasingly popular. Many of the people who take drugs occasionally on medical advice, either for coping purposes or social behaviour, experience beneficial or relaxing effects and do not have any adverse effects or develop drug related problems, such as physical dependence.

Drug abuse and dependence are most common during adolescence and young adulthood. India is certainly facing a serious problem on account of drug addiction. Youngsters from rich families start taking drug as a ‘fashion’; youngsters from middle class families are attracted to drugs because of ‘learning’, ‘thrill’ and enjoyment; whereas, under-privileged students get hooked up to escape from the harsh realities of life such as poverty, unemployment and helplessness due to rampant corruption they have to face even in getting their legitimate jobs done. The repercussions of the power of money and political connections are felt by the students not only in their colleges but also at school level. Helplessness and frustration generated by the corruption coupled with extreme competition in getting admissions in professional colleges creates feelings of lack or control on life among a majority of students.

The problem of drug addiction has aggravated in the recent past because of complication caused by a number of factors. Earlier the consumption of a drug in a specific community was determined by the availability of the drug in that area and its culture. Now there is change in trends of drug abuse. Natural drugs such as cannabis, cocaine, khat and opium are now no more confined only to specific geographical areas but are being exposed in other regions also. Similarly, easy availability of manufactured drugs such as amphetamines, barbiturates, sedatives and tranquilizers has further complicated the problem of the drug abuse. The use of ‘illicit drugs’ such as heroine and alcohol and simultaneous use of more than one drug (multiple drug use) has created serious problems in developing countries like India.
Though addicts tend to give various reasons and justifications for their drug usage, most notable among them are the need for stimulant to satisfy curiosity, to relieve tension and psychological pressures, to remove fatigue and relaxation and peace. Scientific evidence shows that intoxicants by themselves do not sponge off tension and fatigue. On the contrary non-medical usage of drugs interferes with the body and brain functions and inhibits psychomotor abilities. The dynamics of drug abuse behavior is a highly complex phenomenon in which the drug, personality of the drug abuser and the environment interact with each other in complex manner. There is, as yet, no agreement with regard to etiology, dynamics and psychopharmacology of drug use. There are various theoretical viewpoints regarding abuse with varying degree of emphasis upon three factors involved in this interactional phenomenon. Attempts at a unified theory of drug addiction have not been successful. Part of this problem can be attributed to substantial disagreement over the issue of definition of addiction itself. Those who adopt habit forming or reinforcing view prefer to identify addiction with compulsive drug self-administration (e.g., Jaffe, 1985) others tend to link addiction physiological dependence syndrome (e.g., Edward et al., 1981).

World Health Organization has adopted the following definitions for usage and for the dependence producing drugs. Any substance, that when taken into the living organism may modify one or more of its functions, would be called a drug. Drug dependence is a state of periodic or chronic intoxication detrimental to the individual and to the society produced by the repeated consumption of a substance (natural and synthetic), its characteristics include (a) an overpowering desire or need to continue taking the substance in order to experience its psychic effects and sometimes to avoid the discomfort of its absence, (b) a tendency to increase the dose and , (c) a psychic and sometimes a physical dependence on the effects of substance.

Addictive behaviors based on the pathological need for a substance may involve abuse of substance. The misuse of drugs may take the form of dependence or abuse. The drug abuse is used to indicate the excessive consumption of a drug, regardless of whether
an individual is truly dependent on it or not. Drug abuse is defined as taking a drug for reasons other than medical, in an amount, strength, frequency or manner that damage the physical or mental functioning.

The most commonly abused problem substances, which result in various kinds of substance disorders, have been identified in DSM IV classification system as Alcohol, Amphetamine, Caffeine, Cannabis, Cocaine, Phencyclidine, Sedative and Polysubstances. Another way of classifying drugs is on the basis of effects they have on the user in terms of Narcotics, Stimulants Sedatives, Psychedelics and Hallucinogens.

No single pattern fits well for the abuse and addiction to different kind of substances. Flumer and Lapidus (1980) concluded that frequently cited reasons for beginning the use of drugs are pleasure, curiosity and peer pleasure. The factors like stress, personal maladjustment, sociocultural conditions also play their part in the onset according to Bry, McKeon and Pardina (1982). Dawson, Harford, & Grant (1992), Cloninger et al., (1986), Boller & Fanselow (1982), Cotlo (1979), and Goldstein et al., (1974) regarded the different physiological changes and genetic vulnerability as potent causes of drug addiction to different substances.

In principle, there is difference between physical addiction and psychological dependence on drugs; but practically it is very difficult to draw a sharp dividing line between the two. ‘Smoking’ for example is not physically addictive in strictly technical sense. Yet smokers usually find it very difficult to break the habit, because the discomfort, which they experience, resembles “the withdrawal symptoms” that result from physical addiction; consequently relapses are common. On the other hand, heroine is physically addicting, as a person builds up tolerance for it, he or she requires larger and larger doses to achieve the same effect. According to the popular myth, withdrawal from heroin is so painful that addicts are usually “hooked” for life. Yet a study on heroin among US soldiers in Vietnam indicated that once these soldiers returned home, most of them abandoned the drug and only 0.7% could be considered to be addicted to it (Robins, 1973). Clearly numerous social and environmental factors play roles in drug use and strongly influence physical and/or psychological dependence on drugs.
THEORIES OF DRUG ADDICTION

In trying to identify the causes of drug addiction, some researchers have stressed the role of genetic and biological factors; others have pointed to psychological aspects of drug addiction; and still others have emphasized sociocultural factors. Different models are given below:

Biological Theories:

Repeated administration of drugs can give rise to a state of “Pharmacogenic” dependence – a state such that withdrawal of the drug is followed by physiological and psychological disturbances which are normally transient but can be fatal also in severe cases. ‘Tolerance’ is the acquisition of progressive decline in degree of effects produced by a given dose of the drug. With increasing ‘tolerance’, the drug abuser is impelled to progressively increase the dosage and frequency of the drug, which in turn further increases the degree of pharmacogenic dependence. Research has shown that mesocorticlimbic dopamine pathway or the MCLP the ‘pleasure pathway’ of the nervous system is the center of psychoactive drug activation in the brain. It has been found that direct electrical stimulation of MCLP produces great pleasure and has strong reinforcing properties (Liebman & Cooper, 1989). It is believed that cell metabolism of an alcoholic has adapted itself to the presence of alcohol in the blood. For stability in metabolism a particular level of alcohol content in the bloodstream is required to be maintained, failing which withdrawal symptoms occur. The withdrawal symptoms include craving for alcohol, tremors, perspirations and weak nerves. These symptoms may be severe in certain cases like nausea, vomiting, fever, rapid heartbeat, convulsions and hallucinations. Alcohol clearly tends to run in families (Dawson, Harford, & Grant, 1992). Cotton (1979) in a comparative study of alcoholics and non-alcoholics found that almost one third of alcoholics had at least one parent with an alcoholic problem. Likewise, a study of alcoholics Coloninger and colleagues (1986) reports strong evidence for the inheritance of the traits responsible for alcoholism. An alcoholic-risk personality has been described by Finn (1990) as an individual, usually an alcoholic child, who had inherited pre-disposition towards alcohol abuse and who is impulsive, prefers taking high risks, is emotionally unstable, has difficulty in planning and organizing behavior, has
problems in predicting the consequences of his or her actions, has many psychological problems, finds that alcohol is helpful in coping with stress, does not experience hangovers and finds alcohol rewarding. These theorists tend to over emphasize biogenic factors and ignore the environmental factors. This viewpoint fails to explain as to why drug addiction problem did not exist three centuries ago.

**Psychodynamic theory:** psychoanalysts see overuse of alcohol and other psychoactive substance as products of neurotic conflict, doubt and anxiety about one's own self worth and attempts to make up for the impaired self-concept. Adler (1956) and some post-Freudian thinkers suggest that frustration ambitions may play role in the development of drug addiction. Addicts may have an enhanced need for power but find themselves inadequate to achieve their goals. They resort to drugs or alcohol because it provides a sense of power and feeling of achievement. Freudians believe oral addictive behaviours to be the result of fixation of oral stage of psychosexual development. Since over indulgence in drugs presents effective coping with the existing problems and leads to additional problems the vicious circle results in confirmed drug addiction and alcohol. According to Berne (1964) there is no such thing as alcoholism but it is the role of “the Alcoholic” which is being played in the life game of the individual. Like any other game there is an ulterior motive of the player who performs the role of “The Alcoholic” in the process of social interaction. The postulates that normally five persons are involved in the game of “The Alcoholic” (1) The Alcoholic; (2) The Persecutor (who is typically the sponse); (3) The rescuer (Who is often the family doctor); (5) The connection (One who supplies alcohol). The unconscious objective of the Alcoholic is to be scolded and then forgiven. For this purpose on or more people perform the roles of five partners required in this game. These theories are very difficult to be proved empirically though appear to be very plausible philosophically.

**Learning Theories:**

These theorists have given key model for understanding drug dependence and lot of research work has been done in the laboratory using animals. Both classical and operant models are now generally accepted for explaining the reinforcing nature of the drugs (Schuster, 1992; Wikler, 1980; Bandura, 1978). It is believed that drug
consumption is a learnt form of behavior within an environment, is shaped by its consequences, thus behavior or operant response that increases when rewarded, is called a positive reinforcement. Such rewards can be used to strengthen elements of behavior. On the other hand behavior that is increased following withdrawal or punishment is titled negative reinforcement. Numerous investigators have used conditioning theories to study drug-seeking behavior (Schuster, 1992; Van Rec, 1979). These theories have sound empirical basis but most of the work has been done on animals and cognitive aspect of human beings is ignored. These theories also fail to explain individual differences with the same environment.

Cognitive theories:

Cox and Klinger (1988) and Cooper (1994) described a “motivational model” of alcohol use. According to this theory, the person is motivated and the person decides consciously or unconsciously whether to consume a particular drug or not for mood altering effect and peer approval. Derman (1992); Stacy, Widaman, & Marlett (1990) have given “reciprocal influence model” to explain drinking behavior. In this view, adolescents begin drinking as a result of expectations that alcohol will increase their popularity and acceptance by the peers. In terms of Eriksons (1968) theory identity confusion has been sole factor important to understand the addiction problem. Young people who do not know ‘who they are’ might find alcohol and drug related experiences attractive in exploring the outer boundaries of selfhood. They may think that they can find a dimension of themselves which evades them in sober and straight world. Using drugs may also temporarily relieve the emotional stresses accompanying the identity crisis. Rogers feels that people resort to drugs to evade the awareness of increasing gap between real self and experience.

Socio-Cultural theories:

These theorists are of the view that environment factors shape personality – including the addictive behaviors. Parental attitudes, family environment, role models, teachers, peer influences, socialnorms, religious beliefs and practices of the family and the culture influence the socialization of the individual. Family relationship problems have also been related to alcoholism. Vaillant & Milofsky (1982), in longitudinal study
of alcohol abuse reported that six familial factors were significantly associated with the development of alcoholism. Six family factors—father’s alcoholism, marital conflict, lax maternal supervision, many moves, no attachment to father and no family cohesiveness, were found to be significant likely etiological resources of alcoholism. Three cultural factors have been found to be important determinant of the incidence of alcoholism in a given society (a) the degree of stress and inner tension produced by the culture; (b) the attitude towards drinking fostered by the culture; and (c) the degree of which a culture provides substitute means of coping with the tension and anxiety. These theorists are based on scientific observation and provide good explanation of addictive behaviors but tend to ignore the fact that every man does not get influenced by each and every environmental factors equally. Because of free will and intellect every individual makes his own choices regarding selection of peers and coping responses to stress. Thorlindsson (1989) and Snyder & Spreitzer (1983) found low negative correlation between sports participation and alcohol use. However, Overmanterry (1991) and Anderson & McKeag (1985) indicated that minimum differences existed in drinking behaviors of athlete and non-athlete students. Though several studies have attempted to explain the relationship between sports participation and drug use (Thorlindsson, 1989; Stuck, 1985; Rooney, 1983; Hayes & Tenis, 1977; Moss, Moss, & Kulik, 1976; Tec, 1972), few conclusions can be derived due to conflicting results. Although there are constant reports of cocaine, amphetamine and steroids use among athletes, the most popular and widely abused drug among professional football players was alcohol (Wadler & Hainlino, 1989). Latest investigators view drug addiction as result of a complex interaction of different biological, psychological, sociological and cultural factors. It is believed that certain individuals are predisposed to develop drug addictive behavior because of biological, psychological, or social predisposing factors like genetics, faulty self concept, depression, peer influence, parenting style, family conflicts, etc. and problem is aggravated by precipitating factors like stressful events, insomnia, anxiety and social permissiveness. Contemporary research, is concentrating on studying factors that place youth at risk for drug abuse. A “risk factor” can be defined as an attribute that is associated with high probability of initiation into drug taking behavior. The extent to which these ‘risk variables’ are related to specific preferences and patterns of drug taking behavior may either be a cause or consequence of such behavior.
Low personal control and meaninglessness in life (Newcomb & Harlow, 1986), emotional distress and life dissatisfaction are associated with drug use (Newcomb, Maddahian, Skager, & Bentler, 1987; Robin, 1978). Low self-esteem has been implicated in same theories of drug use (Kaplan, 1980; Smith and Fogg, 1978). Personal alienation (Jessor and Jessor, 1978) and depressed mood (Kandel, 1978) have been found to be associated with Marijuana use. The most comprehensive study was conducted by Williams (1970), who used the adjective Check List as his primary assessment instrument. His results characterize the college-age, male problem drinker as a comparatively "independent, aggressive, anxious, impulsive and depressed individual, who deemphasizes both primary and secondary relationship, is relatively unconcerned about others and doest not think too highly of himself". In an earlier study using the same measuring instruments on an all male college population, Williams (1968) found a significant positive correlation between the problem drinking and anxiety. Mackay (1961) reported many incidents of "impulsive angry outbursts" on the part of juvenile problem drinkers and their parents, and cited evidence of depression in these adolescents ranging from "feelings of irritability, worthlessness, fear of the future.... poor appetite, strange eating habits, and sleeplessness to overt suicide attempts".

The findings of Jones (1968, 1971) are also quite similar to those just reviewed. Jones found both her male and female preproblem subjects to be more unstable, unpredictable and impulsive than other premoderate drinkers of abstainers. Jessor, Carman, & Grossman (1968) reported that individuals in a college environment, who have low expectations of attaining academic and social recognition, will tend to drink more often, get drunk more often, as compared to those individuals who have higher expectations in these two areas of performance.

Immaturity is considered a personality characteristic of youthful addicts by Rettig and Pssamanick (1964), Ausubel (1961), and Bender (1963). Both Bender (1963) and Zimmering (1952), even though their observations were conducted a decade apart, agree that addicts show low frustration tolerance, that they tend to repress their troubles, and that they tend to withdraw into fantasies. Gilbert and Lombardi (1967), using Minnesota
Multiphasic Personality Inventory data, concluded that addicts generally are depressed (also Leeds, 1965), tense, feel inadequate (also Laskowitz, 1961), are irresponsible (also Laskowitz, 1961), are impatient and irritable, lack persistence, are hypersensitive and apprehensive, and have poor morale. Both Gilbert and Lambardi (1967) and Laskowitz (1961) noted the egocentrism of addicts in their disregard for social mores and in their view of themselves as members of an elite group. Cooper (1959) suggests that the personality descriptions of drug addicts in literature are not at all like the self-perceptions of these individuals.

Most researchers agree that most narcotic addicts have some mental problems or a weak or disturbed personality (Ausubel, 1961; Chein, Greard, Lee, & Rosenfeld, 1964; Greard & Kornetsky, 1954; Homberg & Jansson 1968; Laskowitz, 1961; Savitt, 1963; Vogel, Isbell, & Chapman, 1948; Wakefield, 1963). Edwards, Bloom, & Cohen (1986) found considerable hostility among heavy drug users, perhaps reflecting a predisposing state, as amount of hostility was unrelated to the degree of drug dependence. Cockett and Marks (1969) found higher total hostility scores among amphetamine users in a juvenile delinquent sample. Other personality characteristics reported by these authors were that users are more intropunitive (self criticism and guilt), have higher anxiety, exhibit lower extraversion, are more shy and retiring, less self confident, and more radical than traditional.

Kuhlen (1970) observed 41 college students and suggested the following 8 traits for students drug users. (a) tendency to live excessively in the present; (b) an excessive passive and reactive position in the interpersonal relationship; (c) serious cognitive difficulties (Schizophrenoid disturbance in thinking and verbalization); (d) inexplicable depression; (e) study difficulties not attributable to difficulties in the environment; (f) unrewarding sexual behavior; (g) use of repression and rationalization; (h) intellectualization and isolation as secondary defenses.

In a study with middle class high school students, Green, Blake, Carboy, & Zeahausen (1971) found that marijuana users as a whole tend to be more vulnerable to frustration, more headstrong, reckless, group dependent, and less self controlled. In a population of youthful offenders using amphetamines, Cockett and Marks (1959) found
no association between amphetamine-taking and intelligence level. Cohen and Klein (1970) found that users in a hospital population were of higher intelligence than non-drug users. One uncontrolled variable that could account for this is that persons of higher intelligence may be more apt to seek out unusual (i.e., psychedelic) experiences or that they may be more apt to seek hospitalization.

In an attempt to determine the psychopathological correlates of psychedelic use, McAree, Stegienhagen, & Zheutlin (1969) found that marijuana only users were not significantly different from controls on Minnesota Multiphasic Personality Inventory data (in some contrast to Hogan et al., 1970). Multiple drug users, however showed high ranking on the schizophrenia scale (representing withdrawal, poor interpersonal relationships, aloofness and the inability to express emotions). They also scored higher on the Masculinity-Feminity Scale (noted as possible due to increased sensitivity and aesthetic appreciation), the Psychopathic Deviate scale and the Hypomania Scale. Brill, Compton, & Grayson (1971) also found that college undergraduate marijuana users (some of whom used other drugs) scored significantly higher than nonusers on the Minnesota Multiphasic Personality Inventory Psychopathic Deviate Scale. On the other hand Davis and Brehm (1971) in a study of young drug users in the North Carolina State Prison system, found no significant difference between users and nonusers. Users in this study consisted of users of both psychedelics and hard drugs.

McAree, Steffenhagen, & Zheutlin (1969) hypothesize that the potentially more disturbed individual is attracted towards the more dangerous forms of drugs. Abnormal Minnesota Multiphasic Personality Inventories were found in LSD users in the study by Smart & Fazer (1969), and diagnosis of personality disorder or borderline psychosis were suggested. Frosch, Robbins, & Stern (1965) support these findings with a sample of 12 LSD patients diagnosed as psychotic or borderline psychotic. Blumenfield and Glickman (1967) also surveyed a hospital population of youthful LSD users in which 70% had had previous psychiatric treatment and 80% were diagnosed as psychotic or borderline. They concluded, however, that the patients' difficulties antedated the use of LSD. Cohen and Klein (1970) in reviewing a private hospital population, found heavy drug users more like to be character disorder than psychotic. They suggest that the divergence of their
findings from other studies may be due to the fact that users admitted to public hospitals are more likely to be psychotic (or diagnosed psychotic). The clinic population studied by Hekimian & Gershon (1968) revealed that 50% of psychedelic using patients had been considered schizophrenic or treated for schizophrenia before drug ingestion. In marked contrast to the diagnosis of narcotic users, Hensala et al., (1967) found that discharge diagnosis for multi-drug users indicated more schizophrenic disorders and fewer personality disorders among the drug group than controls. The general consensus concerning mental illness and use appears to be that person with predisposing psychopathology often take drugs which aggravate that state. Use of drugs themselves is not seen as producing abnormality.

Even if all of these personality correlates, which are too numerous to list, were found to be valid, two important questions would still be left unanswered. First, how do all these correlates fit together within a given individual? Second, why, given these person states, does an individual turn to psychedelic use?

Sadava (1970) reviews nine themes which may be functions of psychedelic drug used by college students: (a) alienation and search for meaning (Blum et al., 1956; Dearden & Jekel, 1971; Freedman, 1968; Keniston, 1965; Kuehn, 1970; Leary, Mezner, & Alpert, 1964; Pearce, 1971; Welpton, 1968); (b) disillusionment and rebellion (Brooks, 1971; Dearden & Jekel, 1971; Janowitz, 1967; Mizner et al., 1970; Suchman, 1968); (c) need for stimulation (Flynn, 1970; Keniston, 1965; Liebert, 1967); (d) self-definition (Barron, 1967; Blum, 1966; Brooks, 1971; Davis & Munoz, 1968; Freedman, 1968; Keeler, 1968; Kleber, 1965; Kuehr, 1970); (e) interpersonal relationship (Blum, 1956; Bowers, Chipman, Schwartz, & Dann, 1967; Dearden & Jekel, 1971; Freedman, 1968; Keeler, 1968; Kleber, 1965; Mizner et al., 1970; Pearce, 1971); (f) escape from sexuality (Blum, 1966; Davis & Munoz, 1968; Flynn, 1970); (g) hedonism (Blum, 1956; Davis & Munoz, 1968; Flynn, 1970; & Kuehn, 1970); (h) relief of anxiety and tension (Blum, 1966; Brooks, 1971; Flynn, 1970; Janowitz, 1967; Keeler, 1968; Mitchell et al., 1970; Pearce, 1971); and (i) curiosity and novelty (Blum, 1966; Dearden & Jekel, 1971; Flynn, 1970; Janowitz, 1967; Keeler, 1968; Kleber, 1965; Liebert, 1967; Mizner et al., 1970).
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Malcolm (1970) equated drug subculture to a religious or political cult which attracts the immature, the mentally disturbed, the socially disadvantaged, and the sociopathic. This subculture serves to crystallize the user’s socially maladjusted perception of reality. The final results are withdrawal from competition, passivity, a rejection of logic and rationalism, immediate gratification of personal urges, a feeling of collective wisdom regarding values adopted which are asocial or antisocial. Keniston (1965) explains drug use as a by-product of the alienation and noncommitment which make up a large chunk of the drug subculture. Harris (1971) hypothesizes that drug usage is a form of group rebellion against or alienation from the established society. Harris concludes that students who band together in groups characterized by anomic variables of isolation, powerlessness, and normlessness are more likely to use marijuana that those who believe in cause and effect relationship. However, McAree, Steffenhagen, and Zheutlin (1969) describe marijuana use as a badge of youthful group protest.
One early finding by Segal, Huba, & Singer (1980) has been replicated with some consistency. They found that initiation into drug-taking behavior was associated with rebelliousness, rejection of traditional values (nonconformity) and a need for autonomy. These characteristics, reported in an earlier study, were not associated with deviancy. Another personality factor associated with drug-taking behavior has been “sensation-seeking”, a construct that refers to an exaggerated tendency to seek novel, exciting, and risk-taking experiences. For some, the sensations are mainly physical, for others these are mostly mental and for most the sensation is a mix of both. Drugs may thus serve as a means of providing needed stimulation. Interest in sensation seeking as a correlate of drug-taking behavior peaked subsequent to a report that biological correlates of sensation seeking were identified. It has been found that some people do not reach the level of emotional development appropriate to adulthood. Arrested development of an aspect of personality at any stage leads to immaturity of personality (Keessel, N. & Walton, H., 1977). For example, some people are unable to attain a level of objectivity in their way of perceiving things, others are extremely self-centered, unable to feel tenderness toward anyone. Some others have childish need for approval and admiration. Such people are unable to develop healthy sense of self-identity, hence unable to form an intimate and stable relationship with another person. Such people are preoccupied with their private nostalgic memories of what might have been, boasting about those few things they have actually accomplished. They try to live the myths conceived in childhood even in their present and different grown up stages when they found that all this does not correlate with real events, when actual situation conflicts with this fantasies he takes drugs, so as not to be aware; he escapes into the world where they do not penetrate.

So far the focus of all governmental as well as non-governmental organizations is to provide psychomedical aids to drug addict population through their agencies like government hospitals and government funded or voluntary agencies like Red Cross, ASHI etc. But the situation; where the number of new entrants (drug addicts who take deaddiction treatment) is proportionally much higher than the out-going deaddicted clients; in no time is likely to become uncontrollable. Hence, the immediate need is to bring sharp focus on these occasional user adolescents who run the risk of becoming future addicts and providing them the necessary psycho-medical-social support system so
that they do not have the need to retreat into the world of drugs; rather face challenges of their lives realistically.

The empirical work in the area of drug addiction has been focused upon the conditions and dynamics of actual drug addict behaviors.

Analysis of the available theories and empirical work on addictive behavior has given certain leads to narrow our focus on some psychosocial conditions which might help us identify this above mentioned high risk target group from occasional users.

Amongst the psychosocial factors which appear to be of considerable importance are 'faulty self concept', 'inferiority complex', and 'sensation seeking' levels of adolescent. Parenting styles and attitudes toward child rearing also seem to influence the development of personality of adolescent. Then structure of family in terms of nuclear/conjoint and conflict within family members seem to set the stage for adopting escape route via drugs into the world of unreality.

Self-concept has been considered by Rogers (1965) as the sole indicator of mental health of humans. Rogers postulated that the state of incongruence between real and ideal self is a state of tension and internal confusion, and when it exists; individual is unaware that he/she is potentially vulnerable to anxiety. This observation of Rogers got empirical support in clinical circles (Harrington & Block, 1987). It follows that occasional drug users can be differentiated from each other in terms of their levels of congruence of self, where individuals with high incongruence tend to be swayed by drugs more.

Tuehfeld (1975) in his investigation of social, psychological and normal correlates of alcohol consumption suggested that an inconsistency between cognitive and behavioral dimension on self concept, combined with higher level of anxiety were associated with alcohol abusers. Sernard et al. (1975), in their study of self-concept and drug users, alcohol users and non users, indicated significantly different self-concept pattern for each group. Drug use group showed the lowest self-concept; non-users had a generally positive self-concept. However, Leitnre (1975) very specifically studied the personality difference of four groups of drug abuser college student and found no
significant differences in self-concept. Another potent factor “the inferiority feeling” has been considered by Adler (1927) as a cause of all improvement in the human lot. But inferiority feeling exaggerated by some social conditions becomes ‘inferiority complex’ wherein individual perceives himself as weak, inadequate, emotionally immature and unsure of his abilities (Hjelle & Ziegler, 1992). Gilbert & Lombardi (1967) made a comparison of personality characteristics as measured by the MMPI of 45 male narcotic addicts and 45 non-addicted males of similar socioeconomic level and found that addicts were comparatively suffering from feelings of inadequacy. Hebeisen, Johnson, Anderson, & Johnson (1984) in a longitudinal comparative study between different groups on drug use found that self-esteem was related to pattern of drug use. It is conjectured that those who suffer from inferiority complex, among occasional drug users, run the risk of becoming drug abusers in the face of stresses and strain.

Another psychological variable ‘sensation seeking’ (SS) appears equally relevant. Sensation-seeking is defined as the need for varied, novel, and complex sensations and experiences and the willingness to take physical and social risks for the sake of such experience (Zuckerman, 1979). Abuse of various psychoactive substances has been found to be associated with high SS scores in general (Virkkunen et al., 1994; Khavary & Mabry, 1985; Galizio & Stein, 1983; Gersick et al., 1981). Two conceptual difficulties, however, arise when one tries to understand the genesis of substance abuse in terms of higher SS alone. First, why should a sensation-seeker bother about drug use only and not other channels of stimulating risk taking behavior? “It is unclear how this motivational variable (SS) relates to the genesis of drug abuse. Why do not this trait become sublimated into more socially sanctioned experiences, such as jogging or carnival rides instead of being expressed through drug abuse? Clearly, a dispositional variable is inadequate in itself as a sole explanation for drug addiction” (Craig, 1982, p. 243).

Secondly, it has been argued (Spotts & Shontz, 1983) and later demonstrated (Spotts & Shontz, 1986) that infrequent and experimental use of drugs is associated with higher SS but not having or chronic use. Higher sensation-seekers may casually experiment with drug for “varied, novel and complex sensations and experiences,” but why should they persist with drug use to the extent of becoming dependent on it,
especially when after chronic use the drug is not likely to produce “varied and novel” sensations any more? The fact that repeated use of “hard” drugs like heroin confers physical dependence cannot be the sole explanation; why go in for “repeated use” in the first place something else, other than SS alone, must be there to explain the genesis of addiction. Following basic tendency of high sensation seekers to anticipate arousal as more positive than low sensation seekers (Basu et al. 1995), it is contended that high risk for drug abuse would persist among those who are high on sensation seeking with drug use to the extent of becoming dependent on it.

Throughout history alcohol and other drugs have been used to relieve the distress caused by the experience of traumatic and disruptive life events. Recent controlled research has confirmed these anecdotal observations that stressful life events frequently result in increased substance use (eg., Newcomb, Huba, & Bentler; Penk et al., 1981; Roberts et al., 1982; Headlam, Goldsmith, Hanenson, & Rauh, 1979; Morrisey & Schuckit, 1978; Sadava, Thistle, & Forsyth, 1978). The nature of the stressor can be as catastrophic as the Vietnam war (e.g., Foy, Sipprelle, Rueger, & Carroll, 1984; Roberts et al., 1982; Penk et al., 1981; Robins, 1978), where alcohol, cannabis, and opiate use was epidemic, or as commonplace as the trauma of a divorce or the death of a close friend or family member (e.g., Bruns & Geist, 1984; Headlam et al., 1979; Morrisey & Schuckit, 1978; Sadava et al., 1978). Stressful experience with its attendant discomfort and disequilibrium and the resultant use of alcohol and other substances may also arise from economic hardship (e.g., Pearlin & Radabaugh, 1976), being born an ethnic minority in a racially repressive society (eg., Kleinman & Lukoff, 1978), specific occupations, such as law enforcement (e.g., Nordlich, 1979), and having to deal with chronic pain (e.g., Maruta, Swamson, & Finlayson, 1979).

The relation between successful life events and the use of drugs is also evident among adolescents (e.g., Bruns & Geist, 1984; Carman, 1979; Headlam et al., 1979). For example, Headlam et al., (1979) examined the medical records of 235 adolescents who had recently experienced a traumatic life event or lived in a life context characterized by fairly constant stress. Sixty three percent reported major family problems, 33% had experienced a recent loss or death, and 21% had at least one parent who regularly abused
alcohol. In a study of high school students, Carman (1979) found that frequent intoxication (from marijuana, amphetamines, hallucinogens, or barbiturates) was significantly associated with motivations to enhance personal effects and reduce distress. In other words, the use of drugs was firmly linked to an attempt to cope with stress. In another of 1,018 teenagers, Newcomb et al. found that a sum of life events experienced in the past 6 months was significantly correlated with the use of beer, wine, hard liquor, marijuana, psychedelics, and cocaine.

Apart from these factors which characterize the personality of drug abuse risk prone adolescent, certain factors of social nature which affect the person at experiential level seem highly significant. In this regard parenting styles of rearing children’s attitudes towards objective reality as well as their coping styles and problem solving strategies are important ones. Consistant enforcement of demands and rules by parents make the children and adolescent adequately control their impulses and aggression and add to their self-esteem (Patterson, 1976; Block, 1971; Coppersmith, 1967). It is believed that parents who are either too restrictive or permissive detached or involved can create problems in the developing children (Baumrind 1987). Baumrind gave findings regarding four distinct parenting styles. “Authoritative” style combines mutually warm and respectful communication with reasonable limits and formation of the adolescent’s expression of difference and independence. The more “authoritarian”, “punitive” and “permissive” styles provide too much or too little autonomy or attachment (Baumrind 1987). Hauser, Powers, & Noam (1991) identified “mutuality” (i.e. respect for the views and feelings of other) and “permeability” (i.e. openness and responsiveness) within the family as keys to a successful development. Externalizing disorders consist of aggressive and antisocial behaviors (Achenbach & Edelbrock, 1978) such as drug dependence (Nathan, 1988; Donovan & Jessor, 1985).

Parent modeling of substance use and ineffective parental control practices are related to adolescent substance use (e.g., Brook, Whiteman, & Gordon, 1983; Jessor & Jessor, 1977). Dishion et al., (1988) demonstrated that parental drug use was related to early adolescent drug sampling. After comparing the personality outcomes of children of authoritarian, permissive, and authoritative parents (Maccoby, 1980), it is intended that
Authoritative parenting would inhibit drug abuse in adolescents. The effect of model (positive or negative) is another great sociocognitive influence on child's behavior (Bandura, 1977). Research on risk factors of drug abuse suggests that parent alcoholism also raises risk for alcohol and drug use during adolescence (Chassin, Rogosch, & Barrera, 1991; Hawkins, Catalano, & Miller, 1992). Deficits in parental support and ineffective parental control practices have been frequently identified as risk factors for adolescent substance use (Hawkins et al., 1992).

Rounsaville et al., (1982) reported that one-third of heroin addicts had experienced disruptive events in their homes. Kosten, Novak, & Kleber (1984) found that the addicts seemed to be insensitive to the lack of effective organization and limit setting in either their family of origin or marriage. Newcomb & Bentler (1988), in a developmental study, confirmed that family disruption was significantly related to child drug use and socially deviant attitudes during early adolescence. A longitudinal study revealed that the quality and consistency of family management family communication and parents' role modeling were the main factors of causation in children's substance use (Baumind, 1983; Patterson, 1982; Pennigs & Braves, 1982; Satston et al., 1982; Kandel, Kessler & Margunlies, 1978; Merces et al., 1976). This longitudinal study also revealed that greater parental adjustment problem and family disorganization were either in the risk group who were found significantly higher on substance use and anti-social personality. Following elaborate and highly consistent theoretical framework of modeling by Bandura, it is proposed that if someone within the family of occasional user is in the habit of taking alcohol/drug usage which, in the presence of other conditions, might aggravate the problem of drug abuse.

Research with adult populations has generally indicated that social support is inversely related to substance use (see e.g., Wills, 1990a; Umberson, 1987; Memelstein, Cohen, Lichtenstein, Kamarack & Baer, 1986). Research on adolescents has focused on the role of support from parents as a protective factor with attention to dimensions such as an emotional and instrumental support. Parental support has been indexed through measures of closeness and confiding in the parent-child relationship or of adolescents' perceived support from parents for helping them to deal with problems. Such measures
on functional support from parents are related to better mental health outcomes and to lower likelihood of substance use (e.g., Banerra, Chassin, & Rogosch, 1993; Wills, Vaccaro, & Mc Namara, 1992; Brook, Gordon Whiteman, & Cohen, 1990; Greenberg, Siegle, & Leitch, 1983). In addition, several studies have demonstrated stress-buffering effects. The relationship between negative life events and adverse outcomes is reduced in adolescents with a higher level of emotional support from parents (Wills et al., 1992; Greenberg et. al., 1983).

In sum, the increasing use of alcohol and some other psychoactive drug in a socially unrestrictive way has increased the challenge to counselors and philanthropists as the number of drug abusers are increasing steeply by each passing day. Targeting the actual drug addict population is not yet yielding fruits up to the expectations. It seems more important that focus now should be turned to those who have the predisposition to become drugs abusers and addicts.

Outcome expectancies have also revealed considerable research attention in the development of addictive behavior. It represents an individual’s belief that alcohol or drugs will produce a desired outcome, typically by providing a positive effect or by allowing him or her to avoid, minimize, or escape negative emotions or situations. It is held that alcohol serves as a positive transforming agent or a “magic elixir” (Marlatt, 1983). Alcohol or use of other drugs is expected to enhance social and physical pleasure, enhance sexual performance and responsiveness, increases power and aggression, increase social assertiveness and reduce tension. These observations are in line with alcohol’s tension-reducing or stress responses dampening effects. Skinner’s famous statement that “behavior operates in the environment in order to get the consequence” also applies here.

Some of the preceding psychological explanations for addictive behaviors are useful in understanding alcohol and drug abusive and dependent behavior. In today’s world, students and youth have to live in an environment full of uncertainties, turbulence and even hostility. Competition has increased manifold its attending consequences. So it is reasonable to surmise that stress levels have gone up phenomenally. It affects their self-esteem and motivation level forcing them to indulge in substance use to avoid their stress and tension.
There is still much ignorance in society including students about the ill effects of drug abuse on the individual, family and community. A deliberate decision has, therefore, been taken by the Ministry of Social Justice and Empowerment to step up awareness generation programs which include holding seminars, conferences, workshops, corner meetings, essay/debate competitions, publicity through mass media etc. Several radio and TV programs have been launched and films produced to create awareness about role of parents, teachers and opinion leaders in the prevention and control of alcohol and drug abuse.

Health professionals recognize that drug abuse is a multifaceted problem, requiring a broad range of interventions, and that different people abuse drugs for different reasons, making it necessary to assess carefully those factors of particular importance for a given individual. Since it is far easier never to begin using drugs than to stop using them, considerable effort has been expended in recent years to prevent actions, medical treatment, rehabilitation and readaptations of addicted persons; supervision over substances with addiction forming liability, combating the illicit drug trading, drug production, drug processing and the cultivation of plants containing substances with addiction forming liability.

Magnitude of drug abuse in students in India

Magnitude of drug abuse in students in India also needs some observations. A number of surveys on clinical studies are available which throw light on the prevalence of drug abuse. With respect to urban area, the problem has been studied albeit indirectly while carrying out studies on the problem among youth. The assumption seems to be that students in educational institutions located mostly in urban areas also belong to, or come from urban areas. Nonetheless, a few studies have been conducted which focus on urban areas. Verghese and Beig, (1972) studied the problem of drug use in relation to psychoneurosis in the town of Vellore. Incidentally, a similar assumption appears to have weighed with the researchers about youth: youth are students and vice versa. It is, therefore hardly surprising to find that except for a few articles or seminar papers (Dayal, 1972), the youth population in general has seldom been studied.
Chitins (1974) and Verma & others (1973) explored the problem of drug dependence on the campus. Banerjee (1963) inquired into the extent of drug use among students. Are school-children untouched by the problem? The study conducted by Mohan & other (1975) is negative. On the contrary, scientific evidence is agreed that college and university campuses in the country have sizeable prevalence rate (Parmeshwaran & Mashinddin, 1981; Khan, 1978; Mohan, 1976, 1977). It is often presumed that students pursuing generic courses are given to aberrations including the use of intoxicants. However, this is hardly supported by data. Students pursuing professional courses may be equally susceptible. Deb (1976) reports that a large number of agriculture students were using psychotropic drugs. Interestingly the extent of drug use among medical students is significant (Khan, 1978). According to Agarwal (1973), psychiatric morbidity is considerable among them. Drug use among medical students has been repeatedly reported as high (Dube et al., 1977; Sethi & Manchanda, 1972).

Some other observations on the prevalence rate among college and university students are also available. In 1976, the Ministry of Social Welfare of the Government of India (source Khan & Singh, 1979) conducted a survey on multi-centered college and university students in seven centers. It disclosed that 52.78% students have never used drugs at the time of interview. About 20% students were using drugs in Jaipur, Madras and Hyderabad and about 35% in Delhi, Bombay, Varansi and Jabalpur. Of the current users, about 90% were experimenters (who took drugs once a week or less often), 9% were regulars (who took) drugs several times a week and only 1% were dependent (who could not live without drugs). About 75% used alcohol and/or tobacco. Excluding painkillers, the extent of drug consumption was found 4.6% showing thereby that the drug problem was not a serious social problem about a decade ago in India, as it is emerging now.

In terms of nature of drugs used it was found that students who used drugs other than alcohol and tobacco, about 20% were found using pain-killers, 35% narcotics (like cannabis, opium, heroin, marijuana, charas, ganja, bhang etc.), 5.7% stimulants (like amphetamines) and about 1.7% hallucinogens (like LSD). In other words little more than three-fourth of the drug users were taking only recreational drugs for relaxation and fun.
One-fifth was taking medically prescribed drugs to alleviate physical ills and only about 2.3% was taking drugs to escape from reality. Since ‘down’ drugs were more popular than ‘up’ drugs, it could be inferred that youth wish to ‘go to sleep’ rather than ‘wake up’.

Mohan and associates (1978) conducted a research on high school students to determine the magnitude of prevalence and to analyze the nature and causes of drug abuse. He studied 2032 students (1192 boys and 840 girls) of 9th, 10th, and 11th class selected from six medium schools (2 boys, 2 girls and 2 co-educational). The study revealed those 62.6% students were current users, 9.4% past users and 28% non users. Of the current users 12.7% occasionally took alcohol and smoke cigarettes, 6.4% smoked only cigarettes, 3.5% took tranquilizers and 49% took sedatives, stimulant and narcotic drugs. This shows that the exception of occasional use of alcohol and cigarettes, drug use among high school students tends to be very limited. The study further revealed that (a) Brighter students use drugs less than the average students do (b) drug users get more pocket money than the non users, and (c) a large number of drug users had friends who took alcohol and/or smoke cigarettes.

Most cited drug abuse study in students from Jaipur is that of Ahuja (1982) who reported a sociological survey on drug abuse based on 481 students taken from Jaipur. This finding revealed that 64% students were found to be non-users. 10.6% past users and 25.4% current users. Of the current users 98.6% were non-dependents and 1.4% dependents, 75% current users used alcohol and/or tobacco. 14% used alcohol and/or tobacco and drugs, 10% used only one drug (but no alcohol or tobacco) and about 1% used more than one drug.

Taken past users and current users together, 36% respondents or roughly every third student had drug experience. Excluding alcohol and tobacco, the extent of drug use was only 7.5%. Taking only current users and excluding those who used only tobacco and/or alcohol, the extent of drug consumption was found to be 6.4%. Excluding pain killers, the extent of drug consumption was only 4.3%.
As regards to nature of drugs used, alcohol (38.4%) and tobacco (36.5%) were found to be the common drugs of abuse among the current-users. Experimentation with illicit drugs or with other mind attuning substances was found to be less (25.1%) than above two. Among the other drugs, two-third (64.1%) of current users used depressants, one-fourth (24.4%) narcotics, one-tenth stimulants (8.0%) and hallucinogens (3.5%). Study further revealed that girls and boys abuse different drugs. The girls were using more perspective psychotherapeutics than boys. Boys took alcohol more frequently than girls.

Some meaningful observations were also made regarding frequency of drug use. Drugs used by the current showed that 1.5% were ‘Dependent’ (who could not live without drugs), 9.8% were ‘Regulars’ (who took drugs daily or several times a week) and 88.7% were ‘Experimenters’ (who took drugs one a week or less often). 2.0% alcohol users were ‘dependents’, 11.3% were taking it ‘regularly’, and 86.7% were experimenters. Of the tobacco users, 0.5% were ‘dependents’, 19.7% ‘regulars’ and 86.8% ‘experimenters’. Among the users of other drugs, 1.9% were ‘dependents’, 3.5% ‘regulars’ and 9.46% ‘experimenters’. If from among those who used drugs other than alcohol and tobacco, only dependent and regulars are taken, 21.4% were found using painkillers, 28.6% tranquilisers; 35.7% narcotics (cannabis, pethidine), 7.1% stimulants (amphetamine) and 7.1% depressants (barbiturates). Ahuja’s drug abuse survey demonstrate that drug abuse was not as serious problem two decades before as it remains today.

Between 1977 and 1987 two large studies were carried out among senior high school students. One was a multi centre study carried out in 4 metropolitan cities. Data on use over past one year, revealed that as was seen among college students, alcohol was the most commonly abused substance (84.13%), followed by tobacco (3-6%), and minor tranquilizers (1-4%). There were no reports of cannabis or opiate use (Mohan, & Sharma, 1995).

Summarizing, it is apparent that abuse of drugs was noticed among students (college/senior high school). The rates of use vary as different drugs and different definitions or drug abuses were used. By and large, current drug use meant “ever use in
last one year”, and alcohol, tobacco, pain killers, minor tranquilizers and cannabis were the common drugs of abuse. Since then the focus shifted to general population surveys and no large scale study has been carried out among students.

Annual Field Report (ROSA, 1997) and Country Report, India, Ministry of Welfare, showed that for the period April to September, 1996, 1, 25, 170 drug addicts were registered in various centres supported by the Ministry of Welfare, Government of India. Among them 42% were using alcohol, 20% opium, 6.2% and 13% cannabis and heroin respectively, and 18% were using other drugs. There have been reports of increase in abuse of prescription medicines such as diazepam. Adulterated heroin (smak) abuse has also gone up. It was estimated that about 40000 heroin abuses existed in India.

They were typically from urban areas, predominately young males. Among the drug users, a high percentage were 15-25 years of age, and use among school children below the age of 12 had also been noted. Drug users were mostly unmarried, from average socio-economic strata and were engaged in anti-social activities. However, there are observations reporting that “the current drug abuses come from better education families”. It appears that the use of drugs tends to increase with education in the family, inadequate parental control also leads to drug abusive behavior as well as companionship of peer groups.

Some of these observations suggest that we are now facing a major problem in our country with the illicit use of drugs, particularly with students. Even though alcohol and drug abuse have attained serious proportions in the Western countries for many years, it is only recently that in India serious attention is being paid to this problem.

Role of psychological factors, family environment, life events in drug abuse and its effects:

The role of socio-demographic attributes and family socio-economic status has been investigated extensively through epidemiological studies on drug abuse. However, the significance of psychological factors have not been thoroughly investigated. Major psychological factors include personality, personal and negative emotions such as worry, anxiety, and depression.
Role of life events and family environment can also be not overlooked. Very recently, Nathawat, Vijay and his associates (2006) have reported that the alcoholic students demonstrated significantly more tendency of external locus of control, unhappy family life and high incidence of life events than the non alcoholic students. Furthermore, the alcoholic students were found to have significantly higher level of worry, anxiety and depression than their normal counterparts who were not alcoholics.

Because college students are highly selected group for intelligence and academic achievement, as a whole, they should hold higher aspirations and expectations for achievement than their high school classmates who did not go on to college. Accordingly, one might expect that alcohol and other drug use patterns of college students would be lower than for members of their age cohort who are not enrolled in college because such behavior may interfere with success in college. It is commonly believed that college students may not drink more and not use other drugs more than non-college students. Whether it is fact or artifact needs investigation.

There are no systematic studies on alcohol and other drug use from the above perspective in our country. Since such studies on prevalence, determinants and effects of alcohol and other drug use in college students are sparse, it occurred to this investigator to take up such study in Haryana and fulfill this research gap.

NEED OF THE STUDY

As the society is experiencing a great social impasse, drug addiction is spreading as an epidemic in all segments of the society. Finding oneself encircled by social/parental expectations, existing contradictions between theory and practice all around, weakened social/moral support systems to rely upon; one develops agony, and sharp reactions sweep over one’s personality, resulting in one’s getting solace in the lap of alcohol or drugs. The changing social norms and attitudes toward occasional alcohol/drug usage also contributed to the problem in the sense that adolescents do not maintain strong internal prohibitions against the use of drugs. It has been observed that out of the larger group of occasional alcohol/drug users some tend to become drug abusers and then addicts. Elaborate efforts are made by various organizations to control
and correct the menace by providing psychomedical aids/therapies to addicts; but here, it is important to mention as a saying goes, "Prevention is better than cure". We should try to find out ways and devise programmes that can help us identify and then correct those adolescents who are at high risk of becoming drug addicts. This would save a lot of national/state resources, human, social as well as economic.

The present investigation has been planned to identify those factors which can help us predict as to who out of a larger lot of occasional alcohol/drug users tend to become fully developed cases of drug addiction. It is hoped that understanding of these factors would help us devise some quick and effective counseling programmes which would save these adolescents from becoming prey of drug menace and thus enable them to become productive and healthy members of the society.