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### SUBSTANCE ABUSE AMONG ADOLESCENTS: CAUSES AND IMPACT

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#### Abstract:

The problem of substance abuse is increasing especially among adolescent due to rapid urbanization, migration, peer influence and of course the influence through social media. Though many of the adolescents understand the harmful effects of drug use they are helpless and never know how to get rid of the habit. Globally, India has one of the highest proportions of children and adolescents: less than 18yrs 45 per cent of the population, 5-19 yrs 35.3 per cent (Census of India 2011). A brief history on substance abuse illuminates the relationship between mankind and man. The article highlights definition of related concepts, causes of drug abuse among youth such as exploitative socio economic structure within and outside the family, low access to education and health care, rapid urbanization, rural to urban migration, rapid population growth and extreme poverty. It is important to understand the impact of substance abuse on the health status of adolescents which is associated with an increase risk in psychiatric disorders. The article also throws light on the preventive systems and social interventions that are in place in India. The available drug preventive programmes insists on the role of family and community to take responsibility in preventive strategies by identifying symptoms of drug use among adolescents which may be reflected in their behaviour.

**Keywords:** Substance abuse, causes of drug abuse, adolescents, health, preventive measures and drug policies.

## INTRODUCTION:

The recent and most important problem that affects children and youth globally is drug abuse which has acquired alarming proportion with extensive social, legal, medical, moral, and ethical including political ramifications. The newer and most potent psychoactive drugs have appeared in clandestine market and their use also has started filtering down to highly vulnerable sections of society. There are millions of people addicted to alcohol, barbiturates and tranquilizers. Drugs that were invented to cure diseases of mankind might also take away the invaluable life of man, if it is used indiscriminately. Drugs affects the mind, destroys social relations and cause damage to the human body. Research studies prove that students and youth are particularly prone to this malady and it is more prevalent among students from urban background and upper income groups. But now it has penetrated across the various sections of socio economic ladder including the lower income group in society. A majority of them take drugs in an experimentation and identity forming which often leads to addiction in some cases. In developed countries drug abuse among youth is associated with particular youth sub culture and life style to gain acceptance. (United Nations Economic and Social Council – 2001) According to the Indian Journal of Public Health, adolescents start on drugs for several reasons, from curiosity, recreation for pleasure, and as a need to cope with stress. In India, approximately 5,500 children and adolescent start using tobacco products daily, some as young as 10 years old. Particularly alarming is

the fact that the age of initiation in substance abuse is progressively falling.

Previous researches have shown that significantly higher proportion of substance abuse was associated with predisposing factors like joint family, parental abuse status, working status, and illiteracy/school dropout, migration, loosening of the traditional methods of social control, etc. Therefore it becomes more important to examine these factors in the fast changing social milieu. As there is a higher prevalence among boys, the study is being focused on boys for studying the pattern of substance abuse so that appropriate strategies can be developed for preventing and controlling the rising problem (Saxena et.al 2010).

The World Health Organization defines substance abuse as: the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Substance abuse is public health care perspective on global dimensions: worldwide psychoactive substances use is estimated at two billion alcohol users, 1.3 billion smokers and 185 million drug users. In the United States alone, drug abuse results in roughly 40 million serious illnesses or injuries. While statistics on drug abuse is on the rise, the magnitude of this problem in the adolescent population remains most disturbing (Abdel Salous et.al 2010).

## DEFINITION OF CONCEPTS:

**Adolescents-** The World Health Organization (WHO), defines an adolescent as any person between ages 10 and 19 years of age. Adolescence is a

transitional phase of growth and development between childhood and adulthood comprising social, biological and psychological changes. This age range falls within WHO's definition of young people, which refers to individuals between ages 10 and 24.

**Youth:** The National Youth Policy initially (in 2003) defined the youth as in the age group of 13-35. However, National Youth Policy, 2014 modified it and defined 'youth' as persons in the age group of 15-29 years. In the present report, we have adopted 15-34 years as youth as adopted in the earlier report in order to show trend and changes over long period of time and India accounts for a substantial share of world population.

WHO- defines **drugs** as any substance with the potential to prevent or cure disease or enhance physical or mental welfare and in pharmacology to any chemical agent that alters the biochemical physiological processes of tissues or organisms. In common usage the term often refers specifically to illicit drugs of which there is non- medical use in addition to any medical use. Professional formulation often seeks to make the point that caffeine, tobacco, alcohol and other substance in common non-medical use are also drugs taken for effects that are psychoactive.

A definition of **drug addiction** propounded by WHO is that "drug addiction" is a state of periodic and chronic intoxication detrimental to the individual and to the society, produced by the repeated consumption of a drug (natural and synthetic). Its characteristics include, firstly, an overpowering desire or

need (compulsion) to continue taking the drug and to obtain it by any means, secondly a tendency to increase the dose, and thirdly a psychic (psychological) and sometimes a physical dependence on the effects of the drugs.

In 1965, WHO provided a specific definition of abuse: **Drug abuse** is the consumption of a drug apart from medical need or in unnecessary quantities. Its nature and significance may be considered from two points: one relates to the interaction between the drug and the individual, the other to the interaction between drug abuse and society. The first view point is concerned with drug dependence and the interplay between the pharmacodynamics actions of the drug and the physiological and psychological status of the individual. The second, is concerned with the interplay with a wide range of conditions which includes environmental, sociological and economic.

### **History of Substance abuse**

Shodhganga (2007) Drug Addiction: Historical setting and the classification of Drugs says, "the history of drugs illuminates the long relationship between mankind and mind – altering substances use of drugs is as old as the history of mankind. Mostly the primitive and modern societies have used some mood modifying drugs and in some cases it was only alcohol. There was a times when some of the newly discovered substances like morphine and cocaine was completely unregulated and it was prescribed by the physicians for a wide variety of ailments. These drugs was

available in patent medicines and it was sold by travelling tinkers and in drugstores. At the end of nineteenth century it was found that cocaine was being used in certain parts of the states of Bengal and Bihar for its euphoric effects. This habit was spread to large towns such as Calcutta and others. Thus for the centuries the natural occurring drugs was found in plants and fungi was used for medical, social and religious practices. In India cannabis was considered as a holy plant and it played an important role, thus drug use was not a novel phenomenon in India but rooted and connected with the Indian culture itself.

Drug abuse emerged as a national problem only since 1980's. However the exact number of drugs abused in the country is not found. The global illicit drug market required an enormous aggregation of addicts to sustain its operation in 1960. Until then, India was not figured as a major supplier in the market. But the India's Northern border namely Pakistan, Afghanistan and Iran produces huge quantities of heroin and supplies it overland through the Middle East to the markets of Europe. Illicit Drugs from Myanmar and Thailand was also imported to and supplied through India since the early eighties.

The first addictive ingredient isolated from a natural product was morphine which was extracted from crude opium by F.W.A Serturner, a German pharmacist in 1806. One of the studies of morphine addiction was made in 1875 by Levinstein. Around the turn of century several new medical research issues was

done especially on communicable diseases, bacteria and viruses. A number of researches in the United States and abroad attempted to apply those contemporary approaches to study the drug abuse, addiction and treatment. Around the World War I, there was an extensive drug use in the US. A combination of morphine, heroin, opium and cocaine created a growing fear of drug abuse. A six year federal effort led to the control of distribution of opiates and cocaine but introducing Harrison Anti-Narcotics Act of 1914. In the year 1920 there was allowed level of drug abuse activities. The Public Health Service (PHS) produced some estimates of the number of addicts and general statement on the nature and treatment of drug users. In 1947 the National Research Council established a successor body- a committees on drug addiction and Narcotics.

### **Causes of Drug abuse among Young Adolescents.**

The World Drug Report 2018, states in a surveys on drug use among the general population show that the extent of drug use among young people remains higher than that among older people. Most research suggests that early (12–14 years old) to late (15–17 years old) adolescence is a critical risk period for the initiation of substance use and that substance use may peak among young people aged 18–25 years. The path from initiation to harmful use of substances among young people is influenced by factors that are often out of their control. The study has also identified three levels through which adolescents can be

vulnerable to drugs: at a personal, level, factors (including behavioural and mental health, neurological developments and gene variations resulting from social influences), the micro level (parental and family functioning, schools and peer influences) and the macro level (socioeconomic and physical environment) can render adolescents vulnerable to substance use. These factors vary between individuals and not all young people are equally vulnerable to substance use. No factor alone is sufficient to lead to the use of substances and, in many instances, these influences change over time. Overall, it is the critical combination of the risk factors that are present and the protective factors that are absent at a particular stage in a young person's life that makes the difference in their susceptibility to drug use. Yet other factors are, early mental and behavioural health problems, poverty, lack of opportunities, isolation, lack of parental involvement and social support, negative peer influences and poorly equipped schools are more common among those who develop problems with substance use than among those who do not.

Krishnan (2018), in her article title "Just Say No" writes on the influence on drugs on the youth. She says "Substance abuse and dependence on it is a worldwide public health crisis. The abuse of drug has become an International problem which has affected each and every country in the world, both the developed and developing. (Mridula Sharma, Moni Chaudry, 2016). India has the highest child population in the world around 440 million out of which 245

million are adolescents who comprises over 20 percent of the population in India. Among the total adolescent population 54 percent belong to 10-14 years of age group and nearly 46% are in the most vulnerable age group during which the child acquires academic, cognitive, social and life skills. There has been a gradual increase in substance abuse amongst the younger population, with more people initiating substance use from an early age. As there is an ever growing substance use and drug addiction among all sections of children in India, a working group for substance abuse and drug addiction among children was set up at NCPCR (National Commission for Protection of Child Rights), to undertake review of existing national scenario on substance use and drug addiction among children. Substance abuse among adolescents is a vice-like grip to drugs which most youngsters are addicted to escape reality and for instant gratification. Many of the youngsters are caught in this habit of drugs intake as introduced by their friends who would convince them to try "just once". It has become a handout among youngsters who crave for drugs which may be in the form of cigarettes, alcohol, injection and even tablets. Many youngsters are attracted to drugs in order to enhance their performance as encouraged by their friends, but later discovered that doses of drugs fail to help them perform in class. It has become too difficult to handle consumption of drugs taken to satisfy ones immediate needs as it is a common trend. Substance abuse can put the adolescent at risk of short term problems such as fights, unwise or unwanted

sexual activity and overdose. Adolescents are unaware to the effects of substance use and are at a high risk of developing long term consequences such as mental health disorder and under achievement in school. Substance usage has become common as adolescent will try it before they reach the age of 18. Even occasional use of substance leads to risk and should not be allowed by adults. Parental attitudes and the example which they set towards their children is important as parents themselves could be under the usage of alcohol, tobacco and prescription drugs which will lead to a powerful influence toward their children.

#### **Protective factors and risk factors for substance use**

Protective factors: involves caregiver involvement and monitoring. Health and neurological development: coping skills - emotional regulation, physical safety and social inclusion, safe neighbourhoods and quality school environment

Risk factors: Trauma and childhood adversity - child abuse and neglect, mental health problems, poverty, peer substance use and drug availability, negative school climate and sensation seeking (World Drug Report - 2018)

#### **Drug Prevention Programmes**

The 2010 NIDA (National Institute for Drug Abuse) Report emphasized both the role of family and community prevention programmes as vital to deterring child and adolescent substance abuse. Their findings are summarized below:

*Family prevention programmes:* The importance of strengthening protective factors through the family, including increasing family bonding and using appropriate discipline. The following family characteristics place children at a higher risk for substance abuse: parent with a history of alcoholism and drug abuse, high levels of family conflict, lack of and/or inconsistent parental discipline. Eliminating these risk factors can reduce the risk of a child/adolescent abusing drugs and alcohol. Once these risk factors are identified, families may benefit from formal prevention programmes that can focus on enhancing family bonding, parenting skills (including communication, rule-setting, appropriate disciplinary actions) and changing parental behaviours that may place a child at risk for later abuse.

- One example of a family prevention/treatment programme is multi-dimensional family therapy (MDFT). This is a comprehensive family-based outpatient or partial hospitalization (day treatment) programme for substance-abusing adolescents and those at high risk for continued substance abuse and other problem behaviours. MDFT focuses on helping youth develop more effective coping and problem-solving skills for better decision-making and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Liddle (1999) compared multi-dimensional

family therapy with individual cognitive behavioural therapy (CBT) and found that although both treatments were promising, MDFT was more efficacious in treating substance use problem severity, in addition to creating more long lasting effects than standard CBT.

- *Community and school prevention programmes:* In addition to family programmes, NIDA emphasizes school and community programmes as being beneficial in substance abuse prevention. The Report also suggests introducing programmes at an early-age (pre-school/first grade) to address risk factors for later substance abuse, such as early aggression, poor social skills and academic difficulty.
- One of the many examples of school prevention programmes cited in the NIDA Report is Reconnecting Youth (RY), a school-based prevention programme for high school students with poor school achievement and a potential for not completing their education. Participants may also show signs of multiple problem behaviours, such as substance abuse, depression, aggression, or suicidal behaviours. Students are screened for eligibility and then invited to participate in the programme. The programme goals are to increase school performance, reduce drug use, and learn skills to manage mood and emotions.
- *Role of healthcare providers in prevention:* It is believed that less than 30 per cent of primary care

providers perform screening for substance abuse and as many as 69 per cent do not offer any type of counselling. Hallfors *et al* cited the following barriers affecting the screening and prevention services in primary care: lack of tested screening tools, lack of knowledge, skills and confidence, financial disincentives (third party services for covering prescription abuse vary widely); and lack of follow up services and resource limitations.

- Efforts from paediatricians and primary care providers to overcome these barriers can assist in identifying substance abusers and eventually lead to their treatment (Chakravarthy *et al* 2013).

The role of school, community programmes with churches, youth services, parental groups assists adolescents in achieving emotional and social groups which improves interpersonal interaction. (Martha A. Morrison – 1990). An article on ‘Factors associated with adolescents receiving drug treatment: Findings from the National Household Survey on Drug Abuse’ examines that many adolescents do not receive treatment for drug related problems, therefore clinicians and policy makers need to improve service delivery systems and introduce screening for drug problems in primary care settings at schools, in mental health programs to help early identification and treatment for drug use disorder in youth (Ping Wu, Christina.W.Hoven and Cordelia. J. Fuller. 2003).

## CONCLUSION

The problem of drug abuse among the young adolescents is of great concern especially among those from poor socio-economic and the lower middle income background as witnessed to be high. Some of the reasons could be of the exploitative structure in which they live. Their own family system where elders are into drug intake could be the very first exposure they get. Third, they lack access to education and health care, with rapid urbanisation and rural urban migration, rapid growth of population accompanied by extreme poverty. Children who are school drop outs, from broken families, abusive families and rag pickers are more vulnerable to substance abuse. Thus the role of the Government, particularly the Ministry of Family and Child Development will have to propose major plans to strengthen child and family welfare programmes. The Academicians, practitioners and the policy makers have a major responsibility to protect children from the above problem through education, research and intervention strategies to work to have a substance abuse policy in India .(Child Line Foundation -2010). Though there are quite a number of treatment centres in Chennai for the substance addict, they are rarely accessed those services either due to ignorance or do not consider addiction as a serious affair, but consider the drug intake as a normal part of life and that helps them with relief from many problems as they feel good taking those drugs. The police, narcotic bureau, NGOs and health centres need to play an important and comprehensive role in control of drugs and sensitising youth in

communities to educate their peers for prevention and guide the addicts for treatment systems.

***“The principle component of our drug strategy ought to be based on prevention programs aimed at adolescents”***

Source- Drug Czar, General Barry McCaffrey Talk of the Nation (1998, February 25).

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