

Causes of addiction among youngsters in - a study with special reference to Mumbai City

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ABSTRACT

Use of Narcotic substances have proven consequences of adverse impact on the physical, mental and emotional health of individuals... Physical effects range from fall in immunity level to the most complex ones like cardio, liver, and has even proven to be fatal, while mental health is affected by the person falling a prey to depression, anxiety disorders, and schizophrenia (Lai et al., 2015; Marconi et al., 2016). There are also emotional setbacks one faces when he/she consumes these substances – an adverse effect on the overall personality trait (Roberts et al., 2006). Most people try to gain positive traits by remaining under the influence of these substance, while once the influence starts to fade, they tend to develop doubly increasing negative traits of their own so called “positive personality”, as perceived by them and over a period may end up losing their emotional balance (e.g., Roberts & Mroczek, 2008; Schwaba & Bleidorn, 2018). The current study attempts to investigate the cause of substance use and its effect on personality trait of the individual consuming the same on kids in their adolescence and younger adults.

Keywords: *Narcotic, Substance Use, Depression, Anxiety Disorders, Personality Trait*

Adolescence age is a very risky phase where the youngsters try to find an identity for themselves, when they tend to indulge in relationships, seeking emotional support. They also tend to explore psychoactive substances at this age, which may get them in to addiction, if used repeatedly. These addictions have a long-term impact on their physical, mental and emotional health. The impacts could also be life-long or fatal at times. Substance addiction leads to an emotional toll on sufferers and their family members. Addiction grows in a bed of pre-existing emotional unrest. It creates feelings of mixed emotion like guilt, shame feeling of worthlessness which will weaken the self-confidence and thus will hamper with the decision-making capacity of the individual. On the Physical side, it causes damage to liver, nerves and other vital organs of the body. Previous studies have reported that users often use drugs concurrently to improve the effects of another drug or to help manage its negative effects [e.g. (Power *et al.*, 1996; Boys *et al.* 2000a; Wibberley and Price, 2000)].

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REVIEW OF LITERATURE

Prevalence of Substance use is typically initiated during adolescence. Alcohol is one of the very popular substance among the adolescents, with 64% of 18-year-old endorsing lifetime alcohol use, followed by marijuana (45%) and cigarette use (31%) (Johnston et al., 2017). Overall, rates of adolescent substance use have remained relatively stable over the past several years, with a few notable exceptions. Cigarette use has declined dramatically over the past several decades, while e-cigarette use has become more prevalent in recent years. Thirteen percent of teens report using e-cigarettes in the past month, compared to 3% reporting cigarette use, with a concerning increase in the number of never-smoking youth reporting e-cigarette use (Bunnell et al., 2015). Most youth who use substances do not become addicted; however, the prevalence of substance use disorders is still quite high, with 15% of youth meeting diagnostic criteria for alcohol abuse and 16% for drug abuse by age 18 (Swendsen et al. 2012). Tobacco, alcohol, and marijuana are typically the first addictive substances that youth try. The likelihood of developing a substance use disorder increases significantly when individuals initiate alcohol and drug use during adolescence. Youth who begin drinking before age 15 have four to six times the rate of lifetime alcohol dependence than those who remain abstinent from alcohol use until age 21 (Grant & Dawson, 1997; SAMHSA, 2014). The majority of adults who have a substance use disorder started using before age 18 and develop their disorder by age 20, highlighting the need to delay initiation of substance use for as long as possible (Dennis et al., 2002).

Healthy brain development throughout adolescence is imperative, with even minor changes in neurodevelopmental trajectories affecting a range of cognitive, emotional, and social functioning (Nagy et al., 2004; Casey et al., 2008). Adolescents are known to be particularly vulnerable, compared to children and adults, to initiation of substance use and progression to problematic use. Dopaminergic systems are significantly reorganized in the adolescent brain, with decreases in dopamine in striatal structures such as the nucleus accumbens, in the context of limited inhibitory control, potentially precipitating high-risk behaviors to compensate for dopaminergic void (Chambers et al., 2003; Spear, 2002).

Several neurocognitive features have been identified as risk factors for initiation of alcohol and other drug use during adolescence (Squeglia & Gray, 2016; Squeglia & Cservenka, 2017). Findings suggest poorer performance on tasks of inhibition and working memory (Heitzeg et al., 2015; Khurana et al., 2013; López-Caneda et al., 2014; Squeglia et al., 2014a, 2017), smaller brain volumes in reward and cognitive control regions (Cheetham et al., 2012, 2014; Squeglia et al., 2014a; Urošević et al., 2015; Weiland et al., 2014; Whelan et al., 2014), less brain activation during executive functioning tasks, and heightened reward responsivity are important predictors of adolescent substance use (Dager et al., 2014; Heitzeg et al., 2014; Mahmood et al., 2013; Norman et al., 2011; Ramage et al., 2015; Squeglia et al., 2012, 2017; Wetherill et al., 2013a; Whelan et al., 2014).

Most commonly, programs have been developed and evaluated in school, family, and community settings. Evidence is mixed amid heterogeneity of methodology and outcomes between studies, but there is some support for parenting-focused (Allen et al., 2016), school-based teacher-led (Lize et al., 2017), and peer-led prevention programs (MacArthur et al., 2016).

Tobacco use is the leading preventable cause of premature death and most adult smokers initiate smoking in adolescence [Okoli et al 2013]. The prevalence of smoking in girls and boys varies across countries; 1 in every 10 girls aged 13-15 years and 1 in every 5 boys aged

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13-15 years use tobacco [WHO]. Smoking rates are generally highest in Europe and the Western Pacific regions while cigarette smoking is decreasing among younger adolescents in most high-income countries (HICs) and in some low- and middle-income countries. Approximately 4% of the global burden of disease is attributable to alcohol use [Room et al 2005]. Alcohol consumption among adolescents and young adults is increasing globally; however, it is decreasing in most HICs in Europe and North America [WHO,2014]. Currently, the World Health Organization (WHO) European Region and WHO Region of the Americas report the highest proportions of drinkers among adolescents while the WHO South-East Asia Region and WHO Eastern Mediterranean Region have the lowest.

The World Health Organization (WHO, 2017) reported that 10–20% of children and adolescents worldwide experience mental health problems. It is estimated that 50% of all mental disorders are established by the age of 14 and 75% by the age of 18 (Kessler et al., 2007; Kim-Cohen et al., 2003). The most common disorders in children and adolescents are generalized anxiety disorder and depression, respectively (Mental Health Foundation, 2018; Stansfeld et al., 2016). According to the Royal Society for Public Health, & Young Health Movement (2017), the prevalence of anxiety and depression has increased by 70% in the past 25 years in young people. Depression and anxiety have adverse consequences on adolescent development, including lower educational attainment, school dropout, impaired social relationships, and increased risk of substance abuse, mental health problems and suicide (Copeland, Angold, Shanahan, & Costello, 2014; Gore et al., 2011; Hetrick, Cox, Witt, Bir, & Merry, 2016). Morgan et al. (2017) reported that the rate of self-harm in the UK has risen by 68% in girls aged 13–16 over the last 10 years.

RESEARCH METHODOLOGY

This research follows a relatively logical strategy and attempts to cover individuals aged between 13 and 21 and who are enrolled in deaddiction centre and/ or are undergoing therapy for deaddiction of substances in the suburban Mumbai.

Area of study

Mumbai suburbs

Data collection

Primary: A purposive sampling method was adopted to elicit information from adolescent kids aged less than 15 to 21 years of age who are undergoing counselling. The data collected by administering 100 questionnaires that were distributed through google form. The responses received were trimmed down to 73 samples after eliminating the flawed and incomplete ones.

Period of data collection

November 2020- December 2020

The design of the questions was a combination of closed and open-ended questions and question with 'Likert-scale' responses was presented. The survey questionnaires contain questions were self-administered. These questions were tested against the demographic, socio economic profile of respondents, financial freedom of the respondents with the factors that prompt them to be under the influence of narcotics.

Secondary Sources: M.Phil, PhD Dissertations, Periodicals, news-papers and other dailies.

DATA ANALYSIS

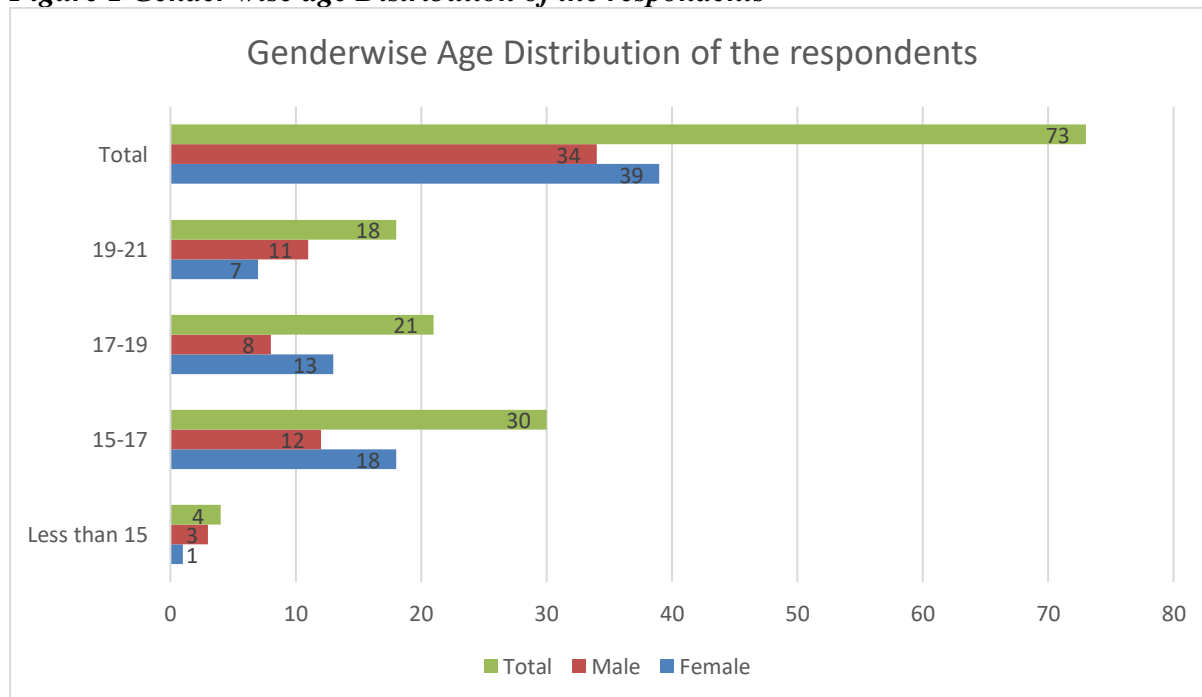
To evaluate the data, analysis is carried out, to acquire the results, a descriptive technique – frequency analyses is used and inferential statistics such as Chi Squared goodness of fits table to test the association of variables and Logistic Regression models and factor analysis are used to bring out the relationship between various factors (variables).

Objectives of the study

1. To determine the cause of Substance usage by the respondents
2. To investigate if age has a significant association with their consumption of narcotic substances
3. To examine the if the financial independence (pocket money) has an influence over their narcotics consumption
4. To study the causes that made the respondents use narcotic substances repeatedly before they started craving for it.
5. Limitations of the Study
6. The following are the limitations of the present study:
7. The study covers only adolescent kids and young adults and hence the results may not hold good to children aged below this.
8. The sample respondents are from Mumbai Suburbs and hence the findings may not be applicable to rural non-urban or non-metro cities.

RESULTS AND DISCUSSION

Figure 1 Gender wise age Distribution of the respondents



Sources: Analyses were based on the sample surveyed

Figure 1 shows the age wise gender distribution of the respondents. The respondents were aged between 13 and 20. Though there were as many girls as boys, girls were slightly on the higher side, there were 39 girls out of the total 73 consuming substances...Majority of the respondents were of the age group 15-17— (forty one percent), while only five percent of them were from the age youngest lot.

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**Table 1 Age-wise education level of the parents
Fathers' Education Level of the respondents**

Age	Gender	Elementary School	Middle school	High school	Bachelor's degree	Master's degree	Total
Less than 15	Male	1	0	0	0	2	3
	Female	0	0	0	1	0	1
15-17	Male	2	4		5	1	12
	Female	1	2	2	6	7	18
17-19	Male	1		6	1	0	8
	Female	2	2	2	5	2	13
19-21	Male	6	2	0	3	0	11
	Female	0	2	1	3	1	7
	Total	13	12	11	24	13	73

Sources: Analyses were based on the sample surveyed

The above table, table 1 shows the education level of respondents' father's education level. Around forty-eight of them (37 of the respondents) have completed their graduation and some them are even post graduates. While, only a few of them possess a qualification of less than graduation level. This shows that Most of the fathers of the respondents are educated enough to understand their children and parent them effectively.

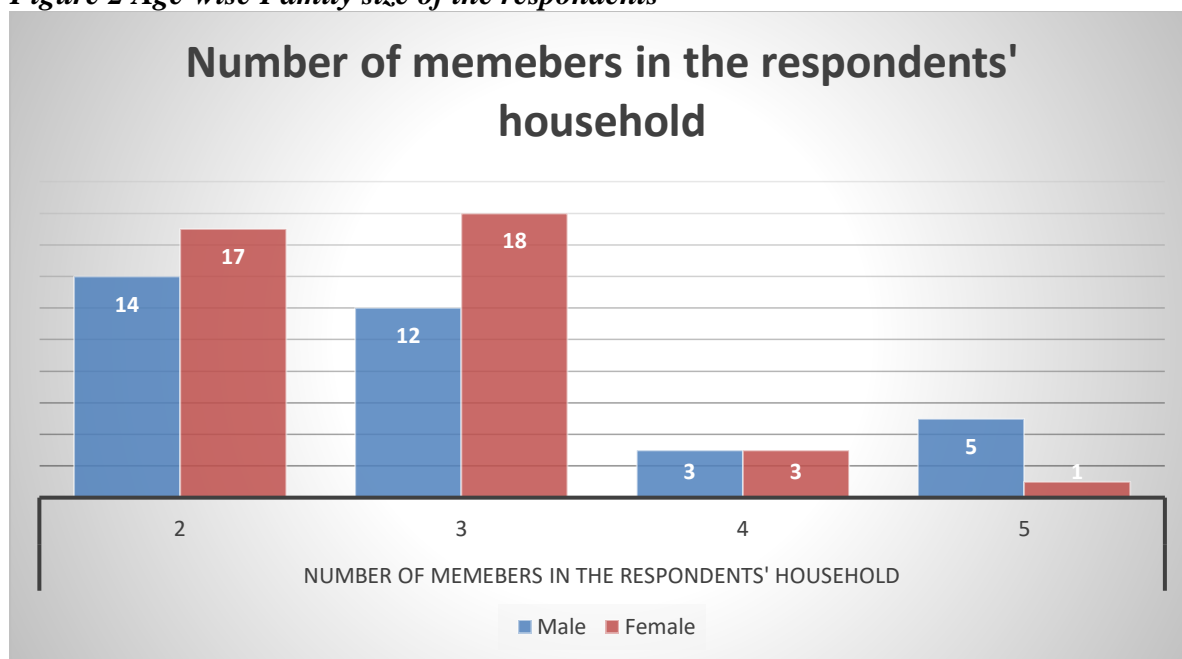
Table 2 Mothers' Education Level of the respondents

Age	Gender	Elementary school	Middle school	High school	Bachelor's degree	Master's degree	Total
Less than 15	Male	1	2	0	0	0	3
	Female	0	0	1	0	0	1
15-17	Male	3	2	2	5	0	12
	Female	3	2	2	9	2	18
17-19	Male	1		6	1	0	8
	Female	2	2	4	5	0	13
19-21	Male	6	2	3	0	0	11
	Female	1	2	2	2	0	7
	Total	17	12	20	22	2	73

Sources: Analyses were based on the sample surveyed

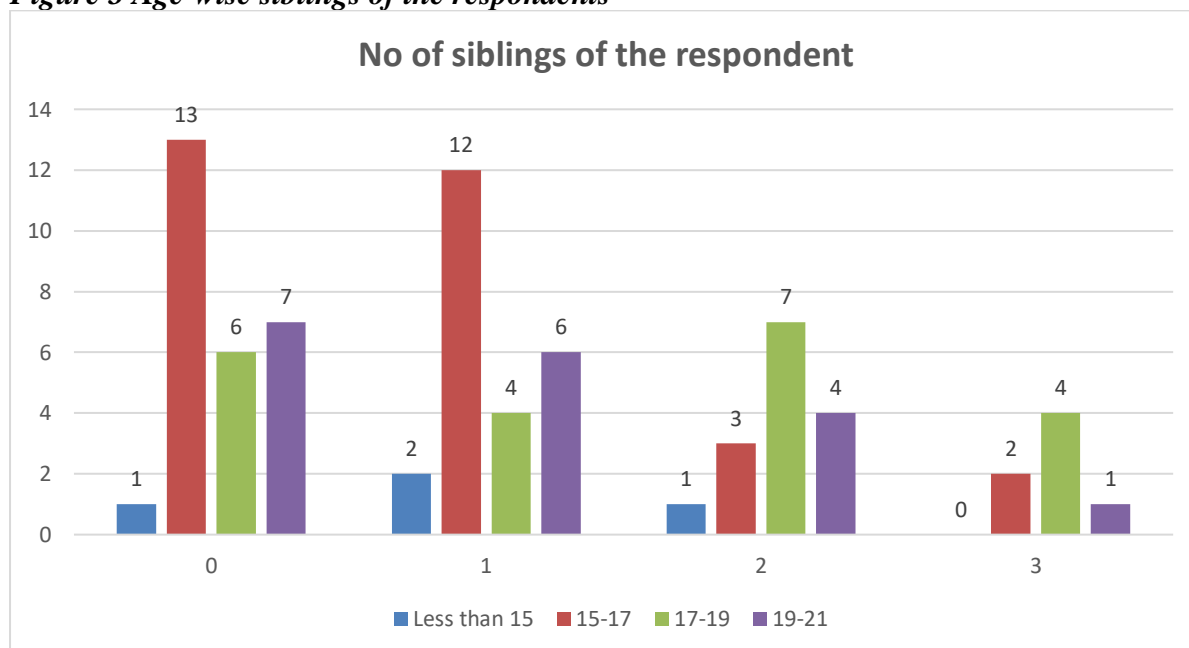
The above table, table 2 shows the education level of respondents' mother's education level. Around sixty per cent of them (44 out of the 73 respondents) have completed their high school and some them are even graduates and post graduates. While, only a few of them possess a qualification of less than graduation level. This shows that Most of the fathers of the respondents are educated enough to understand their children and parent them effectively.

Figure 2 Age-wise Family size of the respondents



Majority of the respondents (eighty-three and a half per cent of the respondents live in two and three-member family (31 and 30 (61 out of 73). This shows that they live in small families. In small families, probability of the kids getting little or no attention is more and hence kids fall a prey to substance abuse. Today, single parenting and separation between couples have become a popular concept, leading to shrinking in family size. This has a lot of negative impact on children as opined by Shalini Bharat (2017).

Figure 3 Age-wise siblings of the respondents



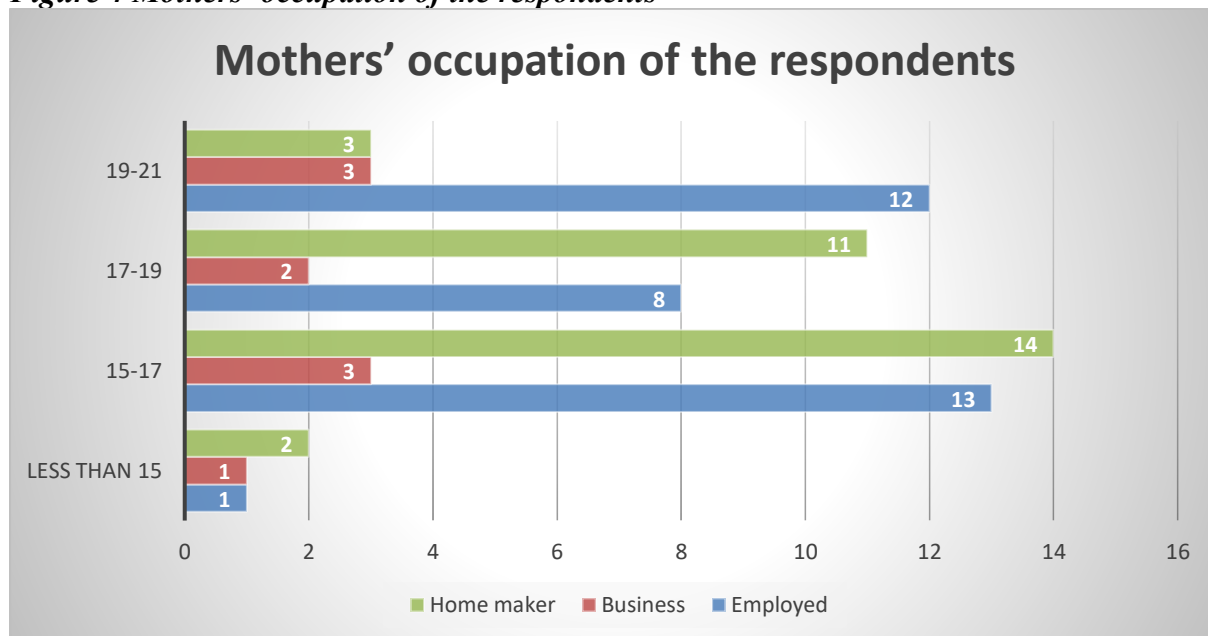
Sources: Analyses were based on the sample surveyed

Figure 3, above, shows the respondents – the number of siblings. Majority of the respondents (thirty-eight), over fifty two percent of the respondents have one or two

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siblings, while 27 of them, about thirty seven percent of them have no siblings at all. Only a few of them (15 and 7 respondents) have two and three siblings respectively. There is a likelihood that siblings may also get in to the habit as their needs in the family may be neglected and to catch the attention, they try to act out. This is in line with the study Brook and Brook (1992)

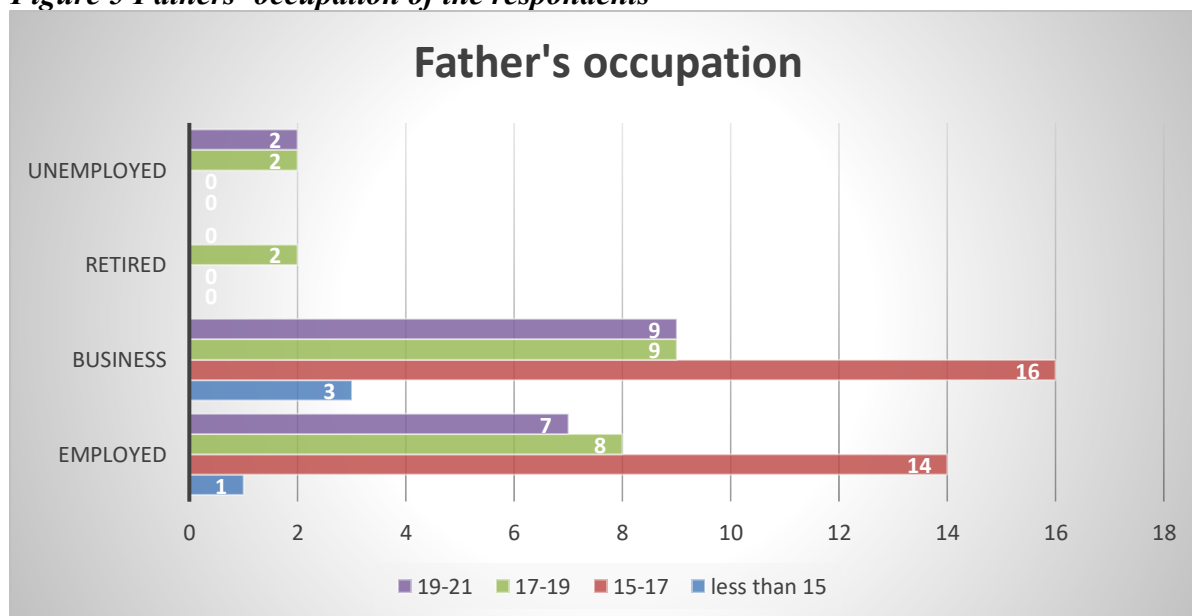
Figure 4 Mothers' occupation of the respondents



Sources: Analyses were based on the sample surveyed

Thirty four out of seventy-three respondents' mothers were employed, while nine respondents' mothers were self-employed. While only 30 out of the 73 mothers were home makers (about forty per cent). Lal Kumar Singh (2018) Children may develop emotional setbacks, if their mothers are working, though may not be the same in every case.

Figure 5 Fathers' occupation of the respondents



Sources: Analyses were based on the sample surveyed

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Figure 5 shows respondents' father's occupations. Thirty of the respondent's fathers are employed, while thirty-three of the respondents' fathers were self-employed. While only four of them had fathers, who were unemployed and two of the respondent's fathers were also retired.

The table no 3, below shows an analysis to explore the reasons stated by the respondents to have consumed these substances before they actually got addicted to them. The emotions they underwent when they initially consumed these substances are spelt below.

Table No.3 Respondents having people consuming narcotics/ alcohol in their surroundings

Age of the respondent	Do u have someone consuming Alcohol/ Narcotics	
	In your locality/ friends circle	In your family
less than 15	3	1
15-17	7	2
17-19	6	1
19-21	8	0
Total	24	4

Table 3, above, shows the respondents who have people consuming substances in their locality/ friends' circle or in their family. Many of the respondents are in contact with those consuming psychoactive substances. This may also prove to be a factor for the respondents to have consumed the substance initially.

Table 4 Logistic Regression Analysis

Variable	OR	95%CI	P
Transient Euphoria	4.912	383 - 62.952	.221
Improved Memory and Learning Ability	.322	.084 -1.323	.017
Improvement in somatic diseases	1.235	.457 - 3.341	.677
Increased self confidence	2.686	.953 – 6.106	.060
Better acceptability among friends	.542	.331 -1.190	.023
Feeling of elatedness	.527	.158 -1.757	.297
Relief from boredom	.463	.144 -1.487	.196
Feel creative	.253	.086 -.645	.015
Increased Physical Strength	5.006	1.048 -20.722	.042
Sense of Achievement	.295	.129 - .897	.028
Feel Matured	.407	.182 - .912	.029

Sources: Analyses were based on the sample surveyed.

A set of logistic regression models examine the feelings among kids when the consume substances and the emotions they undergo are measured by eleven variables -- Transient Euphoria, Improved Memory and Learning Ability, Improvement in somatic diseases, Increased self-confidence, Better acceptability among friends, feeling of elatedness, Relief from boredom, feel creative, Increased Physical Strength, Sense of Achievement, Feel Matured.

Substance consumption among youngster is a very serious malady with a lot of serious physical and mental health impacts which could be, most often fatal. This is known cause damage to the personality and a person's decision-making capability.

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Transient Euphoria ($\beta = .15$; 95% CI (0.02 - 0.18)) has an association to hinder with natural emotions one goes through, by making them feel otherwise, when they are not under the influence of the substance. Their emotions completely are under the influence of these substances.

Improved Memory and Learning Ability (OR = .322; 95% CI (.084 -1.323)) may associated to the feeling of heightened emotion one goes through under the influence of such narcotics. Increased self -confidence (OR = 2.686; 95% CI (.953 – 6.106)) has an impact in the emotional health aspect. This tends make them feel low when not under the influence of the substance and may gradually go in to depression – one of the traits of depression is low self-confidence. This also will affect the physical health, which further, lower their self-confidence.

Better acceptability among friends (OR=.542; 95% CI (.331 -1.190)) has impact on the increased consumption of substance by the respondents as they feel accepted by their peers which, according to them is a status symbol. They get to feel importance.

Feel creative (OR=.253; 95% CI (.086 -.645)) and Increased Physical Strength (OR = 5.006; 95 % CI (1.048 - 20.722)) has a strong association to worsen of the physical and mental health of the victim in reaction to the respondents, who consume narcotics regularly. A number of studies have attempted to identify whether certain personality factors or disorders are consistently related to substance consumption.

After consuming drug or alcohol, the respondents tend to feel a “Sense of Achievement” (OR = .295; 95% CI (.129 - .897)), coupled with the feeling of increased maturity in them (OR= .407; 95% CI (.182 - .912)), which has significant impact on the influence of substance consumption by the respondents. This, increases their Gut feeling. this feeling may make them get addicted to these substances. As these children are too young to understand the long- term impacts of these hazardous substances.

It is indeed surprising to know the reasons for youngsters to consume these narcotics repeatedly. These were the initial stages where they were about to start craving for these substances and craving to be under their influence.

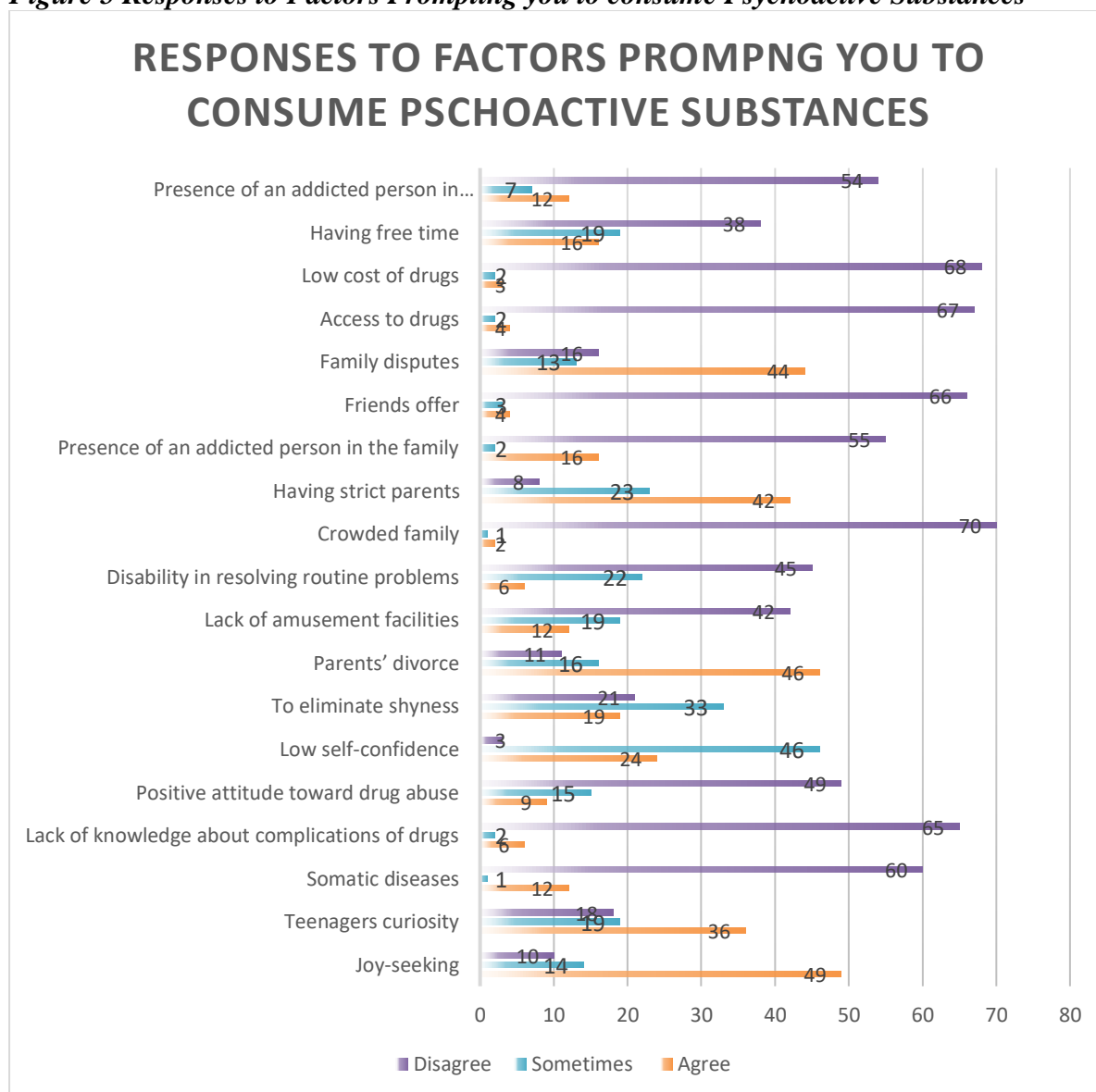
Relationship between Forms of Abuse and Selected Socio-economic Variables

An attempt was made to examine the relationship between age of the respondents and their consuming of substances in the initial stages was analysed using a one-way ANOVA was carried to test for the hypothesis.

Ho: There is no significant association between the age of the respondents and their reasons to consume the narcotic substances

Ha: There is association between the age of the respondents and their reasons to consume the narcotic substances

Figure 5 Responses to Factors Prompting you to consume Psychoactive Substances



From the above figure 5, Majority of the respondents have opined the factors prompting them to consume these substances are Teenagers curiosity, Joy-seeking, Parents' divorce, Family disputes, Having strict parents.

Table 5 Factor Analysis

Variables	Factor Loadings	% of variation explained
Joy-seeking	0.61	10
Teenagers curiosity	0.8	7
Somatic diseases	0.74	4.24
Lack of knowledge about complications of drugs	0.71	2.01
Positive attitude toward drug abuse	0.63	9.44
Low self-confidence	0.71	6.24
To eliminate shyness	0.61	9.26
Parents' divorce	0.73	9.57
Lack of amusement facilities	0.26	6
Disability in resolving routine problems	0.45	3.28

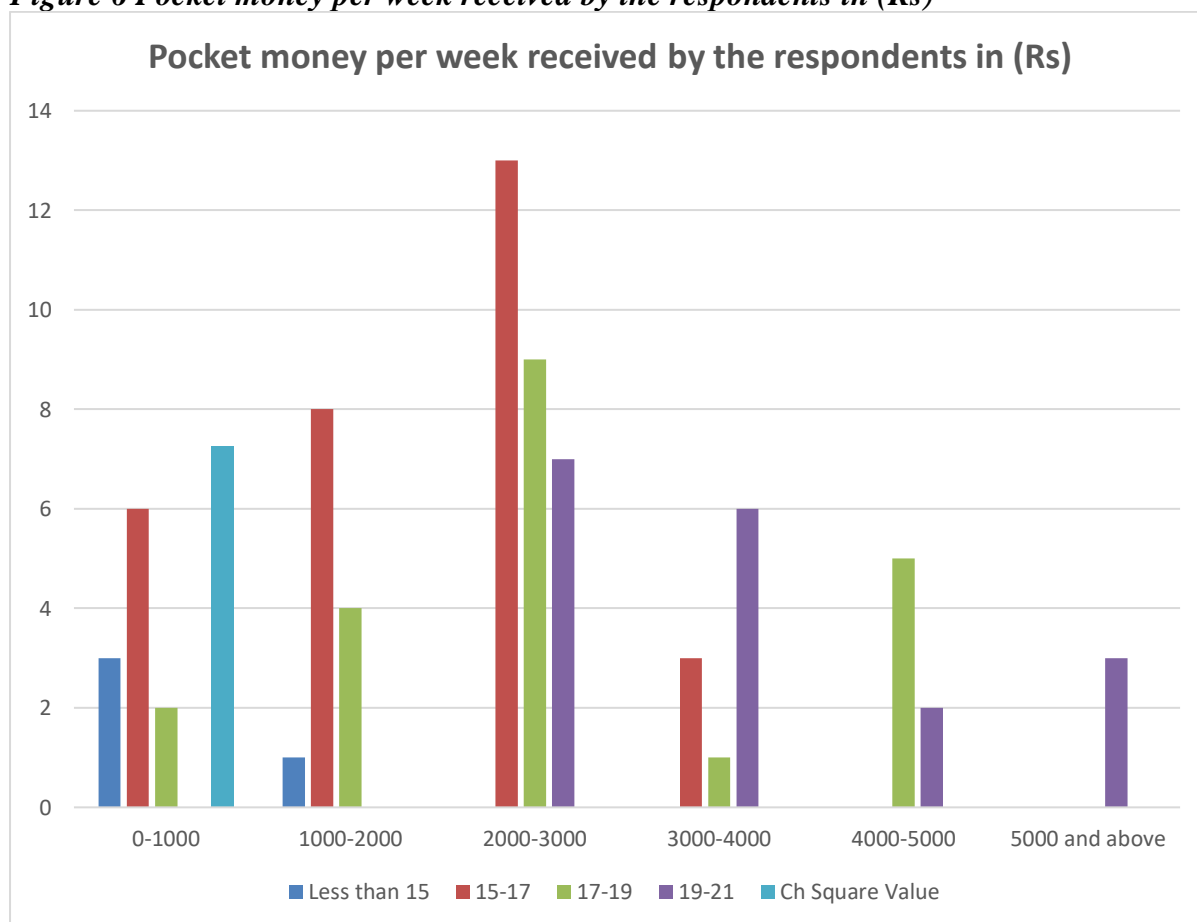
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Variables	Factor Loadings	% of variation explained
Crowded family	0.11	0.28
Having strict parents	0.62	9.22
Presence of an addicted person in the family	0.66	3.02
Friends offer	0.23	3.63
Family disputes	0.87	8.65
Access to drugs	0.22	1.32
Low cost of drugs	0.21	3.03
Having free time	0.11	1.16
Presence of an addicted person in residential/educational place	0.61	2.65

Table 5, shows a factor analysis of reasons for the respondents consuming psychoactive drugs frequently.

All the above factors have a significant relevance on the factors prompting adolescents and young adults to consume psychoactive substances. As their factor loadings are above 0.6, (except the factor that says Lack of amusement facilities which explains 2.01 per cent of the variation, Lack of amusement facilities which explains 2.01 per cent of the variation, crowded family which explains 0.28 per cent of the variation, access to drugs, low cost drugs and having free time, these explain 1.32, 3.03 and 1.16 per cent of the variations respectively...) with the variances indicated against the factors.

Figure 6 Pocket money per week received by the respondents in (Rs)



Source: Estimation based on Field Survey, 2020

Table 6 Association between weekly pocket money and age of the respondents

Pocket money per week received by the respondents in (Rs)	Less than 15	15-17	17-19	19-21	Total	Ch Square Value	DF	P Value
0-1000	3	6	2	0	11	7.261	15	0.06
1000-2000	1	8	4	0	13			
2000-3000	0	13	9	7	29			
3000-4000	0	3	1	6	10			
4000-5000	0	0	5	2	7			
5000 and above				3	3			
Total	4	30	21	18	73			

5% Sig level

Ho: There is no significant association between the pocket money received by the respondents and age

Ha: There is significant association between the pocket money received by the respondents and their age

From the above table it is observed that $p > 0.05$, We accept H0 and conclude that age has no significant association with the weekly pocket money received by the respondents. The respondents are too young to handle pocket money. Excessive pocket money leads to such hazardous habits.

SUMMARY AND CONCLUSION

The study empirically, gives us the evidence that children start tasting psychoactive substances majorly out of curiosity and then tend to develop a positive attitude towards them and as they experience a totally different set of emotions, which they otherwise don't get to experience. Also, pocket money given by the parents, become an added benefit to purchase these. They then repeatedly consume this until, one day, they and their parents realise that they have got into an addiction for the substance. Knowing the fact that these have a lot of adverse side effects, many still consume them.

Recommendations

From the above study, parents can give children a lot of their time and give them an atmosphere at home where they feel secure and homely. They can also have a check on their pocket money as it can be evidenced from the current study that excess pocket money to children.

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Conflict of Interest

The author declared no conflict of interest.

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