



STUDY OF DRUG ABUSE AMONG SCHOOL CHILDREN OF CHANDIGARH

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DRUG ABUSE IN CHANDIGARH

Until the 1980, drug abuse in Chandigarh is confined to alcohol, opium, poppy husk, tobacco and cannabis but since 1980 the trend shifted tremendously towards more powerful semi synthetic illicit opioids i.e. heroin. By the 1990s, along with injectable heroin, injection of other powerful prescription opioids became common such as morphine, pethidine, pentazocine but most commonly buprenorphine (often as a cocktail with diazepam and antihistamine injections). Along with injecting drug use, the 2000s witnessed heavy oral abuse of prescription or pharmaceutical opioids and other medical drugs, locally known as “medical”. These included codeine containing cough syrups and other oral opioids such as dextropropoxyphene capsules. Finally the current decade is also witnessing use of stimulants like cocaine and amphetamine-like stimulants. So this made the drug situation in Chandigarh extremely complex and of great concern, resulting in high rate of crime, family disruption, social instability and lack of productivity.

For counseling and awareness among youth regarding ill-effects of drugs. Adequate medical services along with social support, positive community response and intervention in associated social issues can result in containing the problem of addiction.

NEED OF THE STUDY:

Use of tobacco, alcohol and other substances is a worldwide problem which affects many children and adolescents. Early initiation of substance abuse is usually associated with a poor prognosis and a life- long pattern of irresponsible behavior. The hope that simple information given through educational programs will be sufficient to prevent drug dependence is frequently expressed, however, there is no evidence to support it. Knowledge with regards to consequence of substance use among adolescents enough to prevent them from initiating and

continuing its use is a question that needs to be clarified further. Therefore keeping in focus the research question- present study aims to find -what is the level of knowledge, consumption pattern and effects regarding the substance abuse among adolescents.

PROBLEM STATEMENT:

Study of drug abuse among school children of Chandigarh.

AIM OF THE STUDY:

The study is intended to assess the knowledge regarding substances/drug abuse among adolescent students of selected schools of Chandigarh and also study the consumption pattern and Effects of Substance Abuse on Adolescent Students of above schools.

OBJECTIVES OF THE PRESENT STUDY:

1. To collect information regarding Adolescent students socio- demographic profile.
2. To assess the knowledge regarding substance/drug abuse among adolescent students.
3. To access information regarding various consumption practices regarding substance/drug abuse.
4. To study the pattern regarding substance abuse and its effect among family members.

DELIMITATIONS:

1. This study is limited to school going adolescents who were available and willing to participate.
2. Only four Government schools were selected.
3. Sample size was small.
4. We suspect that there could be some under-reporting by the abusers who can be considered as the limitation of the study. However, it gives definitive clues regarding pattern of drug use in rural Punjab.
5. More multicentre studies are required to compare data and to generalize for the whole state.

METHODOLOGY

The present study is conducted in the Chandigarh. The Researcher visited following four schools of Chandigarh for the study.

1. Government Model High School Sector - 11 A Chandigarh,
2. Government High School Sector - 24 A Chandigarh,
3. Government Model Sr. Sec. School, Sector 38(w) Chandigarh
4. Government Model High School, Sector 25 Chandigarh

Overall, 161 students were able to fill-up the questionnaires by interview method. The data was collected through interview method from students—studying in 9th to 12th classes covering age group 13–19 years.

TOOLS

The questionnaires were prepared in Punjabi/Hindi language for students. The investigators were sent to the selected schools and questionnaires were filled up by interview method. Each questionnaire had information regarding social, economic and demographic profile of students, student's knowledge about drug abuse, various consumption practices and assessing pattern regarding drug abuse and its effect among family members.

DATA ANALYSIS AND REPORT WRITING

Analysis of data is a process of examining, cleaning and transforming data with the goal of highlighting useful information and suggesting conclusions. However, after the collection of data, it is essential to analyse and interpret the data with reference to the purpose of the study. After scrutinizing the questionnaires, data was compiled through given codes, tabulated and analysed.

REVIEW OF LITERATURE:

Drug abuse is a global phenomenon, affecting almost every country, but its extent and characteristics differ from region to region. Illicit drug abuse not only affects the health and lives of individuals but also undermines the political, social, and cultural foundation of all countries. Problems of drug dependence produce dramatic costs to all societies in terms of lost productivity, transmission of infectious diseases, family and social disorder, crime, and excessive utilization of health care. The picture is grim if the world statistics on the drugs scenario is taken into account. With a turnover of around \$500 billion, it is the third largest business in the world, next to petroleum and arms trade. About 190 million people all over the world consume one drug or the other. Drug addiction causes immense human distress, and the illegal production and distribution of drugs have spawned crime and violence worldwide. Today, there is no part of the world that is free from the curse of drug trafficking and drug addiction. Millions of drug addicts, all over the world, are leading miserable lives, between life and death.

The controversy over the number of drug addicts in Punjab looks set to continue after a new study by the Chandigarh-based PGIMER has estimated that the number of people addicted to opioids in the state could be anywhere between 1.7 lakh and 2.7 lakh. The PGIMER study is called “Epidemiology of Substance Use and Dependence in the state of Punjab” and is based

on two surveys, which have projected two vastly different estimates of the number of drug addicts.

The study was funded by Department of Health Research, Government of India, under the supervision of Indian Council of Medical Research. The respondents were in the age group of 11 to 60 years. An investigator said most of the respondents interviewed in the study were in the age group of 20 to 40 years.

A study by All India Institute of Medical Sciences (AIIMS) last year had noted that 2.32 lakh addicts in Punjab were hooked to opioids. One survey method used in the new study, the “Household Survey” for Punjab, used the “multi-stage stratified random sampling” procedure. Under this, PGIMER researchers studied 6,398 households and interviewed 13,295 respondents across 22 districts of Punjab and concluded that an estimated population of 1.7 lakh were currently addicted to opioids.

“Opioid use is likely to have been underestimated in this household survey because of design issues,” the study, however, says. In another survey, called Rapid Assessment Survey, based on respondent-driven sampling and where only addicts were interviewed, the PGIMER experts noted that Punjab has “a huge opioid dependent population of estimated 2.7 lakh people”.

In Rapid Assessment Survey, 6,600 respondents were interviewed, 300 from each of the 22 districts and using benchmark multiplier method, PGIMER investigators concluded that as per this survey 2.7 lakh people were hooked to opioids in Punjab. Principal investigator Dr Ajit Avasthi, who is a professor in psychiatry department of PGI, while giving a presentation before the media in PGIMER Chandigarh, said that no one can determine exact number of drug addicts in a study. He said the number of addicts hooked to opioids in Punjab was anything between 1.7 lakh and 2.7 lakh.

“Consistent efforts need to be made to check the menace of drugs,” said Dr Avasthi. The Household Survey noted that approximately 1 in 6 persons in Punjab were dependent on any substance. “Contrary to expectation, substance use and dependence were more common in rural than urban areas,” it pointed out.

The survey said single most common substance of use and dependence in Punjab was alcohol, followed by tobacco. “There were more than 22 lakh alcohol dependent persons and nearly 16 lakh tobacco dependent persons in Punjab currently. These are huge figures,” it said. Estimates projected that dependence of alcohol was 11 per cent , of tobacco 8 per cent,

of opioids 0.8 per cent and of cannabinoids and other drugs at 0.2 per cent and 0.17 per cent, respectively.

Rapid Assessment Survey noted that opioid dependent subjects were “typically young aged male” and natural opioids (opium and poppy husk) were most common type of opioids used, with almost 1 in 2 users using natural opioids. It said injection opioid was the second most common form of opioids in dependent users with approximately 1 in 4 using injection opioids. It said heroin was the “commonest type” (61.6 percent) in use of injection opioids. It also noted that out of 78,000 estimated injection opioid users, one-third were abusing buprenorphine (32.5 per cent).

It said only 2.1 per cent of opioid dependent population reported criminal convictions. Also bringing into focus the social, medical and other problems related to substance use, the study noted that most common reason for initiation of substance use was fun (69.9 per cent) followed by peer pressure (43.9 per cent). It said on an average an addict spent Rs 300 a day on drugs. It said common source of drug were drug dealer (77.6 per cent) and pharmacy/outlet (59 per cent).

India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day. The epidemic of substance abuse in young generation has assumed alarming dimensions in India. Changing cultural values, increasing economic stress, and dwindling supportive bonds are leading to initiation into substance use. According to a UN report, 1 million heroin addicts are registered in India, and unofficially, there are as many as 5 million.

Cannabis, heroin, opium, and hashish are the most commonly used drugs in India after alcohol and tobacco. However, some evidence indicates that there is an increasing prevalence of methamphetamine as well. Drug users are mainly young and predominately male. A National Survey (2004) on the extent, pattern, and trends of drug abuse in India found that opiates are primary drug abused and 49% of respondent's families had a history of drug abuse. The study conducted by the Institute of Development and Communication revealed that a majority of drug abusers, i.e., 70% had rural background and were hooked to drugs and opium which they procured from village chemists.

The National Household Survey of Drug Use in the country is the first systematic effort to document the nationwide prevalence of drug use. Alcohol (21.4%) was the primary substance used (apart from tobacco), followed by cannabis (3.0%) and opioids (0.7%). The Drug Abuse Monitoring System, which evaluated the primary substance of abuse in inpatient treatment

centers, found that the major substances were alcohol (43.9%), opioids (26%), and cannabis (11.6%).

Rapid Situation and Response Assessment among 5800 male drug users revealed that 76% of the opioid users currently injected buprenorphine, 76% injected heroin, 70% chasing, and 64% using propoxyphene. Most drug users concomitantly used alcohol (80%). According to the World Drug Report, of 81,802 treatment seekers in India in 2004–2005, 61.3% reported use of opioids, 15.5% cannabis, 4.1% sedatives, 1.5% cocaine, 0.2% amphetamines, and 0.9% solvents.

The bane of drug abuse in Punjab has acquired the proportions of a pestilence that has shaken the entire society in the state. It is observed that in Punjab “drug abuse” is a raging epidemic, especially among the young. According to a survey, 66% of the school going students in the state consume “gutka” or tobacco; every third male and every tenth female student have taken to drugs on one pretext or another and seven out of ten college-going students are into drug abuse.

The present study was thus conducted to assess the prevalence and pattern of substance abuse and its correlates among adolescents and young adults of rural Punjab.

There appears to be a number of reasons for why Punjab is currently in the midst of a drug epidemic such as rampaging unemployment, easy and cheap availability of heroin, and the location of Punjab means that most of the drugs will pass through this area on its way to India.

With most drug users being in the productive age group of 18–35 years, the loss in terms of human potential is incalculable. The damage to the physical, psychological, moral, and intellectual growth of the youth is very high. Adolescent drug abuse is one of the major areas of concern in adolescent and young people's behavior. A study in the Andamans shows that onset of regular use of alcohol in late childhood and early adolescence is associated with the highest rates of consumption in adult life, compared to the later onset of drinking. It is estimated that, in India, by the time most boys reach the ninth grade, about 50% of them have tried at least one of the substance of abuse nature. In the present study, 48% of the subjects were in adolescence age group and prevalence of substance abuse was 56.3%.

The present study found the prevalence of substance abuse as 65.5%. The most common substance abused was alcohol (41.8%), followed by tobacco (21.3%). Various Indian studies have shown that alcohol and tobacco are the most abused substance. In Uttar Pradesh, Dube *et al.* reported that 22.8/1000 were dependent on alcohol and drugs while Thacore from

Lucknow gave a statistic of 18.55/1000. The important finding of these studies is that alcohol was the most common substance used (60%–98%). Epidemiological surveys also revealed that 20%–40% of subjects above 15 years are current users of alcohol and 10% of them are regular or excessive users. In a rural population of Uttar Pradesh, alcohol was found to be the most common substance abused (82.5%), followed by cannabis (16.1%). Varma *et al.* found that rates of current use of alcohol in Punjab were 45.9% in Jalandhar and 27.7% in Chandigarh whereas it was 28.1% in rural areas of Punjab. Shukla reported that 38.3% of the rural population in Uttar Pradesh was habitual substance users. In a study of rural Bihar, prevalence of alcohol/drug use was found to be 28.8% of the study population.

A high prevalence of heroin abusers was also noted in present study (20.8%) as compared to previous reports. Out of total heroin abusers ($n = 83$), two-third ($n = 55$) were taking the drug through IV route. The increasing consumption of nacro drugs, especially heroin, in Punjab is basically an off-shoot of the inflow of Afghan heroin through Pakistan. In a study by Singh *et al.* in a De-addiction Center of Amritsar, Punjab, a total number of 10,568 patients were screened for urine toxicology. Out of 10,568 enrolled patients, 9815 (92.87%) patients were found patients for morphine, and out of 9815 morphine addict patients, 5785 (54.74%) patients were abusing heroin in one or the other form. Such high prevalence of heroin abuse can be attributed to its easy availability, steady supply across the border mainly from Afghanistan and Pakistan, and a thriving smuggler-police-politician nexus which is hampering enforcement action. The numbers of people starting to use heroin have been steadily rising since 2007.

Prevalence of heroin addiction was reported as 0.2% in the National Household Survey in India (2000–2001) and as 10.74% in a study done in De-addiction Centers in New Delhi. While comparing these findings with our study, it is apparent that there is a significant change in the pattern of drug use. Heroin is a costly drug; its increasing use has also resulted in rise of economic crimes such as snatching, robbery, and theft. Increase heroin use through IV route can also increase the incidences of HIV, hepatitis B and C, thus burdening the health-care system further.

In the present study, a significant association of drug abuse was observed with male gender, illiteracy, and age above 30 years. Male predominance in substance abuse is universal as proved by various studies. Basu *et al.* studied the changing pattern of substance abuse in North India (from 1978 to 2008) observed that majority of the subjects were males and maximum prevalence of drug abuse was in the age group of 26–35 years, with no decade-

wise difference. The findings of the National Household Survey also observed the highest prevalence (37%) in the age group of 31–40 years.

Education level has been found to have an impact on the risk of drug or alcohol abuse. One particular study from 2004 in Copenhagen included over 30,000 men and women aged 20–93 and measured schooling level, smoking, and alcohol use. This study found that those with the lowest level of schooling were most frequently heavy smokers and heavy drinkers. A National Survey by the Ministry of Social Justice and Empowerment (2002) found that 29% of the drug abusers were illiterates and a significant number of them came from lower strata. In a study by Kumar *et al.* in De-addiction Centres of New Delhi, 21% of the addicts were illiterate or educated till primary level as compared to 17.3% in the present study.

A study of drug abuse in rural areas of Punjab (India) by Mohan D, Sundaram KR, Sharma HK In 1976 conducted an epidemiological survey of drug abuse in 24 rural villages of four Community Development Blocks (CDB) in three districts of Punjab State bordering Pakistan covering 1276 households. The majority of households had one user. Both men and women reported the use of traditional drugs, i.e. alcohol, tobacco, opium and cannabis. In males, the commonest drug used was alcohol (58.3%), followed by tobacco (19.3%), opium (6.3%) and cannabis (1.2%). The majority of the female respondents were non-users, but a very small number reported use of tobacco, alcohol and opium. The observations are compared with other studies and implications discussed.

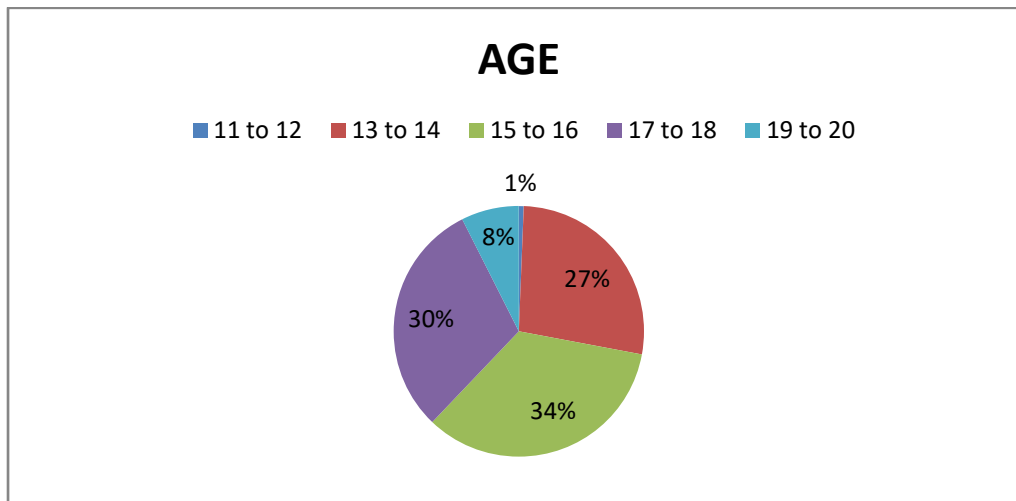
INTERPRETATION AND ANALYSIS OF THE DATA:-

DISTRIBUTION OF RESPONDANT ON THE BASIS OF AGE:-

Age	Frequency	Percentage
11 to 12	1	1%
13 to 14	44	27%
15 to 16	55	34%

17 to 18	49	30%
19 to 20	12	8%
Total	161	100%

FIGURE 1:



The above table shows that total number of students participated in survey were 161 out of which 34 percent students were of 15 to 16 year age group followed by 30 percent were of 17 to 18 year age group. Further 27 percent of the students were of the age group of 13 to 14 year and 8 percent students were of 19 to 20 year age group and rests 1 percent were of 11 to 12 year age group. The above table reveals that the maximum number of students were in the 15 to 16 years of age group.

DISTRIBUTION OF STUDENTS ON THE BASIS OF THEIR BACKGROUND:-

Student belong to	Frequency	Percentage
Rural	30	19%
Urban	131	81%
Total	161	100%

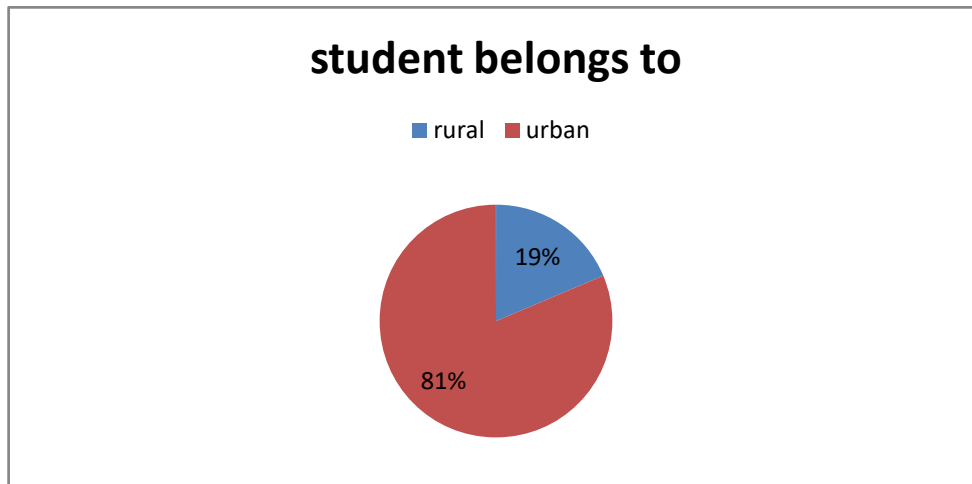


FIGURE 2:-

The above table clearly shows that the Students mostly belonged to the urban area.

Total number of subjects participated in the survey were 161 out of which 81 percent were from the urban area and rest of 19 percent hailed from rural areas like Dadu majra, Dhanas, Nayagaon and many more.

DISTRIBUTION ON THE BASIS OF GENDER:-

Gender	Frequency	Percentage
Male	143	89%
Female	18	11%

FIGURE 3:-

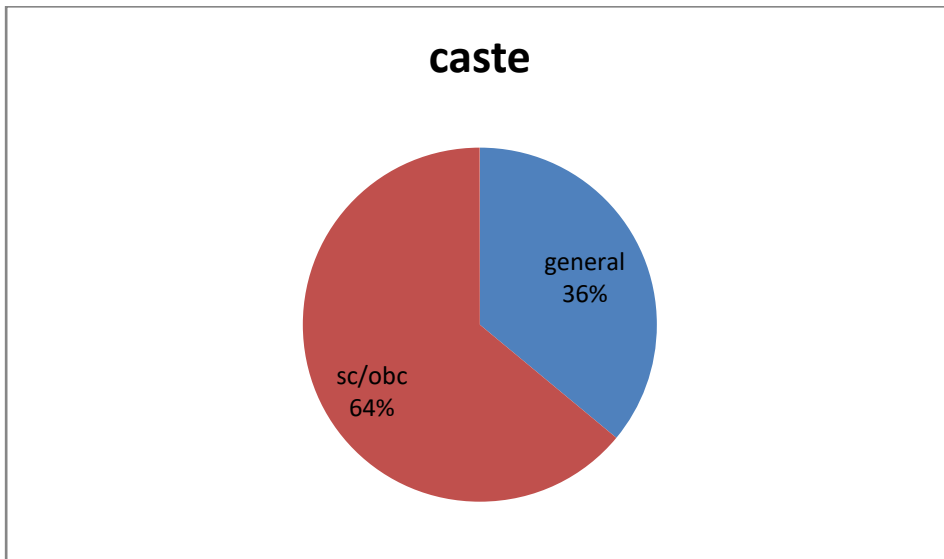
The above table clearly shows that amongst the 161 interrogated participants males outnumbered the females by approximately 8 times (male: female; 143:18).

The above difference in number was due to the shortage of females in the school at the time of survey.

Distribution of students on the basis Caste of the students:-

Caste	frequency	Percentage
General	58	36%
sc/obc	103	64%
Total	161	100%

FIGURE 4:-

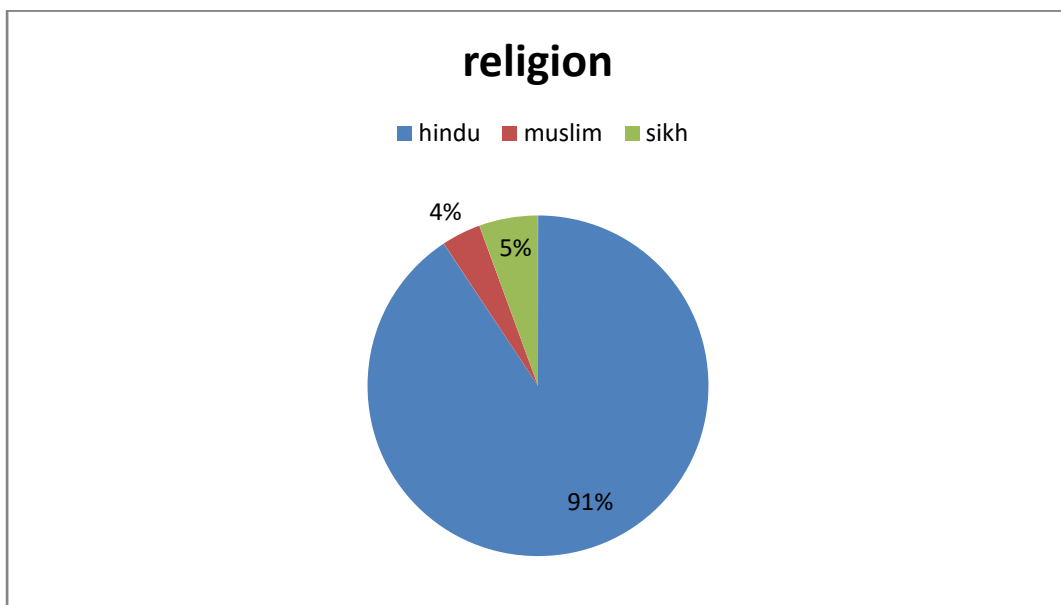


The above table clearly shows that there were 64 percent of students belonging to schedule caste group where as only 36 percent of the students were in the general category it clearly reveals that majority of the students studying in government schools and that to near slums belong to schedule caste group.

DISTRIBUTION OF THE STUDENTS ON THE BASIS OF RELIGION:-

Religion	Frequency	Percentage
Hindu	146	91%
Muslim	6	4%
Sikh	9	5%
Total	161	100%

FIGURE 5:-

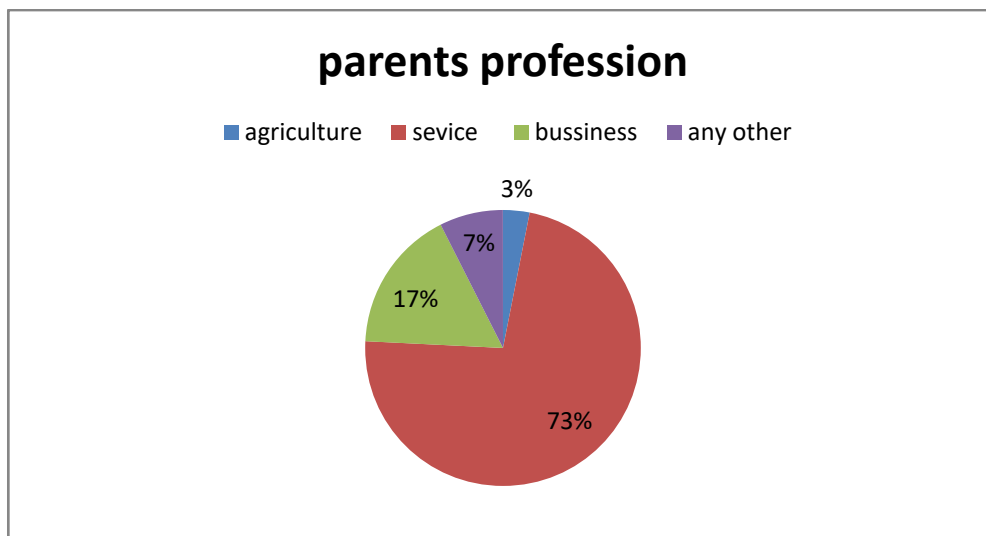


The above table shows on the basis of religion most of the students were of Hindu origin (91 percent) followed by Sikhs (5 percent) and only 4 percent of the total were from the Muslim community.

DISTRIBUTION OF THE STUDENTS PARENTS PROFESSION:-

Parents profession	frequency	Percentage
Agriculture	5	3%
Service	117	73%
Business	27	17%
Any other	12	7%
Total	161	100%

FIGURE 6:-

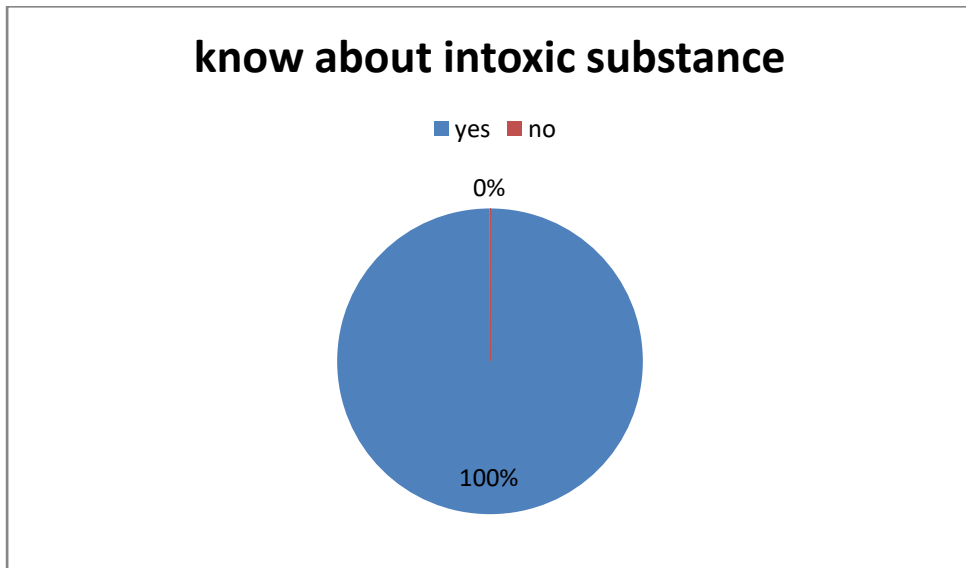


The above table shows that the profession of parents of the students was mainly in the service sector. They were working mostly as sweeper and peons. 73 percent of the parents are in service sector, there were 17 percent of the students parents were doing their own business, 3 percent of the students parents were in agriculture and 7 percent of the student parents were in any other fields like daily wagers. The student’s mothers were mostly working as house maids.

HOW MANY STUDENTS KNOW ABOUT INTOXICANT SUBSTANCE?

Know about intoxicant substance	Frequency	Percentage
Yes	161	100%
No	0	0
Total	161	100%

FIGURE 7:-



The above table shows that each and every one of the interrogated subjects had an awareness of the intoxicants and different ways of their consumption.

HOW DO THEY GET TO KNOW ABOUT THESE THINGS?

How u get to know about these things	Frequency
TV	161
Friends	111
Family	19

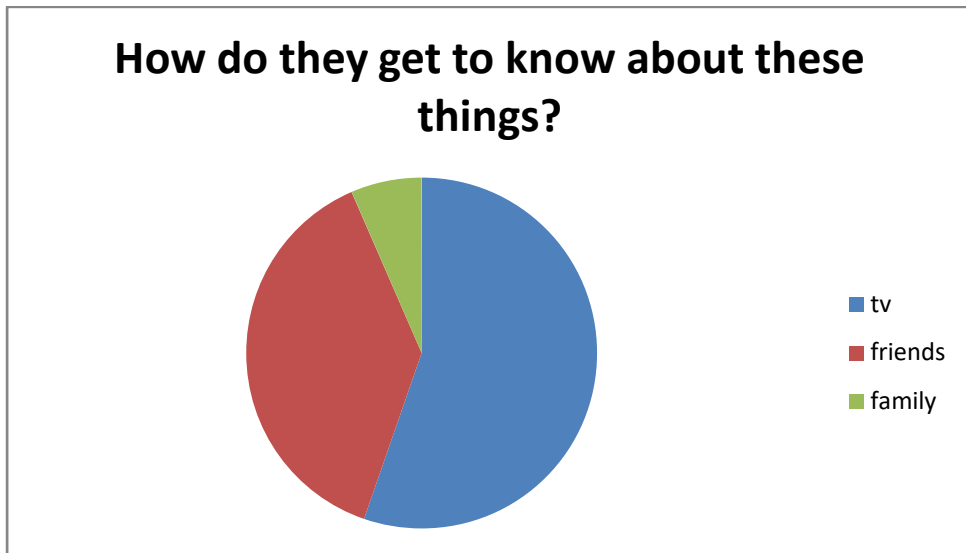


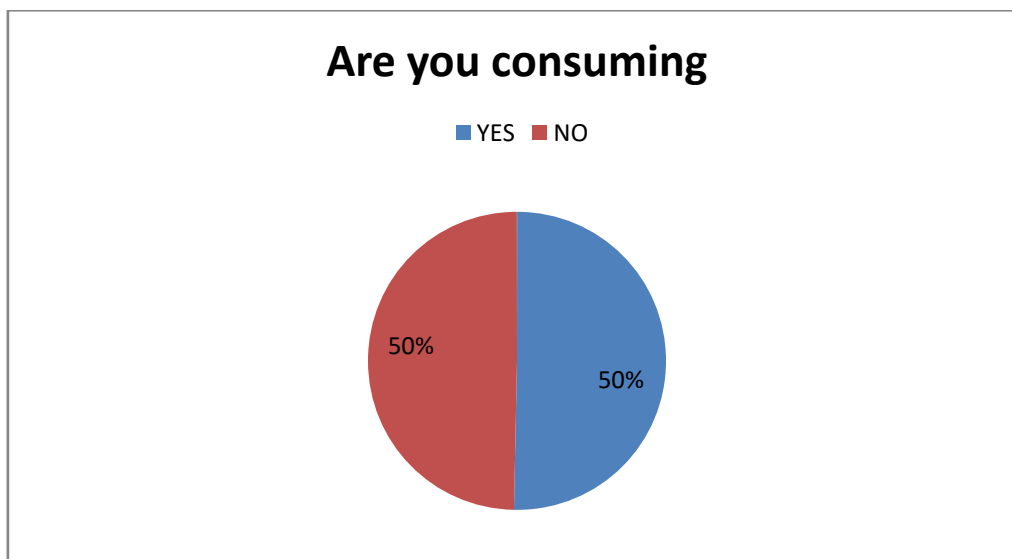
FIGURE 8:-

The above table shows that the students got to know about the intoxicant substances through various social medium or networks, friends and family as well. Mostly students got to know about the intoxicant substance from their friends and surroundings.

STUDENTS CONSUMING INTOXICANT SUBSTANCE:

Are you consuming intoxicant substance	Frequency	Percentage
Yes	81	50%
No	80	50%
Total	161	100%

FIGURE 9:-

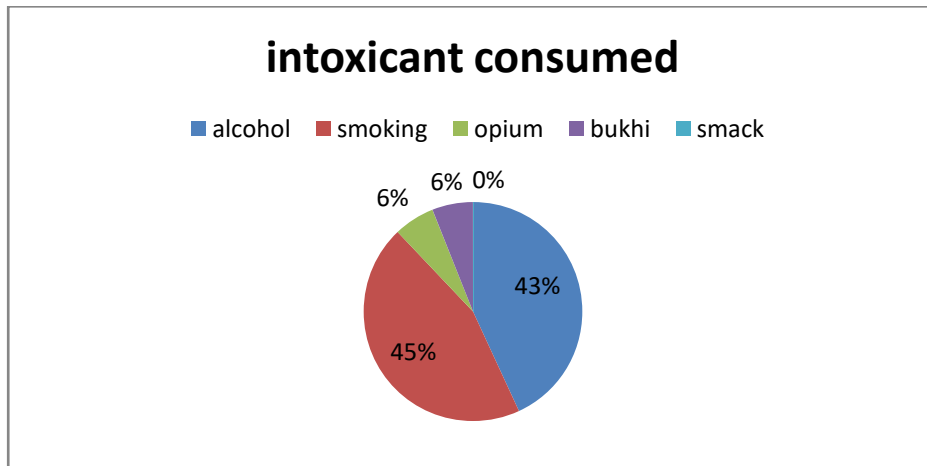


The above table shows that the number of students involved in consumption of intoxicants like alcohol, smoking tobacco, opium, bhukhi etc. was found to be equal to the students who do not indulge in such activities (50:50).

WHICH KIND OF INTOXICANT SUBSTANCE STUDENTS ARE CONSUMING?

Intoxicant substance	Frequency
Alcohol	50
Smoking	52
Opium	7
Bhukhi	7
Smack	0

FIGURE 10:-

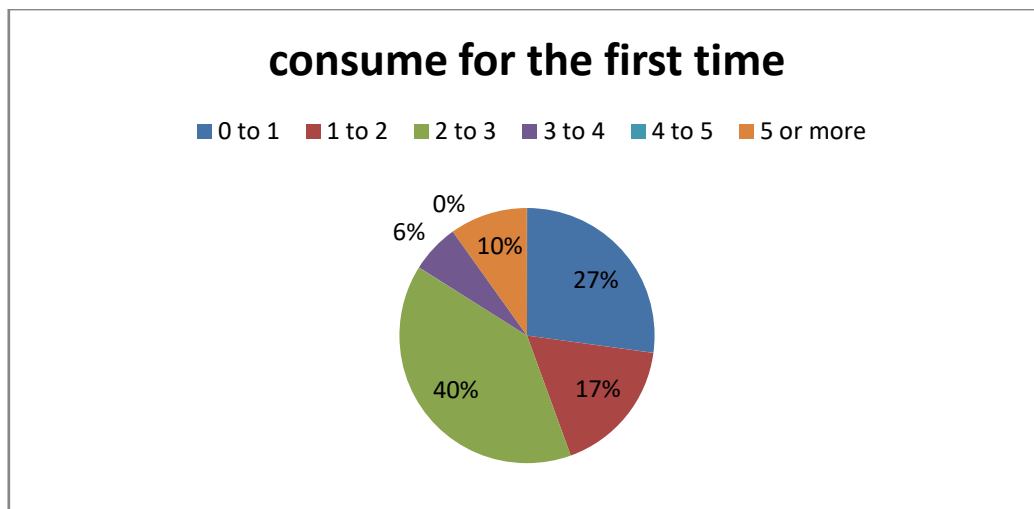


The above table shows that the most popular abused substance was found to be tobacco smoke, up to 45 percent of the students preferred to consume bidi or cigarettes as compared to alcohol which was found to be liked by 43 percent of the total. Further, Opium and bukhi was not favored by the most but was popular in 12 percent of the total students (6 percent each).

WHEN DID YOU START CONSUMING INTOXICANT?

Years	Frequency	Percentage
0 to 1 year ago	22	27%
1 to 2	14	17%
2 to 3	32	40%
3 to 4	5	6%
4 to 5	0	0
5 or more	8	10%

FIGURE 11:-

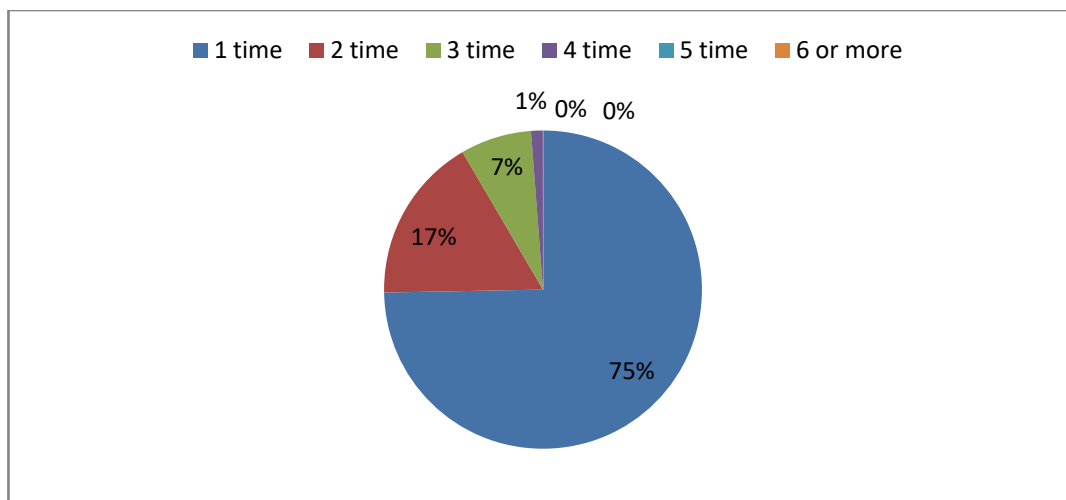


From the above graph it can be deduce that most of the students (40 percent) started the consumption at the age of around 13-14 years. Few (27 percent) started a little earlier at 11-12 year of age, 17 percent started at 12-13 year age, 10 percent started at the age of on and below 11 followed by 6 percent who stated at the age of 14-15.

HOW MANY TIMES YOU CONSUMED INTOXICANT IN A DAY?

How many times Consume in one day	frequency	Percentage
1 time	62	75%
2 time	14	17%
3 time	6	7%
4 time	1	1%
5 time	0	0
6 or more	0	0

FIGURE 12:-

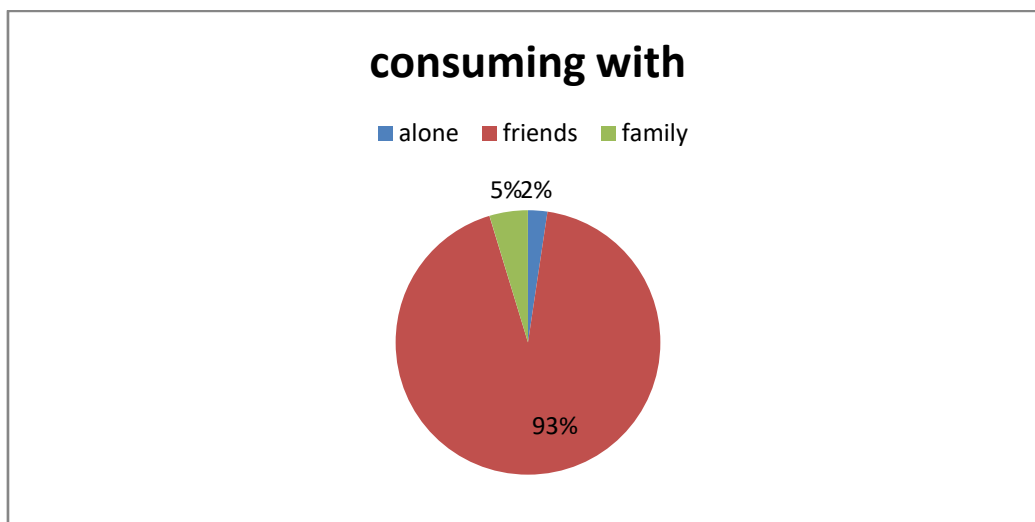


The above table shows that the rate or frequency of consumption was also evaluated and was found to be as high as 4 times a day in only one percent of the total students. Most of the students (73 percent) used to consume the intoxicant at least once a day, 17 percent who were indulge in twice a day consumption and only 7 percent of all were addicted to take the intoxicant thrice a day.

WITH WHOM DO YOU CONSUME INTOXICANT SUBSTANCE?

Consuming with	Frequency	Percentage
Alone	2	2%
Friends	79	93%
Family	4	5%

FIGURE 12:-

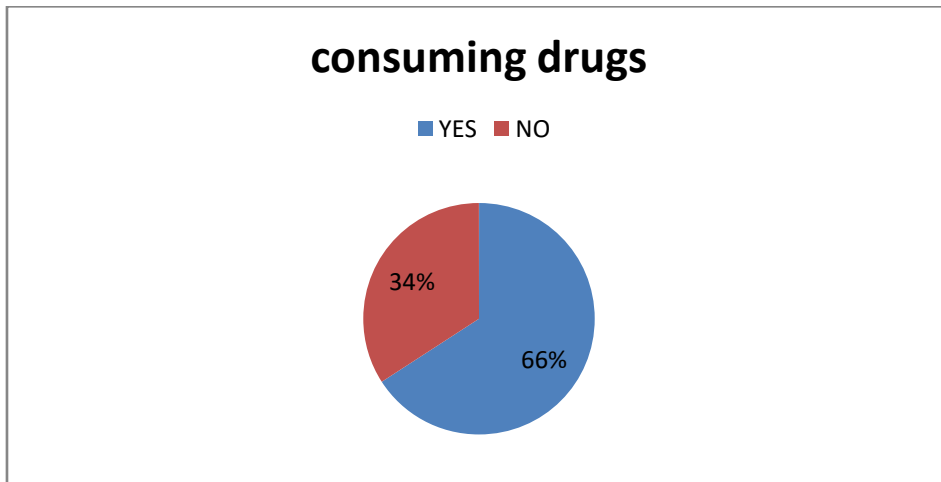


The above graph shows a high percentage (93 percent) of students preferred company of their friends, whereas 5 percent of students followed their brothers or father. Only 2 percent of the total preferred to be alone. The insignificantly high percent of students who preferred the company of friends can also be attributed to the peer pressure, influence or a challenging trend. Four of the students who consumes with their family were supported by the elder brothers or their father themselves.

DO YOU HAVE ANYONE IN YOUR FAMILY WHO TAKE DRUGS?

Consuming drugs	Frequency	Percentage
Yes	106	66%
No	55	34%
Total	161	100%

FIGURE 13:-

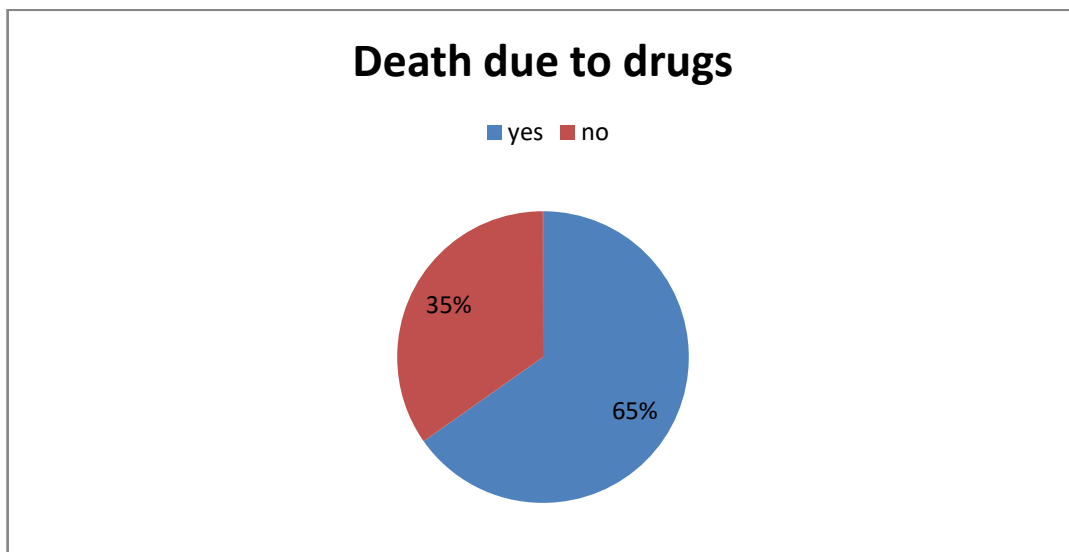


The above table shows that most of the students who indulge in the consumption of intoxicants had an influence of their family, neighborhood or surroundings. Out of 161 students 106 (66 percent) student's family were involved in substance abuse. Whereas 44 percent of family had never been indulge in such activities.

DID YOU KNOW ANY ONE DIED DUE TO DRUGS?

Died	Frequency	Percentage
Yes	105	65%
No	56	35%
Total	161	100%

FIGURE 14:-

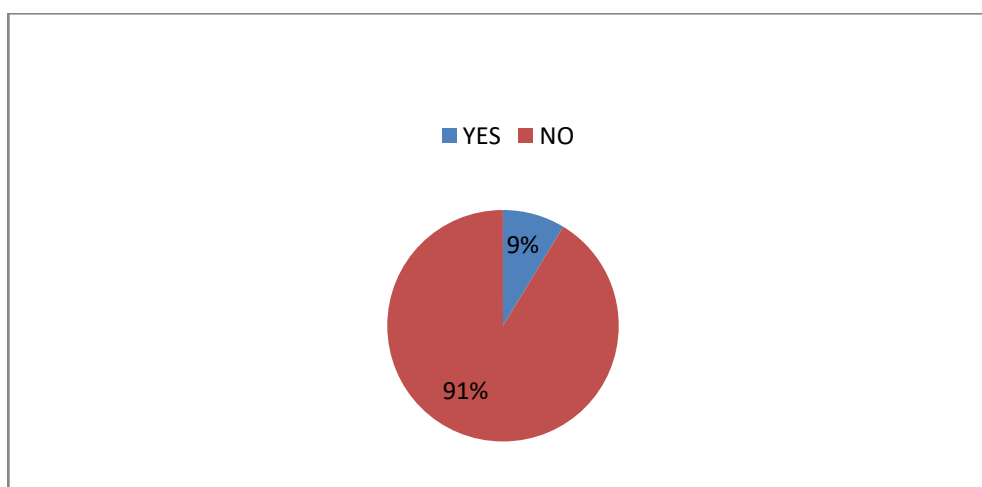


The above graph shows on interrogation 65 percent of students admitted that some peoples died due to drug abuse or lack of availability of intoxicant at the time of urge (withdrawal symptoms) which lead to suicide.

DEATH OF THAT PERSON AFFECTS YOU?

	Frequency	Percentage
Yes	14	9%
No	144	91%
Total	161	100%

FIGURE 15:-



The above table shows that 9 percent of the students out of 65 percent who lost their acquaintances were moved and think to quit drug abuse rest of 91 % had no such affect or were not reluctant to quit the habit.

SUMMARY:-

Total number of students participated in survey were 161 out of which average 34 percent students were of 15 to 16 year age group and the minimum 1 percent 11 to 12 age group. 81 percent students were from the urban area and rest of 19 percent hailed from rural areas like Dadu majra, Dhanas, Nayagaon and many more nearby villages. Amongst the 161 interrogated participants males outnumbered the females by approximately 8 times (male: female; 143:18). Further 64 percent of students belonging to schedule caste group where as only 36 percent of the students were in the general category. Most of the students were of Hindu origin (91 percent) followed by Sikhs (5 percent) and only 4 percent of the total were from the Muslim community. Parents of the students were mainly in the service sector. They were working mostly as sweeper and peons.73 percent of the parents are in service sector.

Every one of the interrogated subjects had an awareness of the intoxicants and different ways of their consumption. Mostly students got to know about the intoxicant substance from their friends and surroundings. Students involved in consumption of intoxicants like alcohol, smoking tobacco, opium, bhukhi etc. was found to be equal to the students who do not indulge in such activities (50:50). The most popular abused substance was found to be tobacco smoke, up to 45 percent of the students preferred to consume bidi or cigarettes as compared to alcohol. Teen drug addiction is increasing day by day and not showing any sign of slowing down. Because gaining access to alcohol can sometimes be difficult for teens, they often resort to different types of drugs. Here are **a few drugs to which teens may have easy access**: Ganja, Weed, Cocaine, Tobacco, Cool lip, Cold medications, Heroin, Nila thotha. Most of the students (40 percent) started the consumption at the age of around 13-14 years. The rate or frequency of consumption was also evaluated and was found to be as high as 4 times a day in only one percent of the total students. A high percentage (93 percent) of students preferred company of their friends that 9 percent of the students out of 65 percent who lost their acquaintances were moved and think to quit drug abuse rest of 91 % had no such affect or were not reluctant to quit the habit.

RESULT

Adolescents in high school face many unique pressures and stressors in their lives. Coupled with an underdeveloped frontal lobe, the region of the brain responsible for impulse control, decision-making, and mood regulation, these particular age groups may be prone to substance abuse. The main reasons of the students are breakup in relationships and repeating the same class because of failure.

High school students may be more influenced by social pressures and more likely to engage in risky behaviors than other age groups. According to the research 50 percent of the students were indulged in substance abuse in which 31 percent will have tried alcohol, 32 percent will have smoked bidi and cigarette, and 9 percent of the total students will have used a prescription drug recreationally, or for nonmedical purposes. Mostly students got to know about the intoxicant substance from their friends and surroundings and because of the carelessness of the parents students get addicted to drugs.

Young adults or teenagers may feel that alcohol or drugs may help them fit in socially. Substance abuse can reduce inhibitions, and raise self-confidence levels temporarily. Drugs and alcohol can potentially numb or minimize difficult emotions for a short time and may provide a desired escape from reality.

SUGGESTION TO CONTROL DRUG ABUSE AMONG ADOLSCENT STUDENTS:-

Parents can prevent drug abuse

1. Love and affectionate as the child grows.
2. Open channels of communication for thoughts and feelings.
3. A stable family atmosphere (family time together, family rituals).
4. Accurate information about the problems of growing up today (sexuality, drugs ,crime ,etc)

There is nothing more important in preventing drug abuse than spending time with your children. Take time to do what they enjoy, to share some skills, to build family rituals and rapport.

Age-limit-controls in shops, restaurants and bars are effective ways to reduce the availability of alcohol and tobacco for young people, combined with supervision of the observance of the age-limits by the shop-owners and restaurateurs.

RECOMMENDATIONS

Government should plan to increase the number of de-addiction and rehabilitation centres with recreational facilities for these addicts. Various nongovernment organizations and non profit organizations can be involved to initiate vocational training and other employment programs for unemployed addicts. Appropriate linkages between health workers, community leaders, religious leaders, and teachers for planning prevention and rehabilitation activities for drug abuse should be established. Periodic outreach awareness camps for antidrug abuse activities in the community and government schools should be undertaken.

HOW TO COMBACT THIS MENANCE

Drug addiction is however the worst problem of the society but it is needed to be handled. If this problem would be left unhandled this can become a monster engulfing youth of society

Some steps that can be taken are-

1. To make drugs completely unavailable by taking strict actions on drug trafficking.
2. Establishment of good rehab centres.
3. Creating awareness against drugs in society by taking out rallies and by playing plays.
4. By counselling youth and children against drugs.

PREVENTION OF DRUG ABUSE

One can keep oneself away from drug abuse. Our socio cultural environment does no approve it. Even when students take tobacco or smoke or drink they realize that it is not an appropriate action, but it must be taken note of that almost all young people are at risk for drug abuse. Attitudes concerning smoking, drinking and other drug abuse are formed early, usually

during pre-adolescence and early adolescence and hence the interventions for preventions must begin early. Parents and teachers can play decisive role in helping children cultivate proper attitude towards drugs and remain away from drug abuse.

As a Parent

Parents have the most important influence on their children despite of the fact that children today are exposed to various factors, parents continue to be as role models for an overwhelmingly majority of them. Parents can make the following efforts:

1. Communicate openly with your child and be a patient listener. Build a close relationship by conversing with your child and try to understand and respect his or her point of view.
2. Keep yourself interested in your child's activities and friends. Try to make him or her aware of the implications of peer pressure and how to deal with it tactfully.
3. Help your child to develop self confidence, try to examine his or her behaviour carefully and be critical to actions and not the persons.
4. Share with your child the problems at home and try to know his or her own problems. The child should be encouraged to participate in the solution of domestic problems and to solve his/her personal problems.
5. Help your child appreciate values or norms and try to inculcate in him/her respect for such socio cultural values that would keep him/her away from drugs.
6. Parents are the best role models for their children, set an example before your child by not taking drugs yourself. Remember that your action speak louder that your words.
7. Learn as much as you can about drugs if unfortunately your child has fallen victim to drug abuse, try to tackle the problem with great care.

As a Teacher

1. Whenever you get appropriate time, while teaching or informally discuss with students the problem of drug abuse.
2. Keep yourself interested in your student's activities and their interest. Observe continuously their behavior within and outside classroom.
3. Encourage them to volunteer information of any incidence of drug abuse. Encourage discussion about them about the issue of drug abuse. Try not to pontificate and do not adopt the didactic approach while moderating the discussion.

4. Try to share the problem academic and personal of your students and guide them on how to handle their problems. Be careful in advising them and try not to make any value judgements on their views and actions.
5. Help them examine their career options and encourage them to set goals and achieve those goals.
6. Learn as much as you can about drugs if unfortunately any of your students has fallen victim to drug abuse, try to tackle the problem with great care by cooperating with his/her family.

As a citizen

1. Try to know about different menace of drug abuse through various sources.
2. Remain alert to request for keeping carrying drugs.
3. Whenever and wherever you notice Cannabis plants and crops inform the nearest law enforcing authority, even anonymously.
4. Advice and help addicts to seek treatment from hospitals or counselling /Drug-addiction centres.
5. Try to extend your possible help in rehabilitation of an individual who has got rid of drug addiction.

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