



Sociodemographic Profile And Pattern of Drug Abuse Among Adolescents of De-Addiction Centers

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ABSTRACT

Substance abuse by children and adolescents is a major health problem. The use of illicit substances frequently starts among school children during adolescence. Concern with the use of harmful habit forming substances in students appears to be a very natural reaction; as they constitute a vital part of the society. Their age and often sudden wide exposure to new environments may render them extremely vulnerable for substance abuse. To find out the association of socio-demographic factors with substance abuse and pattern of drug abuse among adolescents, a descriptive study was conducted among de-addiction centres of ferozepur, zira and faridkot. Snowball and convenient sampling was used. Overall 110 adolescents were included in the study. Statistical analysis was done by entering the data in SPSS software. Minimum age is 12 year/ maximum age is 24year, minimum duration of having drugs is 1 year/ maximum is 9 year, 36% of the senior secondary adolescents having drugs, 27% of the secondary level of education, most used drug is heroine is 78.2%, the minimum amount of money is 3000 on the other hand maximum is 90000, 75.45% of the adolescents having drugs for their enjoyment, pattern used for drug abuse is injecting 56.36% used by adolescents, were found to be major risk factors for substance abuse behaviour among students.

KEYWORDS : Drug Abuse, Patterns, Adolescents

Introduction: Children are an important asset for future of a nation. Those aged between 10 and 19 years of age constitute 22.8% of population and those aged 5-9 years comprise another 12.5% of population in India. Use of tobacco, alcohol, and other substances among children and adolescents is a public health concern in several parts of the world, including India. The childhood and adolescent years are important formative years of life during which the child acquires academic, cognitive, social and life skills. Any substance abuse at this age is likely to interfere with the normal child development and may have a lasting impact on the future life Not only the child, but the family and society as a whole are likely to be affected as a result of early onset substance use. Thus, this issue is a matter of national interest and priority. It is a matter of fact that there is much less emphasis on drug abuse as a social problem in comparison to how wide spread is the menace actually is. Reports by the UNODC have shown that there has been a global increase in the production, transportation and consumption of opioid. In the recent times, Punjab has witnessed a tremendous rise in substance abuse. The problem has become more complex and alarming in the recent years. This may be attributed to: a) Magnitude of problem has increased many folds b) New Synthetic and more addictive substances have been added to the list of abuse able drugs. c) More and more individuals have shifted from traditional oral/smoking to injectable drugs use. d) Children have started abusing dependence producing substances e) the age old social control measures have become ineffective. The present study was designed to assess the socio-demographic profile and the pattern of substance abuse in the adolescents who presented to the de-addiction centre situated in Faridkot, Zira, Moga. In this study we also tried to find out the reason for starting drug abuse, for continuation of substance abuse. According to world report 2013 published by United Nations office on drug and crime (UNODC), about 16.5 million, or 0.4% of world adult population (15-64 years of age), used illicit opioids in year 2011. Illicit drug use in India is also quite serious, with a population of over 1 billion people; millions of victims of different kinds of drug abuse are estimated.

Substance abuse causes acute and chronic physical, psychological and social effects in varying amounts along with serious social problems in the form of crime, unemployment, family dysfunction and disproportionate use of medical care. Science has not yet explained fully the physiological and psychological processes leading to drug abuse. Substance abuse affects above /50 million people worldwide. Abuse of legally prescribed drugs is also increasing alarmingly. The

annual worldwide drug revenues are now next only to arms trade. 1 In India, the abuse of alcohol, cannabis and raw opium has been traditionally known. The abuse of synthetic narcotic drugs and psychotropic substances is comparatively new. Substance abuse has infiltrated all socio-cultural and economic strata causing loss of productivity. 2 Family stress, lack of coping skills, peer pressure, personality disorder, co morbid psychiatric illnesses, social stress and market forces act as risk factors. 3 Survey shows that around 20-30% of adult males and 5% of adult females use alcohol while 57% of the male and 10.8% of the female drug users consume opiates in some form or other. 4 Rapid assessment survey on substance abuse shows that the primary abused drugs are heroin (36%), other opiates (29%) and cannabis (22%); 75% of addicts start drug abuse before 20 years of age; in urban areas heroin abuse is more while in other sites cannabis abuse is more. Drug abuse is a chronic illness aim of holistic management of drug abuse is to make the clients in sustainable period of drug free state The present study is therefore an effort to find out the various socio-demographic factors and pattern of substance use, among the adolescents.

Material and method

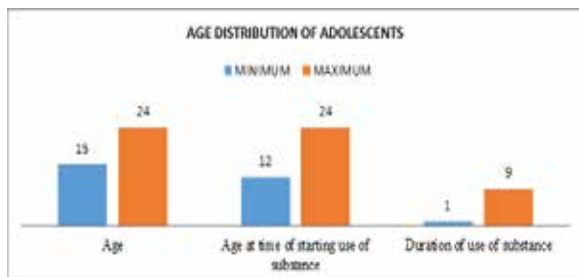
Research methods are the utmost importance in a research process. Because drug use, and in particular heavy drug use, is often associated with accidents or injuries, impaired mental health and drug overdose, this study examined socio-demographic profile and patterns of drug use among a sample of adolescents seeking assistance in de-addiction centers. The investigator was aware of the methodological procedures used in related projects conducted in other jurisdictions. The procedures used in the current study were carefully developed to ensure that a large segment of the study population was approached and provided with the opportunity to participate. At the same time, efforts were made to collect the data in the least intrusive way possible, given the circumstances. A sample size of 110 adolescents (boys) was worked out for the survey. The data was obtained by using a self-administered interview performa in drug de-addiction centers run by Zira, Moga and Faridkot distt of Punjab. The interview performa was translated into local vernacular comprehensible to the patient with content validation by 5 subject experts. Investigator will use convenient sampling. Snowball & Convenient sampling is statistical method of drawing representative data by selecting people because of the ease of their volunteering or selecting units because of their availability or easy access.

Results and Discussion: 1) Age: Table 1 shows age wise distribution of the adolescents including age at time of presentation, age at time of starting use of substance and duration of use of substance.

S.No	S.D profile	Minimum	Maximum	Mean	Std. Deviation
1	Age (in years)	15	24	21.06	18.2
2	Age at time of starting use of drugs	12	24	19	10.7
3	Duration	1	9	3.31	1.96

In this table showing the minimum age at time of presentation was 15 years, maximum 24 years. The mean of the minimum age is 21.06 and the S.D is 18.2, researcher found that the addicted had started to have drugs at the age of 12 to 24 due to that the means score of this is 19 and the SD is 10.7. According to this research we found that addicted was having drugs from last one year and the mean of that is 3.31 and the SD is 1.96.

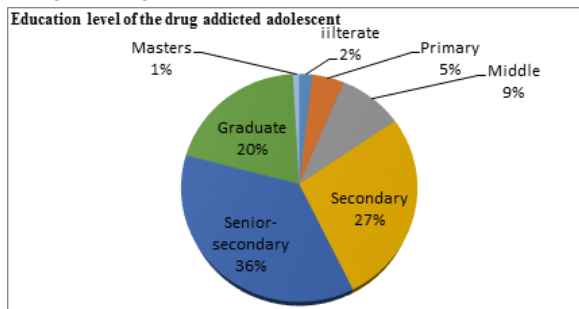
Graphical representation of the age wise distribution



2. Level of Education: Table 2 showing number of adolescents and percentage of the level of their education.

S. no	Norms	No. of adolescents	Percentage
1	Illiterate	2	1.8
2	Literate	Nil	Nil
3	Primary	5	4.54
4	Middle	10	9.09
5	secondary	30	27.27
6	Sen. secondary	40	36.36
7	Graduates	22	20
8	Masters	1	0.9

Graphical representation of the level of education



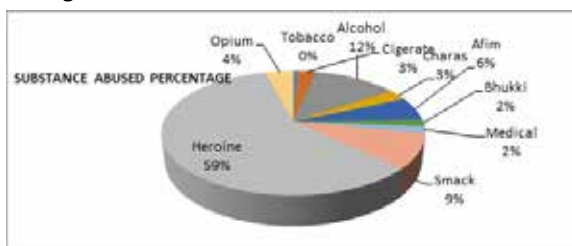
3. Name of substance Abused: Table 3 total number of adolescents and there percentages for having Drugs.

S.No	Name of the substance	No of pupil abused	Percentage
1	Tobacco	1	0.909
2	Bidi	Nil	Nil
3	Cigarette	4	3.6

4	Alcohol	18	16.36
5	Tab. Tramadol	Nil	Nil
6	Tab. Carisoma	Nil	Nil
7	Tab. Lomotil	Nil	Nil
8	Charas/Ganja	4	3.6
9	Afim	9	8.18
10	Bhukki/Post	3	2.27
11	Medical	3	2.27
12	Smack	13	11.8
13	Heroin	86	78.2
14	Opium	6	5.45
15	Morphine	Nil	Nil
16	Inhalant	Nil	Nil
17	Cough Syrup	Nil	Nil
	Total	110	100

We can see 59% Heroin, 4% Opium, 0% Tobacco, 3% Cigarette, 12% Alcohol, 3% Charas, 6% Afim, 2% Bhukki, And 2% Medical are consumed by the people.

Graphical representation of the substance abused percentage



4. Monthly income and amount spent on drug abuse per month: Table 4 shows the total spend money on the drugs.

S.No	Minimum(Rs.)	Maximum(Rs.)	Mean Deviation	S.D
Money spent per month	3000	90000	26850	16076.09
Income per month (rupees)	5000	90000	37727.27	22235.13

5. Pattern of drug abuse among adolescents: Table 5 shows the percentage of adolescents of using different pattern of drug abuse

Name of patterns	No of Adolescents	Percentage
Swallowing	50	45.45
Smoking	34	30.90
Injecting	62	56.36
Snoring	22	20

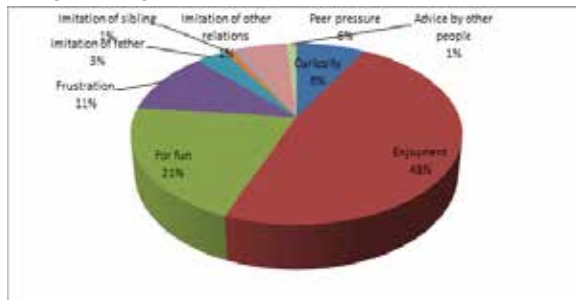
Above table shows that pattern of drug abuse among adolescents. Researcher found that adolescents used injecting 56.36% pattern most of time. Swallowing pattern used by 45.45% adolescents smoking and snoring pattern used 30.90% and 20% respectively.

6. Reasons given by Adolescents for starting drug abuse, reason for continuation: Table6. Shows us that why they have started having drugs.

S.no	Reason to start the use	No of the students	Percentage
1	Out of curiosity	14	12.72
2	Enjoyment	83	75.45
3	For showing manhood/ Fun	36	32.72
4	Frustration	19	17.27

S.no	Reason to start the use	No of the students	Percentage
5	Imitation of father	6	5.45
6	Imitation of Sibling	2	1.81
7	Imitation of other relations	1	0.90
8	Peer Pressure	10	9.09
9	Advice by doctor/ Chemist/other people	2	1.81
	Total	110	100

Graphical representation of the data



Findings & Conclusion

Researcher found that the minimum age is 12 year, when the adolescents started having drugs and the maximum age is 24 year at that time when they already had started drug abusing. the minimum duration of having drugs is 1 year and the maximum is 9 year which shows the mean 3.3 and the S.D. 1.9.

The craze of having drugs is higher in literate people instead of illiterate people. In research investigator found that 36% of the senior secondary adolescents having drugs, 27% of the secondary level of education, 20% graduate, 9% middle, 5% primary, and 1% of the masters. Only 2% are the illiterate for having the drugs.

It was found that the adolescents of these areas are having heroine and the percentage of having heroine is 78.2%, 16.36% of the adolescents are interested in having alcohol in these areas, 11.8% of adolescents take smack and 8.18% of adolescents take afeem interestingly, 2% of adolescents having bhukki in these areas.

The maximum amount of time and money is spent on drugs. As we came to know the minimum amount of money is 3000 on the other hand maximum is 90000 spent on the drugs by adolescents. The mean amount is 26850 rupees and the S.D. is 16076.09.

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The most common pattern among them is injecting 56.36% used by adolescents, 45.45% prefers swallowing, 30.90% preferring smoking, 20% preferring snoring. The maximum adolescents are using injecting pattern for having drugs which is very dangerous for the health of adolescents.

drugs 75.45% of the adolescents having drugs for their enjoyment, 32% of adolescents have drugs to show manhood and fun, 17.27% of the adolescents have drugs because of frustration, 12% of adolescents have drugs just for curiosity, 9.09% of the adolescents have drugs because of peer pressure, 5% of adolescents have drugs by imitating their father, 1.81 of the adolescents start having drugs by imitating siblings, 0.90% of adolescents have drugs by following others, and 1.81% of adolescents start having drugs on the advice of doctors and other people.

Educational Implications

The family members, friends and others can play a vital role in nourishment of the victim and can help him in coping up and to come out of habit of drug abuse.

The present study is helpful for parents to perform their duties towards their children properly, So that chances of drug abuse can be

reduced.

The present study can also help in using the leisure time properly so that adolescents do not get free time to think about wrong things and also bring feelings of completion.

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