

## **A Study of Drugs and Substance Abuse among Adolescents of Slum Dwellers**

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### **ABSTRACT**

Drugs and substance abuse and dependence has become a worldwide public health crisis. The abuse of drug is an international problem, which affects almost every country in the world, both developed and developing. The present study was carried out with the objective: To study the prevalence and patterns of drugs and substance abuse among adolescents, living in slum of Meerut. A survey was conducted on slum area of Nauchandi compound, Meerut District. Sample was collected from 110 boys of 12 to 16 years old. The survey was based on drug addiction habits. Results shows that 46.36 % adolescents of the slum area used substance like Gutkha, Tobacco, Smoking, Alcohol, Afeem, Ganja, Thinner and Marijuana. 54.91% admitted to using one time, 23.53% admitted rarely, 15.68% admitted occasionally and 5.88% admitted that they have craving for drugs, so use frequently. The most common substances used were Gutkha 46.36%, tobacco 40.91%, smoking 37.27%, and alcohol 13.63%. 8.18% substance abusers used multiple substances. Synthetic narcotics and LSD were not used by any of the abusers. Our study revealed that prevalence of substance use among adolescents is high and cause significant problem in this population, therefore there is necessity of targeted interventions to reduce this huge burden.

**Keywords:** *Drugs & Substance Abuse, Habits, Slum Dwellers, and Prevalence.*

**J**une 26 is celebrated as International Day against Drug Abuse and Illicit Trafficking every year. It is an exercise undertaken by the world community to sensitize the people in general and the youth in particular, to the menace of drugs. The picture is grim if the world statistics on the drugs scenario is taken into account. With a turnover of around \$500 billions, it is the third largest business in the world, next to petroleum and arms trade. About 190 million people all over the world consume one drug or the other. Drug addiction causes immense human distress and the

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illegal production and distribution of drugs have spawned crime and violence worldwide. Today, there is no part of the world that is free from the curse of drug trafficking and drug addiction. Millions of drug addicts, all over the world, are leading miserable lives, between life and death.

India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day. According to a UN report, One million heroin addicts are registered in India, and unofficially there are as many as five million. Inhalation of heroin alone has given way to intravenous drug use, that too in combination with other sedatives and painkillers. This has increased the intensity of the effect, hastened the process of addiction and complicated the process of recovery. Cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India. Cannabis products, often called charas, bhang, or ganja, are abused throughout the country because it has attained some amount of religious sanctity because of its association with some Hindu deities. The International Narcotics Control Board in its 2002 report released in Vienna pointed out that in India persons addicted to opiates are shifting their drug of choice from opium to heroin. The pharmaceutical products containing narcotic drugs are also increasingly being abused. The intravenous injections of analgesics like dextropropoxphene etc are also reported from many states, as it is easily available at 1/10th the cost of heroin. The codeine-based cough syrups continue to be diverted from the domestic market for abuse Drug abuse is a complex phenomenon, which has various social, cultural, biological, geographical, historical and economic aspects. The disintegration of the old joint family system, absence of parental love and care in modern families where both parents are working, decline of old religious and moral values etc lead to a rise in the number of drug addicts who take drugs to escape hard realities of life. Drug use, misuse or abuse is also primarily due to the nature of the drug abused, the personality of the individual and the addict's immediate environment. The processes of industrialization, urbanization and migration have led to loosening of the traditional methods of social control rendering an individual vulnerable to the stresses and strains of modern life. The fast changing social milieu, among other factors, is mainly contributing to the proliferation of drug abuse, both of traditional and of new psychoactive substances. The introduction of synthetic drugs and intravenous drug use leading to HIV/AIDS has added a new dimension to the problem, especially in the Northeast states of the country. Drug abuse has led to a detrimental impact on the society. It has led to increase in the crime rate. Addicts resort to crime to pay for their drugs. Drugs remove inhibition and impair judgment egging one on to commit offences. Incidence of eve-teasing, group clashes, assault and impulsive murders increase with drug abuse. Apart from affecting the financial stability, addiction increases conflicts and causes untold emotional pain for every member of the family. With most drug users being in the productive age group of 18-35 years, the loss in terms of human potential is incalculable. The damage to the physical, psychological, moral and intellectual growth of the youth is very high. Adolescent drug abuse is one of the major areas of concern in adolescent and young people's behavior. It is estimated that, in India, by the time most boys reach the ninth grade, about 50 percent of them have tried at least one of the gateway drugs. However, there is a

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wide regional variation across states in term of the incidence of the substance abuse. For example, a larger proportion of teens in West Bengal and Andhra Pradesh use gateway drugs (about 60 percent in both the states) than Uttar Pradesh or Haryana (around 35 percent). Increase in incidences of HIV, hepatitis B and C and tuberculosis due to addiction adds the reservoir of infection in the community burdening the health care system further. Women in India face greater problems from drug abuse. The consequences include domestic violence and infection with HIV, as well as the financial burden. Eighty seven per cent of addicts being treated in a de-addiction center run by the Delhi police acknowledged being violent with family members. Most of the domestic violence is directed against women and occurs in the context of demands for money to buy drugs. At the national level, drug abuse is intrinsically linked with racketeering, conspiracy, corruption, illegal money transfers, terrorism and violence threatening the very stability of governments. India has braced itself to face the menace of drug trafficking both at the national and international levels. Several measures involving innovative changes in enforcement, legal and judicial systems have been brought into effect. The introduction of death penalty for drug-related offences has been a major deterrent. The Narcotic Drugs and Psychotropic Substances Act, 1985, were enacted with stringent provisions to curb this menace. The Act envisages a minimum term of 10 years imprisonment extendable to 20 years and fine of Rs. 1 lakh extendable up to Rs. 2 lakhs for the offenders. The Act has been further amended by making provisions for the forfeiture of properties derived from illicit drugs trafficking. Comprehensive strategy involving specific programmes to bring about an overall reduction in use of drugs has been evolved by the various government agencies and NGOs and is further supplemented by measures like education, counseling, treatment and rehabilitation programmes. India has bilateral agreements on drug trafficking with 13 countries, including Pakistan and Burma. Prior to 1999, extradition between India and the United States occurred under the auspices of a 1931 treaty signed by the United States and the United Kingdom, which was made applicable to India in 1942. However, a new extradition treaty between India and the United States entered into force in July 1999. A Mutual Legal Assistance Treaty was signed by India and the United States in October 2001. India also is signatory to the following treaties and conventions:

1961 U.N. Convention on Narcotic Drugs

1971 U.N. Convention on Psychotropic Substances

1988 U.N. Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances

2000 Transnational Crime Convention.

*Credits: Azad India Foundation*

*The spread and entrenchment of drug abuse needs to be prevented, as the cost to the people, environment and economy will be colossal. The unseemly spectacle of unkempt drug abusers dotting lanes and by lanes, cinema halls and other public places should be enough to goad the authorities to act fast to remove the scourge of this social evil. Moreover, the spread of such reprehensible habits among the relatively young segment of society ought to be arrested at all*

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*cost. There is a need for the government enforcement agencies, the non-governmental philanthropic agencies, and others to collaborate and supplement each other's efforts for a solution to the problem of drug addiction through education and legal actions. (@Youth Ki Awaaz, Apr 04, 2008, Drug Abuse in India)*

### METHODOLOGY

#### Objectives:

- To study the prevalence and patterns of drugs and substance abuse among adolescents, living in slum of Meerut.

#### Sampling & Procedure of Data Collection:

A survey was conducted on slum area of Nauchandi compound, Meerut District. A purposive randomly sampling was used to select sample for survey from slum area. Sample was selected on the basis of age group (12 to 16). Total 110 male adolescents were selected for the survey. The survey was based on drug addiction habits, therefore some questions were formed to collect information, which were related to their habits, frequency and type of drug and substance.

### RESULTS

Results shows that 46.36 % adolescents, out of 110 adolescents, who were surveyed, admitted to use of substance like Gutkha, Tobacco, Smoking, Alcohol, Afeem, Ganja, Thinner and Marijuana. 54.91% admitted one time, 23.53% admitted rarely, 15.68% admitted occasionally and 5.88% , out of 51 adolescents, admitted that they have craving for drugs, so use frequently, whenever they wants.

The most common substances used were Gutkha 46.36%, tobacco 40.91%, smoking 37.27%, and alcohol 13.63%. We also found that 8.18% substance abusers used multiple substances. Synthetic narcotics and LSD were not used by any of the abusers.

*Table 1. Showing Patterns of Drugs and Substance use among Adolescents of Slum Dwellers.*

Frequency to use Drugs and Substance	
54.91%	One Time
23.53%	Rarely
15.68%	Occasionally
5.88%	Frequently and Craving
Types of Drugs and Substance	
46.36%	Gutkha
40.91%	Tobacco
37.27%	Smoking
13.63%	Alcohol
8.18%	Multiple Substance
0%	Synthetic narcotics and LSD

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'Easy availability' and 'relief from tension' were the most frequent reasons for continuation of substance use. Level of knowledge on harmfulness of substance use adolescents was very high and they stated media as the most frequent source of information. Users were successful in influencing their peers into taking up this habit.

### **DISCUSSION**

The Global Youth Tobacco Survey (Sinha DN. et al. 2006) in 2006 showed that 3.8% of students smoke and 11.9% currently used smokeless tobacco. Tobacco as a gateway to other drugs of abuse has been the topic of a symposium (Dhawan A. et al. 2004).

A study of 300 street child laborers in slums of Surat in 1993 (Bansal RK, & Banerjee S. 1993) showed that 135 (45%) used substances. The substances used were smoking tobacco, followed by chewable tobacco, snuff, cannabis and opioids. Injecting drug use (Tripathi BM, & Lal R. 1999) is also becoming apparent among street children as are inhalants (Praharaj et al. 2008).

A study in the Andamans (Benegal V. et al. 2008) shows that onset of regular use of alcohol in late childhood and early adolescence is associated with the highest rates of consumption in adult life, compared to later onset of drinking.

#### *Studies in other populations*

A majority of 250 rickshaw pullers interviewed in New Delhi (Gupta R. et al. 1986) in 1986 reported using tobacco (79.2%), alcohol (54.4%), cannabis (8.0%) and opioids (0.8%). The substances reportedly helped them to be awake at night while working. In a study of prevalence of psychiatric illness in an industrial population (Dutta S. et al. 2007) in 2007, harmful use/dependence on substances (42.83%) was the most common psychiatric condition. A study among industrial workers from Goa on hazardous alcohol use using the AUDIT and GHQ 12 estimated a prevalence of 211/1000 with hazardous drinking (Chagas Silva M. et al. 2003).

#### *Effects of substance use disorders*

Mortality and morbidity due to alcohol and tobacco have been extensively reviewed elsewhere (Nayak RB, & Murthy P. 2008) and are beyond the scope of this review. The effects of cannabis have also been reviewed (Grover S, & Basu D. 2004). Mortality with injecting drug use is a serious concern with increase in crude mortality rates to 4.25 among injecting drug users compared to the general population (Solomon SS. et al.2009). Increased susceptibility to HIV/AIDS and other sexually transmitted diseases has been reported with alcohol (Chandra PS. et al. 2003) as well as injecting drug use (Panda S. et al.2005).

#### *Clinical issues*

A harmful alcohol use pattern among admitted patients in general hospital has highlighted the importance of routine screening and intervention in health care settings (Srinivasan K, & Augustine MK. 2000).

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Peer influence is a significant factor for heroin initiation (Chowdhury AN, & Sen P. 1992). Precipitants of relapse (dysfunction, stress and life events) differ among alcohol and opioid dependents (Mattoo SK. et al. 2003). Chronologies in the development of dependence have been evaluated in alcohol dependence (Manjunatha N. et al. 2008).

Craving a common determinant of relapse has been shown to reduce with increase in length of period of abstinence (Dhawan A. et al. 2002).

Alcohol dependence constitutes a significant group among the psychiatric population in the Armed Forces (Saldanha D, & Goel DS. 1992). A study of personality factors (Chaudhury S. et al. 2006) among 100 alcohol dependent persons showed significantly high neuroticism, extroversion, anxiety, depression, psychopathic deviation, stressful life events and significantly low self-esteem as compared with normal control subjects. Alcohol dependence causes impairment in set shifting, visual scanning and response inhibition abilities and relative abstinence has been found to improve this deficit (SiriGowri DR, et al.2008). Alcohol use has had a significant association with head injury and cognitive deficits Persistent drinking is associated with persisting memory deficits in head injured alcohol dependent patients (Sabhesan S. et al.1990). Mild intellectual impairment has been demonstrated in patients with bhang and ganja dependence (Agarwal A.K. et al. 1975).

Kumar and Dhawan 2002 found that health related reasons like death/physical complications due to drug use in peers and patients themselves, knowledge of HIV and difficulties in accessing veins were the main reason for reverse transition (shift from parenteral to inhalation route).

Craving plays an important role in persistence of substance use and relapse. Frequency of craving has been shown to decrease with increase in length of abstinence among heroin dependent patients. Socio-cultural factors did not influence the subjective experience of craving (Dhawan A. et al.2002).

### **CONCLUSION**

Prevalence of drugs and substance abuse among adolescents is high and cause significant problem in this population, therefore there is necessity of targeted interventions to reduce this huge burden. In spite of being aware of the harmful effects of substance use, adolescents take up this habit. This requires comprehensive prevention and control programs in community, targeted toward adolescents and their parents and other family members. Effective measures are required to encourage shaping the attitude of adolescent

### ***Acknowledgments***

The author appreciates all those who participated in the study and helped to facilitate the research process.

**Conflict of Interests**

The author declared no conflict of interests.

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**How to cite this article:** M Sharma, M Chaudhary (2016), A Study of Drugs and Substance Abuse among Adolescents of Slum Dwellers, International Journal of Indian Psychology, Volume 3, Issue 4, No. 58, ISSN 2348-5396 (e), ISSN: 2349-3429 (p), DIP: 18.01.041/20160304, ISBN: 978-1-365-24976-1