

# INTERNATIONAL JOURNAL OF RESEARCH CULTURE SOCIETY

ISSN: 2456-6683

Monthly Peer-Reviewed, Refereed, Indexed Research Journal

UGC approved Journal with Global Indexing

Impact Factor: 3.449

Publishes original research papers/articles, reviews, mini-reviews, case studies, synopsis, research project and short research communications of all subjects/topics

*Special Issue : 14*

**National Seminar on**

## DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

(DAPSWP-2018)

**10<sup>th</sup> & 11<sup>th</sup> February 2018**



### Benefits to publish the Paper in IJRCS

- IJRCS is an Open-Access, peer reviewed, Indexed, Refereed International Journal.
- Author Research Guidelines & Support.
- Platform to researchers and scholars of different field.
- Reliable and Rapidly growing Publication with nominal publication fees.
- Prestigious Editorials from different Institutes of the world.
- Communication of authors to get the manuscript status time to time.
- Quick and Speedy Review Process.
- Full text of all articles in the form of PDF format.
- Individual copy of "Certificate of Publication" to all Authors of Paper.
- Indexing of paper in all major online journal databases like Google Scholar, Academia, Scribd, Mendeley, and Internet Archive.
- Open Access Journal Database for High visibility and promotion of your article with keyword and abstract.
- Provides ISSN to Conference / Seminar Proceeding papers.



RESEARCH CULTURE SOCIETY & PUBLICATION

Email: [editorijrcs@gmail.com](mailto:editorijrcs@gmail.com)

Web Email: [editor@ijrcs.com](mailto:editor@ijrcs.com)

Cont. No: +91 9033767725

**WWW.IJRCS.ORG**



Research Culture Society & Publication

*PROCEEDINGS OF NATIONAL SEMINAR*

*on*

# **DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE**

**10<sup>th</sup> & 11<sup>th</sup> February 2018**

*The Managing Editor:*

***Dr. Chirag M. Patel***

***( Research Culture Society & Publication – IJRCS )***

*Co- editors:*

***Ms. Ambreen Jamali,***

***Assistant Professor, Dept. of Social Work, CUHP, Dharamshala  
(H.P)***

***Organized by :***

**Department of Social Work**

**Central University of Himachal Pradesh,**

**Dharamshala, Kangra, H.P.**

### **About the Seminar :**

Drug, Alcohol & Substance Abuse is a big threat to the country and is destroying the present generation and humanity at large. There is a constant war between people who are trading in drugs and people who want to stop this. Government and NGO cannot do this alone; people have to make immense contribution in curbing this menace. Generating Awareness, Sensitizing, Educating masses and training workers who are dealing with this issue can be a step to curb this menace. Therefore, the present Seminar proposes to discuss, analyse and deliberate upon the issues and challenges in Drug abuse prevention & treatment and the role of academicians to curb this menace.

### **Aims/ Objectives:**

To provide new vision to solve the problem of drug Abuse and alcoholism.

Gather feedback on the prevention of drug abuse from Academicians and Students.

To find out better intervention techniques to solve the problem.

To develop and trace the methods to sensitize and motivate family and community to prevent drug abuse.

### **Sub themes include:**

1. Forms of Drugs Abuse and their Effects
2. Impact of Drug Problem on Social Values, Education & Society
3. Drug Abuse and Health.
4. Socio, Legal and other challenges for prevention of Alcoholism and Drug Abuse.
5. Role of family in prevention and treatment of Drug Abuse and Alcoholism
6. Role of Society, NGO, Media and other Social institutions etc.
7. Social work intervention and Drug abuse prevention & Treatment.

### **Department of Social Work, CUHP**

Department of Social Work, Central University of Himachal Pradesh, with its creative and critical thinking faculties aims to empower students who will stand at the forefront of creating positive change and improving the lives of the most vulnerable members of society by ensuring peace, harmony, dignity, justice and equal opportunities for development of individual, group and communities through planned social work interventions by a committed cadre of professionals.

### **Organizing Committee**

#### **PATRON:**

Prof. (Dr.) Kuldip Chand Agnihotri, Hon'ble Vice Chancellor, Central University of Himachal Pradesh, Dharamshala (H.P)

#### **CHAIRMAN:**

Prof. H.R. Sharma, Pro Vice Chancellor, CUHP, Dharamshala (H.P)

#### **CONVENOR:**

Ms. Ambreen Jamali, Assistant Professor, Dept. of Social Work, CUHP, Dharamshala (H.P)

#### **COORDINATOR:**

Mr. Shabab Ahmad, Assistant Professor, Dept. of Social Work, CUHP, Dharamshala (H.P)

### DISCLAIMER

The author/authors are solely responsible for the content of the papers compiled in this Seminar Special issue. The publisher or editor does not take any responsibility for the same in any manner.

No part of this publication may be reproduced or transmitted in any form by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the copyright owner.



## INDEX

<b>PAPER ID</b>	<b>TITLE - AUTHOR</b>	<b>Page.No</b>
<b>DAPSWP001</b>	<b>Drug Abuse: A Threat to Nation Dr. Ashish Pathak</b>	<b>1-3</b>
<b>DAPSWP002</b>	<b>The Effects of Drug and Alcohol Abuse in Education Ambreen Jamali</b>	<b>4-6</b>
<b>DAPSWP003</b>	<b>A Study on Social Support among Abstinence and Non- Abstinence Alcoholics Ashok Kumar, Bergai Parthasarathy Nirmala</b>	<b>7-12</b>
<b>DAPSWP004</b>	<b>Drug Abuse and Intimate Partner Violence during Pregnancy in India: Addressing Research Gaps Deepshikha Singh and Jyotsana Sonal</b>	<b>13-20</b>
<b>DAPSWP005</b>	<b>Hookah is a Smoking Device to Burn Young Generation Under the New Fashion of India: A Sociological Analysis. Dr.GulabPathan</b>	<b>21-23</b>
<b>DAPSWP006</b>	<b>Substance Abuse in Punjab- Shift in the Roles and Choices of Women within the Family Chetna Soni</b>	<b>24-28</b>
<b>DAPSWP007</b>	<b>Knowledge and Attitude of University Students towards Substance Abuse in Kerala Type: Oral Presentation Main Author : Dr. JILLY JOHN</b>	<b>29-34</b>
<b>DAPSWP008</b>	<b>Role of Visual Media in Drug Abuse Prevention: With Special Reference to Bollywood Movies Jyotsana Sonal and Deepshikha Singh</b>	<b>35-39</b>
<b>DAPSWP009</b>	<b>Positive Youth Development and Substance Abuse among Youths: A Systematic Review Mr. Suman Rana, Dr. Jagdish Jadhav</b>	<b>40-47</b>
<b>DAPSWP0010</b>	<b>Mind-Altering Drug Plants Rakesh Kumar</b>	<b>48-54</b>
<b>DAPSWP0011</b>	<b>The Role of Social Media on Drug Abuse and Alcoholism Dr. Usha Sawhney</b>	<b>55-58</b>
<b>DAPSWP0012</b>	<b>HIV/AIDS RISK IN DRUGS INJECTING USERS AND HIV/ AIDS PREVENTION MEASURES FOR DRUGS USERS. Dr. Vinod Kumar.</b>	<b>59-64</b>
<b>DAPSWP0013</b>	<b>Social work as an instrument to Eradicate Drug abuse in Himachal Pradesh: Challenges and Prospects Ambreen Jamali and Shishir Sharma</b>	<b>65-69</b>
<b>DAPSWP0014</b>	<b>A Study of Women and Anti-Liquor Movements in India Shabab Ahmad</b>	<b>70-76</b>



## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## ALCOHOL ABUSE: A THREAT TO NATION

**Dr. Ashish Pathak**

Assistant Professor, Department of Teacher Education  
SMP Govt. Girls PG College, Madhavpuram, Meerut  
Email - aashishpathakk@gmail.com

**Abstract:** Present era is facing a huge threat of addiction of usage of alcohol amongst the youngsters. Use of alcohol in social gatherings and religious conventions has become very common; drinking alcohol is simply equated to fun and at times a status symbol too. Drinking a limited amount of alcohol does not cause any harm, but when alcohol intake is consumed too much, it becomes an addiction. When it develops over a period of time it became a very serious problem. There are a lot of factors that may lead someone to alcohol, such as fun, social gathering, peer pressure, workload, stress, depression and many other psychological factors. Excessive alcohol consumption leads to many serious physical and mental disorders. Therefore, it is appropriate to implement policies with targeted harm reduction strategies

**Keywords:** Alcoholism, addiction, psychological factors, peer pressure, stress.

### 1. INTRODUCTION:

Alcohol has always been used in all the countries of the world. It has been a part of human civilization since ancient times. It is the oldest psychoactive drug. There are various types of alcohol such as beer, vodka, toddy, whisky, rum, wine, brandy, gin; even it is made at the villages which are popularly known as country liquor. The rate of alcohol consumption is increasing in a frightening manner in the whole world including India. Alcohol is used initially for fun but when alcohol is used in an arbitrary manner, it becomes an addiction. This type of addiction is called Alcohol Abuse. According to researchers, psychiatrists, medical clinicians, therapists, and other addiction professionals Alcohol abuse is referred to as "alcohol use disorder". Drinking alcohol too much or too often, or being unable to control alcohol consumption is Alcohol Abuse. Alcohol abuse is a serious problem. It can cause you to be unable to function at work and in other areas of your life. By consuming alcohol for a long time the brain becomes accustomed to alcohol intake. It affects the body both mentally and physically.

### 2. Causes of alcohol abuse:

People abuse alcohol for many reasons. It may be due to social pressure, a desire to relax, a coping mechanism for anxiety, depression, tension, loneliness, self-doubt or unhappiness, or a family history.

### 3. Symptoms of alcohol abuse:

There are a number of signs and symptoms that can make understand about an individual whether or not he/she is into alcohol abuse. The symptoms can be of two kinds prominently i.e., Physical and Psychological Symptoms; Physical Symptoms are visible when an individual feels nausea, untimely sweating; be a reason or not, also sudden rises of fever leading to Measles, the one who is into alcohol abuse will start having slurred speech and stammer too, lose control over the movements of one's own body; brain starts functioning too slow so the synchronization gets broken. One's body may show rashes upon the skin after a bout of heavy drinking; there comes a loss of appetite too which makes a person too weak. Psychological Symptoms lead to loss of concentration power, one becomes so drowsy, lethargic and inactive that it becomes next to impossible to take decision, one stays conscious but he/she can't really have the memory intact; they tend to forget and feel their actions, too much of anxiety takes over, abnormal behavior because of getting irritation as the brain and body fails to maintain balance amongst each other, one gets depressed, feels fatigue; sometimes trapped by hallucinations, black-outs and convulsions.

### 4. Complications caused by alcoholism:

Alcohol enters the blood as soon as the first sip and affect the body in as early as ten minutes. When alcohol is consumed daily in uncontrolled amounts, then alcohol poses a threat to many serious illnesses. Alcohol affects health in many ways. High intake of it leads to heart disease. This is due to the way alcohol affects the circulatory

system, which will eventually lead to heart failure. Women have a greater chance of this than males as women are more vulnerable than men to alcohol's effects, even after drinking smaller amounts. Women who drink heavily are at a major risk of various diseases, like, osteoporosis, premature menopause, infertility and miscarriages, high blood pressure.

Alcohol increases the risk of certain cancer, especially those of the liver, throat, and larynx. Alcohol abuse can have short-term and long-term effects, such as alcohol poisoning, sexual dysfunction, and liver damage. Alcohol is like poison for the liver, it produces lesions on the liver tissue. This makes the liver so bad that it stops working. Alcohol can harm to the fetus even during pregnancy. Alcoholism also causes many deaths and injuries due to accidents. Drinking alcohol can also lead to drowning, fighting and suicide.

By drinking alcohol, people also get various social problems such as social isolation of the family, divorce, family disorganization. It affects the development and growth of the personality of the children of the addict a lot. Apart from all this, alcoholism leads to increase of crime rate in the society. It also increases violence against women like molestation, teasing, rape etc.

## 5. Factors behind alcohol abusing:

There are many factor and forces responsible for alcoholism like:-

**Peer Group:** The youth have a great effect on their accompaniment. To join the social group, they start behaving like them. When there is a bad association, many bad habits like Alcoholism are developed among youth.

**Stress:** When a person gets excessive stress due to excessive work pressure, social expectations, Marital disharmony, unemployment, poverty, death of a spouse or relative they start taking alcohol as an alternative solution for instant relief.

**Pleasure:** Most people start to take alcohol for fun or for entertainment, but slowly it becomes addiction to alcohol and they start taking alcohol in uncontrolled amounts.

**Occupational Factors:** People have to take alcohol several times in various job-related meetings. If this happens frequently they become addictive.

**Family Factors:** Some children start drinking alcohol due to conflicts between parents. Alcohol abuse is not considered wrong in many homes, so children do not feel guilty about taking alcohol. If parents take alcohol in a house, children also learn to drink gradually.

**Easy availability of liquor and cheap liquor:** In our country, where essential items like milk and water are getting difficult, alcohol is easy to get, which increases the likelihood of Alcohol Addiction.

## 6. Suggestions for prevention of alcohol abuse among students:

The average age of alcohol consumption in India has been constantly falling by nearly nine years over the past decade. At present, at an average, Indians take their first sip of alcohol at the age of 19 compared to 28 in the 1990s. Soon, experts say it will reduce to 15 years.

While alcohol advertising is banned in all Indian media and scenes that justify or glorify drinking are not allowed in Bollywood films, there is no dedicated health legislation that prohibits the depiction of alcohol in these films and there is a clear need for an immediate alcohol control policy. India was among the first countries in the world to raise an alarm against alcohol. However, since then, it has not been able to put in place an effective anti-alcohol policy.

## 7. How to solve the problem of alcoholism :

We can witness that this addiction of alcohol intake has become too severe, it is high time to look into the ways-out so as to solve this Dracula kind problem else it will be too late. The alcoholics can be treated in many ways but most specifically it can be done under *Curative* and *Preventive* treatment;

**Curative treatment:** Curative treatment for alcoholism consists of Medical treatment, Individual treatment and Aversion Therapy. Medically, doctors need to take complete care of the patient's mental status, physical conditions and emotional needs. Patients need to be treated with the help of tranquilizers or drugs like antabuse, naltrexone, heminevrin. When a patient is treated individually, it becomes an utmost necessity that he/she undergoes various forms of psychotherapy and counseling sessions. If Aversion therapy is to be used upon the patients then the patient is required to be given electric shock. e.g. group therapy, environmental intervention, behavioral therapy.

**Preventive Treatment:** Education and public information, Societal controls like, restriction on alcohol advertising, warning labels and Directive principles of State Policy play an effective role to prevent alcoholism. Alcohol abuse can also be prevented by using intervention of policies such as Alcohol Taxes, Raising the Minimum Legal Drinking Age (MLDA), Server Liability and Warning Labels. Awareness should be spread in the society by telling the adverse effects of Alcohol Abuse and special assistance should be taken by Educational Institutes

## **8. CONCLUSION:**

Alcohol Abuse is standing in front of us as a worldwide problem related to health and social issues. Almost all countries have enacted various laws to prohibit alcohol abuse. But alcohol abuse is a social evil and no social evil can be overcome only on the basis of law and penalty. To destroy this evil completely requires social consciousness, awareness and collective efforts.

## **REFERENCES:**

1. Rehm, Jurgen (2017), The Risks Associated With Alcohol Use and Alcoholism, Alcohol Research & Health, Volume 34, Issue Number 2.
2. Sharma, Priyanka and Tyagi, Ankita (2016), A Study on Adolescent Drug Abuse in India, American International Journal of Research in Humanities, Arts and Social Sciences, 16-244.
3. Tripathi, Pratima (2017), Gender, School and Society, Aggrawal Publications, Agra.



## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## The Effects of Drug and Alcohol Abuse in Education

Ambreen Jamali

Asst. Prof., Dept. of Social Work, Central University of Himachal Pradesh

Email - ambreenjamali@gmail.com

**Abstract:** Drug and alcohol abuse are serious problems on college campuses. We have been experiencing an alarming increase in drug and alcohol abuse among the youngsters in recent years. Every now and then we read in the newspapers that college students are being held for consuming drugs and alcohol and most of them are adolescents. According to various Surveys on Drug Use, The largest numbers of drug-consuming people are college going students. Alcohol and substance abuse works as a paramount hindrance in psychological, mental and emotional development of students. It has been prominently observed that this habit of drug abuse result into a lot of issues concerning to health and very strongly disturbs the academic achievements. Being drug abuse too complex, its extremely difficult to search for simple solutions to curt this problem. It is high time to think and come out with viable solutions so as to cater this serious problem amongst the youth specifically who is the real building block of the nation. Many preventive strategies for drug abuse are discussed in this article. More work needs to be done in this direction to deal with the distressing problem of drug abuse.

**Keywords:** Drug abuse, Academic achievement, Adolescence

### 1. Introduction:

Education is the fundamental means of human development. By it the innate power of human beings is developed, their knowledge and skills are enhanced, their behavior is changed and they are made civilized and cultured citizens. Therefore Education has been recognized as the most powerful and vital tool and significantly contributes in social and economic advancement of a nation. The Indian education system is presently facing several issues and challenges and Drug Abuse is one of them, which affects the goal of becoming the new superpower. Our nation is undergoing various changes at economic and cultural front as this is a developing phase of our country. Parallel, with these major changes, the growth in the population is being witnessed and henceforth the number of youth is at a highest point in the graph representation of population. The situation is becoming extremely alarming day by day as the researches at the ground level are showing high prevalence of drug abuse cases coming up. The Indian youth population is found with high risky behaviors. Drug abuse and alcoholism is resulting into health related problems of the youngsters majorly. Many a times these addictions directly or indirectly lead to fights, accidents, unsafe sexual relationships and also problematic academic performances. Drugs are such substances that affect the brain, the nervous system. For some time consuming these substances, one gets the sense of freedom from mental stress and anxiety. Even his depression and suffering diminishes and he experiences temporary comfort and joy, but gradually the person becomes enslaved to his consumption and he becomes addicted to them. Drunkenness in youth begins with sweet betel leaf or paan, but gradually they begin to add cigarette, gutka and alcohol to drug addiction and become addictive.

Studies are coming to the conclusions that such abuses are becoming barriers to the achievement of academic objectives. The biggest damage to the brain when taking drugs. These drugs control the communication system of the human brain disturbing the nerve cells to perform their functions perfectly. They slow down the entire process making a human being dull and losing the control over ability to concentrate. Drugs affect the brain's "reward circuit" with the help of dopamine which act as neurotransmitter. This reward system controls the body's ability to feel pleasure and motivates a person to repeat behaviors.

The largest numbers of drug-consuming people are college going students. College going students are most likely to have drug. College Going Students Have Great Concern for Their Social Image. They begin to take alcohol/drug in the beginning to join other groups of students. College students gradually get addicted to drug addiction when they want to have more fun and take a little bit of the drug daily.

### 2. Reasons behind drug abusing by students :

The educational system nowadays is very competitive and lacks flexibility with lakhs of students appearing for few thousand seats. Again there is always a parental burden which adds to the pressure of making it big academically. There may be many factors or reasons for taking drugs in college going students, such as:

**Stress.** The youth entering into adolescence, face lot of physiological and psychological changes sometimes results into stress. Due to the pressure from the teachers and parents the competitive race to achieve unusual high scores in academic. To overpower stress due to the above mentioned reasons, sometimes the youth unknowingly gets diverted towards drug abuse and alcoholism.

**Alienation:** Many people feel isolated in the rush of people and those who are not able to sustain themselves in the competitive world do feel the pressure. They become alienated from the society and if they find drugs, they get addicted to it.

**Psychological dependence:** In the beginning, young people enjoy the addiction, but later they become addicted to that addiction and they become psychologically dependent on them.

**For the satisfaction of curiosity:** Many students take drugs initially because of curiosity, but gradually the use of drugs becomes their habit.

**Peer pressure.** In addition to frustration or emotional imbalance, college going students start taking drugs for their companions or even joining their group, which gradually makes them addicts.

### **3. Types of Drugs, used for Drug Addiction by students:**

Three types of drugs are used in drug addiction. The first types of drugs are called Uppar. This type of drugs brings excessive energy and confidence to the person. Example of some uppar types of drugs are Cocaine, Ecstasy, and Crack Cocaine. The second type of drugs are called 'Downers'. After taking this type of drugs, the person is very lethargic and relaxed. Examples of such types of drugs are Alcohol, Hashish, Heroin and Quaaludes.

The third types of drugs are called hallucinogens. After taking drugs of such type of drugs, one sleeps and experiences delusion. Hallucinogens are also pleasant and frightening. Some known hallucinogens are LSD and Mescaline.

### **4. Suggestions for Prevention of Drug Abuse among students:**

Actually, Drug Abusing can be easily avoided by following the methods given by experts and physicians regarding this problem. Programs by families, schools, communities and institutions working in this regard are very important. The general public should be made aware about the causes and ill effects of the drug addiction. Also provide the education related preventive measures and curative treatment in public as well as school and colleges. The media, especially the entertainment section, in this context, which encourages and enhances the abuse of narcotic drugs, and urging millions, should do positive work and should understand its role towards society. The general public should be made aware about the causes and ill effects of the drug addiction. There is a need to highlight the fatal consequences of drug misuse. It is very important that the youth should feel that drug intake is harmful for them in every way, by doing so, they will stop using drugs, and they will also stop their colleagues from doing so.

The government should initiate stringent action against drug pushers such as imprisonment and death sentence because they are destroying the lives of lakhs and cores of young lives.

Counseling centers should be established by educational institutes, community centers and NGO's for those people who are at an risk of drug abuse and who are already drug abusers.

Once children get addicted to drugs then it becomes difficult to get out of this trap again. But if the parents keep an eye on their children's activities, then the disease can be terminated in the beginning. The most important thing to keep the students away from drugs is that parents have a sincere and good attitude with him. When they are away, get to know the friends and friends of their friends and keep them in touch with them constantly. If parents find out that their child is consuming drugs, the organizations involved in reducing addiction habit should be contacted. With the help of them we will be able to free our child from the clutches of narcotic drugs.

### **5. Conclusions:**

Drug addiction is one of the most serious problem in present scenario which is directly related to health and social issues. Substance abuse in adolescence constitutes one of the most deadly menaces today. It has been identified as a social vice that must be eradicated. Students can be helped by Counselor to overcome their problem. drug abuse education should be provided to the adolescent in our schools and colleges. Drug abuse counseling is therefore recommended as an integral part of curriculum. More work needs to be done in this direction to deal with the distressing problem of drug abuse.

**References:**

1. Akanbi, Muritala Ishola, Augustina, Godwin and Muritala, Muhammad, (2015), Impact of Substance Abuse on Academic Performance among Adolescent Students of Colleges of Education in Kwara State, Nigeria, Journal of Education and Practice, Vol.6, No.28.
2. Oberoi, Dr S.C.(2015), Educational Vocational Guidance and Counselling, International Publishing House, Meerut.
3. Sharma, Priyanka and Tyagi, Ankita (2016), A Study on Adolescent Drug Abuse in India, American International Journal of Research in Humanities, Arts and Social Sciences, 16-244.
4. Taylor, S. E., Health Psychology (2003), 5th Ed., McGraw Hill, New Delhi.

## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## A Study on Social Support among Abstinence and Non-Abstinence Alcoholics

<sup>1</sup>Ashok Kumar, <sup>2</sup>Bergai Parthsarathy Nirmala

<sup>1</sup>Assistant Prof. of Psychiatric Social Work, Dept. of Psychiatry, J.S.S. Medical College, Mysore.

<sup>2</sup>Additional Prof. Dept. of Psychiatric Social Work, NIMHANS, Bangalore.

**Abstract: Introduction:** Alcoholism has adverse effects on the alcoholic himself as well as on the family members. The social support system in terms of others, family members, neighbours and social institutions that comes to rescue and help him to cope more effectively with stressful life events. The study is attempt to focus on explore the social support system of Abstinent and Non-Abstinent Alcoholics.

**Method:** An experimental study was carried out at De-Addiction Centre, National Institute of Mental Health and Neurosciences, Bangalore. A Purposive samples consists of 30 Abstinence and 30 Non- Abstinence Alcoholics was interviewed to assess the level of Social Support. Information on sociodemographic profile and the level of social support was ascertained by using a self-administered pre-tested questionnaire. Appropriate descriptive statistics was applied to formulate the results.

**Results:** Finding revealed that 66.7% of non-abstinence respondents were under the age group of 20-29 years. 55.3% of married respondents were maintained abstinence. 57.1% of Nuclear Family respondents were reported as abstinence. 60.0% of Joint Family respondents were non-abstinence. 25% of the total respondents reported Psycho-social problems receding treatment. It was interesting to know that both abstinence and non-abstinence had a history of 7 years alcohol dependence; they had social support from friends and family members. Large number respondents have been maintaining abstinence for two years. .

**Conclusion:** The results show that those who were maintaining abstinence had strong Social Support, more chance for self-motivation for regular treatment and follow-up.

**Key Words:** Alcohol Dependence, Social Support, Abstinence and Non-Abstinence.

### 1. Introduction:

Alcoholism is an, illness which adversely affects the life of the individual as well as those who dependent on him (Tomelleri et al., 1977). According to Edwards and Grant (1976), "alcoholism is complex disorder with physical, psychological and social aspects, having for reaching harmful to individual". The disease concept of alcoholism postulates that the etiological origin of alcoholism may biological, psychological or social.

Research has shown that social support factors are related to success in the treatment of addictive disorders. The work of Rudolf Moos and his colleagues has shown that treatment outcomes occur in the context of many other aspects of the individual's life, and are profoundly affected by the social environment (e.g., Moos et.al., 1983),

Therefore, the investigators aimed to identify the influence of Social Support between two variables with regard to Abstinent and Non-Abstinent Alcoholic Dependence.

**Aim:** To study the influence of Social Support among Abstinent and non - Abstinent Alcoholics.

### 2. Material Method:

Experimental study research design used for study at out-patient and in-patient De-addiction centre, NIMHANS, Bangalore. The study population comprised of purposively selected 30 Abstinent and 30 non-abstinent, person who was diagnosed of alcohol dependence syndrome under ICD-10 criteria were included in the study. The inclusion criteria included, samples were Male and Female, Abstinent and Non-Abstinent, above 18 years of age. Patients who refused to participate in the study, Persons with currently having co-morbid psychiatric or neurological disorders, and Persons with drug dependence, were excluded. The tools were administered in the out-patient and in-patient department at De-Addiction Center, NIMHANS, Bangalore.

**Research Tools:** The tools used for the study were sociodemographic information sheet, and The Social Support Appraisals (SS-A) Scale.

**Socio-Demographic Information Data Sheet:** This was developed for collecting the information from respondents, i.e. age, marital status, family background, and Psycho-social problems receding treatment.

The Social Support Appraisals (SS-A) Scale: This Scale of subjective appraisals of support (SS-A) was developed by Vaux et al., (1986). It is a 23 – item instrument based on Cobb's (1974) definition of social support and designed to tap the extent to which the individual believes that he or she is loved by, esteemed by and involved with family, friends and others.

**Ethical Consideration:** A written permission was obtained from NIMHANS, Bangalore to collect the data from the respondents. After explaining the study objectives, a verbal and written consent was also sought from an individual. Anonymity and confidentiality of the subjects were maintained during the study. The data was then entered into SPSS evaluation and was analyzed using descriptive and inferential statistics.

### 3. Results:

#### Socio-Demographic Profile

**Table 1 Socio-Demographic Characteristics of Respondents  
(n=60)**

Variables	Respondents (%)	
<b>Age of respondents</b>	<b>Abstinent</b>	<b>Non-Abstinent</b>
Range 20-70		
Age Group 20-29 (20%)	33.3% (4)	66.7% (8)
30-30 (40%)	50.0% (12)	50.0% (12)
40-49 (30%)	50.0% (9)	50.0% (9)
>50 years (10%)	83.3% (5)	16.7% (1)
<b>Marital status</b>	<b>Abstinent</b>	<b>Non-Abstinent</b>
Married (78.3%)	55.3% (26)	44.7% (21)
Unmarried (15.0%)	44.4% (4)	55.5% (5)
Divorced (5.0%)	.0% (0)	100% (3)
Separated (1.7%)	.0% (0)	100% (1)
<b>Family Types</b>	<b>Abstinent</b>	<b>Non-Abstinent</b>
Nuclear Family (58.3%)	57.1% (20)	42.9% (15)
Joint Family (40.0%)	40.0% (10)	60.0% (15)
<b>Reason for Treatment of the Respondents</b>	<b>Abstinent</b>	<b>Non-Abstinent</b>
Family Force (1.7%)	100% (1)	.0% (0)
Self-Motivation (30%)	72.2% (13)	27.8 (5)
Family Responsibility (26.7%)	50.0% (8)	50.0% (8)
Psychosocial Factors (25%)	40.0% (6)	60.0% (9)
Health Issues (10.0%)	16.7% (1)	83.3% (5)
Economic and Health Problem (1.7%)	100.0% (1)	.0% (0)
Motivated by Professionals (5.0%)	0.0 % (0)	100% (3)

The tabulated data revealed that, in majority (20-29) age groups. (66.7%) of the respondents were non-abstinent and only (33.3%) of respondents were maintaining their abstinent. Regarding the marital status, the findings shows, the majority (78.3%) of respondents were married, among them (55.3%) were maintaining abstinent, and (44.7%) of respondents were Non-Abstinent. Respondents' the family type, the result shows that (58.3%) of the respondents from Nuclear family, out of which (57.1%) of the respondents were abstinent, and (42.9%) were Non-Abstinent. Where, in joint family majority of the respondents (60.0%) are Non-Abstinent, and (40.0%) were maintaining abstinent. In reason for treatment, majority of the abstinent respondents (72.2%) reported they had self-motivation for seeking treatment, where as in Psychosocial factors majority of the respondents (60.0%) still they were continuing to take alcohol (non-abstinent), and only 40.0% of respondents reported because of Psychosocial Factors they are motivated to seek treatment.

#### ANOVA

##### Friends Family Others and Overall

**Table 2. Mean scores of Social Support Appraisal (Friends, Family, Others and Overall) of Abstinent and Non-Abstinent based on their age.**

Age	Friends	Family	Others	Overall
-----	---------	--------	--------	---------



	Alcohol Dependency	Mean±SD		Mean±SD		Mean±SD		Mean±SD	
		Abstinent (n=30)	Non-Abstinent (n=30)	Abstinent (n=30)	Non-Abstinent (n=30)	Abstinent (n=30)	Non-Abstinent (n=30)	Abstinent (n=30)	Non-Abstinent (n=30)
20-29		13.75±4.1 93 N=4	18.13±2.4 75 N=8	16.25±1.5 00 N=4	12.75±2.8 16 N=8	14.25±1.2 58 N=4	18.13±1.8 08 N=8	44.25±6.2 38 N=4	49.00 ±5.23 7 N=8
30-39		17.17±3.1 29 N=12	18.75±4.2 02 N=12	13.92±2.9 06 N=12	13.58±3.0 29 N=12	16.33±2.0 60 N=12	16.50±2.9 39 N=12	47.42±3.2 88 N=12	48.83 ±7.62 6 N=12
40-49		18.22±2.2 79 N=9	18.22±5.0 44 N=9	11.56±1.8 10 N=9	14.00±3.0 00 N=9	16.56±2.1 28 N=9	15.89±4.0 45 N=9	46.33±3.8 73 N=9	48.11 ±9.95 5 N=9
50 and above		18.80±2.7 75 N=5	26.00±00 00 N=1	11.20±2.7 75 N=5	12.00±00 0 N=1	18.00±3.2 40 N=5	19.00±00 00 N=1	48.00±3.3 91 N=5	57.00 ±000 N=1
TOTAL								46.77±3.9 01 N=30	48.93 ±7.64 7 N=30
F Value		2.029 NS df= 1, 58		.243 NS df=1, 58		.374NS Df=1, 58		1.91NS df=1, 58	

The above table 2 explained the means scores of (Friends, Family, others and Overall) Social Support Appraisal of Abstinent and Non-Abstinent alcoholics based on their age, and the analysis of Variance computed for the same. The means scores among the age group did not show much difference. Whereas very low mean differences shown among 20-29 age group. The ANOVA computed for the same was found to be not significant.

**Table 3. Mean scores of Social Support Appraisal (Friends, Family, Others and Overall) of Abstinent and Non-Abstinent based on Family Type.**

Family Type	Alcohol Dependency	Friends Mean±SD		Family Mean±SD		Others Mean±SD		Overall Mean±SD	
		Abstinent (n=30)	Non-Abstinent (n=30)	Abstinent (n=30)	Non-Abstinent (n=30)	Abstinent (n=30)	Non-Abstinent (n=30)	Abstinent (n=30)	Non-Abstinent (n=30)
Nuclear Family		17.25±3.50 8 N=20	19.40±2.77 2 N=15	13.00±2.7 34 N=20	13.53±2.7 22 N=15	16.80±2.4 41 N=20	18.13±1.9 22 N=15	47.05±4 .199 N=20	51.07 ±4.86 2 N=15
Joint Family		17.40±2.75 7 N=10	17.93±5.17 5 N=15	13.20±3.3 60 N=10	13.33±3.0 86 N=15	15.60±2.3 58 N=10	15.53±3.5 23 N=15	46.20±3 .360 N=10	46.80 ±9.36 7 N=15
F Value		2.029 NS Df=1, 58.		.243 NS DF=1, 58		.374NS Df=1, 58		1.977 NS Df=1, 58	

The above table 2 explained the means scores of (Friends, Family, others and Overall) Social Support Appraisal of Abstinent and Non-Abstinent alcoholics based on their family type. The mean scores among the family type did not show much difference, whereas very low mean differences seen in Nuclear Family. The ANOVA computed for the same was found to be not significant.

**Table 4. Social Support Appraisal relationship among Abstinent and Non-Abstinent Alcohol dependent, between, Age, Alcohol dependence in years, and Period of Abstinence.**

		Age (In Years)	Alcohol Dependency (In Years)	Period of Abstinence (In Years)
--	--	----------------	-------------------------------	---------------------------------

		Abs	Non-Abs	Abs	Non-Abs	Abs	Non-Abs
Social Support Appraisal of Friends	Pearson Correlation	.427(*)	.148	.171	-.011	-.335	-.285
	Sig. (2-tailed)	.091	.436	.366	.954	.071	.126
	N	30	30	30	30	30	30
Social Support Appraisal of Family	Pearson Correlation	-.571(**)	.110	-.037	-.101	.320	-.091
	Sig. (2-tailed)	.001	.563	.845	.597	.084	.632
	N	30	30	30	30	30	30
Social Support Appraisal of Others	Pearson Correlation	.406(*)	-.192	.165	-.250	-.089	-.183
	Sig. (2-tailed)	.026	.310	.383	.183	.642	.333
	N	30	30	30	30	30	30
Total Social Support Appraisal	Pearson Correlation	.174	.044	.214	-.144	-.092	-.263
	Sig. (2-tailed)	.352	.818	.257	.447	.627	.161
	N	30	30	30	30	30	30
** Correlation is Significant at the 0.01 level (2-tailed)							
* Correlation is significant at the level (2-tailed)							

To find the relationship of age, years of dependence and years of abstinence among abstinence and non-abstinent alcoholics, correlations were separately computed, treated each group as an independent group. The results are presented in the above Table 4, Positive significant was found between age and social support appraisal of friends among abstinent group whereas no significant relationship was found for the same among non-abstinent group.

**Table 5. t-Test**

**Significance of Mean Differences among Abstinence and Non-Abstinent Alcoholics for Social Support Appraisal**

Social Support Appraisal	Category	N	Mean	Std. Deviation	t Value
Friend	Abstinent	30	17.30	3.229	1.424 NS
	Non-Abstinent	30	18.67	4.147	
Family	Abstinent	30	13.07	2.900	0.493 NS
	Non-Abstinent	30	13.43	2.861	
Others	Abstinent	30	16.40	2.358	0.611
	Non-Abstinent	30	16.83	3.086	
Total	Abstinent	30	46.77	3.901	1.382**
	Non-Abstinent	30	48.93	7.647	

**Level of Significance: \* = P,0.05, \*\* = P,0.01, \*\*\* = P,0.001, NS=Not Significant.**

To test the mean differences among the abstinence and non-abstinence group for Social Support Appraisal on Friend, Family, Others and Total independent samples Student 't' test was used. There was no significance found for Friends, Family and Other Social Support Appraisal among the Abstinent and Non-Abstinent. Significant difference was found for the Total Social Support Appraisal (t=1.832) at 0.01 level.

#### 4. Discussion:

Social support has been repeatedly identified as a strong correlate of among abstinent and non-abstinent alcoholics; enhancing social support has seldom been a focus of treatment research. In the present study the Socio Demographic profile was tabulated, the data revealed that a majority (40%) of the respondents belonged to the age group of (30-39). In (20-29) age groups (66.7%) of the respondents were non-abstinent and only (33.3%) of the respondents were maintaining abstinent. This data denotes that there are many early adults (20-29) age groups has more dependent to alcohol compare with (30-49) years age groups, because of early adult age is vulnerable to peer group influence and mass media, they might have influence to alcohol dependence.

Regarding the marital status, majority (78.3%) of respondents were married, among them (55.3%) respondents were Abstinent and (44.7%) of respondents were non-abstinent. The data reveals that married abstinent people have good social support. These findings are collaborating with the previous studies as Thoits, (1995), in general, married person report higher levels of perceived support. Chandra et al., (1995); Coyne and Downey, (1991),

the quality of the marital relationship and the level of spousal support greatly affect the balance between distress and wellbeing. Monroe Steiner (1986), study revealed that marital discord is perceived as a support deficit as well as chronic stress.

The result pertaining to the family type, (58.3%) of the respondents from Nuclear Family, out of which (57.1%) of the respondents were Abstinent and (42.9%) were Non-Abstinent. The data describes that; Nuclear family has good Social Support, and study has shown that in the Nuclear family responsibility is high and relapse rate is low. These findings are corroborating with previous studies such as Finney et, al, (1980), they did a treatment outcome study of (113) treated alcoholics by following them up at 6 months and two years after hospitalization. They found that family cohesion decreased chance for relapse whereas family conflicts increased relapse – the more cohesive and supportive the family, the better the prognoses for an individual who has been treated for alcoholism.

The respondents given the reasons for treatment. The majority of respondents (30.0%) have told, because of Physical, Psychological and Social problems they had self-motivated for treatment. Among them (76.2%) were Abstinent and (27.8%) were Non-Abstinent. The data denotes that, people's family responsibilities, health issues and other psychosocial factors, motivated them for treatment. This study collaborating with the previous studies such as Lungabaugh et al. (1995) conducted a study to test the efficacy of different intensities of relationship enhancement treatment on alcoholic patients.. They found that only among those highly invested in others does alcohol-relevant social support for abstinence affect drinking outcome. This means that a person's investment in his or her social relationships moderated the effect of support on drinking outcomes.

The socio demographic data of Social Support Appraisal (Friends, Family, and Others) of Abstinent and Non-Abstinent, based on their age did not show much significance between abstinent and Non-Abstinent Alcohol Groups, whereas very low mean difference was found among (20-29) age groups between Abstinent and Non-Abstinent has noted. These findings are collaborating with the previous studies such as M. Chandrasekhar Rao, et al, (2004), they did study on the Relationship between the Psychological distress and Alcohol Dependence, they took the Alcohol Dependence and Abstinent groups sample for study, and they found that there was no any significance in the age groups between Alcohol Dependent and Abstinent groups.

In the present study it was found that, there is no significant different Social Support Appraisal among Friends (t Value; 1.424 NS), Family (t Value; 0.493 NS), and Others (t Value; 0.611 NS). Whereas there is significant different Social Support Appraisal in Overall (Total) groups (t Value; 1.382\*\* p,0.01 level). These findings contrary to the Study of Malthotra et.al, (2002), in this study he has found that, the social support is being recognized as a positive influence on health. It may influence motivation, treatment compliance and outcome in the drug dependent patients.

## **5. Limitations of the study:**

- Large sample could not be taken due to time constraints.
- The scale use dot measure the Social Support Appraisal is Western Scale though it was repeatedly used by various researchers in India.
- The findings of the study would have been more reliable if the sample size was taken large number.
- The present study focuses only one variables, viz, Social Support Appraisal, where as there are a number of factors that influence the treatment and abstinent.

## **6. Implications of the study:**

The present study highlights the significance of relationship variables, and Social Support Appraisal among Abstinent and Non-Abstinent alcohol dependence. The major findings of the study, viz, the better the Social Support the more chance for self-motivation for regular treatment and follow-up. Thus, understanding brings about the scope for interventions from mental health point of view by professionals especially, the interventions by Psychiatric Social Worker in planning and delivering adequate therapeutic services in the clinical contexts.

## **7. Conclusion:**

The present Research aimed in essence, at studying the perceived social support among abstinent and non-abstinent alcohol dependents. The results shown that, there, is strong social support system has lesser relapse, and also found that those who were maintaining Abstinence, they have good social support system, and helped the respondents towards self-motivation for treatment.

## **References:**

1. Alan Vaux, Jeffrey Phillips, lori holly, brain thomson, Deirdre Williams, and Doreen Stewart. 'The social support appraisals (ss-a) scale: studies of reliability and validity. American journal of community psychology, 14, (2), 195-208.

2. Chandra, P.S., Sudha, M.B., Subbarathna, A.R. Rao, S., Verghese, M, and Channabasavann, S.M. (1995). Mental health in mothers from a transitional society: The role of spouse supportiveness. *Family Therapy*, 22: 49-59.
3. Chandrasekhar Rao M, Shivakumar K, Kaliaperumal V.G, (2004). The Relationship between the Psychological distress and Alcohol Dependence.
4. Chengappa, R. (1986). Alcoholism a growing malaise, *India Today*, 30: 72-80.
5. Coyne, J.C and Downey, G. (1991). Social factors and psychopathology: Stress, social support and coping processes, *Annual Review of Psychology*, 42: 401-425.
6. Cobb, S. (1976). Social Support as a moderator of life stress, *Psychosomatic medicine*, 38: 300-314.
7. Fein, R. (1984). "Alcohol in America: The price we pay". New Port Beach Care Institute, 16.
8. Finney, J. W., Moos, R. H., & Mewborn, C.R. (1980). Post treatment experiences and treatment outcome of alcoholic patients six months and two years after hospitalization. *Journal of Consulting and Clinical Psychology*, 48 (1), 17-29.
9. Grant, B.F., Harford, T.C., Dawson, D.A., Chou, P. et al. (1994). Prevalence of DSM IV alcohol abuse and Dependence: US 1992 Alcohol Health and Research World, 18 (3), 243 - 248.
10. Longabaugh, R., Wirtz, P.W., Beattie, M., Noel, N., & Stout, R. (1995). Matching treatment focus to patient social investment and support: 18-month follow-up results. *Journal of Consulting and Clinical Psychology*, 63, 296-307.
11. Moos, R.H., & Finney, J. W. (1983). The expanding scope of alcoholism treatment evaluation, *American Psychologist*, 38, 1036-1044.
12. Rockville, (1983). Fifth special report to this US Congress on Alcohol and Health, 84, 1291.
13. Thoits, P.A, (1995). Stress, coping and social support processes: Where are we? What next? *Journal of Health and Social Behavior* (extra issue), 53-79.
14. Tomelleri, C. J., Herjanic, B.L & Wetzel, R.d. (1977). The wife of the alcoholic. *Currents in Alcoholism*, 4: 29-37.

## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## Drug Abuse and Intimate Partner Violence during Pregnancy in India: Addressing Research Gaps

<sup>1</sup>Deepshikha Singh, <sup>2</sup>Jyotsana Sonal

<sup>1</sup> Consultant, NCERT, New Delhi

Email: [dssingh1984@gmail.com](mailto:dssingh1984@gmail.com)

<sup>2</sup> Ph.D. Scholar, NIEPA, New Delhi

Email: [jyotsana.sonal@gmail.com](mailto:jyotsana.sonal@gmail.com)

**Abstract:** The WHO multi-country study on women's health and domestic violence indicated that around 30 percent of ever-partnered women globally have experienced physical or sexual violence by a partner in their lifetime. Research evidence shows that drug abuse or alcohol is a significant correlate of intimate partner violence (IPV). Though the drug-induced IPV against women in general, is common in many parts of the world, partners' drug abuse is associated with incidence of IPV even during pregnancy. Drug-induced IPV, particularly during pregnancy, is a serious concern for global public health impeding improvements in maternal and child health outcomes. Despite the serious health consequences, the drug-induced IPV has not received much research attention within the empirical investigations on gender-based violence as well as on public health in an Indian context. Partners' drug or alcohol abuse and subsequent violence directed at women often goes unreported due to the involved relationship of the respondent with the perpetrator and this leads to less proportion of women identified as victim. In the paper, IPV during pregnancy is proposed as a critical factor affecting women empowerment (specifically in terms of health) in relation to drug abuse as a proximal risk factor. This paper attempts to understand the pregnancy-specific factors of drugs or alcohol abuse and partner violence during pregnancy which causes adverse maternal and neonatal health outcomes. The paper presents the significant gaps in research on drug abuse as a correlate of IPV during pregnancy. The paper provides a contextual framework to examine drug-induced IPV during pregnancy focussing on crucial indicators to measure the complexities of the problem. It also provides suggestive measures to address the methodological challenges in exploring the sensitive area of drug-induced IPV during pregnancy

**Key Words:** alcohol, drug abuse, intimate partner violence, maternal health, women empowerment

### 1. INTIMATE PARTNER VIOLENCE:

Intimate partner violence (IPV) is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner. IPV occurs in all settings across all socioeconomic, religious, and social groups. IPV refers to any behaviour within an intimate relationship that causes physical, psychological, and sexual harm to those in a relationship (WHO, 2012). Campbell & Humphries (1993) defined IPV as repeated physical and/or sexual assault by an intimate partner within the context of coercive control. IPV has different forms including acts of physical violence such as slapping, hitting, kicking, and beating; acts of sexual violence such as forced sexual intercourse and other forms of sexual coercion; acts of emotional abuse such as insult, belittling, constant humiliation, intimidation, threat of harm, threat to take away children, etc.; acts of controlling behaviour such as isolation, controlling mobility, restricting access to financial resources, employment, education, or healthcare. The WHO multi-country study on women's health and domestic violence against women indicated that around 30 percent of ever-partnered women globally have experienced physical or sexual violence by a partner in their lifetime. The study also reported that IPV is highly prevalent in the selected ten countries with diverse geographical, social and cultural variations. Among women who had experienced IPV, majority of them had reported of experiencing emotional violence (20-75%), followed by physical violence (13-61%) and sexual violence (6-59%). In WHO multi-country study, it was found that for ever-partnered women, the range of lifetime prevalence of physical or sexual violence or both by an intimate partner was between 15 percent to 71 percent. In most countries, sexual



violence was less reported than physical violence while in some countries, a relatively large proportion of ever-abused women reported sexual violence only. In India, according to the National Family Health Survey (NFHS-3- 2005-06), 40 percent of ever-married women experienced physical, sexual or emotional violence, 37 percent experienced only physical or sexual violence, 8 percent experienced both physical and sexual violence, and only 4 percent experienced physical, sexual, and emotional violence. NFHS-3 reported that 85 percent of ever- married women who have experienced violence since the age of 15 experienced it from their current husband, while 19.2 percent never-married women experienced it from their current/ex- boyfriend. The recent NFHS-4 (2015-16) data reported that at the all-India level, the rate of ever-married women who have experienced spousal violence across 17 states is 28.8 percent. According to NFHS-4 (2015-16), the highest prevalence of spousal violence across the Indian states was reported in Manipur as 53.1 percent followed by Andhra Pradesh and Bihar as 43.2 percent each, Tamil Nadu as 40.6 percent, Madhya Pradesh as 33.0 percent, West Bengal as 32.8 percent, and Haryana as 32.0 percent. Sikkim reported the least prevalence of spousal violence with 2.6 percent.

### 1.1 Global prevalence of IPV during Pregnancy

Though IPV against women, in general, is common in many parts of the world, its prevalence is high even during pregnancy with a large proportion of women experiencing the brunt of abuse when they are pregnant. According to analysis based on Demographic and Health Surveys and the International violence against women surveys, the global prevalence of IPV during pregnancy ranged from 2 percent in countries such as Australia, Denmark, Cambodia, and the Philippines to 13.5 percent in Uganda among ever pregnant, ever partnered women and found to be higher in African and Latin American countries compared to European and Asian countries (Devries et al., 2010). The clinical studies around the world reported the highest prevalence of IPV during pregnancy in Egypt (32%) followed by India (28%), Saudi Arabia (21%), and Mexico (11%). IPV, particularly during pregnancy, is a serious concern for global public health impeding improvements in maternal and child health outcomes. Worldwide, studies indicated that during pregnancy, the rate of domestic violence from husband or from other intimate partner increased and the majority of pregnant women reported abuse during their previous and current pregnancy (Bacchus et al., 2003; Boy & Salihu, 2004; Leung et al., 1999; Fernandez & Krueger, 1999).

IPV during pregnancy is a leading cause of maternal deaths accounting for 40-60 percent of female homicide in many developing as well as developed countries with higher rates in India, Bangladesh, and the United States (Krug et al. 2002).

		URBAN	TOTAL
		23.6	28.8
Violence during pregnancy		2.9	3.3

Table 1: Ever-married women who have experienced spousal violence and violence during pregnancy, Source: NFHS-4 (2015-16)

The question on violence during pregnancy was introduced for the first time in NFHS-4 (2015-16) in the section women empowerment and gender based violence. About 3.3 percent of ever- married women have experienced violence during pregnancy with higher rate of 3.5 percent in rural areas as compared to 2.9 percent in urban areas. The percentage of ever-married women who have experienced violence during pregnancy was highest in Karnataka as 6.5 percent, followed by Tamil Nadu as 6.2 percent, Telangana as 5.9 percent, West Bengal as 5 percent, Haryana as 4.9 percent, Andhra Pradesh and Bihar as 4.8 percent each. Meghalaya and Sikkim reported the least prevalence of violence during pregnancy among ever-married women as 0.4 percent each.

## 2. DRUG/ALCOHOL ABUSE AND IPV:

Research evidence shows that drug abuse or alcohol is a significant correlate of IPV. Studies had shown that drug use and IPV is bidirectional, i.e. women whose partners are drug or alcohol addicted are at greater risk of experiencing violence and also the women who experience IPV are at greater risks of illicit drug use, smoking or alcohol consumption to cope with depression (Chambliss 2008; El-Bassel et al. 2005; Hayashi et al. 2016). Murphy et al. (2005) identified the association between alcohol and violence and indicated that alcohol consumption is identified as a proximal risk factor for partner violence in alcoholic men. Studies have also identified the relationship between drug abuse and aggression between intimate partners. Increased use of drugs and drug related problems is associated with increase in aggression between intimate partner where cocaine had the strongest relationship to psychological,

physical, and sexual aggression (Moore et al. 2008). Though the drug-induced IPV against women in general, is common in many parts of the world, drug and alcohol use was found as one of the significant correlates of partner battering even during pregnancy (Campbell, Garcia- Moreno, & Sharps, 2004; Riggs, Caulfield, & Street, 2000). Amaro et al. (2011) reported that women whose partners are heavy users of drugs or alcohol are highly exposed to violence during prenatal care.

It is crucial to understand the role of pregnancy in initiation of drug abuse and partner violence, i.e. to examine whether drug abuse and IPV were present even before pregnancy or these are specific to pregnancy. In a study by Burch & Gallop (2004), it was reported that the violence experienced during pregnancy took place at the onset of pregnancy till the termination even when there was no previous history of domestic violence before pregnancy. This indicates that at many instances drug or alcohol consumption and domestic violence is specific to pregnancy. The factors which trigger drug abuse and domestic violence during pregnancy are reported in many studies. Unintended pregnancy, either unplanned or undesired, is a major factor associated with drug abuse during pregnancy and spousal violence. In a study by Silverman et al. (2010), it was reported that IPV was associated with unwanted pregnancy and conflicts for abortion where male perpetrators were seeking to terminate pregnancy. Empirical findings have reported certain factors which cause stress and anxiety among male partners during pregnancy leading to possibility of drug abuse and violence. These factors include unwanted marriage (Arslantas et al. 2012; Jewkes et al. 2017), unwanted pregnancy (Karaoglu et al. 2005), suspected infidelity and anger towards the unborn child (Peedicayil et al. 2004), monetary pressure, poor social support during pregnancy and so forth (Heise *et al.* 2002; Taillieu & Brownridge, 2010). These factors explain that drug abuse may be specific to pregnancy which invokes violent behaviour among male partners leading to victimization of women during pregnancy.

### **3. HEALTH CONSEQUENCES OF DRUG-INDUCED IPV:**

There are several negative consequences of IPV during pregnancy, however, health is a highly affected area bearing the most direct implications. Drug abuse, aggression and violence during pregnancy is detrimental to women's physical, psychological, and reproductive health. Women who are the victim of IPV have high rates of stress and are more likely to use drugs or smoke and they are at the risk of delivering a preterm or low birth weight infant with infections and complications (Chambliss, 2008). Tobacco, alcohol, and narcotics abuse during pregnancy deteriorates women's health both directly through self-indulging as well as indirectly through partner's indulgence evoking IPV. Drug-induced IPV is related with several obstetric complications and adverse pregnancy outcomes including miscarriage, stillbirth, preterm birth, fetal distress, low birth weight (Coker *et al.* 2004; Ludemir *et al.*, 2010; Shamu et al., 2011). Shah and Shah (2010) reported that among the pregnant women with experience of domestic violence, the majority of them had preterm deliveries and low birth weight as compared to women with no experience of domestic violence. Women's psychological health is also associated with the experiences of drug abuse and IPV during pregnancy leading to the occurrence of prenatal and postnatal depression and maternal and child morbidity and mortality (Ludemir et al., 2010; Sarkar, 2009; Varma et al., 2007).

#### **3.1 Drug-induced Violence in India and Maternal Deaths**

In India, maternal deaths due to domestic violence constituted the second most common cause of deaths during pregnancy or at the following term after delivery either through direct trauma or indirect obstetric complications (Ganatra *et al.* 1998; Jejeebhoy, 1998) and substance abuse has been identified as a primary cause of violence during pregnancy (Khosla et al. 2005; Varma et al. 2007). The rate of violence against pregnant women in India is usually high which shares a large burden of maternal, perinatal, and neonatal mortality in the country where every third woman who had experienced violence exhibited pregnancy-related complications (Bagcchi, 2015; Koski *et al.* 2011). In a recent case of spousal violence against a pregnant woman in Jaipur, Rajasthan, a 25-year pregnant woman sustained critical injuries after being violently attacked by her husband who was under the influence of alcohol (Indian Express, February 2, 2018). In another case on 19<sup>th</sup> November 2017 in Kanyakumari, a four month pregnant women was brutally assaulted and burnt to death by her drunk husband due to strained post-marriage relationship and expectation of dowry (India Today, November 17, 2017). In most heinous case of domestic violence against pregnant women, a seven month pregnant women from a village in Ludhiana experienced a brutal attack from her husband and brother-in law who kept pressing her stomach till the suspected female foetus was killed. Such an act of violence happened because the woman had refused to go for abortion of the female foetus (Indian Express, June 29, 2017). These cases are the examples which indicate that alcohol or substance abuse is a risk factor to maximise the intensity of the violence giving it a more fatal picture and in many other cases, alcohol or substance abuse is the only reason which evokes IPV during pregnancy primarily in an Indian context.

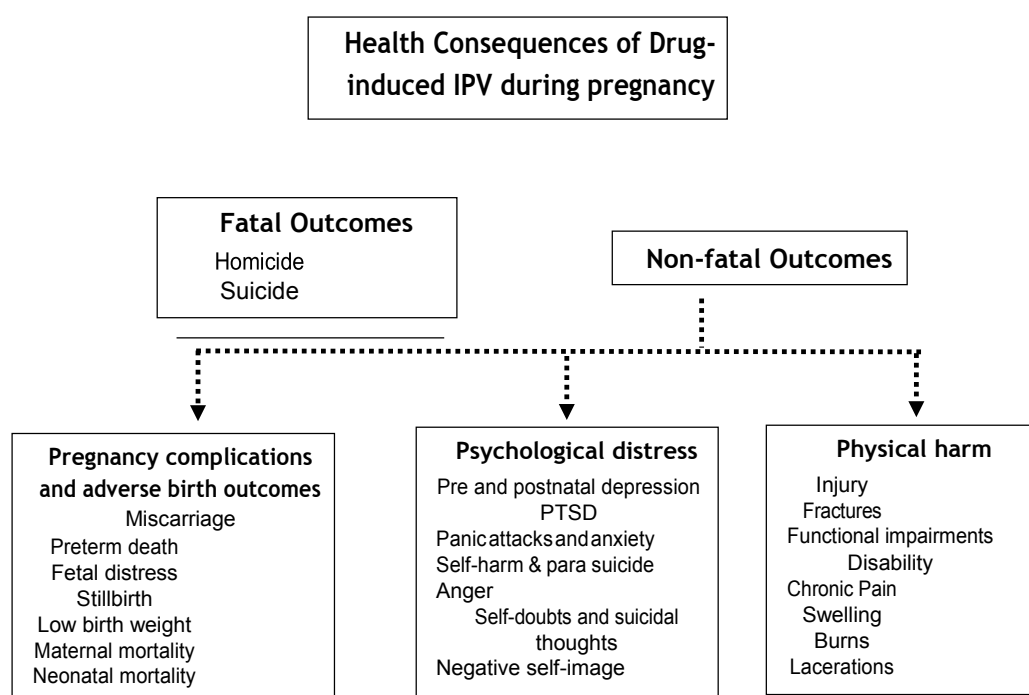


Figure 1: Health consequences of Drug-induced Intimate Partner Violence (IPV) during pregnancy (Adapted from Campbell, 2002)

Women autonomy is closely related with the sufficient use of prenatal, delivery, and postnatal healthcare services among women (Mistry, Galal, & Lu, 2009). Partners' drug abuse and IPV during pregnancy has implications on women's autonomy which makes them incapable of making decisions regarding their health during pregnancy and childbirth. This limits women's access to safe institutional healthcare services during pregnancy and they end up getting exposed to complications during childbirth.

#### 4. RESEARCH GAP:

Gender-based violence in the context of drug-abuse is an under-researched area in India lacking proper conceptualization and comprehensive measures in terms of both qualitative as well as quantitative data. Particularly, drug-induced IPV has not received much research attention within the empirical investigations on gender-based violence as well as on public health in an Indian context. The problem of drug-abuse impacts different sub-groups of population and gender identities (transgender, female, and male) in a distinctive way each experiencing the peculiar consequences. The impact of drug-abuse on pregnant women (both self-abuse and partner abuse) is fatal in terms of maternal and child deaths in the country. The few available studies on IPV during pregnancy are limited, merely examining the prevalence of IPV during pregnancy and had missed to include crucial indicators to examine the intensity of IPV during pregnancy; contextual factors (socio-cultural and gender-based factors) associated with pregnancy-specific IPV; and empowerment measures when participants had defended themselves against drug-induced IPV during pregnancy. The phenomenon of drug-abuse has its special relevance in studying the gender-based violence as it is a critical risk factor which affects women empowerment. Women's experience of IPV during pregnancy is hazardous to their physical, reproductive, and psychological health leading to loss of autonomy and capabilities. There are several studies available on the factors affecting women autonomy and empowerment, however, the subtleties of substance abuse and subsequent violence during pregnancy in restricting women empowerment has not been adequately examined in India both theoretically as well as empirically.

Often, reporting on drug-abuse, alcohol and subsequent IPV (particularly during pregnancy) is limited leading to gaps in data availability to conduct appropriate and extensive research in this area. Partners' drug or alcohol abuse and subsequent violence directed at women often goes unreported due to the involved relationship of the respondent with the perpetrator and this leads to less proportion of women identified as victim. Moreover, in many instances, women fail to recognize and assess the drug-induced aggression of intimate partners as an act of violence. In Indian society, married women rarely disclose the incidents of partners' drug abuse and associated IPV, especially the sexual violence, as it is considered a private family affair and the negative image of the partner is hard to disclose (Shrivastava & Shrivastava, 2013). Violence waged by the drug/alcohol addicted partner is often internalized by the

oppressed women as a usual pattern of relationship and thus, it becomes less evident in the existing patriarchal society causing significant gaps in research.

#### 4.1 Gaps in India's NFHS 4 Survey

The NFHS-4 (2015-16) Survey in India had examined spousal violence against women in general by the type of violence through range of acts from different category of violence viz. physical, sexual, and emotional violence. The survey also included the frequency of violence occurred during the 12 months preceding the survey. However, the survey is limited in examining the type of violence experienced during pregnancy as it included questions related to only physical violence during pregnancy (including incidence of hitting, slapping, kicking, etc.). The survey excluded the cases of sexual and emotional violence during pregnancy which are also the important indicators of maternal and child health outcomes in addition to physical violence. Data on physical, sexual, and emotional violence during pregnancy would help in examining pregnancy complications and pregnancy outcomes by types of violence. The NFHS- 4 survey reported that the prevalence rate of physical violence during pregnancy was 3.3 percent which is quite less indicating that a large number of cases of physical violence had remained underreported.

NFHS-4 survey probed about the perpetrator of violence during pregnancy, but it failed to include more questions to examine violence specific to pregnancy. The questions on different type of violence during pregnancy and pregnancy-specific reasons of violence were not covered in the women questionnaire. The NFHS-4 survey included the questions on the use of drugs, smoking and alcohol both by men and women. It also included questions on alcohol consumption by the husband. However, it did not probe the nature and frequency of drug abuse/alcohol by both partners during pregnancy and the drug-induced violence during pregnancy. Thus, the survey falls short to elicit data to establish the relation of drug-abuse by both partners on pregnancy outcomes and to examine how it affects the maternal and child health in the country.

#### 5. ISSUES IN MEASURING DRUG-INDUCED IPV:

One of the most important prevention strategies against drugs and alcohol is to encourage in- depth research examining the different contexts of drug-abuse, i.e. to understand in what situations or circumstances a person gives in to drug-abuse. Research on drug-abuse would contribute to effective prevention strategies only when the context of drug-abuse is taken into consideration. The generalised approach used for conducting research and suggesting prevention strategies of drug abuse would dilute the efforts to address the complexity of drugs abuse.

Partners' pregnancy is an example of specific context of drugs-abuse. Similarly, drugs-abuse is a specific area of study when conducting research on IPV during pregnancy. Spousal drug abuse and violence is a critical factor to assess women autonomy and empowerment at the household level. Examining relationship between drug-abuse and IPV (during pregnancy) is crucial to develop true measures of Gender Equality/Empowerment (GE/E) especially at the household level. This demands reviewing and identifying the crucial gaps in examining IPV during pregnancy taking into account the drug abuse as a proximal risk factor of IPV during pregnancy.

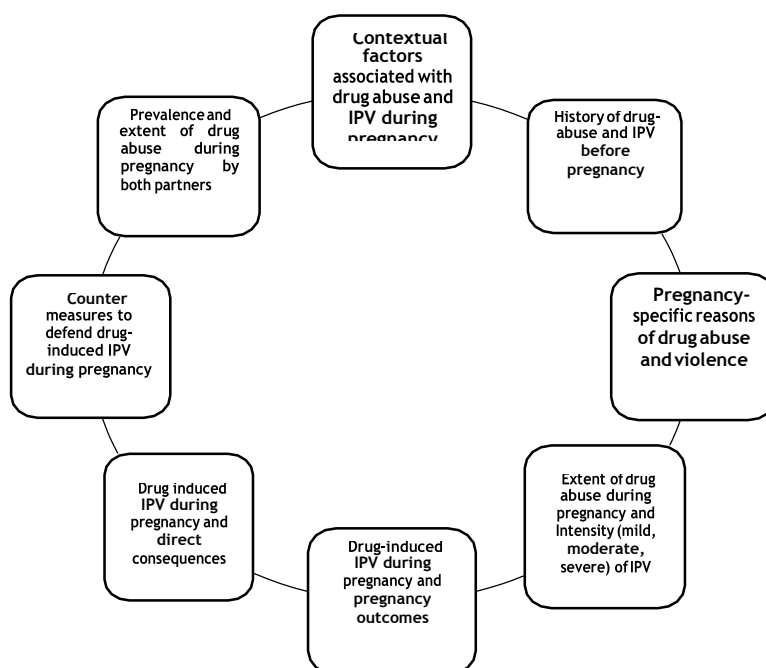


Figure 2: Contextual framework for measuring drug-induced IPV



The contextual framework to measure drug-induced IPV during pregnancy suggests to investigate the following areas:

- Drug abuse during pregnancy and IPV and its association with indicators of gender equality and empowerment (in terms of women's autonomy at household level, control of resources, economic empowerment, etc.)
- Sociocultural and gender-based factors associated with drug abuse and IPV specifically during pregnancy.
- Prevalence and extent of drug abuse during pregnancy by both partners.
- Intensity (mild, moderate, severe) of drug-induced IPV experienced by pregnant women by types of violence.
- History of drug abuse and IPV before pregnancy in order to distinguish drug abuse and violence specific to pregnancy.
- Counter measures taken up by the respondents to defend against drug abuse and IPV during pregnancy.
- Drug abuse and IPV during pregnancy and its association with pregnancy outcomes in terms of pregnancy complications and birth outcomes.
- Direct consequences of drug-induced IPV during pregnancy (direct obstetric trauma, disability, death, etc.)

### 5.1 Measuring drug-induced IPV: Appropriate research methods

Drug abuse and IPV during pregnancy is a sensitive area to explore involving methodological challenges. In many cases, research techniques to examine gender-based violence are narrow in producing valid, reliable, and ethical data on IPV due to the limited use of appropriate research scripts to explore gender-sensitive areas. Prior to conducting research on IPV during pregnancy, it is pertinent to develop a contextual framework on what constitutes violence during pregnancy in a particular social context where the male partner is heavily indulged in drug or alcohol due to pregnancy related anxiety and thus, to identify how it differs from the common spousal violence.

In conjunction with scales or inventory to measure IPV during pregnancy, *Vignettes* can be highly useful in eliciting the response on the sensitive issue of drug-induced IPV through a less personal way keeping in mind the privacy and confidentiality of information. When participants find it difficult to discuss their direct experiences of IPV as a result of drug abuse, *vignettes* have greater use to elucidate information through a non-personal situation (Barter & Renold, 1999; Rahman, 1996). Such a method would provide greater control to the participants where at any stage they may introduce their own experiences to substantiate their opinions or perceptions on violence during pregnancy. *Verbal autopsy* (Baiden et al. 2007) is also important to determine if drug abuse and IPV during pregnancy is the direct and the actual cause of maternal or child deaths in the country. Such methods become important to facilitate the disclosure of sexual violence which otherwise goes unreported. Moreover, longitudinal surveys are preferable over cross-sectional studies to get deeper insights of drug-induced IPV specific to pregnancy.

### REFERENCES:

1. Amaro, H., Fried, L. E., Cabral, H., & Zuckerman, B. (1990). Violence during pregnancy and substance use. *American journal of public health*, 80(5), 575-579.
2. Arslantaş, H., Adana, F., Ergin, F., Gey, N., Biçer, N., & Kıranşal, N. (2012). Domestic violence during pregnancy in an eastern city of Turkey: a field study. *Journal of interpersonal violence*, 27(7), 1293-1313.
3. Bacchus, L., Mezey, G., & Bewley, S. (2003). Experiences of seeking help from health professionals in a sample of women who experienced domestic violence. *Health & social care in the community*, 11(1), 10-18.
4. Bagcchi, S. (2015). A third of Indian women who experience violence during pregnancy have complications. *BMJ*, 350, h2659-h2659.
5. Baiden, F., Bawah, A., Biai, S., Binka, F., Boerma, T., Byass, P., & Jakob, R. (2007). Setting international standards for verbal autopsy. *Bulletin of the World Health Organization*, 85(8), 570-571.
6. Barter, C. and Renold, E. (1999) Physical and sexual violence amongst children in residential settings, <http://www.brunel.ac.uk/dept/law/vrp>
7. Boy, A., & Salihu, H. M. (2003). Intimate partner violence and birth outcomes: a systematic review. *International journal of fertility and women's medicine*, 49(4), 159-164.
8. Burch, R. L., & Gallup, G. G. (2004). Pregnancy as a stimulus for domestic violence. *Journal of Family Violence*, 19(4), 243-247.
9. Campbell, J., & Humphreys, J. (1993). *Nursing care of survivors of family violence*. Mosby Incorporated.
10. Campbell, J., Garcia-Moreno, C., & Sharps, P. (2004). Abuse during pregnancy in industrialized and developing countries. *Violence against women*, 10(7), 770-789.
11. Chambliss, L. R. (2008). Intimate partner violence and its implication for pregnancy. *Clinical obstetrics and gynecology*, 51(2), 385-397.



12. Chambliss, L. R. (2008). Intimate partner violence and its implication for pregnancy. *Clinical obstetrics and gynecology*, 51(2), 385-397.
13. Coker, A. L., Sanderson, M., & Dong, B. (2004). Partner violence during pregnancy and risk of adverse pregnancy outcomes. *Paediatric and perinatal epidemiology*, 18(4), 260- 269.
14. Devries, K. M., Kishor, S., Johnson, H., Stöckl, H., Bacchus, L. J., Garcia-Moreno, C., & Watts, C. (2010). Intimate partner violence during pregnancy: analysis of prevalence data from 19 countries. *Reproductive health matters*, 18(36), 158-170.
15. El-Bassel, N., Gilbert, L., Wu, E., Go, H., & Hill, J. (2005). Relationship between drug abuse and intimate partner violence: a longitudinal study among women receiving methadone. *American Journal of Public Health*, 95(3), 465-470.
16. Fernandez, F. M., & Krueger, P. M. (1999). Domestic violence: effect on pregnancy outcome. *The Journal of the American Osteopathic Association*, 99(5), 254-256.
17. Ganatra, B. R., Coyaji, K. J., & Rao, V. N. (1998). Too far, too little, too late: a community- based case-control study of maternal mortality in rural west Maharashtra, India. *Bulletin of the World Health Organization*, 76(6), 591.
18. Hayashi, H. D., Patterson, T. L., Semple, S. J., Fujimoto, K., & Stockman, J. K. (2016). Risk factors for recent intimate partner violence among methamphetamine-using men and women. *Journal of psychoactive drugs*, 48(2), 135-145.
19. Heise, L., Ellsberg, M., & Gottmoeller, M. (2002). A global overview of gender- based violence. *International Journal of Gynecology & Obstetrics*, 78(S1).
20. Jejeebhoy, S. J. (1998). Associations between wife-beating and fetal and infant death: impressions from a survey in rural India. *Studies in family planning*, 300-308.
21. Jewkes, R., Fulu, E., Naved, R. T., Chirwa, E., Dunkle, K., Haardörfer, R., & Garcia-Moreno, C. (2017). Women's and men's reports of past-year prevalence of intimate partner violence and rape and women's risk factors for intimate partner violence: A multicountry cross-sectional study in Asia and the Pacific. *PLoS medicine*, 14(9), e1002381.
23. Karaoglu, L., Celbis, O., Ercan, C., Ilgar, M., Pehlivan, E., Gunes, G., ... & Egri, M. (2005). Physical, emotional and sexual violence during pregnancy in Malatya, Turkey. *The European Journal of Public Health*, 16(2), 149-156.
24. Khosla, A., Dua, D., Devi, L., Sud, S. Domestic Violence in Pregnancy in North Indian Women. *Indian Journal of Medical Sciences*, 59(5), 195-199.
25. Koski, Alissa D., Rob Stephenson, and Michael R. Koenig. "Physical violence by partner during pregnancy and use of prenatal care in rural India." *Journal of Health, Population and Nutrition* (2011): 245-254.
26. Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet*, 360(9339), 1083-1088.
27. Leung, W. C., Leung, T. W., Lam, Y. Y. J., & Ho, P. C. (1999). The prevalence of domestic violence against pregnant women in a Chinese community: Social issues in reproductive health. *International Journal of Gynecology & Obstetrics*, 66(1), 23-30.
28. Ludermir, A. B., Lewis, G., Valongueiro, S. A., de Araújo, T. V. B., & Araya, R. (2010). Violence against women by their intimate partner during pregnancy and postnatal depression: a prospective cohort study. *The Lancet*, 376(9744), 903-910.
29. Mistry R, Galal O, Lu M. (2009). Women's autonomy and pregnancy care in rural India: a contextual analysis. *Social Science and Medicine*, 69(6), 926–933.
30. Moore, T. M., Stuart, G. L., Meehan, J. C., Rhatigan, D. L., Hellmuth, J. C., & Keen, S. M. (2008). Drug abuse and aggression between intimate partners: A meta-analytic review. *Clinical psychology review*, 28(2), 247-274.
31. Murphy, C. M., Winters, J., O'farrell, T. J., Fals-Stewart, W., & Murphy, M. (2005). Alcohol consumption and intimate partner violence by alcoholic men: comparing violent and nonviolent conflicts. *Psychology of Addictive Behaviors*, 19(1), 35.
32. Peedicayil, A., Sadowski, L. S., Jeyaseelan, L., Shankar, V., Jain, D., Suresh, S., & Bangdiwala, S. I. (2004). Spousal physical violence against women during pregnancy. *BJOG: An International Journal of Obstetrics & Gynaecology*, 111(7), 682-687.
33. Rahman, N. (1996). Caregivers' sensitivity to conflict: The use of the vignette methodology. *Journal of Elder Abuse & Neglect*, 8(1), 35-47.
34. Riggs, D. S., Caulfield, M. B., & Street, A. E. (2000). Risk for domestic violence: Factors associated with perpetration and victimization. *Journal of clinical psychology*, 56(10), 1289-1316.
35. Sarkar, N. N. (2008). The impact of intimate partner violence on women's reproductive health and pregnancy outcome. *Journal of Obstetrics and Gynaecology*, 28(3), 266-271.

36. Shah, P. S., & Shah, J. (2010). Maternal exposure to domestic violence and pregnancy and birth outcomes: a systematic review and meta-analyses. *Journal of women's health*, 19(11), 2017-2031.
37. Shamu, S., Abrahams, N., Temmerman, M., Musekiwa, A., & Zarowsky, C. (2011). A systematic review of African studies on intimate partner violence against pregnant women: prevalence and risk factors. *PloS one*, 6(3), e17591.
38. Shrivastava, P. S., & Shrivastava, S. R. (2013). A study of spousal domestic violence in an urban slum of Mumbai. *International journal of preventive medicine*, 4(1), 27.
39. Silverman, J. G., Decker, M. R., McCauley, H. L., Gupta, J., Miller, E., Raj, A., & Goldberg, A.B. (2010). Male perpetration of intimate partner violence and involvement in abortions and abortion-related conflict. *American Journal of Public Health*, 100(8), 1415-1417.
41. Taillieu, T. L., & Brownridge, D. A. (2010). Violence against pregnant women: Prevalence, patterns, risk factors, theories, and directions for future research. *Aggression and Violent Behavior*, 15(1), 14-35.
42. Varma, D., Chandra, P. S., Thomas, T., & Carey, M. P. (2007). Intimate partner violence and sexual coercion among pregnant women in India: relationship with depression and post-traumatic stress disorder. *Journal of affective disorders*, 102(1), 227-235.
43. WHO (2012). Understanding and addressing violence against women: Intimate Partner Violence. Pan America Health Organization. World Health Organization.

#### WEB REFERENCES:

- <http://www.newindianexpress.com/states/odisha/2018/feb/01/domestic-violence-pregnant- woman-critical-after-attack-by-husband-1766567.html>
- <https://www.indiatoday.in/india/video/kanyakumari-drunk-husband-pregnant-wife-1089834- 2017-11-19>
- <http://indianexpress.com/article/india/seven-month-pregnant-woman-murdered-is-dumped- in-field-in-ludhiana-husband-his-brother-pressed-womans-stomach-till-foetus-came- out-says-police-4723610/>
- NFHS-4 (2015-16) Women Questionnaire <http://rchiips.org/NFHS/NFHS4/schedules/NFHS- 4Womans.pdf>
- Nfhs-4 fact sheets for key indicators based on final data
- [http://rchiips.org/NFHS/factsheet\\_NFHS-4.shtml](http://rchiips.org/NFHS/factsheet_NFHS-4.shtml)

## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## Hookah is a Smoking Device to Burn Young Generation under the New Fashion of India: A Sociological Analysis

Dr. Gulab Pathan

Assistant Professor & Head Department of Sociology,  
Y&M AKI's Poona College of Arts Commerce and Science Camp, Pune.

**Abstract:** India's youth, and the way its attitudes change, are key concerns for brands. Over the time country's youth has stood for very conspicuous ideologies. These beliefs help demarcate social eras. The 1960s to 1980s was an era of pious imagery. Enter in the globalisation, privatization and liberalization, and symbols of revolt became the order of the day. The mid-90s saw a more solution-seeking generation that looked to negotiate its way through life. Times have changed again. So what has changed for the youth of today? There are three trends that are particularly strong among India's youth. To look at these issues in depth, we analysed various elements of popular culture of modern India. The observations made were then ratified by visiting colleges and meeting up with the students. The focus was students aged 18 to 23 either studying graduate, post-graduates, other professional students and corporate employees are habitual with this new fashion of the country.

**Key Words:** Hookah, smoking, Young Generation, Student, drugs etc.

### 1. INTRODUCTION:

A survey by Hindustan Times on August 17 showed nearly 90% of its respondents, between 14 and 20 years, were aware about drug abuse and knew someone who was grappling with it. of 700 teens interviewed across 12 educational institutes in Mumbai and Navi Mumbai, and a few from Pune, 621 said drugs were the most common substance used by their peer group, followed by alcohol (585) and tobacco (342).

#### Traditional Hookahs:

A traditional hookah is a type of water pipe. The tobacco burns in a small bowl. The smoke from the tobacco then travels through a water chamber and along a rubber hose to a mouthpiece. The smoker inhales through this mouthpiece.

Some people think that using a hookah is safer than smoking cigarettes since the water filters the smoke. That's probably not true, though. **Hookah smoke still contains nicotine, an addictive drug that's toxic in high amounts.** Hookah smoke also contains other chemicals that can harm the body when they're breathed deeply into your lungs.

Some studies suggest that hookah smoking could be even more dangerous than cigarettes because people often smoke at hookah bars for an hour or more.

#### Hookah Pens:

Hookah pens are basically another kind of e-cigarette (vape pen). Some disposable hookah pens vaporize a liquid that the makers claim has no nicotine, tobacco, or tar. This is hard to prove because the pens and liquids haven't been studied or tested by independent research groups.

Even if hookah pens are free of nicotine, they still aren't a good idea. They usually contain chemical flavourings to make them taste like candy. Because this makes the smoking experience less harsh, experts worry that hookah pens can pull people into more damaging forms of smoking. Breathing those extra chemicals deeply into your lungs might be harmful, too.

There are many kinds of vaping pens and liquids, so it's easy to be confused about which ones have nicotine or added chemicals. The best way to avoid being exposed to the possibly dangerous or addictive chemicals in hookahs or hookah pens is to stay away from hookah smoking.

"Drugs have reached the minds of children as young as 14. This is the right time to make them aware of the consequences, and so far, this has not been done," said a senior psychiatrist, who conducted the study with psychologist Shalet Fernandes.

Most respondents mentioned weed or cannabis; they considered it harmless and said it was used multiple times a day, even between classes. Around 22% knew about 'MD' or 'meow meow', the street name for the narcotic substance mephedrone; 15% have heard of cocaine and 7% are aware about white ink being used to get a high. (Times of India, Mumbai 24<sup>th</sup> October 2016)

The survey was conducted by Delhi-based NGO World Lung Foundation South Asia in 49 government schools across 13 districts in Uttarakhand. The smoking habits of 3,467 students were analysed for the study. The researchers found that 63% of students started smoking out of curiosity or for fun. Boys and students in higher classes were more likely to smoke. Some 53.4% of students had a parent who was a smoker. In more alarming findings, the survey revealed that 16.3% of tobacco users had purchased tobacco products inside or within 100 yards of a government inter-college campus in violation of Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production Supply and Distribution Act, 2003.). President of the World Lung Foundation, "The survey found that overall tobacco use decreased from 13% in 2013 to 7.4% in 2016. Cigarette smoking declined from 10.5% to 4.8%. in the same period. However, a spike in use of forms of tobacco other than cigarettes like hookah should be a matter of concern for the state."

(Times of India Dec 4, 2017, Dehradun)

"Boys seem to be more aware. They knew the specific drug and its effects, while girls have general information," said Fernandes from Mumbai.

Children are aware about hash, meth, heroin, charas, ganja and brown sugar, among others. a few even said students experimented with snake bites, but it wasn't clear if they had tried it themselves or only heard of it. Among alcoholic substances, beer, wine and vodka were well known among students.

The respondents had said peer-pressure and stress were the main reasons for substance use, followed by curiosity and depression.

A few days ago, the police commissionerate raided a few hookah joints in Bhubaneswar city and seized the substances used for smoking. In most of those cases, the police only slapped fine under COTPA and warned the hookah operators not to allow people to smoke in public places. The Bhubaneswar Municipal Corporation (BMC) too raided some hookah bars in Saheed Nagar earlier this month. BMC said food licence of the erring hookah bars will be cancelled if they are found selling tobacco-related products on their premises.

More than 30 hookah bars exist in Bhubaneswar city, mostly in Saheed Nagar and Patia areas. The joints offer hookah of different flavours between the price range of Rs 250 and 350. Health experts said hookah is equally harmful like cigarette. "I recently visited a hookah bar in Patia where the manager told me that they sold only herbal shrubs and low quantity of filtered tobacco. When I tasted it, it was very strong and gave me a quick kick," said a doctor. "The charcoal used to heat the tobacco in the hookah increases the health risks. It contains high levels of carbon monoxide, metals and cancer-causing chemicals," he said.

(Bhubaneswar Times of India, Nov 27, 2017).

"No restaurant in the capital can offer hookah to customers, either in non-smoking or smoking zone." Delhi health minister said this on Tuesday, and asked the police and civic bodies to immediately cancel licences of restaurants or eateries having hookah bars. "The state tobacco control cell has conducted several raids in various parts of Delhi, and chemical analyses of samples picked up have shown presence of nicotine in significant amount in almost all the samples. Originally they were claimed to be herbal in nature," Jain said. (Times of India Nov 1, 2017, Delhi)

The owner of Goregan based has landed in trouble with the law for the second time as a 22-year-old woman has pressed charges of cheating and rape against him. Last month, a 25-year-old man had been murdered outside the lounge as a result of a brawl that started inside the establishment. The 40-year-old owner of the lounge is at large in both cases. According to the police, the woman, who has pressed charges of rape, was in a relationship with the accused for the past two years. She has complained that the accused got intimate with her after promising to marry her. He took her to different locations in the city where she was allegedly raped. Later, when she asked him about their wedding, he started to avoid her. "We have registered a case of rape and cheating against the lounge owner, on the basis of the woman's statement," said senior inspector Goregaon police.

On October 21, Jogeshwari resident parson, who was an employee at a mobile phone shop in Powai, and his friends went to the Royal Smoke lounge for a birthday celebration. An altercation took place after Parson accidentally brushed someone from another group of patrons. Bouncers in the lounge roughed up both groups and threw them out, continuing to thrash them outside. Later, a second fight broke out outside the establishment where Parson was stabbed in the abdomen by a member of the other group of patrons. Police said the owner of the lounge was involved in the initial assault which took place inside the lounge. The lounge also flouted licence conditions by staying open till 6.15a.m., when it was supposed to have downed shutters at 1.30a.m. The Goregaon police have arrested five bouncers and six members of the other group of patrons so far. (Times of India Nov 1, 2017, Goregaon Mumbai)



Hookahs are pipes that are used to smoke specially made tobacco that comes in different flavors, such as apple, mint, cherry, chocolate, coconut, licorice, cappuccino, and watermelon. Although many users think it is less harmful but it's too harmful for any age group. Hookah smoking is typically done in groups, with the same enjoyment and fashion. It's too harmful to the young generation and unfortunate part of the issue is there is no active civic body to create awareness among the youths.

## REFERENCES:

1. "Woody Allen found anti-tobacco ad distracting, says distributor". *The New Indian Express*. 2013-10-05. Retrieved 2013-10-07.
2. "Woody Allen finds Indian anti-tobacco ad distracting, cancels film screening". *Dnaindia.com*. 2013-05-20. Retrieved 2013-10-07.
3. "No more statutory warning messages for smoking and drinking in Malayalam films - Times of India". *indiatimes.com*.
4. "Hookah bars banned in Ludhiana district". *Hindustan Times*. 2 March 2012. Retrieved 13 August 2012.
5. "Hookah banned across Maharashtra". *Daily News and Analysis*. 5 October 2011. Retrieved 13 August 2012.
6. "Home minister warns of a ban on hookah parlours". *Hindustan Times*. 3 April 2012. Retrieved 13 August 2012.
7. "Bar owners move HC on hookah ban". *Hindustan Times*. 29 July 2011. Retrieved 13 August 2012.
8. "Hookah bars' banned in Jaipur, IBN Live News". *Ibnlive.in.com*. 9 December 2011. Retrieved 13 August 2012.
9. "DC orders ban on hookah bars". *The Times of India*. 3 March 2012.
10. "Hookah bars banned in Gurgaon". *Hindustan Times*. 4 April 2012. Retrieved 13 August 2012.
11. "Hookah bars banned in Panchkula". *The Hindu*. 1 December 2011. Retrieved 2 May 2013.
12. "Madhya Pradesh govt bans hookah lounges in Indore". *DNA*. 19 May 2011. Retrieved 16 Apr 2014.
13. A, Primack B. "US Health Policy Related to Hookah Tobacco Smoking." National Center for Biotechnology Information. U.S. National Library of Medicine, 24 July 2012. Web.
14. Morris, Daniel S., Steven C. Fiala, and Rebecca Pawlak. "Opportunities for Policy Interventions to Reduce Youth Hookah Smoking in the United States." Centers for Disease Control and Prevention. N.p., 15 Nov. 2012. Web. 01 Apr. 2013.
15. Channick, Robert. "Hookah Lounges Thriving, Three Years after Smoking Ban." *Chicago Tribune*. N.p. Web. 13 Apr. 2011.
16. Daniel Pinchbeck in the Introduction to *Leo Nash's Burning Man: Art in the Desert*. New York: Abrams, 2007. Page 8.
17. Larry Harvey. "La Vie Boheme: Bohemian Values, Populist Politics, and the New AvantGarde." Lecture at Walker Art Center. Minneapolis, MN. February 24, 2000.
18. 'Performance' and 'culture' are both important terms which I have sought to define through the disciplines of both Performance Studies and Cultural Studies.
19. Text located at <http://www.burningman.com/whatisburningman/> and in Appendix D to this dissertation.
20. Michael I. Niman. *People of the Rainbow: A Nomadic Utopia*. Knoxville: University of Tennessee Press, 1997.
21. Boden C. Sandstrom. "Performance, Ritual, and Negotiation of Identity in the Michigan Womyn's Music Festival." Dissertation, 2002. University of Maryland at College Park.
22. Anthias, (2001) 'The concept of "social division" and theorising social stratification: looking at ethnicity and class', *Sociology*, 35, 4, 835-54
23. Bourdieu, P. (1984) *Distinction: A Social Critique of the Judgement of Taste*, London: RoutledgeKegan Paul
24. Biggs, S, Phillipson, C., Leach, R. and Money, A-M (2008) The mature imagination and consumption strategies: age and generation in the development of a United Kingdom baby boomer identity, *International Journal of Ageing and Later Life*,
25. Bordo. S. (1993) *Unbearable Weight: Feminism, Western Culture and the Body*, Berkeley: University of California Press.



## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## Substance Abuse in Punjab- Shift in the Roles and Choices of Women within the Family

Chetna Soni

Former student of Tata Institute of Social Sciences, Mumbai. Currently working as freelancer social work practitioner and independent researcher

**Abstract:** *The issue of substance abuse in Punjab is knitted in the complexity of various factors building a context for it. The existing slow down in the agrarian economy of the state is one of such factors. Indebtedness among farmers functions as cause as well as resultant of substance abuse. Financial crisis, addiction among and suicide by young male earning members have bearing on the dynamics and functioning of the family. The association of alcohol and drug dependence with domestic violence has been documented and analysed under endeavours of academic enquiry and development of appropriate social work interventions. This paper goes beyond that domain and attempts to explore the ways in which women find themselves pushed to assume new roles within the family. How these new assumed roles beyond the socially prescribed gender roles influence the choices of women especially in the matter of marriage? Can this analytical pursuit help us to find answer to the question as to why women and their families in Punjab continue to find the NRI grooms as suitable choice in spite of numerous instances of desertion and exploitation of women by their NRI husbands?*

**Key Words:** *substance abuse, NRI, exploitation of women, disinhibition.*

### 1. INTRODUCTION:

The issue of substance abuse does not have impact merely on the individual under its influence but has its implications at the level of family as well as larger society. The connection of substance abuse with domestic violence is one of the various widely researched and documented implications of substance abuse which is not merely a family issue but is also a serious social problem. There is a complex link between substance abuse and violence. Aggression is not the direct consequence of substance abuse but there is interplay of various personal and social factors. There are various perspectives on relation of aggression with substance abuse. Under classical disinhibition perspective, chemical effects of psychotropic substance are presumed to influence those parts of brain which inhibit violence. Cognitive distortion perspective focuses on impact of the excessive use of drugs on the perception and ability of the individual to process information. Learned disinhibition goes beyond the chemical effect of psychotropic substances and takes social learning into consideration. One learns socially to associate substance abuse with violence which gradually leads to disinhibition from aggression after drinking or drugging. The socially learnt and shared belief of substance related aggression makes one to disown one's violent behaviour while one is under the influence of psychotropic substance. Under power model, it is believed that substance related violence is embedded in the personal experience of seeking power from alcohol or drugs and drive to assert gender based superiority by men over women (Bennett & Williams, 2003).

Domestic violence is not the only issue associated with substance abuse which has disruptive role in the family dynamics. In Indian context the institution of family functions as per the considerably strict hierarchies based on gender and age. The addiction among any member of the family may seriously affect the roles of other family members and larger functioning of the family. In order to comprehend the intricacies of the implications of the substance abuse at different levels, it is significant to consider the socio-economic and cultural context in which this issue prevails. In the context of drug abuse prevalent in Punjab, it is embedded in diverse factors and circumstances which need in-depth enquiry and analysis.

### 2. The Contextual Understanding of Substance Abuse in Punjab:

Punjab being a border state of India which is sandwiched between “Golden Triangle” and “Golden Crescent Countries” is a transit point of drug trafficking route to other cities of India as well as other countries. There is lack of any single comprehensive study which has examined the magnitude of drug abuse in the entire state of Punjab. But the existing studies representing the specific geographical areas in Punjab indicate the specific crucial characteristics of this problem. One of the significant features of this issue is that it involves the age group of young people between 18 and 35 years (Verma, 2017). The socio-cultural and economic factors in which the issue of substance abuse particularly drug abuse is located have not been much in the focus of the academic enquiry on the given issue. However, roots and diverse manifestations of this issue cannot be fully comprehended unless these aspects are carefully examined. The research studies on agrarian crisis and farmer suicides do present the issue of substance abuse located in the complex circumstances of agrarian crisis in the state and changes in the social structure of Punjab following the green revolution (Institute of Development and Communication [IDC], 1998; Jodhka, 2006; Padhi, 2009).

Punjab which has been identified with agricultural innovation of Green Revolution had highest agricultural growth rate between 1960 and 1980 among all the states in the country (Jodhka, 2006). But this growth could not be sustained beyond 1980s due to increasing cost of cultivation and stagnation in the yield. Mechanisation of agriculture introduced by green revolution has made farming a very cost-intensive process which has led to non-viability of small land-holdings. This is evident from the decline in the number of operational landholdings as small and marginal farmers are leasing out their land to medium and large farmer which is termed as “Reverse Tenancy”. Small and marginal farmers are worst hit by the slowdown of the agrarian economy in Punjab. Their debt burden constitutes 21.5% of the total debt (IDC, 1998). As per a report of department of agriculture of Punjab government conducted in 2004 covering five districts of Malwa region, 70% of the farmers who committed suicide were small/marginal or landless farmers (Jodhka, 2006). The development of agricultural sector in Punjab is characterised by capitalist relations of production. Therefore, its benefits have remained concentrated largely among a small section of resourceful farmers (Singh, 2000). Shifting of small/marginal farmers away from agriculture sector has not accompanied by creation of similar proportion of jobs in other sectors (Padhi, 2009). The sector of food processing and contract farming introduced after industrial liberalisation are still in their infantile stage. Being a highly mechanised sector, it does not have scope to employ large number of people. As far as industrial sector is concerned, it is primarily based on small-scale industry which does not offer much skilled jobs (Singh, 2000). These factors have contributed to rural unemployment in Punjab, in the backdrop of slowdown of rural economy which is primarily based on agriculture. The unemployed youth of rural Punjab does not possess the sufficient educational and skill level to harness or create alternate employment opportunities other than farming (IDC, 1998; Singh 2000). Under the existing value system of the Punjabi society, wage work and manual labour is taboo among certain communities and caste groups (IDC, 1998; Padhi, 2009).

Agriculture led growth introduced by Green Revolution did not only change the structure of agriculture sector but also had deep impact on the value system and social norms of the Punjabi society. It introduced a material culture making people spend huge money on luxury items (Jodhka, 2006; Singh, 2000). Spending extravagantly on the marriage of daughters is a symbol of status in Punjab particularly for the landed community of Jatts. ‘Hypergamy’ is the characteristic of Punjabi traditions pertaining to the marriage of daughters. Marrying one’s daughter in a family of superior status involves expenditure matching to the status of the respective family. Remittances generated from early stage of migration abroad from Punjab in the early 19<sup>th</sup> century had been used to redeem and enhance the status of family by spending heavily on the marriage of the daughters in the family (McLeod, 1986). Similarly, the surplus generated in the initial years of introduction of green revolution enabled Punjabis to spend lavishly on weddings. This practice was emulated by farmers with small landholdings also. Although the prosperity brought by Green revolution does not exist these days, but the social norm of huge expenditure on wedding and dowry of the daughter still prevails. It has become impossible, especially for small and marginal farmers to afford to marry their daughters and even sons. Many of these families had to sell their land or take loan for the marriage of their daughters (Padhi, 2012). On the one hand farming is no more profitable, on the other hand members of the society have to sustain their status of living acquired during the growth period introduced by green revolution.

The existing crisis in the rural economy of Punjab coupled with the demands of the social and gender roles create challenging conditions for the men particularly the youth of this society. In many cases, the individuals succumb to these challenges and take extreme step of taking their life. The research on the issue of farmer suicides in Punjab shows that it is a “*phenomenon of young age*”. Among the suicide victims, there is high representation of age group between 15 and 29 years (IDC, 1998). Apart from debt burden due to agrarian crisis, loan taken for unproductive purposes like family functions, dowry and wedding of the daughters and sisters etc constitutes one of the significant reasons behind the farmer suicides in Punjab (IDC, 1998; Jodhka, 2006; Padhi, 2009). Many young individuals take solace of alcohol and drugs to cope with these stressful life situations. A very high incidence of drug abuse has been found in the cotton belt of Malwa region of Punjab which is worst hit by farmer suicides (IDC, 1998). It is little complex to locate the issue of substance abuse clearly in the context of socio-economic crisis in Punjab

society. The existing research studies indicate substance abuse as one of the various causative factors of debt burden among farmers as well as claim it to be the result of stressful conditions created by debt burden (IDC, 1998; Padhi, 2009). The contextual understanding of the issue of substance abuse in Punjab is very significant to evolve effective methods of required intervention. The universal measures neutral of specific socio-economic and cultural realities of the particular society would prove to be ineffective in tackling this serious issue. Therefore, it is important to factor in the contributing circumstances while framing the interventions for the individuals and families affected by this issue. When it comes to the issues faced by individuals who abuse psychotropic substances and the challenges faced by their families in dealing with it, there could be numerous situations needing attention. But the scope of this paper is to address the challenges faced by women in such families. The issue under consideration is as to how women locate themselves within the larger situation of multifarious crisis faced by men in the families to fulfil their socially prescribed roles.

### **3. Shift in Family Dynamics and Emerging New Roles for Women:**

In a Punjabi family, the eldest male is considered as leader and protector of all the members. Women in the family are supposed to show deference to all the male and elder female members. As women are perceived as repository of honour of their family and husband, their behaviour is controlled by social codes of conduct for an ideal woman (Caldwell and Caldwell, 1993 cited in Gill and Matthews, 1995). Daughters had been traditionally considered as '*Bigana Dhan*'-somebody else's wealth and liability for the natal family, while sons are considered as assets (Gill, 1998). There is great anxiety to control daughter's sexuality and safely transfer it to her husband (Datta, 2006).

Gender hierarchy in conjugal relationship is one of the important aspects of kinship rules which work towards the maintenance of patriarchal family system. As per kinship rules in Punjabi society, relationship of a man with his wife should not challenge or overpower his relationship with family and kinship (Caldwell and Caldwell, 1993 as cited in Gill and Matthews, 1995). The biological ties created by sexuality are given much lower status than the biological ties created by procreation. A wife is considered replaceable, as one woman is found to be as good as another for copulation. But mother is completely irreplaceable, as a man can never change the facts of being formed in mother's womb and nourished by her milk (Das, 1993).

In the cultural context of Punjab a woman is temporary member in natal family i.e. '*Bigana Dhan*' who needs to be given to another family through marriage. In matrimonial family also she holds the status of replaceable member. Women are structurally marginalised in kinship system of Punjabi society. The key organising principle of the kinship system is patrilineal decent, which forms the basis of economic organization and political system. As ownership of family assets and participation in decision making favours the men heavily, women become primarily dependent on son or other male kin for financial support. The family and kinship system in Punjab functions on strict norms of gender roles under which women hold relatively much subordinate position vis-a-vis men. It prevents the education of women to get translated into their participation in workforce. They are educated to find educated men for them of higher status. Their education has little impact on their economic contributions in the household (Gupta, 1987).

In rural Punjab, women had been making their crucial contributions in the economy primarily based on farming. But their contributions have not been acknowledged due to devaluation of their labour in the highly patriarchal value system of the society. In addition to that, green revolution further deteriorated women's position in this respect. The highly mechanised and capital intensive forms of farming not only marginalised the small farmers but the women as well. Highly mechanised farming resulted into shrunken space for the participation of women in agriculture and created even deeper hierarchy in the nature of work. Large numbers of women were pushed out of the process of agricultural production. Manual work like Paddy sowing and cotton plucking which had been largely done by women remained at the lowest level of hierarchy of skills. Devaluation of women's labour generally manifests into invisibilisation of their labour. Their work is either unpaid or underpaid and they remain alienated from their labour and decision making processes. In case of landed communities and families, women's labour is made invisible and is thus, unpaid. Economic activities done by them are assumed to be the part of extended housework. On the other hand, in case of paid workers, women are given low wages (Padhi, 2012). Apart from rules of gender roles, caste based norms also have interplay in participation of women in labour force. It is considered taboo for women of certain sections and caste groups to get engaged in wage work (Padhi, 2009).

The family dynamics in rural society of Punjab which are based on strict rules of gender based hierarchy are bound to get affected by any shift in the prescribed roles of its members. The men are facing the challenges of declining profitability in farming, increasing debt burden and landlessness. The lack of sufficient alternate opportunities of employment in sectors other than agriculture worsens the situation. The greater challenge is that the socio-economic circumstances are becoming non-conducive and shrinking the capacity of the men to perform their gender roles, but the demands pertaining to their role as father, husband and brother are the same, rather have increased due to the culture of demonstration and materialism introduced by green revolution. The increasing instance of substance abuse among the youth has made the situation more complex. Ranjana Padhi (2012) has examined in

detail the plight of the women in the rural Punjab, who have lost the men in their family to the issue of farmer suicide, substance abuse and prevalence of cancer. The women in these families cope with the loss of earning members within the constraints of prescribed gender roles.

My research<sup>1</sup> on the experiences of women deserted by their NRI husbands in the Jalandhar district of Punjab indicates that women particularly in rural Punjab are assuming new roles in their families in the backdrop of socio-economic challenges faced by Punjabi society. The vacuum created by loss or non performance of male earning members due to addiction or suicide as a result of debt burden is making women to take up the role of breadwinner which is traditionally considered as the prerogative of males. The research participants shared that they felt the need of performing the “*role of son*” in their family. But these assumed roles do not make women to challenge and break the constraints posed by socially defined gender roles, because the observance of restrictions posed on them is closely linked with the family status. Thus, they try to strategise within these constraints (Kandiyoti, 1988). Mechanisation of agriculture introduced by Green Revolution has greatly reduced women’s participation in economic activity of farming which had traditionally been the channel for them to contribute in family economy. However, if marriage which is considered socially inevitable for women has the potential to provide opportunities to women in its any particular form to achieve more autonomy and capacity to perform their newly assumed roles, women are more likely to opt it instead of using any other strategy which would bring them in opposition to the well established structure of gender subordination. Marriage with NRI is perceived by women as a socially accepted way of gaining autonomy and capacity to perform the roles outside the realm of gender roles prescribed by society for them.

Women find their choices in terms of match for marriage constrained in the local conditions in Punjab. Substance abuse among youth constitutes one of the various reasons behind that other than unemployment and landlessness. Owning of land carries great importance in the rural society of Punjab particularly among the Jatts. Giving one’s daughter in marriage to a man who owns no land would be unimaginable for family in village (IDC, 1998; Padhi, 2009). One of the research participants shared that given the conditions in her family, she wanted to support her family as a son. She thought marrying a NRI would enable her to do that. But her husband deserted her few months after the marriage. During the time she spent with her husband at her in-laws place, she faced various forms of violence at the hands of her husband. She expressed that finding a suitable match in Punjab is quite difficult these days as majority of the young men abuse drugs. She faced the similar situation in her first marriage. After her first marriage, she got to know about her husband’s addiction. Few months after their marriage, he got arrested on the charges of drug peddling. She took divorce from him. The decision of her second marriage with a NRI who was almost double of her age was to get away from the social stigma of divorce as well as with the hope of better life in foreign country. But her dreams and hopes were shattered as she got to know about her second husband’s intentions to treat her just as a ‘holiday wife’.

The findings of the given research study cannot be generalised as it was a qualitative research conducted in one district of Punjab with relatively small sample size. But the narratives of women research participants indicate very significant aspects of their lived realities. Their challenges and struggles bring to light the facts about complexity of the issue of substance abuse in Punjab. Further in-depth and wider exploration of life situations of women from families affected by the issue of substance abuse can generate crucial information about multifaceted implications of this social problem.

#### 4. Conclusion:

The interventions pertaining to substance abuse generally focus on health aspects of the affected individuals. State interventions would limit themselves to legal domain, that too with all its constraints. But this issue has far-reaching manifestations touching various elements of human life. Impact of substance abuse has the potential to cross the limits from individual to family level and then reach up to community and larger society. In the lack of required support and facilitation, the attempts to cope with this issue by the individuals and families directly or indirectly affected by this issue within the constraints of social norms and values can generate new social challenges. The women from the families suffering from the issues of substance abuse and agrarian crisis are forced by their circumstances to assume new roles, which the social norms and cultural practices have not prepared them for. Their existing life situations are challenging them to step out of their prescribed gender roles. But the prevalent social value system continues to imbibe the value of women being ‘Bigana Dhan’ (somebody else’s wealth) and reinforce the compulsion of marriage for them. Wage work and working outside home for money by women of the family are still the issues of taboo and social stigma for majority of the communities in the rural society of Punjab. In such conflicting circumstances, the way these women try to deal with challenges posed by addiction and indebtedness among the men in their families needs serious exploration. It is one of the various serious manifestations and implications of the issue of substance abuse which works towards multiplying the vulnerability of the affected

<sup>1</sup> The given research study was M.A Dissertation of the author of this paper as part of M.A in Social Work, Tata Institute of Social Sciences Mumbai in the year 2015-2017, titled as “A Study of Experiences and Struggles of Women Married to Non-resident Indian Men in Jalandhar, Punjab”.



families. Therefore, it is the need of the hour to evolve appropriate interventions moving beyond the clinical approach and encompassing the social aspects also. Unless the socio-economic and cultural factors are not taken into consideration in which the menace of substance abuse is embedded, our approach would merely work at very superficial level. Voluntary sector in Punjab has very crucial role to play in this respect. The denial of existence of this social problem in Punjab by those in the seat of power adds to the challenges of social work organisations. Both quantitative as well as qualitative research endeavours are essential to capture the length and breadth of this social problem which is prerequisite to evolving of effective interventions.

#### **References:**

1. Bennett, L., & William, O. J. (2003). Substance Abuse and Men Who Batter: Issues in Theory and Practice. *Violence Against Women*, 9(5), 558-575. doi: 10.1177/1077801202250453
2. Das, V. (1993). Masks and Faces: An Essay on Punjabi Kinship. In P. Uberoi, (Ed.), *Family, Kinship and Marriage in India* (pp. 198-222). New Delhi: Oxford University Press.
3. Datta, A. B. (2006). Gendering oral history of Punjab: Interrogating patriarchy. *Economic and Political Weekly*, 41(22), 2229-2235.
4. Gill, D. S., & Matthews, B. (1995). Changes in the breadwinner role: Punjabi families in transition. *Journal of Comparative Family Studies*, 26(2), 255-263.
5. Gill, G. K. (1998). Female foeticide as contemporary cultural practice in the Punjab. *Dialectical Anthropology*, 23(2), 203-213.
6. Gupta, M. D. (1987). Selective Discrimination against Female Children in Rural Punjab, India. *Population and Development Review*, Vol. 13, No. 1, pp. 77-100.
7. Institute For Development And Communication. (1998). *Suicides in Rural Punjab*. Chandigarh: Author.
8. Jodhka, S. S. (2006). Beyond 'Crisis': Rethinking Contemporary Punjab Agriculture. *Economic and Political Weekly*, 41(16), 1530-1537.
9. Kandiyoti, D. (1988). Bargaining with patriarchy. *Gender and Society*, 2(3), 274-290.
10. McLeod, W. H. (1986). *Punjabis in New Zealand*. Amritsar: Guru Nanak Dev University.
11. Padhi, R. (2009). On Women Surviving Farmer Suicides in Punjab. *Economic and Political Weekly*, 44(19), 53-59.
12. Padhi, R. (2012). *Those Who Did Not Die- Impact of the Agrarian Crisis on Women in Punjab*. New Delhi: Sage Publications.
13. Singh, S. (2000). Crisis in Punjab Agriculture. *Economic and Political Weekly*, 35(23), 1889-1892.
14. Verma, P. S. (2017). Punjab's Drug Problem- Contours and Characteristics. *Economic and Political Weekly*, 52(3), 40-43.



## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## Knowledge and Attitude of University Students towards Substance Abuse in Kerala

Dr. Jilly John

Assistant Professor, Dept. of Social Work, Central University of Kerala

**Abstract:** Education is an essential formal ingredient in the making of a civilized society. Education should lead to total human development. This includes personal, intellectual, social economic, civic, cultural, ethical and spiritual development. At times the entire student community could not able to achieve these objectives when they deviate from the educational atmosphere. Adolescence students in universities are vulnerable to the development of substance abuse dependence. In Kerala the use of substance abuse among students are increasing. A study was conducted among University students of Kasaragod district to identify the students' knowledge and attitude towards drug abuse. The findings show that the knowledge about the ill effects of substance abuse among students is low and requires intervention.

**Key words:** Substance abuse, Students, Knowledge, Attitude.

### 1. Introduction:

Education is an essential formal ingredient in the making of a civilized society. Education should lead to total human development. This includes personal, intellectual, social economic, civic, cultural, ethical and spiritual development. At times the entire student community could not able to achieve these objectives when they deviate from the educational atmosphere. Adolescence students in universities are vulnerable to the development of substance abuse dependence. In Kerala the use of substance abuse among students are increasing. A study was conducted among University students of Kasaragod district to identify the students' knowledge and attitude towards drug abuse.

### 2. Prevalence and Significance:

Prevalence of substance abuse problems among students has been studied by many investigators and there is a variation in prevalence rate from 3.1 per cent at 12-13 yr to 15.1 per cent at 18-19 yr (Jayasoorya, Beena, Meena et al, 2016). Majority of these problems begin in adolescents. These addictions severely influence the development of students, their academics and their potential to live fulfilling and productive lives. Students with substance abuse face major challenges with isolation, premature death, illness and social harm, as well as lack of access to psycho social interventions and became a barrier to higher education facilities.

### 3. Methods:

The aim of the study is to assess the knowledge and attitude of university students towards substance abuse.

### 4. Objectives of the study:

- To assess the knowledge of students about substance abuse.
- To assess the attitude of students towards substance abuse.

As per the study design data was collected from 111 university students from different disciplines.

### 5. Research design:

The study describes the knowledge of students in the areas of perceived drug use among young people, perceived harm and dangers associated with Illegal drug use, perceived extent of the drug problem, types of drugs, attitudes towards drug addicts, attitudes towards those who use or misuse illegal drugs, support for drug prevention strategies, support for drug treatment strategies and support for harm reduction strategies. The study describes the student's knowledge and attitude and hence descriptive research design is used in the study.

### Universe and Sample

The universe of the study included students studying in different departments of the university. Simple random Sampling method was adopted as the selection of sample in this study for the quantitative analysis. 111 students participated in the study.

Inclusion criteria: Students who are willing to participate in the study.

Exclusion criteria: Students who attended any classes on substance abuse prevention.

### Tools of data collection

A Structured Questionnaire on the knowledge and attitude of students towards substance abuse were used to collect the data. A 39 item inventory was used to assess the knowledge and attitude of the respondent regarding perceived drug use among young people, perceived harm and dangers associated with Illegal drug use, perceived extent of the drug problem, types of drugs, attitudes towards drug addicts, attitudes towards those who use or misuse illegal drugs, support for drug prevention strategies, support for drug treatment strategies and support for harm reduction strategies. Informed consent was taken from the respondents and confidentiality was assured before administering the tools. The data sheets were coded for computer analysis. Data obtained was analysed by using descriptive statistics.

### Results

Analysis of the personal details of the students revealed that most of the respondents 92% belong to the age group of 21-25. 49% of the respondents who were participated in the study were males and 51% were females.

**Table No.1: Percentages of Respondents who have Heard/ Not Heard of Various Name of Drugs**

Drugs	Heard the Name of drug Yes (%)	Heard the Name of drug No (%)	Total
	Yes (%)	No (%)	
Cannabis	44 (39.6%)	67 (60.36%)	111
Cigars	77 (69.36)	34 (30.63)	111
E/E tablets	11 (9.90)	100 (90.09)	111
Cocaine	68 (61.26)	43 (38.74)	111
Heroin	67 (60.36)	44 (39.63)	111
LSD	16 (14.41)	95 (85.58)	111
Alcohol	77 (69.36)	34 (30.63)	111
All	23 (20.72)	88 (79.27)	111

Among all different varieties of drugs, Alcohol (69%) and cigars(69%) are the most heard name of drugs and least heard are E tablets(10%) and LSD(14%). The students heard about the different local names of the available drugs.

**Table No.2: Perceived Extent of the Drug Problem**

Statement	Agree	Disagree	Don't Know	Total
Alcohol abuse causes more problems in society than drug abuse	51 (45.94)	31 (27.93)	29 (26.13)	111
Drugs are not really a problem to us here in this neighbourhood	28 (25.22)	70 (63.06)	13 (11.71)	111

Most people are concerned about the drug problem in our country	36 (32.43)	46 (41.44)	29 (26.13)	111
The drug problem in India is out of control	56 (50.45)	40 (36.04)	15 (13.51)	111
Drug related crime is a major problem in India today	71 (63.96)	16 (14.41)	24 (21.62)	111
The availability of illegal drugs poses a great threat to young people nowadays	75 (67.56)	28 (25.23)	8 (7.21)	111

Perceived Extent of the Drug Problem is discussed in table No.2. Majority of the respondents(68%) perceive that the availability of illegal drugs poses a great threat to young people nowadays. In different awareness programmes parents have the same complaint that availability of drug is the major cause for increasing the problem of drug abuse among students. (45.94%) of respondents consider alcohol abuse causes more problems in society than drug abuse at the same time. 63 percent of respondents are disagreeing with the perception that drugs are not really a problem to us here in this neighbourhood. 50 percent have the perception that drug problem in India is out of control and 64% observe drug related crime is a major problem in India today.

**Table No.3: Perceived Drug Use among Young People**

Statement	Agree	Disagree	Don't Know	Total
Most young people try out drugs for happiness	70 (63.06)	26 (23.42)	15 (13.51)	111
Most young people today try out drugs	75 (67.56)	28 (25.23)	8 (7.20)	111
It is normal that young people will try drugs at least once	54 (48.64)	37 (33.33)	20 (18.02)	111
Reports about the extent of drug usage amongst young people are exaggerated by the media	44 (39.63)	42 (37.84)	25 (22.52)	111

A large number of respondents are with the opinion that most young people today try out drugs and 63 percent consider they try out drugs for happiness. 49 percent think that it is normal that young people will try drugs at least once. Only 40 percent of respondents are with the view that reports about the extent of drug usage amongst young people are exaggerated by the media.

**Table No.4: Perceived Harm and Dangers Associated with Illegal Drug Use**

Statement	Agree	Disagree	Don't Know	Total
All illegal drugs are equally harmful to your health	72 (64.86)	26 (23.42)	13 (11.71)	111
If you try drugs even once, you are addicted	32 (28.82)	68 (61.26)	11 (9.91)	111
Occasional use of cigars/ Alcohol is not really dangerous	56 (50.45)	47 (42.34)	8 (7.21)	111
Regular use of cigars is just as dangerous to your health as regular use of Cannabis	73 (65.76)	20 (18.02)	18 (16.22)	111
Occasional use of substances is not really dangerous	71 (63.96)	28 (25.23)	12 (10.81)	111
Occasional use of Cannabis is not really dangerous	33 (29.72)	53 (47.74)	25 (22.52)	111

Knowledge of respondents regarding the Harm and Dangers Associated with Illegal Drug Use are discussed in this table. According to 65% of respondents all illegal drugs are equally harmful to your health. Only 61% percent observe that If one try drugs even once, that person is addicted. Around 50 percent perceive that occasional use of cigars/ Alcohol is not really dangerous. A good number of respondents believe that regular use of cigars is just as dangerous to your health as regular use of Cannabis. But at the same time 64 percent. of respondents think occasional use of substances is not really dangerous. In the case of cannabis only 30% view that occasional use of Cannabis is not really dangerous.

**Table No.5: Attitudes towards Drug Addicts**

Statement	Agree	Disagree	Don't Know	Total
I would see drug addicts more as criminals than victims	43 (38.73)	51 (45.94)	17 (15.32)	111
I would tend to avoid someone who is a drug addict.	56 (50.45)	52 (46.84)	3 (2.70)	111
Drug addicts are not given a fair chance to get along in society.	39 (35.13)	47 (42.34)	25 (22.52)	111
People who end up with a drugs problem have only themselves to blame	32 (28.82)	65 (58.56)	14 (12.61)	111
Drug addicts really scare me	30 (27.02)	70 (63.06)	11(9.91)	111
Many drug addicts exaggerate their troubles to get sympathy	26 (23.42)	68 (61.26)	17 (15.32)	111
Almost all drug addicts are dangerous	36 (32.43)	41 (36.93)	34 (30.63)	111
It would bother me to live near a person who is a drug addict	61 (54.95)	43 (38.73)	7 (6.30)	111

Table No.5 shows the attitude of students towards Drug Addicts. 46 .percent of the respondents would see drug addicts not as criminals but as victims. But 50 percent would tend to avoid someone who is a drug addict. Only 42% percent of them think that drug addicts are not given a fair chance to get along in society. But at the same time 59 percent of them think that people who end up with a drugs problem have only themselves to blame. 63 percent of the respondents are not scared by drug addicts. 61 percent of respondents disagree with the opinion that many drug addicts exaggerate their troubles to get sympathy. 32 percent think almost all drug addicts are dangerous and 55 percent are bothered to live near a person who is a drug addict.

**Table No.6: Attitudes towards Those who Use or Misuse Illegal Drugs**

Statement	Agree	Disagree	Don't Know	Total
Our society is too tolerant towards drug users	54 (48.64)	34 (30.63)	23 (20.72)	111
I would be nervous of someone who uses illegal drugs	63 (56.75)	37 (33.33)	11 (9.91)	111
Tougher sentences for drug misusers is the answer to the drugs problem.	18 (16.21)	73 (65.76)	20 (18.01)	111

Attitudes towards Those who Use or Misuse Illegal Drugs is discussed in table No.7. 49 percent respondents perceive that our society is too tolerant towards drug users. Majority (57%)of the respondents responded that they would be nervous of someone who uses illegal drugs. 66% percent of the respondents believe that tougher sentences for drug misusers is the answer to the drugs problem.

**Table No.7: Support for Drug Prevention Strategies**

Statement	Agree	Disagree	Don't Know	Total
-----------	-------	----------	------------	-------

Drugs prevention education should start at school level	93 (83.78)	18 (16.21)	0	111
Money spent in the prevention of drug use is money well spent	62 (55.85)	38 (34.23)	11 (9.91)	111

Table No.7 discuss about the attitude of respondents towards Support for Drug Prevention Strategies. Most of the respondents are with the opinion that drugs prevention education should start at school level. But the support for money spent in the prevention of drug use is not as much as that. Only (56%) think that money spent in the prevention of drug use is money well spent.

**Table No.8 : Support for Drug Treatment Strategies**

Statement	Agree	Disagree	Don't Know	Total
Treatment should only be given to drug addicts who intend to give up drugs for good	36 (32.43)	40 (36.03)	35 (31.53)	111
Treatment should be available to all drug addicts, according to their needs	84 (75.67)	16 (14.41)	13 (11.17)	111

Result of Support for Drug Treatment Strategies is explained in Table No. 8. Only 32 percent feels that treatment should only be given to drug addicts who intend to give up drugs for good. But at the same majority (76%) of the respondents responded that treatment should be available to all drug addicts, according to their needs.

**Table No.9: Support for Harm Reduction Strategies**

Statement	Agree	Disagree	Don't Know	Total
Medically prescribed heroin substitutes should be available to drug addicts	40 (36.03)	37 (33.33)	34 (30.63)	111
Society should provide syringes and needles free of charge to drug addicts to avoid the spread of HIV/ AIDS	28 (25.22)	65 (58.56)	18 (16.21)	111

Respondent's opinion about the support for harm reduction strategies are expressed in table no.10. Contradict to the concern for prevention of spread of HIV/AIDS, (59%) percent of the respondents are with the opinion that no need for society to provide syringes and needles free of charge to drug addicts to avoid the spread of HIV/ AIDS.

**Table No. 11: Support for Alternative Policy Interventions**

Statement	Agree	Disagree	Don't Know	Total
The use of cannabis should not be against the law	17 (15.31)	56 (50.45)	38 (34.23)	111
Drug addicts charged with petty offences should be given a choice between treatment and punishments	14 (12.61)	76 (68.46)	21 (18.91)	111

With regard to the punishment, only 13 percent of the respondents mentioned that drug addicts charged with petty offences should be given a choice between treatment and punishments.

## 7. Implications of the study:

The study has an important implication for the entire student community as the knowledge gap existing among the university students. This study gives us an outlook on the level of knowledge of students regarding perceived drug use among young people, perceived harm and dangers associated with Illegal drug use, perceived



extent of the drug problem, types of drugs, attitudes towards drug addicts, attitudes towards those who use or misuse illegal drugs, support for drug prevention, drug treatment and support for harm reduction strategies which will help them to avoid the chances of developing addiction to different substance. As there is difference in the level of knowledge among students, different measures has to be taken while framing the intervention programmes. The knowledge regarding the problems will also help the students to identify the addiction problems early and to keep away from different substances which will be a barrier for their personal and professional development. Overall this study paves way for better interventions to make changes in the society through tackling the problems related to drug abuse of students. As students got awareness regarding the causes and consequences of drug abuse, the knowledge and proper attitude will function as a promotive, preventive, curative and developmental component for handling the substance abuse problem at the student community.

## **7. Suggestions:**

Appropriate interventions are necessary to handle the gap in knowledge level of students with respect to substance abuse problems of students. Student groups and clubs can be a better platform for the dissemination of knowledge among students. As majority of the rural population is also targeted youth clubs can be a source for intervention. As ward members of panchayath, anganwadi teachers and ICDS personals have more communication with the smallest unit of society, their training programmes can include information about problems of drug abuse among students which in turn will reach to the community. Opportunity among parents to share the difficulties they experienced can also share with the teachers in parent teacher associations.

## **8. Limitations:**

A structured questionnaire was used for the assessment of knowledge and attitude towards drug abuse. Higher statistical methods could not be adopted due to the nature of data.

## **9. Conclusion:**

This study assessed the knowledge and attitude of students towards regarding the perceived drug use among young people, perceived harm and dangers associated with Illegal drug use, perceived extent of the drug problem, types of drugs, attitudes towards drug addicts, attitudes towards those who use or misuse illegal drugs, support for drug prevention, drug treatment and support for harm reduction strategies. Studies proved that knowledge will make changes in the attitude, practice and behaviour of an individual. It will help students to adopt better habits and prevention of substance abuse problems among them. If parents can identify the problems early, they can approach mental health professionals and can participate in the secondary and tertiary prevention. The area of public mental health need more explorations and interventions in the present century.

## **Acknowledgements**

The study was conducted as part of a Research Project funded by National Institute of Social Defence, New Delhi. Hereby I acknowledge the assistance of NISD, New Delhi for funding the research in the best possible way.

## **References:**

1. Bryan, A., Moran, R., Farrell, E., & O'Brien, M. (2000). Drug-Related Knowledge, Attitudes and Beliefs in Ireland: Report of a Nation-Wide Survey. Dublin: The Health Research Board
2. Indian Council of Medical Research. 2005. Mental Health Research in India. Technical monograph on ICMR mental health studies, New Delhi, India. Available at: [www.icmr.nic.in/pub/mental health](http://www.icmr.nic.in/pub/mental_health)
3. Jaisoorya, T. S., Beena, K. V., Beena, M., Dalia C. J., Ellangovan, K., Thennarasu, K., and Vivek Benegal, 2016. Prevalence & correlates of tobacco use among adolescents in Kerala, India. *Indian journal of Medical Research*, 144(5): PP.704–711.
4. Murthy, P., Manjunatha, N., Subodh, B. N., Chand, P.K and Benegal, V., 2010. Substance use and addiction research in India. *Indian Journal of Psychiatry*. 52(Suppl1): S189–S199.
5. Patel, V., Fisher A.J., Nikapota A. and Malhotra S. 2008. Promoting child and adolescent mental health in low and middle income countries. *Journal of child psychology and psychiatry*, 49(3): PP 313-334.

## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## Role of Visual Media in Drug Abuse Prevention: With Special Reference to Bollywood Movies

Jyotsana Sonal

PhD Research Scholar, NUEPA, New Delhi

Email – jojokiran2010@gmail.com

**Abstract:** To make our country utilise the great population dividend, we need to develop segments like education, health, sanitisation, and infrastructure. However, the biggest challenge in front of us is to fight the ever growing racket of drugs. Youth (ages 12 to 18) ranks as one of the top group being vulnerable to become trapped in drug abuse, resulting in many negative consequences. Today many countries globally are fighting the drug abuse which is growing rapidly in India, affecting millions of youth in our country. According to a UN report, One million heroin addicts are registered in India, and unofficially there are as many as five million. Various health research reports highlights the drug abuse starts as a casual among youths which gradually becomes an addiction. Recent report published by Narcotics Control Bureau Report, apex body under Ministry of Home Affairs, Government of India, reiterated that there has been increase in the activity of drug smugglers, and several forms of drugs are being channelized in different parts of country. There is immediate need to counter the growing impact of ATOD (alcohol, tobacco and other drugs) on youths since they are considered as most vulnerable to fall into the addiction.

With this background, the present paper evaluates the role of visual media in preventing the drug abuse and creating awareness about adverse effect of drugs on youth. The paper reviews the role of mass media, especially Bollywood movies, where central theme has been drug abuse, drug trafficking and how in future through visual media government and civic society can create the awareness regarding hazardous impact of drug abuse on human life. The paper will highlight importance of mass media in dissemination of awareness and information to maximum people and its role in prevention of drug abuse.

**Key Words:** Drug Abuse, Youth, Visual Media, Drug Prevention, Mass Media

### 1. Introduction:

India is one of the fastest growing economy in the world. With developments like digital India, globalisation, free trade; India is becoming more open to foreign trade and investment. Today the biggest asset of our country is youth. India is one of the youngest country globally. The census 2011 data shows that around 41 percent of India's population is below the age of 20 years. It also mentions that half the population is in the 20-59 age group while just 9 percent is above the age of 60. To make our country utilise the great population dividend, we need to develop segments like education, health, sanitisation, infrastructure; but the biggest challenge in front of us is to fight the ever growing racket of drugs. Youth (ages 12 to 18) ranks as one of the top group being vulnerable to become trapped in drug abuse, resulting in many negative consequences. With a turnover of around \$500 billion, Drug trafficking is the third largest business in the world, next to petroleum and arms trade. About 190 million people all over the world consume one of the drug or the other.

One of the prominent reason among many for rising drug addiction in India can be its geographical location. India is at the close proximity from countries who are at the top notch in illicit opium production. These countries as per their location have been categorised as 'Golden Crescent' and 'Golden Triangle'. The countries like Afghanistan, Iran and Pakistan are collectively called as Golden Crescent as their mountainous periphery makes a shape of Crescent, whereas countries like Myanmar, Laos and Thailand are called as 'Golden Triangle' for opium related production. Golden Triangle has been one of the most extensive opium producing areas of Asia and of the world since 1950s. India thus is at the centre of these countries which makes it vulnerable to transit, trafficking and consumption of opium in various forms. Along with external factors, internal factors like illicit cultivation of Poppy and circulation of it in different interior areas is another challenge for India.

Today many countries globally are fighting the drug abuse which also is growing rapidly in India, affecting millions of youth in the country. The impact of drug abuse is hazardous not only for the person involved but it has greater repercussions on the society. Drug addiction also has severe implications on health. According to a World Drug Report 2017 by United Nations office on Drug and Crime (UNODC), around 12 million people inject drugs globally. Out of these 12 million people, 1.6 million people are living with HIV, 6.1 million people are living with hepatitis C, and 1.3 million are living with both HIV and Hepatitis C. One million heroin addicts are registered in India, and unofficially there are as many as five millions. Various health research reports highlights the drug abuse starts as a casual among youths which gradually becomes an addiction. Earlier drug abuse was rampant only among high-income group youths in the metros and suburbs but with increased illegal activities and greater supplies, it has now permeated to the all sections of society. Recent report published by Narcotics Control Bureau Report, apex body under Ministry of Home Affairs, Government of India, reiterated that there has been increase in the activity of drug smugglers, and several forms of drugs are being channelized in different parts of country.

Realising the adverse impact of drug addiction and illegal trafficking of drugs on the society and economy, attempt has been made to sensitise people about its ill effects. For this, June 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, regarding the menace of drugs.

Thus, looking into the present status there is immediate need to counter the growing impact of ATOD (alcohol, tobacco and other drugs) on youths since they are considered as most vulnerable to fall into the addiction. Thus, we need information, awareness, strategy and roadmap for maximum dissemination of knowledge highlighting negative impact of drug abuse on the life of a person and the society.

## **2. Present Status:**

Despite various measures and intervention taken by government and other social organisations, we have failed to curb the growing influence of drugs on youth. Several incidences of drug paddling and drug rackets have come up recently from pan India involving young students, foreigners, underworld kingpins and businessmen. According to a recent survey done by 'Seedo', an Israel based firm that sells devices to grow weed at home, Delhi and Mumbai ranked among the world's top 10 cities with the highest rates of Cannabis (Marijuana or Weed) consumption per year with New York topping the list (Quartz India, 2018). With this recent news there are other few cases which has occurred recently.

- During high preparations in Delhi for New Year celebration in December, 2017, four students of Delhi University, JNU and Amity University were being arrested by Narcotics Control Bureau (NCB) for their alleged role in supplying Drugs in capital. The drugs like Charas (cannabis) and LSD (Lysergic acid Diethylamide) were also being recovered from them (Press Trust of India, 30 Dec 2017).
- From Hyderabad, Telangana, three foreign nationals were arrested for allegedly peddling of drugs. Cocaine and Heroin were recovered from them (Press Trust of India, 29 Dec, 2017).
- Drug Consignment carrying 8.84 Crore worth of Drugs including 44.2 kg of Methaqualone (psychotropic substance used as party drug) was recovered from Chennai sea port which was schedule to dispatch into Malaysian market (Press Trust of India, 19 Dec 2017).
- American woman was arrested from New Delhi by Narcotics Control Bureau (NCB) for smuggling Cocaine worth 10 Crore. The alleged Drug was recovered from her possession which she brought from Sao Paulo in Brazil via Addis Ababa in Ethiopia to Delhi which she was supposed to handover to the Drug agent based in New Delhi (Press Trust of India, 29 Nov, 2017)
- Four people were arrested from Kolkata, West Bengal for allegedly peddling of drugs like Brown Sugar. During interrogation it was found out that along with Drug Peddling they were involved in kidney racket too at local Private Hospital (Press Trust of India, 28 Nov, 2017).
- Air India Cabin Crew was arrested for illegally trying to smuggle Two kilograms of Marijuana in a meal service cart of a flight (Press Trust of India, 19 Aug, 2017).
- Nigerian national died in New Delhi during Drug racket raid to evade Cops. During the raid, around 25 Kgs of Ketamine was recovered that is estimated to be worth 20 Crore Rupees. Ketamine is sold popularly as Ketalar mainly for anaesthesia purposes but drug users consumes it for its trance inducing effects (Press Trust of India, 19 Aug, 2017).

These latest incidences of drug paddling and drug distribution highlights the growing impact of Drugs on the society. Going through the information, we can observe the involvement of people from different profiles. From college going students to businessman, from government employee to foreigners, all are involved in the drug trafficking. Despite of several legal laws available for restricting drug traffic, the supply and consumption is still there. Thus, in spite of knowing about negative impact of drug on health and life, people are involved in the paddling, either out of addiction or in hope to secure heavy monetary profits.

### **3. Role of mass media in creating awareness:**

The impact of mass media in pervasive dissemination of information and knowledge in the society is very significant. It has reflected the values of the culture and has also brought new trends. Mass media as the name suggest reaches to masses in no time. The important forms of mass media are newspaper, radio, television, and internet. Among these, visual media through television, cinema and internet based video sites have outreached to maximum people. With fast developing internet connection across country, people are connected to visual mass media through internet based applications like never before. They spend their time and money in great proportion for seeking information and entertainment. Now not only through cinemas, but through internet they are active in watching movies and television shows. Gone are the days, when u needed television to watch any visual information. Today there are several apps for watching live events, movies, news, sports and other entertainment forms by just using smart phone, laptop or tablet.

Through the diverse contents showcased by visual media, it has become a strong driving agent of bringing social change. However, the role of visual media comes under scrutiny when the content is considered hostile or unreceptive for society. The implication of visual media on people's mind is noteworthy. They can influence the social norm and the habits of common people, especially youth. The youths have greater grasping power; they can adopt behaviour, habit and nature being showcased on visual media with a lighting speed. The mass media can influence both personal behaviour and the community values (Arkin, 1990). Therefore, it is a great responsibility of visual media to showcase those aspects which are in the benefit of the individual in general and society as a whole.

### **4. Contribution of Bollywood Movies:**

The mass media transmits health information intentionally through news and other features, and unintentionally through character portrayals in entertainment programming (Arkin, 1990). Bollywood is the terminology in visual media used for Indian origin motion pictures. At present, Bollywood industry which is based in Mumbai, has a turnover of Crores of Rupees with movies releasing across various nations globally and hence has viewers in billions. Therefore, the dissemination of information is vast with maximum outreach at global level. The content of Bollywood movies are mainly for entertainment purpose, depicting various social, cultural issues with drama, music and songs. However, the contents are not always based on fiction. There are several movies which has highlighted social issues like dowry, widow marriage, untouchability, manual scavenging, honour killing, rapes, naxalism and Maoism and open defecation. These movies play very significant role in influencing mind set and perception of people. Bollywood movies further compel the viewers to think and assess the situation on their own.

Reviewing Bollywood movies which is in Hindi language, one can easily find number of movies based on issue of drug addiction, drug paddling, negative impact of drug on professional and personal relationship etc. 'Drug' being central subject of Bollywood movies thus is not a new phenomenon. Hence we can infer the presence of drug addiction and paddling in Indian society since a long time. To understand the content and message of these drug centred movies, here is the brief description of movies with the storyline.

Hare Rama Hare Krishna (1971) – This movie dates back to 1970s when Hare Krishna Movement was at its peak, attracting youths from different countries to leave their home and live the life of ecstatic and indulge in opium consumption. The movie revolves around sister of a lead character who is living in Nepal with hippies under the drug addiction and how her brother tries to free her from the grip of Hare Krishna group.

Charas (1976) – Another movie from 1970s based on illegal drug paddling and smuggling. The plot was borrowed from Alistair Maclean's novel 'Puppet on a Chain'. The movie depicts illegal activity of smuggling of drugs and how girls are being blackmailed to work for drug mafia.

Jaanbaaz (1986) – One of the blockbuster movie of its time, the movie is based on negative impact of drug consumption as it shows that leading lady in movie succumbing to drug addiction, and lead man then avenging her death by stopping the drug cartel.

Jalwa (1987) – In this movie the lead character Kapil (Nasiruddin Shah) want to avenge the death of his younger brother who died because of drug addiction by stopping the drug racket active in Goa.

Fashion (2008) – One of the most successful commercial movie which was based on glamour life and addiction of drugs and alcohol. For this movie the lead actor Priyanka Chopra and supporting actor Kangana Ranaut both got National award for their contribution. The movie is based on how struggle and limelight of glamour world forces one towards drug addiction. In the movie, Kangana Ranaut reaches zenith of success only to fall again and ultimately succumbing to death because of Drug addiction. Priyanka Chopra falls on the same way, but luckily being saved with the help of family and friends.

Dev D (2009) – The movie is a remake of 1917 Sharat Chandra Chattopadhyay's novel 'Devdas'. In the movie the hero takes to drugs and alcohol when his beloved gets married. He is then faced with road accident, family boycott and other problems.



Shaitan (2011) – The movie's plot revolves around group of friends who are drug addicts. They meet with an accident and kills four people. Thereafter movie highlights high craving for drugs, panic attacks, hallucination, violent behaviour, insecurity and other side effects of drug on human body.

Pankh (2010) –The movie highlights turbulent relationship of parents and disturbing family environment as factor responsible for making lead actor of the movie to take up drugs. Through drugs he is hallucinating about an imaginary woman who is listening to his problems and asking about her day to day activities.

Dum Maaro Dum (2011) – once again through this movie, illegal drug mafia and racket in Goa has been highlighted. The movie revolves around drug mafia trapping young airhostess and man for supply of drug, and lead actor trying to burst the racket which has connections at international level with mafias of Russia.

Go Goa Gone (2013) – One more movie based on drugs availability and rave parties being organised in Goa. Though the plot of this movie is funny and comedy, it does highlight the true events happening in Goa like hidden drug rave parties being organised at small islands where the police and administration cannot reach.

Raman Raghav 2.0 (2016) – The movie is thriller with murder mystery where the lead actor is a cop and himself a drug addict. He has strain relationship with his parents and girl he loves. He is doing all kinds of drug: smoking, inhaling, snorting and he is always under anxiety which is a side effect of drug over dose and finds difficulty in sleeping. Ultimately, he is shown as a violent man who kills his own girlfriend and random people just like normal criminals.

Uda Punjab (2016) - One of the most controversial movie of recent times. The movie for the first time showed real incidence of drug abuse and its intensity in the society of Punjab. As the title suggest, Punjab is flying under the effect of Drugs. The movie shares shocking truth of illegal supply of Drugs into Indian Territory through Pakistan border and growing drug addiction in every nook and corner of Punjab state. The movie further shows involvement of politicians and police in promoting and safe-guarding drug trafficking for vote banks and monetary benefit. The movie was like a mirror showing the real scenario of Punjab state which is otherwise considered as prosperous and rich state. After the movie release, political leaders took initiative for assessing the drug abuse in state and consequently there were some arrest being made in the connection of drug abuse.

While reviewing these Bollywood movies based on drug addiction and trafficking, few common strings emerges. Foremost is the family environment and relationship with parents. In most of movies, adverse environment at home like abusive and alcoholic father, strained relationship of mother-father, and financial difficulties have shown as a catalytic reason for taking up drugs. And with family support and love, drug addiction can be fought. For instance, in movie Fashion, Priyanka Chopra gets trapped into drug addiction but with her parents and friends love and affection, she comes back to normal life and leaves behind drug consumption.

Secondly, peer pressure and friend circle plays an important role in taking up drugs. Even if a girl or boy is not taking drugs, due to friend circle pressure and persuasion, they end up taking it. This has been shown in the movie Shaitan, where those who don't take drugs, end up taking it and becoming drug addict.

Another feature which these movies have highlighted is a big mafia of drug suppliers being present in our country. The drug industry is one of the biggest black market with turnover of billions of dollar. Drug paddling now is an international market where various countries are interconnected for supplying of these drugs to diverse sections of society. Further, drug paddling has close relationship with trafficking of arms and ammunition as money earned through drug supplies mostly goes into buying illegal weapons of mass destruction. The Drug mafias through their contacts with politicians and police becomes immune and rescue persecution.

Lastly, these movies have showcased variety of stakeholders in drug paddling and trafficking. From politicians, police, village headman, aspiring political activist, social service organisations, and petty thugs all are involved in the supply and distribution of drugs. Yes, there are some epicentre of drug activities like Goa and Punjab with presence of international drug mafia and illegal border transit of drugs, other places too have underground suppliers. These movies have shown that suppliers vary from foreign citizen to an old Indian man who stays in slum famously called 'Chacha' (Uncle) for supplying of drugs. Thus, the nexus of drug supply is intricate with several stakeholders who are supplying these drugs for bigger profits.

## **5. Road Ahead:**

With the growing influence of drugs on people especially youth, there is an immediate need to control its consumption. Drug addiction has adverse consequences not only on the person who is consuming it, but on his/her family in particular and on society at large. A drug addict becomes a curse for the society as he doesn't contribute for the growth and development of country. He will always be under the influence of drug which reduces the capability of a person to think rationally. The drug addict becomes burden on the family and also is a threat to other people as several times drug addict becomes violent with others.

Visual media is becoming most powerful platform of mass media. With growing internet and connectivity, more and more people are now using it. Visual media thus can be used for dissemination of information to people in fast manner. One of the ways to control the growing influence of drugs is to create awareness. People need to become



aware of negative consequences of drugs on their life. Government needs to take the initiative for creating awareness at pan India level. The strategies like paid advertising, media advocacy, and other tactics beyond public service campaigns can be started with the government intervention. Along with social consequences, awareness regarding health implication of drug consumption is crucial. Visual media can include contents showing hazardous impact of drug on human life through casting famous actors.

Further, there can be a collaboration with media professionals and government social service department to work for creating awareness among people. With government funds and media participation, new techniques and ways can be developed to sensitize people regarding hazardous impact of drugs on health and mind. Along with media professionals, there are various NGOs working in the field of drug abuse. Government can tie-up with these organisations in getting grass root information about drug paddling and creating programs for sensitization through visual media.

Thus, Drug addiction is one of the biggest challenge for our country where number of young people are already trapped in its addiction and several others are in a verge of getting addicted. To curb the menace of drug addiction from hampering the growth and development of our country, well planned strategies are required. There is a dearth of social initiative and awareness about impact of drug intake on one's life. Visual Media therefore can be an effective medium for creating awareness. With maximum dissemination of information in short span of time, people can be sensitized about drug abuse and addiction. Family members who do not have knowledge about drug addiction and its impact on behaviour, can assess whether their children are under drug addiction or not. Most of the times, family members fail to understand the reason for change in behaviour of their child which sometimes happens due to drug consumption. Awareness, therefore is a first step in prevention of drug and substance abuse, which can be done effectively with the help of visual media.

#### References :

1. Arkin, E.B. 1990. Opportunities for improving the Nation's Health Through Collaboration with the Mass Media in '*Public Health Reports*', Vol 105, No.3, May- June, pp. 219-223, Sage Publications.
2. Census, Government of India 2011
3. NDTV News, 30 Dec, 2017 <https://www.ndtv.com/delhi-news/4-college-students-arrested-in-delhi-as-part-of-new-year-drugs-crackdown-1793848>
4. NDTV News, 29 Dec, 2017 <https://www.ndtv.com/hyderabad-news/three-foreign-nationals-held-with-cocaine-heroin-in-hyderabad-1793678>
5. NDTV News, 19 Dec, 2017 <https://www.ndtv.com/chennai-news/drugs-worth-rs-8-84-crore-being-smuggled-to-malaysia-seized-in-chennai-1789412>
6. NDTV News, 29 Nov, 2017 <https://www.ndtv.com/delhi-news/american-woman-held-with-rs-10-crore-drugs-in-delhi-1781620>
7. NDTV News, 28 Nov, 2017 <https://www.ndtv.com/kolkata-news/police-unearth-kidney-racket-after-arresting-drug-peddlers-1780980>
8. NDTV News, 19 Aug, 2017 <https://www.ndtv.com/india-news/customs-arrests-air-india-cabin-crew-for-smuggling-marijuana-1739492>
9. NDTV News, 19 Aug, 2017 <https://www.ndtv.com/delhi-news/nigerian-dies-after-jumping-off-4th-floor-during-raids-in-delhi-police-1739369>
10. Quartz, India. 31 Jan, 2018 <https://qz.com/1193934/delhi-and-mumbai-are-among-the-worlds-most-stoned-cities/>

## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## Positive Youth Development and Substance Abuse among Youths: A Systematic Review

Mr. Suman Rana<sup>1</sup> Dr. Jagdish Jadhav<sup>2</sup>  
Department of Social Work, CURAJ

**Abstract:** The prevalence of substance abuse among youths has presumed alarming dimensions in India. Changing value system, socio-economic stress, dwindling supportive relationships, low emotional or psychiatric problem, inadequate coping skills, peer pressure, poor academic standing, delinquent behavior and many other factors led youths into the trap of substance abuse. Subsequently, such behaviors among youths are causing complex and multifaceted problems. Thus, preventing youths from the clutches of substance abuse is a cause of concern.

Positive Youth Development (PYD) approach believes that youths irrespective of their condition have plasticity or resilience to bounce back from their problems during their developmental phase. Now question arises, what is Positive Youth Development and how might it reduce substance abuse among youths? The purpose of this paper is to analyze the potential of Positive Youth Development approach against substance abuse among youth. The objectives of this paper are: (1) to study the substance abuse among youth (2) to understand the concept of Positive Youth Development; and (3) to examine the available literature on process and outcome of PYD interventions. In this paper, a systematic review of literature is conducted. The paper includes studies published since 2000 till date that reported PYD intervention programs among youths as prevention from substance abuse. Overall, this review paper proposes to provide a perspective on the importance of Positive Youth Development as a potential approach to be considered for reduction of substance abuse among youth in India.

**Key Words:** Positive Youth Development, Substance Abuse, Youth, India

### 1. Introduction:

The prevalence of substance abuse among youths has presumed alarming dimensions in India. Changing value system, socio-economic stress, dwindling supportive relationships, low emotional or psychiatric problem, inadequate coping skills, peer pressure, poor academic standing, delinquent behavior and many other factors led youths into the trap of substance abuse. Cannabis, heroin, tobacco, alcohol, and other pharmaceutical drugs are the frequently abused substances in India. Substance use or abuse depends completely on the nature of the drug, the level of addiction of the youth and the addict's immediate settings. The contemporary period has led to loosening of the traditional safety nets and social control making youth vulnerable to the stress and strain of modern life (Nadeem, Rubena, Agarwal, & Piyush, 2009).

"It is estimated that 1 in 20 adults, or a quarter of a billion people between the ages of 15-64 years, used at least one drug in 2014. Over 29 million people drug users are predicted to suffer from drug use disorders, and of those, 12 million are people who inject drugs, 14% of them are living with HIV, the effects of drugs in term of its consequences on health continues to be devastating" (UNODC, 2016, p.1). Around 207,400 drug-related deaths are reported in 2014 (Ibid). According to the government, India has seen a 5 times (455%) increase in drug haul from 2011-2013. As per World Drug Report 2014, India is major consumer for illicit opiates produced in both South-East Asia and South-West Asia. Mizoram, Punjab and Manipur are most vulnerable to drug abuse.<sup>3</sup>

<sup>3</sup> Chaitanya Mallapur, India Soaring Drug Problem: 455% Rise In Seizures, *India Spend*, June 26, 2015. <http://www.indiaspend.com/cover-story/indias-soaring-drug-problem-455-rise-in-seizures-26787> Accessed on January 10, 2018.

Substance abuse is an illness and can cause numerous health related and social behavior problems. There are several psychological behavior changes associated with substance abuse i.e. depression, anxiety, hallucination, schizophrenia and anti-social traits (Priyanka & Ankita, 2016). Subsequently, such behaviors among youths are causing complex and multifaceted problems. Thus, preventing youths from the clutches of substance abuse is a cause of concern. Positive Youth Development (PYD) approach believes that youths irrespective of their condition have plasticity or resilience to bounce back from their problems during their developmental phase. Now question arises, what is Positive Youth Development and how might it reduce substance abuse among youths? The purpose of this paper is to analyze the potential of Positive Youth Development approach against substance abuse among youth.

## 2. Rational of the Study:

The incidence of substance abuse among youth is higher than the general population. Most of these incidences are associated with social determinants and lifestyles and living in challenging conditions that cause these behaviors. Another reason is that during developmental phase i.e. from youth to adulthood makes them vulnerable especially to the immediate environment, context and surrounding influences. No proper support and guidance from family, school and society to overcome such conditions leads youth in risky behavior such as substance abuse. Available literature also shows that youth are prone to numerous health related conditions due to their personal choices, environment influence and carefree lifestyle.

The problem in India is there are no awareness programs on substance abuse for school and colleges. India does not have a substance abuse policy, which make substance abusers vulnerable before the law. Therefore, much need to be done to avoid impending threat of substance abuse to our nation.

## 3. Objectives:

The objectives of this paper are: (1) to study the substance abuse among youth in India (2) to understand the concept of Positive Youth Development and; (3) to examine the available literature on process and outcome of PYD interventions.

## 4. Review Method:

The author has undertaken mostly national studies and regional level studies with large sample size to get a glimpse of substance abuse among youth in India. To understand how Positive Youth Development Approach can be useful, the author has undertaken PYD studies that are dedicated with youth struggling with substance abuse. From a methodological perspective, the author has used systematic review design to answer the question raised from review of literature. This study has used secondary data and analyzed these to make a critical viewpoint on the said issues.

## Substance Abuse among Youth in India

The prevalence of substance abuse among the youth, specifically teenagers, presents an impending threat to our nation. The youth of our nation has a massive responsibility and India's potential rests delicately in their hands as the drug epidemic continues to rage on the sidelines. Further, these addictions might also give these youths hypertension, heart disease, recurrent lung infections, liver failure, ear infections, asthma, cough and poor grading, Tuberculosis and HIV/AIDS. Some of the abuses are identified during the review of literature which is mentioned below.

### Alcohol Consumption

Alcohol consumption has become a popular trend and vogue among urban and rural youths in India. If one does not get involved in alcohol consumption, is not considered to be the part of this generation. Media advertisement and commercialization of the alcohol have given boost to the alcohol consumption especially among youths. Even the Bollywood famous numbers on alcohol like *Char Bottle Vodka*, *Ham ka pinni hai* and many more have greatly contributed and encouraged the youths to get into it. Many national and state level studies conducted in India on alcohol consumption among youths have revealed that the initiation of alcohol consumption is at very early stage of the life and this has linked to the injuries, violence and health related issues resulting in premature deaths. Social acceptability and socio-economic conditions has further contributed to the said issue.

In 2002, UNODC conducted national household survey in rural and urban area in 24 states of India except J&K revealed 21.4% of adolescents between 12-18 years were alcohol users. A population based survey conducted by IIPS and WHO in 2006 showed that 3.9% youths were infrequent alcohol users and 0.6% youths were frequent alcohol users (IIPS & WHO, 2006). NFHS-3 survey revealed that 1% and 11% of women and men between the age group of 15 to 19 years and 1.4% & 28.8% of women and men between 20-24 years consume alcohol (Parasuraman et al., 2009).

A cross-sectional survey conducted with medical students between 17-32 years in urban area of Delhi showed that 32.1% and 9.7% students had a lifetime and last month alcohol consumption respectively (Rai et al., 2008). A community based cross-sectional study in slums of Kolkata reported that 14% were alcohol-dependents; 8% were hazardous or harmful consumers; 65.8% were current consumers of alcohol; and 78% were nonhazardous non-

harmful consumers. 62% shows the sign of chronic alcohol consumption (Ghosh, Samanta, & Mukherjee, 2012). Another community based cross-sectional study in Vasind, AP showed that 22.2% were using alcohol and tobacco together, 20.7% of male between 15-24 years were consuming alcohol only (Kangule et al., 2011). A school based cross-sectional survey conducted in urban areas of Imphal, Manipur and result revealed that 15.6% of adolescent between 15-19 years had ever consumed alcohol (Ningombam et al., 2011).

### ***Tobacco Use***

The majority of tobacco users in India starts the use of tobacco during adolescent. According to the Global Youth Tobacco Survey (GYTS, 2007), “smoking is the major kind of tobacco use among adolescents in developed nations whereas both smoking and smokeless tobacco use i.e. unburnt tobacco is placed in the mouth are common in developing nations” (Global Tobacco Surveillance System, 2007). NFHS-3 survey showed that 5% and 40% of female and male between 15-24 years consume tobacco across India (Parasuraman et al., 2009). Results from a systematic review of 15 studies disclosed the prevalence of tobacco use among students (13-15 years) was 18.2%; 14% male and 6.3% female (Pal et al., 2009). A study conducted on national representative school in India revealed the occurrence of any form of tobacco among youths aged 13 to 15 years reduced from 14.6% to 13.7% (Gajalakshmi et al., 2010).

A school based interventional program under Project-MYTRI<sup>4</sup> showed that students from 6<sup>th</sup> grade have higher risk and vulnerability indication than 8<sup>th</sup> grade (Stigler et al., 2006). Another school based cross-sectional survey conducted in urban area with students of 6<sup>th</sup>-8<sup>th</sup> grade disclosed that 18.9% government school students and 12.2% private school students use tobacco products (Mathur et al., 2008). A study conducted in NOIDA showed the occurrence of any form of tobacco usage in old students aged from 11-19 years (Narain et al., 2011). Results from many studies depict that the tobacco misuse or addiction is appearing to be a biggest threat for Indian youths.

### ***Other Substance use disorders***

In this era of liberalization, privatization and globalization, other than tobacco use and alcohol consumption, substance abuse is one of the rising trends among Indian youths. A national level survey (NHS- UNODC) indicated, 0.3% of males consumed cannabis and 0.1% of males consumed opiates (UNODC, 2002) with common use of substances such as “alcohol, tobacco, cannabis, cocaine and heroin” (Sunitha & Gururaj, 2014, p.196). National Health Survey suggested that about 0.1 % of the male population between the age group of 12-60 year revealed ever injecting any illicit drug and injecting drug use was reported more often from the NE region of the country” (UNODC, 2002). Results from population study revealed that 3% of adolescent aged 12-18 years use cannabis and only 4% drug abusers in India go to de-addiction centers (Priyanka & Ankita, 2016). Numerous studies also reported about cannabis as common substance abuse among students of school and college, street children and working youth (Manu et al, 2013).

A study on individuals aged 10-29 years revealed that 2.2% and 0.3% of male and female were opium consumers (Chaturvedi & Mahanta, 2004). National Health Survey also revealed that injecting drug users are more from North Eastern region of our nation (UNODC, 2002). A study on injecting drug users in India shows a higher prevalence among youths i.e. 5.6% between 20-24 years and 14.4% between 25-29 years (Aceijas et al., 2006). Use prescription drugs like benzodiazepines and opioids are also becoming a matter of concern with it usage of being 16.2% among medical students (Rai et al., 2008). Several studies reported substance abuse is common; “around 30% in street children and 57.4% of street children aged 6-16 years were already indulged in non tobacco substance abuse before entering into observation home” (Sunitha & Gururaj, 2014, p.196).

Latest trending substance among youth is ‘whitener-inhalation’ as it is easily available in shops without restriction. According to the report submitted to the court by Kerala police department, “whitener-inhalation addiction is the first step to drug addiction or alcoholism. It is common among adolescent boys aged 13-17 years in Kerala.”<sup>5</sup> According to Dr Mrinalini Darwal, project director Delhi State AIDS Society (DSACS), “Inhalant addiction is the first step in children becoming drug addicts. These substances are easily available without any restrictions and school going adolescents can easily access them. Then comes the alcohol and thereafter, hard drugs such as smack and heroine.”<sup>6</sup> Recent, Delhi government was directed by Juvenile Justice Board to ban on the sale of “correction fluid,

<sup>4</sup> MYTRI – Mobilizing Youth for Tobacco-Related Initiative in India.

<sup>5</sup> Radhika C Pillia. *Whitener Addiction on the Rise among Teens*. E-Times. June 14, 2014. <https://timesofindia.indiatimes.com/life-style/spotlight/Whitener-addiction-on-the-rise-among-teens/articleshow/36496491.cms> Accessed on 06/01/2018.

<sup>6</sup> Priyanka Sharma, *Delhi: Government sniffs out Whitener Addiction among Teen*. Mail Today. New Delhi. April 26, 2017. <http://indiatoday.intoday.in/story/delhi-government-whitener-drug-addiction/1/938404.html> Accessed on 06/01/2018.



thinner bottles and vulcanized solutions with immediate effect to minors, unless they are accompanied by parents or guardians, or have their school's approval."<sup>7</sup>

### ***Prevention Programs from Indian Government***

At present government of India offers monetary support to civil societies and employers through Ministry of Social Justice & Empowerment mainly for the following items.

- i. Awareness and Prevention Education
- ii. Drug Awareness and Counseling Centers
- iii. Integrated Rehabilitation Centers for Addicts (IRCAs)
- iv. Workplace Prevention Programs (WPP)
- v. De-addiction Camps
- vi. NGO forum for Drug Abuse Prevention
- vii. Innovation Intervention to strength community based rehabilitation
- viii. Technical exchange and manpower development programs
- ix. Surveys, studies, Evaluation and Research on the subjects (Ministry of Social Justice and Empowerment, 2015, p. 3).

### **5. Positive Youth Development Approach:**

#### ***What is Positive Youth Development (PYD)?***

PYD approach has its beginning from "academic research, to the voices of youth workers, to the discussion of national policies and the launching of funding initiatives designed to promote the healthy development of youth and families" (Lerner, 2005). It looked at the positive aspects of the youths which major fields like development science, psychology, sociology, public health and other fields failed doing so. Such viewpoint is originated in the mind of developmental scientists through the use of development systems or models of human behaviors, first, the plasticity of human development and another, the significance of relationship between person and his immediate environment (Lerner, JV., 2009).

Damon defines, "the positive youth development perspective emphasizes the manifest potentialities rather than the supposed incapacities of young people – including young people from the most disadvantaged backgrounds and those with most troubled histories" (Damon, 2004). Numerous endeavors have been attempted to speak out the idea and principles of PYD perspective. A mixture of these reviews proposes six principles which are as follows:

- Every young individual has the inbuilt capability for positive growth and development.
  - A positive development takes place when the youth remains gelled with relations, contexts and their ecologies.
  - Positive development enhances when youth get involved in the activities associated with relations, contexts and ecologies.
  - Promotion of generalized developmental assets for youth across cultural, community, and region but promotional approach might vary as a matter of social settings.
  - Community is a feasible and significant 'delivery system' for PYD.
  - Young people are themselves main players in their positive development and are important underutilized source of change and development.
- (Benson, Scales, Hamilton, & Sesma Jr., 2006)

Initially PYD approach refused to aim on reduction of risky behavior and prevention as these perspectives considered youth as inevitable problem that needs to be fixed, but recently there have been need for integration of PYD and prevention science approaches (Catalano, Hawkins, Berglund, Pollard, & Arthur, 2002). The purpose of this integration is that PYD interventions should also include reduction of health related issues apart from building competencies and resiliency of youth (Roth & Brooks-gunn, 2003). Universality to the PYD approach is that (1) it gives necessary environment to promote youth development; and (2) family, professionals, and researchers must endeavor to search environment that promote PYD (Lerner, 2005). One specific environment which has been suggested for PYD programs is after-school activities (Larson, 2000).

#### ***Positive Youth Development and Substance Abuse***

In an evaluation study conducted in United States on PYD programs showed that 24 programs out of 77 programs chosen for evaluation were successful and offered significant changes in risky behaviors including drug, alcohol consumption, and tobacco use (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002). A study conducted in

---

<sup>7</sup> Ibid.



urban after-school settings on prevention of substance use revealed that post intervention experiment group saw drugs as harmful substance and less likely to increase in alcohol, marijuana and other drug use after 1 year of the program (Tebes et al., 2007). A longitudinal study conducted with middle-class adolescents to examine the association of PYD with tobacco, alcohol, marijuana, hard drug and sex initiation. Results revealed that PYD was negatively associated with initiation of tobacco use, marijuana use and hard drugs (Schwartz et al., 2010).

In a study, PYD approach was considered to formulate integrated conceptual framework for primary prevention of adolescent from psychotropic drug use and abuse. Reason being: this framework will fulfill four things: “(1) prevention of the use of psychotropic drugs; (2) victimization protection; (3) strengthening support system; (4) promotion of bio-psychosocial aspects of health” (Lee, 2011, p. 2415).

A research conducted among college student involved in after school programs reported that students who have high level of competence, confidence, and caring are less likely to involve in alcohol and marijuana. It also shows protective effects on underage alcohol and marijuana use (Scarborough, Scholar, & Mentor, n.d.). Outreach Worker Services (OWS) of PAPHR<sup>8</sup> in rural area of Saskatchewan, Canada decided to use PYD as theoretical framework for a youth drug prevention program. Reason being: “A systematic comparison of the OWS with PYD revealed an amicable fit, nothing their near identical recognition of universality, a system focus, a strength base and the promotion of assets” (Dell et al., 2013, p. 7).

A systematic review of numerous studies on PYD intervention on substance use, violence and inequalities showed that how PYD might promote health is currently under theorized. Implementation can be challenging. A little evidence that PYD interventions offered post school hours reduce substance use or violence” (Bonell et al., 2016, p. 88). Chris Bonell et al. in another review study also claimed failure of several reports to provide enough evidence of reduced risky behaviors among youths (Bonell et al., 2015). Another systematic review based on 10 studies reported in 13 reports on effectiveness of PYD programs to reduce substance use showed that PYD interventions did not have any significant improvement in youth using substance, illicit drugs or alcohol. However, the authors did not claim ineffectiveness of the PYD programs in reducing substance use among young people (Melendez-Torres et al., 2016).

### ***Integrated Rehabilitation Centers for Addicts (IRCA) Vs Positive Youth Development***

Here, the author tried to compare two different approaches to deal with substance abuse addicts.

IRCA services of government of India begins with sensitizing the community on addiction specially children and youth in and out of educational institutions. Secondly, it identifies the substance abusers for counseling, group therapy, yoga, exposure to self help groups. Thirdly, the focus on detoxification and whole person recovery, the quality of life of abuser is improved. Fourthly, it case of any emergency the addicts are referred to psychiatric services for further assistance. Finally after-care and follow up are maintained (Ministry of Social Justice and Empowerment, 2015). In IRCA, addict is seen as a receiver or beneficiary of the services, otherwise a problematic group which need to be cured. Even after full recovery there is no guarantee that the addict would not turn back to his/her addiction.

In contrast, PYD approach used in several intervention programs with youth beliefs that every individual has plasticity or resilience to overcome their problems. PYD programs considers all youths with or without any problem. It strictly emphasis on person-in-environment and expect participation from family, friends and community for healthy development of youth. PYD theory of human development states about bidirectional relationship between context and person (Benson et al., 2006). There are 15 PYD construct chosen from 25 successful programs which help in substance abuse reduction. The following constructs are as follows:

- a) promotion of bonding (relationship with healthy adults and positive peers); (b) cultivation of resilience (enhanced capacity for adapting to change and stressful events in healthy and adaptive ways); (c) promotion of social competence (promotion of interpersonal skills and providing opportunities to practice such skills); (d) promotion of emotional competence (emotional maturity and management); (e) promotion of cognitive competence (development of cognitive skills and thinking); (f) promotion of behavioral competence (cultivation of verbal and nonverbal communication and taking action skills); (g) promotion of moral competence (development of a sense of right and wrong); (h) cultivation of self-determination (promoting sense of autonomy); (i) development of self-efficacy (promoting coping and mastery skills); (j) promotion of spirituality (development of purpose and meaning in life, hope, or beliefs in a higher power); (k) promotion of beliefs in the future (development of future potential goals, choices, or options); (l) development of clear and positive identity (promotion of healthy identity); (m) recognition for positive behavior (developing systems for rewarding); (n) providing opportunities for pro-social involvement (designing activities and events for program participants to make positive contribution to groups); (o) fostering pro-social

<sup>8</sup> Prince Albert Parkland Health Region Mental and Addiction Services

norms (encouraging program participants to develop clear and explicit standards for pro-social engagement) (Schmid, Phelps, & Lerner, 2011, 2409,2410)

From the above argument on IRCAs and Positive Youth Development, one can perceive easily that PYD approach is more promising in comparison to IRCAs. It gives opportunity to the youth with or without addiction to develop their strengths and potentials to solve their difficulties and problems. Further, it prepares the individuals to confront the future issues with positive attitude and identity. Table No.1 gives you the glimpse of both the approaches.

**Table No. 1 IRCAs Vs PYD**

<b>IRCAs</b>	<b>PYD Intervention</b>
Need Based or Issue Based Approach	Strength-Based Approach & emphasis on integrated youth development
Identification of Troubled youth	All Youths
Detoxification & Whole Person Recovery	Person-in-environment approach
Referral Services- Professionals' Intervention	Participation of Family, Peer, and Community
After care- Follow up	Positive Youth Development Achieved

## **6. Discussion:**

The review indicates that a significant portion of young population in India is into addiction and this condition would ultimately affect their growth and development. Results of several national and regional level studies also showed that the prevalence of substance abuse is on the rise and it would continue to rise in the coming years. Thus, preventing youth from the clutches of substance abuse is a cause of concern.

However, PYD approach is seen as an opportunity to answer the problem of substance abuse among youth. The review of literature on PYD approach/programs in relation to substance abuse showed both positive and negative effects. Positive effects of PYD approach are: (1) improvement in risky behaviors inclusive of drugs, alcohol and tobacco; (2) change in perception towards substance and less involvement in drug use; (3) negative association with substances; (4) used as integrated conceptual framework to prepare prevention programs; and (5) recognition of universality, a system focus, a strength base and the promotion of assets. Negative effects of PYD approach are: (1) It is under theorization and implementation can be challenging to reduce substance abuse addiction; and (2) No improvement in youth using substances. Further, the author also tried to compare the government of India (IRCAs) with PYD approach theoretically and found that the PYD approach is promising in comparison to IRCAs.

To consider whether or not PYD programs/intervention 'work', it is debatable question. Most of studies reported effectiveness of PYD intervention at after-school settings and increasing positive assets of youth. However, the review clearly depicts that PYD programs were not effective in all the interventions solely but including risk-based prevention education. Further, any investment in PYD program for reduction of substance abuse among youth occurs within the context of evaluation studies. This review suggests that there are no concert evidences available either theoretical or practical to provide reductions in substance abuse among youth. However, my findings did not claim the ineffectiveness of PYD either as a theory or programs for reducing substance addiction among youth. We need rigorous evaluations of the studies before using PYD programs as intervention in Indian context.

## **7. Conclusion:**

The prevalence of substance abuse among youth in India is at rise. Subsequently, such behaviors among youths are causing complex and multifaceted problems. Thus, prevention strategies are needed to be planned and suggested for substance abuse programs in India. However, in this study the author tried to see PYD programs as a possible approach to reduce substance abuse among youth in India. For this, the author review literature available on PYD and substance abuse to see the effectiveness of PYD programs in reduction of substance abuse and how far it will be beneficial for youth. Results of systematic review were disappointing because few literatures claimed the effectiveness of PYD programs and of public health significance. But finding of this review did not claim the ineffectiveness of PYD either as a theory or program to reduce substance abuse. We need better evaluation on PYD programs before using it as intervention in large scale. Reason being: India as a country has large youth population and there is a limitation of resources and any failure on implementation can cause serious damage to the limited resources available to us.

## References:

1. Aceijas, C., Friedman, S. R., Cooper, H. L. F., Wiessing, L., Stimson, G. V., & Hickman, M. (2006). Estimates of injecting drug users at the national and local level in developing and transitional countries, and gender and age distribution. *Sexually transmitted infections*, 82(suppl 3), iii10-iii17.
2. Benson, P. L., Scales, P. C., Hamilton, S. F., & Sesma Jr., A. (2006). Positive youth development: Theory, research, and applications. *The Handbook of Child Psychology*, Vol. 1, 894–941.
3. Bonell, C., Dickson, K., Hinds, K., Melendez-Torres, G., Stansfield, C., Fletcher, A., ... Campbell, R. (2016). *The effects of Positive Youth Development interventions on substance use, violence and inequalities: systematic review of theories of change, processes and outcomes*. *Public Health Research* (Vol. 4). <http://doi.org/10.3310/phr04050>
4. Bonell, C., Hinds, K., Dickson, K., Thomas, J., Fletcher, A., Murphy, S., ... Campbell, R. (2015). What is positive youth development and how might it reduce substance use and violence? A systematic review and synthesis of theoretical literature. *BMC Public Health*, 16(1), 135. <http://doi.org/10.1186/s12889-016-2817-3>
5. Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H. S., & Hawkins, J. D. (2002). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *Prevention and Treatment*, 5, 1–111. <http://doi.org/10.1037/1522-3736.5.1.515a>
6. Catalano, R. F., Hawkins, J. D., Berglund, M. L., Pollard, J. A., & Arthur, M. W. (2002). Prevention science and positive youth development: Competitive or cooperative frameworks? *Journal of Adolescent Health*, 31(6 SUPPL.), 230–239. [http://doi.org/10.1016/S1054-139X\(02\)00496-2](http://doi.org/10.1016/S1054-139X(02)00496-2)
7. Catalano, R. F., & Toubourou, J. W. (2012). Positive youth development. *The Encyclopedia of Positive Psychology*, 759–765.
8. Chaitanya Mallapur, India Soaring Drug Problem: 455% Rise In Seizures, *India Spend*, June 26, 2015. <http://www.indiaspend.com/cover-story/indias-soaring-drug-problem-455-rise-in-seizures-26787> Accessed on January 10, 2018.
9. Chaturvedi, H. K., & Mahanta, J. (2004). Sociocultural diversity and substance use pattern in Arunachal Pradesh, India. *Drug and alcohol dependence*, 74(1), 97-104.
10. DAMON, W. (2004). What Is Positive Youth Development? *Annals, Aapss*, 591(1), 13–24. <http://doi.org/10.1177/0002716203260092>
11. Dell, C. A., Duncan, C. R., Desroches, A., Bendig, M., Steeves, M., Turner, H., ... Enns, B. (2013). Back to the basics: identifying positive youth development as the theoretical framework for a youth drug prevention program in rural Saskatchewan, Canada amidst a program evaluation. *Substance Abuse Treatment, Prevention, & Policy*, 8(1).
12. Gajalakshmi, V., & Kanimozhi, C. V. (2010). A survey of 24,000 students aged 13-15 years in India: Global Youth Tobacco Survey 2006 and 2009. *Tobacco Use Insights*, 3, 23.
13. Ghosh, S., Samanta, A., & Mukherjee, S. (2012). Patterns of alcohol consumption among male adults at a slum in Kolkata, India. *Journal of Health, Population and Nutrition*, 30(1), 73–81. <http://doi.org/10.3329/jhpn.v30i1.11279>
14. Global Tobacco Surveillance System. WHO. (2007). John Hopkins Bloomberg School of Public Health, and CDC Foundation. *Bloomberg Global Initiative to Reduce Tobacco Use Pamphlet*.
15. International Institute for Population Sciences (IIPS) and Macro International, 2007. National Family Health Survey (NFHS-3), 2005-06, India: Key Findings. Mumbai: IIPS. Available from: <http://www.measuredhs.com/pubs/pdf/SR128/SR128.pdf> Accessed on October 20, 2016. Accessed on January 05, 2018.
16. Kangule, D., Darbastwar, M., & Kokiwar, P. (2011). A cross sectional study of prevalence of substance use and its determinants among male tribal youths. *Int J Pharm Biomed Sci*, 2(3), 61-64. Accessed on January 02, 2018.
17. Larson, R. W. (2000). Toward a psychology of positive youth development. *Am Psychol*, 55(I), 170–183. <http://doi.org/10.1037/0003-066X>
18. Lee, T. Y. (2011). Construction of an Integrated Positive Youth Development Conceptual Framework for the Prevention of the Use of Psychotropic Drugs among Adolescents. *The Scientific World JOURNAL*, 11, 2403–2417. <http://doi.org/10.1100/2011/315870>
19. Lerner, R. M. (2005). Positive Youth Development A View of the Issues. *The Journal of Early Adolescence*, 25(1), 10–16. <http://doi.org/10.1177/0272431604273211>
20. Mathur C, Stigler MH, Perry CL, Arora M, Reddy KS. (2008). Differences in prevalence of tobacco use among Indian urban youth: the role of socioeconomic status. *Nicotine Tob Res* 10 : 109-16.
21. M. Agarwal, A. Nischal, A. Agarwal, J. Verma and S. Dhanasekaran. (2013). Substance Abuse in Children and Adolescents in India. *J. Indian Assoc. Child Adolesc. Ment. Health*, Vol 9(3) .
22. Melendez-Torres, G. J., Dickson, K., Fletcher, A., Thomas, J., Hinds, K., Campbell, R., ... Bonell, C. (2016).

- Positive youth development programmes to reduce substance use in young people: Systematic review. *International Journal of Drug Policy*, 36, 95–103. <http://doi.org/10.1016/j.drugpo.2016.01.007>
23. Ministry of Social Justice and Empowerment. (2015). *GUIDELINES Government of India Ministry of Social Justice and Empowerment January, 2015*. Retrieved from <http://socialjustice.nic.in/writereaddata/UploadFile/sch-drug-1115635790509608217343.pdf>
24. Nadeem, A., Rubeena, B., Agarwal, V. K., & Piyush, K. (2009). Substance abuse in India. *Pravara Medical Review*, 4(4), 4–6. Retrieved from <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=cagh&AN=20103145082%5Cnhttp://lshtmsfx.hosted.exlibrisgroup.com/lshtm?sid=OVID:cagbdb&id=pmid:&id=doi:&issn=0975-0533&isbn=&volume=4&issue=4&spage=4&pages=4-6&date=2009&title=Pravara+Med>
25. Narain, R., Sardana, S., Gupta, S., & Sehgal, A. (2011). Age at initiation & prevalence of tobacco use among school children in Noida, India: A cross-sectional questionnaire based survey. *The Indian journal of medical research*, 133(3), 300. Accessed on 04 January, 2018.
26. Ningombam S, Hutin Y, Murhekar MV. Prevalence and pattern of substance use among the higher secondary school students of Imphal, Manipur, India. (2011). *Natl Med J India*. 24: 11-5.
27. Pal R, Tsering D. Tobacco use in Indian high-school students. (2009). *Int J Green Pharm* 3 : 319-23.
28. Parasuraman, S., Kishor, S., Singh, S. K., & Vaidehi, Y. (2009). A profile of youth in India. National Family Health Survey (NFHS-3) India 2005-06. Available from: [http://www.rchiips.org/NFHS/youth\\_report\\_for\\_website\\_18sep09.pdf](http://www.rchiips.org/NFHS/youth_report_for_website_18sep09.pdf) Accessed on January 02, 2018.
29. Priyanka Sharma, Delhi: Government sniffs out Whitener Addiction among Teen. *Mail Today*. New Delhi. April 26, 2017. <http://indiatoday.intoday.in/story/delhi-government-whitener-drug-addiction/1/938404.html> Accessed on January 06, 2018.
30. Priyanka, S., & Ankita, T. (2016). A study on Adolescent Drug Abuse in India. *ISSN ISSN (CD-ROM American International Journal of Research in Humanities, Arts and Social Sciences AIJRHASS)*, 2328–3734. Retrieved from <http://www.iasir.net>
31. Radhika C Pillia. Whitener Addiction on the Rise among Teens. *E-Times*. June 14, 2014. <https://timesofindia.indiatimes.com/life-style/spotlight/Whitener-addiction-on-the-rise-among-teens/articleshow/36496491.cms> Accessed on January 06, 2018.
32. Rai, D., Gaete, J., Girotra, S., Pal, H. R., & Araya, R. (2008). Substance use among medical students: time to reignite the debate. *Nat Med J India*, 21(2), 75-8. Accessed on January 06, 2018.
33. Roth, J. L., & Brooks-gunn, J. (2003). What exactly is a youth development program? Answers from research and practice. *Applied Developmental Science*, 7(2), 94–111. <http://doi.org/10.1207/S1532480XADS0702>
34. Scarbrough, S., Scholar, M., & Mentor, M. P. (n.d.). Positive Youth Development and Substance Use in Emerging Adults, 61–66. Retrieved from [http://scholarworks.boisestate.edu/cgi/viewcontent.cgi?article=1129&context=mcnair\\_journal](http://scholarworks.boisestate.edu/cgi/viewcontent.cgi?article=1129&context=mcnair_journal)
35. Schmid, K. L., Phelps, E., & Lerner, R. M. (2011). Constructing positive futures: Modeling the relationship between adolescents' hopeful future expectations and intentional self regulation in predicting positive youth development. *Journal of Adolescence*, 34(6), 1127–1135. <http://doi.org/10.1016/j.adolescence.2011.07.009>
36. Schwartz, S. J., Phelps, E., Lerner, J. V., Huang, S., Brown, C. H., Lewin-Bizan, S., ... Lerner, R. M. (2010). Promotion as prevention: Positive youth development as protective against tobacco, alcohol, illicit drug, and sex initiation. *Applied Developmental Science*, 14(4), 197–211. <http://doi.org/10.1080/10888691.2010.516186>
37. Stigler, M. H., Perry, C. L., Arora, M., & Reddy, K. S. (2006). Why are urban Indian 6th graders using more tobacco than 8th graders? Findings from Project MYTRI. *Tobacco Control*, 15(suppl 1), i54-i60. Accessed on 01 January, 2018.
38. Sunitha, S., & Gururaj, G. (2014). Health behaviours & problems among young people in India: Cause for concern & call for action. *Indian J Med Res*, 140(August), 185–208.
39. Tebes, J. K., Feinn, R., Vanderploeg, J. J., Chinman, M. J., Shepard, J., Brabham, T., ... Connell, C. (2007). Impact of a Positive Youth Development Program in Urban After-School Settings on the Prevention of Adolescent Substance Use. *Journal of Adolescent Health*, 41(3), 239–247. <http://doi.org/10.1016/j.jadohealth.2007.02.016>
40. The extent, patterns and trends of drug abuse in India - 82. (2002). National Survey. UNODC, Regional Office for South Asia. Available from: [http://www.unodc.org/pdf/india/publications/national\\_Survey/10\\_results.pdf](http://www.unodc.org/pdf/india/publications/national_Survey/10_results.pdf), accessed on January 02, 2018.
41. UNODC. (2016). *World drug report. United Nations publication*. [https://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf)



## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## Mind-Altering Drug Plants

Rakesh Kumar

Department of Botany, W.R.S. Govt. College, Dehri, District Kangra, H.P. 176022

E mail: rbotany@gmail.com

**Abstract:** In their quest for survival, plants have evolved to produce an amazing variety of chemical compounds known as secondary metabolites. These chemicals often serve to deter herbivores, protect against pathogens and neighbors, or mitigate the effects of radiation, among numerous other uses. Interestingly, many of these chemicals react with human bodies in specific ways, ranging from organ failure and death to reactions that inspire lifesaving pharmaceuticals. Long before pure chemicals were manufactured in labs, people used plants for medicine. There are over a hundred active ingredients derived from plants for use as drugs and medicines. Certain drugs can change the structure and inner workings of the brain. With repeated use, they affect a person's self-control and interfere with the ability to resist the urge to take the drug. Not being able to stop taking a drug even though one knows it's harmful is the hallmark of addiction. Drug abuse also plays a role in many major social problems, such as drugged driving, violence, stress, and child abuse. Drug abuse can lead to homelessness, crime, and missed work or problems with keeping a job. It harms unborn babies and destroys families. There are different types of treatment for drug abuse. But the best is to prevent drug abuse in the first place. The present paper provides a list of plants with their botanical names, common names, drug/ chemical present and their action on human body along with drug abuse causes, effects and preventive measures.

**Key Words:** Plants, drug abuse, treatment.

## 1. INTRODUCTION:

World Health Organization defines substance abuse as “persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice”<sup>(1)</sup>. Drug abuse risk can be conceptualized by the “Modified Social Stress Model”. The model proposes that an increased risk for drug use stems from distress + the normalization of drug use + the effect of drugs and risk of drug abuse due to decreased social attachments + coping strategies + resources for their development<sup>(2)</sup>. Substance use patterns are notorious for their ability to change over time. Both licit and illicit substance use cause serious public health problems and evidence for the same is now available in our country. National level prevalence has been calculated for many substances of abuse, but regional variations are quite evident. Rapid assessment surveys have facilitated the understanding of the patterns of use<sup>(3)</sup>. The number of youths continuing to abuse drugs remains a major public health problem worldwide and there is a need to stem the tide of drug abuse. There is worldwide consensus that misuse of narcotics and psychoactive substances is on the rise, and India is no exception to this. Drug abuse in India is prevalent. Poly drug use is now a well-established pattern of drug misuse. To complement the effects of preferred drugs, users select a substitute from a range of drugs. The International Narcotics Control Board (INCB), an independent UN body tasked with monitoring the production and consumption of narcotics worldwide, said in its annual report that governments in South Asia continue to respond strongly to the threat of drug trafficking and abuse in the region.

Prescription drug abuse is growing in India and the problem is serious in South Asia. According to a UN report drugs enter the cross border illicit markets through various channels, being diverted from India's pharmacy industry and smuggled from Afghanistan. According to UNODC, India accounts for 10 percent of the total pharmaceuticals produced in the world. In its report it noted that the law required all drugs with “abuse potential” to be sold only on prescription, but that there was “significant diversion” from this. According to a study by the Delhi Commission for Protection of Child Rights on Substance Abuse by Children, 100 per cent of the children in conflict with the law were drug abusers, while 95.5 per cent of them staying in child care institutions were on drugs and 93 per cent of street children consumed narcotics. The study also states that 88 per cent of the children consumed drugs due to “peer pressure”. Visual journalists Vikram Singh and Enrico Fabian documented the alarming spike in the number of people using prescription drug cocktails which are up to 10 times cheaper, and often easily available at neighborhood chemists. The population of India has reached over 1 billion people and is rising. The country is growing at an incredible pace. Its culture, social values, demographics and economy is rapidly changing, and these



stressors are having an impact on the people. According to recent surveys, India has at least seventy million drug addicts. In India, the cultural values are slowly changing, the poorer class is suffering with economic hardship while at the same time there is a massive rise in the upper class, all of this combined with the dwindling support of family (due to increase work and western life) is leading to drug abuse and addiction<sup>(4)</sup>. However, the World Health Organization does note that there is significant difficulty in estimating drug usage and addiction rates in the country due to poor bureaucratic processes and census reporting. Cannabis, heroin, opium and hashish are the most commonly used drugs in India. However, some evidence indicates that there is an increasing prevalence of methamphetamine as well.

Drug addiction is a major problem for many families, communities and law enforcement. Massive numbers of addicts are left to be treated by the families as financial costs, available services and lack of appropriate care challenge the country. This is not only the case for drug addicts. HIV is a significant issue for drug addicts in India with over 2.4 million people infected. This places India as the third-highest country in terms of rate of infection in the world. Injecting drug users making up nearly 10 percent of the affected groups. HIV positive drug users are often violently attacked, discriminated against, rejected by families and communities. Some HIV positive people hide their status due to fears and anxieties about being denied medical care, housing or jobs and these places others at risk. The increasing rate of HIV that spread throughout all communities of India alarmed the government who began on a policy of harm reduction which included needle exchange programs and maintenance therapy. Drug abuse refers to the habit of regular intake of illegal drugs characterized by mis-use of drugs. There is a thin-line of difference between Drug abuse and addiction. In case of drug abuse, the person may or may not be addicted to these harmful drugs. However, in case of drug addiction, the person is severely addicted to these drugs. Thus, drug abuse may often lead to drug addiction. Drug abuse and addiction is one of the great evils of our time. It has become a serious problem in India. Young and old alike everywhere are addicted to drugs. It has resulted in increased crime, tension, disease, horror and lack of peace and security. The cities have attracted large number of youth who come in search of employment. Such people live a lonely and isolated life and become anti-social. They fall into evil company and get addicted. The children who are deprived of the loving care and affection, and do not get right type of education are prone to be addicted to drugs. In the beginning it comes as an escape from the monotony or drudgery of routine life, as an object of thrill, stimulation or excitement. Gradually the addicts depend more and more upon drugs. They develop a kind of madness. They add to the number of anti-social elements who disrupt peaceful social life. Drugs are often smuggled from one country to another and sold through the agents and sub-agents who work secretly. It is to be noted that despair very often drives many to drug addiction. Students who remain far away from parents and guardians and live in hostels and messes become victims of addiction. Their keeping contact with bad company pushes them to be addicts. There is no proper direction, no goal or objective before young men and women to move forward and reach. Our education is such that it does not prepare students to fit into life. Coming out of the schools and colleges, they find that they have no future, no prospects in life.

The addiction to drugs is also a growing menace. It has negative effect on the mental and physical health of the individual. The drug addict is not looked upon with respect in the society. Young boys and girls who seek company outside their homes easily get caught by the drug dealers. Once caught, they become a part of the racket. One who gets addicted to it cannot do without it. He gets badly upset if he does not get his dose and do anything to have the kicking dose. People addicted to drugs have been found to be selling out everything to fulfill their urge – without their dose they lie listless and lost. One got into the habit and the addiction, no inhibitions; no restraints can stop the addict. They lose the joy of life in seeking this false 'Kick'. They lose money and health. They often pilfer money from home or seek it by unlawful means. Drug problem is the leading cause for the increase of violence in the society. The drugs addict finds it tough to behave normally in social environment. A person who abuses drugs loses his confidence and self-esteem. The social and economic costs related to drug abuse among youth are high. They result from the financial losses and distress suffered by alcohol and drug related crime victims, increased burdens for the support of adolescents and young adults who are not able to become self-supporting, and greater demands for medical and other treatment services for these youth<sup>(5)</sup>. The epidemic of substance abuse in younger generation has assumed alarming dimensions. In India, most boys by the time they reach the ninth grade, 50 percent of them have tried at least one of the substances of abuse nature. In last three decades, many epidemiological surveys have been carried out in India to assess the prevalence of substances abuse<sup>(5)</sup>. The youths are topping the charts for the wrong reasons like drug abuse in rave parties. The alarming rate of drug abuse has always been a problem and especially the increase of drug abuse among youngsters has had detrimental effects on the society<sup>(6)</sup>.

## 2. LIST OF DRUG PLANTS:

Sr. No.	Botanical Name	Common Name	Drug/Chemical	Action
1.	<i>Adonis vernalis</i>	Pheasant's eye, red chamomile	Adoniside	Cardiotonic

2.	<i>Aesculus hippocastanum</i>	Horse chestnut	Aescin	Antiinflammatory
3.	<i>Agrimonia eupatoria</i>	Common agrimony, church steeples, sticklewort	Agrimophol	Anthelmintic
4.	<i>Ammi visaga</i>	Noded carrot	Kheltin	Bronchodilator
5.	<i>Anabasis aphylla</i>	Anabasia	Anabesine	Skeletal muscle relaxant
6.	<i>Anamirta cocculus</i>	Fish berry	Picrotoxin	Analeptic
7.	<i>Ananas comosus</i>	Pineapple	Bromelain	Antiinflammatory, proteolytic
8.	<i>Andrographis paniculata</i>	King of bitters, kiryat, Kalmegh	Andrographolide, Neoandrographolide	Treatment for bacillary dysentery
9.	<i>Anisodus tanguticus</i>	Tsang-ch'ieh	Anisodamine, Anisodine	Anticholinergic
10.	<i>Ardisia japonica</i>	Marlberry	Bergenin	Antitussive
11.	<i>Areca catechu</i>	Betel nut palm	Arecoline	Anthelmintic
12.	<i>Artemisia maritima</i>	Wormwood	Ascaricide	Santonin
13.	<i>Atropa belladonna</i>	Deadly nightshade	Atropine	Anticholinergic
14.	<i>Berberis vulgaris</i>	Common barberry	Berberine	Treatment for bacillary dysentery
15.	<i>Betula alba</i>	Common birch	Betulinic acid	Anticancerous
16.	<i>Bougainvillea sp.</i>	Paper flower etc.	Pinitol	Expectorant
17.	<i>Brassica nigra</i>	Black mustard	Allyl isothiocyanate	Rubefacient
18.	<i>Camellia sinensis</i>	Tea	<u>Caffeine</u>	CNS stimulant
19.	<i>Camptotheca acuminata</i>	Happy tree	Camptothecin, Irinotecan, Topotecan	Anticancerous, antitumor agent
20.	<i>Cannabis sativa</i>	Marijuana	Tetrahydrocannabinol (THC)	Antiemetic, decreases ocular tension
21.	<i>Carica papaya</i>	Papaya	Chymopapain, Papain	Proteolytic, mucolytic
22.	<i>Cassia species</i>	Cassia	Danthron, Sennosides A, B	Laxative
23.	<i>Catharanthus roseus</i>	Madagascar periwinkle	Vinblastine, Vincristine	Antitumor, Antileukemic agent
24.	<i>Centella asiatica</i>	Gotu cola	Asiaticoside	Vulnerary
25.	<i>Cephaelis ipecacuanha</i>	Ipeca	Emetine	Amoebicide, emetic
26.	<i>Chondodendron tomentosum</i>	Curare vine	Tubocurarine	Skeletal muscle relaxant
27.	<i>Cinchona ledgeriana</i>	Quinine tree	Quinidine, Quinine	Antiarrhythmic, Antimalarial, antipyretic
28.	<i>Cinnamomum camphora</i>	Camphor tree	Camphor	Rubefacient
29.	<i>Cissampelos pareira</i>	Velvet leaf	Cissampeline	Skeletal muscle relaxant
30.	<i>Citrus species</i>	Orange, grapefruit etc.	Hesperidin, Rutin	Treatment for capillary fragility
31.	<i>Coffeae arabica</i>	Coffee	<u>Caffeine</u>	CNS stimulant
32.	<i>Colchicum autumnale</i>	Autumn crocus	Colchicine amide, Colchicine, Demecolcine	Antitumor agent, antigout,
33.	<i>Convallaria majalis</i>	Lily-of-the-valley	Convallatoxin	Cardiotonic
34.	<i>Coptis japonica</i>	Chinese goldenthread, goldthread, Huang-Lia	Palmatine	Antipyretic, detoxicant
35.	<i>Corydalis ambigua</i>	Corydalis	Tetrahydropalmatine	Analgesic, sedative,

				tranquilizer
36.	<i>Crotalaria sessiliflora</i>	Stalkless blue rattlepod	Monocrotaline	Topical antitumor agent
37.	<i>Curcuma longa</i>	Turmeric	Curcumin	Choleretic
38.	<i>Cynara scolymus</i>	Artichoke	Cynarin	Choleretic
39.	<i>Cytisus scoparius</i>	Scotch broom	Sparteine	Oxytotic
40.	<i>Daphne genkwa</i>	Lilac	Yuanhuacine, Yuanhuadine	Abortifacient
41.	<i>Datura species</i>	Jimsonweed	Sedative	Scopolamine
42.	<i>Digenea simplex</i>	Wireweed	Kaibic acid	Ascaricide
43.	<i>Digitalis lanata</i>	Grecian foxglove, woolly foxglove	Acetyldigoxin, Deslanoside, Lanatosides A, B, C	Cardiotonic
44.	<i>Digitalis purpurea</i>	Purple foxglove	Digitalin, Digitoxin, Digoxin, Gitalin	Cardiotonic
45.	<i>Ephedra sinica</i>	Ephedra, ma huang	Ephedrine, Pseudoephedrine, nor-pseudoephedrine	Sympathomimetic, antihistamine
46.	<i>Erythroxylum coca</i>	Coca plant	Cocaine	Local anaesthetic
47.	<i>Fraxinus rhynchophylla</i>	Ash tree	Aesculetin	Antidysentery
48.	<i>Gaultheria procumbens</i>	Wintergreen	Methyl salicylate	Rubefacient
49.	<i>Glaucium flavum</i>	Yellow hornpoppy, horned poppy, sea poppy	Glaucine	Antitussive
50.	<i>Glycyrrhiza glabra</i>	Licorice	Glycyrrhizin	Sweetener, treatment for Addison's disease
51.	<i>Gossypium species</i>	Cotton	Gossypol	Male contraceptive
52.	<i>Hemsleya amabilis</i>	Amabilis	Hemsleyadin	Treatment for bacillary dysentery
53.	<i>Hydrangea macrophylla</i>	Bigleaf hydrangea, French hydrangea	Phyllodulcin	Sweetener
54.	<i>Hydrastis canadensis</i>	Goldenseal	Hydrastine	Hemostatic, astringent
55.	<i>Hyoscyamus niger</i>	Black henbane, stinking nightshade, henpin	Hyoscyamine	Anticholinergic
56.	<i>Larrea divaricata</i>	Creosote bush	Nordihydroguaiaretic acid	Antioxidant
57.	<i>Lobelia inflata</i>	Indian tobacco	a-Lobeline	Smoking deterrent, respiratory stimulant
58.	<i>Lonchocarpus nicou</i>	Barbasco, timbo	Rotenone	Piscicide, Insecticide
59.	<i>Lycoris squamigera</i>	Magic lily, resurrection lily, naked lady	Galanthamine	Cholinesterase inhibitor
60.	<i>Mentha species</i>	Mint	Menthol	Rubefacient
61.	<i>Mucuna species</i>	Nescafe, cowage, velvetbean	L-Dopa	Anti-parkinsonism
62.	<i>Nicotiana tabacum</i>	Tobacco	Nicotine	Insecticide
63.	<i>Ocotea glaziovii</i>	Ocotea	Glasiovine	Antidepressant
64.	<i>Papaver somniferum</i>	Poppy	Codeine, Morphine, Noscapine, Papavarine	Analgesic, Antitussive, Smooth muscle relaxant

65.	<i>Pausinystalia yohimbe</i>	Yohimbe	Yohimbine	Aphrodisiac
66.	<i>Physostigma venenosum</i>	Calabar bean	Physostigmine	Cholinesterase inhibitor
67.	<i>Pilocarpus jaborandi</i>	Jaborandi, Indian hemp	Pilocarpine	Parasympathomimetic
68.	<i>Piper methysticum</i>	Kava kava	Kawain	Tranquilizer
69.	<i>Podophyllum peltatum</i>	Mayapple or mandrake	Etoposide, Podophyllotoxin, Teniposide	Antitumor, anticancer agent
70.	<i>Potentilla fragarioides</i>	Yellow rose	D-Catechin	Hemostatic
71.	<i>Quisqualis indica</i>	Rangoon creeper, drunken sailor	Quisqualic acid	Anthelmintic
72.	<i>Rauvolfia canescens</i>	Snake root plant	Deserpidine	Antihypertensive, tranquilizer
73.	<i>Rauvolfia serpentina</i>	Indian snakeroot, serpentine wood, sarpagandha	Ajmalicine, Rescinnamine, Reserpine	Treatment for circulatory disorders, Antihypertensive, tranquilizer
74.	<i>Rhododendron molle</i>	Rhododendron	Rhomitoxin	Antihypertensive, tranquilizer
75.	<i>Rorippa indica</i>	Yellow cress, chamsuru	Rorifone	Antitussive
76.	<i>Salix alba</i>	White willow	Analgesic	Salicin
77.	<i>Sanguinaria canadensis</i>	Bloodroot	Dental plaque inhibitor	Sanguinarine
78.	<i>Silybum marianum</i>	Milk thistle	Silymarin	Antihepatotoxic
79.	<i>Simarouba glauca</i>	Paradise tree	Glaucarubin	Amoebicide
80.	<i>Sophora pachycarpa</i>	Sofora	Pachycarpine	Oxytocic
81.	<i>Stephania sinica</i>	Stephania	Rotundine	Analgesic, sedative, tranquilizer
82.	<i>Stephania tetrandra</i>	Stephania	Tetrandrine	Antihypertensive
83.	<i>Stevia rebaudiana</i>	Stevia	Stevioside	Sweetener
84.	<i>Strophanthus gratus</i>	Ouabain tree	Ouabain	Cardiotonic
85.	<i>Strychnos nux-vomica</i>	Poison nut tree	Strychnine	CNS stimulant
86.	<i>Tabebuia species</i>	Trumpet tree	Lapachol	Anticancer, antitumor
87.	<i>Taxus brevifolia</i>	Pacific yew	Taxol	Antitumor agent
88.	<i>Theobroma cacao</i>	Cocoa	Theobromine, Theophylline	Diuretic, vasodilator, bronchodilator
89.	<i>Thymus vulgaris</i>	Thyme	Thymol	Topical antifungal
90.	<i>Trichosanthes kirilowii</i>	Snake gourd	Trichosanthin	Abortifacient
91.	<i>Urginea maritima</i>	Squill	Cardiotonic	Scillarin A
92.	<i>Valeriana officinalis</i>	Valerian	Valpotriates	Sedative
93.	<i>Veratrum album</i>	White false hellebore	Protoveratrin A, B	Antihypertensives
94.	<i>Vinca minor</i>	Periwinkle	Vasicine	Cerebral stimulant

### 3. DISCUSSION:

Parents, teachers, educationists and governments should think how best to improve education, so that it brings a full development of the personality and teaches the essence of life and the art of decent living. Moral instructions should form a part of teaching. Mass media and voluntary organizations should do their best in the field and highlight the dangers of drug addiction. The various drugs are capturing the market and holding young and old alike in their grip. The Anti-Narcotic Squads and Drug Enforcement Agencies should work in a more vigilant manner to prevent drug trafficking and trade. There should be more counseling centers and rehabilitation centers. Government and







voluntary agencies should have co-ordinate efforts to de-addict people and spread awareness against the great evil. Police can play a great role to check smuggling and drug trafficking. The constitutional provision about prohibition of intoxicating drinks and drugs must be strictly enforced by all State Governments in our country. The radio, television and newspapers must come in with vigorous campaigns against drug abuse and addiction. Legislation alone cannot put an end to the evil practice. An increased social awareness is the key to the solution of this problem. People are to realize that drugs are killers and rare to be killed. They must learn to say 'No' to drugs and save their families from ruin. Persuasion, and not compulsion, can bring good results. To take preventive and remedial measures for dealing with the problem of drug abuse like the Government must use all the media to propagate against the habit of drug-taking; voluntary organizations should pay more attention to instruct addicts how to give up the vice to bring them to the main stream of public life without shame or sorrow; physicians should teach them how to prevent and avoid the evil and how to lead a normal healthy life; Parents should pay more care, attention and love to their sons and daughters; reading of moral and religious books is also helpful to addicts; the police must act fearlessly to act against the people involved drug traffic. Substance use and abuse wear out individuals, families, and communities. Prevention is the most important component of the "war on drugs" which is fulfilled by qualitative scientific research on those areas crucial to the advancement of prevention science. Progress should be made in identifying precursors to use, understanding the developmental progress of alcohol and drug use disorders, and designing prevention programs that successfully avert substance use and abuse. Let us all decide today that we will never abuse any drug. We should all stand together to fight against this massive problem.

#### 4. CONCLUSION:

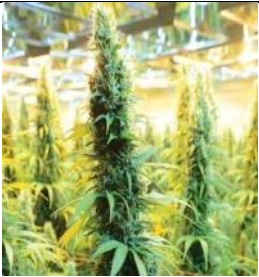









Many opportunities in drug abuse prevention have been identified. Core strategies for preventing drug abuse among youth include raising awareness, educating and training parents and others, strengthening families, providing alternative activities, building skills and confidence, mobilizing and empowering communities and employing environmental approaches. Making youth and others aware of the health, social, and legal consequences associated with drug abuse has a beneficial impact on use. The students to be made interactive and learn skills such as how to refuse drugs. Direct social influences (e.g., peers) and indirect influences (e.g., media influence) can be better.

#### REFERENCES:

1. WHO (1994): Lexicon of alcohol and drug terms. Geneva: World Health Organization.
2. WHO (199): Techn Res Ser No.886. pp. 48.
3. Murthy P, Manjunatha N, Subodh BN, Chand PK, Benegal V. (2010): Substance use and addiction research in India. Indian J Psychiatry. 52:189-99.
4. Stu Elmes (2010): Drug Abuse and Addiction in India. Addiction.
5. Ahmad nadeem, Bano Rubeena, Agarwal V. K, Kalakoti Piyush (2009): Substance abuse in India. Pravara Med Rev. 4(4): 4-6.
6. Ankur Shukla ( July30, 2011): Increasing Drug Abuse Among Youth: Symptoms And Solutions Posted by Youth Ki Awaaz. Available at [www.youthkiawaaz.com/.../increasing-drug-abuse-among-youth-sym](http://www.youthkiawaaz.com/.../increasing-drug-abuse-among-youth-sym).

			
• <i>Ananas comosus</i> (Pineapple)	<i>Areca catechu</i> (Betel nut)	<i>Artemisia maritima</i> (Wormwood)	<i>Brassica nigra</i> (Black mustard)



			
<i>Cannabis sativa</i> ( <i>Cannabis</i> )	<i>Carica papaya</i> ( <i>Papaya</i> )	<i>Centella asiatica</i> ( <i>Gotu cola</i> )	<i>Colchicum autumnale</i> ( <i>Autumn crocus</i> )
			
<i>Daphne genkwa</i> ( <i>Lilac</i> )	<i>Datura stramonium</i> ( <i>Jimsonweed</i> )	<i>Ephedra sinica</i> ( <i>Ephedra</i> )	<i>Erythroxylum coca</i> ( <i>Coca</i> )
			
<i>Hydrangea macrophylla</i> ( <i>Bigleaf hydrangea</i> )	<i>Nicotiana tabacum</i> ( <i>Tobacco</i> )	<i>Papaver somniferum</i> ( <i>Poppy</i> )	<i>Rauvolfia serpentina</i> ( <i>Sarpagandha</i> )
			
<i>Silybum marianum</i> ( <i>Milk thistle</i> )	<i>Stevia rebaudiana</i> ( <i>Stevia</i> )	<i>Valeriana officinalis</i> ( <i>Valerian</i> )	<i>Vinca minor</i> ( <i>Periwinkle</i> )

## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## The Role of Social Media on Drug Abuse and Alcoholism

**Dr. Usha Sawhney**

Assistant Professor, Department of English  
SMP Govt. girls PG College, Meerut, UP -250002.  
Email ID : usha.sawhney01@gmail.com

**Abstract:** Social media is the trending technology of our generation that has given an impetus to our life. Gone are those days when it was much easier to keep an eye on kids' media consumption; today it's becoming a herculean task. It's everywhere – Bus stands, billboards, subways, TV, song lyrics, music videos, print ads, movies, books, YouTube, and social media shower its huge impact on today's youth specifically. The involvement in online social media sites and platforms are exposing the youth to alcohol-related content. Display of pro-alcohol messages and images through online portrayals of drinking on personal pages pushes the youth to try it. Unregulated alcohol marketing on social media sites reach underage people. One of the most easily perceived ideas comes from Media in a youth's mind to take decision related to use drugs or alcohol which is evolving and becoming more complex every day. Young people experimenting with drugs and alcohol are nothing new. There is a natural curiosity to try new things with a notion of getting fit in socially. The acute trouble occurs when the "try" becomes a habit, or when the young person is uneducated on what drugs are, what they do to the body and mind, and its destructive consequences. Future studies need to further expand existing observational work to better understand the role of social media in shaping alcohol-related behaviors and fully exploit the potential of these media for alcohol-related interventions. This research emphasizes upon the facts that how a drinking-supportive social network has a strong influence on heavy drinking and alcohol-related problems over time.

**Key Words:** Social media, Technology, Curiosity, Destruction, Drug and alcohol consumption, user generated content, unregulated marketing, alcohol-related interventions.

### 1. INTRODUCTION:

Social media is an interconnected virtual web of networks by humans through World Wide Web. It is a platform that showcases various public opinions that reflect the pulse of our society. We're officially too much engrossed in the thick of the digital age. The invention of internet is the greatest one of our time. To our astonishment, its possibilities are endless. Each and Every industry, interest, and consumer all around the world has been affected by its glorious power. Social media is relatively new to the internet but the most attracting feature of it is that it enables people to be connected to each other and to the entire world whenever they want to do so rather all the time. Each one of us is constantly sharing our lives amongst each other, including our struggles. This makes the dynamic of addiction and social media unique but can also make it dangerous place for those who are using.

### 2. Presence of Alcohol-Related Content on Social Media :

To check with the presence of alcohol-related content on the social sites, one needs to measure the exposure to and impact of alcohol-related content through social media. However, the ways in which social media exposure may be similar to, different from, or reinforcing of offline counterparts are not yet fully understood. For the youth, social media are a source of exposure to two important factors that offline are associated with alcohol use: peer alcohol behavior and alcohol advertising. A variety of factors influence changes in problems related to heavy intake of alcohol in individuals across the life span. Firstly, the influence of the peer network is major among adolescents, a key factor in the initiation, escalation, and de-escalation of alcohol and drug use. Peer alcohol use has also been shown to be a strong predictor of alcohol use among young adults. Its influence also extends to young adult problematic drinkers. Henceforth, it could be analyzed that peer alcohol use is an important factor to consider for heavy episodic alcohol use among adolescents and young adults. Secondly, It is difficult to quantify the presence of alcohol advertisements on social media outlets, because ads are targeted to a user's online behavior, and many of them are then circulated in the form of 'viral' posts, either by way of a YouTube video or an eye-catching photo. However, it's true that more kids are logging onto social media sites, meaning youth exposure to all online ads is expanding.



*"About 4,700 people under age 21 die each year from alcohol-related causes, including car crashes, alcohol poisoning and drowning."*

The more youth are exposed to alcohol marketing the more likely they are into drinking, or to drink more if they already do. The tactics alcohol advertisers use to appeal to youth include upbeat music, humor and animal and people characters. The mediums advertisers use range from social media, to TV and radio, and magazines and billboards. While youth exposure to alcohol advertising has decreased in magazines, it has increased in television

### **3. Interactive Social Media Sites Working at Personal and Professional Front:**

The use of social media has grown exponentially over the past decade, and the probability of its growth is expected to continue. Facebook and Twitter are the main social sites which are hitting the peaks of following the ideas, pictures, advertisements, visual facts and trends by the people.

There are diverse sites sharing many similar features. The users move onto the sites by creating an account to establish a link to the network of other individuals or groups to share thoughts, photographs, videos, news stories, and other contents etc. This is the platform which enables the users to share information about their personal lives as well as by businesses and organizations to promote their products and services. Generally, the sites have built-in mechanisms to express approval or disapproval of content; along with accessing the liberty not only to form their own impression of a post or video but also can check how many others, and sometimes exactly who else did expressed approval. This is a strong feature of social media that it is a multidirectional and user-generated communication about content.

### **4. Penetration of Drug Abuse and Alcoholism: Changing Landscape of Social Media:**

Various social media sites were sometimes popular, sometimes they lose their popularity but the new ones are being launched at a regular interval of time so as to cater to specific market niches and demands, leading to a constantly changing landscape of sites and mobile applications. We need to understand the changing landscape of social media so as to get the clear picture of how alcohol-related messages and images being displayed on the social sites could maneuver to influence the users. Facebook was launched in 2004; initially available to students at Harvard University only but speedily it was spread to other colleges and by 2006 was available to the general public. Henceforth, any alcohol-related content posted on these sites contained the potential to reach a large proportion of adolescents and young adults. Several characteristics of social media sites influenced the risk of exposure to alcohol content, including the formats available for user posts and the options for and culture of anonymity and privacy. These issues were especially salient given that references to personal drinking could be incriminating for individuals under age 21.

Social media is not only a place where people come in all time connect with the world rather it is full of advertisements, news, and other impactful visuals. All the Brands like big alcohol and big tobacco use social media to target their consumers. The consumers are the users of Social media. Restaurants, discs, pubs, hukka bars generally use social media to promote their drink specials and happy hours. Additionally, social media is present everywhere in the parties and get-togethers being organized. To host a party, it is the most convenient form available these days to make an event on Facebook. It's easily accessible for people—and even strangers—to find parties, alcohol, and drugs. It also leads to a good promotion of that very party organized and also all the events or the things which are going to be available out there. Such attractions drag people into a onetime experience, which slowly and gradually takes a grab of these people to get such occasions on and on. Undoubtedly, the social media has become such an integral part of people's lives, it can also influence people to try things in a fashion that is being put on the screen by celebrity or even a style can influence the public. They work upon copying the ways in which people take drinks or drugs. Listen to their experiences and then want to try on them to enjoy so-called pleasure that others share on the screen. The interesting side is that that displaying risky behaviors online in photos is consistent with what behaviors take place offline. Restrictions exist to prohibit young people from exposure to alcohol advertisements on the traditional social media sites, but teens still have access to these ads in regular venues. Social media is unique in that alcohol brands can target consumers and create relationships with their audience. Users are often asked to enter for their likes on the alcohol brands, to attend their events, and share photos of them using their products. If you do not want to see alcohol-branded content in your Facebook newsfeed it's hard to block it.

In other words, social media is the perfect environment for drugs and alcohol to be displayed, viewed, bought, and sold. It's also a place where anyone can create a culture of drug use and drinking amongst their friends and connections.

#### **Social Media and Recovery**

Another interesting phenomenon is social media and recovery. There is a positive and a negative side to everything in life. Even though social media can be a place inundated with alcohol and drug use, it can also be a hub for recovery. When I got sober I was able to find a plethora of information online about getting sober and living in

recovery. I frequented sober blogger sites, followed sobriety accounts on Twitter, and “liked” recovery pages on Facebook.

With each passing day, there is more and more offered in the recovery space online. There are now podcasts, Facebook groups, Twitter chats, chat room meetings, all dedicated to overcoming addiction and living a life in recovery. You can actually get sober online. The only recovery space can be a great compliment to an addiction treatment program or a component to your aftercare program. There are options for everyone.

We should continue to use social media as a powerful tool to combat the stigma of addiction and promote prevention among our youth. Let’s use our social media powers for good.

#### **Social Media: User-Generated Alcohol Content**

The content that is being posted by adolescents and young adults is seen by peers as well as younger users of these sites. Earlier the main focus was on MySpace but now keeping the pace with changes in the popular social media platforms most widely Facebook and Twitter has been added to the list rather made more popular. Several studies have illustrated that adolescents’ displays on social media (i.e., MySpace and Facebook) frequently include portrayal of health-risk behaviors related to alcohol, other substances, and sexual behaviors. Alcohol-related displays may include texts like “Matt got drunk last night”, photographs depicting alcohol consumption, or links to alcohol-related groups or companies.

The patterns of displaying such health-risk behaviors online commonly are consistent with offline reporting. For example, adolescents who display one health-risk behavior may be a sexual activity on social media are more likely to also display other behaviors, for example- alcohol use. Also, risk behaviors may be displayed online within peer groups, just as offline peer groups commonly report engagement in similar behaviors. Thus, adolescents are more likely to display references to sexual behavior if a peer displayed similar references. Finally, displayed alcohol references have been linked to alcohol behaviors offline, because older adolescents whose Facebook posts suggested problem drinking behaviors are more likely to score as “at risk” on a problem-drinking screen.

Whereas health-risk behaviors commonly are displayed on social media sites, negative consequences of these behaviors are not frequently noted. In a study of older adolescents, displays of negative consequences of alcohol use, such as hangovers or embarrassment, on social media sites were rare.

More recently, researchers have begun to examine alcohol-related content on Twitter, which provide a more immediate reflection of behaviors as they occur. The extent to which social networks are used in real time to discuss alcohol has implications for surveillance and intervention.

#### **Social media: Unregulated Marketing**

There is growing concern about the extent to which adolescents and young adults are exposed to alcohol marketing on social media sites. The major alcohol brands maintain a presence on Facebook, Twitter, and YouTube. The most common marketing strategy includes promotion of offline branded events (e.g., at a club or sporting event), interactive games, sponsored online events, and invitations to drink. On Facebook, alcohol companies ask users to “like” their brands and to post pictures of them drinking the specific alcohol beverage or participating in real-life events sponsored by the company. On Twitter, brands are encouraging followers who attended an event to post pictures of them thereby enforcing the brand’s identity among Twitter users. This practice is of particular concern given the popularity of Twitter among younger teens. Other examples of advertising on Twitter included tweets noting that it is a specific day of the week on which is a good time to drink a specific brand of alcohol. In contrast, only two of the five brands analyzed included a small number of tweets encouraging followers to drink responsibly and get home safely.

Although restrictions exist to protect young people from exposure to alcohol advertisements on traditional media channels (e.g., recommendations to limit alcohol commercials during youth-oriented television programming), adolescents still have access to alcohol advertising in many traditional venues. Social media present a new venue for alcohol advertisers, particularly because they can target messages and foster connections with consumers. This approach is of particular concern because it can easily reach adolescents and young adults under the legal drinking age. Software is available that would allow alcohol brands to ask for age verification before a user can become a follower of the brand’s account and interact with the brand. Such software typically requires the user to enter a birth date indicating that the user is over the legal age to purchase alcohol. However, a recent inquiry into alcohol brands found that none used any external age verification

### **5. Social Media and Alcohol-Related Interventions: Facebook, Twitter, Social Media advertisements and Mobile Devices:**

Despite the broad reach of social media, the literature to date is scant on interventions using social media to reduce harmful alcohol consumption.

Facebook also provides opportunities to link user-generated content to triggered Facebook advertisements. As described in the Facebook Influence Model, this medium had a significant influence on “identity development,” and interventions could build upon this source of influence. For example, researchers could consider linking Facebook advertisements to a user’s displayed alcohol content. These advertisements could provide messages for a user to

consider when deciding whether to display alcohol content as part of an online or offline identity. Such advertisements could be triggered by certain keywords (e.g., terms related to “intoxication”) in Facebook posts and could include such messages as “Do you really want being drunk to be part of your identity?” The relatively large volume of public content on Twitter suggests that it may be possible to implement an automated search system that would identify tweets indicating risk of alcohol-related problems and respond with a link to resources or services.

Another possible approach is to use social media for social marketing. In this way, social media could be used similarly to how traditional media outlets have promoted responsible alcohol use and increased awareness of alcohol-related harm. Other potential approaches to interventions may be based on the widespread use of social media sites from mobile devices, raising the potential that social media could be used to reach individuals in real time in the settings where drinking occurs. It may be possible to use social media-based advertising and the location-based features of mobile phones to promote alternatives to drinking, safe transportation, free condoms, and other services to reduce the harms associated with alcohol consumption. Before such interventions could be developed, however, formative work is needed in this area to better understand the behavior of young people as it relates to their mobile social network use during the course of a drinking episode.

## 6. Conclusion:

Social media has encroached a broader area into the lives of the youth and therefore have grabbed the opportunity to strongly influence their decisions. The developing size of literature on social media and alcohol suggests that researchers can consider the role of social media in alcohol consumption. Social media is definitely serving as a source of information about the behavior of the individual user, which shows how they link online content to offline behavior or demonstrate links between online and offline alcohol consumption patterns. Social media is very effectively playing the role of an influencing catalyst who leads the youth to behave in a fashion more likely that the social media is expecting out of them to make their advertisements successful. The influence of alcohol advertising in social media is yet to be explored but we can make out that social media is successful upto an extent to affect the mindset of users to attract them towards their flashy videos, pictures, tweets and many more outlets. The networking prompts people to follow or copy one another. Sometimes, it's a kind of show off of their personal lives counting such acceptances as an achievement but the reality won't change ever that that excess of everything is bad. One must have the maturity level to understand what to follow and what not to follow from these social sites. That's why the rule was implemented that the user will be above 21 years of age. Undoubtedly, the usage of social media is flourishing day by day, it can't be decreased but the knowledge of how to use it for once betterment is must. Everything has got its two sides; the good one and the bad one. The understanding of this thin line between these two (good & bad) can only show the positive result of Social Media's functioning.

## References:

1. Ali, M.M., and Dwyer, D. S. Social network effects in alcohol consumption among adolescents. *Addictive Behaviors* 35(4):337–342, 2010. [PMID: 20051311](#)
2. Bandura, A. *Social Learning Theory*. New York: General Learning Press, 1977.
3. Brown, J. D. Adolescents' sexual media diets. *Journal of Adolescent Health* 27(2 Suppl): 35–40, 2000. [PMID: 10904204](#)
4. Chew, C., and Eysenbach, G. Pandemics in the age of Twitter: Content analysis of Tweets during the 2009 H1N1 outbreak. *PLoS One* 5(11):e14118, 2010. [PMID: 21124761](#)
5. Dalton, M.A.; Beach, M.L.; Adachi-Mijia, A.M.; et al. Early exposure to movie smoking predicts established smoking by older teens and young adults. *Pediatrics* 123(4):e551–558, 2009. [PMID: 19336346](#)
6. Duggan, M., and Brenner, J. *The Demographics of Social Media Users—2012*. Washington, DC: Pew Research Center, 2013.
7. Ellison, N.B.; Steinfield, C.; and Lampe, C. The benefits of Facebook friends: Social capital and college students' use of online social network sites. *Journal of Computer-Mediated Communication* 12:1143–1168, 2007.
8. Hinduja, S., and Patchin, J.W. Personal information of adolescents on the Internet: A quantitative content analysis of MySpace. *Journal of Adolescence* 31(1):125–146, 2008. [PMID: 17604833](#)
9. Kaplan, A.M., and Haenlein, M. Users of the world, unite! The challenges and opportunities of social media. *Business Horizons* 53(1):59–68, 2010.
10. Moreno, M.A.; Goniou, N.; Moreno, P.S.; and Diekema, D. Ethics of social media research: Common concerns and practical considerations. *Cyberpsychology, Behavior and Social Networking*, 16(9):708–713, 2013a. [PMID: 23679571](#)
11. Nicholls, J. Everyday, everywhere: Alcohol marketing and social media—Current trends. *Alcohol and Alcoholism* 47(4):486–493, 2012. [PMID: 22532575](#)



## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## HIV/AIDS RISK IN DRUGS INJECTING USERS AND HIV/ AIDS PREVENTION MEASURES FOR DRUGS USERS

**Dr. Vinod Kumar**

Assistant Professor. Sociology. Govt. Degree College Rewalsar. District Mandi. H.P.

Email - vinodkrmnd@gmail.com

**Abstract:** It is estimated that worldwide there are nearly 12.7 million people who inject drugs (1). Approximately 1.7 million, or 14 %, are also living with HIV. Injecting drug use is found in nearly every country. Typically, when heroin injection reaches a new community, there is an exponential increase in HIV transmission (2). People who inject drugs continue to face punitive legal environments, a variety of human rights abuses and have poor access to services; these and other factors combine to exacerbate their risks of acquiring HIV. Injecting drug use is found in nearly every country. People who inject drugs continue to face punitive legal environments, a variety of human rights abuses and have poor access to services; these and other factors combine to exacerbate their risks of acquiring HIV. HIV burden HIV prevalence among people who inject drugs is typically far greater than it is among the rest of the adult population, with people who inject drugs bearing a 28 times higher prevalence, ranging from 1.3 to more than 2 000 times higher HIV prevalence in 74 countries reporting such figures to UNAIDS. The purposes and objectives of the present paper :

- To highlight the causes of Injecting Drugs.
- HIV/AIDS risk in Drugs Users.
- Prevention method of HIV/AIDS for Drugs Addiction.
- Preventions Barriers HIV/AIDS in Drugs Users.
- Suggestion for Prevention in Injecting Drugs abuse.

**Key words:** PWID, HIV infection, opioid substitution therapy.

### 1. INTRODUCTION:

People who inject drugs (also known as PWID) are among the groups most vulnerable to HIV infection. HIV prevalence among people who inject drugs is 28 times higher than among the rest of the population.<sup>1</sup> Drug use now accounts for an ever-growing proportion of those living with HIV. On average one in ten new HIV infections are caused by the sharing of needles.<sup>2</sup> Moreover, almost one third of global HIV infections outside of sub-Saharan Africa are caused by injecting drugs.<sup>3</sup>

It is estimated that there are 12.7 million people who inject drugs worldwide, and 14% of them are thought to be living with HIV.<sup>4</sup> Three countries account for nearly half of all people who inject drugs globally - China, Russia and the United States of America (USA).<sup>5</sup>

In Eastern Europe and Central Asia, which saw a 57% increase in new HIV infections between 2010 and 2015, the burden is particularly high among people who inject drugs. In 2015, over half of new HIV cases in the region were among this group.<sup>6</sup>

Despite the increased risk of HIV for people who inject drugs they are among those with the least access to HIV prevention, treatment and healthcare. This is because drug use is often criminalized and stigmatised.<sup>7</sup> In 2011, the Political Declaration on HIV committed world governments to halving HIV transmission among people who inject drugs by 2015. This target was missed by 80% highlighting the shortage of effective prevention for this group.<sup>8</sup> Why are people who inject drugs at risk of HIV transmission?

#### 1.1 Sharing needles:

If a needle has been used by an HIV-positive person, infected blood in the needle can be injected into the next person who uses that needle. Furthermore, injecting drug users are more likely to test for HIV late, increasing the chance of onward HIV transmission.

Unfortunately, sterile syringes are not always readily available, especially in countries with no/low roll-out of needle and syringe programmes (NSPs). A lack of awareness or education about safe injecting is another major reason for sharing needles.

Other reasons for needle sharing are that it is part of a social and cultural norm among people who inject drugs, and that it can act as a form of bonding.<sup>9</sup>

## **1.2 Criminalization and Marginalization :**

Legislation that criminalizes possession and use of drugs for personal consumption leads to more risky forms of drug use. Along with other punitive policies and practices which discriminate against people with a history of drug use, criminalization reinforces the marginalization of people who inject drugs while also discouraging them from accessing harm reduction and other healthcare services. This hugely increases vulnerability to HIV infection,<sup>10</sup> and has a negative effect on HIV prevention and treatment outcomes.<sup>11</sup>

Drug paraphernalia laws in some countries make it an offence to distribute or possess syringes for non-medical purposes, with people arrested for carrying them. This forces people to avoid carrying new needles, and use shared ones instead.<sup>12 13</sup> *Drug user, Imphal, India*<sup>14</sup>

In some countries police crackdowns on drug use and users have targeted healthcare and harm reduction services. This discourages people who inject drugs from accessing these services and has contributed to the spread of HIV.<sup>15</sup>

Despite overwhelming evidence that it has little or no impact on the number of people using drugs, the 'war on drugs' approach, which criminalises and uses aggressive policing and sanctions against drug users, continues to prevail in many countries. Country data collected by the United Nations Office of Drugs and Crime (UNODC) shows that the percentage of people who use illicit drugs has remained stable since at least 2006.<sup>16</sup>

## **1.3 Poverty :**

Poverty and drug taking are linked in a complex and mutually reinforcing manner which contributes to the spread of HIV. The majority of drug users, including people who inject drugs, are relatively poor in the societies in which they live. Moreover, social and economic disadvantage is strongly associated with drug use disorder (when recurrent drug use becomes a detriment to people's health, work, school or home life).<sup>17</sup> Poverty may mean people choose cheaper ways of taking drugs such as sharing needles with others. Economic marginalization may lead to behavior associated with increased risk of HIV such as sex work or selling sex for drugs.

## **1.4 Injecting drugs and sex work :**

Although people who inject drugs constitute a key group in themselves, there is also an overlap between drug addiction and those involved in sex work. Individuals who fall into both categories are particularly vulnerable to HIV. In Central Asia, Afghanistan and Mongolia, HIV prevalence among female sex workers who also inject drugs is 20 times higher than sex workers who don't inject drugs.<sup>18</sup>

## **1.5 Women who inject drugs :**

In many cases, Women are more susceptible to HIV infection because of gender-based violence (GBV). Women may be pressured to share needles and engage in high-risk sexual activities. Women (especially mothers), are also more likely to conceal their drug-taking behavior because of societal discrimination, and the threat of losing custody of their children. This discourages them from accessing medical care and HIV services.<sup>19</sup> In 2013, global HIV prevalence among women who inject drugs was 13%, compared to 9% among men who inject drugs.<sup>20</sup>

## **1.6 Imprisonment and detention:**

It is estimated that between 56% and 90% of drug users will be imprisoned at some point in their life. The predominantly punitive global response to drugs also means that around one in five prisoners worldwide are being held on drug-related charges.<sup>21</sup>

In many countries, prisons remain environments with high levels of drug use and high prevalence of HIV. In this context, incarceration of drug users fuels HIV transmission, especially in overcrowded prisons where syringe sharing and unprotected sex is more common.<sup>22</sup>

Despite this, there are significant gaps in prevention, treatment and harm reduction services in many prisons around the world. Currently only eight countries have at least one needle and syringe programme in prison and only 43 have opioid substitution therapy (OST).<sup>23</sup>

In many Asian countries, drug detention centres are compulsory, with drug users forced to spend time there with no access to OST or treatments for withdrawal symptoms.<sup>24</sup> This discourages many people who inject drugs from accessing health services including HIV treatment and prevention.

## 2. Combination HIV prevention:

Reducing HIV transmission among people who inject drugs needs a combination of approaches such as:

- **Stopping discrimination and marginalization** - people who inject drugs face serious discrimination from a multitude of sectors of society, including a lack of inclusion in medical trials. Including people who inject drugs in research is important in the global HIV response
- **Stopping apathy** - much of society is indifferent to the rights of people who inject drugs; they must be shown the same human rights as others
- **Stopping inattention** - people who inject drugs are too often treated as one homogenised group. HIV prevention initiatives must focus on subgroups such as women who use drugs or young people who use drugs.<sup>25</sup>
- **Access to mental health services**, sexual health check-ups and condoms is necessary alongside harm reduction measures. Efforts need to focus on prevention rather than simply awareness.<sup>26</sup>
- **Harm reduction programmes** - Harm reduction programmes include needle and syringe programmes (NSPs) and opioid substitution therapy (OST).
- These are effective in preventing HIV because they provide clean needles to drug users, and offer substitution medicines like methadone as an alternative to injecting drugs. Despite their resounding success in various settings worldwide, of the 158 countries that report people who inject drugs, only 90 have NSPs, and 80 provide OST.<sup>27</sup> These programmes need to be scaled up everywhere in order to have a preventative effect for people who inject drugs and the wider population, with current provision failing to reach most people who inject drugs.
- **Low dead-space syringes :**
- **Syringes** that are used to inject drugs contain either a high, or a low 'dead-space' area, which is where fluid (including blood) collects after injecting. High dead-space syringes are often preferred because they are cheaper, come with detachable needles, and are more readily available.
- **However**, low dead-space syringes collect 1,000 times less fluid, meaning HIV cannot survive very long in this type of syringe. The risk of HIV infection is reduced if someone uses a low dead-space syringe after an HIV-positive person. Unfortunately, access to low dead-space syringes is sparse. These need to be supplied to NSPs and pharmacies.<sup>28</sup>
- **Pre-exposure prophylaxis :**
- **Pre-exposure prophylaxis (PrEP)** is a course of antiretroviral drugs (ARVs) taken before possible exposure to HIV, to prevent an infection from establishing in the body. In 2015, the World Health Organization (WHO) recommended the use of PrEP for people who inject drugs, among other people at substantial risk of HIV.<sup>29</sup>
- It is important that other forms of combination prevention are offered alongside PrEP, such as needle and syringe programmes and opioid substitution therapy, as these are the most effective ways of preventing HIV infection from injecting drugs.

### 2.1 Barriers to HIV prevention for people who inject drugs :

- The illegal nature of injecting drugs can create barriers to accessing adequate HIV prevention, testing and treatment services, making people who inject drugs more vulnerable to HIV.
- **Without adequate access to these services**, there is a high risk that HIV will also be transmitted to sexual partners.<sup>30</sup> The crossover of drug use with sex work means that HIV is more likely to be transmitted to other at-risk populations and their partners.

### 2.2 Punitive laws :

- **Injecting** drugs for purposes not prescribed by a doctor is illegal worldwide. The criminalization of drug use and possession can hinder attempts to engage people who use drugs with available HIV services which may otherwise help to curb HIV.
- **Decriminalization** would be a more effective approach. It would mean people who inject drugs would not be forced underground to conceal their habit and to escape arrest, but rather be free to engage in the HIV response and be active in protecting their own health.<sup>31</sup>

**Case study: Portugal's drug law in 2000 :** Portugal passed new drug laws downgrading the purchase, possession and consumption of small amounts of drugs. The law also put in place a wide range of prevention and harm reduction measures focused on high-risk groups and areas.

The decade that followed saw a decline in crimes related to drug consumption, problematic drug use, drug-related harms and criminal justice overcrowding. The period also saw a steady decline in new HIV infections among people who inject drugs. In 2013 only 78 new HIV cases were related to drug use.<sup>32</sup>

### 2.3 New drugs: ATS, hagigat, IPEDs :

- The continuous creation of new drugs, with new ways to take them creates a never-ending cycle of HIV exposure opportunities. Injection of amphetamine-type stimulants (ATS) is increasing in every region of the world, with an estimated 13.9 to 54 million users worldwide. However, very few harm reductions interventions are tailored to people who use ATS and there is an urgent need for adapted harm reduction interventions in light of the increasing ATS injecting.<sup>33</sup>
- A new drug named 'hagigat' caused an outbreak of HIV infections in Israel during 2012-2013. Drug users switched from injecting heroin to injecting hagigat, which encourages socializing and needs more 'hits' per day. This led to higher numbers of people sharing needles.<sup>34</sup>
- The use of image and performance enhancing drugs (IPEDs) is rising rapidly, especially in more developed nations such as the UK.<sup>35</sup> IPEDs are used to change a person's body image, and increase their level of physical performance. A study in the UK found that HIV prevalence among men who inject IPEDs was similar to those who inject drugs like heroin and cocaine. This highlights that it is the injecting practice itself that is important to monitor, rather than the type of substance injected.<sup>36 37 38</sup>

### 3. Barriers faced by young people who inject drugs :

- Although data for people who inject drugs is available, it is unknown how many young people inject drugs, or what the HIV prevalence among this group is. One report has suggested that 3% of young people who inject drugs are living with HIV.<sup>39</sup>
- Young people are also likely to show more high-risk behaviour such as sharing needles or getting needles from unofficial places.<sup>40</sup>
- HIV prevention programmes typically overlook young people at risk of injecting drug use; few reach out to vulnerable youth to prevent them from starting to inject or help them to end their addiction if they have already started. Moreover, prevention programmes do not specifically address the issues that vulnerable young people face, such as peer pressure, unstable family homes or exclusion from school. Some HIV prevention initiatives like OST may even deter young people because they require registration, parental consent or impose age restrictions.<sup>41 42</sup>

### 4. Funding HIV prevention for people who inject drugs:

- **Funding low-cost** harm reduction initiatives such as NSPs and OST is a much more cost-effective way of tackling HIV among people who inject drugs than having to pay for antiretroviral treatment (ART) for the rest of a person's life.<sup>43</sup>
- **Despite this, a deepening funding** crisis is facing harm reduction services globally. The majority of countries that have a large HIV prevalence among their drug user population are middle-income countries. However, international HIV funding for these countries is shrinking as large donors such as the Global Fund shift their focus to low-income countries under the assumption that the funding gap for services will be filled by domestic resources. While there has been an increase in domestic investment in HIV programmes in some countries, very few are prioritising HIV prevention for key populations including harm reduction for people who inject drugs.<sup>44</sup>
- **Under-investment in HIV prevention** for people who inject drugs is often not a question of lack of resources but of allocation. For example, an estimated US\$100 billion is spent annually on global drug control. Reallocating as little as 2.5% of this money from drug enforcement to harm reduction programmes could reduce new HIV infections among people who inject drugs by 78%, alongside a 65% drop in HIV-related deaths. A shift of 7.5% of drug control funding would reduce new infections and HIV-related deaths by around 94%.<sup>45</sup>

### 5. Antiretroviral treatment for people who inject drugs :

Access to ART for people who inject drugs is surrounded by controversy and stigma in many parts of the world, despite the fact that people who are virally suppressed on treatment are much less likely to pass on HIV.

In many countries people who inject drugs who are living with HIV are less likely to be accessing ART than non-drug users. In Russia, for example, people who inject drugs make up 67% of the cumulative HIV cases, and yet represent only 25% of those receiving ART. In 2013, of the total number of people living with HIV in Asia eligible for ART, only 18% accessed treatment. In many countries the percentage of people who inject drugs living with HIV and accessing treatment was even lower - just 6% in Indonesia, 5% in Malaysia, 2% in Thailand, and only 4% in Vietnam.<sup>47</sup>

Many governments favour policies that require absolute abstinence from illegal drug use before ART is provided.<sup>48 49</sup> This deters drug users from seeking ART if they are forced to abstain from their drug addiction. Supporting people who inject drugs to adhere to their treatment (taking ARVs at the same time every day at least 95% of the time) is an essential part of ensuring treatment is successful.<sup>50</sup>



## 6. Conclusions and Suggestions :

With injecting drug use accounting for a very significant proportion of people living with HIV, a combination of accessible HIV prevention approaches are needed to reduce HIV transmission among people who inject drugs.<sup>51</sup> Better monitoring of this key affected population would also help inform effective HIV prevention responses tailored at the group, particularly young people who inject drugs.

Harm reduction measures including NSPs and OST should be implemented more widely and scaled up where they do exist. NSPs are one of the most effective ways to reduce harm and prevent HIV transmission. They allow people to access social and psychological support to overcome their drug addiction, drug treatment and other health services, alongside clean needles.

Furthermore, stigma and discrimination against people who use drugs needs to be tackled so they can access treatment freely without fear, and reduce the risk of being exposed to HIV. This would also lessen the chance of HIV transmission to other population groups through sex work and unprotected sex in general.

The 'war on drugs' and criminalization of people who inject drugs is pushing them away from services that could improve their health and that of the wider public. Countries need to reconsider any punitive laws and measures, such as detention centres and drug-registers that are very prominent barriers to addressing HIV among people who inject drugs.

The WHO strongly recommends that a 'harm reduction' approach be adopted with all IDUs, including vulnerable youth, that includes a defined and comprehensive package including:

- Needle and syringe programs
- Drug dependence treatment (particularly opioid substitution therapy)
- HIV testing and counseling
- HIV treatment and counseling
- Information, education and risk reduction counseling
- Condom distribution and STI management
- Management of TB and viral hepatitis

In addition, programs focused more specifically on youth should focus on prevention and minimizing risk while acknowledging that most IDUs among youth are occasional users.

- Preventing HIV by discouraging young people from initiating injecting drug use
- Reducing risks of HIV associated with injecting drug use (i.e., "harm reduction")
- Address other challenges facing youth, including employment, abuse, and social isolation.

## References :

1. Harm Reduction International (2016) 'The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts'[pdf]
2. AIDS Alliance (2016) 'The facts speak for themselves: so why is no-one listening?'. (Accessed 15/07/2015)
3. United Nations Office on Drugs and Crime (UNODC) (2016) 'World Drug Report 2016'[pdf]
4. Harm Reduction International (2016) 'Global State of Harm Reduction'
5. Harm Reduction International (2016) 'The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts'
6. Harm Reduction International (2016) 'Global State of Harm Reduction'[pdf]
7. UNAID (2016) 'The Prevention Gap Report'[pdf]
8. Harm Reduction International (2016) 'Global State of Harm Reduction'[pdf]
9. Thompson, T.L. et al (2011) 'The Routledge Handbook of Health Communication' Second Edition, Routledge, New York
10. UNAIDS (2016) 'The Prevention Gap Report'[pdf]
11. DeBeck, K. et al (2017), 'HIV and the criminalisation of drug use among people who inject drugs: a systematic review', The Lancet HIV 3018(17):1-18
12. Beletsky, L. et al (2012) 'Mexico's northern border conflict: collateral damage to health and human rights of vulnerable groups' Rev Panam Salud Publica 31(5):403-410
13. Beletsky, L., et al (2012) 'Policy reform to shift the health and human rights environment for vulnerable groups: the case of Kyrgyzstan's Instruction 417' Health and Human Rights Journal 14(2):34-48
14. Chakrapani V. Kh. Kumar Kh. J. 'Drug Control Policies and HIV Prevention Among Injection Drug Users in Imphal, India', from International Harm Reduction Development Program, Open Society Institute (2009) 'At What Cost?: HIV and Rights Consequences of the Global War on Drugs'
15. UNAIDS (2016) 'The Prevention Gap Report'[pdf]
16. UNAID (2016) 'The Prevention Gap Report'[pdf]



17. United Nations Office on Drugs and Crime (UNODC) (2016) 'World Drug Report 2016'[pdf]
18. Baral, S. et al (2013) 'HIV among female sex workers in the Central Asian Republics, Afghanistan, and Mongolia: contexts and convergence with drug use' Drug Alcohol Dependency 132(Supplement 1):13–16
19. Global Coalition on Women and AIDS (2011, November) 'Women who use drugs, harm reduction and HIV'[pdf]
20. UNAIDS (2014) 'The Gap Report'[pdf]
21. Harm Reduction International (2016) 'Global State of Harm Reduction'[pdf]
22. UNDP (2012) 'Global Commission on HIV and the Law: Risks, Rights & Health'
23. UNAIDS (2016) 'The Gap Report'[pdf]
24. IHRA (2014) 'Global State of Harm Reduction 2014'[pdf]
25. Strathee, S.A. et al (2012, July) 'Towards combination HIV prevention for injection drug users: addressing addictophobia, apathy and inattention'
26. Mirzoyan, L. et al (2012) 'New Evidence on the HIV Epidemic in Libya: Why Countries Must Implement Prevention Programs Among People Who Inject Drugs' Journal of Acquired Immune Deficiency Syndrome 62(5):577-583
27. Harm Reduction International (2016) 'Global State of Harm Reduction'[pdf]
28. William Zule et al, International Journal of Drug Policy (2012, August) 'Are major reductions in new HIV infections possible with people who inject drugs? The case for low dead-space syringes in highly affected countries', Vol 24
29. WHO (2015) 'Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV'
30. UNDP (2012) 'Global Commission on HIV and the Law: Risks, Rights & Health'
31. UNAIDS (2014) 'The Gap Report'[pdf]
32. UNAID (2016) 'The Prevention Gap Report'[pdf]
33. Harm Reduction International (2016) 'Global State of Harm Reduction'[pdf]
34. Aidsmap (2013, October) 'Tel Aviv and Bucharest signal warnings of new HIV epidemics among people who inject drugs'
35. Public Health England (2013, November) 'Shooting Up: Infections among people who inject drugs in the UK 2012'[pdf]
36. Hope, V. et al (2013) 'Prevalence of, and risk factors for, HIV, hepatitis B and C infections among men who inject image and performance enhancing drugs: a cross-sectional study' BMJ
37. Public Health England (2013, November) 'Shooting Up: Infections among people who inject drugs in the UK 2012'[pdf]
38. National Institute for Health and Care Excellence (NICE) (2014, April) 'Needle and syringe programmes PH52'
39. UNAIDS (2013) 'Global Report: UNAIDS Report on the Global AIDS Epidemic 2013'[pdf]
40. International Harm Reduction Association (IHRA) (2013, December) 'Injecting Drug Use Among Under-18s A Snapshot of Available Data'[pdf]
41. International Harm Reduction Association (IHRA) (2013, December) 'Injecting Drug Use Among Under-18s A Snapshot of Available Data'[pdf]
42. WHO/UNAIDS/Inter-Agency Working Group of Key Populations (2014) 'HIV and Young People Who Inject Drugs: A Technical Brief (draft)'[pdf]
43. UNAIDS (2014) 'The Gap Report'[pdf]
44. Harm Reduction International (2016) 'Global State of Harm Reduction'[pdf]
45. Harm Reduction International (2016) 'The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts' [pdf]
46. Harm Reduction International (2016) 'The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts' [pdf]
47. Harm Reduction International (2016) 'Global State of Harm Reduction'[pdf]
48. Lert F. and Kazatchkine M.D. (2007, August), 'Antiretroviral HIV treatment and care for injecting drug users: an evidence-based overview', International Journal of Drug Policy 18(4)
49. Cofrancesco J. et al (2008, 30th January), 'Illicit drug use and HIV treatment outcomes in a US cohort', AIDS 22(3)
50. Michael Carter, Aidsmap (2012) 'Active injecting drug users must be provided with adherence support when they start HIV therapy'
51. Strathee, S.A. et al (2012, July) 'Towards combination HIV prevention for injection drug users: addressing addictophobia, apathy and inattention'

## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## Social work as an instrument to Eradicate Drug abuse in Himachal Pradesh: Challenges and Prospects

<sup>1</sup>Ambreen Jamali, <sup>2</sup>Shishir Sharma,

<sup>1</sup>Asst. Prof, Department of Social work, Central University of Himachal Pradesh

<sup>2</sup>Research Scholar, Department of Social work, Central University of Himachal Pradesh

**Abstract:** The Problem of drug abuse and consequently the number of drug addicts in India are increasing to an alarmous situation. The Problem of drug abuse is distorting the very foundation of the society. It's harmful implications are significantly playing with the lives of youth on whose shoulders the future of any nation rely upon. The state of Himachal Pradesh Also regarded as "Devbhoomi" is known for its scenic beauty and has been one of the regularly visited tourist destination among tourists across the world. But it is heartening that the state is witnessing an increase in Trends of trafficking of drugs .The Cultivation of cannabis and opium in various districts of the state attracts large number of tourists and drug traffickers from all corners to maximize their profits. Thus the present paper highlights the rising trends of drug abuse in the state. Part of the Paper enlists the need and steps taken to spread awareness among masses about the menace, and to prevent the same. The final Part of the Paper will deal with suggestive measures in dealing with the Problem.

**Key Words:** Drug Abuse, NDPS Act 1985, Himachal Pradesh,

### 1. Introduction:

The increasing rise of drug addiction in society especially among the youth has compelled our Honorable Prime Minister Narendra Modi to address the issue on his popular and Purposeful telecast of "MAN KI BAT". In his address on the menace of drug abuse Prime Minister highlighted that the youth is the greatest assets of any country and thus it is important to deal with the problem with necessary and significant measures (Hindustan Times, 2015). In this global scenario there is no place left vacant where the shadows of drug abuse has not mark its presence by playing with the lives of drug addicts. The number goes up in million to count such victims who bow down to this menace. In layman terms the drugs may be seen as any substance which effects body function. The drugs have both the potential of being used useful or in illicit or harmful form. When the drugs is associated with misuse which results in physical or psychological harm then such condition is termed as Drug Abuse. The persons who are victim of drug abuse are leading the life of distress, anxiety and fear. If we talk about Indian perspective the situation is no different. Almost every class of persons ranging from High income group who abuse illicit drugs to show off their so called modernity and in the name of fashion to Low income group who become victims to drug trafficking due to various social inequalities like poverty, discrimination and other similar circumstances. It is also a reality that the critical period in which the addicts start abusing drugs is the period of adolescence. In adolescence period there is a transition in human development both physically, emotionally and biologically. The period of adolescence hence offers a great risk out of which drug abuse is one amongst various such risks. There are various such drugs which are misused and having high addiction ratio. The drugs like charas, ganja, cocaine, caffeine, Alcohol, Heroine, cannabis, Barbiturates are used by drug addicts. Even the victims use pharmaceuticals drugs like cough syrup, ointments to fulfill their compulsive obsession. All such drugs slowly and steadily causes disability and impairment in body functions and in cases when it is consumed, injected or inhaled in uncontrolled manner it leads to death of an individual. The emerging fast paced trends of industrialization, Disintegration of joint family system, Excessive pressure of competition in academics and getting better grades are some causes and reason behind the rising trends of this serious and destructive problem. The data compiled and reported by **National Crime Record bureau** highlighted that there were 3647 suicides which happened due to menace of drug abuse in the year 2014. The Problem of drug abuse is not confined to north Indian States. The Bitter reality is that it had marked its presence to whole of India. According to data recorded by **Ministry of social justice and empowerment**, there are about 3.4 millions drug abuse victims in country. This number excludes the individuals who consume alcohol. When we include the victims consuming then the number rose to 11 million which point out to high level of alcohol abusers in the country. The ministry also highlighted in data compiled

on drug abuse that between period 20014-2013 the percentage of suicides of drug related issues rose to 149% (Ministry of social justice and empowerment). In a study conducted on adolescence drug abuse in India Sharma and Tyagi (2016) qualitatively elicited the various substances that are commonly being misused by adolescents in India. They described the extent of abuse of drugs like Tobacco, Alcohol, Marijuana, Opioids and other form of inhalant drugs and also discussed the side effects. The following table represents some of the most frequently abused drugs.

## 2. Types of drugs and health risks:

Substances	Common Name/Category	Health Risks
Tobacco ,Nicotine	Used in cigarettes ,Chewing tobacco, Bidi	Causes Cancer, Chronic Lung diseases, Increased Blood Pressure
Alcohol	Used in Beer, wine, liquor	Loss ofconsciousness, Hypertension, Liver and heart diseases.
Cannabinoids	Marijuana , Hashish	Increased heart rate, Anxiety, Respiratory disease
Opioids	Heroin, Opium	Drowsiness, Nausea, Slowed breathing, Hepatitis
Stimulants	Cocaine,Amphetamine,Methamphetamine	Increased heart rate, Mental alertness, tremors, cardiovascular complications
Club Drugs	MDMA, GHB	Mild hallucination effects emphatic feelings, depression, memoryloss, Seizures, Coma
Dissociative Drugs	Ketamine, Dextromehophan	Delirium, Respiratory, slurred speech, distorted visual Perception

Source: National Institute of Drug abuse retrieved from [https://www.drugabuse.gov/sites/default/files/cadchart\\_2.pdf](https://www.drugabuse.gov/sites/default/files/cadchart_2.pdf)

## 3. Growing Trends of Drug Abuse in Himachal Pradesh:

The problem of drug abuse is increasing in the state of Himachal Pradesh. This upwards rise in number of victims and practice of drug trafficking are griping the lives of the individuals in state leading to harmful consequences on their lives. This illicit practice of drugs in the state is destroying the productive period of the youth for making their life. The youth are the easy target for drug traffickers and as a result they are easily expanding their empires of profits by making the drugs to youth available at ease. In Kullu district of Himachal Pradesh alone the percentage of drug addicts has rose to 10% to 40% (Divya Himachal, 2017). The youth got attracted to the harmful practice of consuming illicit for the sake of getting lucrative amount of money to fulfill their luxurious desires of materialistic pleasures. In State of Himachal Pradesh there is an unchecked cultivation of substances which includes cannabis, opium on Private as well as government land in various district like Shimla, Kullu, Mandi, Kangra and Chamba of Himachal Pradesh. The State Of Himachal Pradesh has taken some effective measures in order to curb the increasing problem of Drugs and Substance abuse which is slowly and steadily destroying the lives and fortunes of youth. The National policy on Narcotics Drugs and Psychotropic Substances was formulated in the year 2012. The government has also created a "Narcotics cell" which is controlled and managed by Intelligence wing under the supervision of an officer of SP rank. The Purpose of introducing this narcotics cell is to keep an eye on offenders who are indulging in the cases of drug trafficking. In addition to these various purposeful campaigns have been launched by government with an objective to create awareness about adverse effects of drug abuse and with cooperation and necessary assistance of voluntary organizations, school and college students. But despite various significant measures adopted and initiated by the government still lots needs to be done in keeping a strict vigil on unfair practices of drug trafficking in order to eradicate the roots of this menace. Not only in Himachal Pradesh but this illicit trade and practice of drug abuse is slowly diminishing the lives of the victims who abuses drugs in whole of India. Thus it becomes mandatory on part of the government to implement various legislations and effective measures like provision of strict penalties and fines in order to make a full stop to this problem. Also Himachal Pradesh is known as one of the best tourist destination in the whole world hence it there is a need of introducing a special body and representatives who can keep a necessary vigil on the movement of culprits who indulge themselves in such practices of drug

trafficking. The active drug mafia in the state are attracting the villagers of various districts to cultivate and trade of illicit drugs and giving them huge amount of money. One of the villages in district Kullu known as Malana which has rich history of producing high quality of opium and cannabis are always the Targeted site where the drug traffickers are alluring the villagers in favor of huge money and thus are indulging in practice of drug movement and illicit trafficking. The problem of drugs in Himachal Pradesh is associated between relationship between illicit cultivation of drugs and drug traffickers and victims who abuse drugs. Although the state government had initiated various noteworthy measures to restrain the problem of drugs in state but still there are area which needs revision. There is a need to recruit more staff in narcotics cell of the intelligence wing for the fact of shortage of staff in such departments. Also there is an urgent need to restrict the movement of tourist who indulge themselves in carrying out movement of illicit drugs.

**No of cases registered under NDPS Act, 1985 by HP Police.**

Year	No of registered FIR
2005	242
2006	385
2007	233
2008	374
2009	473
2010	596
2011	570
2012	513
2013	531
2014	644
2015	622

**Source:** [http://www.narcoinsa.org/downloads/2016\\_Insa%20Report\\_Kullu%20Conference.pdf](http://www.narcoinsa.org/downloads/2016_Insa%20Report_Kullu%20Conference.pdf)

#### **4. Social and cultural consequences of Adolescent Substance Abuse:**

The threat of drug abuse is deteriorating the very foundations of society. It is slowly diminishing the lives of the victims by causing impairment in the body functioning and thus destroying their productive stage of life. The problem of drug abuse not only affects the life of victim but rather its destructive pain is felt by whole family and community. The drug abuse problem dismantles whole equilibrium of society. The persistent use of illicit drugs interferes with victim's physical, emotional and psychological development. It thus leads to decline in overall growth of the victim. The severity of the substance abuse lies from the fact that the person in influence of drugs paves the way for other forms of crime. The risk factor include chance of occurring of Juvenile crime, crime against women in form of rape, molestation, The chances of prone to various infections like sexually transmitted diseases and human immune virus (HIV). The adolescent who consume drugs are more prone to diseases like Human Immune Virus and Hepatitis B. The Drugs problem is also associated with School related problems which includes Absenteeism in school, Declining in grades and eve teasing. It is very important for the parents and other associates working with children to be sensitive in monitoring the behavior of the children. This will help the parents in recognizing any symptoms if there wards shows odd behavior. The common symptoms include sudden changes in personality, loss of appetite, loss of enthusiasm, Bipolar disorders, Decline of performance of school grades and introvert behavior. Hence it can be concluded that it is the high time that the appropriate government must pass suitable legislations and intervention in preventing the life of youth from drugs. Similarly the Role of family and community is to motivate the victim affected with drugs that they will be fine and it is just a disease which has scope of treatment providing the drug addict has strong determination and sincere approach in overcoming the problem.

#### **5. The Narcotic Drugs and Psychotropic Act, 1985**

The Narcotic Drugs and Psychotropic Act, 1985 is one of the effective legislation passed in our country on 14 November 1985. Before the introduction of NDPS Act there was no law which intends to criminalize the use of illicit drugs. Hence it criminalizes the procession, cultivation and sale of such illicit drugs. The Act contains five chapters and one of the significant provision which has been mentioned in chapter four of this act is the provision of harsh and rigorous punishment. Another positive of the narcotics drugs and psychotropic act is decentralization of powers of carrying out investigation by various officers mentioned in the act. Also the procedure of listing illicit drugs has been made very simple. Formation of Narcotics control bureau after the enactment of this act was one such positive step in reducing the problem of drug abuse. The NCB serves as function of liasoning of intelligence information and coordinating suitable programs to curb this problem of drug abuse.

Punishment Imposed under NDPS Act 1985:

AMOUNT OF DRUG SEIZURE	IMPRISONMENT IN YEARS	FINE IMPOSED IN RUPEES
------------------------	-----------------------	------------------------



Small quantity	Six	10000
More than small but less than commercial quantity	Ten	100000
Commercial quantity	Ten/Twenty	100000/200000

Source: [www.addictionsupport.aarogya.com/law/drugs-law/drugs-a-law-in-india.html](http://www.addictionsupport.aarogya.com/law/drugs-law/drugs-a-law-in-india.html).

## 6. Role of Social worker in drug abuse:

Social workers are the professionals who deal and assist with drug abuse victims in the process of relief and rehabilitation. The main objective behind this exercise is to attain recovery. The professionals who assist such addicts use variety of methods and technique during the course of their treatment. The methods like relapse prevention, Individual drug counseling, cognitive therapy technique, Motivational enhancement therapy are being widely used to treat their maladaptive behaviors. Further the onus of preventing the youth from drugs is not only limited to doctors who treat and professional who design the course of treatment but on larger view the community where such victims resides has a broader role to play. The whole community needs to be empowered and motivated in fighting this menace. The women anti-liquor Movements, The functioning of gram sabha are some fruitful options in demolishing such practices. The first place where the children feel safe and secure is the home. So it is the prime responsibility of the parents to act as role models in front of their children by creating a drug and alcohol free atmosphere in their places. They must give proper time to their children and their needs. It has been noticed that in this fast paces modern life and responsibilities at work the parents are forced to neglect their wards and thus has created a way for made culture. In ability to spend time with children and over dependence on made had triggered the space for such substance abuse problem. Also the school must appoint counselors and social workers with a vision to undertake counseling of children and Medical checkup at regular interval.

## 7. Social work interventions:

Identification and carry out Comprehensive Assessment: Social workers identify the needs of the victims of individuals involved in problem of drug abuse and accordingly design the treatment module.

Social work strives towards in improving the overall quality of life of the drug abuser. Overall quality refers to carrying out behaviour modification in victims social circle in which the victim lives and feels problem related to adjustment. Also the social worker makes an effective analysis of abuser psychological and professional profile. The major thrust is to treat maladaptive behaviour and raise his performance.

Social workers after carrying out detailed analysis of the patient needs and resources assist them in identifying the much valuable resources which the patients are in need of by linking them with various agencies from where they can maximize their resources and in turn which will help them in raising their socio-economic profile.

Social worker adopts various model and techniques ranging from personal interview of the patient as well as the family. On the basis of the details gathered through primary assessment and interview the next stage is to design the treatment plan with an objective to initiate diagnostic interventions which deals with the study of addict's patient personality and accordingly motivate the patient to engage in healthy lifestyle practices. Diagnostic stage also helps the social worker to list out various problems and difficulties that the drug abuse patient experiences and paves the way for evaluation.

Evaluation stage: In Evaluation stage a social worker main focus is to design strategies and treatment plan with a broader aim to make meaningful changes in the maladaptive pattern of patient's behavior. The critical factors that are central to patients evaluation process include: Assessment of psychological domain, Study of his economic and social profile, Rapport with patient family, attitude of patient towards the disease, Scientific parameters ranging from clinical models of examining, The newest concept of genogram. All these factors help a social worker to carry out an effective evaluation. Evaluation is needed to select the well effective strategies to help patient overcoming with the disease. It focuses on transformation of impaired functioning with constructive behavior, Strengthening the family relations and social environment, improvement in skills and communication. A social worker make use of his professional skills and methods and hence try to engage the victims patient in various activities starting from individual to group related activities aimed at raising his capacity building and encourages him by making the patient learn important skills that includes problem solving, self confidence in order to make patient more knowledgeable and enlighten with the harmful effects of the diseases.

## 8. Conclusion:

The complex and rising problem of drug addiction is witnessing an rising trend specially amongst the youth. The state of Himachal Pradesh is known for its charming beauty and is regarded as one of the best tourist destination not only in India but all over the world but sadly it is also now one of the eye catching site among traffickers of drugs who flourish their illegal trade. Also the cultivate of cannabis and opium is carried out in various districts of the state hence the drug traffickers who come from all corners of the world with involvement of some of the people of state



flourish their business of drugs and thus destroy the productive years of making their future glorious. Such elements lure innocent youth of the state and take advantage of their immature age to deal in drugs. Unfortunately the youth also agrees to the deals in false awards related to materialistic pleasures and expensive gifts. In total the traffickers take advantage of their weak socio economic status and the problems associated with unemployment, societal pressures. No doubt the state government with cooperation of central government has introduced various effective legislations to make a stop to the bulging problem of drug abuse but the implementation of such effective schemes and guidelines always remained doubtful affair. The narcotics department in the state is suffering from problems related to Lack of manpower resources, Absence of proper training modules to officers concerned and the problem of cyber crimes. On false pretext of party and celebrations culture in few places of the state the traffickers are supplying illicit drugs in such party affairs. There is a need to recruit social workers in police department as they are key resource persons who can motivate the rural masses to adopt alternate trade for means of living and linking them with efficient agencies who can provide them necessary training to start their new ventures. Also the need of the hour demands that every state must initiate a centre of excellence against the drug problem where effective research can be initiated by professionals and devise suitable strategies and solutions to problem. At block level also the specific campaigns against drugs must be introduced to help raising community knowledge against drugs and to make them empowered.

#### References:

1. Sharma,P.,Tyagi.A.(2016).A Study on Adolescent Drug Abuse in India .American International Journal of research in Humanities, Arts and Social Sciences,2328-3696.
2. Raheb, G., Khaleghi, E., Moghanibashi-Mansourieh, A., Farhoudian, A., & Teymouri, R. (2016). Effectiveness of social work intervention with a systematic approach to improve general health in opioid addicts in addiction treatment centers. *Psychology research and behavior management*, 9, 309.

#### Web references:

- <https://in.news.yahoo.com/drug-abuse-needs-curbed-himachal-cm-124804616.htmls>
- [http://www.narcoinsa.org/downloads/2016\\_Insa%20Report\\_Kullu%20Conference.pdf](http://www.narcoinsa.org/downloads/2016_Insa%20Report_Kullu%20Conference.pdf)
- <http://www.divyahimachal.com/2015/11/drug-addiction-on-the-rise-in-himachal/>
- [http://www.business-standard.com/article/pti-stories/himachal-govt-takes-measures-to-check-drug-menace-116031001395\\_1.html](http://www.business-standard.com/article/pti-stories/himachal-govt-takes-measures-to-check-drug-menace-116031001395_1.html).
- [www.barusahib.org/Assets/Publications/drugaddiction.pdf](http://www.barusahib.org/Assets/Publications/drugaddiction.pdf)
- <https://www.youthkiawaaz.com/2008/04/drug-abuse-in-india/>
- <http://www.businessinsider.in/Drug-Abuse-Related-Suicides-Snuffing-Out-Indias-Future/articleshow/45176312.cms>
- <http://www.addictionsupport.aarogya.com/law/drugs-law/drugs-a-law-in-india.html>
- [www.addictionsupport.aarogya.com/law/drugs-law/drugs-a-law-in-india.html](http://www.addictionsupport.aarogya.com/law/drugs-law/drugs-a-law-in-india.html)

## National Seminar on

### DRUG ABUSE PREVENTION: SOCIAL WORK PERSPECTIVE

10th & 11th February-2018 at Central University of Himachal Pradesh, Dharamshala, Distt. Kangra, H.P., India.

## A Study of Women and Anti-Liquor Movements in India

Shabab Ahmad

Assistant Professor, Department of Social Work, Central University of Himachal Pradesh, Dharamshala. H.P.

**Abstract:** *Liquor is commonly used among adults. Statistics show persons with liquor consumption are more prone to violent behavior. It does not only affect its user, rather it indirectly affects the other family members and the whole society itself. In the report of (National Crime Records Bureau, 2015) state that alcoholism plays a major role in 70-85% of offenses against women. According to WHO reports, around 30% of the total population of India consumed alcohol sprits and the per capita consumption of alcohol has increased from 1.6 to 2.2 liters in a decade which is one of fastest increase in the world in 2012.*

*With the increase in affected population due to liquor abuse, it has become a political issue. With the social action by the affected group of people, this has transformed into a movement- 'anti-liquor movement' when women from the different region came together and act against the cause. They form the community who gather around in a large group with other supportive organization, armed with large sticks, they walk around inspecting the place and destroy liquor shop. This acts as the movement which spread over most of the states of India such as Andhra Pradesh, Gujarat, Bihar, Haryana, Maharashtra, Kerala, Uttar Pradesh etc. Through to this movement, women have demanded to enforce a complete ban on sale and consumption of liquor from the government.*

*This paper focuses on the economic, social, and political dimensions of nation's development with its strengths, weakness, and aftereffects of movements started by women against liquor in India.*

**Key Words:** *liquor, women, violence, alcoholism, anti-liquor movement, social life, social function.*

### 1. Introduction:

Modernization is going on in India due to which many social problems arise like alcoholism. It creates new other social problems as domestic violence, rape, murder, family breakdown, etc. to the family and especially women. In the family, woman play vital role to give formal and informal education to children, provide information about culture and help to balance the personality development and carries out social regulation by developing the personality. Women play three primary roles in the family as a wife, housewife, and mother when it extent these roles it became a part of the changing value system. Alcoholism creates obstacles to these roles and affects the marital relationship, regulative functioning, socialization, and functioning of the society.

According to World Health Organisation (WHO), around 30% of the total population of India consume alcohol & spirits, and the per capita consumption of alcohol has increased from 1.6 to 2.2 liter in four decades which prove to be the fastest increase in the world in 2012. (Jena, 2015)

For economic and political reasons, the government has not taken any serious action to ban it, which is suitable for women. When people started to die due to alcohol or liquor, so it is extending the women's role and influence them to raise their voice against it.

Chakrapani (1994) states that "Increase awareness, education, and effort of government resulted in some change of attitude 'among women and on women'

Similarly, in this movement majority of activists are housewives, and they are also the victim of domestic violence and harassment due to alcohol. Political parties and women organizations have strengthened the anti-liquor movement of women by providing awareness and education with their rights and they have been able to work together to resolve this issue and to make sure that they are able to intervene in the system.

The movement demand complete ban on sale and consumption of liquor by the government.

### 2. The objective of study:

- To study about why movement started by women.
- To find the role of the women in the anti-liquor movement.
- To know the challenges faced by women in this movement.

- To list out the significant anti-liquor movement in India.
- To find the result of the movement on social, economic, political and cultural aspects.

### 3. Operational Definition:

*Women:* The housewives whose life was socially, economically and emotionally affected by alcohol, due to which the domestic violence, rape, sexual harassment, etc. were happening with them and most enthusiastic participants in the anti-liquor movement.

*Social Problem:* It is an individual problem. It is not a social problem, but the majority of people associated with the single problem is a social problem. (Linda A. Mooney, 2015)

*Liquor as a Social Problem:* liquor is creating a deviation in human behavior and also exploiting the life of a person. It does not only affect its user instead it indirectly affects the other family members, the whole society, and especially women.

*Movement:* it is defined as a move or initiative against to liquor policies which impact on the social life of women.

*Anti-Liquor Movement:* Women's action with the set of organized or unorganized activities against the liquor which affected them. They demand a complete ban on sale and consumption of liquor by the government.

### 4. Research methodology

A researcher wants to describe the specific role of women in anti-liquor movement in the state of India. It involves in qualitative research method that collects the secondary data from different sources it consists of books, journal articles, and news articles for content analysis to describe the phenomena. This technique is the most commonly used technique for gathering data in qualitative research. In this research, a researcher was focusing on significant event "anti-liquor movement" in a state of India, analyzing the situation why movement starts by women, and find the role of women in anti-liquor movement in India. Researcher Used secondary data as purposefully their collected data under the limitation that the study could not include all anti-liquor movement, it included only major anti-liquor movement in India.

### 5. Literature Review:

There were ample of acts that took place to ban and restrict the sale of liquor and other related product. These acts were not as organized as other movements but it had caught much attention of the public (general public, politicians as well as academicians) since a large segment of the population is affected by this, in one or the other sense. A large number of women along with their children especially from marginalized sections of the society, who frequently become the victim of domestic violence and criminal act due to alcohol abuse, come out of their home from different regions mainly from Gujarat, Kerala, Nagaland, Bihar, and Lakshadweep. Their main agenda was to impose a ban on liquor sale and purchase, thus limit the consumption of the same.

Pathak in his article 'Anti-Alcohol Movement' has described the initiation of illegal commercialization of liquor. He says "The liquor issue... is intimately bound up with the social and cultural fabric of hill life. Bottled liquor and myriad forms of illegally distilled spirits being sold under the grab of medicines are steadily eroding the social-economic viability of many peasant families."

Jena (2015) has observed liquor abuse has been a chief cause of poverty, domestic violence, and ill health and further decision-making process have been influenced in many ways.

He observed that the commercial use of alcohol leads to the sale of women into prostitution. He says, "The liquor trade has been accomplished by such evils as the selling of women into prostitution in North India." (Pathak, 1984)

These atrocities mainly were focused on women and children. Hence when they realized and decided to raise their voice against those, they united themselves with the local leadership. In this movement, various strategies were used by the women and children to highlight their demand and problems. They blocked the supply route to the liquor shop; they shaved their heads, they used broomstick and chilli powder to show their distress because of the issue. During the process, they were also beaten, assaulted, jailed and harassed by police and other musclemen.

Ruff (2015) in his report highlighted Gandhian Sasi Perumal comment on the role of women in the Anti-Liquor Movement. He said that role of rural women in eradicating liquor was vital. First, women should bring about a change in the minds of the male members of their family and then in their neighbors (Ruff, 2015)

- *Liquor policies in different states of India.*

Following Article 47 of Directive Principle of State Policy Total prohibition was in operation in Madras (Tamil Nadu), Maharashtra, Gujarat and 11 districts of Andhra Pradesh from 1958 to 1969, and other sizable areas in Assam, Madhya Pradesh, Orissa, Karnataka, and Kerala. By 1954, one-fourth of India's population was under prohibition. The Prohibition Enquiry Committee in 1954 set April 1958 as the target to achieve national prohibition.

However, in few states, prohibition of liquor was prevented due to the potential loss of state revenue from the sale of liquor.(Panjiar, 2010)

Despite every effort of banning liquor in some states, the crime and violence rate does not seem to fall much instead it opens a way for selling and consuming illicit liquor. Prohibition gave the broad scope for the sale of spurious and cheap liquor which is responsible for health problems and deaths. "In 1977, illicit liquor in Ahmadabad claimed 101 lives. In 1989, in Vadodara, 132 people lost their lives in a similar tragedy (Panjiar, 2010).

Chief Minister Pinrayi Vijayan said that while he respects all those who have been campaigning against alcoholism, prohibition is not a practical or feasible solution. Similarly, NTR's Successor N Chandrababu Naidu has invalidated the prohibition claiming it was "not successful or feasible because of the leakages within the state and from across the borders"(Panjiar, 2010)

However, on the other side of the page, a study by Goswami(2016) shows that the conditions of women and children and the violence against them in the state of liquor abuse havemainly decreased. Moreover, Children can spend quality time with their fathers, who at one time were too drunk to engage meaningfully. Women and children are spending an improved quality of life. The cases of selling the property for fulfilling the drink addiction has also been reduced,and the family savings increased.

- *Legal Provisions*

Article 47 of Directive Principles of State Policy in the Indian Constitution says 'the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health'.

- Specific State Provisions:

- The Lakshadweep Prohibition Regulation, 1979

This act has been extended to the whole Union Territory of Lakshadweep. It prohibits the import, export, transportation, possession, and manufacture of liquor or any intoxicating drugs with an exception in Bang ram island, being an international tourist Centre.(Two Special Laws Exist Specially for Lakshadweep)

- The Nagaland Liquor Total Prohibition Act, 1989

This act is extended to the entire state of Nagaland, India. It "totally prohibits possession, sale, consumption, and manufacture of liquor, and of import and export thereof in the State of Nagaland." Various penalties have been imposed to ensure the deviance behavior of people.(The Nagaland Liquor Total Prohibition Act, 1989)

- Bihar Excise (Amendment) Act, 2016

This act is spread out to the whole of the State of Bihar, India, which prohibits manufacturing, bottling, distribution, transportation, accumulation, possession, purchase, sale or consumption of any type of liquor, anintoxicating substance including bhang and medicines with alcoholic substances. It ruled out the stringent punishment including capital punishment to those who abide by the rule.(Bihar Excise (Amendment) Act, 2016)

- Kerala Liquor Policy, 2017

According to the report, considering the decline in tourism in Kerala due to complete prohibition of liquor, has undergone some changes which are as follows:

-Bars will now be open from 11 am to 11 pm, while those in tourist destinations will be allowed to open an hour earlier in the morning, at 10 am.

-The drinking age in Kerala has been increased from 21 to 23. Also, in a first, toddy will be allowed to be served at the bars of three-star and higher hotels.

-3-star and above hotels can now serve liquor.(Swamy, Kearal Says No to Total Prohibition: All about state's new liquor policy, 2017)

- Gujarat liquor policy, 2017

Gujarat government has completely banned it but, foreigners and NRIs can get permit having a validity of 30 days. Features of Gujarat Prohibition (Amendment) Bill, 2017 are:

-As per the act, those found guilty of manufacturing, purchasing, selling or transporting liquor would face up to 10 years in jail and a fine of Rs 5 lakhs. In the previous Act, punishment for this illegal activity was just three years.

-Similarly, liquor den operators, as well as those helping them, would face imprisonment of up to 10 years.

-The act says that people who create a ruckus or harass others in an inebriated condition will face a jailterm of up to three years, not less than one year.

-Police officials found guilty of helping bootleggers in escaping during the raids would attract a punishment of seven years in jail and Rs1 lakh in fine.(PTI, 2017)



## Prohibition of Liquor in Specific Regions:

There are many specific regions in India where Liquor has banned to curb the problem of alcoholism. They are as follows:

- *Gujarat*: Non-Residents of Gujarat can apply for limited Liquor Permits for 30 days.
- *Karnataka*: Arrack (a type of liquor) is banned.
- *Maharashtra* : (For drinking in Maharashtra, a person should carry a liquor license obtained from Government Civil Hospital. The drinking age is 30 years in Wardha district.)
- *Manipur*: (Enforced in Parts of the State -Imphal East, Imphal West, Thoubal, and Bishnupur districts of Manipur, from 1st April 1991)
- *Meghalaya*
- *Nagaland*
- *Punjab and Haryana*: The Punjab Excise Act, which also extends to Haryana, prohibits establishments from employing “women in any part of such premises in which such liquor or intoxicating drug is consumed by the public.”
- *Union Territory of Lakshadweep*: (However, Consumption of Liquor/Alcohol is Allowed in the Island of Bangaram of the Lakshadweep)
- *Andaman and Nicobar Islands*: (It is illegal to sell or supply any liquor to Anamneses, Nicobarese or any other Scheduled Tribes.)
- *Kerala* : (Planning to Implement Prohibition of Liquor in a Phased Manner since April 2015) Arrack is banned in Kerala since 1996. The drinking age in Kerala was raised from 18 to 21 in July 2011. From 1<sup>st</sup> April 2015, liquor is only sold in 5-star hotels. However, toddy is continuing to be sold as before. (infoqueenbee, List of States in India with “Prohibition of Liquor/Alcohol” in Force, 2014)
- *Bihar*: Bihar prohibits manufacturing, bottling, distribution, transportation, accumulation, possession, purchase, sale or consumption of any type of liquor, an intoxicating substance including bhang and medicines with alcoholic substances.
- Also, the government and civil society organizations in Bihar focusing on the importance of fighting the ill effects of liquor consumption in low-income families should also design and implement special programs for the economic and political empowerment of women who can become agents of change in their families. Building social capital among women in Bihar can yield long-term dividends for the state. (Goswami, 2016)

## 6. Roles of Women in Anti-Liquor Movement in India

When liquor became an obstacle in the social life of women their role for family and also for the society has increased. They started to raise voice against liquor and narrating their problems that how liquor consumption has impacted their socio-economic life. The social problems such as domestic violence, rapes, sexual harassment, family breakdown and violence in the social life of women have emerged from liquor. Women have witnessed the death of their husband due to consumption of poisonous alcohol supplied by liquor trader that disturbing the social functioning of them.

(Pathak, 1984) Said in his article the demand of the prostitution has been increase in north India because of liquor.

Another hand people were doing due to liquor, which was the reason why women's social role has been extents organized way with the help of women's organization. It happened when their attitude changed through to increase awareness, providing education and empowering them. Due to technological advancement and social development of women, they started agitation against the liquor which was led by women's organization and political parties. In this movement, the role of women was as social or as political which exploited by the government.

They started agitation Gandhian way they had sent a memorandum to excise minister for demanding to a total prohibition on liquor due to political and economic reason it did not to be accepted. Then they started campaigning against the liquor with organized activities set by women's and others organization who gave strength to the anti-liquor movement. Women across the country were started effective campaigns to ban liquor, they gather from the community in a large group along with sticks, walk around the society and inspecting the place or shop where liquor has consuming and destroying it.

Forcing government to completely ban on liquor was not an easy task for women because it generates the highest revenue in the country. They blocked the supply route to the liquor shop, they shove their head, and they used broom sticks and chilli powder to show their discomfort from the issue. During the process they were also beaten, assaulted, jailed and harassed by police and other musclemen. The women were imprisoned and injured in this

movement due to which the people started joining this movement. Due to political reason the political parties involved in the women's agitation gave strength to women who fight against the enactment of liquor. Besides this movement women had become a part of propagation for the political party and they promised to ban liquor in their manifesto during election time. But it was not a big issue for them that who was involved in the movement they were only thinking to bring about the changed in society and their social life. Women achieve their goal under the political limelight to ban liquor in some state of India i-e recently in Bihar and other states also think about to ban liquor.

## **7. Result of anti liquor movement in India.**

An anti-liquor movement was a small effort where women were enthusiastic participation against the liquor. This movement was organised in many states but some state government accepted the demand of women for a complete prohibition on liquor. Some states are also considering the demand that liquor should be ban in their state. After the banned on liquor, it creates positive as well as negative consequences which explained into the social, economic, and political dimension.

### ***Social dimension:***

women who involve in this movement belong from marginalised section or rural area, most of them were housewives where liquor was effected their life directly or indirectly due to this it disturbing their social functioning which also influencing the to extents their role toward the change for their betterment of life and society. This action also creates the bonds between the women to women within the community which give strength to an individual to take a step against the deviation due to liquor. The policies and laws related to banning on liquor help to control the crime due to liquor like such as domestic violence, rape, sexual harassment, family breakdown etc. After this, the state government said that ban on liquor helped in social benefits to women and it control the meeting points of the anti-social element and impose strict punishment.

### ***Economic dimension:***

The women demand to complete ban on sale and consumption of liquor by state, which was not easy for the government because of it the highest revenue from it then they started to generate more taxes policies. Some other organisation also demands to complete ban on foreign liquor business in SC areas which affect the tribal lives. After the ban on liquor, many traders lose their job and create unemployment, that why involve in anti-social activities such as robbery, murder for money, smuggling etc.

After the complete ban on liquor women started to save daily wage or money which were spent by their husband. But somewhere people lose their job because of it, people who were already unemployed they became a part of this agitation and women start campaigning with slogans likes

“Sharab nahi rozghar do har hath ko rozghar do”

“Do botal deti sarkar gundhe palti ek hazar” (Pathak, 1984)

### ***Political dimension:***

Due to political reason the political parties involved in the women's agitation gave strength to women who fight against the enactment of liquor. Besides this movement women had become a part of propagation for the political party and they promised to ban liquor in their manifesto during election time. It always the part of controversial since 1960 when the first time it prohibited by sarvodaya worker. After wins the election, first they started to shift liquor shop 500 meters away from national highway. They reintroduce or reissue the licence system for liquor shop for to get the number of register liquor shop.

Now political process corrupted by liquor trader their licence reissue or introduce according to ruling class.

### ***Advantage:***

- Crime rate has been decrease related to women.
- Control over the anti-social element.
- Father gives importance to their children and family.
- Person starts connecting with others or it destroy the gap between person and neighbour.
- Women start involving in decision making and regaining the control.
- People start saving which they were spent on liquor.
- Reintroduce or reissue of licences help to maintaining and controlling the shops.

### ***Disadvantage:***

- Create some psycho-social problem.
- Affected the revenue due to this it generated new taxes policies.
- After the ban on liquor, many traders lose their job and create unemployment, that why involve in anti-social activities such as robbery, murder for money, smuggling etc.
- Increase the abuse of substances.
- Shops shifted from highway to society which influence to other.

- Demand of liquor has increase in another state where liquor is ban.
- Increase illegal marketing.

## 8. Conclusion:

The housewives life was social, economically and emotionally affected by liquor which creates hindrance in their social functioning and also affected the roles in their family. Due to this, they lose their control on decisions making process. When they extended their roles it became a part of the changing value system.

So, the anti-liquor movement help to them to extend their role in form of agitation against the liquor, this movement was organised by women's association, NGO's for women, and with support by political parties. This happened due to social advancement by providing knowledge of their rights to women.

The role of women in this movement was dimensionally demanding with a single goal to completely ban on liquor whether we talk in political, social or economical.

In a social dimension, women raise their voice against it because they wanted to change in social life where they facing domestic violence, rapes, sexual harassment and family breakdown.

In a political dimension, women became the propagation part of political parties in the election.

In an economic dimension, through to this movement unemployed and jobless people raise their voice with this limelight with a slogan like "sharab Nahi Hume rozgar do".

This movement was organised in many states but some state government accepted the demand of women for a complete prohibition on liquor. Some states are also considering the demand that liquor should be ban in their state and passed various laws and Acts related to it.

After the banned on liquor, it creates positive as well as negative consequences.

## 9. Suggestion:

- The government should be inspect the areas on dry days that liquor shops are closed or not because it sold behind the shutter on this day.
- This movement needs sustainability by social activist.
- Full implementation of PESA in schedule areas which help to abolish the foreign liquor.
- Due to Shifting of liquor shops 500 meters from national highway, they come close to the community where the drunken person started teasing women so the government can set the timing of that liquor shop before dark.
- States suffered loss of jobs so government should makes employment policies.

## REFERENCES:

1. (NCRB), N. C. (2015). *crime in india 2015 statistics*.
2. Akbar, S. (2005, March 12). *Anti-Liquor Movement in Andhra Pradesh*. Retrieved from Syed Akbar India: <https://syedakbarindia.blogspot.in/2005/03/anti-liquor-movement-in-andhra-pradesh.html?m=1>
3. C. Chakrapani, S. V. (1994). *Changing Status and Role of Women in Indian Society*. New Delhi: M.D. Publications Pvt. Ltd.
4. (6 may2016). *Crime Rate Down by 27% in Bihar Since Liquor Prohibition*. THE TIMES OF INDIA.
5. Goswami, D. (2016). *'Bihar's Liquor Ban Has Been A Saviour For Women And Children'*. Samastipur, Bihar: HuffPost India.
6. infoqueenbee. (2014, September 11). *List of States in India with "Prohibition of Liquor/Alcohol" in Force*. Retrieved from Infoqueenbee: <http://www.infoqueenbee.com/2014/09/list-of-states-in-india-with.html>
7. infoqueenbee. (2014). *List of States in India With "Prohibition of Liquor/Alcohol" In Force*.
8. international, I. (2017). *Gujarat: New Alcohol Policy Rules*.
9. jena, M. (2015). Anti-liquor drive a welcome move in Odisha. *the pioneer*.
10. Jena, M. (2015). *Anti-Liquor Drive a Welcome Move in Orisha*. Bhubaneswar: The Pioneer.
11. kumar, s. v., & chakrapani, c. (1994). *changing status and role of women in indian society*. new delhi: vijay K. gupta.
12. Linda A. Mooney, D. K. (2015). Alcohol and Other Drugs. In D. K. Linda A. Mooney, *Understanding Social Problems* (pp. 64-97). Cengage Learning.
13. Linda A. Mooney, D. K. (2015). societal consequences of drug use abuse. In D. K. Linda A. Mooney, *Understanding Social Problems* (p. 608).
14. National Crime Records Bureau. (2015). *Crime in India 2015 Statistics*. Retrieved from National Crime Records Bureau: <http://ncrb.gov.in/StatPublications/CII/CII2015/FILES/CrimeInIndia2015.pdf>
15. Panjiar, R. (2010). *The Tragedy of Prohibition*. The Indian Express.
16. Pathak, S. (1984, July 28). Anti-Alcohol Movement. *Economic and Political Weekly*, pp. 1190-1191.

17. PTI. (2017). *Alcohol Ban: Gujarat Govt Notifies Rules for New Prohibition Law*. Ahmedabad: Hindustan Times.
18. Ruff, A. (2015). *Anti-liquor movement gains momentum in Tamil Nadu against will of government*. Kashmir Watch.
19. Swamy, R. (2017). *Kearal says no to Total Prohibition: All about state's new liquor policy*. Thiruvananthapuram: India Today.
20. Swamy, R. (2017). *Kearal Says No to Total Prohibition: All about state's new liquor policy*. Thiruvananthapuram: India Today.
21. The Bihar Govenment Gazette. (2016, March 31). *Bihar Excise (Amendment) Act, 2016*. Retrieved from <http://excise.bih.nic.in/Acts/Bihar-Excise-%28Amendment%29-Act-2016.pdf>
22. *The Nagaland Liquor Total Prohibition Act, 1989*. (1990, April 13). Retrieved from <http://nagapol.gov.in/PDF/NLTP%20Act%201989.pdf>
23. *Two Special Laws Exist Specially for Lakshadweep*. (n.d.). Retrieved from Lakshadweep Police: <http://lakshadweeppolice.nic.in/Statutory%20Provisions.htm>