



A STUDY ON DRUG ADDICTION AMONG ADOLESCENTS – A SOCIOLOGICAL PERSPECTIVE

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ABSTRACT

The purpose of this study is to evaluate the prevalence of drug addiction among adolescents from a sociological standpoint (with reference to Kupwara, Jammu & Kashmir). The study looked at a random sample of 100 individuals. A systematic interview schedule was used to acquire primary data. The same questions were asked to all respondents, and the answers revealed the study's goal. The percentage analysis method was used. The findings and observations are the result and outcome of the analyses' interpretations.

Keywords: Drug Addiction, Adolescents, Alcohol and Demographic Variables

I. INTRODUCTION

Alcoholism is a significant public health problem with wide-ranging societal and personal effects. Only 21% of adult men consumed alcohol in the preceding year, according to India's national research on drug use, which is the most comprehensive effort to determine the overall prevalence of drug use. The current alcohol consumption rate varied from 7% to 75%. In a large, complicated country like India, where there is a tremendous lot of variety, these estimations are less likely to reflect reality. Despite the perception of India as a "dry" or "abstaining" society, globalization seems to have led to a wider acceptance of alcohol use. The result is that the drinking age has been reduced significantly from 28 to 20. According to Connors and Maisto, the highest level of agreement between subjects and proxies is anticipated when the proxy is a spouse or partner whose knowledge is trusted or if the proxy has frequent contact with the subject. Sobell, Agrawal, and Sobell claim that proxies who are typically confident in the information they provide are the most trustworthy sources for confirming alcohol abusers' claims of drinking and related behaviours. The most reliable proxies were spouses who were typically confident in the information they provided, and their reports were crucial outcome indicators. Reports from persons who are unable to disclose their drinking patterns may be replaced by significant other proxy reports in order to address issues with the veracity of the index person's self-reports. Proxy and self-reports of AUDIT scores were compared by Donovan et al. and found to be nearly equivalent. Like other collectivist countries, India has a higher likelihood of immediate family members knowing and connecting with one another. Family members often provide proxy knowledge about the patient's drug use behaviour and typically accompany the index

patient in therapeutic settings. Despite this, the trustworthiness of proxy reports has not been empirically tested.



The vast majority of persons who are now recognized to have a problem with substance misuse first experimented with drugs as teenagers or young adults. Adolescents with drug use problems are more likely to have physical and mental health problems, have worse general health and wellbeing, and are more likely to become addicted. High-risk substance use is any drug use among teenagers with a significant potential for unfavorable effects, such as HIV or sexually transmitted diseases (i.e., injury, criminal justice involvement, school dropout, loss of life). This covers improper prescription drug usage, illicit drug use (such as cocaine, heroin, methamphetamine, inhalants, hallucinogens, or ecstasy), and injectable drug use, all of which increase the risk of contracting blood-borne illnesses including HIV and hepatitis. Adolescents who inject drugs put themselves at danger of getting HIV, and those who use drugs regularly put themselves at risk of overdosing. The use of opioids and sexually risky behaviour in teenagers are strongly correlated. Students who admit to taking prescription medicines without a legitimate prescription are much more likely than those who do not to experience physical or sexual relationship violence. Drug use is linked to risky sexual behaviours, involvement in violent situations, threats to one's mental health, and a higher risk of suicide.

Additionally, AUDIT is widely used in clinical treatment and research all around the world. The AUDIT has shown adequate reliability and validity in medical facilities and community settings in India. As a result, the current study contrasted self-reports with proxy responses from men and their spouses using AUDIT to assess problem drinking.

II. ALCOHOL PROBLEM OF ADOLESCENTS

Alcoholism screening should only be regarded as the initial step. The right diagnosis or course of treatment cannot be determined only by screening. To fully comprehend the kind, scope, and severity of the problem, further investigation is required if a person or family tests positive for danger indications. The purpose of screening tools is to include too much. An in-depth problem analysis aims to establish or disprove the existence of an alcohol problem.

A. Consequences of Alcohol Use in Adolescents

Alcohol use's negative effects should be assessed apart from alcohol dependency. While many screening tools and diagnostic clinical interviews contain questions intended to identify negative consequences, having your clients fill out a self-administered questionnaire will give you a thorough picture of negative consequences across various life domains, as well as from the perspectives of different family members in the case of marital or family assessment. Due to the fact that these indicators are subject to changes in drinking-related difficulties over time, a detailed assessment of the consequences may also be used to evaluate the effectiveness of treatment. Twenty-one The drinker is helped in comprehending the link between alcohol consumption and unfavorable life outcomes by regular disclosure of these evaluation results. Even though there is a condensed version called the Short Index of Problems (SIP), it usually only takes a few minutes to finish the complete



drink. Additionally, collateral report forms are available. Alcoholic beverages have been consumed for ages all across the world. Heavy drinking may lead to unthinkable pain, including disruption of families, long-lasting consequences on children, and a cost to the community as the drinker's productivity at work and capacity to support himself and his family suffers (<https://www.scribd.com>). "Marital and family conflict is inevitable; excessive drug use may create major social disturbance, particularly inside the family." Wives of heavy drinkers are more prone to experience social isolation, anxiety, and despair.

III. WHAT IS ALCOHOLISM?

The definition of Keller and Mark is the one that is most often used. Alcoholism is a persistent mental, physical, or psychosomatic disorder that appears as a behavioral problem. Regular use of alcoholic beverages to the point that it affects with the drinker's ability to perform physically, socially, or economically and goes beyond customary dietary or social norms Alcoholism may show both physical and mental symptoms (Kumar & Joshi, 2015).

When the body has become physically dependent on alcohol, it means that it has become used to its presence in the surroundings. Withdrawal symptoms occur when use is abruptly stopped. Convulsions, hallucinations, disorientation, delirium, tremors, and maybe death are among the typical symptoms, along with disturbed sleep, anxiety, and tremors.

Dependence on psychology: Quitting alcohol may be very impossible for someone whose thoughts, feelings, and rituals have been entwined with it. The excessive want or need for alcohol is what distinguishes this disease.

IV. THE DISEASE CONCEPT

In the 18th century, alcoholism was first recognized as a medical condition. Dr. Benjamin Rush, a well-known American psychiatrist at the time, described intoxication as a disease. Jellinek wrote "The Disease Concept of Alcoholism" in 1966. Since then, the idea that alcoholism is a disease has grown in acceptance. As a result, many alcoholics seek for medical help to reduce their drinking. The initial stage in alcoholism therapy is detoxification, and various treatment modalities are often thought to provide the best outcomes. Detoxification, aversion therapy, dietary guidance, marital and family counselling, group therapy, occupational therapy, behaviour modification, religious conversion, and participation in AA are all included in the treatment approach. Some of these strategies aim to break the problematic behaviour fast, while others target long-term change maintenance.

V. ALCOHOL PROBLEMS RELATED TO ADOLESCENTS

Worldwide alcohol use and related issues (such as fatalities from alcohol poisoning) have significantly grown in recent decades. The use of alcohol by individuals has a terrible impact on families. Alcohol usage during pregnancy has the unpleasant side effect of foetal alcohol syndrome. The amount of pure alcohol consumed annually per person in Europe increased from 3 litres in 2010



A. Alcoholism and Family in Adolescents

Alcoholism is a family illness, implying the profound impact an alcoholic in active recovery has on people in his immediate vicinity. Alcoholism is a financial drain on family resources, a risk to employment stability, a disruption of daily family responsibilities, a source of conflict, and it requires adjusting and adapting responses from family members who are unable to respond effectively, according to Patterson and Kaufman (2018). The situation will heighten stress and worry, leaving spouses and children in particular feeling unhappy, resentful, outraged, and guilty. They start acting more and more like addicts.

B. Alcoholism and Community Disorganization

Alcohol has a negative impact on society. It is closely related to prostitution, gambling, and violence. The most disorganized aspect of such tenures is the increasing demand on women as consumers and performers. The negative effects of alcoholism include crime, debauchery, murder, neglect of dependent families, famine, illness, unemployment, debt, child delinquency, and a decrease in citizen production. Another awful evil is the increase in traffic accidents, which take a heavy toll on human life, obstruct travel, and put a heavy burden on hospital resources. moral, cultural, ethical, spiritual, and mental qualities are declining. The other family members are deteriorating much like the alcoholic. Therefore, everyone contributes significantly to a man's regressions and debasements.

C. Heroin Abuse in Adolescent

Opioids are a class of substances that include both synthetic and semi-synthetic derivatives of the opium poppy. Opioids are potent analgesics with a recognized place in modern medicine. Among them are meperidine, morphine, pentazocine, hydromorphone, oxycodone, both alone and in different combinations, such as oxycodone with acetaminophen, which has a low risk of dependency. Additionally, there is little chance that codeine will lead to physical dependency. Treatments for severe and persistent pain include transdermal fentanyl and oral methadone. Strong opioid heroin is prohibited in the United States but is used medically in other nations. Their medicinal applications, however, are fairly restricted.

Due to the ease with which these drugs may be bought and the increased feeling of wellbeing they provide the user, opioid misuse is widespread. Everyone has the potential to develop an opiate habit.

When opioids are used to treat a single episode of acute pain, users seldom develop tolerance and addiction to the drug (for example from a burn or broken bone). Despite the fact that many individuals who use opioids to treat pain for more than a few days have mild withdrawal symptoms when they stop using opioids, persons who use opioids for a prolonged period of time have a greater risk of having a drug use issue.



After using opioids regularly for a few days, a tolerance may develop. (Illustration:) In other words, people need increasing doses of a medicine to reap the same advantages as a lower dosage initially did. People may develop a higher tolerance to certain effects over time while losing it to others. Although tolerance to a drug does not always mean that a person has a substance use problem, tolerance to a substance is a common attribute among people with substance use disorders.

VI. REVIEW OF LITERATURE

According to James and Goldman (2016), the wives used a variety of coping strategies, including becoming more quarrelsome, feeling angry, leaving helpless on other occasions, withdrawing or avoiding the adolescent entirely, and trying to get drunk themselves to show them what it was like, or locking the adolescent out of the house.

Chakravarthy et al. (2017) investigated the cupping behavior of the spouses of alcoholic men enrolled in a rehabilitation program to quit drinking. A questionnaire devised by J. Oxford and S. Guthrie (2017) to examine the coping behavior of alcoholics and the essence personality inventory was delivered to 46 samples ranging in age from 22 to 43 years. Demographic details were also collected. Rychtarik et al. (2018) conducted a situational analysis of alcoholic wives' alcohol-related coping capacities. To achieve his goal, he gave a situation-specific assessment to 45 middle-aged wives of alcoholics.

According to Sathyanara Rao and Kirkville (2019), women's most prevalent coping behaviors are disagreement, avoidance, indulgence, and fear of withdrawal. They claimed that adolescent alcoholism impacts their coping behavior. They also observed that spouses who claimed their adolescent had become violent and abusive reacted by suppressing avoidance, wrath, and powerlessness by appearing intoxicated, locking the adolescent out of the house, and seeing lung a separation.

VII. OBJECTIVES OF THE STUDY

1. To investigate the social demographics of adolescents
2. To investigate Adolescent Drug Addiction – A Sociological Point of View
3. To measure the levels of psychological problems.

VIII. METHODOLOGY

This study's research design is descriptive. The research is interested in the elements that contribute to adolescent issues. As the descriptive design aims to describe the problems, the research has decided to choose these far adolescents. All the wives of adolescents in Kupwara, Jammu & Kashmir are the universe for the study. The research will collect the data from the registered respondents under Kupwara, Jammu & Kashmir for their wellbeing. A random sample of 100 respondents was analyzed. A systematic interview schedule was used to acquire primary data. All respondents were asked identical questions and informed about the study's goal. Percentage analysis was used. The researcher will gather data using a self-prepared questionnaire. The questionnaire consists of various statements with various dimensions.



IX. ANALYSIS AND DISCUSSIONS

Table 1: Distribution of the Respondents based on Educational Qualification

S.No	Particulars	No. of Respondents	Percent (100%)
1	Illiterate	40	40.0
2	Primary school	24	24.0
3	Middle school	14	14.0
4	High school	6	6.0
5	Higher secondary	10	10.0
6	Graduates	6	6.0
	Total	100	100.0

The educational qualifications of the respondents are shown in Table 1. It shows that more than half (40per cent) of the respondents are illiterate, 24 percent have undergone primary education, and the lowest value, 6 percent of the respondents, are High school graduates. Most of the respondents affected in alcohol illiterate.

Table 2: Distribution of the Respondents based on Type of Family

S.No	Particulars	No. of Respondents	Percent (100%)
1	Nuclear family	78	78.0
2	Joint family	22	22.0
	Total	100	100.0

The table below illustrates the different types of families the respondents come from. Notably, the vast majority (78 percent) of the respondents lived in a joint family, and the rest were in a 22 percent of the respondents were in a nuclear family.

Table 3: Distribution of the Respondents based on Monthly Expenses

S.No	Particulars	No. of Respondents	Percent (100%)
1	Rs.1000-2000	82	82.0
2	Rs.2001-3000	18	18.0
	Total	100	100.0



The monthly expense distribution is depicted in the table. It shows that a vast majority (82 percent) of the respondents are spending the amount of Rs. 1000-2000/- for their monthly expenses.

Table 4: Distribution of the Respondents for heroin based on Monthly Expenses

S.No	Particulars	No. of Respondents	Percent (100%)
1	Rs. 20001-30000	80	80.0
2	Rs.30001-40000	20	20.0
	Total	100	100.0

The monthly expense distribution is depicted in the table. It shows that a vast majority (80 percent) of the respondents are spending the amount of Rs. 20001-30000/- for their monthly expenses.

Table 5: Distribution of the Respondents based on Debts at Home

S.No	Particulars	No. of Respondents	Percent (100%)
1	Yes	76	76.0
2	No	24	24.0
	Total	100	100.0

Table 5 shows portraits of respondents based on their debt situation in their families. It shows that a vast majority (76 percent) of the respondent's debts are at home. This shows that the debts at home are due to the alcoholic adolescents' mentality and irresponsible attitude.

Table 6: Distribution of the Respondents Based on Occupation of the Adolescents

S.No	Particulars	No. of Respondents	Percent (100%)
1	Daily Labourer	20	20.0
2	Farmer	38	38.0
3	Agricultural Labour	14	14.0
4	Company Work	4	4.0
5	Others	14	14.0
6	No Employment	10	10.0
	Total	100	100.0


Table 7: Distribution of the Respondents based on Lack of Concentration in the Studies

S.No	Particulars	No. of Respondents	Percent (100%)
1	Neutral	22	22.0
2	Highly disagree	16	16.0
3	Disagree	4	4.0
4	Agree	18	18.0
5	Highly agree	40	40.0
	Total	100	100.0

The table describes the lack of scent ratio studied by adolescents. It shows that a marginal section (40 percent) of the respondents highly agrees, and 18 percent agree that they cannot concentrate on their studies because of drunkenness.

Table 8: Distribution of the Respondents based on the Inability to Sleep Peacefully at Night

S.No	Particulars	No. of Respondents	Percent (100%)
1	Neutral	26	26.0
2	Highly disagree	8	8.0
3	Disagree	4	4.0
4	Agree	28	28.0
5	Highly agree	34	34.0
	Total	100	100.0

The table describes the inability to sleep peacefully at night. It shows that a fair number (34 percent) highly agreed and 28 percent of the respondents agreed that inability to sleep peacefully at night was due to the disturbance of the family.

Table 9: Distribution of the Respondents based on Worrying about health

S.No	Particulars	No. of Respondents	Percent (100%)
1	Neutral	10	10.0
2	Disagree	6	6.0
3	Agree	20	20.0
4	Highly agree	64	64.0
	Total	100	100.0

The table describes worrying about health. It shows that most (60 percent) of the respondents highly agreed that they worry much about their health, and 20 percent of the respondents are worried about their health.



Table 10: Distribution of the Respondents based on Depression due to Unnecessary Anger

S.No	Particulars	No. of Respondents	Percent (100%)
1	Neutral	10	10.0
2	Highly disagree	6	6.0
3	Disagree	6	6.0
4	Agree	18	18.0
5	Highly agree	60	60.0
	Total	100	100.0

Table 10 describes the unnecessary of adolescents make me depressed. According to the table, 60 percent of respondents strongly agreed, and 18 percent agreed. Only 6% of respondents strongly disagreed with the statement, while 6% disagreed. It also shows that 10 percent of the respondents were neutral.

X. CONCLUSION

As per the analysis findings, most drug addicts among adolescents have problems in their personal and social lives. If the breadwinner's health is affected, it will have a cascading effect on the family members. Alcoholics in a family setting affected the entire family members through the generations. Alcoholic adolescents, due to their failing health and deteriorating economic conditions, cannot perform their roles correctly. This pathetic condition of the individual is not only a loss to his family but also the nation. The psychology of the entire family members is completely changed due to an alcoholic in the family. He will not allow the equilibrium to settle in the family by constantly creating troubles to distract the attention of the family members away from him. As a result, the family members will lose motivation, feel shy to face the world, and remain withdrawn. This self-imposed exile will affect the family members' personalities (consciously and unconsciously) and reduce their ability to make meaningful contributions to society. At first, they are in a denial mode to accept the problem's existence in their family. Then, unable to run the family amicably, they slowly started to reveal it and still wanted to maintain a brave face. They find it extremely difficult to take their alcoholic family member to a nearby agency since it requires a lot of courage, economic support, and the willpower to face the outside world. Another vexing issue is the non-availability of suitable rehabilitation centers in their vicinity and the non-co-operation of the alcoholics to undergo therapy. They urged the government authorities to open more rehabilitation centers in the poor and vulnerable areas to help the needy adolescents.



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