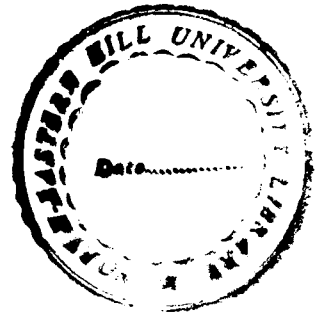


**EFFECTS OF DRUG ABUSE ON EDUCATIONAL PERFORMANCE AND ITS PREVENTION  
THROUGH COLLEGE AND COMMUNITY INVOLVEMENT IN  
KHASI AND JAINTIA HILLS**

**THESIS SUBMITTED IN  
FULFILMENT OF THE REQUIREMENT OF THE  
DEGREE OF DOCTOR OF PHILOSOPHY**



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*(Supervisor)*

**VANESSA KHARMAWPHLANG**  
*(Investigator)*

To



**DEPARTMENT OF EDUCATION  
NORTH - EASTERN HILL UNIVERSITY  
UMSHING, MAWKYNROH  
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## CERTIFICATE

*I certify that the Thesis entitled **Effects of Drug Abuse on Educational Performance and its Prevention through College and Community Involvement in Khasi and Jaintia Hills**, submitted by Ms. Vanessa Kharmawphlang for the degree of Doctor of Philosophy embodied the record of original investigation carried out by her. She has been duly registered and the thesis presented is worthy of being considered for the award of Ph.D. Degree.*

*This work has not been submitted for any degree of any other University.*

Dated: 31. Aug. 1996  
Place: Shillong.

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**CHAPTER - I**

**INTRODUCTION**

## 1.0 The Present Study

### Introduction

Use of drugs for various purposes is not new to any country. The main purposes of drug use are : ritualistic, recreational and medicinal, to induce a feeling of euphoria, or to find the supposed freedom from the feelings of despair, dejection and anxiety. Never before in the history of mankind the abuse of drugs has been such a threat to the quality of life as it is today. In the past, society had not taken any serious note of this problem as addiction was limited only to certain sections of the society and was not of a very high magnitude. Secondly, the substances in use were not as dangerous as they are today. The advent of far more hazardous drugs like heroin, Lysergic Acid Diethylamide, amphetamine and methaqualone on the scene and also the growing incidence of drug abuse even amongst school going children and adolescents has brought the problem into focus throughout the world. The sweep of drug abuse is truly international and thrives on violation of national boundaries and every ethics known to man. The menace, as developing now, has genocidal proportions, sapping the vitality of the younger generation and has to be fought by the collective will of mankind. It has to be combated and prevented for the sake of humanity. Though drug dependence is perhaps the most formidable threat of this century to the progress of the nation, to the potential, creativity of our generation, there is a hope if we act now.

Chapter one deals with the introduction of the study. Chapter two concerns with the review of related literature done abroad and in India. Chapter three describes the method and Procedure used in the study. Chapter four gives an analysis of the data. Chapter five deals with the findings of the study. Chapter six deals with the case studies and chapter seven draws the summary of the findings, implications and suggestions of the study.

The purpose of Chapter I is reflected in ten sections. Section 1.1, deals with the study and its setting, Section 1.2, History of drugs, Section 1.3, The most widely abused drugs, Section 1.4, portrays drugs with reference to India, Section 1.5, deals with the classification of drugs. Section 1.6, depicts the causes of drug abuse Section 1.7, describes the pattern of drug use, Section 1.8, deals with drugs and aids, Section 1.9, discusses the different aspects of drug prevention and the last section 1.10, gives a conclusion of the chapter.

### **1.1 The Study and its Setting**

The place in which the study was undertaken is in the state of Meghalaya which means 'abode of clouds'. True to this name, for half the year, from late April to September, rain bearing clouds envelop the land. The hilltops are usually covered by dense but beautiful clouds making them almost inseparable and indistinguishable. Clouds form a veritable part of Meghalaya befitting the poetic name of the state. It was only on April 2,

1970 that an autonomous state of Meghalaya was formed. The full fledged state of Meghalaya came into existence in January 21, 1972.

The state is a land locked territory of lovely hills with abounding sylvan beauty. It is bounded on the North by Goalpara, Kamrup and Karbi-Anglong districts of Assam state and on the East by the district of Cachar and North Cachar Hills also of the state of Assam. On the South lies Bangladesh and on the West lies Assam.

Carved out of two hill districts of Assam, viz. United Khasi and Jaintia Hills district and Garo Hills District in 1970, Meghalaya is essentially a hill state with a people in varying stages of development. Meghalaya lies between  $25^{\circ}47'$  N to  $26^{\circ}10'$  N latitude and  $89^{\circ}45'$  E to  $92^{\circ}47'$  E longitude. The capital of the state is Shillong, one of the loveliest all time hill resorts in the East often known as the 'Scotland of the East'.

### **Area**

The total area of the state is 22,429 sq. Km. with a population of 17,74,778 (according to 1991 census). The state is now divided into seven administrative districts. They are (i) Jaintia Hills district created on February 22, 1972, (ii) East Garo Hills district created on October 22, 1976 and (iii) West Garo Hills District. (iv) East Khasi Hills district and West Khasi Hills district created on October 28th 1976. (vi) Ri Bhoi

district on June 18, 1992. (vii) South Garo Hills on June 18, 1992. These districts are predominantly inhabited by the Khasi, Jaintias and Garos. These tribal communities are descendent of the very ancient people having distinctive cultural traits and ethnic origins.

### Population

According to the 1991 census, the total population of Meghalaya is 17,74,778. If we take district wise count we find the following table :

**Table 1.1  
Area and Population**

District	Headquarters	Area	Population
Jaintia Hills District	Jowai	3819	220473
East Khasi Hills*	Shillong	2748	537906
Ri Bhoi*	Nongpoh	2448	127312
West Khasi Hills	Nongstoin	5247	220157
East Garo Hills	Williamnagar	2603	188830
West Garo Hills*	Tura	3714	403027
South Garo Hills*	Baghmara	1850	77073
Total	Area+ Population	22429	17,74,778

\* - Provisional figures.

Sources - (1) Census of India 1991 and  
(2) Community Development Department.

## Cultural Heritage

Meghalaya is the homeland of three of India's ancient hill tribes the Jaintias, the Khasis and the Garos. Dance, Music and sports reflect their way of life. Festive sounds of merry-making echo from hill to hill revealing the pulsating life of the tribal people. Mindful of their cultural heritage, these simple folks are jovial and hospitable.

The Khasi and Jaintias are held to be remnant of the first Mongolian overflow into India. They established themselves in the present homeland in the remote past and owing primarily to their geographical isolation they succeeded in maintaining their independence until the consolidation of the British administration in this part of India. The Khasi language, spoken by Khasis and Jaintias is believed to be one of the very few surviving dialects of the Mon-Khmer family of languages in India today.

A distinctive feature of the Khasi Jaintia society is its customary law of inheritance by which inheritance to property and succession to tribal office both run through the female line passing from mother to the youngest daughter. Office and management of property is of course in the hands of the women themselves.

The Garo hills is the homeland of Garo's. The Garos originally inhabited a province of Tibet in the distant past.

Under their chiefs Jappa-Jalimpa and Sukpa Bongepa, the Garo's wandered in the Brahmaputra valley for centuries in search of a permanent home and survived the ordeals of wars and persecution in the hands of the kings ruling the valley. The Garos branched out into a number of sub-tribes and the main body, under the legendary leader, Abong-Noga occupied Nokrek, the highest peak in Garo Hills. The Garos are part of the great Bodo race, a branch of the Tibeto-Burman family. They mainly practice jhum cultivation. Like the Khasis and Jaintias they are a matrilineal society. These sturdy people are fond of dances, songs, sports and festivals.

Meghalayans are industrious people, generally good tempered, but they are occasionally prone to outburst of anger accompanied by violence. This is due to the spirit of freedom which seems to be innate in them.

### Political Organization

The Khasi, Jaintia people have never been ruled by outsiders prior to the British conquest in the early part of the nineteenth century. The region was divided into a number of wholly autonomous political units. There was no centralized political structure. The twenty-nine Khasi states functioned independently as sub-ethnic units. Each of the state was governed by a Durbar presided over by the chief and consisting of representatives of the ruling families and villages within the state. There was no comprehensive political structure linking the

whole Khasi, Jaintia people. The political units were entirely independent of each other and were ruled by chiefs variously known as Syiem, Lyngdoh, Wahadar, Dolloi and Patoi. Each state had a similar form of government which was basically democratic.

Durbars differ in their composition from place to place and Durbars inside one Syiemship are numerous. They are :

(1) Durbar Hima (State Durbar) was the supreme authority of the state. The state Durbar included the chief, Ki Bakhraw, in addition to these it also included representatives of the Raid and village councils. The chief summoned the Durbar and acts as its president. All the clan councils, village Durbars etc. were joined together in the state Durbar.

The cultural integrity of the state centered around the Durbar Hima. It maintained law and order, it was the keeper of the traditional customary laws and exercised power in maintaining the moral behaviour of the people. It was the highest legislative, judicial and an executive body.

It also acted as a supreme court. The chief and ki Bakhraw served as chief Justice and Judges. In Khasi-Jaintia political system there were a number of judicial bodies, beginning from the family level and moving up through the level of the clan, village and raid upto the state level. All cases that could not be solved at the lower levels were referred to the

state court. The Durbar Hima was not only responsible for settling disputes but it was also responsible for executing its decisions.

(2) **The Durbar Raid** : The Raid Durbar covered an area comprising several villages. The Rangbah Raid (Headman of the Raid), elected by the Durbar Raid was the executive head. Normally, all the village headman were the members of the Durbar Raid, but in some cases additional representatives were elected. The elected members acted in an advisory capacity. The officers of the Durbar Raid were not hereditary but once chosen the members at least served for life. The function of the Durbar Raid was to maintain the Raid Lands. It looked after the landless among the people and allocated land for residential purpose, cultivation, cattle rearing etc. It allocated some part of the Raid land for public purposes such as cremation and sports ground. It looked after the forests and ensured that trees were not felled indiscriminately.

(3) **The Village Durbar** : Each Khasi-Jaintia village was an organized political unit. As such it had its own council (Ka Durbar Shnong). The village headman (i.e., Rangbah Shnong) presided. His office was elected not hereditary, but once elected served for an unspecified number of years. Its memberships consisted of the male representatives of each family. They acted as advisors to the headman. The village Durbar was responsible for the welfare of the village. It maintained law and order, implemented development schemes such as road and bridge making,

provision of water supply, construction of stone monuments and imparted training in the art of self-government. It saw to detection of crime and apprehension of culprits. It arranged election or deputation of representatives to state councils. It prescribed rules of conduct and because of the total village participation, it became itself a training ground in citizenship, welfare, oration and even in the resumption of economic activities. It channelised different means of village education acquainting young men in welfare, dance, music, social service and specialization in other other subjects including the use and veterans in martial arts. The Village Durbar also had a judicial function. It tried cases including such crimes as murder, assault, theft, robbery, sorcery, adultery and a rare case of rape. Conflicts among members of the clan were brought to the Village Durbar when they could not be settled within the clan.

(4) **The Clan Durbar** The clan constituted the nucleus of Khasi-Jaintia society. About every clan had its own clan Durbar (Ka Durbar Kur) consisting of the male members representative of each family or sometimes of sub-clan (Ka Kpoh). The eldest member of the clan was always appointed clan Headman (U Rangbah Kur), commonly referred to as U Kni Rangbah (the Head Uncle). He had to be able to preside over the Durbar as its executive head. Decision were made by consensus rather than vote. Its meetings were always held at the original house of the clan (Ka Ingseng). Its duties were to look after the clan property (Ri Kur) and to settle dispute among clan members including trying cases of

theft, adultery, trespass, damage to property etc. It is also responsible for looking after the clan's general welfare including the provision for assistance to landless members. The Rangbah Kur serves as clan priests, performing all clan rituals assisted by his brothers and nephews.

Thus the traditional political structure was based upon inter-linking hierarchy of Durbars - clan, village, Raid and State which combined a modified form of democracy with hereditary elements.

#### Education

In Meghalaya the number of educational institutions are as below :

**Table 1.2**  
**Number of Educational Institutions in Meghalaya**

Sl. No.	Institutions	1990-91
1.	Pre-Primary + Pre-Basic	1272
2.	Primary + Junior Basic	4273
3.	Middle + Senior Basic	805
4.	High & Higher Secondary	447
5.	Basic & Non-Basic Training School	10
6.	Teachers Training College	1
7.	Polytechnic	1
8.	Colleges for Arts, Science and Commerce	23
9.	University	1
All Institutions		6833

Source : Directorate of Public Instruction, Meghalaya.

The colleges in Meghalaya are divided into (i) Government Colleges, (ii) Deficit Colleges, (iii) Adhoc Colleges and (iv) Private Colleges.

The percentage of literacy in Meghalaya is:

**Table 1.3**  
**Percentage of Literacy in Meghalaya 1991**

Sl. No.	District	Literacy rate (in %)		
		Persons	Male	Female
1.	Jaintia Hills	35.32	34.37	36.31
2.	East Khasi Hills	60.04	62.86	57.04
3.	West Khasi Hills	50.52	52.98	47.94
4.	East Garo Hills	48.38	54.70	41.70
5.	West Garo Hills	39.32	46.93	31.32
6.	Meghalaya	49.10	53.12	44.85

Source : Census of India, 1991.

## Health

Meghalaya has several general hospitals and dispensaries. Important among them are the Civil Hospital at Shillong, Jowai, Nongstoin, Tura, Williamnagar, the Khasi-Jaintia Presbyterian Synod Hospital, Nazareth Hospital, Ganesh Das Hospital, Military Hospital, T.B. Clinic Hospital based at Shillong. Altogether there are 1811 beds available in these hospitals and dispensaries which are served both by government and voluntary organization. Besides, there are a good number of private nursing homes having specialized physicians practicing in the towns of Meghalaya. There is also Sanker's Rehabilitation Centre established for alcoholics and the drug addicts.

The position of government health services which are available in the state are presented in Table 1.4.

**Table 1.4**  
**Number of Government Hospitals, Dispensaries, T.B. Clinics, and Bed in Meghalaya**

Year	Hospitals	Dispensaries	T.B. Clinic	Bed
1991	8 +	23	3	1811

In conclusion Meghalaya can be summarized as follows.

**A. The Land (1991 Census)**

1. The Area : 22,429 sq. km.
2. Districts : East Khasi Hills, West Khasi Hills, Jaintia Hills, East Garo Hills, West Garo Hills, Ri-Bhoi and South Garo Hills.

**B. The People (1991 Census)**

1. Total population : 17,74,778
2. Literacy : 44.85 per cent.
3. Racial Origin of the people : Austric, Tibeto, Burman and Aryan
4. Political Organisations : Durbar Hima, Durbar Raid, Village Durbar and Clan Durbar.
5. Education (Colleges for Arts, Science and Commerce) : 23
6. Health :
 

Hospitals	-	8
Dispensaries	-	23
T.B. Clinic	-	3
Beds	-	1811
Rehabilitation for Alcoholics & Drug Addicts.	-	1

## 1.2 History of Drugs

In order to understand and appreciate the present day dilemma, a look at the problem from its historical perspective may prove to be quite rewarding.

The history of non-medical drug use goes back to thousands of years ago, their existence can be traced to pre-historic era. Man consumed the juice of the opium poppies long before there was narcotics such as morphine and heroin. Man chewed coca leaves long before cocaine was extracted from the South American coca plant. Man dried peyote cactus long before hallucinogen was synthesized. Throughout recorded history, drug have been used both for medical, social and religious purposes. Its use to enhance physical well being and to heighten religious and metaphysical experiences are closely related to drug use for its own sake.

Opium was known almost 6000 years ago to the Sumerians who used to describe opium poppy as *hullgil*, meaning a 'plant of joy' (Einstien; 1975). There is a mention of Greek usage of opium around 900 B.C. in Homers writings. Homer's epics the *Illiad* and *Odyssey* contains several references to wine and occasional suggestion that sena heroes perhaps Achillis the hero of the Trojan war suffered from over indulgence. In the '*Illiad*' Helen is said to have brought a drug like substances *Repentha* (which some people believe to be marijuana and others opium) with her to Troy, and in the *Odyssey* the "lotus eaters" encountered by

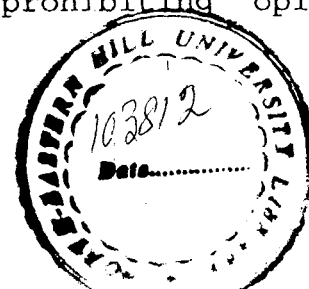
Ulysses suffered from a self-induced lethargy and forgetfulness clearly associated with drugs. There is also a reference of the use of poppy juice in 300 B.C. in the writings of Theophrastus (371-287 B.C.) a Greek naturalist and philosopher. Hippocrates is stated to have made extensive use of opium as a medical herb. The earliest use of opium in Arab countries is in the writings of Al-Biruni (973-1051 A.D.) Arab troops and traders brought the knowledge of opium to Europe and East Asia in the 10th century. It is believed that opium found its way to China also at the same time.

Cannabis finds its first historical mention in the compendiums of the Chinese emperor Shen Nung, written around 2737 B.C. (Coleman; 1976). Cannabis Sativa could be brewed into a tea and was prescribed for use in various ailments in India by about 2000 B.C. and the Indians have been first people to dry the plant and smoke it. About 1000 B.C., cannabis began to be used as a religious hallucinogen, and became a part of the Hindu culture (Einstien; 1975) The Susruta, a treatise produced in India in about 400 A.D., documents local use of cannabis at that time and this and other sources provide unusually detailed information of the specific grades used by Indians. There are three grades of cannabis, varying in pharmacological intensity : Charas the most potent, Ganja the second grade and Bhang the least potent, was brewed into tea by the lowest classes. Ganja a stronger grade was unusually smoked by the middle classes and Charas the most potent preparation (equivalent to hashish) was made into fancy

classes in the Indian society. The word hashish dates from the 11th century. This drug preparation take its name from the Persian cult leader Al-Hassan-Ibn-Alsabbah. 'The old man of the mountains' Hassan led a group of the Isma ili sect of Shi'ite muslims called hashish (hemp eaters) who allegedly incorporated the use of hashish into their violent reprisals against political rivals. In Africa and Asia, it has been in use for the last 3000 years as an intoxicant as well as for the treatment of arthritis, malaria, headaches and constipation. It was also in abundant use throughout Northern Africa at the time of Prophet Mohammed. Apart from the above drugs, ergot fungus found on a seeds of a plant known as 'morning glory' has also been used for hundreds of years by south American Indians to achieve religious hallucination.

Coca appears to have been in use for the last 5000 years or so much before the establishment of the Inca Empire. Coca was considered to be a plant of divine origin by Incas, and its leaves were chewed by the ruling or affluent classes of society at that time.

Sixteenth Century A.D. marks the beginning of the realization that the intoxicants were harmful to human beings. Opium and Cannabis addiction started under adverse notice of rulers in a few countries. The Sultan of Turkey prohibited the use of Opium and Cannabis in the 16th century. Emperors of China issued edicts in the 18th and 19th century prohibiting opium



smoking, and the Egyptian ruler banned consumption of cannabis in 1884.

Towards the end of the eighteenth century, England started selling opium through the East India Company, to China in exchange for tea (Teff; 1975). In 1831, the East India Company supplied Indian Opium worth \$11 million to China and purchased \$8 million worth of tea. After the East India Company had left China in 1834, the trade of opium by British merchants continued unabated. The British government encouraged opium trade between India and China as it was a major source of revenue to the British government ruling India. As the estimated number of opium addicts in the country had reached about 150,00,000 by the mid-nineteenth century. China resisted to the compulsory trade of opium insisted upon by Britain. This resistances led to the First opium war during 1839-42 as a result of which Britain was able to force opium trade on China. In the second opium war with China in 1856, the British with the help of the French forces, were victorious again and China was forced to sign treaties giving opium trading concessions to Britishers. The migration of the Chinese to South East Asia, spread opium addiction to these areas also.

By the eighteenth century, opium addiction had become quite rampant in Europe. In the middle of the nineteenth century, cannabis use became fashionable among Bohemian artistic and literary circles. A club named 'Le Club des Hachichins' was

established in Paris where eminent writers like Baudelaire and Gautier consumed large quantities of cannabis - based sweets under the belief that it promoted creativity. Morphine addiction later came to be known as "The Army disease".

Cocaine was discovered in 1859, and was initially considered to be a harmless stimulant. It was advocated by Sigmund Freud for the treatment of morphine addiction, depression and chronic fatigue (Dusek & Girdano; 1989). It was said that Freud himself was an enthusiastic user of cocaine and considered to be a 'magical drug'. However, it was realised that cocaine had inherent dangers, and that it was a failure in the cure of morphine addiction.

Heroin, an alkaloid of opium, was discovered in 1898 and was sold freely as the sedative for cough in U.S.A. Other opium derivatives were also sold in that country through public advertisement at that time as 'expectorants' and 'soothing syrups'. On the other hand, new drugs of addiction were also being discovered at the same time. Veronal was discovered in 1903, Procaine in 1905 and Phenobarbital. Luminal in 1912. Amphetamine was synthesised in 1927 and its use began in the 1930's when they were widely prescribed for depression and obesity. It was used by both the allied and German soldiers during the Second World War to ward off sleep and fatigue, and also "to give dutch courage before an assault" (Barrymore; 1975). The stimulating effect on amphetamines along with increased

self-confidence and euphoria was soon sought by housewives, truck drivers on long trips and students studying for examination, to keep them alternative to their monotonous task.

L.S.D. was discovered in 1938, and Meperidine in 1939. Methadone another synthetic narcotic was developed by the Germans during the Second World War as natural narcotics were not available with them. In 1950 meprobamate was synthesised, introducing the era of minor tranquillizers as among the most widely prescribed drugs particularly Valium and Librium. 1950's and 1960's saw a rash of fad drugs whose popularity was quickly waned. In 1959 there was a craze for glue sniffing among young people. L.S.D was used as an adjunct to psychotherapy in 1950's particularly as a result of proselytizing by Dr. Timothy Leary. In 1970 the drug commonly known as PCP or 'Angel Dust' became so popular among adolescent as a substitute for heroine that in 1978 President J. Carter was forced to enact specific legislation against it. Poly drug use the taking of two or more drugs at once, has also developed in the last decade or so. It is common among some users to take a stimulant in the morning and a depressant at night. Drug abuse has been gradually increasing since the beginning of the 20th century. Therefore efforts has to be made to control this menace.

### 1.3 The Most Widely Abused Drugs

The most common abused drugs world wide at present-are, cannabis; cocaine too is being used to epidemic proportions in

some major drug region. The abuse of amphetamines, barbiturates, sedatives and tranquillizers separately or in combination with other drugs or alcohol is on the rise in more countries. The sniffing of Volatile solvents such as glue or paint thinner continues to be a problem among young people world wide. Poppy straw which is not included on the current international list of controlled substances, is emerging as a new drug of abuse being smoked usually in tobacco mixture.

### Cannabis

The hemp plant Cannabis has been used as an intoxicant over the last four or five thousand years. It is the Indian hemp (Cannabis sativa), now cultivated and growing wild in many countries of the temperate and tropical zones. It originated in Central Asia. The resin, flowering tops, leaves and stems contain the psychoactive substances, Tetrahydro Cannabinor (THC). The highest concentration of THC is in the resin. Male and female plants occur separately. The female plant is taller, broader and longer lived, it can reach 30 feet average height; 4 to 8 and 2 inches in diameter. Cannabis is classified as Hallucinogen though in very high dosages it can produce psychedelic effects; but it also exhibits some characteristics of depressant (Sedation), narcotics, (analgesic) and even stimulants enhanced perception. For three millennia, people in Africa and Asia have been smoking it often mixed with tobacco. It has a number of names including pot, ganja, bhang, grass, blow, dope, charas, weed, hash, hashish, honey, marijuana, shit, bush. (Menon; 1989).

The coca bush (*Erythroxylon coca*) an evergreen shrub is cultivated in the mountaneous western region of south America. Cocaine is a stimulant and can be sniffed, smoked or injected. A new more addictive form of cocaine called 'crack' is smoked in crystalline form giving quick intense high which last for few minutes and leaves the user desperate for more. It is mainly 'snorted' through the nose but may also be injected, cocaine may be taken by 'free-basing'. Thus like 'chasing the dragon' involves heating the drug and inhaling the fumes. In North America much of the present concern relates to a form of cocaine called 'crack' (Health Education Board for Scotland, Scottish Drug Forum; 1992). Crack abuse is harmful to the brain, heart, lungs and nervous system and also produces serious psychological effects.

### Opiates

The opiates are derivatives from the resin of the pod of the opium poppy (*papaver somniferum*). The commonly encountered alkaloids include morphine and codeine. Heroin is produced from morphine by treating it with acetic acid. It grows in the temperate and sub-tropical climates and appears to have originated in the Eastern Mediterranean region about 5000 years ago. Its use spread rapidly to Persia, Egypt, China and Europe. Opium is now used as an important raw material for licit manufacture of morphine, codeine and their derivatives. Unfortunately, it is also the raw material for the illegal production of heroin.

## **Morphine**

Morphine is the main active principle of Opium. It may be extracted either from Opium or directly from poppy straw. Physical dependence to morphine develops quickly and increases in intensity with increased dosage leading to addiction. Withdrawal symptoms begin within a few hours after the last dose reaching maximum intensity within 24 to 28 hours, and then subsides.

## **Heroin: (Diacetylmorphine)**

This is obtained from morphine by a simple chemical process. Heroin is a central nervous depressant which relieves pain. It was developed in 1898 by Bayer Company in Germany. It is addictive as morphine. Depending on the method of administration it induces different degrees of Euphoria. After a 'Fix' a sense of well being replaces feelings of depression or low esteem and this is followed by sleep 'going on a nod'. Tolerance to heroine builds rapidly and stronger doses are needed. Both psychological and physical dependence develop rapidly. It produces a very strong dependence and is a choice drug by many users. World Health Organisation (W.H.O.) and the United Nations Commission on Narcotics Drugs recommended a ban on both the manufacture and use of heroin and most of the member countries have complied with this recommendation.

## **Other Morphine Derivatives**

A number of chemical derivatives of morphine which closely resemble the parent substance in both therapeutic

properties and addictive side effects are also subject to international control. Codeine (methyilmorphine) is used extensively as an effective cough suppressant and mild analgesic with a comparatively low addictive potential.

### Synthetic Opiates

A number of strong analgesics with morphine - like effects were developed in the late 1930's with a view to obtaining a powerful but non-addictive pain reliever. The number of synthetic analgesics developed to date and under international control far exceeds that of "natural" drugs, but only a few of these synthetics have entered the illegal world market because they are usually difficult to manufacture. Scientific Research continues to seek an effective analgesic that produce the beneficial effects of morphine and its derivatives without causing dependency.

### Stimulants

The naturally occurring stimulants are coffee, tea, betel, kava, khat, coca (either plants ingested directly or products derived from plants and processed for consumption without elaborate chemical preparation). Synthetic stimulants of which the amphetamines are the most important in terms of non-medical use, are a twentieth century product. They elevate mood, relieve fatigue and feeling of hunger. They are used for euphoric effects and curbing obesity (Blum & Associate; 1969).

## Betel

The areca nut, or betel and the betel leaf, which is chewed as a quid, are given earliest notice according to Lewin, by Theophrastus in 340 B.C. used was widespread in Persia by 600 A.D. for, by that time, over 30,000 betel selling shops were described by the historian Ferishta (cited by Lewin) in one town. Indians by the tenth century used it as a "national custom" and it is assumed that Arabian travelers, so important for drug diffusion during medieval times, brought it to their countries and to Africa from India. It is a commercial product used by men and women but it may be turned to particular interest, for example Lewin says that Burmese monks used it to inspire self reflection. A mild substance ordinarily producing a pleasant sensation in the mouth (for those used to it) as well as stimulation, it is nevertheless said to be the focus of compulsive use; Lewin is of the opinion that its use is helpful digestively in Far Eastern diet. In the case of betel, in Thailand it is chewed with *Mitragyna speciosa* which according to Schultes has narcotic properties. Ford say betel is important in establishing friendships, in courtship, and in marriage. Betel use is a social as well as an individual activity (Blum & Associate; 1970).

## Amphetamines

Amphetamines are stimulants. They are synthetic amines which are in many ways similar to the body's own adrenalin (epinephrine). These drugs generally evoke an arousal or

activating response not unlike one's normal reaction to emergency or stress' (Interim report of the Canadian Commission of Inquiry; 1970). Amphetamines were first synthesized in the early part of the century and entered medical use by the 1930's. They induce a feeling of euphoria and confidence and suppress appetite. Effects are greatest if injected and this practise is extremely dangerous due to the presence of non-soluble ingredients or impurities in illicit drugs and the risk associated with the sharing of the equipment. High doses of amphetamines may produce unpleasant delusions, intense suspicious and disturbed behaviour. Psychological dependence upon these drugs may develop. Although there are no physical withdrawal symptoms, withdrawal may cause even severe suicidal depression. The most common amphetamines stimulants are Benzedrine, (bennies), Dexedrine and Preludin (Jamieson; 1984). Other drugs with some what similar pharmacological properties are phenmentrazine (preludin) methylphenidate (Ritalin) and pipradol (Meratran) Common slang terms for amphetamines include 'speed', 'crystal', 'meth', 'bennies', 'dexies', 'A', 'uppers', 'pep-pills', 'diet pills', 'jolly beans', 'truck drivers', 'co-pilots', 'eye openers', 'wake-Ups', 'hearts' and 'footballs' (Interim Report of the Canadian government Commission of Inquiry, 1970).

### **Depressant**

Drugs which acts on and slow down the action of the Central Nervous System (CNS) diminishing functions. Opiates barbiturates, Alcohol and sedative (tranquillizers) are the most

used and abused depressant. They work primarily on the brain depressing the psychomotor activity and relieving tension and anxiety. Barbiturates generally refers to drugs which are derivatives of barbituric acid. Barbital, the first drug of this class to be synthesized, was introduced into medicine in Germany in 1903. Thousand of barbiturate acid derivatives have been synthesised, manufactured in the form of tablets, capsules, suppositories, liquid for injection etc.

The brand names are Seconal, Tuinal, Nembutal, Amytal, Seneryl, noctate, amytyl and Heminevrin. These drugs are frequently referred to as 'Barbs' 'nemmys', 'goofballs', 'yellow jackets', 'red devils', 'downers' or 'sleeping pills'. (Interim Report of the Canadian Government Commission of Enquiry'; 1970). Alcohol which includes beer spirit and wine is a depressant. Although the inhalation of Volatile solvents which includes aerosols, gasoline, glues, solvents, butyl nitrates (room odorizers) lighten fuel thinner and paint for non - medical purposes has been known for well over a century, it was only within the last decade that such practices have come to the regular attention of public health officials. While the recent practice of adolescents 'glue sniffing' has received the most publicity, a wide variety of other substances and practices have been involved. The psychological and physiological effects of the Volatile solvents are in many respects similar to the sedative. Alcohol and barbiturates in low doses can produce considerable behavioural and psychological arousal while higher amounts

usually result in sedation and a general reduction in activity. Higher doses may produce laughing and silliness, feelings of floating and being 'out of contact', dizziness, perceptual distortions of time and space, illusions, confusion, drunkenness slurred speech, blurred vision, a feeling of numbness, nasal secretion, watering and irritation of the eyes, the nose and lining of the respiratory system, headache, incoordination. Persistent use of glue can damage the bone marrow and liver. Anemia is the most common manifestation of chronic toxicity. As the dose is further increased, the general sedating - anesthetic effects dominate and drowsiness, stupor, respiratory depression and, finally unconsciousness result. Additional quantities may inhibit breathing and produce death (Watson; 1986). Tranquillizers are depressant mainly used for medical purposes. Tranquillizers are generally classified as major and minor. Major tranquillizers such as phenothiazines are usually, only used for psychoses. Minor tranquillizers, the type most sought by drug abusers are used in the treatment of anxiety and tension. They include meprobamate (Equanil and Miltown) and chloridiazepoxide (Librium & Valium). They are classified as sedatives. They are used to relieve tension and anxiety and also to treat mentally disturbed patients such as schizophrenics and also to treat alcoholics.

### **Hallucinogens**

They constitute a chemically diverse group of drugs such as L.S.D., Mescaline, peyote, psilocybin, Datura and Fly

Agaric (a mushroom) which produces profound mental changes such as euphoria, anxiety, sensory, distortion, vivid and visual and auditory hallucinations. These drugs cause concern not because they produce physical dependence, but because their effects are unpredictable. By far the most commonly used of these is L.S.D. (Lysergic acid Diethylamide) colloquially known as 'acid'. Fungi such as Liberty cap and Fly Agaric may produce toxic effects, hallucination, sleep disturbances and nervous tension. P.C.P. or 'Angel Dust' is a cause of wide spread problems in North America. Hallucinogens alter the way in things. They may cause hallucinations and confusion (rather like delirium experienced by young children with high temperature). Some users experience changes in their personality after using these drugs and these may be long lasting. It can be particularly dangerous to body and mind to use hallucinogens while alone, since a panic reaction can be extremely frightening under such circumstances or extremely dangerous exploits attempted e.g. 'flying' from a high building (Scottish Health Education Group; 1988).

#### 1.4. Drugs with Reference to India :

Not only among Chinese Assyrians and Greeks but also among Indians much earlier than any other part of the world; the use of drugs was prevailing. The use of liquor and other drugs prevailed in all the ages of our Indian History both Vedic and post Vedic Ages. Though Puranas condemned drinking, some reference to wine is found in Sutras and Ramayana etc. 'Cannabis was introduced in India by about 2000 B.C. and the Indians have



`sharpens the memory', `sharpens the wits', `creates energy' and `stimulates mental powers elixir vitae'.

The British government in 1893 appointed the Indian Hemp Drug Commission "to enquire into, and report on the cultivation of, and trade in, all preparation of hemp drugs in Bengal, the effect of their consumption upon the social and moral condition of the people and the desirability of prohibiting its growth and sale". The Commission witnesses testified that cannabis is refreshing and stimulating, alleviates fatigue, creates the capacity for hard work and ability to concentrate and gives rise to pleasurable sensation so that one is at peace with everybody (Great Britain 1969).

According to Hindu mythology, cannabis is a holy plant, given to man, for the "welfare of mankind," the Moslems as well as Hindus share the belief that ganja is a "holy plant" (Chopra; 1969). Witnesses from the Commission reiterated the ancient belief that ganja has divine properties brought from the Himalayas by Shiva the Hindu deity in special prayers before ganja is offered to Shiva during temple worship of the Gods. Ascetics and religious medicants often take to cannabis drugs to overcome hunger and thirst. Under its influence they can go without food for days. There is also a belief with them that these drugs help in the concentration of mind towards meditation. Cannabis is used in worship and in offerings made on the fulfillment of vows and bhang is customarily served at weddings and at

religious festivals (Great Britain; 1969), Bhang is also taken as a beverage called thandaii and serve as a sweetmeat and is sometimes used in urban areas in making ice-cream.

The high castes among Hindus who are forbidden the use of alcohol, are allowed to drink bhang sharbat after a fast. Among certain sects in Bengal, a beverage prepared from the leaves of the plant is offered to various family members and to guest present on the last day of Durga puja. Ganja is used as an offering on Tarakeshwar temple on Shivaratri day and on festivals such as Trinath puja. In Jagannath Puri (Orrisa), Ganja and Bhang are largely used by the attendants and worshipers of the Lord. Worshipers of Shiva in Bombay generally use Ganja. Bhang is drunk by certain classes during the Holi and Diwali festivals, marriages ceremonies and other family festivities. Among the Sikhs, the use of Bhang was quite common twenty to thirty years ago and these beverages were freely distributed to devotees visiting some of their religious places and Shrines. Drinking of Bhang is also in vogue in Rajputana during the festival of Kama (Indian Cupid) by the Rajputs of Bondil. Marwaris and merchant classes use bhang on festive occasions. Chaubas, brahmin priests of Mathura, Brindaban and other places of pilgrimage are notoriously addicted to bhang, even now. Mohammedan fakirs revere bhang as the giver of long life and believe that it frees them from worldly bonds and induces communion with the divine spirit'. Ubiquitous overt use of ganja of secular purposes particularly smoking was confined to the lower class and was extensively used

"among the poorer sections of the population" (Chopra 1969). They were treated by the educated "higher class" people with disrespect and referred to as ganjari a term of contempt like "drunkard". It is interesting to note that the use of opium by the "higher classes" was not considered inappropriate (Great Britain; 1969).

The Commission found only a small percentage of cases in which "hemp drugs might be reasonably regarded as a factor causing insanity" (Great Britain; 1969).

The history of Opium in India is well described by Chopra & Chopra (1965) (Blum & Associates; 1969). The earliest mention of Opium as a product of India was made by the traveler Barbasa in his description of the Malabar coast in 1511, and the Portugal in 1516 spoke of opium of Egypt and Bengal. The first recorded instance of the cultivation of poppy in India in the fifteenth century mentions Cambay and Maliva as the places where it is grown. It appears to have been cultivated first along sea-coast areas and to have penetrated later into the interior of the peninsula. So extensively was the poppy grown at the time of the Mughals that opium became an important article of trade with China and other Eastern countries (Chopra & Chopra; 1965).

During the Mughal (Timured) period, Opium trade with China was of great importance and was a state monopoly; in 1757, the monopoly passed into the hands of the East India

Company and from there, first, to the British and then to the Indian governments. During the time of the Mughals, beginning with Babur and continuing with Akbar, opium taking was so popular among all classes. The nobility drunk "charburgha", which was a mixture of hemp, opium wine, and kuknar opium was also taken with water or pill form. In 1893, the Royal Commission issued its voluminous report on opium and on cannabis, which concluded that opium smoking was rare but adult drinking and pill use were common and that it was used to treat ailing infants or given to them and their mothers left them to work. Chronic opium eating was limited to older persons. Its folk medical use was paralleled by and probably derived from its employment in traditional Ayurvedic and Unani (Tibbi) medicine, probably being adopted in these systems in the fourteenth and fifteenth centuries. It continues to be used in Indian traditional medicine (only occasionally including dosing infants) and is now eaten and smoked by what is reportedly a very small sector of the lower classes, where Chopra & Chopra state it as a group rather than an individual activity. In India, medical use was paramount after opiums introduction by the Moslems, and opium remains an important feature of Ayurvedic medicine (Dwarkanath; 1965). There are Indian references to its use to keep political enemies out of circulation (doping them up) or indeed to keep profligate sons from gambling and wenching (Chopra; 1955) by sedating them. But most applications seemed to have been for insomnia, nervousness, upset stomach, diarrhoea, rheumatic pains, and the like. Infants left by their mothers were given opium to lull them to sleep. It

was advertised as a proloner of sexual intercourse and for refreshing the weary.

The use of opium in India could best be discussed in three phases : first phase, until 1893, when there was no restriction on the production and sale of Opium to public & prices were low; second phase, 1893 - 1948 leading to the regime of restriction and increase of prices and third phase, present situation.

#### First Phase (up to 1893):

The use of opium was prevalent at the time of Akbar is shown by references made to it by Abul - Fazl in his Ain-i-Akbari. He states that even the Emperor occasionally indulged in taking opium and 'Kuknar' a beverage prepared from the poppy capsule. Most of the nobility of the courts of Akbar and Jahangir used a beverage, composed of a mixture of hemp, opium, wine and kuknar, called 'Charburgha'. Kasumba was also taken in the form of a drink.

#### Second Phase (1893-1948):

The first comprehensive study of the problem began with the appointment of the Royal Commission in 1893 for enquiring into the sale and production of Indian Opium. It arrived at the conclusion that opium smoking and the use of the decoction were rare and the main use was for oral consumption by adults and doping of infants. Rev. Paton (1924) of the National Christian

Council concluded "Taking the country as a whole, its (habitual use of opium) is comparatively rare". Chopra and co-workers (1928) took up a detailed study of indulgence in opium all over India and effects produced by it. They were forcibly struck by the fact that the habitual use of Opium was not so common in India as might have been imagined from some of the publications dealing with this question. Although there were certain areas and certain classes of the population which were badly affected, these formed a very small minority. The Government, however were taking keen interest in these areas and had appointed local committees to enquire into the causes of the high incidence of addiction there and to make recommendation with a view to their eradication. These committees submitted their reports and suggested such measures as compulsory registration of addicts, further raising of price, stricter regulations regarding retail sale, sale on medical certificate only, etc. These were gradually introduced.

Third Phase (1948 upto the present situation) :

With the introduction of complete prohibition since Independence, of the sale of opium in open market in all the states and with the gradual ten percent cut in the annual supply of excisable opium, the evil has been completely arrested. This is also borne out by the fact that the quantity of excise opium issued for consumption in the Union of India was reduced in 1960 - 61 to nearly one - nineteenth since 1947 - 48 (Chopra & Chopra; 1965).

The first use of cocaine for euphoric purposes has been recorded in 1880 in Bhagalpur in a town in Bihar, state of India. It spread along the main routes of commerce from one urban centre to the next (Chopra; 1935). Its use spread from Calcutta to other towns in Bihar, Uttar Pradesh and Punjab chiefly through betel leaf sellers and peddlers. Production of cocaine is in Andean Region which is far away from India (Pauizi; 1988).

/ Reference to the use of alcohol in India can be traced back to 2000 B.C. Books of the old Hindu medicine about chronic alcoholism and delirium tremens. Consumption of alcohol was forbidden by scripture but still men indulged themselves in the use of liquor. With the advent of Buddhism, sobriety among the masses increased. Monarchs like Allauddin Khilji and Aurangzeb not only practised abstinence but also imposed total prohibition. With the British rule in India, consumption of alcohol increased as the production was increased to earn regular revenue.

Use of tobacco in India has been prevalent since time immemorial. Tobacco smoking in the form of biri and cigarettes has been widespread while hookah is also used in rural areas. However used as 'snuff' is not as widespread as tobacco smoking. In production of tobacco, India comes next to United States and China (Chopra & Chopra; 1965).

Geographical location of India between two major belts of narcotic producing countries i.e. the Golden Triangle (Burma,

Lagos and Thailand) and Golden Crescent (Pakistan, Afganistan, Turkey and Iran) and smuggling of these products through India to Western countries where their demand is abundant, have created a favourable condition in India for the malady of drug addiction to proliferate (Ghosh; 1987). Finally it may be summarised that narcotics, tobacco, alcohol, cannabis and cocaine are commonly used in India. However, use of barbiturates, amphetamines and hallucinogens is relatively recent as these are manufactured substances.

### **Classification of Drugs**

For the classification of drugs there are no specific classification systems. If an attempt is made to classify the drugs based on its specific properties it must be realized that not all drugs are similar in their properties and reaction. The same drug could have different affects on different people because the effects vary depending on the individual, the quantity consumed, the method by which the drug is administered and even on the circumstances prevailing at the time of consumption. The same drug can create unpleasant mood at one time and elate mood at another.

Drugs are medically classified under the following headings.

- (i) Narcotics
- (ii) Depressants

- (iii) Stimulants
- (iv) Hallucinogens
- (v) Cannabis

The drugs can also be classified according to the degree of severity and implication of particular addiction. Chopra and Chopra (1965) having provided this information about this as shown in the following Table (1.5).

**Table 1.5**  
**Drugs in Decreasing order of importance**

Expenditure	Narcotics	Tobacco	Alcohol	
Time of Addiction	Narcotics (Weeks)	Barbiturates (Months)	Alcohol (Years)	
Suffering when Unobtainable	Narcotics	Barbiturates	Alcohol	
Burden on Society	Alcohol	Narcotics	Barbiturates	Tobacco
Burden on Public Health	Tobacco	Alcohol	Barbiturates	Narco- tics
Revenue	Tobacco	Alcohol		

Again Chopra and Chopra (1965) report that the following have been listed as the addiction drugs of importance in U.S.A. under the term addiction :

(i) Opiates and Synthetic Analgesics (Opium)

Laudanum, peregoric, morphine and its derivatives methadone and merperidine.

(ii) Hypnotics and Sedative Drugs

Barbiturates, chloral hydrate paraldehyde and bromides.

(iii) Alcohol

(iv) Cocaine

(v) Certain sympathinatics, amphetamines and methamphetamine.

(vi) Marijuana (Cannabis)

Again Chopra and Chopra (1965) report that there are classification according to physical behaviour and source. On the former basis drugs can be put under two categories.

(1) Stimulants

Cocaine, Amphetamine, Nicotine, Caffeine and Khat.

(2) Depressant

Narcotics, Cannabis, Barbiturates (and again there is no mention of Hallucinogen which may be under the depressant drug category).

The Interim Report of the Canadian Government Commission of Inquiry (1970) Classification of Drugs is as follows : Drug classifications based on a variety of different considerations have been developed and there appears to be little general agreement as to the optimal scheme for ordering the universe of biologically active substances. For example drugs might be organised according to chemical structure, clinical

therapeutic use, potential health hazards, liability to non-medical use, public availability and legality, effects on specific neural or other psychological and behavioural processes. The classification systems developed from these different approaches may show considerable overlap, although there are often striking incongruities for example, some drugs which appear very similar in chemical structure may be quite different in pharmacological activity and vice-versa. The most useful organisation depends on the intended use of the classifications.

Since our major concern here is with the effects of psychologically active substances, our interim drug classification is based primarily on general psychological and pharmacological considerations. They are classified into eight major classes and are presented along with some examples of drugs from each group.

## Classification of Major Psychoactive Drugs

### 1. Sedative and Hypnotics

Barbiturates : for example

- Veronal\* (barbital)
- Seconal\* (Secobarbital)
- Nembutal\* (Pentobarbital)

Minor Tranquillizers : for example,

Librium\* (Chlordiazepoxide)

Valium\* (Diazepam)

Doriden\* (Glutetimide)

Miltown\* (Meprobanate)

Other - for example,

bromides, alcohol (ethanol), paraldehyde, chloral hydrate, antihistamines (e.g., Gravel\*), anticholinergics (e.g., datura stramarium, atropine, scopolamine (Somnux\* and Compoz\*)).

## 2. Stimulants<sup>a</sup>

Amphetamines : for example,

Benzedrine\* (amphetamine)

Dexedrine\* (dextroamphetamine)

Methedrine\* (methamphetamine)

Others - for example,

Ritalin\* (methylphenidate), Meratran\* (pipradol), Preludin\* (phenmetrazine), Cocaine, ephedrine, Caffeine (coffee, tea and cola drinks), nicotine (tobacco), Khat.

## 3. Psychedelics and Hallucinogens<sup>b</sup>

LSD (Lysergic acid Diethylamide - 25, lysergide)

Cannabis (marijuana, hashish)

THC (Tetrahydrocannabinol)

Mescaline (Peyote)

Psilocybin

DMT (diethyltryptamine)

DET (diethyltryptamine)

DOM (STP, dimethoxymethamphetamine)

MDA (Methylenedioxyamphetamine)

MMDA (methoxymethylenedioxyamphetamine)

LBJ (methylpiperidylbenzilate)

PCP (Sernyl\*, phencyclidine)

#### 4. Opiate Narcotics<sup>a</sup>

Opium (e.g., Paregoric\*, Pantopon\*)

Heroine (diacetylmorphine)

Morphine

Codeine (methoxymorphine)

Synthetics - for example,

Deremol\* (pethidine)

Alvodine (piminodine)

Dolophine (methadone)

#### 5. Volatile Solvents<sup>b</sup>

Sources : Glue, gasoline, paint thinner, nail polish, nail polish remover, lighter and cleaning fluid, spray cans etc.

Active Agents : Toluene, acetone, benzene, naphtha,  
trichloroethylene, ether, chloroform, amyl nitrate, nitrous  
oxide, freon etc.

#### 6. Non Narcotic Analgesics<sup>a</sup>

Aspirin\* (acetylsalicylic acid)

Phenacetin\* (acetophenetidin)

#### 7. Clinical Anti Depressants<sup>c</sup>

Manoamine Oxidase (MAO) inhibitors e.g.,

Nardil\* (Phenezine)

Tricyclics - e.g.,

Tofranil\* (Imipramine)

#### 8. Major Tranquillizers<sup>c</sup>

Phenothiazines - e.g.

Largactil\* (chlorpromazine)

Rauwolfia alkaloids (snake root) - e.g.,

Serpasil\* (reserpine)

Butyrophenones - e.g.,

Haldol\* (haloperidole)

Thioxanthenes - e.g.,

Taractan (chlorprothixene)

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\* - Registered Trade name.

- a - used medically and non-medically
- b - Little or no medical use
- c - Wide medical use, and little or no medical use.

The sedatives and hypnotics (e.g., alcohol, barbiturates, sleeping pills, and minor tranquillizers) generally decrease the central nervous system (CNS). They are used medically to reduce anxiety and tension, to produce general sedation and at higher doses, sleep. The anticholinergic substances (e.g., belladonna alkaloids) are after used as sedatives at low doses although larger amounts may produce excitation and delirium.

The stimulants (e.g., amphetamines or 'speed', 'diet', and 'pep pills', caffeine, and cocaine) generally suppress appetite, increase activity, alertness, tension and general CNS arousal, and at higher doses blocks sleep. Tobacco (nicotine and coal tars) is usually considered a physiological stimulant although a variety of other effects are not uncommon.

The third group includes drugs described as psychedelic (mind manifesting), hallucinogenic (hallucination producing), psychotomimetic (psychosis-imitating), illusinogenic (illusion producing) and psychodysleptic (mind-disrupting). These drugs may produce profound alteration in sensation, mood, and consciousness at doses which result in comparatively light physiological activity. LSD and marijuana are example from this group. The

medical value of these drugs is the subject of considerable current controversy.

The drugs in the fourth category have traditionally been referred to as narcotics or opiates and are derivatives of, or pharmacologically related to, products of the opium plant. The best known examples are heroin, morphine and codeine. The word 'narcotic' has been used inconsistently in scientific as well as lay language considerable disagreement in legal matters (for example, marijuana, cocaine, other non-opiates are frequently controlled under laws regulating narcotics, in spite of the fact that they are pharmacologically different from this group). The use of the term 'opiates' is generally more specific, although its application has not always been limited to these drugs. Consequently, the specific term opiate narcotics is suggested to reduce ambiguity. These drugs are used medically for their pain-relieving effects.

The fifth group is an aggregate of chemically diverse substances perhaps best described on a physical basis as volatile solvents. They are usually inhaled and include the vapour of some common material as glue, gasoline and lacquer thinner. Some of these drugs have been called delirants although delirium is only one of many potential effects and is clearly not restricted to these substances. Many are quite similar to the sedative group and might be considered in a sub-class of that category. Most of

these substances have no known medical use although several have been employed as clinical anaesthetics.

The non-narcotic analgesics (e.g., Aspirin\* and Phenacetin\*) are primarily used to reduce pain and to lower fever. In some instances they may serve as mild sedatives.

The clinical anti-depressants (e.g., Tofranil\* and Nardil\*) are used medically to improve mood in severely depressed patients. These drugs are rarely used for non-medical purposes since they have little effect on normal mood states.

The final group, the major tranquillizers are primarily used to reduce the symptoms of severe psychosis (e.g., schizophrenia). Largactil\* and Resperine are examples while these have initiated a wide spread revolution in chemotherapy in psychiatry, they are rarely involved in non-medical use.

The World Health Organisation (1973) recognizes the following as dependence producing drugs :

#### 1. Alcohol Barbiturate Type

Ethanol, barbiturates and certain other drugs with sedative effects.

#### 2. Amphetamine Type

Amphetamine, dexamphetamine, methamphetamine etc.

### 3. Cannabis Type

Marijuana (Bhang, kif, maconha, ganja, hashish, and charas).

### 4. Cocaine Type

Cocaine and coca leaves.

### 5 Hallucinogen Type

LSD, etc.

### 6 Khat Type

Preparation of cacha.

### 7 Opiate Type

Opiates such as morphine, heroine, codeine, and synthetics with morphine like effects as methadone and pethidine.

### 8 Volatile Solvent Type

Acetone and carbon tetrachloride.

Another way of classifying drugs is on the basis of the effects they have on the user. Accordingly, drugs can be classified into the following types :

#### 1. Sedatives (mainly barbiturates)

Pentobarbital, secobarbital, barbital, selobarbital and anobarbital.

## 2. Stimulants (mainly amphetamines)

Benzedrine, dexidrine, methedrine, cocaine (cocoa) methaqualone, pep pills.

## 3. Narcotics

Opium, morphine, codeine, heroin, methadone and pethidine.

## 4. Psychodelics and Hallucinogens

Cannabis, ganja, charas, bhang, hashish, mesaline, Psilocybin and LSD.

## 5. Tranquillizers

Chlordiazepoxide, meprobanate, diazepam, seopolamine.

## 6. Alcohol and Tobacco

## 7. Miscellaneous

(a) Sex Stimulants - People suffering from mild impotency tend to use sex stimulants without medical prescription. This drug gives stimulation to a person before doing sex.

(b) Mandrax - Mandrax is the drug which is used for medical purposes to get relief from mild depression, control of appetite, and narcolepsy. It is available in the form of a tablet. It gives

relief in depression and helps in changing mood.

It is extensively used by the youngsters.

Another classification given by World Health Organisation (1975) and which is adopted for describing dependence producing drug is as follows :

#### **Dependence Producing Drugs**

A drug having the activity to interact with living organism to produce a state of psychic or physical dependence of both. Such a drug may be used medically or non-medically without necessarily producing a state of dependence. The characteristic of a state of drug dependence once developed, will vary with the type of drug involved. There are however several types of drug that can produce substantial central nervous system, stimulation or depression or disturbance in perception mood, thinking behaving or motor function are generally recognised as having the capacity when used under certain circumstances. The term dependence producing drug means a drug belonging to one of the following categories.

1. **Alcohol Type** - Alcohol beverages of all kinds.
2. **Amphetamine Type** - (e.g. amphetamine, dexamphetamine, methamphetamine, methylephenidate and phenmetrazine)

3. **Barbiturate Type** - Barbiturate especially those with a short or intermediate duration of action and certain other drugs with sedative effects such as chloralhydrate, chloridiazepoxide, diazepam, moarobamate and methaqualone.
4. **Cannabis Type** - Preparation of cannabis sativa including marijuana, bhang, dagga, kif, maconha, ganja and hashish.
5. **Cocaine Type** - Cocaine and cocoa leaves.
6. **Hallucinogen** - LSD, dimethyltryptamine (DMT), Lysergide (LSD) mescaline, peyote and psilocybin.
7. **Khat Type** - Preparation of catha, edulis forsk.
8. **Opiate** - (morphine type e.g., opium, morphine, heroin, codeine and synthetic drugs with morphine like effects such as methadine and pethidine).
9. **Volatile Solvent (inhalent) Type** - e.g., tolvane acetone, gasoline and carbon tetrachloride and also certain anaesthetic agents such as chloroform and nitrous oxide.

The Hongkong Council of Social Service 1988 have classified drugs of abuse into Narcotic drugs and non-narcotic drugs (Prashant, 1993).

- A. Narcotic Drugs, and
- B. Non-Narcotic Drugs.

**A. Narcotic Drugs**

- 1. Opium
- 2. Morphine
- 3. Heroin
- 4. Codeine
- 5. Methadone
- 6. Wellconal
- 7. Filidine

**B. Non-Narcotic Drugs**

- 1. Stimulants : (a) Cocaine, (b) Amphetamines
- 2. Depressants and Tranquillizers : (a) Barbiturates, (b) Mandrax, (c) Librium, (d) Nitrazepan.
- 3. Hallucinogens: (a) Lysergic Acid Diethylamide (LSD), (b) Herbal cannabis (Marijuana), (c) Phencyclidine (Angel Dust or Angel mist).
- 4. Organic Solvents.

Drugs like tobacco, caffeine, alcohol etc. have not been considered for the simple reason that they are socially acceptable, addiction and are within acceptable limits. Only those narcotic drugs and psychotropic substances have been included, which has high potential of addiction and dependence and have the capacity to cause severe damage to the individual and society.

On the basis of their effect on the central nervous system, the drugs may be broadly classified into Depressants, Stimulants, and Hallucinogens.

### **Depressants**

Depressants are the drugs which dulls consciousness, induce sleep or stupor and relieve anxiety and pain. The movements of a person who consumes any of these drugs becomes slower, speech gets slurred and the pupils appear dilated. These drugs further be categorized into Opium and its derivatives, barbiturates and non-barbiturate sedative and tranquillizers.

Opium is a dark brown coagulated milk of an unripe opium poppy which grows in temperate and sub-tropical climates. It is eaten as it is or smoked through a long stemmed pipe. The opium derivatives, i.e., morphine, heroin and codeine are abused in abundance. Heroin in powder or tablet form and crystalline appearance is first dissolved in water and then injected intravenously by the addict into the body. It is also used by sniffing. Brown sugar or smack are forms of heroin in raw stage before purification and are also obtained by mixing pure heroin with glucose, talcum powder and other adulterants. Heroin is the most seductive drug due to its ability to cause tremendous physical and psychological dependence and thereby enslaving the use codeine, another opium derivative, is used in most cough syrups and headache tablets which are available in the market.

From among the non-opiate depressants, the barbiturates are most frequently abused drugs. These synthetic drugs are derived from barbituric acid and have the sedative and sleep producing effect. They are used for the relief from anxiety and tension. It is derived from barbituric acid, and have the sedative and sleep producing effect. Most common ones used by addicts are phenobarbital, anobarbital (Amytal) butabital (Seneryl) and secobarbital (Seconal). They are available in the form of elixirs, capsules, tablets, powder, syrups and can be taken by mouth or intravenously. These drugs produce physical and psychological dependence.

The third category of depressants, i.e., non-barbiturate sedative and tranquillizers. These drugs reduce anxiety and tension and mandrax (Methaqualone) tablets. Tranquillizers like Valium, Diazepam and Equanil commonly known as sleeping pills.

### **Stimulants**

Stimulants are the drug which stimulates the central nervous system and thus allay the feelings of fatigue, hunger and sleep. Coca leaf and a coca derivative called cocaine are the two natural stimulants. The other category of stimulants consists of amphetamines which are synthetic in nature. Cocaine which is an alkaloid extracted from coca leaf, is used generally by the affluent class only, as it is quite expensive. It is odourless white crystalline fluffy powder and often sniffed or injected

intravenously by addicts. It creates a feeling of muscular strength, excitement, elation and euphoria. The euphoria sensation is short lived and gets replaced by feelings of depression delusion and hallucinations. Crack which is a mere potent form of cocaine, is becoming highly popular in many/some countries at present as it is cheaper than cocaine in the illicit market.

The other category of stimulants consists of amphetamines which are synthetic in nature and was first developed in 1925. Common Amphetamines are Berzedrine, Dexidrine and Preludin. These drug are available in the form of tablet, capsule and injection. These drug have also been used as slimming pills. Due to their effect of causing increased wakefulness and severance of fatigue, these drug are commonly abused by students for studying up to late hours at night. The effects are excitement, agitated restlessness and insomnia, and the user tends to be very talkative and euphoric. The pulse rate goes up, pupils gets dilated and the body trembles.

### **Hallucinogens**

Hallucinogens are drugs which produce radical mental changes such as vivid visual and auditory hallucinations, euphoria, delusions, paranoid reactions and distortions of the user's awareness of reality and his own identity. The effects of the drug are that the person pupils gets dilated and he indulges in loud talking and burst of laughter without reason. He will

also have hallucinations and distortion of perception. Cannabis does not develop only physical dependence, and is considered to be less dangerous than other drugs. However, regular and prolonged use can seriously impair psychomotor cognitive and endocrine functions and immune system of the body.

Lysergic Acid Diethylamide a synthetic hallucinogen, is available in the form of white powder or colourless liquid. It is generally taken orally. It has been used for the treatment of neurotic illness. It produces hallucinations and striking changes in the users perceptions. LSD has dangerous side-effects which persist for long, and may make the user almost appear to be schizophrenic. The drug does not cause physical dependence. However, the psychological dependence may leave a profound impact on the users personality.

Mescaline is an alkaloid found in the peyote cactus and causes visual hallucination. Psilocybin was discovered in 1958 as an hallucinogenic agent present in a variety of small mushroom belonging to species 'Psilocybe maxicana'. Its effect is similar to that of mescaline. But they have not been able to gain much popularity among the drug users.

### **Inhalents**

Other substances such as chloroform, gasoline, glue, ether, kerosene, lighter fluid, paint, thinner are abused by sniffing the vapours for getting hallucinogenic experience. The

inhalation of the vapours of these substances disturbs vision, impairs judgement, and reduces muscles and reflex control. Some die due to suffocation as they cover their heads and faces with plastic bags to concentrate the fumes for inhalation.

#### 1.6 Causes of Drug Use

The causes for drug use are difficult to pinpoint as there are several factors which lead to the abuse of drugs. Some of the contributing factors leading to drug abuse are peer pressure, desire to seek peer approval, curiosity, ignorance about the dangers of illegal drug use and of the consequences of health as a result of drug abuse, feeling of alienation, changing social structures including the breakdown of family unity and a sense of community urbanization and unemployment. People take to drugs as they feel that it may mitigate their adjustment difficulties and loneliness. Sometimes individual may attempt to solve his problem of day to day living by using drugs, the individual is freeing himself from the real struggle that are required to solve the problem, various psycho-social and economic factors prevailing in the given social setting may lead to the occurrence of drug abuse among people. For example, the disintegration of traditional family ties, increased mobility, rapid urbanization and industrialization which particularly affect the developing countries are among the factors recognised as being conducive to the occurrence of drug abuse among people.

Persons who take drugs apparently do so for a wide variety of stated and perhaps incognitos reasons and a given individual may take the same or different drugs for differing reasons at various times. However, one or more of the following motives often appear to be associated with the initiation and continuation of drug taking : (i) to satisfy curiosity and drug effects; (ii) to achieve a sense of belonging to be "accepted" by others; (iii) to express independence and sometimes hostility; (iv) to have pleasurable, new, thrilling, or dangerous experiences; (v) to gain or improved "understanding" or "creativity"; (vi) to foster a sense of ease and relaxation; (vii) to escape from something (World Health Organisation Report; 1973).

Some take simply because of the influence of their friends. Research has shown that first experiments with drugs by young people are almost invariably made with a substance obtained from a friend. Some who are unhappy or worried sometimes take drugs. It gives them pleasure for a while and they forget about what's making them unhappy.

Some who are bored take drugs to relieve their boredom. Some take drugs just for the kick ... to experiment ! And some take them simply because they are available. Any age group is susceptible to drugs. However, the majority start in their teens. Teenagers are at risk. They often have the money, the need for

excitement, the attraction to risk, all combining to make them a ready market (Ghonglah; 1987).

Among the possible reinforcing pharmacodynamic properties of various types of dependence-producing drug are : relief from pain, anxiety, fear, inhibitions, and excessive passivity, a sense of ease, relaxation, and blurring of consciousness, a sense of increased understanding, insight, or creativity, and the production of dreamy and/or euphoric states.

A knowledge of the pharmacological interaction between the drug and drug taker and the environment is essential to an understanding of drug dependence. Given that pharmacological, human and environmental factors are present, some of the many hypothesis put forward to explain the causation of drug-dependence include the following : (i) that such drug dependence may be a manifestation of an underlying character disorder in which immediate gratification is sought in spite of the possibility of long-term adverse consequences and at the price of immediate surrender of adult responsibilities; (ii) that it may be a manifestation of delinquent deviant behaviour in which there is pursuit of personal pleasure in disregard to social convention, so that to some this is primarily a moral problem; (iii) that it may be an attempt at self-treatment by person suffering from (a) psychic distress either of the normal variety seen, for instance, in adolescence or as a reaction to social and/or economic stress, frustration or blocked opportunity; or

the more persistent problem of depressive illness, chronic anxiety, or other psychiatric disorders; (b) physical distress - hunger, chronic fatigue, or disease; (c) a belief that the drug has special powers to prevent disease or to increase sexual capacity; (iv) that it may provide a means of achieving social acceptance in a social subculture, particularly for the socially inadequate; (v) that it may be a manifestation of a permanent or reversible metabolic tension brought about by the repeated use of high doses of drugs; (vi) that it may be part of a rebellion against conventional social values relating to pleasure, tradition, success and status; (vii) that even in the absence of pre-existing psycho-pathology, it may result from the acquisition of a complex set of instrumental and classically conditioned responses and may therefore be a form of learned behaviour; (viii) that even in the absence of underlying psycho-pathology, it may result from socio-cultural pressures leading to heavy use of a drug, for example, alcohol; (ix) that any or all of these factors may play a role in the causation of drug dependence in a given individual (World Health Organisation Report; 1973).

Other precipitating factors are (a) rejection by or separation from, a person upon whom the individual was emotionally dependent; (b) transition to a more demanding adult role, such as those involving occupational responsibilities, sexual relationships, marriage and parenthood; and (c) serious adverse circumstances or physical illness (World Health Organisation Report; 1970). The other initiating factors are (a) the

ease with which dependence-producing drug may be obtained in a given locality; (b) social acceptance of the use of drugs to relieve discomfort or to modify mood or perception and (c) the extent and rapidity of mass communication and transport now enable persons in one part of the world to learn quickly of the activities of others in distant places; (d) the family may play a role in facilitating or initiating drug use, or in deterring such use. There are many anecdotes about sons who become alcoholics like their fathers, or those who did not do so because they so adhered the alcoholism of their fathers (or other relatives).

### 1.7 Patterns of Drug Use

The patterns of drug use are determined by the specific drug category and its availability as well as by the users need. "A pattern of drug use is the description of non-medical use of drugs in terms of types of drugs taken, the quantity, frequency, and duration of their use, the route of administration and the circumstances of their use." The U.S. National Commission on Marijuana and Drug Abuse has divided the entire spectrum of drug using behaviour into the following five pattern of drug use -

#### 1. Experimental Use

Many young persons and elder ones try one or more dependence-producing drugs once or a few times and stop. This experimental pattern, often motivated largely by curiosity and peer pressures, is perhaps the most widespread of any with respect to certain dependence-producing drugs. The most common

type of drug using behaviour is characterised as short term, non-patterned trial of drug with varying intensity, motivated primarily by individuals curiosity about the drug and desire to experience altered mood state. The maximum frequency of which is ten episodes, usually through close friends in social settings.

## 2. Social Recreational Use

Voluntary or patterned use of drug usually in social settings among friends or acquaintances who wish to share an experience perceived by them as acceptance and pleasurable behaviour is not sustained because the user is not dependent on the drug-use unlike experimental use which is limited to a few episodes, social use tends to be repeated in weekly and bi-weekly episodes.

## 3. Circumstantial - Situational Use

This pattern has been defined as a task specific self-limited use which is variably patterned differing in frequency intensity and duration, behaviour is generally motivated by the users perceived need or desire to achieve a new anticipated effect to cope with specific problem or situation. Such use may have four or five episodes a week.

## 4. Intensified Use

This pattern is defined as long term, patterned drug use at least once a day, such use is motivated chiefly by an individuals problems or stressful situation or a desire to

maintain certain self prescribed level or performance. The salient feature of this group is that the individual still remains integrated within a larger social and economic structure.

## 5. Compulsive Use

The pattern of behaviour is at high frequency and high level of interest characterised by high degree of psychological dependence and perhaps physical dependence, the compulsive pattern is usually associated with pre-occupation with drug-seeking and drug-taking behaviour to relative exclusion of other types of behaviour, the motivation to continue compulsive drug use is primarily related to a need to elicit the acute drug effects, in the face of increasing tolerance and incipient withdrawal effects. In 1980's new form of compulsive use that has emerged called 'binge' or 'runs' refers to continuous period of repeated drug taking during which the user consumes substantial dosage of drugs. This form of drug-use appears to be motivated by a desire to maximise pleasurable drug-effects and is usually associated with some degree of intoxicity. The compulsive use of drug includes the following three forms of drug abuse :

1. Drug addiction
2. Drug habit
3. Drug use. (Concrine, Constantine and Mazzoni; 1985).

## 1.8 Drugs and Aids

AIDS stands for Acquired Immunodeficiency Syndrome. It is a newly found disease for which a cure is yet to be discovered. The virus that first causes it was first identified in January 1983 at the Pasteur Institute, Paris. The disease causes irreparable damage to the person's immune system and makes him susceptible to a host of infections including skin disease, diarrhoea, fever and cancers. The mortality rate is extremely high.

AIDS is a viral disease which directly attacks group of white blood cells, which have an important role in combating infections. Drug addict has no direct risk of AIDS, however some of the drug addicts (INTRAVENOUS DRUG USERS) who take drugs by 'skin popping' or 'mainlining' run the risks of AIDS. 'Skin popping' refers to injecting the liquefied drug just beneath the skin and 'mainlining' refers to injecting the drug into the blood - stream, the usual area chosen is the large vein inside the elbow. Of those desperate to indulge in prostitution for procuring drugs, many run the risk of having AIDS from their partner's. In words of the ICMR report, the situation is simply "alarming" whereas in other parts of the country the virus is found mainly among prostitutes and truck drivers etc., here in Manipur it is cent percent among intravenous drug users. Quoting the ICMR report again, Manipur with an estimated 15,000 intravenous drug users "over 50 per cent of them might have been injected with HIV. So, whereas in the rest of the country hetero-

sexual contact is the major route, in Manipur it spreads mainly by needles. Similarly, in nearby Nagaland, out of 80 persons screened, half of the 22 drug addicts were found for HIV" (Ghonglah; 1992).

It can thus be said that the intravenous drug abuser has the risk of falling to AIDS. Such drug abusers often use hypodermics which are not sterilised or even used ones to have a quick shot. AIDS is transmitted through the sharing of hypodermic which is the likely link between drug and AIDS. According to World Health Organisation estimates, more than 10 to 15 per cent of AIDS patients are intravenous drug abusers. Some drugs are known to suppress the user's immune system, but it is premature to infer present the direct link between drug abuse and AIDS.

### 1.9 Drug Abuse Prevention

The abuse of drugs is an international problem which affects almost every country in the world both developed and developing. Over the past two decades, use of illegal drug has spread at an unprecedented rate and has reached every part of the globe. No nation has been immune to the devastating problem caused by drug abuse. The illegal use of drugs has crossed all social, economic, political and national boundaries. According to the World Health Organisation (WHO) all over the world there are-

- 29 million people who use cannabis
- 2 million people who use opium

- 1 million people who use heroin
- 1.6 million people chew coca leaves
- 6 to 10 million people take cocaine
- 3.4 million people use amphetamine.

This is the magnitude of the problem world-wide. Drug abuse affects the individual it damages his health, well being, jeopardise his chance for healthy and productive life, it affects not only himself but also his family and community.

A glance at the history of drug abuse prevention reveals that no clear strategy has emerged as yet. Drug Abuse Prevention has two important components for interventions : Supply Reduction and the Demand Reduction. Supply reduction refers to the steps taken to remove the source of illegal drugs as well as eradication of supply in the streets. Demand reduction refers to elimination of the need/urge/demand for illegal drugs by those who use the drugs as well as those who influence others to use through interventions at the individual family, group, community and national levels. Now the question is what conventional approach is to be used in our fight against drug ? Some may say eradication of crops a very simple concept if we don't have crops we won't have drugs. But its not that easy to do it. The second step is interdiction at borders. The government has spent maximum amount of money to protect the borders : land and sea. There is no way that the air, land and sea can be protected, but it does not mean that this should not be done. The

third step is the tough law enforcement for drug traffickers. Now these three things are related to the supply side of the equation what is known as the supply reduction strategy.

Ever since the first Opium convention of 1909 in Shanghai, international efforts to control opiate abuse have largely failed to achieve its goals mainly because of its one-sided emphasis on supply reduction. It is now recognised at long last that supplies of illicit drug cannot be curtailed as long as there is a demand thereof. We have to assume that supply will be endless so long there is a demand in the country. Therefore, emphasis should also be laid on the demand-reduction strategy. The demand-reduction strategy must aim at bringing awareness to every person in the society and motivate him to give whole-hearted support to every effort made by the government and non-governmental institution in combating drug menace. Such strategies must make a two pronged attack on the addicts to give up drugs and on all others not to fall prey to the temptation to experiment with drugs. Thus demand reduction strategies can work at three levels of prevention.

1. Primary prevention attempts to discourage the initiation of drug use thereby reducing the incidence of drug use. Primary prevention assumes that the individual has never tried drugs.

2. Secondary prevention also known as intervention discourages the increase in drug consumption by users and encourage them to return to non-use thus reducing the prevalence of drug use. Secondary prevention assumes that the individual is in the early stage of use.
  
3. Tertiary prevention provides treatment and after care to help people get off and stay off drugs, again reducing the prevalence of drugs. Tertiary prevention assumes that the individual is regularly using drugs.

Prevention is more than just raising awareness and providing information. A key element in the success of any strategy to reduce drug abuse is the encouragement of healthy, drug-free life styles. While government can provide incentives for this, it is only with active community support that such activities can be developed. The war against drug abuse cannot be undertaken solely by the government. It is a total war and there can be no slow down or let down. It is only under constant vigilance that the drug problem can have the best chance of not being a problem at all. It is an on going process which calls for total community involvement. Community involvement is a necessary component of an effective prevention strategy, a shared relationship among all parties is essential in the promotion of drug prevention efforts.

Demand reduction through community involvement will ultimately prove to be our best weapon against the use of drugs. The fragile elements of society must learn to say no to drugs. In this modern world with all the modern techniques available, it is not difficult to generate sufficient awareness at the community level. Today, the most important weapon to fight against this menace is through education. The teachers, religious leaders, parents, youth leaders and non-governmental organisations have a significant role to play as far as drug abuse prevention is concerned. All we need is strong determination and will power, a positive attitude towards our suffering fellow beings only then we shall win this war.

Just as the previous U.N. Secretary General, Javier Perez de Cuellar on the occasion on the International Day against Drug Abuse and Illicit Trafficking, June 1990 said -

"It is evident that the alarming increase in drug abuse and illicit trafficking calls for urgent measures to combat this mounting threat to society, Governments have agreed on programmes and strategies to intensify such action at the national, regional and international levels, but much still remains to be done. It will be essential for all elements of society, and in particular local communities, to work together and provide their full support if we are to succeed in our efforts to reduce demand for drug and prevent drug abuse". From this statement, it can be said

Governments alone cannot solve the problem of drug abuse. A key element is community support.

#### 1.10. Conclusion

This chapter presented the background of the study. It has been seen that today the problem of drug abuse is a major concern of humanity on account of its proliferation among the youth in various socio-cultural and economic strata. Drug abuse is a slow poison for human. The ultimate end of drug abuse - simply drags human life to a miserable end. Drug abuse today, has unfortunately become a symbol of fashion in the materialistic societies all over the world. Its use has dire consequences both in developed and developing countries. The problem of drug abuse among young people, particularly the school, college and university students is posing great concern. This problem has been highlighted quite frequently by our newspaper and local magazines in recent times. It hampers not only the health but also the academic growth of the students.

The causes of drug abuse reveal that youthful curiosity (peer) group pressure escape from reality and imaginary worries about studies, future boredom of expression of revolt against established authority etc. are some of the various reasons for the youth to take to drug.

The old adage "An ounce of prevention is worth a pound of cure" is an obvious truth in the fight against drug abuse

programme. Drug abuse must be considered a total community problem and thus the responsibility of everyone. Prevention can be viewed in stages that reflect the individuals use with drugs. These stages are known as (1) Primary, (2) Secondary and (3) Tertiary. There is no simple formula of preventing drug abuse. It takes time, energy and resources to identify the problem and implement strategies to overcome them. The problem of drug abuse can be turned around if and when communities become involved. For this to happen different people and organisation need to be involved in the process. A review of related literature is given in the next chapter.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

## 2.0 Introduction

The previous chapter highlighted the background of the present study. The present chapter gives a review of literature relevant to the topic under study.

The review of literature forms an important part of the study in order to develop a relevant frame of reference for the study. The available literature highlights the problem of drug abuse from various dimensions. An attempt was made here to review available literature with respect to studies conducted on drug abuse both in India and abroad.

### 2.1 Studies Pertaining to Drug Abuse Done Abroad

A large number of studies conducted by Yost (1954); Huxley (1959); Kolb (1962); Taylor (1966); Lingeman (1969); Wald and Abrams (1972); indicates that an interesting number of youth are turning to drugs to affect changes in their orientation towards their own selves and their environment. Brill (1974) studies the extent of affectation of psycho-social adaptation over a period of time of use of marijuana by students. The students were followed up for three years at a gap of a year each time. The study revealed that most of the students reported "no effect" on the improved adjustment. All those using marijuana for one year and 20 per cent of those using it for seven or eight years reported negative changes in their emotional state which indicated that either regular use of marijuana had a delirious effect on mental health or that people suffering from greater

than usual emotional stress tended to use it longer. Mandanes (1980) compared three groups of individuals, namely 18 heroin addicts and 9 normal college students. The family members of all the three groups were studied, in order to find out the nature of family ties of the heroin addicts. It established a hierarchical structure and close relations among the family members of normal students. The families of heroin addicts were at the bottom of the scale thereby establishing that family relationships were a contributing factor to heroin addiction.

Cafferata et al. (1983) studied 14,000 heads of families selected at random and established that the members taking drugs was more in nuclear families compared to those from extended families. The study also established a positive relationship between psychotropic drug use and the family stress variables, like death in the family, change of roles in responsibilities.

Kalpan et al. (1984) surveyed seventh grade students in eighteen junior high schools in order to test a longitudinal model that incorporated indicators of self derogation, peer influence, social control and early substance use. The research revealed that self derogation predicted drug use through two different routes. First, it led to a loss of motivation and second, peer group networks had a direct and indirect influence on the drug taking habits.

Brook et al. (1985) carried out a study in which 500 white male and female students completed 300 closed items of a questionnaire to assess the interactions between the absence of father in the family and drug use. Out of 335 subjects from intact homes, 165 subjects were from father absent from homes and reports more likely at the higher stages of drug use than those from father present homes. In addition, the findings support a mediational model in which the absence of the father seems to influence, parents behaviour towards the child and towards each other.

Chabon et al. (1986) reported that a very high proportion of drug abusers have psychiatric problem, with depressive symptoms particularly common. Non-abusing depressed patients have been found to demonstrate elevated levels of cognitive distortions in a sample of 52 inpatients depressed and/or suicidal drug abusers. Levels of cognitive distortion were found to be comparable to those reported in other studies for non-inpatient depressed subjects, but lower than those of non-abusing depressed inpatients. Within the present relatively homogenous sample, degree of cognitive distortion was nevertheless related to levels of depression, hopelessness and suicidality. It is concluded that cognitive therapy may be indicated for depressed drug abusers.

Morrison and Hammersley (1987) carried out the study with the purpose of predicting crime opiate use. Interviewing 149

drug users and criminals in and out of jail five separable levels of drug use were found - (1) alcohol only, (2) cannabis with alcohol, (3) poly drugs no opiates, (4) moderate opiates with or without poly drug, and (5) heavy opiates and or heavy poly drugs with opiates. Using regression analysis for the whole sample, it was found that theft could be predicted by opiate use along with various measures of criminal expertise and alcohol use. Drug selling could be predicted by opiate use along with other indices of drug legitimate income. Neither violence nor fraud were predicted by opiate use. Amongst non-opiate users, alcohol use was found to be the major prediction of theft and cannabis use became the major prediction of drug selling. Also though opiate users committed comparable account of theft. It is concluded that the economic dependency model, where need for opiates determine the amount of crime committed, is too simple.

Ihezue (1988) in his survey of Nigerian under graduate medical students class the alcohol and drug users as frequent users, casual users and non users. Place of residence during session and family structures record no significant contribution to the development of the substance abuse. Male sex poor performance and examination, drug taking among close friends and peers and a family background of lower socio-economic status emerged as socio-demographic factors correlating positively with the presence of substance abuse. Health education, controlled distribution of drug and alcohol, stringent regular provision against their use and a permanent commission on substance abuse with full



persons of all classes, especially in metropolitan areas. Mohan and Arora, (1976); Saxena and Mohan, (1984); Jiloha and Munjal, (1985); Jiloha and Sahay, (1986).

### 2.2.1 Estimated Number of Drug Abusers in India

In India, the problem of drug abuse has become a matter of serious public concern especially on account of its proliferation among the youth in various socio-cultural and economic strata. Although there are no definite figures to show the actual extent of the problem. Yet the rising numbers of drug addicts approaching the drug counselling and de-addiction centers indicates the increasing magnitude and extent of the problem. There are no authentic figures about the extent of drug abuse in India. There is a wide divergence of opinion. Published works on the subjects by Indian authors, place the estimated number of drug abusers between 8 lakhs to one crore. Lobo (1986) puts this number at 25 lakhs, Mallick (1991) at 8 lakhs and Bhim Sain (1992) at about one crore. According to Merchants and Dorkings (1991), the number of heroin addicts alone is over 7.5 lakhs. The Government resources estimated the number of drug abusers to be about 20 lakhs in 1992. In India, the Ministry of Welfare had sponsored research studies in 33 cities to make assessment of the current trends in drug abuse. The summarised reports published in 1992 made no estimate about the total number of drug abusers in the country as a whole. The number of drug abusers registered with various de-addiction counselling and after care centres during 1990-91 was about 2.27 lakhs according to Government

sources. According to the survey conducted by the United Nations' Agency in 1992, India had an estimated number of 10 lakh opium and heroin abusers. The annual International Narcotics Control Strategy Report for 1992 by the US State Department to the Congress puts the number of heroin addicts in India at 10 lakhs and that of opium addicts at 40 lakhs as of 1990. A PTI report from Kathmandu relying on estimates by the Royal Institute of Regional Studies in Nepal, had put the number of addicts in India between 30 lakhs to 50 lakhs. A UNI report in late 1992 from Dhaka, relying on estimates of experts from SAARC countries, has estimated this number to be between 50 lakhs to 70 lakhs. There is a broad consensus about the number of drug abusers in only two States in India, namely West Bengal and Manipur. A survey made in 1991 by the Department of Applied Psychology of Calcutta University whose findings appear to be acceptable to the State Government revealed that the estimated number of addicts in West Bengal was 1,92,626 as on March 1, 1990. With regard to Manipur almost all sources agree that the number of heroin addicts ranges from 30,000 to 40,000.

### **2.2.2 Drug Abuse Among College and University Students**

Drug Abuse is a menace of concern among the college and university students. Chitnis (1974) found the prevalence of drug abuse among the Bombay collegians. With regard to the type of drug used, the study revealed that drug such as Cannabis (17.7%), Amphetamine (7.1%), Barbiturates (5.4%) but also hard drugs like LSD (3.8%), Heroin and Cocaine (1.4%), Opium (2.5%), Morphine

(0.64%) were used by students. Drug abuse among college students in Bombay conducted by Muttagi (1978), the study revealed that of the 42 per cent of abusers, nearly 34 per cent of them were abusing socially acceptable drugs - alcohol, tobacco and pain killers came second (16.32%), tobacco third (13.35%), cannabis (2.46%) ranked fourth and was the hard drug of preference. The other hard drug taken together accounted for some 6 per cent as follows: Tranquilizers (1.76%), Barbiturates (1.54%), Amphetamine (1.23%), Opium (0.12%), LSD (0.34%), Pethedrine (0.22%) and Cocaine (0.12%). While abuse of tobacco and alcohol is rather high among males, pain killers was the most popular drugs with females. While it was found that drug abusers were to be found living in lodgings or a hostel, incidence of drug abuse was much higher among hostlers and to a small degree among those living with parents.

Savitri (1985) observed various student groups in Tamil Nadu to find out the psychological factors relating to drug addiction during 1979-1983. It was found that the students of non-professional colleges had more leisure hours and did not utilize them usefully. Parental attitudes were also greatly responsible for the rise in the number of addicts. A majority of the addicts were found to have hailed from families having problems. It was observed that 35% students used amphetamines due to anxiety during examination.

The study conducted by Mohan et al. (1985 Bulletin on Narcotics) covered 105 heroin addicts treated for their addiction during the period from 1981 to 1984 in the All India Institute of Medical Sciences (AIIMS) in out-patient clinics and in the unit of eight beds. The study included information on socio-demographic variables, addiction history and other data relevant to heroin abuse. The year wise distribution of addicts was as follows :

1981	9
1982	20
1983	41
1984	35

The study showed that there was a steady increase in the number recorded every year and in the first four months of 1984, heroin addicts were over one - third (37.8 %) of all drug abusers treated in the two department of AIIMS. The study also showed the majority of the addicts were under 30 years of age, the period during which they should have been either attending school or college. 50 per cent of the drug abusers were college students.

### 2.2.3. Factors Relating to Drug Abuse

Several studies have been conducted in India to identify the factors relating to drug abuse. Chitnis (1974) in a survey conducted on 1235 students and 14 case studies indicates

that curiosity and boredom seem to be the major factors that have prompted students to try drugs. The influence of the peer group, the desire to belong to the crowd and the desire to heighten sensation of colours and sound are some of the factors mentioned by the respondents. A few students say that they turned to drugs to escape the harsh realities of their lives. Muttagi (1976) mentioned that the factors motivating drug abuse were generally of two kinds - (1) Personal factors such as his over 'curiosity', a 'thirst of adventure'. (2) Peer group influence, a desire to belong to his group, to be accepted by the people who matter to him at that age, the peer group influence even deciding his choice of a particular drug of abuse.

Ahuja (1977) identified that a large number of students take drugs for pleasure, a small number use them to escape from unbearable and hopeless lives, and still a small number take them both to get away from life but to embrace it and to rebel against the structure and culture of society, since drugs give them a sense of liberation from convention.

Sociological study of nature and incidence of drug abuse among the college and university students conducted by Ahuja (1977) comprised of post graduate and under graduate students of 12 colleges and 6 Faculties (Arts, Science, Commerce, Law, Medical and Engineering) of University of Rajasthan. Out of 4081 students in the main sample, it was found that drugs generally taken by the students are recreational, which do not

produce any toxic hang over and for which no prohibition and social sanction against their unsociable craving make their pursuit of the drug a cause of tragedy and pain. Although drugs consumed by a large number of students are not addictive, the possibility of developing psychological dependence is high. It affects the socially acceptable values of the youth like hard work, struggle for survival and so forth. This study points out a significant correlation of drug experience with five factors - (i) higher per capita income, (ii) adolescence and post adolescence age group, (iii) English medium of instruction, (iv) Education in convent and public schools and (v) Education in institution attached to hostel. On this basis high income group, post adolescence age group 16-21 years, English medium students, Public schools and hostels attached institutions could be identified as "high risk" categories in drug usage.

A study conducted by Mohan, Prabhakar and Sharma (1977) among Delhi University students indicates the extent of drug abuse in almost one third (32.2%) of the student population. After excluding the abusers of alcohol and tobacco, the figure worked out to 18.7 per cent. The prevalence of drug abuse among male students was almost two and a half times more than in female students. Drinking and smoking is particularly viewed as taboo for women.

Gaunai's (1979) research shows that the major reasons as explained by the respondents, show that they took to drugs to

break the monotony of life and to overcome the anxiety. Curiosity over the effects of the drug has attracted them like many others who have taken to drugs before them. It has also been an experience for satisfaction. The respondents have found drug a helping agent to overcome commonest drug abuse excluding alcohol and tobacco were cannabis in boys and analgesics in girls. More than 80 per cent students abused drugs in an experimental manner while the true addicts accounted for hardly 2.2 per cent (excluding alcohol and tobacco). It reveals that charas, bhang and ganja are the most intoxicating drugs among students. These drugs are not habit forming although regularly used by most respondents. About 80 per cent of the respondents obtain their drug from peddlers who are running illegal market. Drug usually taken in groups has provided an opportunity for new respondents to make a link between peddlers and group and respondents. Almost all the respondents comes from educated and well to do families. Per capita income fluctuate from Rs. 1000.00. Findings proved that most of the respondents had experienced drug after joining college. Hostels have provided a good atmosphere for drug takers. Respondents without fear of being exposed and seen by outsiders or their parents who may get upset by setting such behaviour can peacefully inhale drugs for hours remain in a world of illusion in a condition which they explain as 'high' 'stoned' 'nice' 'beautiful' 'pleasant' and so on. Majority of the respondents are regular drug takers. They take drugs once a day although those who takes less frequently than that are many but the number of respondents who take drugs more than once a day are few. Majority

of the respondents fall in the age group of 16-24 years. Almost 56 per cent of them belong to nuclear family with a small size of 4-6 persons. Intoxicating drugs especially charas is very costly. Respondents pay Rs. 30.00 for one tola which is equal to 8 grams. The quantity of drug consumed by some of the respondent reaches to 90 grams per month which cost Rs. 240.00 but majority of respondent consume less than a gram of drug per day which cost them Rs. 2 to Rs. 2.50 per day.

Dev (1979) studied 50 drug users and 50 non-drug users matched on age and education. The subjects were selected from faculties of arts and science. Drug users were those who used one or more drugs purely for non-medical reasons. It was found that cannabis and barbiturates were more frequently used. Education of parents have no relation with use of drug whereas father's profession and income were found to be significantly related with drug use.

Singh and Singh (1980) in a study conducted on 520 students of Punjabi University and its affiliated colleges at Patiala found that alcohol was the most preferred drug by students (27.30%). Next to alcohol, tobacco was the drug ever experienced by the largest number of students (24.61%). Of the other drugs, cannabis, amphetamines, tranquilizers, sedatives were used by a significant proportion of the student. The study also indicate that onset of drug use amongst students was mostly in mid-teens. Only in case of alcohol, tobacco and somewhat in

cannabis, a few students reported early onset. Age at the onset of drug use was generally above 15 years. These were significant sex differences too, more males reported having used more types of drugs than the females, although use of tranquilizers and sedatives were among females. One reason for this may be that the society must have constraints which are placed so strong for males.

#### 2.2.4. Types and Pattern of Drug Used

Banerjee (1963) studied 1,132 students of Calcutta University and found that 26 per cent of the subjects had used tobacco and 11.4 per cent had used amphetamines. Dube (1972) reported that 5 per cent of all the students in an University are regular cannabis user. Mohan and Arora (1976) showed a prevalence rate of 2.7 per cent in Delhi students with tobacco abuse as the highest and followed by alcohol, tranquilizers, amphetamines, opium and barbiturates. Mohan and Thomas (1978) in a replica study on school population (N=399), conducted in two consecutive years reported that 65 per cent of the subjects had not taken any drugs at all, including pain killers, tobacco and alcohol. Among the users, use of alcohol, tobacco and pain killers was more prevalent than cannabis, LSD, cocaine, barbiturates etc. Opiate use was nil. Mohan et al (1978) in another study on high school male students reported alcohol and tobacco as the most popular drug abuse. Other common drugs were cannabis 12 per cent, tranquilizers 8.9 per cent, amphetamines 5.8 per cent, sedative 4.9 per cent and opium 1.3 per cent.

Mohan et al (1977) studied the prevalence rate and pattern of drug abuse among students of Delhi University. The authors defined drug abuse as "non-medical use of drugs", dependence as a "state of inability to do without drugs arising from repeated administration of drugs, on a periodic or continuous basis", experimental user as "using one or more substances once a month or less often", regular user as , "those taking one or drugs at least once a week or more often", and addiction as "inability to stay without using one or more drugs", 576 students were covered. The study showed the prevalence of drug abuse as 32.2 per cent. The prevalence was higher among males and among students staying in hostels was higher among males and among students staying in hostels. Experimentation was the major cause of drug abuse. LSD, cocaine and opium were hardly used in a regular manner. Tobacco and alcohol were the most frequently used drugs, followed by cannabis, amphetamines, barbiturates, anti-depressants and tranquilizers.

#### 2.2.5 Studies Pertaining to the Effects of Drug Abuse

The study about drug abuse in India has been known from the time of the Royal Commission, 1893 (Chopra and Chopra, 1965). It has to be mentioned that the first comprehensive study on the problem of drug abuse in India began with the appointment of the Indian Hemp Drugs Commission in 1893, "to inquire into and report on the cultivation, and trade in, all preparation of hemp drugs in Bengal, the effect of their consumption upon the social and moral condition of the people, and the desirability of

prohibiting its growth and sale". The report which remains today by far the most complete collection of information in marijuana in existence. The records of every mental hospital, since the presumed high incidence of the so-called "ganja mania" was one of the factors that prompted the appointment of the Commission. Commission witnesses testifies that cannabis is "refreshing and stimulating" alleviates fatigue, creates the capacity for hard work and the ability to concentrate, and give rise to pleasurable sensations, so that one is "at peace with every body" (Great Britain, 1969). Adverse witnesses correlated the use of cannabis with dissipation, debauchery, crime, violence, disease and insanity. The commission found only a very small percentage of cases in which "hemp drugs might be reasonably regarded as factor causing insanity".

Gaunai (1979) reveals that although many respondents 61 per cent believe that drug had no effect on their education, yet there are some who profess the fact that drug use had an unfavourable negative effect on their education i.e., academic performance. Those who denied any negative effects further mentioned that they avoid taking drugs during their examination days.

Ahuja (1982) reveals that when 160 drug users in an intensive sample were asked whether they still take a keen interest in their studies, 141 users or 88.1 per cent (past users 46, regulars 89 and addicts 6) replied in the affirmative and 19

users or 11.9 per cent (past users 4, regulars 11 and addicts 4) relied in the negative. Of the 19 drug users who had no interest in studies, only one was not interested because of his drug use habit. The interest in studies of the drug users is also evident from their habit of going to college or university library, number of books they get issued on their library cards every month and the type of books they get from their libraries. Of the 160 drug users only 4.4 per cent said they never went to the library. All this clearly indicates the keen interest of the drug users in their studies. Drug use does not have much effect on their academic interest. In the same study conducted, it further reveals that drug users were not only good in studies but they were really good in co-curricular activities. They participated in debates, essay competitions, sports and games, NCC, NSS and other activities. All this shows that there is no relationship between drug use and lack of interest in co-curricular and extra curricular activities.

### 2.3 Drug Abuse in the North Eastern Region of India

In the North Eastern states, the drug epidemic has swept across major cities and towns, taking a toll of lives and leaving in its wake broken youths and families in pain. A peripheral survey on the "Assessment of Drug Abuse, Drug Users and Drug Prevention Services in Shillong, Gauhati, Dimapur and Imphal" conducted by the Ministry of Welfare Govt. of India (1989) indicates that drug addiction is a very serious problem prevailing among the youth in the North Eastern Region. Mahanta

(1991) states that the trend of drug abuse is prevailing today not only in the metropolitan cities but today the drug operators are developing a network of distribution of narcotics in the North Eastern Region with Manipur as their base of operation. Due to the failure of the State Government to take timely action to prevent the spread of the evil among the youth, particularly University and College students both boys and girls, there is a rapid increase in the number of addicts.

According to a survey conducted in 1990 by the Indian Council of Medical Research in collaboration with the Manipur Health Department, it was found that more than 15,000 people in the age group of 12-45 years has taken to drugs. In the State of Mizoram also, drug abuse has assumed a greater proportion due to proliferation among the youth in various socio-cultural and economic strata (Zawa, 1992). Although there has so far not been any systematic survey on the number of drug addicts to gauge the actual extent of the problem, but the drug abusers interrogated during the last few years revealed that the menace has spread among the youth aged between 15 and 35 years. A preliminary survey conducted by the State Excise Department indicated that drug abuse is mainly confined to Aizawl, Lunglei and Champai besides three other small towns. It also put the number of intravenous users in the whole state as 300 only and recorded the presence of about 450 social and occasional users who regarded the use of drugs as the latest in the modern youth fashion, but are not necessarily drug dependent. In a seminar on "Drug

Addiction and Alcoholism", Ghonglah (1990) observed that even in Meghalaya there is a rising tendency of drug abuse touching different areas and different age groups.

The survey conducted by Ministry of Welfare, Government of India, Karna (1989) observed that with regard to the composition of the sample in terms of sex, it was found that in Shillong from among the 60 addicts, 55 are males and 5 are females. In Guwahati, from among 71 addicts, 69 are males and 2 are females. In Imphal, from among 73 drug addicts, 65 are males and 8 are females. The same applies to Dimapur where among 60 addicts, 54 are males and 6 are females. The same research indicates that in Shillong 90 per cent of the addicts are below 30 years of age and the rest belong to the age group of 30-49 years. The most affected group in Shillong is the age group of 20 to 29, 15.4 per cent in the age groups of 30 to 39 years. Thus, except three all the other 68 addicts are below 40 years. In Dimapur the pattern of age composition suggest that 86.67 per cent addicts in the sample are below the age of 30 years. It is particularly fascinating to note that as many as 53.34 per cent respondent have not attain the age of 25 years. In Imphal, 93.16 per cent of the drug users are below the age of 30 years. It is particularly significant to note that 47.95 per cent respondent belong tot he age group of 20 to 24 years. The age 15 to 24 years is always considered vulnerable from the point of view of drug addiction and therefore to find concentration of addiction in this group is not at all surprising.

Details about the first encounter with drugs was ascertained by the addicts in terms of both sex and age. There is no fixed age at which a person may start taking drugs. It may begin as early at the age of 13 years and may go up to the age of 24 years or more. In Shillong the highest concentration is at the age of 16 years, 22.66 per cent, followed by 18 years with 15 per cent and 17 years with 13.33 per cent. 95 per cent of the users had their first drug experience at the age of 20 years or less. 76.77 per cent reported that cannabis (Ganja, Charas and Bhang) has been the first drug they ever used. 6.67 per cent had first used the drug heroin and 3.3 per cent used LSD. In Dimapur, 41.07 per cent had their first drug experience between the age of 20 to 24 years. 75 per cent of the respondents had their first drug experience between the age of 15 to 24 years making this age group as the most vulnerable for becoming a drug user. 53.45 per cent reported that heroin had been the first drug they ever used. 18.97 per cent had first used cough linctus Phensedyl, and 17.24 per cent used ganja and 10.34 per cent used smack. In Imphal, from 34 per cent respondents received majority of the drug users experience some kind of drug before they were 20 years old. 55.88 per cent had their first drug experience at the age of 15 to 19 years. Turning to the drugs first used 67.65 per cent reported that heroin had been the first drug used. In Guwahati, a close look at the data reveals that 70.42 per cent had their first drug experience before they completed the age of 21 years. Majority of the addicts had started taking cannabis particularly ganja and bhang as their first drug.

In Shillong it was noticed that 41.67 per cent took to drugs out of curiosity, 33.33 per cent for pleasure, 18.33 per cent took it as a fashion and 11 per cent due to insomnia. In Guwahati 97.18 per cent interviewed they took to drugs for the sake of pleasure, 83.10 per cent took to drugs out of curiosity, 88.73 per cent took to drugs due to frustration, 42.25 per cent due to friends' pressure, 23.35 per cent took it because they feel it is a fashion and 12.68 per cent took it as a conflict against family. It is evident that people may not take drugs due to any single factor. Several factors contribute to the causes leading to drug abuse. In Imphal, 41.10 per cent took to drugs out of curiosity 26.03 per cent for having taste of drugs, 5.48 per cent took to drugs out of frustration and to feel independent, 38.36 per cent took due to pressure, 19.18 per cent due to conflict in the family and 13.70 per cent as rebellion against the family, 26.03 per cent took to drugs as it is a fashion and 20.55 per cent took it for pleasure. With regard to Dimapur, 52.11 per cent took to drugs due to frustration, 35.25 per cent due to curiosity, 38.03 per cent due to peer pressure and 23.94 per cent due to easy flow of money.

A research undertaken by Nagi (1993) shows that the number of districts selected are 9 districts from Assam, 5 districts from Arunachal Pradesh, 6 districts from Manipur, 3 districts from Meghalaya, 3 districts from Mizoram, 6 districts from Nagaland and a 3 districts from Tripura. In each of the selected district 50 respondents were identified and the

requisite information was collected with the help of an interview schedule. The respondents were the drug addicts selected from drug addiction centres, hospitals, jails, etc. across the seven states in the North Eastern States/Region. The snowballing sampling technique was used for selecting the respondents. With regard to the education of the respondents it shows that the percentage of illiterate respondents is the highest (44.4%) in Arunachal Pradesh. The percentage of such respondents is less than four in each of the other six State. There is no illiterate respondents in Mizoram and Tripura. The percentage of respondents who have studied up to graduate level is the highest in Assam (66.7%) followed by Meghalaya (44.0%) and Tripura (38.7%). Such respondents constitute 1.3 per cent in Mizoram. The percentage of respondents whose level of education is post graduate and above is the highest (10.7%) in Meghalaya and in the rest of the six States it varies from 0.7 per cent to 2.7 per cent lowest being in Mizoram and highest being in Meghalaya.

The same research study probed into the reasons of Drop-out in School/College. The total number of drop out respondents are 905 (51.7%) and these have been grouped into three categories according to the main reasons of drop out mentioned by them. They are monetary reasons, drug abuse and other reasons. The percentage of respondents in Manipur and Nagaland are 68.3 per cent and 68.1 per cent respectively who discontinued their studies due to "drug abuse" and in Meghalaya and Assam the percentage is 29.4 per cent and 47.4 per cent. It

further reveals that more than 42 per cent of the total drop out respondents mentioned "drug abuse" as the reason for the discontinuation of their studies. Hence, the percentage of drop outs due to drug abuse is quite high and if not checked in time, it would become unmanageable.

The study shows that curiosity, influence of friends, broken family, depression, influence of bad company, familial taboo, and influence of films are the main causes which leads to drug abuse. About 77 per cent and 62 per cent of the respondents in Manipur and Nagaland have mentioned that they were very much curious to try drugs. It means that curiosity was the main reason for initiation of drugs for these respondents. More than 50 per cent of the respondents from Assam, Manipur, Meghalaya and Mizoram have mentioned that they were influence by their friends for initiating drugs. Around 10 per cent of the respondents in each of the States of Assam, Arunachal Pradesh and Mizoram have mentioned that they were victims of broken family and that was the main reason for resorting to drug abuse. The percentage of respondents varies from 10 to 34 in the seven States of North East who have mentioned the depression was the main cause for starting drug abuse. The percentage of such respondents is the lowest in Manipur and the highest in Mizoram. The respondents who have mentioned that they were the targets of bad company for initiating the drug varies from 0.7 per cent to 44.7 per cent lowest being in Tripura and highest being in Mizoram. The respondents started taking drugs due to their familial taboos

constitute the highest percentage in Tripura (90%). The percentage of such respondents in other 6 States varies from 4.32 to 22.0, the lowest being in Manipur and the highest being in Mizoram. There are about 20 per cent of the respondents in Arunachal Pradesh who have mentioned that the reason for their starting drugs was the influence of friends. The percentage of such respondents was very low in other States.

The study revealed that cannabis is the most frequently used drugs i.e., bhang, ganja and charas is more striking both in Guwahati and Shillong. Among other drugs used are depressant, stimulant, Cough linctus like Phensedyl and Corex was also used. Whereas the survey in Imphal and Dimapur showed that heroin is most frequently used, then comes phensedyl, ganja, charas, bhang, raw opium, morphine, brown sugar, tranquilizers. Thus it is apparent that both opiates and cannabis are popular besides tranquilizers and cough syrup.

With regard to crime and drug abuse the study showed that 13 per cent of the respondents mentioned that they had committed crimes in their life time, and out of these 92.4 per cent said that they committed crime after drug addiction. It also reveals that percentage of such respondents is quite high in all the seven States excepting Arunachal Pradesh where the percentage is only 33.3 per cent. The percentage of respondent who committed crime after drug addiction in Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura are 66.7 per cent, 88.8 per cent, 93.3 per

cent, 100 per cent, 98.7 per cent and 75 per cent respectively. Therefore, it may be pointed out that drug addiction is a potential cause for committing crime. In other words, it may mean that there is a close relationship between drug abuse and crime. This, of course is a matter of great concern.

#### 2.4 Studies Conducted in Relation to Prevention of Drug Abuse

It is apparent that drug abuse is a complex and multidimensional problem. People around the world are becoming increasingly concerned about the escalating drug related problems. Medical treatment has been our main answer to date. But considering the high rate of relapse, the expense and the lack of an adequate number of professionals compounded by the easy availability of drugs. treatment has not been an effective answer to the problem. Thus, prevention is an important ingredient in our war against drugs. Prevention should primarily aim at finding out strategies to wear away the individual trying drugs, either out of curiosity or of boredom or through any other process.

An assessment of Drug Abuse, drug users and Drug Prevention services in Shillong, conducted by Karna (1989) sponsored by the Ministry of Welfare, Government of India revealed that Shillong has neither a counselling nor de-addiction centre functioning in the city. Drug addicts are occasionally treated in the Civil Hospital, Shillong under the supervision of a Psychiatrist. The Voluntary Action Bureau under the Meghalaya State Social Welfare Advisory Board is the only Government

sponsored agency which has been involved in drug awareness programme. Several suggestions and recommendations have been made to control and prevent drug abuse. Sealing of the international border. The Excise Department should be made more alert. Peddlers should be kept behind bars. Pharmacists and Medical stores should be kept under close surveillance. De-addiction counselling and Rehabilitation should be started. The Don Bosco Youth Centre should be provided with adequate financial assistance to start a permanent counselling-cum-rehabilitation Centre. The participants of Voluntary Organisation in anti-drug campaign should be strengthened and the co-ordination between Government and Non-Government Agencies should be increased. Awareness programmes for youth, parents and teachers be undertaken by organising Seminars, Workshops, Youth Camps and Preparation of popular reading materials. Reading materials should be made available in the form of leaflets, handouts to school and college going students. Traditional institutions should be utilised to arouse public consciousness against drug abuse.

Gardeiva (1989) suggests that the first step to take in this direction would be to arrange and disseminate information on the problem through awareness programmes. It should be systematically chalked out to meet the needs of specific target group. Prevention should begin before the person reaches the age of 16 years. For School and College students information on drugs and its dangers should be included in the regular curriculum. All schools and colleges should have Counselling Centres for

providing opportunities to the youth to discuss and solve their personal, family and peer related problems. Awareness programmes should include such information as-(i) the specific nature of drug, (ii) the harm it does to the mind and body, (iii) the difficulties faced at the time of de-addiction, (iv) the types of treatment required and (v) the place where such treatment is available. These programme should not be sporadic and problem averted but should form a part of regular health programme. Apart from these it is suggested that it is necessary to set up more rehabilitation Centres. Voluntary Organisation should be provided with financial aid by the Government to run these centres. More Narcotic Anonymous meetings should be encouraged in all drug prone areas.

Vijaya (1989) has given the following suggestions for further action based on the study findings and conclusions. It suggests that :

1. Drug education should be started along with health education at all levels, it must be propagated especially among the students community.
2. Propagation creating full awareness of drug abuse problem through non-formal education should be developed.
3. Drug awareness and prevention cell should be setup in all organisation especially in educational institution.

At a meeting organised by the Social Guidance Centre monitored by the Indian Council for Child Welfare which being organised for all headmen, Voluntary organisation held on 25th

February 1991 on the prevention of Drug abuse. The Minister of Social Welfare Mrs. M. War highlighted the need to combat the drug menace. The Excise and Police Departments should keep constant vigils on drugs and addicts. Dr. Syiem, Psychiatrist of the Sanker Rehabilitation Centre, states that seminars and workshops would not suffice, the problem of drug abuse. An awareness among individuals should be created by organising suitable educational programmes, otherwise this social menace will stay put.

Rev. Father Celia emphasised on the need for a school curriculum which would inculcate moral values in the students at an early stage in their life to fight this menace.

The National Seminar on Drug Abuse held on October 22-24, '92 organised by the Awadesh Pratap Singh University Rewa (M.P.), sponsored by the Ministry of Welfare Government of India, express deep concern over the problem of drug abuse in the present day society. The participants unanimously resolved that in order to create a general awareness, it should be mandatory to include a comprehensive course on the problem of drug abuse, in the context of cause, effect and remedy in the academic curricula of educational institution of every stage starting from higher secondary (+2) level. At the graduate stage a compulsory paper on general awareness may be included with relevant problem of drug abuse. The delegates have consensus opinion that the people associated with drug sales network and distributors should be

dealt with the severest punishment irrespective of their position and status. Medical centres need to be established in the educational institution for prevention and control. In addition, courses on Yoga and mediation should be introduced.

Vagrecha (1992) spell out the following suggestions for prevention of drug abusive behaviour.

1. Awareness about drug abuse should be included in the foundation courses.
2. Scope of extra-curricula activities like NCC, NSS, Sports and Cultural activities should be expanded.
3. Social courses should be included in selective discipline.
4. Alternative awareness should be opened for creative participation of youth.
5. Counselling centres should be established.
6. Integrated plan for intellectual, emotional and personality development should be chalked out.
7. Social support system and small group interaction should be made available for creating an atmosphere of better community teacher relationship.
8. Supply of drug should be restricted.
9. Quality of life in hostel i.e. food, living conditions and recreational facilities like akhadaa, indoor games should be improved.
10. Library should be made attractive rich and open.
11. De-addiction and Rehabilitation facilities should be made available within the reach of the students.

Singh (1992) put forth following suggestions, emphasising on the need for establishing guidance and counselling centres in every school, to take care of the personal and

psychological problem of students. Seminars, Conferences and Lectures on the problem of drug abuse should be organised in the educational institution from time to time. Mass media should play a major role, in educating the students about the ill effects of drugs. Since the drug addict is a product of society and needs love and affection, every member of society should consider his problem sympathetically and try to develop in him a sense of self confidence.

The ICDAPS European Regional Conference on Drugs, Alcohol and Tobacco was held in Helsinki, Finland 29-31 May 1995. In this conference, Trinidad (1995) of the Philippines, in his paper highlighted on the National Drug Educational Programme currently implemented in all educational levels in the Philippines. The objectives of the programme are :

1. Prevent drug abuse among students in all levels of education through the development of desirable values, attitudes and practices.
2. Maximise utilisation of school resources which can contribute to the child's cognitive, affective and corrective development.
3. Strengthen parent and community participation.
4. Provide pre and in-service training of teachers and other school officials to enable them to help young people to enhance their positive self concepts value system, decision making, communication and other coping skills.
5. Initiate researchers' studies in support of the total programme. The programme has five components - curriculum and instruction, co-curricular and ancillary services, teacher/staff development, parent education and community outreach, research and evaluation. After 10 years of effective implementation, the more significant impact which have been achieved are :

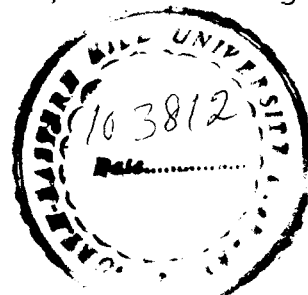
The number of students with behavioural problems has significantly decreased during the last two years due to the intensification of guidance services by trained school counsellors. The effective implementation of the school based programme has minimised drug abuse among the school aged group.

Barkankhan (1995) highlighted the "Role of Teacher in Prevention Strategies" and stated that preventive education must be taken by teachers while teaching and conducting co-curricular activities to prevent pupils from abusing drugs and to identify and assist drug abuses. In many ways it is found that students try to imitate their teachers and it is for this reason why the teacher must be a "role model" because of their influence they have on the students in their attitude and behaviour. The important factors in teacher's involvement in drug education are that teachers do not need to become "Experts" on drugs to do effective drug abuse prevention in the class room. Teachers can effectively implement drug education within the framework of the established curricula and to help students understand and resist pressures from peers. To do this, pre-service and in-service training should be provided for teachers in this area of drug abuse.

Matai (1995) of Japan emphasised on "A Group Mind Control Method" against drug abuse. The Aum Sect adopted a group mind control method in order to create a terrorist organisation. It is unbelievable that even those who had obtained a high level

of education in celebrated Universities of Japan obeyed Asahara, in founder of the sect, without any question. Asahara adopted a hypnotic method of repeating the same words again and again in a rather low peaceful tone and listening to monotonous music sounds or singing or praying in a calm voice. This is so called a kind of hypnotherapy. It was suggested if this method was adopted for a good purpose like preventing drug abuse in schools, it would be an effective preventive method against drugs.

Vries (1995) in her paper 'Prevention programmes in tobacco, alcohol drugs and gambling in schools' revealed the Dutch approach. The co-ordination of drug policy in the Netherlands is mainly the responsibility of the Ministry of Public Health, Welfare and Sports in co-operation with the Ministry of Justice. On the basis of more than 15 years of experience with the prevention of drug abuse, the Dutch prevention professionals have reached consensus on the main elements and principles of drug educational programmes. They emphasised individually accountable choice regarding risky substances. Emphasis on the dangers of rising substances should be avoided as it is found that users experimenting with substances became defensive when the message only emphasizes the dangers of using substances and young people expect advantages making it possible to discuss the drawbacks. In the implementation strategy of an integrated drug prevention policy in schools, three instruments are adopted : education, monitoring



and guiding and developing a policy and a set of rules concerning the use of substances in school.

## 2.5. Conclusion

A number of studies conducted by Yost (1954); Huxley, (1959); Kolb (1962); Taylor (1966); Lingeman (1969); Wald and Abrams (1972); Brill (1974); Mintz et al. (1974) Mandanes (1980); Cafferata et al. (1983); Kalpan (1984); Brook et al (1985); Chabon et al.(1986); Morrison and Hammersley (1987); Ihezue (1988); Kandell 1989) indicates that drug abuse is one of the burning problem of the world. The most disturbing feature of drug abuse in this period was the spread of the vice among the youth. Mandanes (1980) established that family relationship were a contributing factor to heroin addiction. Cafferata et al (1983) study shows that there is a positive relationship between psychotropic drug use and family stress variables like death in the family, change of roles and responsibilities. Kalpan (1984) indicates that poor group network has a direct and indirect influence on the drug taking habit. Brook et al (1985) conducted a study to assess the interactions between father's absence and drug use. Chabon et al. (1986) reported that a very high proportion of drug abusers have psychiatric problem with depressive symptoms. Morrison and Hammersley (1987) conducted a study with the purpose of predicting crime from opiate use. Ihezue (1988) indicates that demographic factors correlates positively with the presence of the substance. Kandell (1989) revealed that those who took to drugs due to social influence

were more likely to give up than those who took it for psychological reasons.

According to Singh (1987) India has become one of the major transit country, for smuggling of morphine and heroin from Golden Crescent and the Golden Triangle. Studies conducted by Mohan and Arora (1976); Saxena and Mohan (1984); Jihola and Munjal (1985); Jihola and Sahay (1986) indicates that drug abuse had afflicted the youth of all classes both in big and medium cities in our country. With regard to the estimated number of drug abusers in India there are no authentic figures. Lobo (1986) put this number at 25 lakhs, Mallick (1991) at 8 lakhs and Bhim Sain (1992) at one crore, Merchant and Dorkings (1991) at 7.5 lakhs heroin addicts. There is a wide divergence of opinion. Published works on the subject place the estimated number between 8 lakhs and one crore. This indicates the intensity and magnitude of the problem.

The most disturbing feature of drug use is its high prevalence among university and college students. Students pertaining to the prevalence of drug abuse among college and university students have been presented by Chitnis (1974); Ahuja (1977); Mohan, Prabhakar and Sharma (1977); Muttagi (1978); Savitri (1985); Mohan and others (1985 Bulletin on Narcotics). Chitnis (1974); Ahuja (1977); Muttagi (1978); Behrooz Gaunai (1979); Dev (1979); Singh and Singh (1980) studies pertains to drug motivating factors among the university and college

students. With regard to the type of drug used, studies conducted by Banerjee (1963); Dube (1972); Mohan and Arora (1976); Mohan and Thomas (1978); Mohan et al (1978) shows that tobacco, cannabis, amphetamines, tranquilizers, barbiturates, opium, sedatives, pain killers were used by students. Studies conducted by Chopra and Chopra (1965); Great Britain (1969); Behrooz Gaunai (1979); Ahuja (1982) pertains to the effects of drug abuse. Mohan et al (1977) studied the prevalence rate and patterns of drug abuse among Delhi University students and found that it was higher among males and among students staying in hostels. Experimentation was the major cause of drug abuse.

In the North Eastern Region an assessment of Abuse, Drug Users and Drug Prevention Services conducted in Shillong, Guwahati, Dimapur and Imphal indicates that "drug addiction is a serious problem prevailing among the youth". There is a rising tendency of drug abuse touching different areas and different age groups as indicated by Ghonglah, H. (1990) and newspaper articles published. Nagi, B.S. (1993) indicates that this menace is on the increase in the North Eastern Region.

Thus, through the various studies conducted abroad and in India, it can be said that drug abuse has reached epidemic proportions in recent times, posing a threat to human existence. Therefore, at this juncture what we need is to prevent it from spreading its tentacles. Thus different studies conducted on "An Assessment of Drug Abuse, Drug Users and Drug Prevention Services

at Shillong, Guwahati, Imphal, Dimapur, Bombay, Secundrabad (1989) sponsored by the Ministry of Welfare, Government of India have given their suggestion on the prevention of drug abuse". The National Seminar on Drug Abuse (1992) organised by Awadesh Pratap Singh University, Rewa, not only expresses their concern over the problem but also suggested preventive measures to be taken. The International Centre for Drug Abuse Prevention in Schools (ICDAPS) European Regional Conference on Drugs, Alcohol and Tobacco held in Helsinki, Finland (1995) highlighted on the various prevention strategies adopted by various countries.

## CHAPTER III

### METHOD AND PROCEDURE

### 3.0 Introduction

In chapter II, the review of related literature was presented. The chapter highlighted the trend of drug abuse and how today its use has increased especially among the youth. The preventive measures taken by governmental and non-governmental agencies to reduce its use in order to stop this menace, have also been mentioned.

The present chapter deals with 10 sections. Section 3.1 depicts the rationale of the study. Section 3.2, deals with statement of the problem. Section 3.3, deals with operational definitions of the term used, 3.4, is devoted to scope of the study. Section 3.5, deals with objectives of the study. 3.6 deals with delimitation of the study. 3.7 deals with description of the sample. The tools used were described in section 3.8. Section 3.9 deals with data analysis and conclusion is given in section 3.10.

The design of the descriptive type research conducted by the investigator is discussed with its methodology and procedures sequentially. The rationale for undertaking the study has also been included since it was evolved out of the contents of chapter one and two.



attitudes and values are some of the major factors which have caused the spread of drug abuse since the beginning of the twentieth century. Particularly during the last two decades, there has been an unprecedented spurt in the use of drugs throughout the world, and almost every nation has been affected by the scourge of drug abuse. The abuse of drugs is spreading from urban to rural areas, from adults to adolescents and from the affluent to the poorest sections of the society. No country, race, religion, caste, creed or sex appears to be immune from the deadly grip of drugs. Drug abuse has resulted in lower productivity, absenteeism from school/college/work place, and sickness. Similarly it has endangered safety on public roads. Terrorist activities and illicit arms trade in many parts of the world have become dependent on the drug trafficking and pose a serious threat to the security and stability of many nations.

Thus the problem of drug abuse is a global problem, it poses a formidable threat to our present generation. In India the problem was concentrated in the four metropolis - Bombay, Calcutta, Delhi and Madras, but now the drug epidemic has swept across our country invading all the major cities and towns taking a toll of lives and leaving in its wake broken youth and families in pain. According to the International Congress for Drug Abuse Prevention and control which was held at Bombay (1989) states that, "In India about 8 lakh people are suspected to be drug addicts. Geographically, India is sandwiched between two sources of opium and its derivatives viz. Golden Crescent comprises areas

of south East Asia namely Burma, Laos and Thailand or the East and south of India. In addition in the North of India, Nepal is the major sources of cannabis herbal (ganja). These sources accounts for more than 80 per cent of Narcotic Drugs and Psycho-tropic substances of the world. This is how drug abuse has gained ground in India. India has become a major transit country." Today India has not only become a major transit country but also a major consumer country for illicit drugs.

In the North Eastern Region it is said that a part of the heroin of Myanmar origin enters India, through border states of Manipur and Mizoram and this is how the North Eastern Region had become a cause of gravest concern. A few years ago India was hardly affected by the "mod culture" of the west where frenzied youth took to smoking pot and marijuana as a sign of what they termed as liberation. Today India is as badly affected as the west, and it is no longer the affluent few who have taken to these addictive commodities but even the middle and low income groups have been affected by this menace which includes school, college and University students. Almost once in every week the newspaper carry reports about huge hauls which were intercepted on their way to different parts of the country. Various observation and survey indicated that drug abuse is more widespread today than it was ten years ago. Surveys conducted in the North-Eastern Region (Ministry of Welfare; 1989) indicates that drug addiction is found amongst all religions and caste groups, most of the drug abusers are literate, the age group

worse affected is between 16-35 years. Peer pressure and curiosity are the biggest contributing factor for taking to drugs. The drug mostly used are cannabis and heroin, and the source of supply mainly is through shopkeepers and panwallas. Recently, in the drug abuse scenario, the North-Eastern states have become a cause of gravest concern, more or so since the intravenous use of drugs in the area is leading to the spread of AIDS. In the case of intravenous drug users, AIDS virus is transmitted through sharing of a contaminated needle. Ghonglah (1990) states that "Even in Meghalaya there is a rising tendency of drug abuse touching different areas and different age groups" Celia (1994) states that "In our state in Meghalaya the trend of drug abuse is increasing rapidly as compared to the past". As we have seen that the drug culture is much more widespread and extensive today and has become a problem eating into every fabric of our society, it has to be combated and prevented for the sake of humanity. The explosive energy of the youth and its natural curiosity are to be used to build a better world. If the potential of the youth is to be properly tapped it requires great understanding of their problems by giving them support. Thus, prevention is an important ingredient in our war against drug abuse. The goal of prevention is to keep healthy people drug-free and to bolster the resistance of those at risk. The aims are to increase the knowledge of drug abuse and its affects and to encourage responsible behaviour, to devise ways of getting people to recognize in themselves and others, the early signs of drug abuse problems, and to educate them to know what action to take

and where to go for help and support. Effective handling of this problem needs participation of serious organized groups in the community both governmental and non-governmental organization. Most studies indicate that curiosity and peer-group pressure for experimenting with a drug, are the starting for the onset of addiction in most cases (Singh; 1992). The researches made so far in India have also established that majority of the addicts belonged to literate group (Singh; 1992). Therefore, if we can teach the adolescents and the young when they are still at school and college, how to resist such temptations, we may be successful in reducing the demands for drugs in the near future. The content of such education is however of vital importance. Instead of merely explaining the harmful affects of drugs, the educational programmes should further help in fostering proper attitude towards drugs in general and their use. It is equally important to develop the individuals ability to resist pressure to abuse drugs, and to generate individual and community commitment to the cause of unprecedented drug abuse from the society. Authenticity and credibility of information given under the education programme is of utmost importance. As Gold (1991) rightly puts it "In my view the goal of education is to help young people deal with the complexities of modern life. No math problem, no spelling problem, is as important as the problem of drug abuse." Wherever drug education programmes were seriously implemented in schools in United States, an appreciable fall in drug abuse have been noticed in such schools within a year of starting of such programmes (Gold; 1991). Thus, there is a need to integrate drug

educational programmes in the school and college curricula apart from organizing programmes which emphasize the personal development. Though drug dependence is perhaps the most formidable threat of this century to the progress and development of our nation, to the potential and creativity of our generation, but there is a hope if we act now by preventing it. Thus basing on the above, the present work has been carried out under the following topic.

### 3.2 Statement of the Problem

The problem of the study was stated as follows :

*Effects of Drug Abuse on educational performance and its prevention through College and Community Involvement in Khasi and Jaintia Hills*

The problem was sub-divided into sub-group as follows :

- (1) What is the nature, extent and intensity of the problem of drug abuse among the College students.
- (2) What are the factors that influence or determine drug abuse among College students and its effects on educational performance, academic achievement, regularity in attendance, motivation and interest in curricular and co-curricular activities.
- (3) What is the role of drug education with special reference to the role of teachers through community Involvement to considerably reduce demand and abuse of drugs among the College students and to increase the quality for their learning.

### 3.3 Operational Definition of the Term Used

The following operational definitions have been used for the study :

Drug Abuse : Drug abuse refers to persistent or sporadic drug use inconsistent with or unrelated to accepted medical practice.

College Students : The students studying in the Colleges of Khasi and Jaintia Hills at +2 level and +3 level are taken as College students for the purpose of the study.

Educational Performance : Educational performance refers to the levels of academic achievement which also encompasses the following aspects such as percentage of marks obtained, attendance, completion of home assignments, participation in co-curricular activities and newspaper reading.

Community Involvement : It refers to participation of members of the community both governmental and non-governmental in prevention work in terms of time, labour (physical involvement) and money (funds).

Prevention : To reduce the incidence of occurrence of any particular problem (in this case drug abuse) indicated as requiring intervention at all stages.

Current User : Current user denotes one who is currently using the drugs.

Past User : Past user denotes one who has discontinued the use of drugs for various reasons.

Occasional User : Occasional user, denotes one who is using the drug not on a regular basis nor is dependent on the drug. It denotes one who is using the drug about once a month or less often and once a week.

Regular User : Regular user denotes one who is not physically and psychologically dependent on the drug but uses it regularly and fall under the category of usage ranging from twice a week, thrice a week or daily.

Addict : Addict denotes one who is physically and psychologically dependent on the drug. The person exhibit symptoms of withdrawal for stoppage of use such person fall under the category of usage on a daily basis or more than once a day.

### 3.4 Scope of the Study

In recent years nothing has come to light more shockingly than drug abuse. If this is allowed to take roots and spread, not only our present generation but the generations to come will fall victim to one of the most dangerously potent indulgence. During the past two decades drug abuse has increased

dramatically among the adolescents. Researchers have shown that the consumption of drug in our country is increasing and spreading even among the student community. There are disturbing signs which show that the situation is likely to worsen and get out of hand, if adequate measures are not adopted to curb the evil.

The study has focused on optimizing and understanding the nature and extent of drug abuse, the factors inducing the drug users to start and continue the drug, the effects that it has on the educational performance of the current users, the factors which led the past users to discontinue drug intake and the change brought in their life style after they have given up drug especially in the area of educational performance. In order to understand the role played by governmental and non-governmental organisations in drug prevention work information was collected from both primary and secondary sources. The finding of the study will help one to understand as to what preventive strategies should be adopted by governmental and non-governmental organisation in solving the problem of drug abuse especially when we consider it to be a total community problem where it is the responsibility of everyone. This study will be applicable to a great extent to other districts of Meghalaya, where the governmental and non-governmental agencies have to implement measures for drug prevention and the role of education to implement drug prevention programme as early as possible.

### 3.5 Objectives of the study

The main objectives in the study are :

1. To identify the drug abusers among the college students in Khasi and Jaintia Hills.
2. To study the effects of drug use on the educational performance of college students.
3. To enquire into the factors influencing the drug abusers to start and continue drug.
4. To study the measures adopted by educational institutions and community for its prevention and control.
5. To suggest additional measures of prevention to be adopted through drug education, and the role of college and community involvement for reducing drug abuse to increase the quality of life.

### 3.6 Delimitation of the Study

The delimitation of the study are as follows :

- (i) The main thrust of the study was on the effects of drug abuse on educational performance of college students and its prevention through college and Community Involvement in Khasi and Jaintia Hills. As the authentic figures on the number of drug users in Khasi and Jaintia Hills was not available, so the sample was drawn by making use of the 'snow balling' technique and it was found that the problem of drug abuse was prevalent only in the colleges of Shillong and Jowai town and in only one rural college situated in rural area of Khasi and Jaintia Hills.
- (ii) Since the problem of drug abuse was found mostly in the towns of Shillong and Jowai among the college students and only in one college in the rural area so the preventive measures adopted by both governmental and non-governmental organisation were found to be confined mostly to these two towns.

(iii) In Khasi and Jaintia Hills there are twenty non-governmental organisations, which are involved in various social work and activities related to community needs. But in the present study only nine non-governmental organisations have been included, as these are the only non-governmental organisation involved in preventive work related to drug abuse.

### 3.7 Sample

The sample had to be drawn for two different purposes, i.e., for identifying the drug users and to find out about the various strategies of prevention adopted by the college and the community in Khasi and Jaintia Hills. For doing this (i) sample of drug users, i.e., the Current and the Past drug users was drawn from the students, from the sample of colleges drawn from Khasi and Jaintia Hills, (ii) the Principals and a sample of teachers of those colleges where the drug users have been identified, (iii) Governmental agencies such as Social Welfare Department, Health Department, Police, Excise and Customs and (iv) Non-governmental organisations who are involved in doing the prevention work.

Total number of 400 drug users were identified for the present study. As there were no authentic figures on the number of drug users in our state, it was difficult to get a definite population in order to draw a representative sample. The 400 drug users have been identified by making use of the snow balling technique, i.e., to get an introduction to one drug user who will vouch for you with the others. (It is best to start at the top

that is with an introduction to the most prestigious person in the group you want to study).

This information was collected from different sources both primary and secondary sources. The primary sources was collected from the following (1) Interview with the enforcement officials in the State Police, the State Excise and the Central Excise in Khasi and Jaintia Hills. (ii) Interviews with the college faculty, social workers, counsellor, medical practitioners, Psychiatrist and lawyers etc. (iii) visit to hospitals and counselling centre and Sanker Rehabilitation centre.

Secondary sources included (i) the study of all available books, journals and research monographs on the subject, (ii) study of newspaper reports, pamphlets, booklets related to drug abuse.

In order to find out the various strategies of prevention adopted at the college and the community in Khasi and Jaintia Hills, the data were collected from primary sources which includes the following.

- (i) Principals and teachers of those colleges where the problem of drug abuse was found to be prevalent.
- (ii) Social Welfare Officer's in-charge of the Anti-Drug cell, Government of Meghalaya.
- (iii) Office of the Superintendent of Police, CID, Shillong, Meghalaya.
- (iv) Department of Excise, Government of Meghalaya.

- (v) Office of the Collector, Customs and Central Excise (Prevention), Government of India, Shillong.
- (vi) Department of Health and Family Welfare.
- (vii) Representatives of Non-Governmental Organisation who are involved in drug prevention work such as the :
  - (a) Don Bosco Youth Centre
  - (b) Lions Club
  - (c) Church Auxiliary for Social Action
  - (d) North East India Committee on Relief and Development.
  - (e) Counselling and Information Centre for Drug Abuse.
  - (f) Young Mizo Association.
  - (g) Khasi Jaintia Presbyterian Synod (Youth Department).
  - (h) Bharat Scouts and Guides.
  - (i) New Hope Centre.

This information is collected in order to support the view that drug abuse is prevalent among the youth, and that preventive measures have been adopted by Governmental, non-governmental organization and educational institution (college) to combat this problem.

Table 3.1 shows the the sample of drug users drawn. Instead of giving the names of the college, code numbers was given to the college where the drug user studied, as the drug users and the college authorities did not want to disclose the name of their institutions.

**TABLE 3.1**  
**SHOWING THE SAMPLE OF DRUG USERS**

College (Code Number)	Types of Colleges	Location	Level of Education						Types of Drug Users						Grand Total
			Under Graduate			Graduate			Current Users			Past Users			
			Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Male	Urban	32	-	32	25	-	25	53	-	53	4	-	4	57
2	Male	Urban	33	-	33	19	-	19	49	-	49	3	-	3	52
3	Female	Urban	-	5	5	-	1	1	-	4	4	-	2	2	6
4	Female	Urban	-	10	10	-	5	5	-	11	11	-	4	4	15
5	Female	Urban	-	15	15	-	4	4	-	15	15	-	4	4	19
6	Co-ed	Urban	10	1	11	5	-	5	13	1	14	2	-	2	16
7	Co-ed	Urban	40	2	42	10	1	11	47	2	49	3	1	4	53
8	Co-ed	Urban	8	2	10	5	-	5	12	2	14	1	-	1	15
9	Co-ed	Urban	23	2	25	8	-	8	29	2	31	2	-	2	33
10	Co-ed	Urban	7	-	7	2	-	2	8	-	8	1	-	1	9
11	Co-ed	Urban	18	1	19	22	1	23	36	2	38	4	-	4	42
12	Co-ed	Urban	31	1	32	12	2	14	39	3	42	4	-	4	46
13	Co-ed	Urban	6	1	7	2	1	3	7	2	9	1	-	1	10
14	Co-ed	Urban	11	1	12	11	4	15	19	4	23	3	1	4	27
Total			219	41	260	121	19	140	312	48	360	28	12	40	400
Percentage			54.75	10.25	65.00	30.25	4.75	35.00	78.00	12.00	90.00	7.00	3.00	10.00	

Table 3.1 contd...

Code	Khasi	Jaintia	Garo	Mizo	Naga	Ethnic Group								
						Manipuri	Kachari	Assamese	Bengali	Punjabi	Bihari	Nepali	Sindhi	Marwari
1	10	4	-	11	10	9	-	5	3	1	-	4	-	-
2	12	5	-	10	9	5	-	4	2	1	-	4	-	-
3	3	-	-	1	-	1	-	1	-	-	-	-	-	-
4	4	2	1	3	3	1	-	1	-	-	-	-	-	-
5	2	1	-	6	5	4	-	-	1	-	-	-	-	-
6	5	-	-	3	2	4	-	-	-	-	-	2	-	-
7	12	5	2	9	7	5	-	2	1	2	-	6	1	1
8	3	-	-	2	7	3	-	-	-	-	-	-	-	-
9	5	1	-	6	6	10	-	1	1	-	1	2	-	-
10	4	2	-	2	1	-	-	-	-	-	-	-	-	-
11	4	-	-	11	14	12	1	-	-	-	-	-	-	-
12	2	44	-	-	-	-	-	-	-	-	-	-	-	-
13	4	-	-	3	2	1	-	-	-	-	-	-	-	-
14	6	-	-	8	7	6	-	-	-	-	-	-	-	-
76	64	3	75	73	61	1	14	8	4	1	18	1	1	1
19.00	16.00	0.75	18.25	18.25	15.25	0.25	3.50	2.00	1.00	0.25	4.50	0.25	0.25	

The drug users were identified from fourteen colleges in Khasi and Jaintia Hills. Thirteen of the colleges are in the urban area and one is in the rural area. The drug users identified from the urban area were 358 (89.5 per cent) and from the rural area 42 (10.5 per cent). The total number of drug users added together is 400. The level of education of the drug users were under-graduates and graduates. Under-graduates were 260 (65.0 per cent). Out of these under-graduates, males were 219 (54.75 per cent) and females were 41 (10.25 per cent). Among the graduates, the drug users identified were 140 (35.0 per cent), males were 121 (30.25 per cent) and females were 19 (4.75 per cent). The total number was 400 drug users.

The drug users were identified from those who were currently using the drug, i.e., current users, the males were 312 (78.0 per cent) and females 48 (12.0 per cent). The total number of current users were 360. The next category of drug users identified were from those who has discontinued using the drug for various reasons, i.e., the past users. The males were 28 (7.0 per cent), females 12 (3.0 per cent). The total number of past users identified were 40. The total number of current users 360 (90.0 per cent) and past users 40 (10.0 per cent) comes to a total of 400 drug users.

The drug users identified for the study were from different ethnic background, they were khasi - 76 (19.0 per cent), Jaintia - 64 (16.0 per cent), Garo - 3 (0.75 per cent,

Mizo - 75 (18.75 per cent), Naga - 73 (18.25 per cent), Manipuri - 61 (15.25 per cent), Kachari - 1 (0.25 per cent), Assamese - 14 (3.50 per cent), Bengali - 8 (2.00 per cent), Punjabi - 4 (1.00 per cent), Bihar - 1 (0.25 per cent), Nepali - 18 (4.50 per cent), Sindhi -1 (0.25 per cent) and Marwari - 1 (0.25 per cent).

Table 3.2 shows the Sample of Colleges covered in the study, in-order to find out about the college involvement in preventive work in the field of drug abuse in Khasi and Jaintia hills.

**Table 3.2**  
Showing the sample of Colleges covered in the study

Type of College	No. of Colleges	No. of Principals	No. of Teachers	Total
Male	2	2	6	8
Female	3	3	9	12
Co-educational	9	9	27	36
Total	14	14	42	56

The colleges were divided into three categories - male, female and co-educational college, i.e., 2 male college, 3 female college, and 9 co-educational college. The sample includes all the Principal from all the fourteen colleges and three teachers from each college which comes to a total number of 42 teachers and 14 Principals.

Table 3.3 shows the sample of Governmental and Non-Governmental agencies involved in Prevention work.

**Table 3.3**  
**Showing the sample of Governmental and Non-Governmental agencies involved in Prevention work**

Community Involved	Names of the Agencies	No. of Agencies Involved in Prevention Work
Governmental	<ol style="list-style-type: none"> <li>1. Social Welfare Department</li> <li>2. Health Department</li> <li>3. Police Department</li> <li>4. Excise Department</li> <li>5. Office of the Collector, Custom and Central Excise</li> </ol>	5
Non-Governmental	<ol style="list-style-type: none"> <li>1. Don Bosco Youth Centre</li> <li>2. Lions Club</li> <li>3. Church Auxiliary for Social Action</li> <li>4. North East India Committee on Relief and Development.</li> <li>5. Counselling and Information Centre for Drug Abuse.</li> <li>6. Young Mizo Association.</li> <li>7. Khasi Jaintia Presbyterian Synod (Youth Department).</li> <li>8. Bharat Scouts and Guides.</li> <li>9. New Hope Centre.</li> </ol>	9
<b>Total</b>		<b>14</b>

In order to find out about the community involvement in prevention work in the field of drug abuse in Khasi and Jaintia Hills. The sample includes 4 Governmental agencies such as the Social Welfare Department, Health Department, Police and Excise Department and 9 non-governmental organisations from out of 20 non-governmental organisations, i.e., only those non-governmental organisations which are involved in the area of preventive work in the field of drug abuse. They are the Don Bosco Youth Centre, Lions Club, Church Auxiliary for Social Action, North East India Committee on Relief and Development, Counselling and Information

Centre for Drug Abuse, Young Mizo Association, Khasi Jaintia Presbyterian Synod (Youth Department), Bharat Scouts and Guides and New Hope Centre.

### 3.8 Tools used

The following tools have been used for the present study.

- (1) An interview schedule given to the drug users to collect information related to drug use
- (2) An interview guide for collecting information from the primary sources mentioned.
- (3) Questionnaires given to the Principals and teachers of Colleges, representatives of non-governmental organizations, on the preventive measures adopted in the field of drug abuse.
- (4) An interview schedule used in the Case Study to collect information related to drug use.

In order to identify the content of the interview schedule and questionnaires the investigator consulted relevant literature on 'drug abuse' as well as the experience of personnel working in the field of drug abuse. After drafting the question here in this way, the investigator submitted the draft interview schedule and questionnaires for review and seeking further opinion, it was given to two faculty members of the Department of Sociology, North Eastern Hill University, Director of the Don Bosco Youth Centre, two social welfare officers in-charge of the Anti-Drug Cell, Government of Meghalaya, a specialised doctor in community Health at the Civil surgeon

office, Doctors in-charge of the Sanker Rehabilitation centre. Most of the members suggested change in the language of some of the questions and coverage of content. These suggestions were accepted by the investigator and the format was finally revised accordingly.

#### Description of Tools.

The content of the interview schedule included

- 1) Interview Schedule of Drug use among drug users.
  - a) Background Information of the respondent (both current and past users)
  - b) Information related to respondents (current users). History of Drug use among the current user i.e. age of initiation, drug first used, types of drug used, frequency of use, classification of current drug use, duration of use, reasons/factors leading to drug use, source of procurement of drugs and attempts to discontinue drug use. Information related to the effects of drug use on educational performance of the respondent i.e. its effects on percentage of marks, class attendance, attendance in class test, revision of daily lesson, completion of home assignments, regularity or Irregularity in study, participation in Co-curricular activities and newspaper reading.
  - c) Information related to the respondent (past users) History of Drug use among the past user i.e. Duration of drug use before discontinuing frequency of use, categories of past drug users, period of time when the past users stop using drugs, factors leading to discontinuance of drug use, change in life style (emphasis laid on educational performance) after stopping the consumption of drugs.
- 2) Questionnaires for College and Non-Governmental organisation.
  - a) Information related to the strategies of prevention adopted by College and Non-Governmental organization i.e., target group aimed at for drug abuse, types of work done, type of media used in awareness building, whether necessary cooperation from the community is obtained in terms of time, labour (physical involvement) and money (funds), problems faced in carrying out the drug prevention programmes.

(3) Interview Schedule used in Case study.

- (a) Information related to Personal data, family history, state of home atmosphere, educational history (School and College) of the drug user, history of drug use, experience, parents view, its effects on family life and educational performance, reasons for giving up drugs and change brought in their life style. (after discontinuance of drugs).

#### Procedure for Data Collection :

The investigator on identifying the drug users conducted the interview schedule on a personal basis following an interval period of 24 months of extensive travelling. The investigator experienced extreme difficulties which could be surmounted after several meetings and rapport building with each respondent. The investigator also made an effort to ascertain the genuineness of the respondent under study through contacts with respondents' families, friends, neighbourhood members, hospitals and general practitioners. With regard to the educational performance of the respondents, the investigator contacted the college faculty members, administrative section to get access into the personal files/details of the respondents under study. With regard to the preventive strategies adopted in the field of drug abuse the investigator contacted the Principal and teachers of colleges, Governmental and Non-Governmental agencies to gather information on the preventive measures adopted in the field of drug abuse.

#### 3.9 Data Analysis

After the data has been collected, the investigator turns to the task of analysing them. The investigator then

classified the raw data into some purposeful and usable categories. The categories of data are then put in the form of tables. The data being mostly descriptive type, the assessments are expressed mostly qualitatively. The results of findings are then expressed in percentages and in certain cases in descriptive statistical terms. The case studies described in the study follow a process step by step qualitative analysis providing a deeper understanding of each case. The idea was to persuade a clearer insight into the life of drug user (current and past user). For this purpose the investigator made use of research methods such as in-depth interviewing, study reports of the individual etc. under the case study depending upon the circumstances of individual cases.

### 3.10 Conclusion

The rationale of the study was highlighted in the beginning of the chapter. The statement of the problem and operational definitions of the terms used were given. The scope of the study was stated and then the delimitation of the study. The objectives of the study were also stated. The sample of the study was discussed. The items included in the Interview schedule were discussed. The procedure for data collection and data analysis was described. Thus the third chapter was devoted to the method and procedure used for the study. Analysis of the data, general findings of the same are given in chapter IV and V.

CHAPTER - IV

'DRUG ABUSE AMONG THE COLLEGE STUDENTS IN KHASI AND JAINTIA HILLS'  
ANALYSIS OF DATA

#### 4.0 Introduction

In the previous chapter the method and procedure of the study was given to get a total picture of the design. This chapter is set apart for analysis of data collected using the tools mentioned in the previous chapter.

The chapter contains mainly four sections. The first section 4.1 deals with the data on Background Information of the Respondent (Current and Past Drug User) i.e., sex, age, religion, residential information, educational qualification of the parents of the respondent, family's monthly income, family types, family size, birth order of the drug users. The second section 4.2, deals with the data on drug use among the Current user, i.e., age of initiation, source of initiation, first type of drug use, frequency of use, categories of Current drug users, causes leading to drug intake, source of procurement, types of drug used, duration of drug use, whether attempts were made to discontinue the drug and the effects of drug abuse on their educational performance i.e., its effects on percentage of examination marks, class attendance, attendance in class test, revision of daily lesson, completion of home assignments, regularity or irregularity in study, participation in co-curricular activities and newspaper reading. The third section 4.3 deals with data on drug use among the Past user, i.e., duration of drug use before discontinuing, frequency of use, categories of past drug user, period of time when the past user stop using the drug, factors leading to discontinuance, change

in life style after discontinuance of drugs (especially in the area of educational performance). The fourth section 4.4 deals with data on prevention of drug abuse, i.e., information related to strategies adopted by colleges, governmental/non-governmental organisations in preventing the problem.

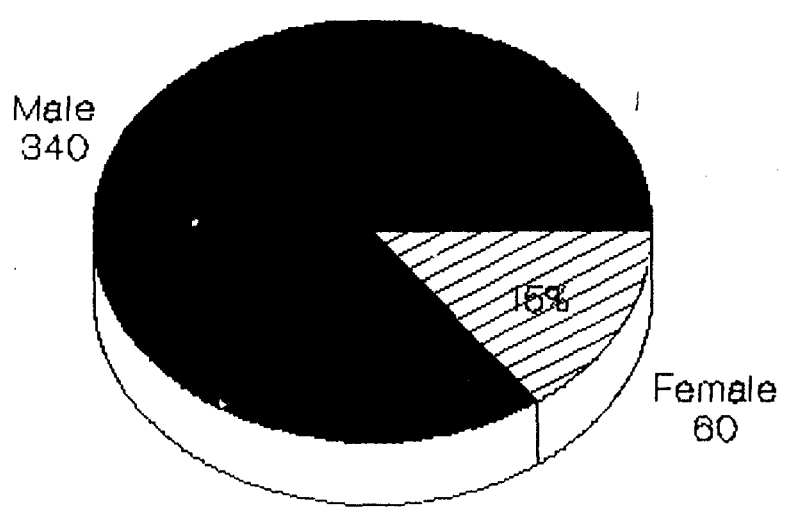
The main thrust of the study is based on qualitative data which are presented with their analyses, and the findings of the study is given in the next chapter, to help the investigator to draw meaningful conclusion to draw meaningful conclusion from the study.

#### **4.1.0 Background Information of the Respondent (Current and Past User)**

One of the major objectives of the study was to identify the drug abusers among the College students in Khasi and Jaintia Hills.

The growth rate of drug abuse among the youth on account of its proliferation found in various socio-cultural and economic strata were discussed. There are no definite figures to show the actual extent of the problem, yet from a number of studies conducted in this field, it shows the gravity of the problem where drugs today has invaded schools, colleges, and the university campuses. We see that even in Khasi and Jaintia Hills the trend of drug abuse is increasing as compared to the past years. At best therefore, the study can be said to be an indicative of the problem of drug abuse among the student

**Fig. 1 :**  
**Sex Distribution of the Drug Users**



community. The analysis in this section is intended to find out about the background information of the respondent basing on personal social data - sex, age, religion, residential information, educational qualification of parents, family's monthly income, family size, family types and birth order of the drug users.

The sex-wise distribution of the drug users is shown in Table 4.1.1.

**Table 4.1.1**  
**Sex-Wise distribution of the Drug users**

Sl. No.	Sex	N	Percentage
1	Male	340	85
2	Female	60	15
	Total	400	100

The above table shows the incidence of drug use on the basis of sex. Table 4.1.1 shows that from out of 400 drug users in the main sample (Current and Past user), 85 per cent were males (340 out of 400) and 15 per cent were females (60 out of 400). This indicates that fewer girls used drugs than boys. This finding is similar to most of the studies conducted in our country in India, where the prevalence of drug use among females is still low as compared to the males.

The information related to the age composition of the drug users is shown in Table 4.1 2.

**Fig. 2 :**  
**Age Composition of the Drug users**

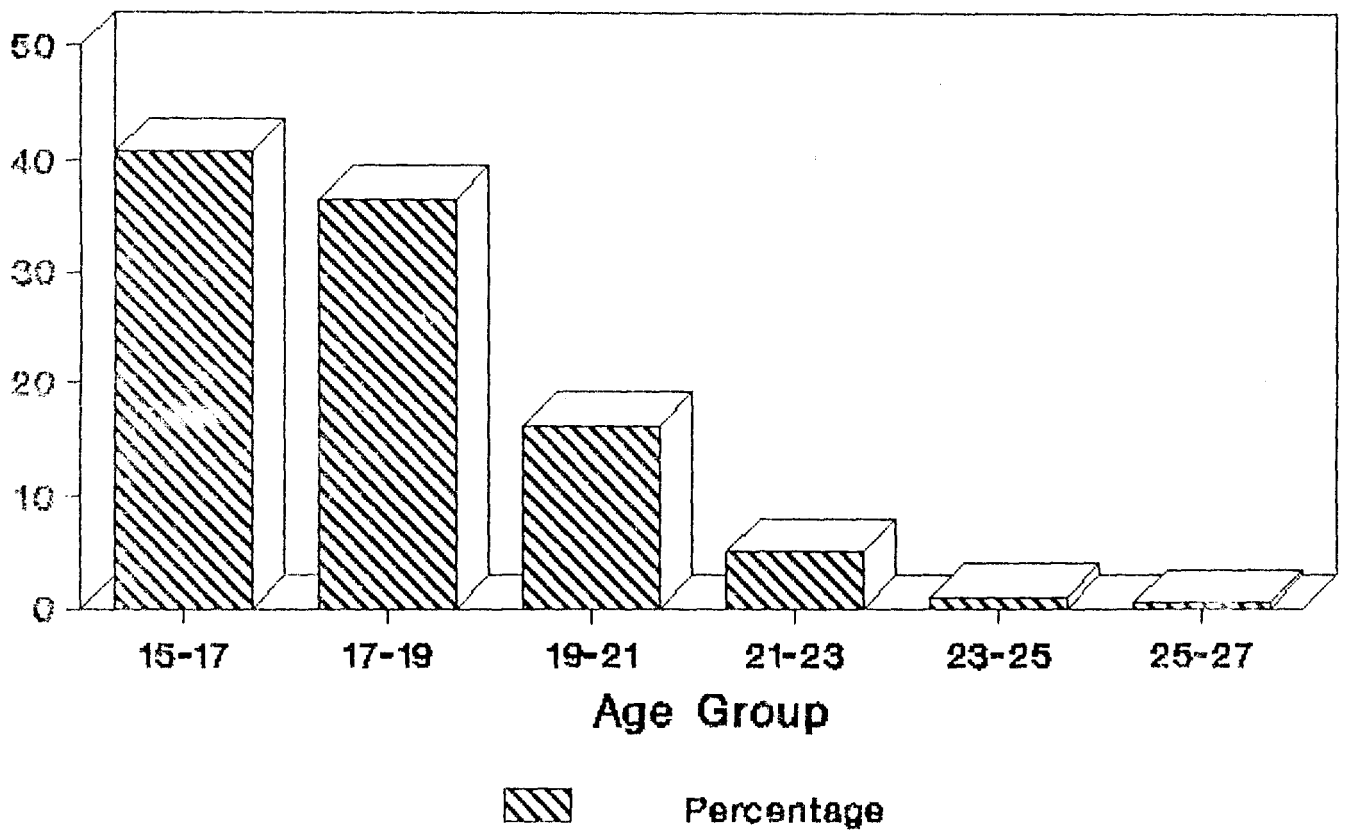


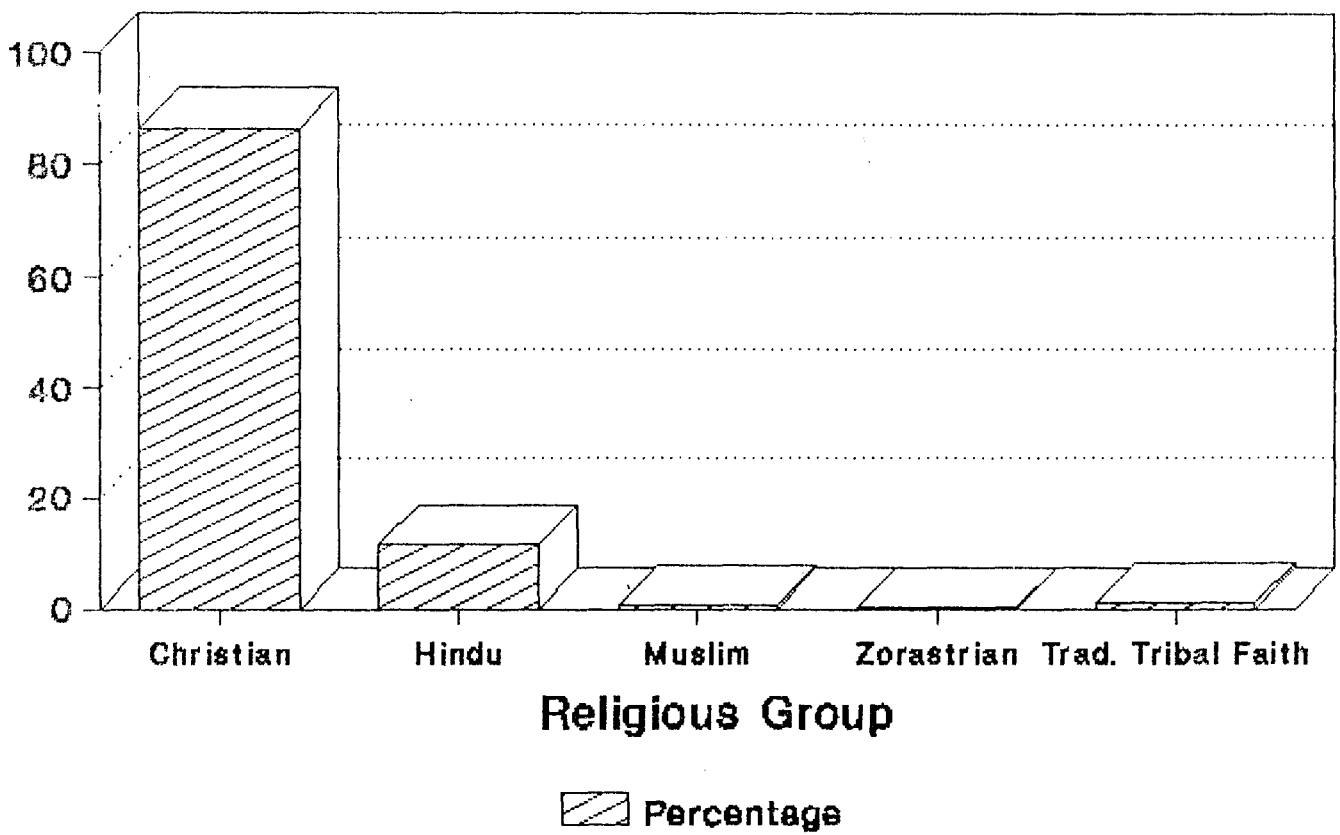
Table 4.1.2  
Age Composition of the Drug users

Age	Male		Female		Total	
	N	percentage	N	percentage	N	percentage
15 - 17	140	(85.89)	23	(14.11)	163	(40.75)
17 - 19	118	(80.82)	28	(19.18)	146	(36.50)
19 - 21	57	(87.69)	8	(12.31)	65	(16.25)
21 - 23	19	(95.00)	1	(5.00)	20	(5.00)
23 - 25	4	(100.00)	-		4	(1.00)
25 - 27	2	(100.00)	-		2	(0.50)
Total	340		60		400	

The age composition of drug users has been classified into six categories. These are 15 to 17 years, 17 to 19 years, 19 to 21 years, 21 to 23 years, 23 to 25 years, and 25 to 27 years. Out of the 400 drug users in the main sample (360 are current users and 40 are past users) 40.75 per cent of the drug users falls in the age group between 15 to 17 years, 36.5 per cent in the age group between 17 to 19 years, 16.25 per cent between 19 to 21 years, 5 per cent between 21 to 23 years 1 per cent between 23 to 25 years and 0.5 per cent between 25 to 27 years. It is obvious from Table 4.1.2 that two categories carry the bulk of the drug users, 15-17 years (40.76 per cent) and 17-19 years (36.5 per cent). In fact together they constitute 77.25 per cent of the bulk of the drug users. These figures demonstrate the veracity of the general belief that drug abuse is more prevalent among the youth. This is the age group where peer group pressure is maximum and there is a tendency towards secrecy regarding activities done or taken up in the group.

Comparing the age of males from a total number of 163 drug users in the age group of 15-17 years. 85.89 per cent were males (i.e. 140 out of 163 respondents) and 14.11 per cent were females (i.e. 23 out of 163 respondents). In the age group of 17-19 years, from out of a total number of 146 drug users 80.82 per cent were males (i.e. 118 from out of 146 respondents) and 19.18 per cent among females (i.e. 28 from out of 146 respondents). From a total of 65 drug users in the age group of 19-21 years 87.69 per cent were males (i.e. 57 from out of 65 respondents) and 12.31 per cent were females. (i.e. 8 out of 65 respondents) In the age group of 21-23 years, from a total number of 20 drug users 95 per cent were found to be males (i.e. 19 from out of 20 respondents) and 5.00 per cent are females (i.e. 1 from out of 20 respondents) In the age group of 23-25 years from a total number of 4 drug users. All of them were found to be males i.e. 100 per cent as there were no female respondent in this age group. The same was found in the age group of 25-27 years from a total number of 2 drug users both of them were found to be males that being 100 per cent as there were no female respondent in this age group. Taking both male and female drug users together the age group 15 to 21 years could be identified as the most crucial in developing the habit of consuming drugs. Therefore the characteristic feature which was evident from the above Table was that the most productive period of an individual's life is being withered away in drug use if it is not properly checked. Therefore immediate measures needs to be taken for preventing it, as youth constitute the main human resource and

**Fig. 3 :**  
**Religion of the Drug users**



potential of the country which has to be harnessed for its ultimate benefit.

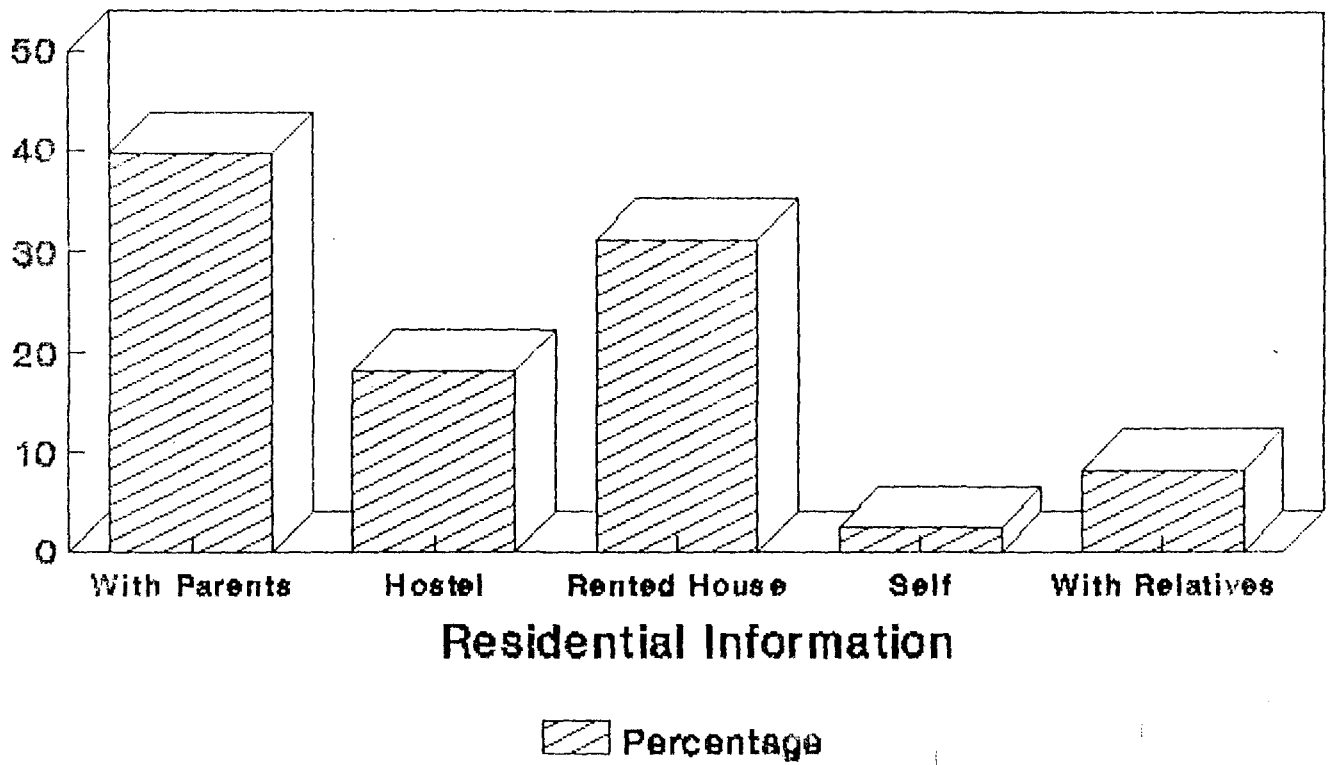
Information available on the religion of the drug users is shown in Table 4.1.3..

**Table 4.1.3**  
**Religion of the Drug users**

Religious Group	N	Percentage
Christian	346	(86.50)
Hindu	46	(11.50)
Muslim	3	( 0.75)
Zoroastrian	1	( 0.25)
Traditional Tribal Faith	4	( 1.00)
Total	400	(100.00)

Religion forms one of the major attributes of one's background in the social moorings of Indian life. Of the total drug users in the main sample (400 drug users), 86.5 per cent were Christians, 11.5 per cent were Hindus, 0.75 per cent were Muslim, 0.25 per cent were Zoroastrian and 1.00 per cent adhere to their traditional tribal faith. The religious background of users thus broadly correspond to the demographic pattern of Meghalaya in general and Shillong in particular. The majority of the tribals in Meghalaya as elsewhere in the North Eastern Region are Christians and only a few of them still adhere to the traditional faith. In case of the local Khasi society, the traditional faith is also organised and is popularly known as 'Seng Khasi'. All those who have indicated their faith in traditional religion

**Fig. 4 :**  
**Residential Information of the**  
**Drug users**



belong to this group in our sample. This Table 4.1.4 also suggests that drug use attracts students irrespective of their religious backgrounds.

In the following Table 4.1.4, it shows the Residential information of the respondent.

**Table 4.1.4**  
**Residential Information of the Drug users**

Residential Information	N	Percentage
With Parents	159	39.75
Hostel	73	18.25
Rented House (with Friends)	125	31.25
Self	10	2.50
With Relatives	33	8.25
Total	400	100.00

Of the 400 drug users in the total sample (360 current users and 40 past users) 39.75 per cent were found living at the time of interview with parents, 18.25 per cent in hostel, 31.25 per cent were staying rented houses, (with friends) 2.5 per cent staying alone and 8.25 per cent with relatives.

A careful analysis of the above table clearly indicates that the incidence of drug use was higher, 52 per cent among those who stay away from home, those who were living in hostel or rented rooms, and those who were staying alone where there was comparatively less control of their behaviour. Respondents without fear of being exposed and seen by parents and relatives

who may get upset by setting such behaviour can peacefully use the drug in a world of illusion in a condition which they explain as 'high' , 'stoned', 'nice', 'beautiful', 'pleasant' and so on. It was found that there were 48 per cent drug users, i.e., those who stay with parents and relatives, even though some control was exercised over their behaviour. The overall picture shows that drug usage prevails among the youth whether they stays with parents/relatives or in a hostel/rented house/or alone, but in this study it was found that the incidence of drug use was higher among those who stay on their own as compared to those who stay with parents and relatives.

The collected data related to the educational qualification of the parents of the drug users is shown in Table 4.1.5.

**Table 4.1.5**  
**Educational Qualification of the Parents of the Drug users**

Educational Qualification	Father		Mother	
	N	Percentage	N	Percentage
Illiterate	2	0.51	8	2.00
Primary and Middle	7	1.77	30	30.00
Matriculation	6	1.50	67	16.75
Under Graduate	23	5.81	120	30.00
Graduate	326	82.32	169	42.25
Post Graduate	32	8.09	6	1.50
Total	396	100.00	400	100.00

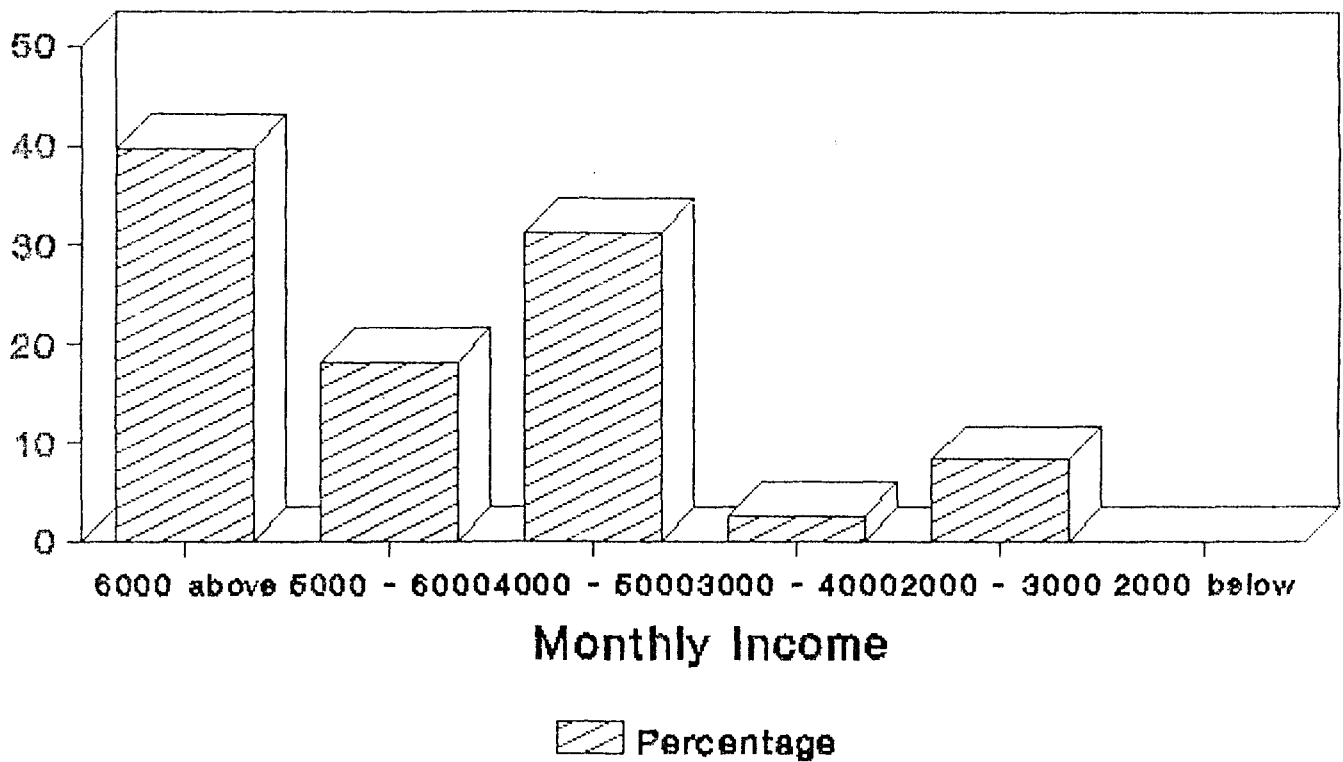
With regard to parents educational qualification Table 4.1.6 indicates that among the fathers of the respondent from out of 396 fathers of the respondent (4 out of the respondents do not

know their father's educational qualification as both parents were separated from birth) 0.51 per cent (2 out of 396) are illiterate, 1.77 per cent (7 out of 396) studied up to the primary and middle school level, 1.5 per cent (6 out of 396) are matriculate, 5.81 per cent (23 out of 396) are under graduate, 82.32 per cent (326 out of 396) are graduates and 8.09 per cent (32 out of 396) are post graduates. Among the mothers of the respondent the above Table indicates that from out of 400 mothers only 2.00 per cent (8 out of 400) are illiterate, 7.50 per cent (30 out of 400) studied up to the primary and middle school level, 16.75 per cent (67 out of 400) are matriculate, 30.00 per cent (120 out of 400) are under graduate, 42.25 per cent (169 out of 400) are graduates and 1.80 per cent (6 out of 400) are post graduates.

On the basis of the above figures, we could say that majority of the parents of the respondents are literate, 99.49 per cent, fathers are literate with the exception of 0.51 per cent, and 98.00 per cent mothers are literate with the exception of 2.00 per cent.

The information collected relating to the family's monthly income of the Drug users is shown in Table 4.1.6.

**Fig. 5 :**  
**Family's Monthly Income of the**  
**Drug users**



**Table 4.1.6**  
**Family's Monthly Income of the Drug users in the Total Sample**

Monthly Income	N	Percentage
6000 above	69	12.50
5000 - 6000	67	14.75
4000 - 5000	72	20.75
3000 - 4000	83	18.00
2000 - 3000	59	16.75
2000 below	50	17.25
Total	400	100.00

As regards to the family monthly income of the respondents in the total sample, Table 4.1.6 clearly shows that 12.5 per cent belonged to the families with a monthly income of Rs. 6000 above per month, 14.75 per cent with a monthly income of Rs. 5000-6000 per month, 20.75 per cent belonged to the families with a monthly income of Rs. 4000-5000 per month, 18.00 per cent with a monthly income of Rs. 3000-4000, 16.75 per cent with a monthly income of Rs. 2000-3000 and 17.25 per cent respondents with a monthly income of Rs. 2000 below. When the median income of the respondent was taken it was found to be Rs. 4111.11. The income distribution pattern indicates that a larger proportion of the drug users belong to the middle income group followed by lower income and higher income groups in that order.

Table 4.1.7 presents the family types of the drug user.

**Table 4.1.7**  
**Family Types of the Drug users**

Family Types	N	Percentage
Nuclear Family	245	61.25
Joint Family	155	38.75
Total	400	100.00

The above Table 4.1.7 shows that 61.25 per cent of the drug users (245 out of 400) in the total sample were found to be living in nuclear families and 38.75 per cent in joint families (155 out of 400).

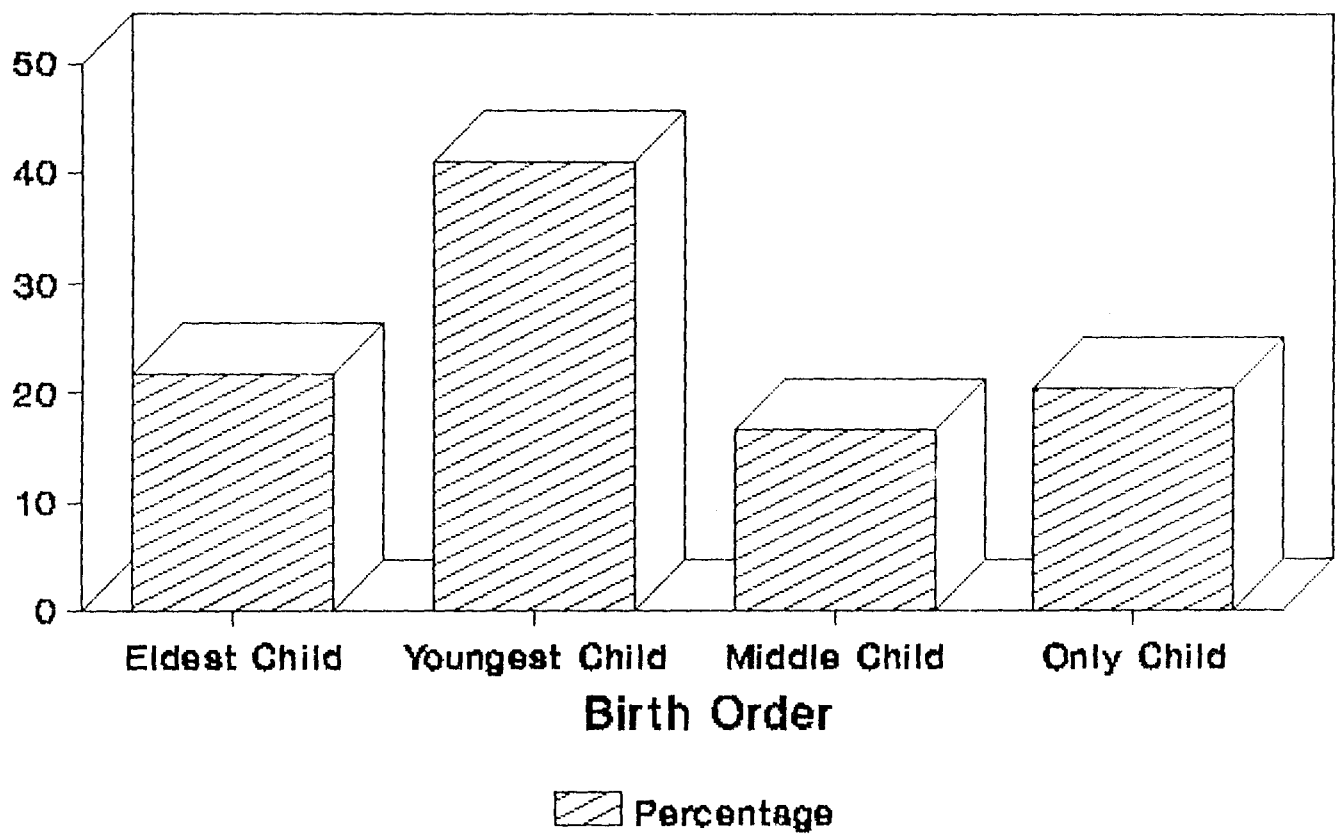
Coming to the information relating to the family size of the Drug Users, it is shown in Table 4.1.8.

**Table 4.1.8**  
**Family Size of the Drug users**

Family Size	N	Percentage
3 or less members	72	18.00
4 to 7 members	239	59.75
8 or more members	89	22.25
Total	400	100.00

Taking the nuclear and joint families of the drug users together in the total sample, it was found that in 18.00 per cent cases, the size of the drug users family was three or less members, in 59.75 per cent cases, the size of the drug users family was four to seven members and in 22.25 per cent cases there were eight or more members.

**Fig. 6 :**  
**Birth Order of the Respondent**



These percentages showed that the families of drug users were not very large so as to create the problem of maintaining discipline by the parents over the children.

Question No. 6(c) deals with the birth order of the drug users. The information collected is shown in table 4.1.9.

**Table 4.1.9**  
**Birth Order of the Drug users**

Birth Order	Male		Female		Total
	N	Percentage	N	Percentage	
Eldest Child	68	(78.16)	19	(21.84)	87 (21.75)
Youngest Child	140	(85.37)	24	(14.63)	164 (41.00)
Middle Child	56	(83.58)	11	(16.42)	67 (16.75)
Only Child	76	(92.68)	6	( 7.32)	82 (20.50)
<b>Total</b>	<b>340</b>		<b>60</b>		<b>400</b>

When the ratio of drug use was compared in terms of birth order of the respondents, it was found that out of 400 drug users in the total sample, 21.75 per cent were the eldest children, 41.00 per cent were the youngest children, 16.75 per cent were the middle children and 20.50 per cent were the only child of the parents. These figures showed that the percentage of drug use was highest among the youngest children followed by the eldest children and then followed by the only child of their parents and the lowest percentage among the respondents were the middle children.

But if we take sex-wise it was found that from a total number of 87 respondents (drug users) who are the eldest children 78.16 per cent are males (i.e. 68 out of 87 respondents) and 21.84 per cent are females (i.e. 19 out of 87 respondents). Among the youngest children from out of a total number of 164 respondents 85.37 per cent are males (i.e., 140 out of 164 respondents) and 14.63 per cent are females (i.e. 24 out of 164 respondents). In the category of middle children, from out of 67 respondents 83.58 per cent are males (56 out of 67 respondents). From a total of 82 respondents who are the only child of their parents it was found that 92.68 per cent are males (i.e. 76 from out of 82 respondents) and 7.32 per cent are females.

#### **4.2.0 Drug Use Among the Current Users and its effect on their Educational Performance**

The analysis of this section is intended to find out about drug use among the Current users i.e., those who are currently using the drugs - about the extent of the use of drugs - how widespread is it among the college students who are currently using it (i.e. the age of initiation, first type of drug used, frequency of use, categories of the drug users, source of initiation, causes leading to drug intake, source of procurement, types of drug used and whether attempts were made to discontinue the drugs.

Information relating to the Current users age at first drug intake is shown in Table 4.2.1.

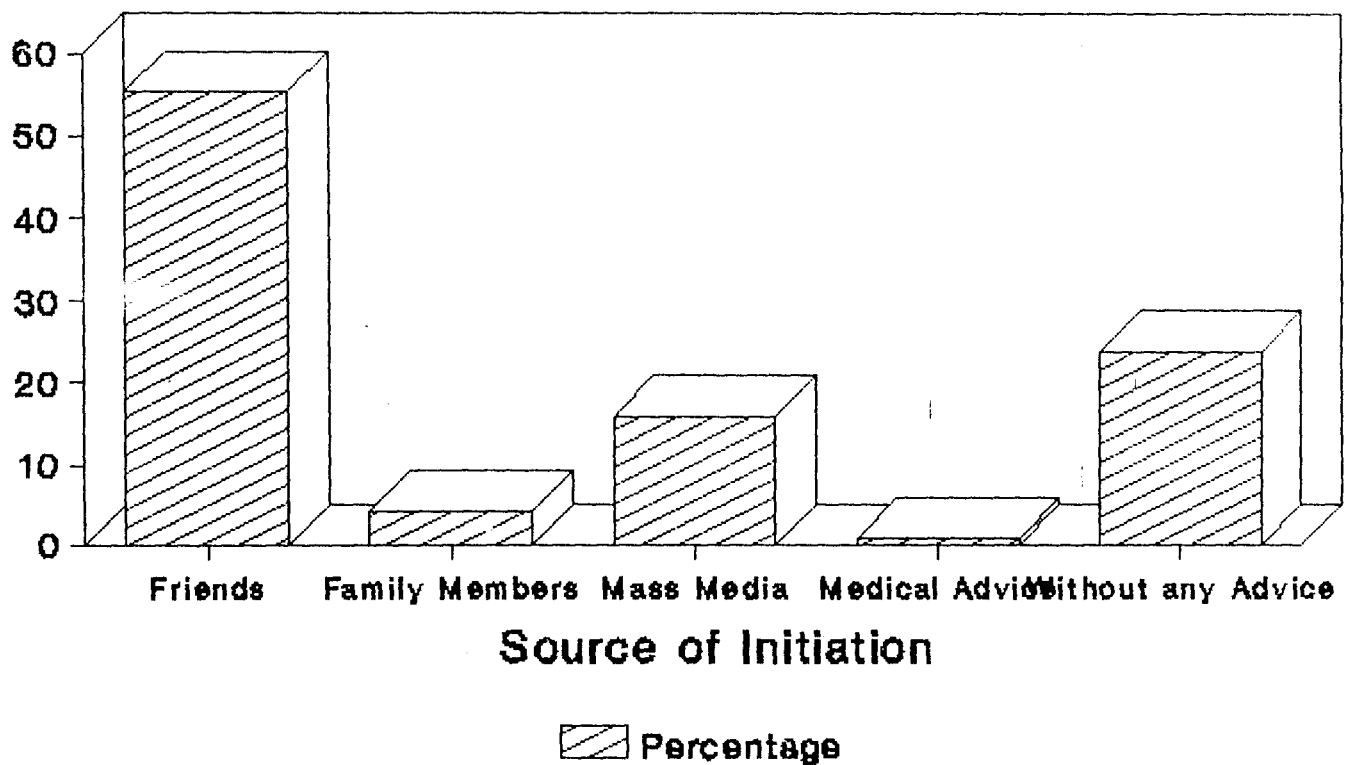
**Table 4.2.1**  
**Current User's Age at First Drug Intake**

Age at Initiation	N	percentage
12 - 14	35	9.72
14 - 16	186	51.67
16 - 18	120	33.33
18 - 20	15	4.17
20 - 22	4	1.11
Total	360	100.00

Mean = 15.677, Median = 15.104, Mode = 15.396

The age at initiation was divided into five categories that is 12-14 years, 14-16 years, 16-18 years, 18-20 years and 20-22 years. Table 4.2.2 shows that 50.28 per cent (181 out of 360) were initiated into drugs between the age group of 14-16 years, 33.33 per cent (120 out of 360) were initiated into drugs between the age group of 16-18 years, 11.11 per cent (40 out of 360) were initiated to drugs between the age group 12-14 years, 4.17 per cent (15 out of 360) were initiated into drugs between the age group of 18-20 years and 1.11 per cent (4 out of 360) were initiated to drug between the age group of 20-22 years. The bulk of the current users i.e., 83.61 per cent were initiated into drug at the age group of 14-18 years. This is the age group at which one is still in school or have entered college. Therefore, it is essential that preventive measures should be taken to prevent drug abuse right from the time when one is still at school and should continue up to the college level. The distribution of the Current drug users by age, who started taking drugs for the first time shows that the mean, median, mode and

**Fig. 7 :**  
**Source of Initiation Among the**  
**Current Drug users**



age are more or less same, thereby indicating that the age distribution is nearly normal and not much skewed. Thus, it is seen that the first drug intake took place between the ages 14-18 in the case of most of the respondents.

Table 4.2.2 presents the source of initiation among the Current drug users.

**Table 4.2.2**  
**Source of Initiation among the Current Drug users**

Source of First Suggestion	Male		Female		Total
	N	Percentage	N	Percentage	
Friends	177	(88.94)	22	(11.06)	199 (55.28)
Family Members	12	(80.00)	3	(20.00)	15 ( 4.17)
Mass Media	50	(87.72)	7	(12.28)	57 (15.83)
Medical Advice (Physician)	2	(66.67)	1	(33.33)	3 ( 0.83)
Without any Advice	71	(82.56)	5	(17.44)	86 (23.89)
<b>Total</b>	<b>312</b>		<b>48</b>		<b>360</b>

With regard to the source of initiation for the use of drugs. 360 Current drug users in the sample were asked who suggested the first use of drug to them 55.28 per cent informed that they had taken drug for the first time on the suggestion of friends, 23.89 per cent informed that they had taken drug for the first time without it, being suggested by any person i.e. they had taken drug on self-suggestion, 15.83 per cent on the suggestion of some members of the family, 4.17 per cent on the suggestion received through mass media and 0.83 per cent on the suggestion of the physician to be used as medicine for certain

health problems like insomnia i.e. being unable to sleep at night.

If we take sex-wise it was found that among the males 88.94 percent and 11.06 percent females were initiated to drugs by friends, they played a significant role in initiating the respondents to drug usage. It is equally important to note that 87.72 percent males had taken to drug for the first time on the influence of mass-media. Books, magazines, radio, movies, television especially through music, whereas among females it was 12.28 percent as a matter of fact most of the youth in the North Eastern Region are very fond of music so this was one of the factors contributing to drug abuse in this pop-culture as stated by most of the respondents. 82.56 percent male respondents had taken to drugs on their own suggestion without being suggested by anyone as against 17.44 females 80.00 percent male respondents and 20 percent female respondents had taken to drugs on the advice or suggestion of family members and 66.67 percent males and 33.33 percent females on the suggestion of a physician to be used as a medicine.

If the drug users are taken on the basis of 'initiative factor' we find that they will be composed of three sub-groups (1) self-directive (2) submissive and (3) adaptive. Self-directive are those who are initiated into drug use on their own advice. Submissive are those who are initiated into drug use by

their friends and Adaptive are those who are initiated into drug use by family members, physicians and mass-media.

The first type of drug taken by the Current drug users is shown below in Table 4.2.3.

**Table 4.2.3**  
**The First Type of Drug used by the Current User**

Sl. No.	Classification of Drugs	Types of Drugs Used	Male		Total		Female		Total		Grand Total	
			N	%	N	%	N	%	N	%	No.	%
1.	Cannabis	Ganja/Dope	90	28.85			11	22.92				
		Hashish	40	12.82	160	51.28	3	6.25	16	33.33	176	48.88
		Bhang	30	9.62			2	4.17				
2.	Narcotic Analgesics	Heroin/No.4	18	5.77			3	6.25				
		Smack	1	0.32	21	6.73	-	-	3	6.25	24	6.67
		Brown Sugar	2	0.64			-	-				
3.	Amphetamines	Dexidrine	2	0.64	2	0.64	6	12.50	6	12.50	8	2.20
4.	Cough Syrup	Phensedyl	54	17.31			6	12.50				
		Bronolecs	23	7.37			-	-				
		Corex	25	8.01	114	36.54	6	12.50	14	29.17	128	35.55
		Ephidrex	12	3.85			2	4.17				
5.	Benzodiazepenes (Sedative and Tranquillizers)	Placidox	-	-			1	2.08				
		Diazepam	4	1.28	4	1.28	-	-	2	4.17	6	1.67
		Calmpose	-	-			1	2.08				
6.	Non-Narcotic Analgesics	Spasmoproxivon	3	0.96			-	-				
		Fortwin	-	-	5	1.60	1	2.08	1	2.08	6	1.67
		Relipin	2	0.64			-	-				
7.	Anti-Histaminics	Avil	2	0.64	2	0.64	-	-	-	-	2	0.56
8.	Volatile Solvent	Dendrite	4	1.28	4	1.28	6	12.50	6	12.50	10	2.78
		Total	312	100.00	312	99.99	48	100.00	48	100.00	360	100.00

With regard to the first type of drug used by the Current drug users, from out of 360 drug users, 48.68 percent (176 out of 360) took to cannabis, 35.55 per cent (128 out of 360) took to cough syrup, 6.67 per cent (24 out of 360) took to Narcotic Analgesics (opiates), 2.78 percent (10 out of 360) took to volatile solvent, 2.22 per cent (8 out of 36.0 took to Amphetamines, 1.67 per cent (6 out of 360) took to Benzodiazepenes (sedative and Tranquillizers) and Non-Narcotic Analgesics and 0.56 per cent (2 out of 360) took to Anti-Histaminics.

Comparing the first type of drug used by both males and females TABLE No-4.2.3 shows that 51.28 percent (160 out of 312) males and 33.33 per cent (16 out of 48) females took to cannabis, 36.54 per cent (114 out of 312) males and 29.17 per cent (14 out of 48) took to cough syrup, 6.73 per cent (21 out of 312) males and 6.25 per cent (3 out of 48) females took to Narcotic Analgesics. With regard to Benzodiazepenes (Sedative and Tranquillizers) 4.17 per cent (2 out of 48) females as against 1.28 per cent (4 out of 312) males. Only 1.28 per cent (4 out of 312) males took to volatile solvent whereas there are 12.5 per cent (6 out of 48) females, 1.60 per cent (5 out of 312) males and 2.08 per cent (1 out of 48) females took to Non-Narcotic Analgesic such as Spasmoproxivon, Fortwin and Relipin.

The above analysis supports the popular notion that drug users usually start with soft drugs and ultimately to hard drugs as is found in both males and females. This finding agrees

with the research finding of Karna (1989) conducted in Shillong and differs with the findings conducted at Imphal where drug users start with hard drugs such as 'heroin'. The finding in this study supports "The Stepping Stone Theory" where they start Marijuana to hard drugs Neale and Davison (1990).

Question No. 12 deals with the frequency of drug use among the Current user. The information collected is shown below in Table 4.2.4.

**Table 4.2.4**  
**The Frequency of drug Use among the Current user**

Frequency of Drug Use	N	Percentage
Once a month or less often	145	40.28
Once a week	101	28.06
Twice a week	15	4.16
Thrice a week	33	9.17
Once a day (Daily)	40	11.11
More than once a day	26	7.22
Total	360	100.00

The frequency of drug use among the Current drug user was divided into six categories, namely once a month or less often, once a week, twice a week, thrice a week, once a day (daily) and more than once a day. The results are shown in Table No. 4.2.4. It shows that 40.28 per cent (145 out of 360) took to drugs once a month or less often, 28.06 per cent (101 out of 360) took drugs for once a week, 11.11 per cent (40 out of 360) took drugs for at least once a day (daily), 9.17 per cent (33 out of 360) took drugs for at least twice a week, 7.22 per cent (26

out of 360) took drugs for more than once a day and 4.16 per cent (15 out of 360) took drugs for at least twice in a week.

From the frequency of drug use as depicted in the above Table, the following categories of drug users can be established. They are divided into three categories (1) Occasional user, (2) Regular User, (3) Addict. The Occasional user are those who use the drug for about once a month or less often, and for once a week. The Regular user, where the drug usage ranges from twice a week, thrice a week or daily (not physically or psychologically dependent on the drug) and the Addict, where the frequency of drug usage is on a daily basis or more than once a day (one is physically and psychologically dependent on the drug).

Information collected relating to the different categories of Current users is shown below in Table 4.2.5.

**Table 4.2.5**  
**The Different Categories of Current Users**

Different Categories of Drug User	N	Percentage
Occasional User	246	68.33
Regular User	79	21.94
Addict	35	9.72
Total	360	100.00

The different categories of Current drug users can be established basing on the frequency of drug use as seen in Table No. 4.2.5. The different categories of drug users was divided

into three categories. They are (i) Occasional user (ii) Regular user and (iii) Addict. From a total of 360 Current drug users the above table clearly indicates that 68.33 per cent (246 out of 360) fall in the category of the Occasional user, 21.94 per cent (79 out of 360) fall in the category of the Regular user and 9.72 per cent (35 out of 360) fall in the category of the Addict.

Though the above table indicates that there was only 9.72 per cent who fall in the category of the Addict, but it does not mean that the problem is less, we should look at the problem in its totality as indicated in the above table. Therefore preventive steps should be given to other two categories of the drug users also by providing information related to drug abuse, developing decision making and refusal skills, drug education and counselling, so that these respondent do not swell the percentage of the addicts. For the addict apart from imparting the above information, awareness should also be created about the availability of services in the field of prevention and further for treatment and rehabilitation.

Table 4.2.6.0 depicts the causes leading to drug intake by the Current user.



family, failure in exams, disappointment in love, disappointment in friendship and conflict in understanding life.

Table 4.2.6.0 clearly indicates that from a total of 360 Current drug users 98.06 per cent (353 out of 360) of the respondent stated the psychological factors to be the causes leading to drug use, 83.3 per cent (300 out of 360) respondent stated the social causes, 54.4 per cent (150 out of 360) respondents claims the educational factors to be cause leading to drug use, 41.67 per cent (196 out of 360) respondents stated that the physiological factor to be the cause leading to drug use and 5.28 per cent (19 out of 360) indicated the miscelaneous factors to be one of the cause leading to drug use.

The psychological causes leading to drug use is presented in Table 4.2.6.1.

**Table 4.2.6.1**  
**Psychological Causes Leading to Drug Use**

Psychological Causes	Total N = 353	Male N = 320	Female N = 33
Relieve Tension and Facilitate Relaxation	64 (18.13)	56 (17.50)	8 (24.24)
Ease Depression Forget Miseries of life or Uncertainty of the Future	58 (16.43)	51 (15.24)	7 (21.21)
Satisfy Curiosity	61 (17.28)	55 (17.18)	6 (18.18)
Feel Good, Get High	57 (16.15)	53 (16.56)	4 (12.12)
Intensify Perception	2 (0.56)	2 (0.63)	-
To have 'New Experience'	46 (13.03)	44 (13.75)	2 (6.06)
To Remove Boredom	8 (2.27)	6 (1.88)	2 (6.06)
For Kicks	57 (16.15)	53 (16.56)	4 (12.12)

Coming to the psychological causes leading to drug use the above table indicates that from a total of 353 respondents who stated psychological factors to be one of the causes leading to drug use 18.13 per cent (64 out of 353) use drugs to relieve tension and to relaxation, 17.28 per cent (61 out of 353) use drugs to satisfy curiosity, 16.43 per cent (58 out of 353) to ease depression, forget the miseries of life or uncertainty of the future, 16.15 per cent (57 out of 353) use drugs to feel good and get high, again 16.15 per cent took drugs for kicks, 13.03 per cent took drugs in order to have a new experience, 2.27 per cent (8 out of 353) took drugs in order to remove boredom and 0.56 (2 out of 353) to intensify perception.

Comparing the psychological causes leading to drug use among males and females it was found that the highest percentage was 17.5 per cent among males and 24.24 per cent among females in order to relieve tension and facilitate relaxation. 17.18 per cent males and 18.18 per cent females took the drugs in order to satisfy curiosity. 21.21 per cent females took the drugs in order to ease depression, forget miseries of life or uncertainty of the future as against 15.24 per cent males. 16.56 per cent males took to drugs in order to feel good or to get high as against 12.12 per cent females. Again 16.56 per cent males took drugs for kicks as against 12.12 per cent females. 13.75 per cent males took drugs in order to have a new experience as against 6.06 females. 6.06 per females took drugs to remove boredom in life as against 1.88 males, 0.63 per cent males took drugs to intensify perception while there was none among the females.

The social causes leading to drug use is presented in Table 4.2.6.2.

**Table 4.2.6.2**  
**Social Causes Leading to Drug Use**

Social Causes	Total N = 300	Male N = 268	Female N = 32
Gives confidence in interacting with friends	11 ( 3.67)	11 ( 4.10)	-
Confidence in interacting with friends of the opposite sex	10 ( 3.33)	8 ( 2.99)	2 ( 6.25)
Confidence in interacting with family members	4 ( 1.33)	4 ( 1.49)	-
Confidence to move in public places	7 ( 2.33)	6 ( 2.24)	1 ( 3.12)
Facilitates Social Experiences	34 (11.33)	32 (11.94)	2 ( 6.25)
To keep up with the in-thing, mod of the day	98 (32.67)	86 (32.09)	12 (37.50)
To be acceptable in the group	116 (38.67)	102 (30.06)	14 (43.75)
Challenge the values of society	20 ( 6.67)	19 ( 7.09)	1 ( 3.12)

With regard to the social causes i.e., those who stated the social factors to be one of the causes leading to drug use 38.67 per cent (116 out of 300) took to drugs the reason being to be acceptable in the group, 32.67 per cent (98 out of 300) took drugs in order to keep up with the in-thing, 11.33 per cent (34 out of 300) took drugs in order to facilitate social experiences, 6.67 per cent (20 out of 300) took drugs, the reason being to challenge the values of society, 3.67 per cent (11 of 300) took drugs as it gives them confidence in interacting with friends 3.33 per cent (10 out of 300) took drugs as it gives them

confidence in interacting with friends of the opposite sex, 2.33 per cent (7 out of 300) took drugs as it gives them confidence to move in public places and 1.33 per cent (4 out of 300) took to drugs as it gives them confidence to interact with family members.

Comparing the social causes leading to drug use among males and females it was found that in both cases high percentage prevails in the category (vii) i.e. to be acceptable in the group 43.75 per cent among females and 30.06 among males, again a high percentage was found in category (vi) i.e. to keep up with the in-thing, both among males and females 37.5 per cent among females and 32.09 per cent among males. 11.94 per cent males and 6.25 per cent females took to drug as it facilitates social experiences, 7.09 per males and 3.12 per cent females took to drugs in order to challenge the values of security as it gives them confidence in interacting with friends. This was not found among the females, 6.25 per cent females and 2.99 per cent males took to drugs as it gives them confidence in interacting with friends of the opposite sex, 3.12 per cent females and 2.24 per cent males took to drugs as it gives them confidence to move in public places and 1.49 per cent males took to drugs as it gives them confidence in interacting with family members whereas there was none among the females.

The above analysis clearly indicates that though there are a number of factors which contribute to the social causes but

the bulk of the respondent i.e. 71.34 per cent (2.14 out of 300) took to drugs in orders to be acceptable in the group and to keep up with the in-thing, . It is obvious that peer group pressure is the most important cause for initiating into drug abuse. This is substantiated by the fact that the most drug-prone age at which a very large percentage of drug users in this study were initiated into drugs was found to be 14-18 years, which is an age at which the influence of friends in most pronounced.

The physiological causes leading to drug use is presented in Table 4.2.6.3.

**Table 4.2.6.3**  
**Physiological Causes leading to Drug Use**

Physiological Causes	Total N = 150	Male N = 121	Female N = 29
Gives physical energy in doing work	14 ( 9.49)	12 ( 9.92)	2 ( 6.90)
Mental alertness in everyday life	5 ( 3.31)	5 ( 4.31)	-
Sleep and rest to the body at night	14 ( 9.93)	17 ( 9.09)	3 (10.34)
Good appetite	41 (27.15)	41 (33.88)	-
Stay awake	54 (35.76)	49 (40.50)	5 (17.24)
Heighten sexual experience	3 ( 1.99)	3 ( 2.48)	-
Keeps the body slim and trim	19 (12.58)	-	19 (65.52)

With regard to the physiological causes leading to drug use the above table indicates that from a total number of 150

responses who stated the physiological factors to be one of the causes leading to drug use 35.76 per cent (54 out of 150) took to drugs in order to be able to stay awake (for most of them to be able to sit up late especially before an examination), 27.15 per cent (44 out of 150) took to drugs in order to have a good appetite. (this is mostly found among the males where they took to ganja with an intention that it will increase their appetite which in turn will help them in body building), 2.58 per cent (19 out of 150) took to drugs in order to keep their body slim and trim, 9.93 per cent (14 out of 150) took to drugs as it gives them physical energy in doing work and again another 9.93 per cent took to drugs as it gives them sleep and rest to the body at night. 3.31 per cent (5 out of 150) respondent took to drugs to help them become mentally alert in everyday life and 1.99 per cent (3 out of 150) took to drugs to heighten sexual experience.

Comparing the physiological causes leading to drug use among males and females Table 4.2.6.3 indicates that there is a slight difference among the factors stated by both males and females leading to the physiological factors. The factors such as heightening of sexual experience being 2.48 per cent, mental alertness in everyday life being 4.13 per cent and to have a good appetite being 33.88 per cent was found to be only among the males whereas among the females 65.52 per cent of the respondents took to drug to keep the body slim and trim. This was found only among the females and not among the male respondents. 40.50 per cent male respondent took to drug in order to stay awake as

against 17.24 per cent female respondent, 10.34 per cent female and 9.09 per cent male took to drug to get sleep and rest to the body at night and 9.92 per cent male and 6.90 per cent female respondent took to drug as it will give them physical energy in doing work.

The educational causes leading to drug use is shown in Table 4.2.6.4.

**Table 4.2.6.4**  
**Educational Causes Leading to Drug Use**

Educational Causes	Total N = 196	Male N = 178	Female N = 18
Increases concentration in studies	78 (39.80)	71 (39.89)	7 (38.89)
Improve studying	53 (27.04)	47 (26.40)	6 (33.33)
Perform better in examination	65 (33.16)	60 (33.71)	5 (27.78)

Coming to the educational causes leading to drug use the above table indicates that from a total number of 196 respondents who stated educational factors to be one of the causes leading to drug use 39.80 per cent (78 out of 196) took to drugs believing on the myth concerning drug use that it helps in building up concentration or increases concentration in studies especially drugs like ganja, 33.16 per cent (65 out of 196) took to drugs as it helps to perform better in an examination and 27.04 per cent (53 out of 196) took to drug in order to improve studying.

Drugs such as amphetamines keeps one awake, one can sit awake for long hours in order to study, therefore students think that the use of amphetamines thus help one to stay alert and study. By doing this it helps one not only to study but most important is to perform better in the examination.

The miscellaneous causes leading to drug is shown in Table 4.2.6.5.

**Table 4.2.6.5**  
**Miscellaneous Causes Leading to Drug Use**

Causes	Total N = 19	Male N = 14	Female N = 5
Sharpens religious insight	1 ( 5.26)	1 ( 7.14)	-
Deepen self understanding	2 (10.53)	2 (14.29)	-
To get over problems			
(a) Family	4 (21.06)	3 (21.43)	1 (20.00)
(b) Failure in examination	3 (15.79)	2 (14.29)	1 (20.00)
(c) Disappointment in love	4 (21.06)	2 (14.29)	2 (40.00)
(d) Disappointment in friendship	1 ( 5.26)	1 ( 7.14)	-
(e) Conflicting in under- standing life	4 (21.05)	3 (21.43)	1 (20.00)

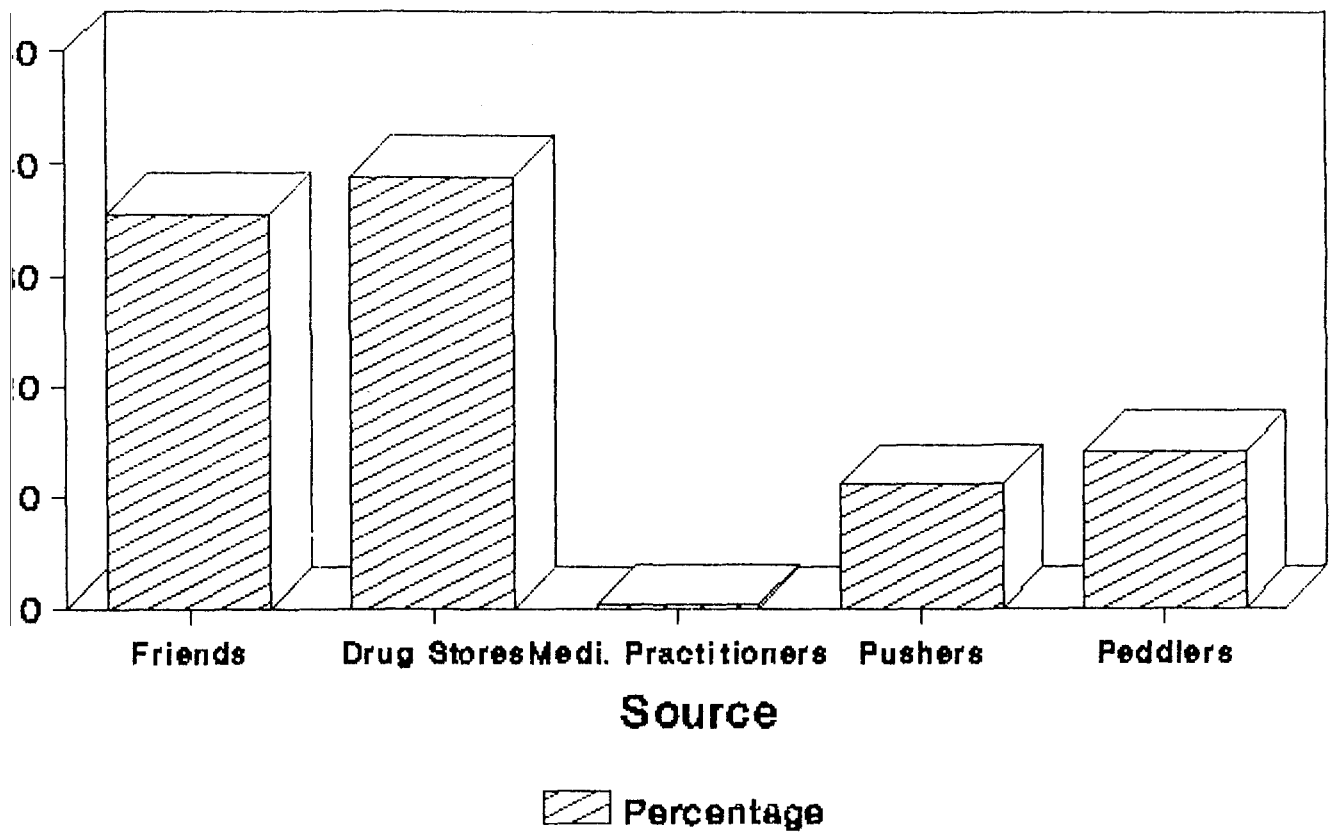
With regard to the miscellaneous cause like sharpening religious insight, deepen self understanding, to get over problems leading to drug use the above Table 4.2.6.5 indicates that from a total of 19 respondents who stated the miscellaneous factors to be one of the causes leading to drug use 21.0 per cent (4 out of 19) took to drug in order to get over family problems again 21.05 per cent took to drugs to overcome problems relating

to disappointment in love and again 21.05 per cent respondent took drugs as there was a conflict in understanding life. 15.79 per cent (3 out of 19) took to drugs to get over the problem of failure in examination and 5.26 per cent (1 out of 19) took to drugs as it helps to sharpen religious insight and again 5.26 per cent respondents took to drugs to get over the problem of disappointment in friendship.

Comparing the miscellaneous causes leading to drug use among males and females it was found that 21.43 per cent males and 20.00 per cent females took drugs to overcome family problems, again 20.00 per cent females and 14.29 per cent males took drugs to get over the problem of failure in examination again another 20.00 per cent female and 21.43 males took to drugs as a conflict in understanding life, 40.00 per cent females took to drugs to get over the problem of disappointment in love as against the males who took to drug to sharpen self understanding, 7.14 per cent males took drugs to sharpen their religious insight and again 7.14 per cent males took to drugs to overcome the problem of disappointment in friendship. This was found only among the males and not among the females.

The main source of drugs as stated by the respondents is shown in Table 4.2.7.

**Fig. 8 :**  
**The Main Source of Drugs**



**Table 4.2.7**  
**The Main Source of Drugs**

Source	N	Percentage
Friends	128	35.56
Drug Stores	140	38.89
Medical Practitioners	1	0.27
Pushers	40	11.11
Peddlers	51	14.17
Total	360	100.00

What are the sources from which drugs are usually obtained by boys and girls. 360 Current drug users have clearly identified the sources from where the drugs was being procured. 35.56 per cent (128 out of 360) obtained drugs from friends, 38.89 per cent (140 out of 360) from drug stores, 0.27 per cent (1 out of 360) from medical practitioners, 12.25 per cent (40 out of 360) from pushers and 14.17 per cent (51 out of 360) from peadlers.

The above analysis points out that the highest percentage 38.89 per cent of the Current drug users obtained drugs from the drug stores, on payment of a higher price for the drug. 35.56 per cent of the drug users obtained drug from friends. 'Friend' often means a 'locality friend' (mohalla), college friend, school friend. Inducement of friends from their own locality cannot be easily resisted by young people. Particularly in the North Eastern Region where community life continues to be close knit, locality friends have every chance of influencing the behaviour of others. 14.75 per cent of the drug

users obtained drug from peddlers, 11.11 per cent from pushers and 0.5 per cent from medical practitioners.

Since it was found that most of the drug users obtain the drugs from drug stores. Therefore, preventive step should be taken to curbed this problem both by governmental and non-governmental agencies.

Table 4.2.8 presents the type of drugs taken by the Current user.

**Table 4.2.8**  
**Type of Drugs taken by the Current user**

Sl. Classification No. of Drugs	Types of Drug Used	Male		Total		Female		Total		Grand Total	
		N	%	N	%	N	%	N	%	N	%
1. Cannabis	Ganja/Dope	100	32.05			14	29.17				
	Hashish	52	16.67	211	67.63	2	4.17	19	39.58	230	63.89
	Bhang	59	18.91			3	6.25				
2. Narcotic Analgesics	Heroin/No.4	35	11.22			2	6.25				
	Smack	2	0.64	51	16.35	-	-	3	6.25	54	15.00
	Brown Sugar	12	3.85			1	2.08				
	Pethidine	1	0.32			-	-				
	Morphine	1	0.32			-	-				
3. Amphetamines	Dexidrine	5	1.60	5	1.60	24	50.00	24	50.00	24	6.67
4. Cough Syrup	Phensedyl	70	22.44			5	10.42				
	Bronolecs	22	7.05			2	4.17				
	Corex	15	8.33	160	51.28	3	6.25	13	27.08	173	48.06
	Ephidrex	15	4.81			3	6.25				
	Tossex	24	7.69			-	-				
	Mislinctus	3	0.96			-	-				
5. Benzodiazepenes (Sedative and Tranquillizers)	Placidox	-	-			2	4.17				
	Diazepam	31	9.94	68	21.79	3	6.25	16	33.33	84	23.33
	Calmpose	1	0.32			7	14.58				
	Valium	2	0.64			2	4.17				
	Nitrasun	20	6.41			2	4.17				
	Nitrozepam	14	4.49			-	-				
6. Barbiturates	Gardinal	18	5.78	18	5.78	3	6.25	3	6.25	21	5.83
7. Non-Narcotic Analgesics	Spasmoproxivon	52	16.67			2	4.17				
	Fortwin	7	2.24	87	27.88	-	-	4	8.33	91	25.28
	Relipin	25	8.01			2	4.17				
	Pamagin	3	0.96			-	-				
8. Hallucinogen	Lysergic Acid Diethylamide (LSD)	1	0.32	1	0.32	-	-	-	-	1	0.28
9. Volatile Solvent	Dendrite	12	3.85	12	3.85	13	27.08	13	27.08	25	6.94
10 Anti-Histaminics	Ephidrine	5	1.60			1	2.08				
	Cafedrine	4	1.28	15	4.81	-	-	2	4.17	17	4.72
	Avil	6	1.92			1	2.08				

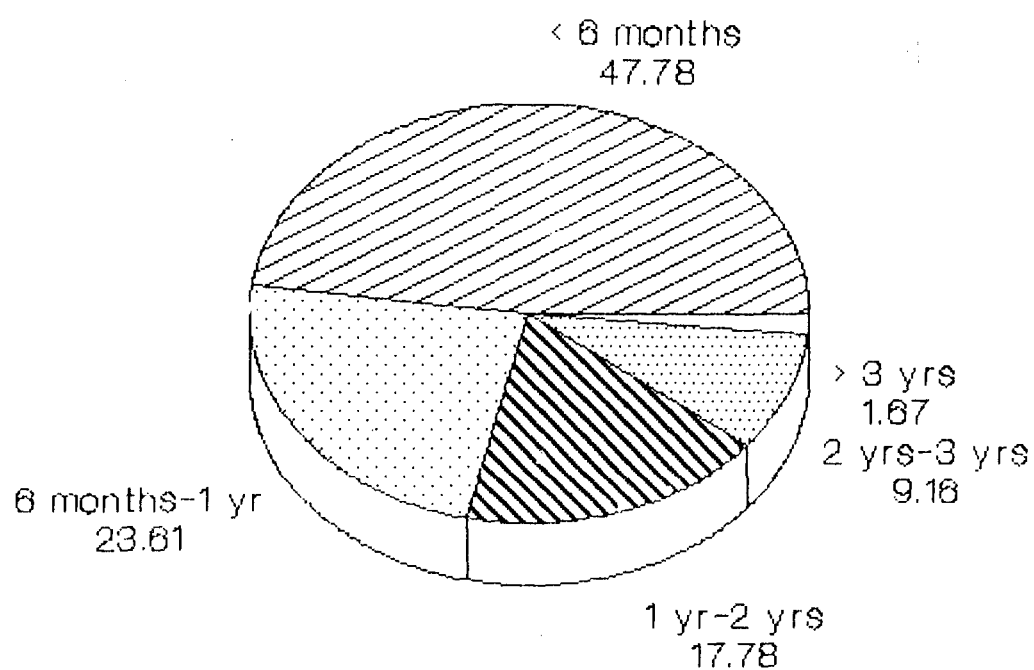
The above Table showing the type of drugs taken by the Current drug users clearly indicates that from out 360 drug users 63.89 per cent (230 out of 360) took to cannabis such as Ganja/Dope, Hashish and Bhang, 48.06 per cent (173 out of 360) took to cough syrup such as Phensedyl, Corex, Ephidrex, Tossex, Mislinctus and Bronolecs, 25.28 per cent (91 out of 360) took non-Narcotic Analgesics such as Spasmoproxivon, Fortwin, Pamagin and Relipin, 23.33 per cent (84 out of 360) took Benzodiazepenes (Sedative and Tranquillizers) such as Placidox, Calmpose, Diazepam, Valium, Nitrasun and Nitrozepam, 15.00 per cent (54 out of 360) took Narcotic Analgesic such as Heroin/No. 4, Smack, Brown Sugar, Pethidine and Morphine, 6.94 per cent (25 out of 360) took to volatile solvent such as Dendrite, 6.67 per cent (24 out of 360) took Amphetamines such as Dexidrine, 5.83 per cent (21 out of 360) took Barbiturates such as Gardinal. 4.72 per cent (17 out of 360) took Anti-Histaminics such as Ephedrine, Cafe-drine and Avil and 0.28 per cent (1 out of 360) took to Hallucinogen such as LSD.

When we compare the type of drug taken by male and females it was found that among the males 67.63 per cent (211 out of 312) took cannabis, 61.28 per cent (160 out of 312) took cough syrup, 27.88 per cent (87 out of 312) took Non-Narcotic Analgesics, 21.79 per cent (68 out of 312) took to Benzodiazepenes (Sedative and Tranquillizers), 16.35 per cent (51 out of 312) took to Narcotic Analgesics, 5.78 per cent (18 out of 312) took to Barbiturates, 4.81 per cent (15 out of 312) took Anti-

Histamines and only 3.85 per cent (12 out of 312) took Volatile Solvent, 1.60 per cent (5 out of 312) took to Amphetamines and 0.32 per cent (1 out of 312) took LSD. Coming to the females it was found that the drug mostly taken by them was Amphetamines, that being 50 per cent (24 out of 48), they were use as slimming tablets, then comes cannabis, 39.58 per cent (19 out of 48) use Ganja/Dope, Hashish and Bhang, 33.33 per cent (16 out of 48) of the females took to Benzodiazepenes (which is a sedative and a tranquillizers) 27.08 per cent (13 out of 48) took to Volatile Solvent such as Dendrite which was found to be less taken by the males. Again 27.08 per cent (13 out of 48) took to Cough Syrup. It was found that only 8.33 per cent (4 out of 48) took to Non-Narcotic Analgesics, 6.25 per cent (3 out of 48) took to Narcotic Analgesic and 4.17 per cent (2 out of 48) took Anti-Histaminics. Thus, the above analysis clearly indicates that the drugs mostly favoured by males are cannabis (67.63 per cent) followed by Cough Syrup (51.28 %), then comes Non-Narcotic Analgesics (27.88 %) followed by Benzodiazepenes (Sedative and Tranquillizers) (21.79%) and Narcotic Analgesics (16.35 %). Among the females it was found that the drugs mostly favoured by them are Amphetamines (50.00 %) followed by Cannabis (39.88 %). Then comes Benzodiazepenes (Sedative and Tranquillizers) (33.33 %), followed by Volatile Solvent (27.08 %) and Cough Syrup (27.08 %).

Table 4.2.9 presents the data related to the duration of drug use among the Current user.

**Fig. 9 :**  
**Duration of Drug use among the**  
**Current user**



**Table 4.2.9**  
**Duration of Drug use among the Current user**

Period of Time	N	Percentage
Less Than 6 months	172	47.78
6 months to 1 year	85	23.61
1 year to 2 years	64	17.78
2 years to 3 years	33	9.16
More than 3 years	6	1.67
Total	360	100.00

The duration of drug use among the Current drug users was divided into five categories, namely, less than six months, 6 months to 1 year, 1 year to 2 years, 2 years to 3 years and more than 3 years. The results are shown in the above Table. It shows that 47.78 per cent (172 out of 360) took to drugs for a period of less than six months. 23.61 per cent (85 out of 360) took drugs for a period of 6 months to 1 year, 17.78 per cent (64 out of 360) took drugs for a period of 1 year to 2 years, 9.16 per cent (33 out of 360) took drugs for a period of 2 years to 3 years and only 1.67 per cent (6 out of 360) took drugs for a period of more than 3 years.

There is a need, therefore for drug prevention at the school and college level by creating greater awareness about the problems of drug abuse, its effects and the availability of services in the field of prevention.

Table 4.2.10 presents the data related to the attempts made by the Current user to discontinue the drugs.

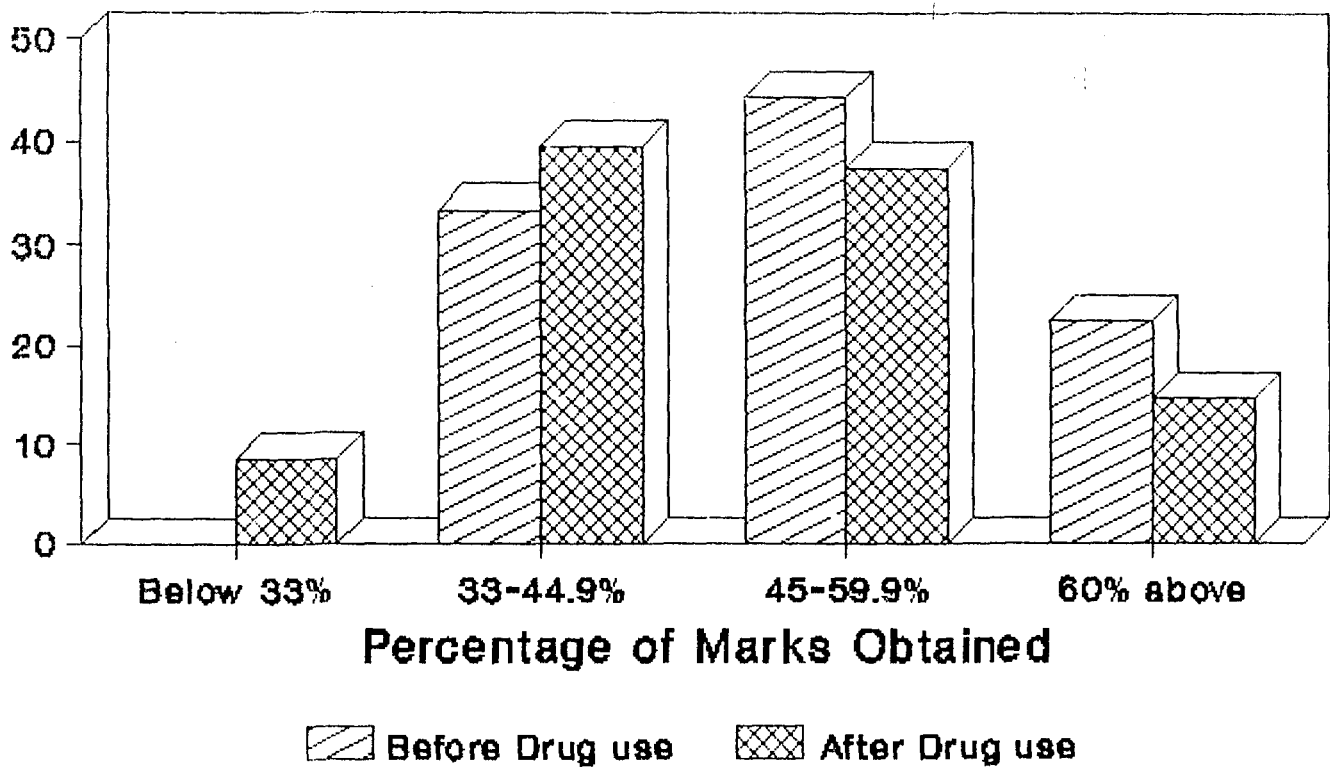
**Table 4.2.10**  
**Showing attempts made by the Current User to Discontinue the Drugs**

Attempts Made to Discontinue	N	Percentage
Yes	205	56.94
No	155	43.06
Total	360	100.00

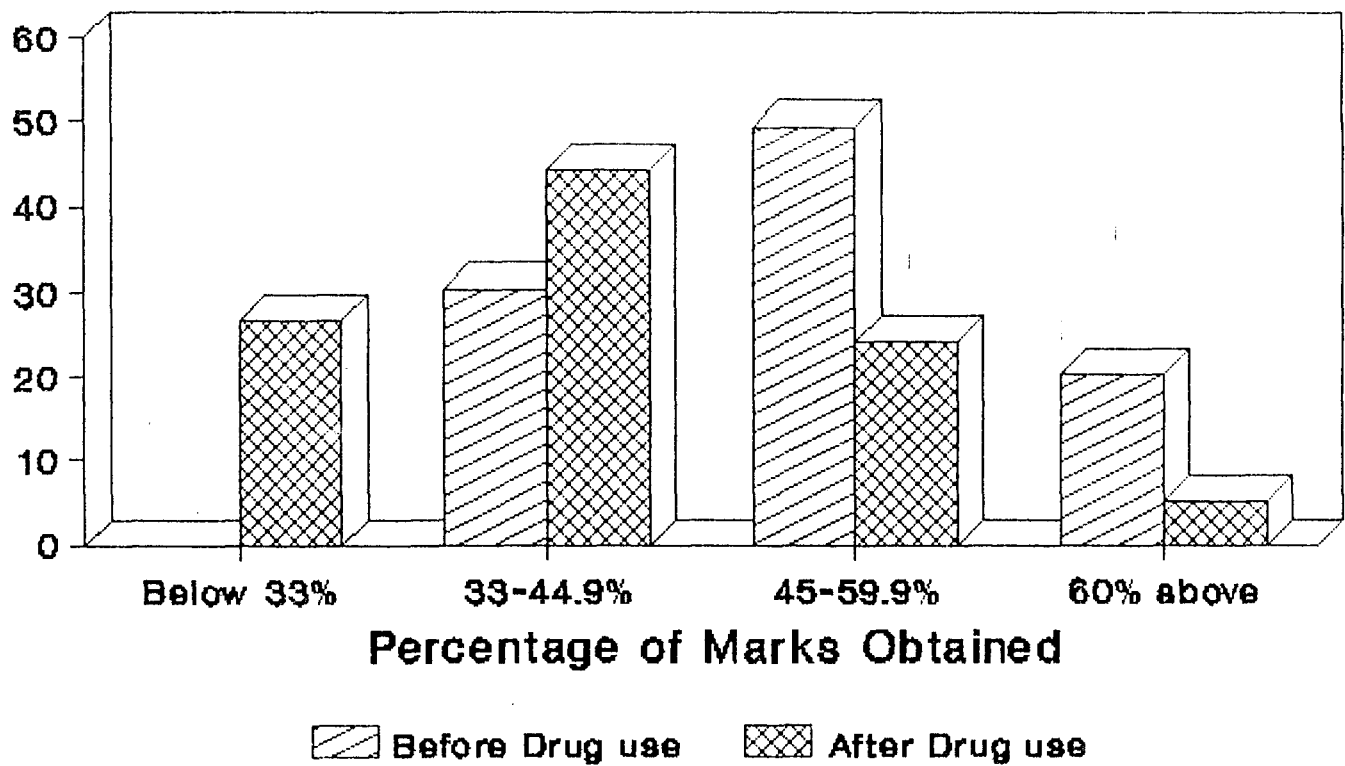
With regard to the question as to whether the Current drug users have attempted to discontinue the use of drugs. Table 4.2.10 shows that from a total of 360 current drug users 56.94 per cent (205 out of 360) agreed stating 'yes' and 43.06 per cent (155 out of 360) indicated a negative response stating 'No'. The reason stated was their fear of withdrawal syndrome as well as being unable to succumb to peer pressure.

Question No. 16(a) deals with the percentage of examination marks obtained by the Current user. The information collected is presented below in Table 4.2.11

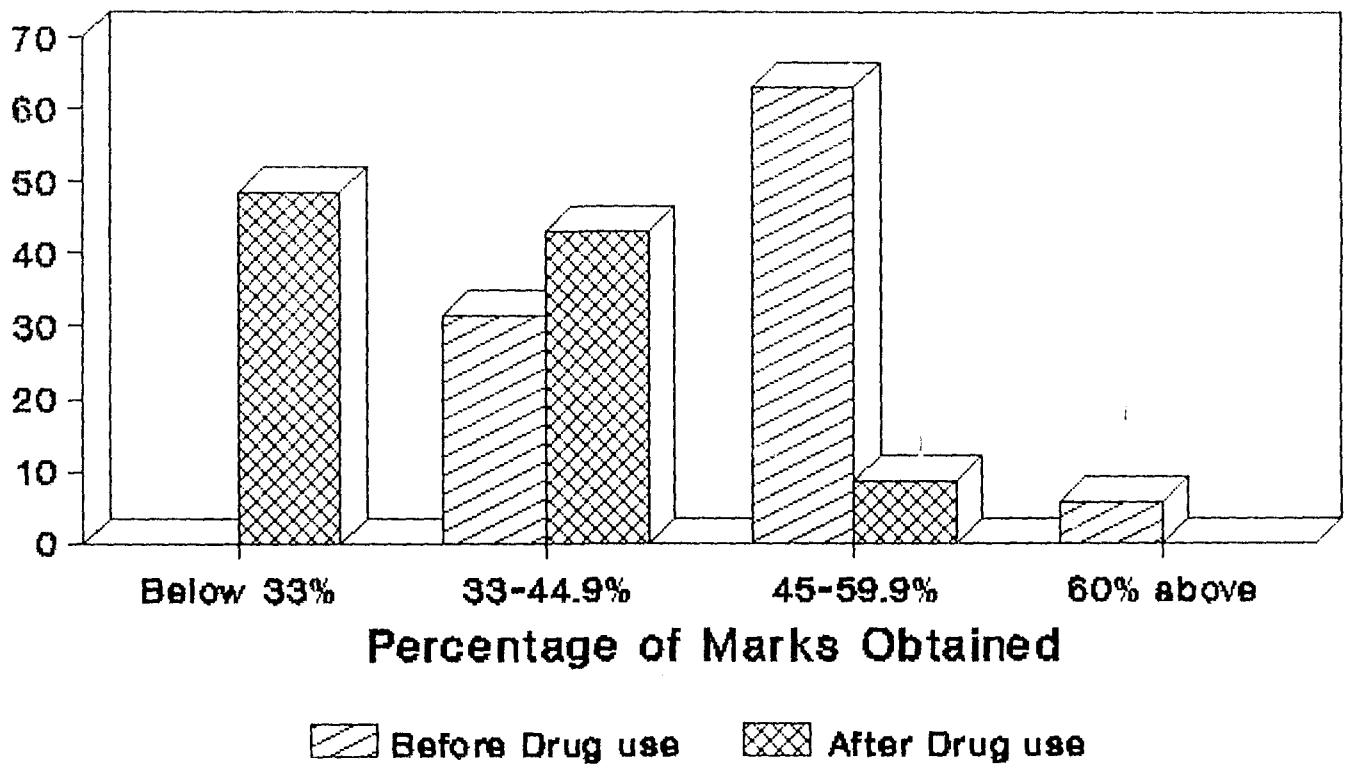
**Fig. 10 :**  
**Percentage of Examination Marks**  
**of the Current user (Occasional)**



**Fig. 11 :**  
**Percentage of Examination Marks**  
**of the Current user (Regular)**



**Fig. 12 :**  
**Percentage of Examination Marks**  
**of the Current user (Addict)**



**Table 4.2.11**  
**Percentage of Examination Marks obtained by the Current user**

Sl. Current User No.	Percentage of Examination Marks Obtained			
	below 33 %	33% - 44.9%	45%-59.9%	above 60%
<b>1. Occasional User</b>				
(i) Before drug use in the total sample	-	82 (33.33)	109 (44.31)	55 (22.36)
(ii) After drug use in the total sample	21 ( 8.54)	97 (39.43)	92 (37.40)	36 (14.63)
<b>2. Regular User</b>				
(i) Before drug use in the total sample	-	24 (30.38)	39 (49.37)	16 (20.25)
(ii) After drug use in the total sample	21 (26.58)	35 (44.30)	19 (24.06)	4 ( 5.06)
<b>3. Addict</b>				
(i) Before drug use in the total sample	-	11 (31.43)	22 (62.86)	2 ( 5.71)
(ii) After drug use in the total sample	17 (48.57)	15 (42.86)	3 ( 8.57)	-

The percentage of examination marks obtained by the Current drug users before and after drug use was divided into four categories namely, 33 per cent below, 33 - 44.9 per cent, 45 - 59.5 per cent and 60 per cent above. The results are shown in Table 4.2.11, it shows that from a total of 246 Occasional users, before using drugs 22.36 per cent (55 out of 246) got 60 per cent above (percentage of examination marks), 44.31 per cent (109 out of 246) got in between 45-59.9 per cent marks, 33.33 per cent (82 out of 246) got in between 33-44.9 per cent marks and none of the Occasional users got below 33 per cent marks. After they took to drugs it was found that from a total of 22.36 per cent who got 60 per cent above before they took to drugs, there was a fall to

14.63 per cent (36 out of 246) who got 60 per cent above (percentage of examination marks) . The above Table 4.2.11 shows that the effect of drug use was on 19 Occasional users, from a total of 55, thus indicating a decrease on those who got 60 per cent above after drug use. From a total of 44.31 per cent (109 out of 264) of those who got in between 45-59.9 per cent marks before they took to drugs, it was found that after drug use only 37.40 per cent (92 out of 246) got in between 45-59.9 per cent marks. It shows that the effect of drug use was on 17 Occasional users from a total of 109. This indicating a decrease of those who got in between 45-59.9 per cent marks after drug use.

From a total of 33.33 per cent (82 out of 246) Occasional drug users who got in between 33-44.9 per cent marks before drug use, after they took to drugs it was found that 39.43 per cent (97 out of 246) got in between 33 per cent to 44.9 per cent (percentage of examination marks). So this shows that there was an increase by 15 Occasional users from a total of 82, who got in between 33 per cent to 44.9 per cent marks . Before they took to drugs none of the Occasional user got below 33 per cent marks but after drug use 8.54 per cent (21 out of 246) got below 33 per cent marks.

Coming to the Regular user it was found that from a total of 79 Regular drug users, before using drugs 20.25 per cent (16 out of 79) got 60 per cent above (percentage of examination marks), 49.37 per cent (39 out of 79) got in between 45-59.9 per

cent marks, 30.38 per cent (24 out of 79) got in between 33-44.9 per cent marks and none of the Regular users got below 33 per cent marks but after they took to drugs it was found that from a total of 20.25 per cent who got above 60 per cent (percentage of examination marks) only 5.06 per cent (4 out of 79) got 60 per cent above. It shows that the effect of drug use was on 12 Regular user from a total of 16 (Thus indicating a decrease on those who got above 60 per cent marks after drug use). From a total of 49.37 per cent (39 out of 79) who got in between 45-59.9 per cent marks before drug use, after they took to drugs there was a fall to 24.06 per cent (19 out of 79) who got in between 45-59.9 per cent marks. The effect of drug use was on 20 Regular drug users from a total of 39. It indicates a decrease on those who got in between 45-59.9 per cent marks after drug use . From a total of 30.38 per cent (24 out of 79) Regular users who got in between 33 per cent - 44.9 per cent marks before drug use, after they took to drugs it was found that 44.30 per cent (35 out of 79) got in between 33 per cent - 44.9 per cent (percentage of examination marks). So this shows that there was an increase by 11 Regular drug users from a total of 24 who got in between 33-44.9 per cent marks before drug use.

Before they took to drugs none of the Regular users got below 33 per cent (percentage of examination marks) but after they took to drugs 26.58 per cent (21 out of 76) got below 33 per cent marks. With regard to the category of the Addict from a total of 35 Addicts, before they took to drugs 5.71 per cent (2

out of 35) got above 60 per cent (percentage of examination marks), 62.86 per cent (22 out of 35) got in between 45-59.9 per cent marks and 31.43 per cent (11 out of 35) got in between 33-44.9 per cent marks but after they took to drugs, it is interesting to note that none of the Addicts got 60 per cent above (percentage of examination marks). From a total of 62.82 per cent (22 out of 35) who got in between 45-59.9 per cent marks before they took to drugs, after taking drugs it was found that only 8.57 (3 out of 35) got in between 45-59.9 per cent marks. It shows that the effect of drug use was on 19 Addicts from a total of 22, thus indicating a decrease on those who got in between 45-59.9 per cent marks after drug use. From a total of 31.43 per cent (11 out of 35) who got in between 33-44.9 per cent marks before using drug, after taking to drug 42.86 per cent (15 out of 11) who got in between 33per cent - 44.9 per cent. So this shows that there was an increase by 4 Addicts from a total of 11 who got in between 33 per cent - 44.9 per cent (percentage of examination marks). None of the Addicts got below 33 per cent marks before drug use, but after they took to drugs 48.57 per cent (17 out of 35) got below 33 per cent (percentage of examination marks).

The above results clearly indicate that 67.5 per cent (243 out of 360) Current users identified in the sample were second division and first division holders before using drugs but after they took to drugs the percentage of second and first division holders decreased as it shows that after using drugs

only 42.78 per cent (154 out of 360) got in between 45-59.9 per cent marks and above 60 per cent (percentage of examination marks).

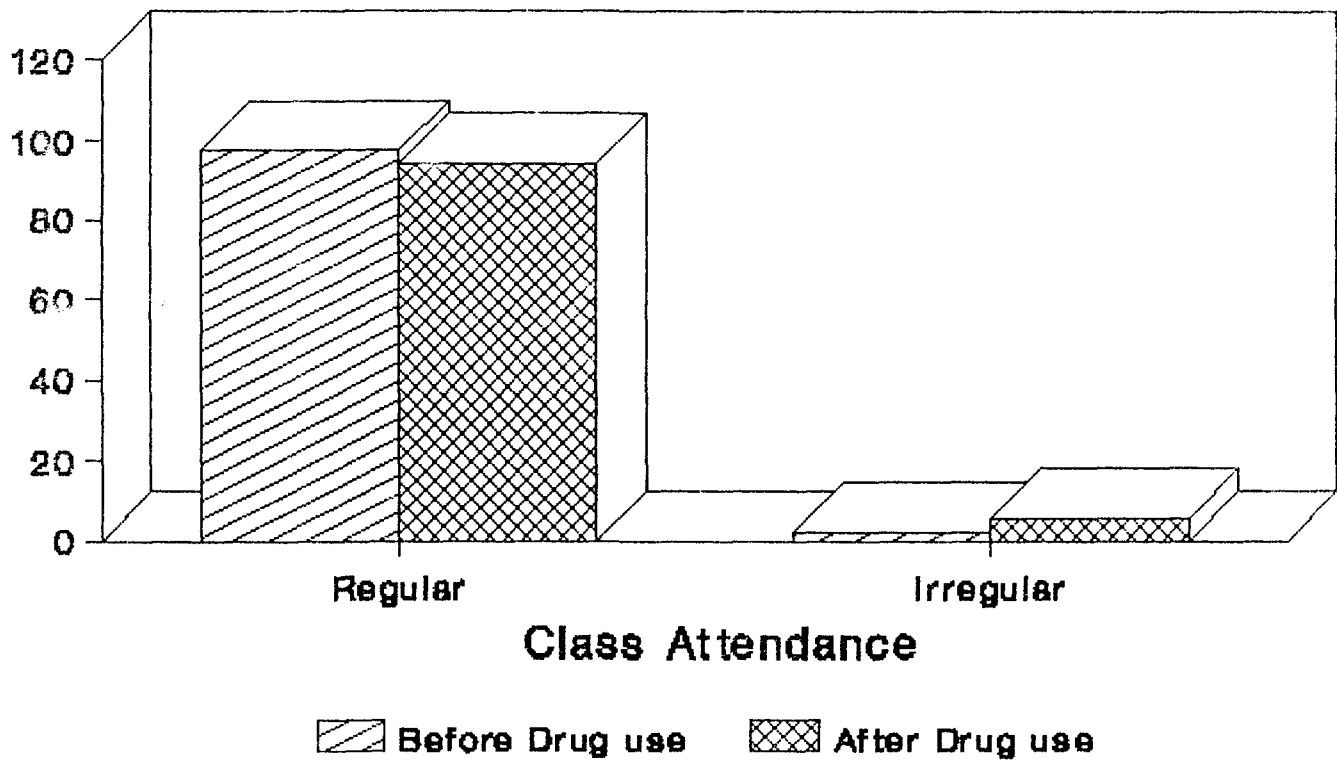
It also shows that among the Occasional users there was still a certain percentage of those who got in between 45-59.9 per cent and above 60 per cent, thus showing that drug abuse does effect the percentage of marks obtained by the Occasional user but its effect is seen to be less.

Among the Regular user though there was still a certain percentage of them who got in between 45-59.9 per cent marks and above 60 per cent, we see that the effect of drug use on the percentage of examination marks obtained by the Regular user is evident i.e. it is a little more in this category than among the Occasional user and it is found to be much more among the category of the Addicts, as after drug use none of them got above 60 per cent marks and only 3 out of 22 got in between 45-59.9 per cent (percentage of examination marks).

It thus indicates that drug abuse does have an effect on one's percentage in examination marks showing that when the frequency of drug use increases the effect of drug abuse on one's percentage of marks is more evidently seen.

Table 4.2.12 presents the class attendance of the Current user before and after drug use.

**Fig. 13 :**  
**Class Attendance of the Current user**  
**(Occasional)**



**Fig. 14 :**  
**Class Attendance of the Current user**  
**(Regular)**

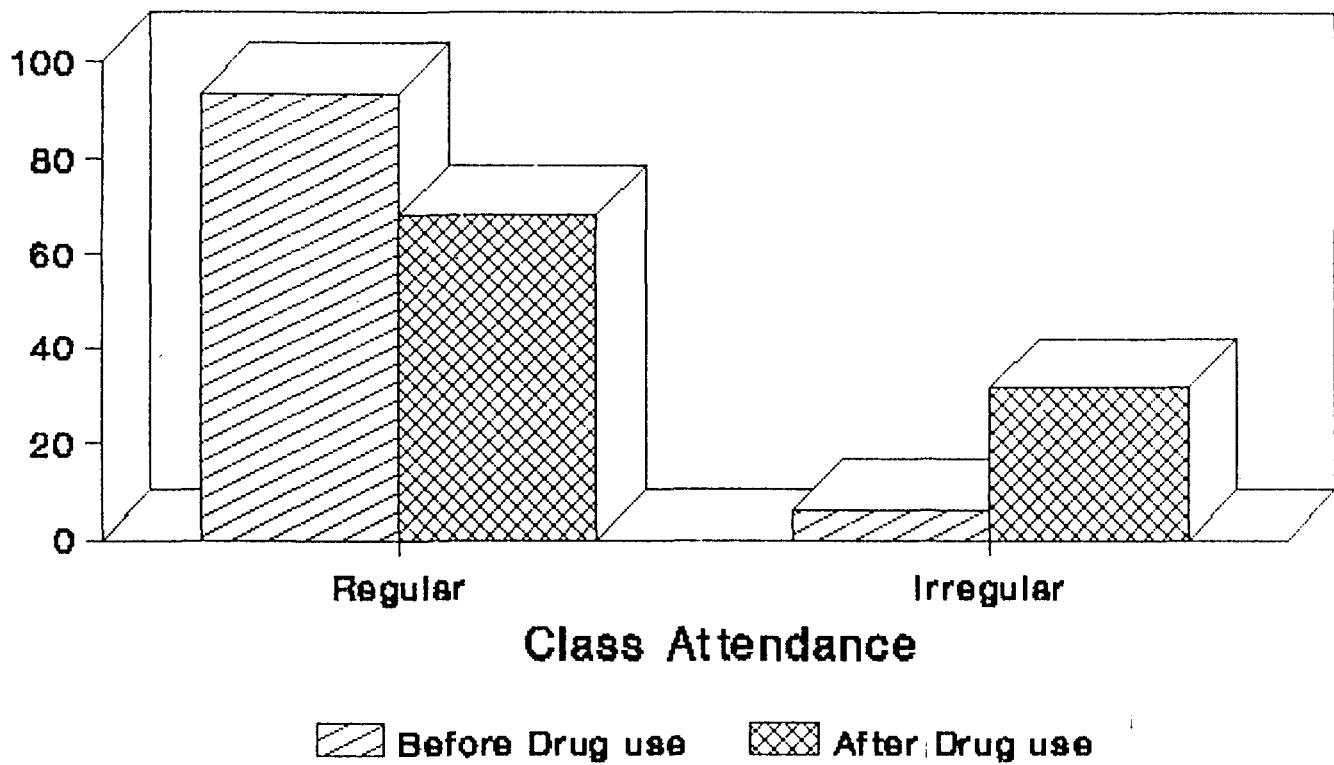




Table 4.2.12

## Class Attendance of the Current User Before and After Drug use

Categories of current user	Regular in class attendance	Irregular in class attendance	Total
<b>1. Occasional User</b>			
(i) Before drug use in the total sample	240 (97.56)	6 ( 2.44)	246
(ii) After drug use in the total sample	232 (94.31)	14 ( 5.69)	246
<b>2. Regular User</b>			
(i) Before drug use in the total sample	74 (93.67)	5 ( 6.33)	79
(ii) After drug use in the total sample	54 (68.35)	25 (31.65)	79
<b>Addict</b>			
(i) Before drug use in the total sample	33 (94.29)	2 ( 5.71)	35
(ii) After drug use in the total sample	3 ( 8.57)	32 (91.43)	35

It is equally important to find out about the class attendance of the Current drug users before and after they took to drugs as this is also one important aspect which falls in the gamut of educational performance. When asked whether the Current users were regular or irregular in their class attendance before and after drug use, it was found that from a total of 246 Occasional users, 97.56 per cent (240 out of 246) were regular in their class attendance before drug use and only 2.44 per cent (6 out of 246) were irregular in class attendance before they took to drugs. After taking drugs 94.31 per cent (232 out of 246) were found to be regular in their class attendance and 5.69 per cent (14 out of 246) was found to be irregular. Table 4.2.12. shows that the the effect of drug use was on 8 Occasional

users from out of 14, the other 6 Occasional users was found to be irregular in their class attendance even before taking to drugs.

Coming to the Regular user, out of a total of 79 Regular users before drug use 93.67 per cent (74 out of 79) were found to be regular in their class attendance and only 6.33 per cent (5 out of 79) were found to be found to be irregular in their class attendance. After taking to drugs, 68.35 per cent (54 out of 79) were found to be regular in class attendance and 31.85 per cent (25 out of 79) were found to be irregular in their class attendance. It shows that the effect of drug use was on 20 Regular user from out of 25, the other 5 Regular users were found to be irregular in the class attendance even before taking to drugs.

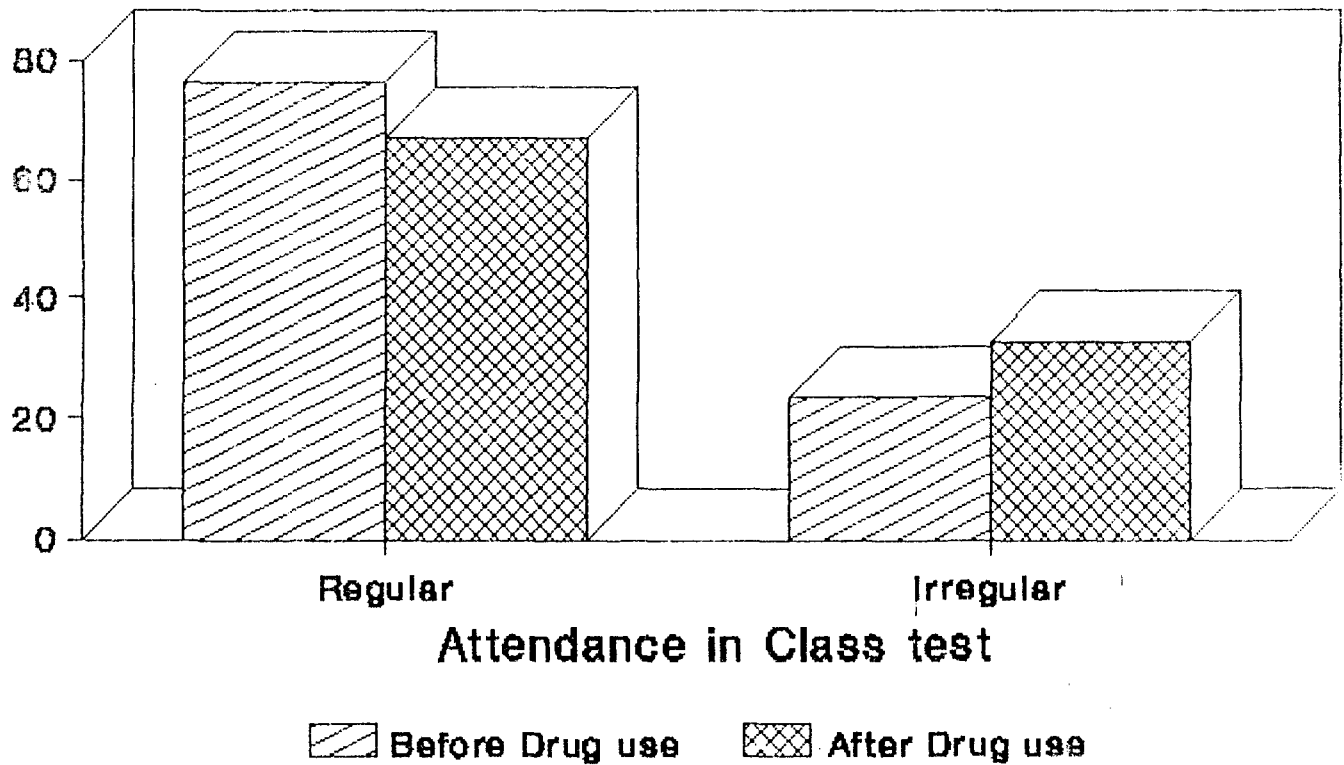
Coming to the category of the Addict it was found that from a total of 35 Addicts, 94.29 percent (33 out of 35) were found to regular in their class attendance before using drugs and 5.71 (2 out of 35) was irregular in their class attendance. After taking to drugs it was found that only 8.57 percent (3 out of 35) were found to be regular in their class attendance and 91.43 percent (32 out of 35) were found to be irregular in their class attendance. It shows that the effect of drug use was on 30 Addicts from out of 32, the other 2 addicts was found to be irregular in their class attendance even before using drugs. The effect of drugs on their class attendance is very much seen as

the above Table shows that after drug use only 8.57 per cent was regular in their class attendance, the rest of them turn to be irregular in their class attendance.

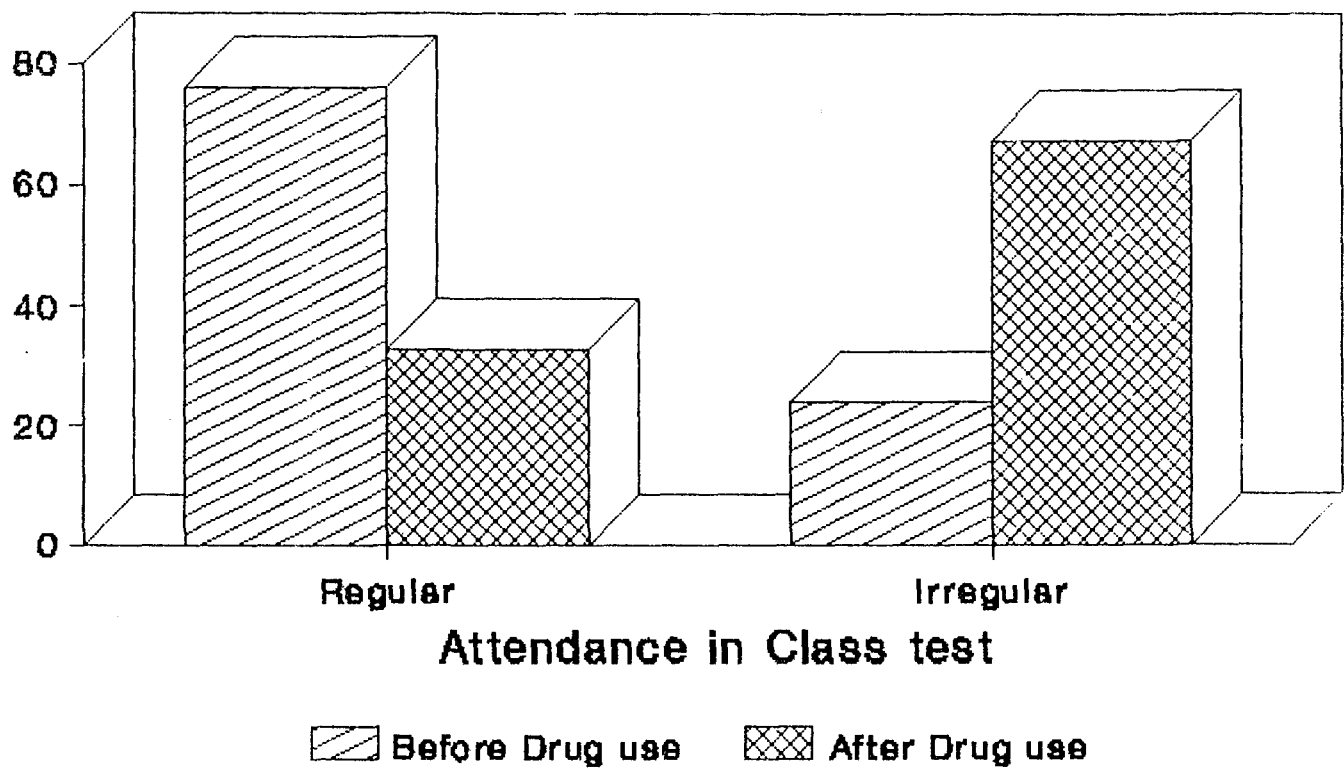
This clearly shows that when the frequency of drug use increases, its effect is more evidently seen as the above Table indicates. The above Table shows that from a total of 360 Current users, after drug use 80.28 per cent (289 out of 360) was found to be regular in their class attendance and 19.72 percent (71 out of 360) were found to be irregular in their class attendance. Among the 71 Current users 13 were found to be irregular in their class attendance even before drug use. So the effect of drug abuse on the class attendance of the Current user was on 58 Current users. But if we take each category of the Current users i.e. the Occasional user, Regular and Addict, the effect of drug abuse on the Occasional user's class attendance is seen to be less noticeable, among the Regular users it is a little more though not much but among the Addicts its effects are very evident.

The current users attendance in class tests before and after drug use is shown in Table 4.2.13

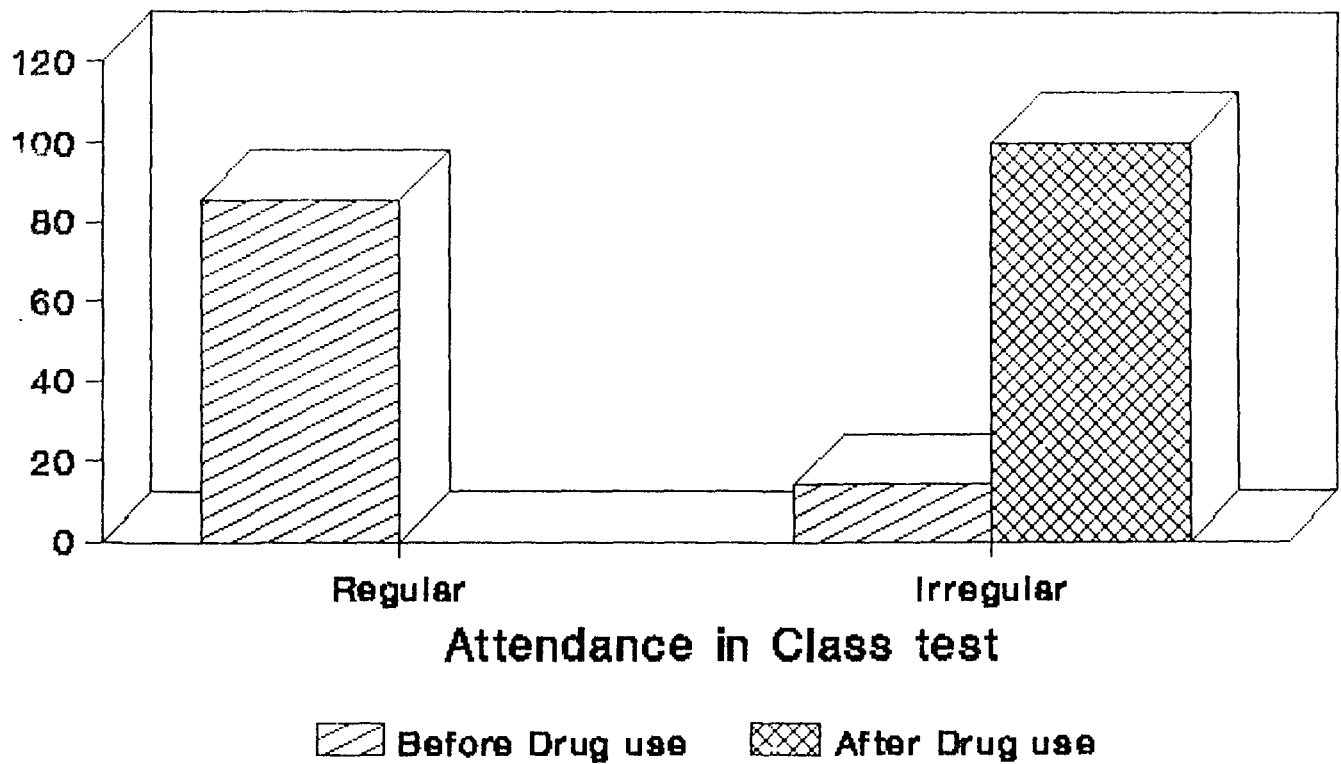
**Fig. 16 :**  
**Current users Attendance in Class test**  
**(Occasional)**



**Fig. 17 :**  
**Current users Attendance in Class test**  
**(Regular)**



**Fig. 18 :**  
**Current users Attendance in Class test**  
**(Addict)**



**Table 4.2.13**  
**The Current users Attendance in Class Test Before and After Drug use**

Categories of current user	Regular in class attendance	Irregular in class attendance	Total
<b>1. Occasional User</b>			
(i) Before drug use in the total sample	188 (76.42)	58 (23.58)	246
(ii) After drug use in the total sample	165 (67.07)	81 (32.93)	246
<b>2. Regular User</b>			
(i) Before drug use in the total sample	60 (75.95)	19 (24.05)	79
(ii) After drug use in the total sample	26 (32.91)	53 (67.09)	79
<b>3. Addict</b>			
(i) Before drug use in the total sample	30 (85.71)	5 (14.29)	35
(ii) After drug use in the total sample	-	35 (100.00)	35

When asked whether the Current users were regular or irregular in their attendance in class test before and after drug use Table 4.2.13 shows that from a total of 246 Occasional users, before drug use 76.42 per cent (188 out of 246) were found to be regular in their attendance in class test and 23.58 per cent (58 out of 246) were irregular in their attendance in class test. After they took to drugs 67.07 per cent (165 out of 246) were found to be still regular in their attendance in class test and 32.93 per cent (81 out of 246) were found to be irregular in their attendance in class test. The above Table shows that the effect of drug use was on 23 Occasional user from out of 81, the other 58 Occasional user was found to be irregular in their attendance in class tests even before using drugs.

Coming to the Regular user from a total of 79 Regular users, before drug use 75.95 percent (60 out of 79) were found to be regular in their attendance in class test and 24.05 per cent (19 out of 79) were found to be irregular. After taking to drugs 32.91 per cent (26 out of 79) were found to be regular in their attendance in class test and 67.09 percent (53 out of 79) were found to be irregular. It shows that the effect of drug use was on 34 Regular user from out of 53, the other 19 Regular user were found to be irregular in their attendance in class test even before drug use.

Coming to the category of the Addicts, from a total of 35 Addicts, before using drugs 85.71 percent (30 out of 35) were found to be regular in their attendance in class test and 14.29 per cent (5 out of 35) were irregular in their attendance in class tests. After they took to drugs none of the Addicts were found to be regular in their attendance in class test but instead all 100 percent (35 out 35) became irregular in their attendance in class tests. The effect of drug use was on 30 Addicts from out of 35, the other 5 Addicts was found to be irregular in their attendance in class tests even before drug use.

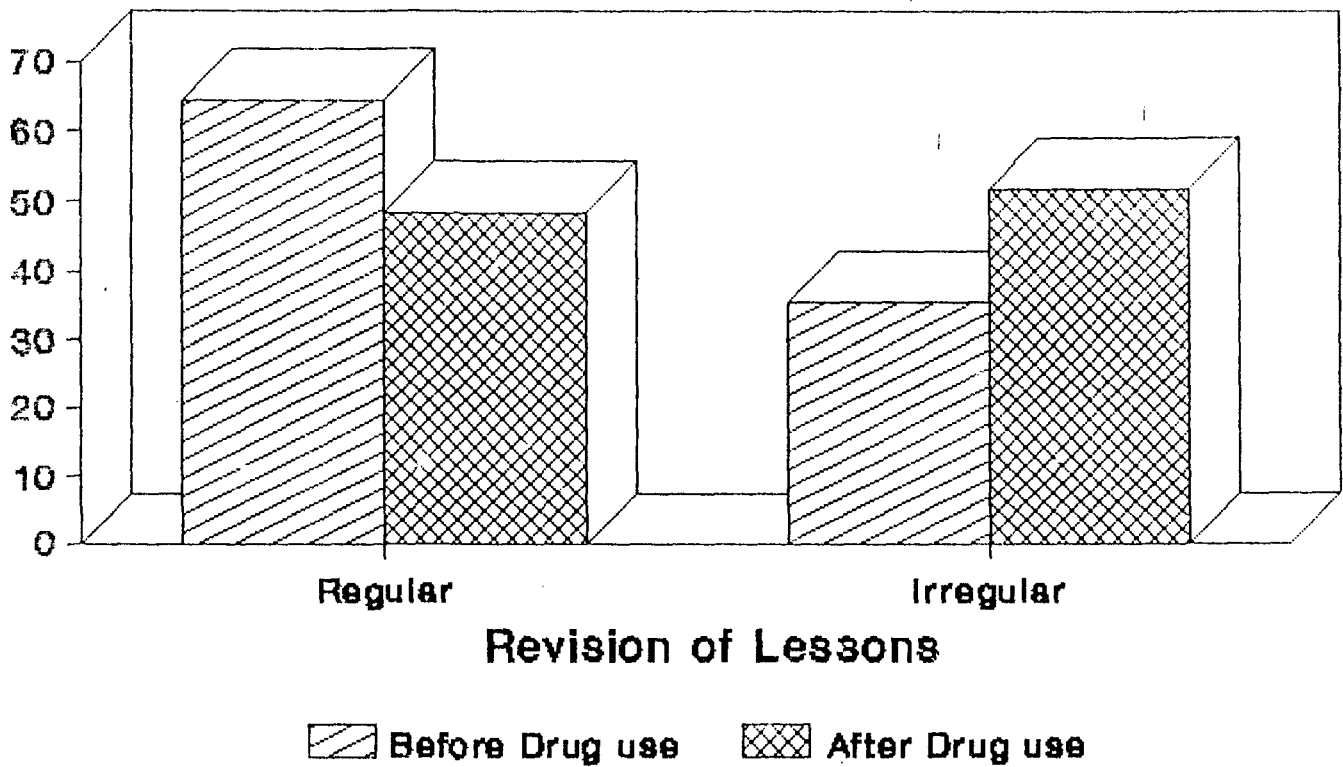
A careful scrutiny of the above Table 4.2.13. shows that from a total of 360 Current user, after they took to drugs 53.06 per cent (191 out of 360) were regular in their attendance in class tests and 46.94 per cent (169 out of 360) were found to

be irregular in their attendance in class tests. Among the 169 Current users, 82 was found to be irregular in their attendance in class test even before drug use. So the effect of drug abuse on their attendance in class test, was on 87 Current user's.

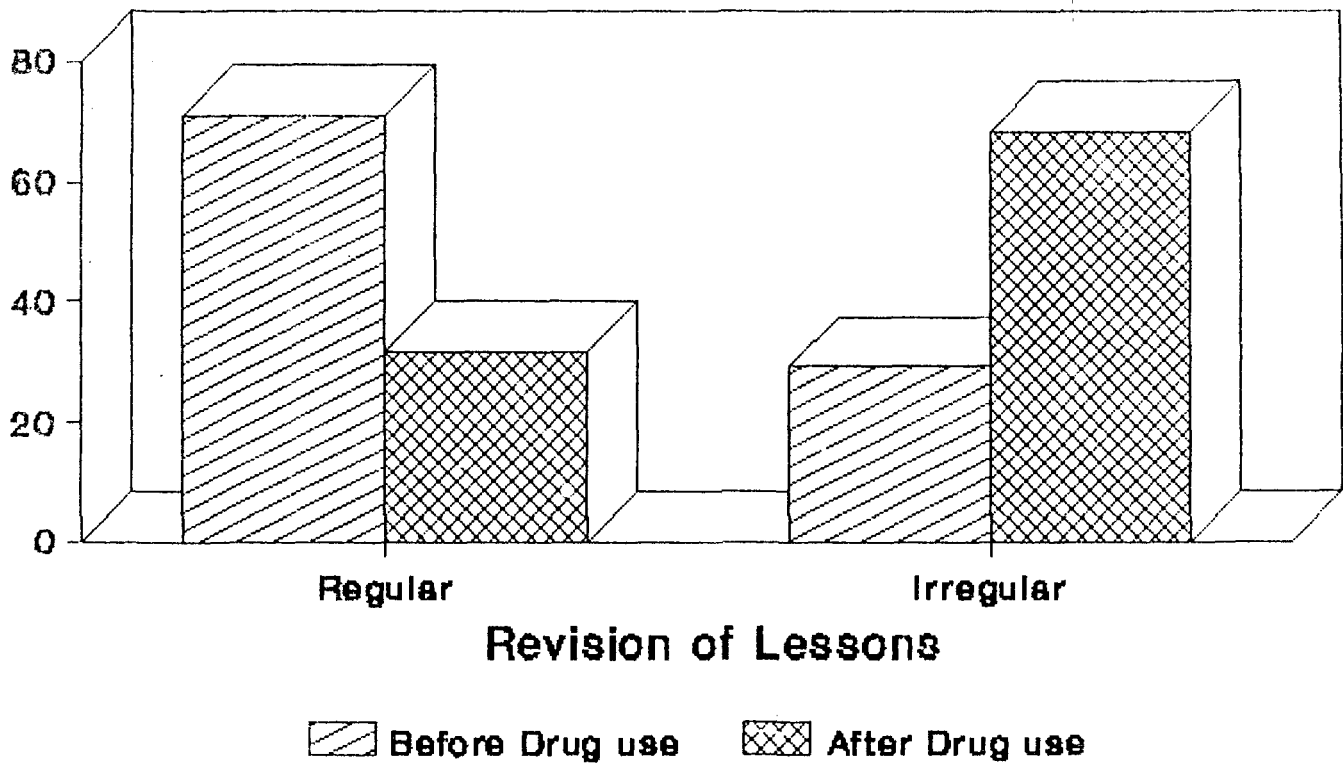
If we take each category of the Current users, i.e. the Occasional user, Regular user and Addict, the effect of drug abuse on the Occasional user's attendance in class test is less noticeable, among the Regular user the effect of drug abuse on their attendance in class test is evident though not very much but among the Addict its effects on their attendance in class test is evidently seen indicating the trend of irregularity in their attendance in class test.

The Current users revision of lesson before and after drug use is shown in Table 4.2.14.

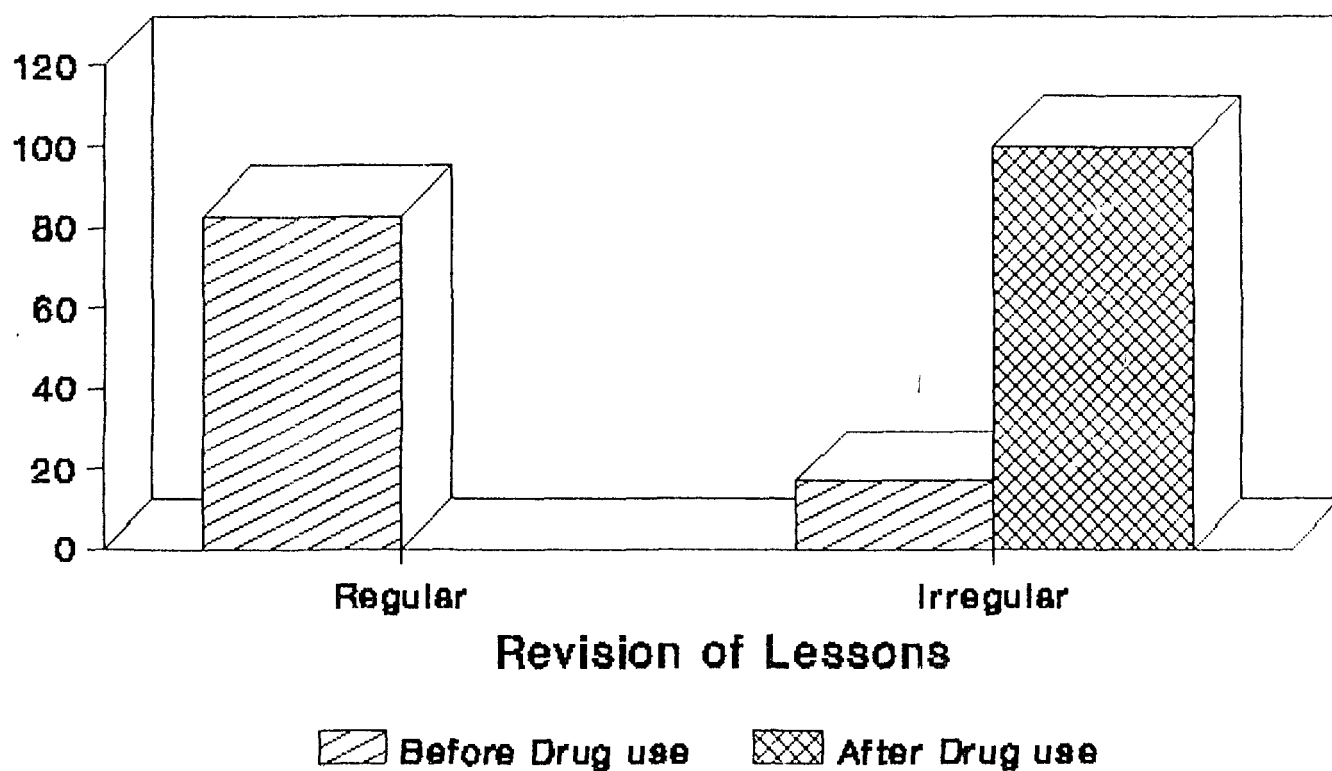
**Fig. 19 :**  
**Revision of Lessons by the Current user**  
**(Occasional)**



**Fig. 20 :**  
**Revision of Lessons by the Current user**  
**(Regular)**



**Fig. 21 :**  
**Revision of Lessons by the Current user**  
**(Addict)**



**Table 4.2.14**  
**Revision of Lessons Before and After Drug use by the Current users**

Categories of current user	Regular in revision of lesson	Irregular in revision of lesson	Total
<b>1. Occasional User</b>			
(i) Before drug use in the total sample	159 (64.63)	87 (35.37)	246
(ii) After drug use in the total sample	119 (48.37)	127 (51.63)	246
<b>2. Regular User</b>			
(i) Before drug use in the total sample	56 (70.89)	23 (29.11)	79
(ii) After drug use in the total sample	25 (31.65)	54 (68.35)	79
<b>3. Addict</b>			
(i) Before drug use in the total sample	29 (82.86)	6 (17.14)	35
(ii) After drug use in the total sample	-	35 (100.00)	35

Revision of lessons is one of the duties and responsibilities which students must perform as part and parcel of one's education at the College level. Revision of lessons is important for students to understand and retain in memory the lesson taught in the class.

With regard to the Current users Revision of lessons before and after drug use Table 4.2.14 shows that from a total of 246 Occasional users, before they took to drugs 64.63 per cent (159 out of 246) were found to be regular in their revision of lessons and 35.37 per cent (87 out of 246) were irregular in their revision of lessons. After they took to drugs 48.37 per cent (119 out of 246) were found to be still regular in their

revision of lesson and 51.63 per cent (127 out of 246) were irregular in revision of lessons. The above Table 4.2.14 shows that the effect of drug use was on 40 Occasional user from out of 127, the other 87 Occasional user was found to be irregular in their revision of lesson even before using drugs.

Coming to the Regular user, out of a total of 79 Regular user before drug use 70.89 per cent (56 out of 79) were found to be regular in revision of lesson and 29.11 per cent (23 out of 79) were found to be irregular in revision of lessons. After they took to drugs only 31.65 per cent (25 out of 79) were found to be still regular in their revision of lesson and 68.35 per cent (54 out of 79) were found to be irregular in their revision of lesson. It shows that the effect of drug use was on 31 Regular user from out of 54, the other 23 Regular user was found to be irregular in revision of lesson even before drug use.

Coming to the category of the Addicts, from a total of 35 Addicts, before drug use 82.86 per cent (29 out of 35) was found to be regular in their revision of lesson and 17.14 per cent (6 out of 35) were irregular in their revision of lesson. After drug use it was found that none of the Addicts were regular in their revision of lesson instead it was found that all 100 per cent of them turned to be irregular in their revision of lessons. It shows that that the effect of drug use was on 29 Addicts from out of 35, the other 6 Addicts was found to be irregular in their revision of lessons even before drug use.

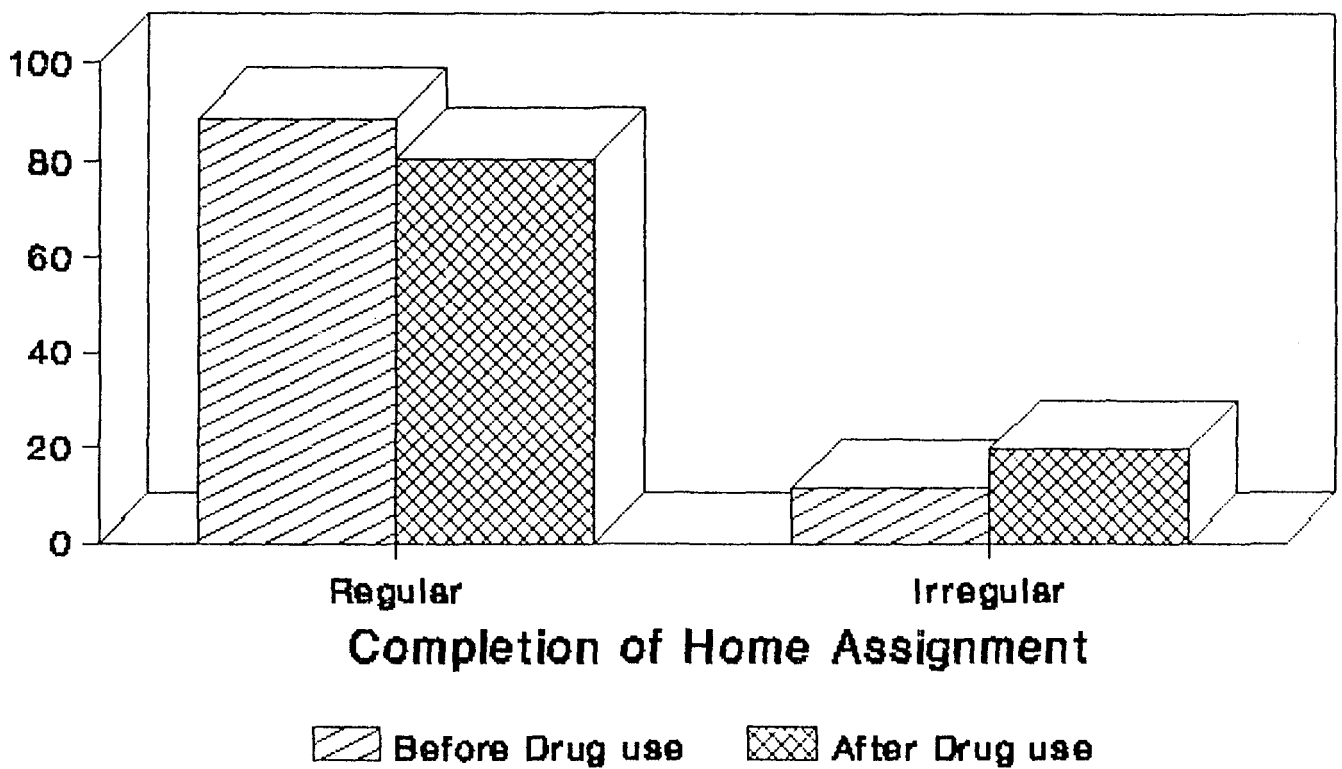
A careful look of the above Table 4.2.14, indicates that from a total of 360 current users. After they took to drugs 40.00 per cent (144 out of 360) were found to be regular in their revision of lessons, and 60.00 per cent (216 out of 360) were found to be irregular in their revision of lessons.

Among the 216 Current users found to be irregular in their revision of lessons, 116 Current user were irregular in revision of lesson even before drug use. So drug abuse effects the revision of lesson of 100 Current users.

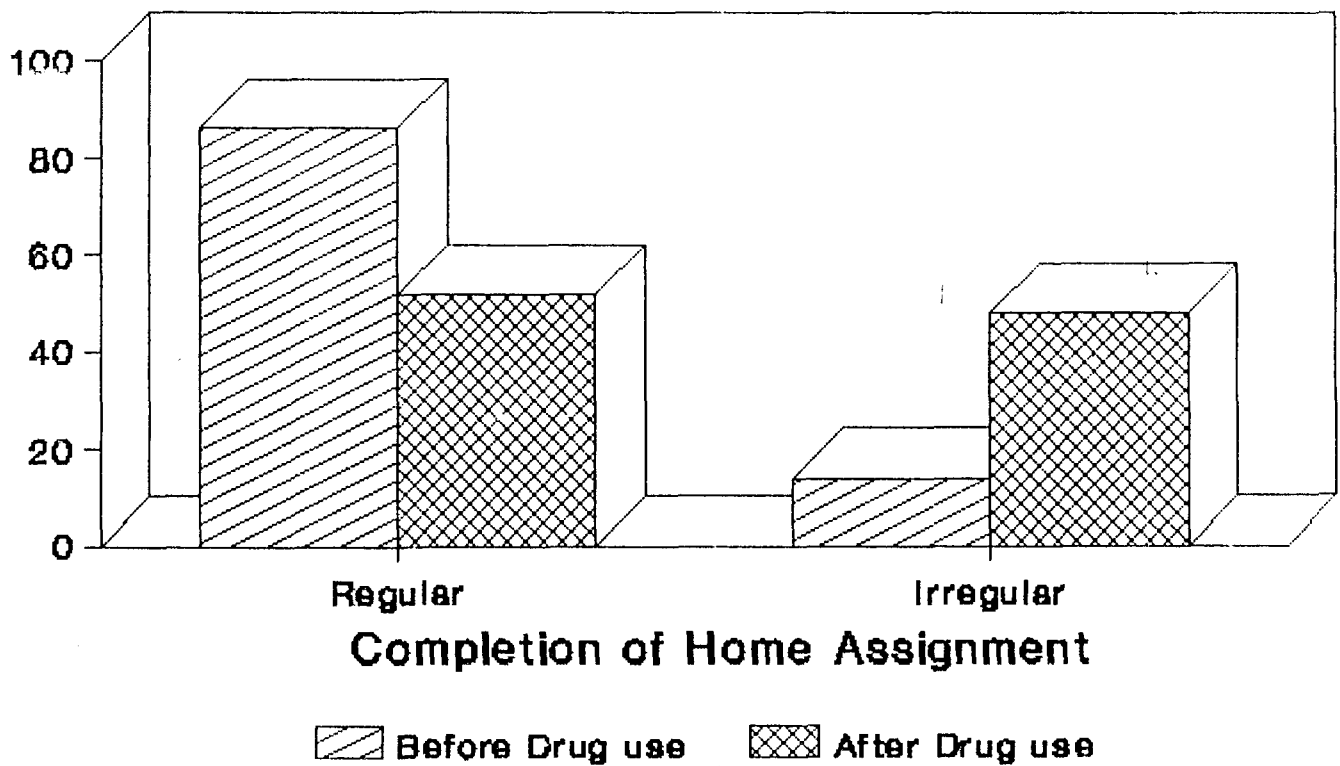
When each category of the Current users was taken into account it was found that the effect of drug abuse on revision of lesson among the Occasional user is evident but the number is less, among the Regular user, its effect is more evident and among the Addict the effect of drug use is tremendous indicating that the tendency of the Addicts is toward irregularity in their revision of lessons. This clearly shows that when the frequency of drug use increases one loses the sense of responsibility towards one's duties.

Table 4.2.15 presents the Current users completion of Home Assignment before and after drug use.

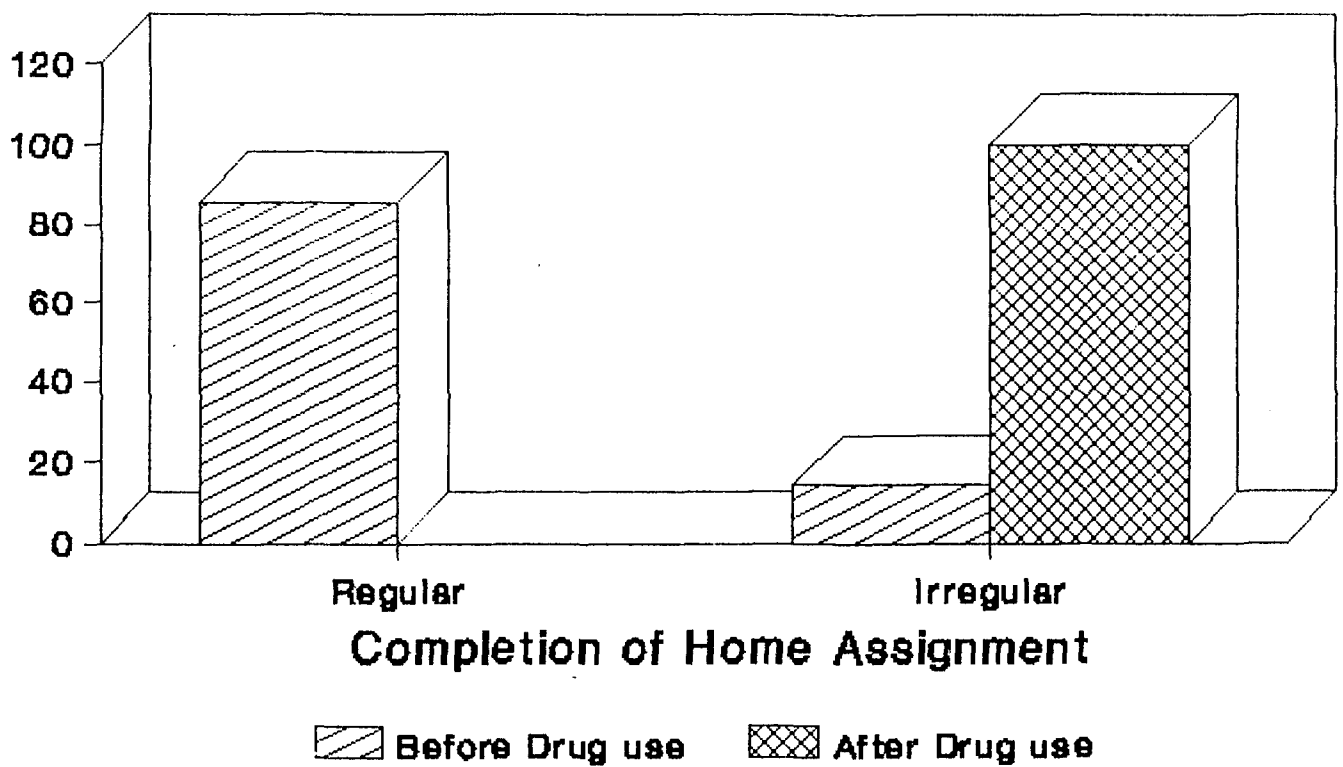
**Fig. 22 :**  
**The Current user's Completion of Home Assignment (Occasional)**



**Fig. 23 :**  
**The Current user's Completion of**  
**Home Assignment (Regular)**



**Fig. 24 :**  
**The Current user's Completion of Home Assignment (Addict)**



**Table 4.2.15**  
**The Current user's Completion of Home Assignment**  
**Before and After Drug use**

Categories of Current User	Regular in class attendance	Irregular in class attendance	Total
<b>1. Occasional User</b>			
(i) Before drug use in the total sample	218 (88.62)	28 (11.38)	246
(ii) After drug use in the total sample	198 (80.49)	48 (19.51)	246
<b>2. Regular User</b>			
(i) Before drug use in the total sample	68 (86.08)	11 (13.92)	79
(ii) After drug use in the total sample	41 (51.90)	38 (48.10)	79
<b>3. Addict</b>			
(i) Before drug use in the total sample	30 (85.71)	5 (14.29)	35
(ii) After drug use in the total sample	-	35 (100.00)	35

Completion of home assignment is also one of the duties and responsibilities which a student must perform as part and parcel of one's education at the college level. With regard to the question whether the Current user was regular or irregular in completion of home assignments before and after drug use. Table 4.2.15 shows that from a total of 246 Occasional user, 88.62 per cent (218 out of 246) were found to be regular in completion of home assignment before taking drugs and 11.38 per cent (28 out of 246) were found to be irregular in completion of home assignment. After they took to drugs it was found that 80.49 per cent (198 out of 246) were regular in completion of home assignment and 19.51 per cent (48 out of 246) were irregular in completion of home assignment. The above Table shows that the

effect of drug use was on 20 Occasional users from out of 48, the other 28 Occasional user were found to be irregular in completion of home assignment even before drug use.

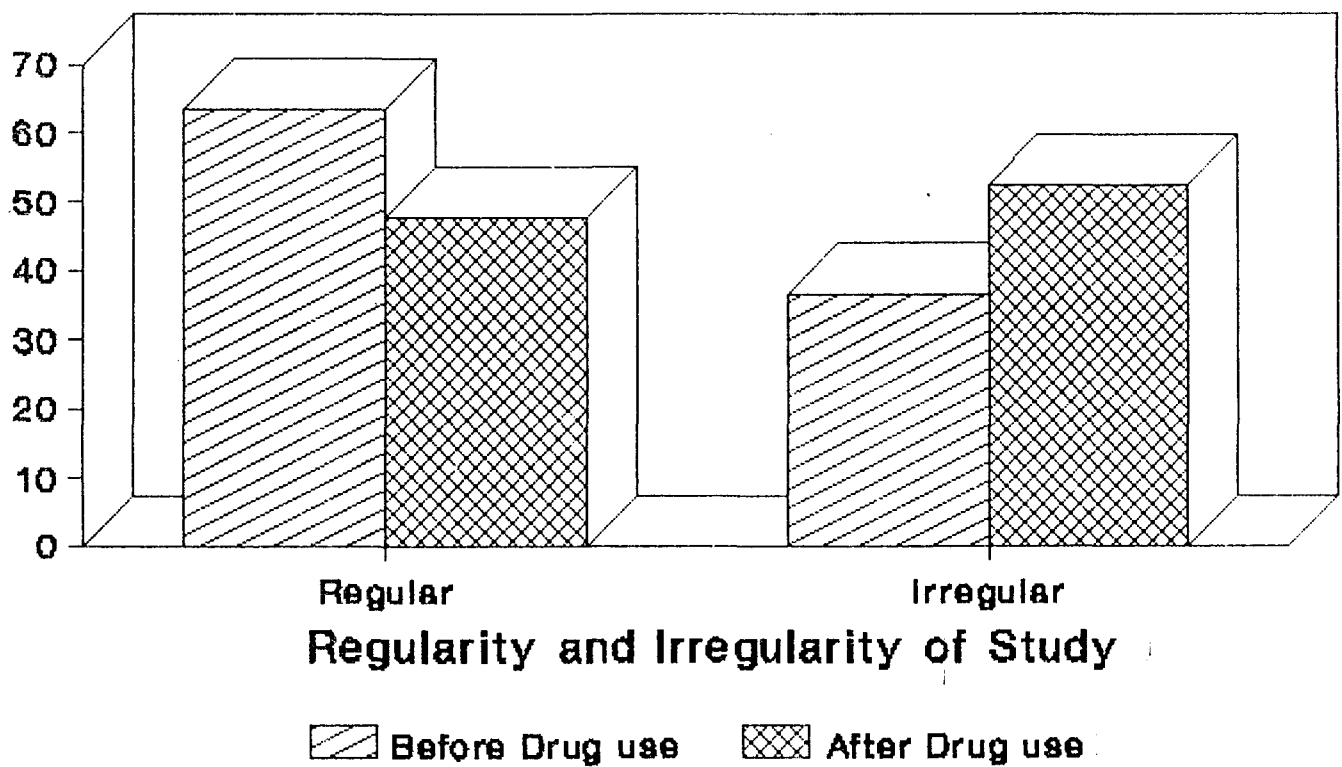
Coming to the Regular user, out of a total of 79 Regular users 86.08 per cent (68 out of 79) were found to be regular in completion of home assignment before drug use and 13.92 per cent (11 out of 79) were found to be irregular in completion of home-assignment. After they took to drugs it was found that 51.90 per cent (41 out of 79) were still regular in completion of home-assignment and 48.10 per cent (38 out of 79) were irregular in completion of home-assignment. It shows that the effect of drug use on the completion of home assignment was on 27 Regular users from out of 35, the other 11 Regular user were found to be irregular in completion of home assignment even before using drugs.

Coming to the category of Addict from a total of 35 Addicts, 85.71 per cent (30 out of 35) were found to be regular in completion of home assignments before using drugs and 14.29 per cent (5 out of 35) were irregular in completion of home-assignments. After drug use none of the Addicts were found to be regular in completion of home-assignment instead all 100 per cent (35 out of 35) were found to be irregular in completion of home-assignment. It shows that the effect of drug use was on 30 Addicts from out of 35, the other 5 Addicts were found to be irregular in their revision of lesson even before drug use.

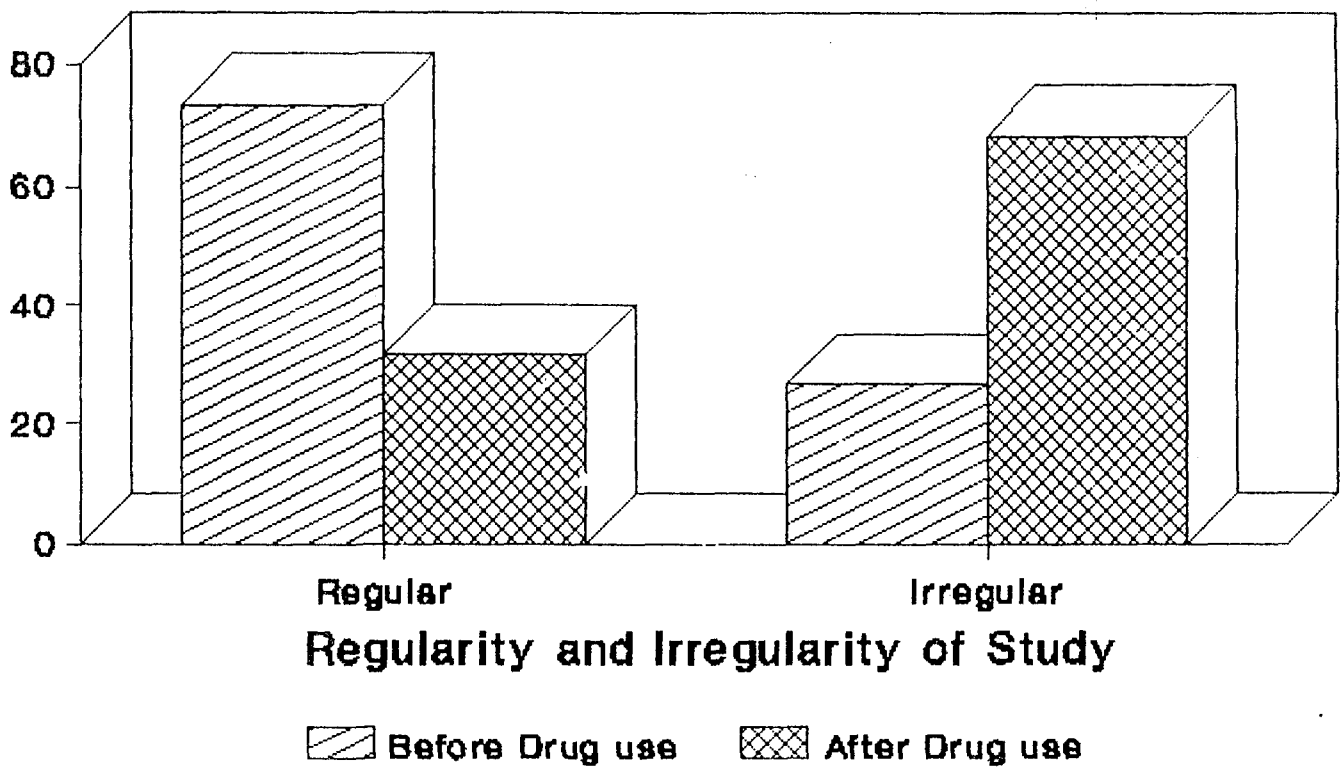
A careful scrutiny of the above Table, it indicates that from a total of 360 Current users, after they took to drugs 66.39 per cent (239 out of 360) were found to be regular in the completion of their home-assignment and 33.61 per cent (121 out of 360) was irregular in the completion of home-assignment. Among the 121 Current users found to be irregular in the completion of home-assignment, 44 Current user was irregular in the completion of home-assignment even before drug use. So the effect of drug abuse on completion of home-assignment was on 77 Current users. The effect of drug abuse on the completion of home-assignment among the Occasional user is evident though it is less, among the Regular user its effect is much more evident than that of the Occasional user but among the Addicts the effect of drug abuse on completion of home-assignment is note worthy where after drug use none of them was found to be regular in the completion of their home assignment.

Table 4.2.16 presents the Current users regularity and irregularity of study before and after drug use.

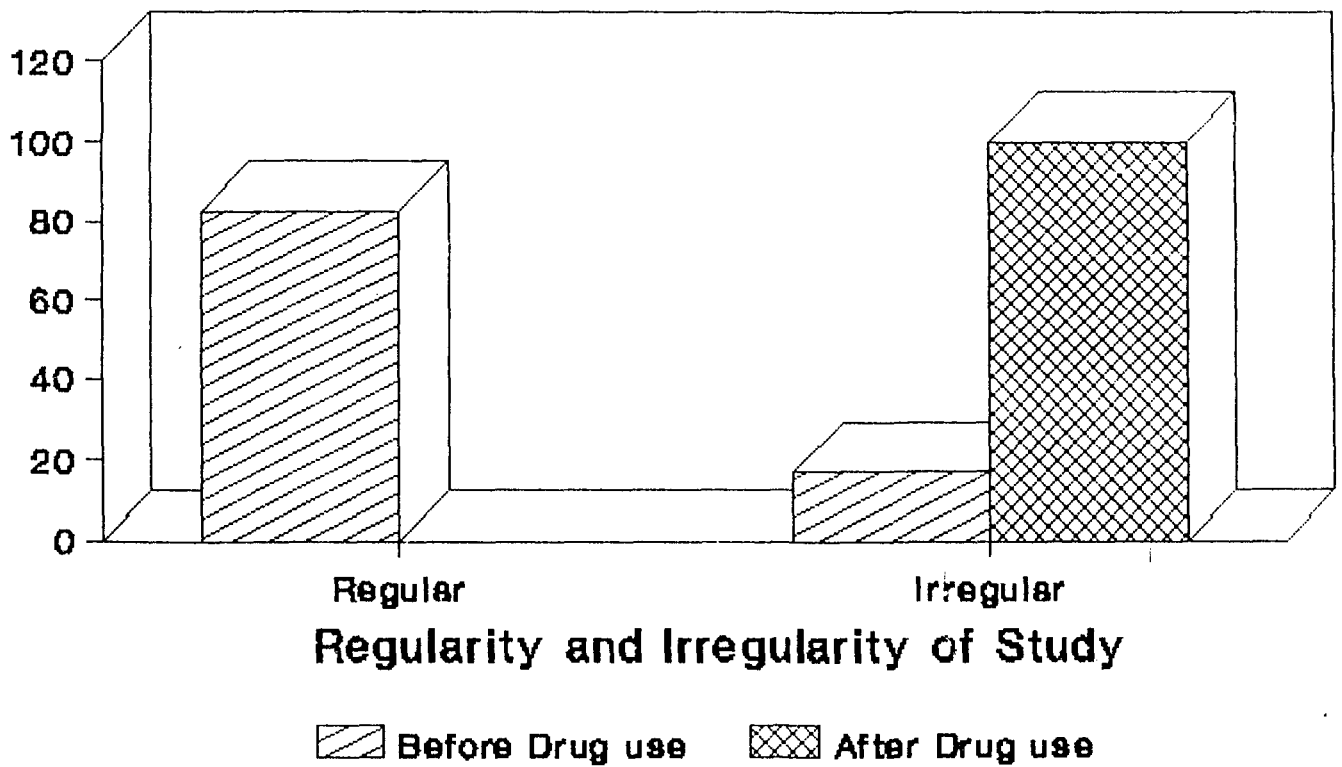
**Fig. 25 :**  
**Regularity and Irregularity of Study**  
**among the Current user (Occasional)**



**Fig. 26 :**  
**Regularity and Irregularity of Study**  
**among the Current user (Regular)**



**Fig. 27 :**  
**Regularity and Irregularity of Study**  
**among the Current user (Addict)**



**Table 4.2.16**  
**Regularity and Irregularity of Study among the Current user**  
**Before and After Drug use**

Categories of Current User	Regularity in Study	Irregularity in Study	Total
<b>1. Occasional User</b>			
(i) Before drug use in the main sample	156 (63.41)	90 (36.59)	246
(ii) After drug use in the main sample	117 (47.56)	129 (52.44)	246
<b>2. Regular User</b>			
(i) Before drug use in the main sample	58 (73.42)	21 (26.58)	79
(ii) After drug use in the main sample	25 (31.65)	54 (68.35)	79
<b>3. Addict</b>			
(i) Before drug use in the main sample	29 (82.86)	6 (17.14)	35
(ii) After drug use in the main sample	-	35 (100.00)	35

The primary duty of a student is to study and gather knowledge which is part and parcel of one's education, which will lead to promotion from one class to another, but the most important duty is to equip one to face the challenges of life and become a good citizen of the country. When asked whether they were regular or irregular in study, from a total of 246 Occasional users before drug use 63.41 per cent (156 out of 246) were found to be regular in study and 36.59 per cent (90 out of 246) were irregular in study. After they took to drugs 47.56 per cent (117 out of 246) were found to be regular in study and 52.44 per cent (129 out of 246) were found to be irregular in study. The above Table shows that the effect of drug use was on 39

Occasional users from out of 129, the other 90 Occasional users were found to be irregular in study even before drug use.

Coming to the Regular user from a total of 79 Regular user, before drug use 73.42 per cent (58 out of 79) were found to be regular in study and 26.58 per cent (21 out of 79) were irregular in study. After they took to drugs only 31.65 per cent (25 out of 79) were found to be regular in study and 68.35 per cent (54 out of 79) was found to be irregular in study. The effect of drug use was on 33 Regular drug users from out of 54 Regular drug users, the other 21 Regular drug users was found to be irregular in study even before drug use.

Coming to the category of Addicts, from a total of 35 Addicts, before drug use 82.86 per cent (29 out of 35) were found to be regular in study and 17.14 per cent (6 out of 35) were found to be irregular in study. After drug use it was found that none of the Addicts were regular in study but 100 per cent (35 out of 35) became irregular in study. It shows that the effect of drug use was on 29 Addicts from out of 35, the other 6 Addicts was found to be irregular in study even before drug use.

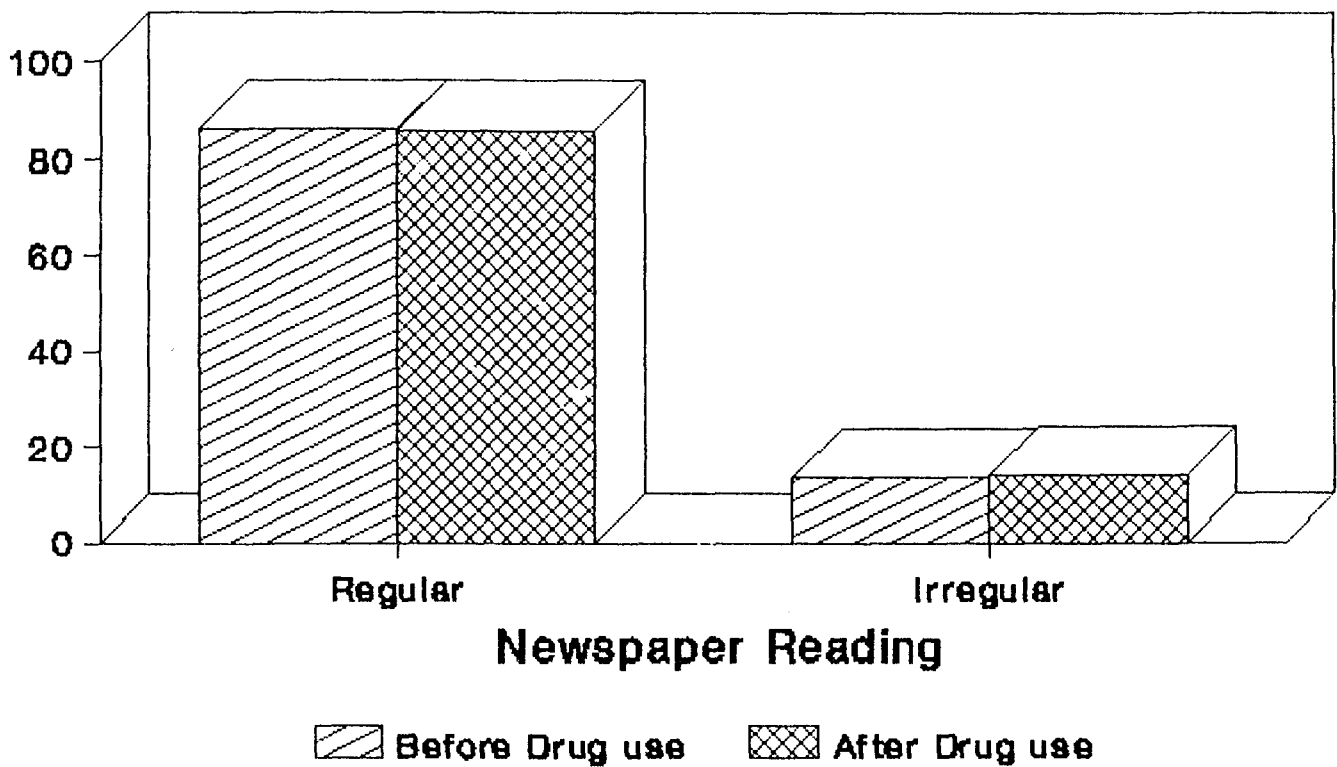
A careful look at the above Table 4.2.16, clearly shows that after drug use from a total of 360 Current users 39.44 per cent (142 out of 360) were found to be regular in study and 60.56 per cent (218 out of 360) were found to be irregular in study after drug use. From a total of 218 Current user who were

irregular in study 117 Current users were found to be irregular in study even before drug use. So the effect of drug abuse was on 101 Current users.

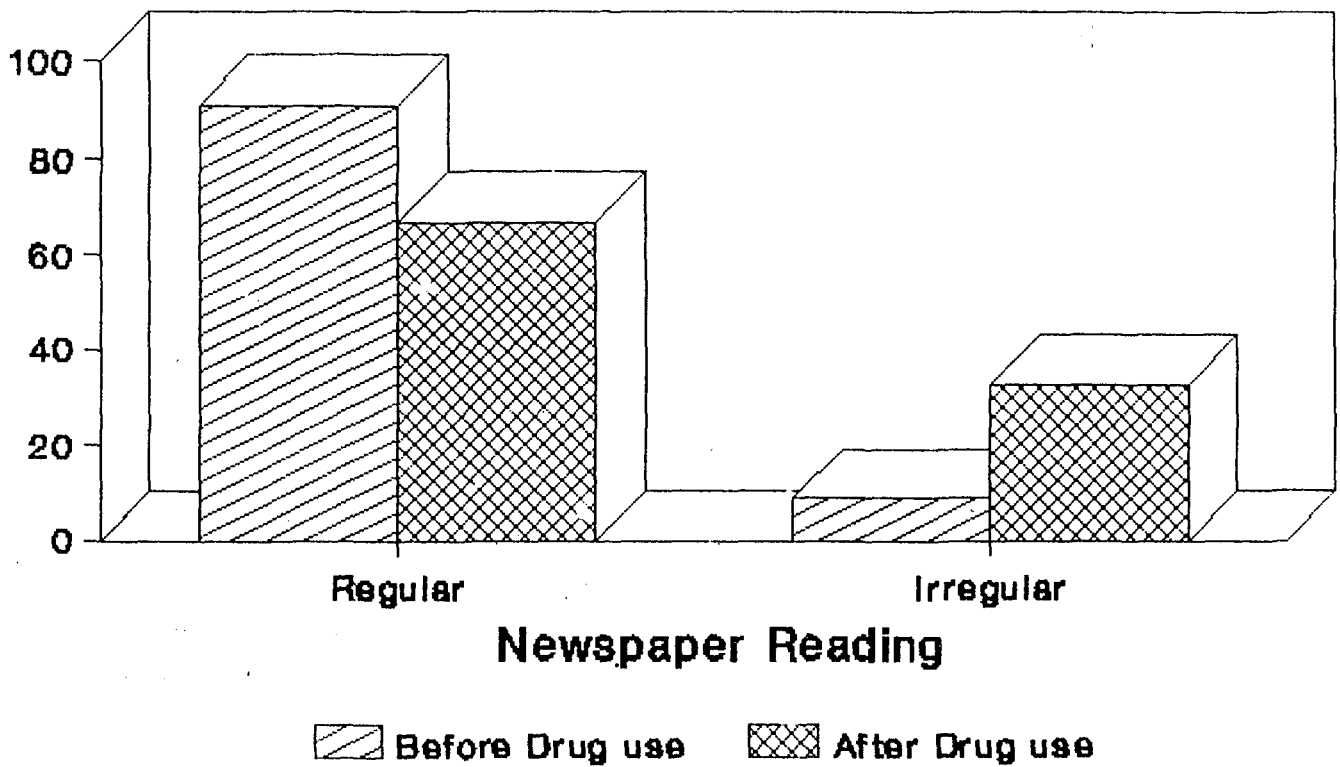
A study of each category of the Current user shows that drug abuse does effect one's study as indicated in the above Table. It shows that the effect is evident among the Occasional user though not as much as that in the Regular user and Addict, its effect is more evidently seen among the Regular user, but much more among the Addicts where it shows that after drug use none of the Addicts were found to be regular in study. This clearly indicates that when the frequency of drug use increases one loses interest in study.

Table 4.2.17 presents the Current users regularity and irregularity with regard to Newspaper reading before and after drug use.

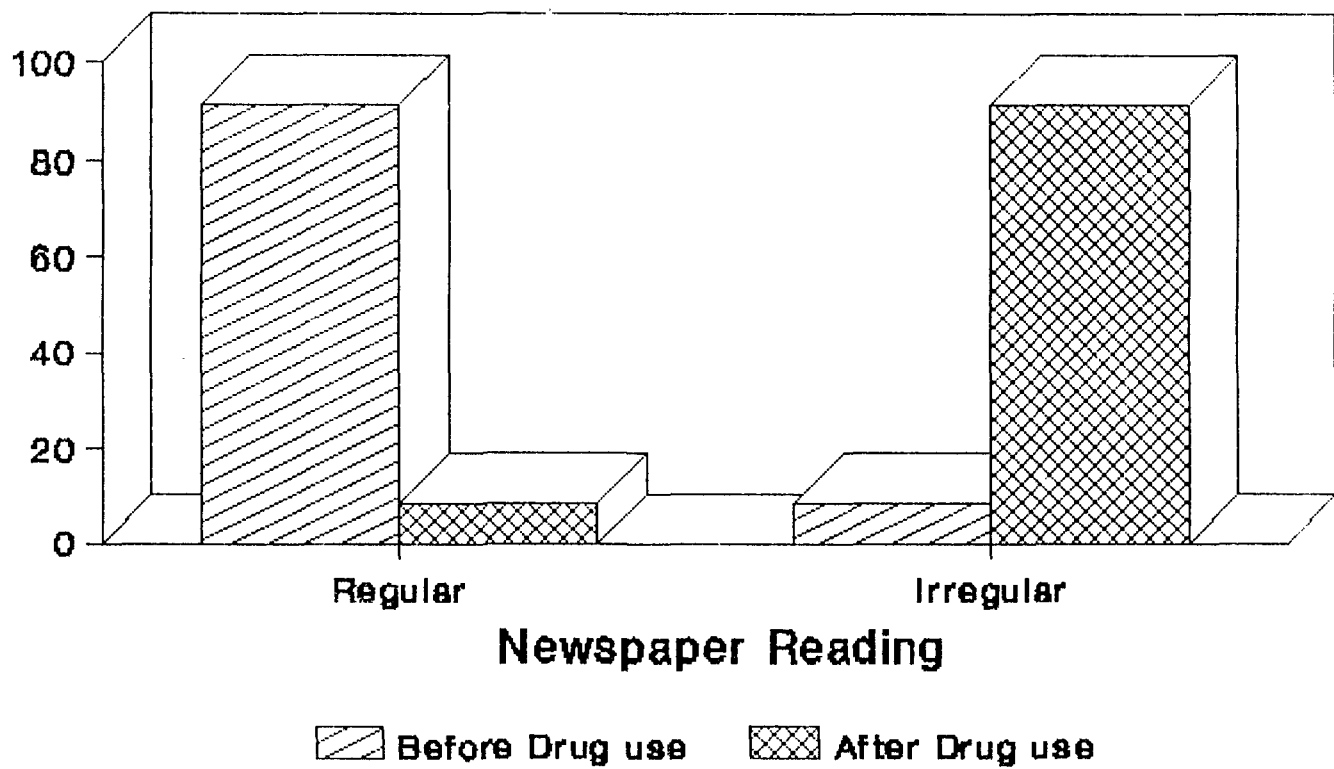
**Fig. 28 :**  
**Newspaper Reading among the Current user**  
**(Occasional)**



**Fig. 29 :**  
**Newspaper Reading among the Current user**  
**(Regular)**



**Fig. 30 :**  
**Newspaper Reading among the Current user**  
**(Addict)**



**Table 4.2.17**  
**Newspaper Reading among the Current user**  
**Before and After Drug use**

Categories of Current User	Regularity in Newspaper Reading	Irregularity in Newspaper Reading	Total
<b>1. Occasional User</b>			
(i) Before drug use in the main sample	212 (86.18)	34 (13.82)	246
(ii) After drug use in the main sample	211 (85.77)	35 (14.23)	246
<b>2. Regular User</b>			
(i) Before drug use in the main sample	72 (91.14)	7 ( 8.86)	79
(ii) After drug use in the main sample	53 (67.09)	26 (32.91)	79
<b>3. Addict</b>			
(i) Before drug use in the main sample	32 (91.43)	3 ( 8.57)	35
(ii) After drug use in the main sample	3 ( 8.57)	32 (91.43)	35

Newspaper reading helps to generate an awareness and broaden the outlook of the students on topics relating to social, political, economic and religious matters, and to science, technology, art, literature, sport, and amusement. When asked whether the Current users were regular or irregular in newspaper reading the above Table 4.2.17 shows that from a total of 246 Occasional users, 86.18 per cent (212 out of 246) were regular in newspaper reading before using drugs and 13.82 per cent (34 out of 246) were irregular in newspaper reading. After taking to drugs it was found that 85.77 per cent (211 out of 246) were still regular in newspaper reading and 14.23 per cent (35 out of 246) was irregular in newspaper reading. The effect of drug use was on 1 Occasional user only from out of 35, the other 34

Occasional user were found to be irregular even before using drugs.

Coming to the category of Regular user the above Table 4.2.17 shows that from a total of 79 Regular users 91.14 per cent (72 out of 79) were regular in newspaper reading before using drugs and 8.86 per cent (7 out of 79) were irregular in newspaper reading. After drug use it was found that only 67.09 per cent (53 out of 79) were regular in newspaper reading and 32.91 per cent (26 out of 79) were irregular in newspaper reading. It shows that the effect of drug use was on 19 Regular drug users from out of 26, the other 7 Regular users was found to be irregular in newspaper reading even before drug use.

Coming to the category of the Addicts the above Table 4.2.17 shows that from a total of 35 Addicts, 91.43 per cent (32 out of 35) were found to be regular in newspaper reading before using drugs and 8.57 per cent (3 out of 35) were irregular in newspaper reading. After using drugs it was found that only 8.57 per cent (3 out of 35) was regular in newspaper reading and 91.43 per cent was irregular in newspaper reading, It shows that the effect of drug use was on 29 Addicts from out of 32, the other 3 Addicts was found to be irregular in newspaper reading even before drug use.

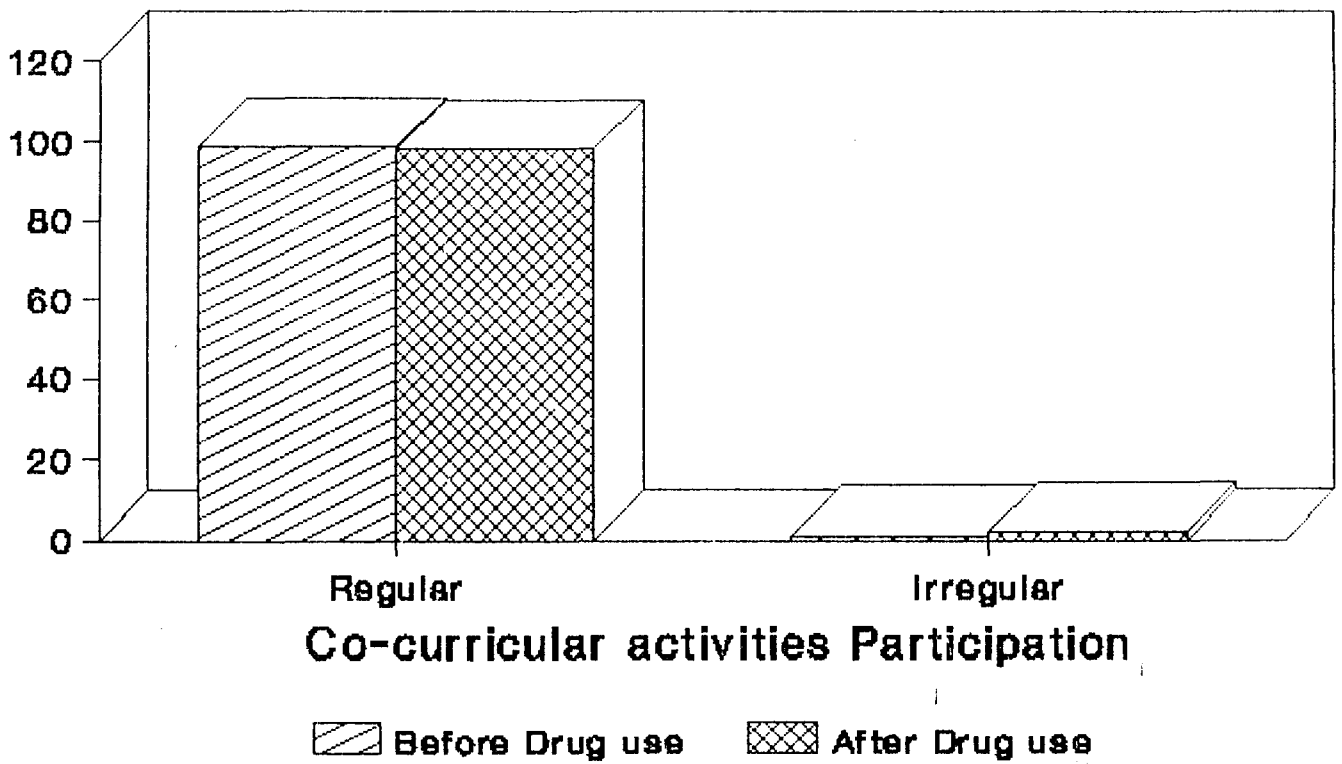
A careful analysis of the above Table clearly indicates that from a total of 360 Current user, after they took to drugs

74.17 per cent (267 out of 360) was regular in newspaper reading and 25.83 per cent (93 out of 360) was irregular in newspaper reading. Among the 93 Current users found to be irregular in newspaper reading, 44 Current users was irregular in newspaper reading even before using drug. So drug abuse has an effect on newspaper reading of 49 Current users.

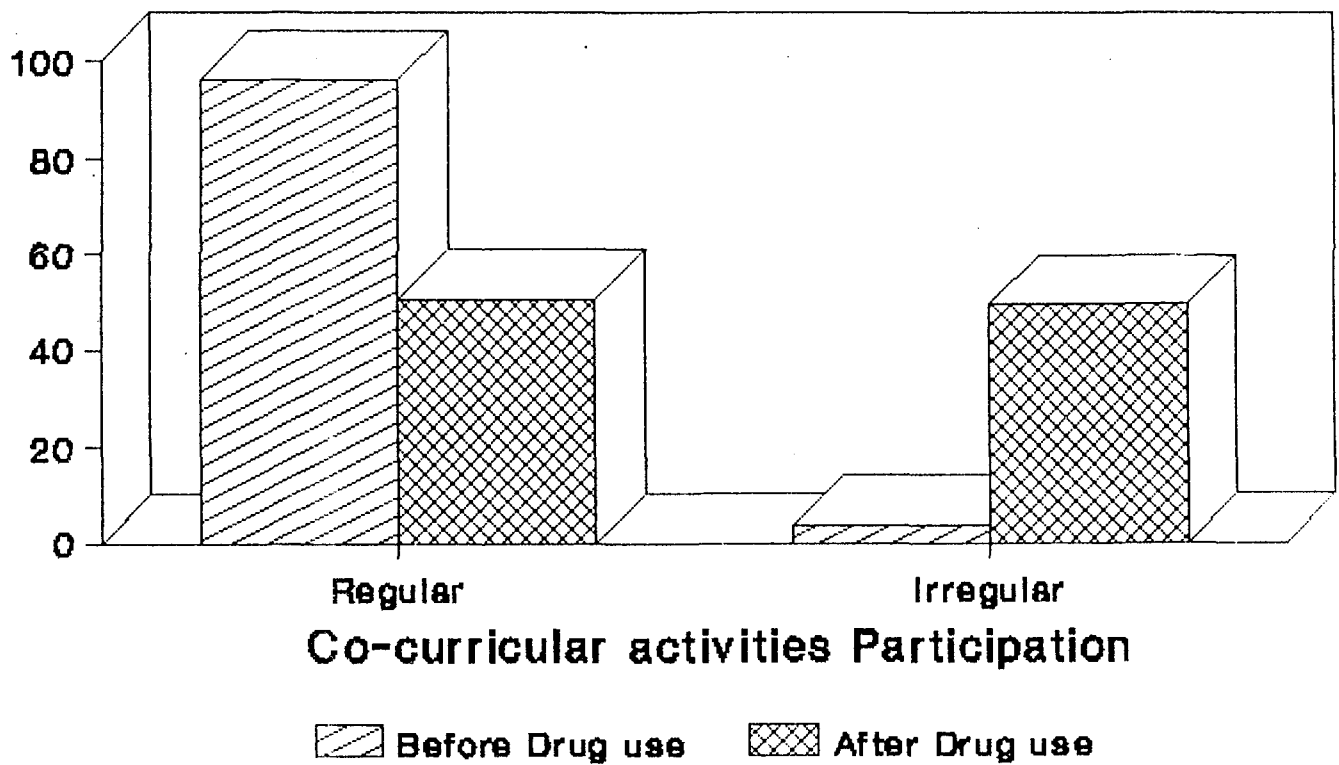
When each category of the Current user is taken it shows that the effect of drug abuse on the newspaper reading among the Occasional user is quite negligible, among the Regular users the effect of drug use on newspaper reading is evident, though not very much where only a few of the Regular users have shown lack of interest in newspaper reading, whereas among the Addicts, drug abuse does have an effect on newspaper reading, where the majority of Addicts have shown lack of interest in newspaper reading and only a few Addicts have shown interest and are still regular in newspaper reading.

Information relating to the Current users participation in co-curricular activities before and after drug use is shown below in Table 4.2.18.

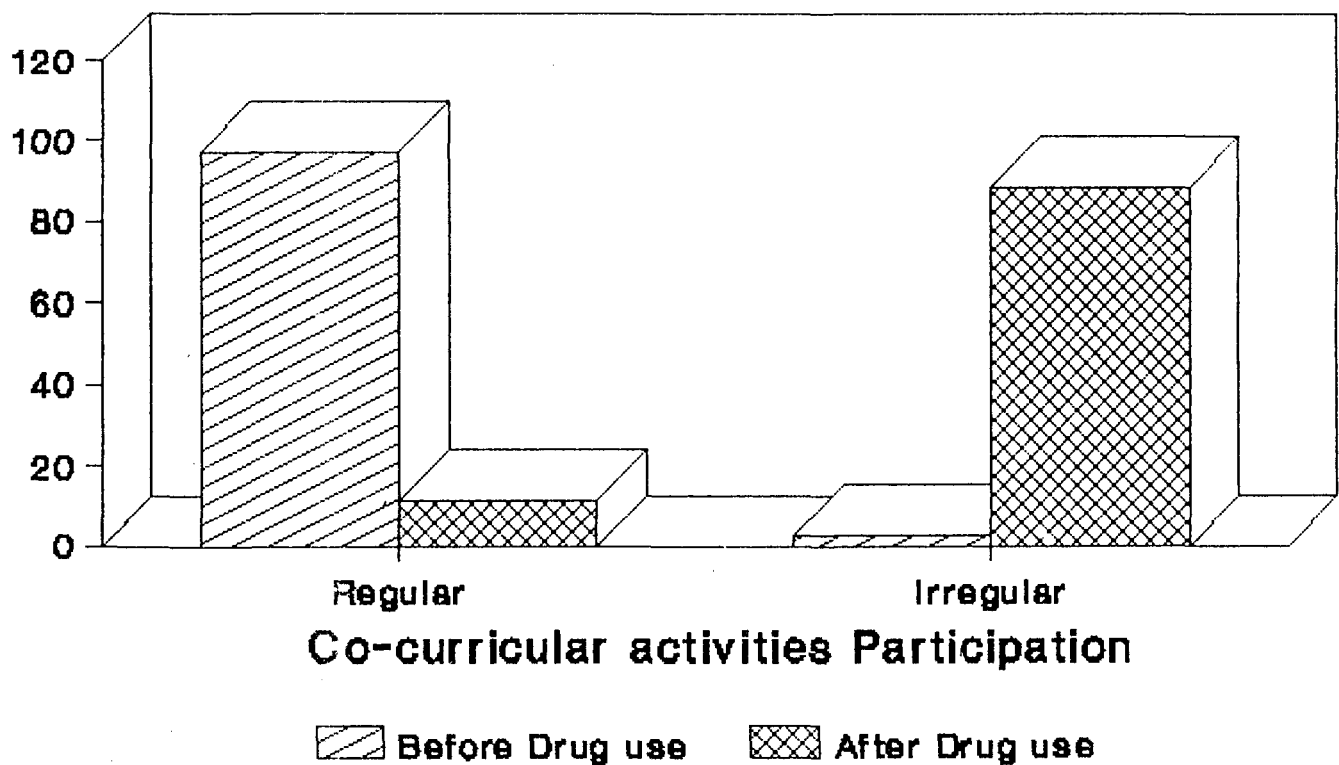
**Fig. 31 :**  
**The Current user's Participation in**  
**Co-curricular activities (Occasional)**



**Fig. 32 :**  
**The Current user's Participation in**  
**Co-curricular activities (Regular)**



**Fig. 33 :**  
**The Current user's Participation in**  
**Co-curricular activities (Addict)**



**Table 4.2.18**  
**The Current users Participation in Co-Curricular activities**  
**Before and After Drug use**

Current User	Participation in Co-Curricular Activities		
	Yes	No	Total
<b>Occasional User</b>			
(i) Before Drug Use in the main sample	243 (98.78)	3 (1.22)	246
(ii) After Drug Use in the main sample	241 (97.97)	5 (2.03)	246
<b>Regular User</b>			
(i) Before Drug Use in the main sample	76 (96.20)	3 (3.80)	79
(ii) After Drug Use in the main sample	40 (50.63)	39 (49.37)	79
<b>Addict</b>			
(i) Before Drug Use in the main sample	34 (97.14)	1 (2.86)	35
(ii) After Drug Use in the main sample	4 (11.43)	31 (88.57)	35

When asked whether they participated in co-curricular activities or not before and after they took to drugs, from a total of 246 Occasional users before drug use 98.78 per cent (243 out of 246) participated in co-curricular activities and 1.22 per cent (3 out of 246) indicated that they did not participate in co-curricular activities. After they took to drugs it was found that 97.97 per cent (241 out of 246) still participated in the co-curricular activities and 2.03 per cent (5 out of 246) did not participate in co-curricular activities. The effect of drug use was on 2 Occasional user from out of 5, the other 3

Occasional user did not participate in co-curricular activities even before drug use.

Coming to the category of Regular user the above Table 4.2.18 shows that from a total of 79 Regular users, 96.20 per cent (76 out of 79) participated in co-curricular activities before using drugs and 3.80 per cent (3 out of 79) indicated that they did not participate in co-curricular activities even before drug use. After they took to drugs it was found that only 50.63 per cent (40 out of 79) still participated in co-curricular activities and 49.37 per cent (39 out of 79) did not participate in any type of co-curricular activities. So the effect of drug use was on 36 Regular users from out of 39, as the other 3 Regular users did not participate in any type of co-curricular activities even before using drugs.

Coming to the category of the Addict it was found that 97.14 per cent (34 out of 35) participated in co-curricular activities before drug use and only 2.86 per cent (1 out of 35) did not participate in co-curricular activities. After they took to drugs the above Table 4.2.18 shows that only 11.43 per cent (4 out of 35) participated in co-curricular activities and 88.57 per cent (31 out of 35) did not participate in co-curricular activities. It shows that the effect of drug use was on 30 Addicts from out of 31, the remaining 1 Addict did not participate in co-curricular activities even before using drugs.

A careful analysis of the above table clearly indicates that from a total of 360 Current users after they took to drugs 79.17 per cent (285 out of 369) still participated in co-curricular activities and 20.83 percent (75 out of 360) did not participate in co-curricular activities. 75 current users did not participate in any type of co-curricular activities, from among them 7 Current users did not participate in co-curricular activities even before using drugs. So the effect of drug abuse was on 68 Current users. When each category of the Current user is taken it shows that the effect of drug use among the Occasional users is quite noticeable, among the Regular users the effect is evident where they have shown their lack of interest to participate in co-curricular activities whereas among the Addicts drug use does have a tremendous effect , as the majority of the Addicts have shown their lack of interest to participate in co-curricular activities. Only a few Addicts were found to be still participating in co-curricular activities. This shows that when the frequency of drug use increases their participation in different types of co-curricular activities decreases.

Information relating to the Current users participation in the various types of co-curricular activities before and after drug use is shown in Table 4.2.19.

**Table 4.2.19**  
**The Current Users Participation in the Various Types of**  
**Co-Curricular Activities Before and After Drug Use.**

Sl. No.	Types of Co-curricular Activities	Occasional Drug User		Regular Drug User		Drug Addict	
		Before	After	Before	After	Before	After
<b>One Type of Co-Curricular Activity</b>							
1.	Physical Activities	2 (0.81)	1 (0.41)	1 (1.27)		1 (2.85)	
2.	Academic Activities	4 (1.63)	4 (1.63)	2 (2.53)	1 (1.27)	2 (5.71)	
3.	Aesthetic & Cultural Activities				14 (17.72)		2 (5.71)
4.	Community Activities				4 (5.06)		1 (2.85)
5.	Leisure Time Activities	3 (1.22)	3 (1.22)	2 (2.53)			
6.	Excursion Activities						1 (2.85)
<b>Two Types of Co-Curricular Activities</b>							
1.	a. Physical & Academic	12 (4.88)	11 (4.47)	5 (6.33)	5 (6.33)	3 (8.57)	
	b. Physical, Aesthetic & Cultural Activities	22 (8.94)	22 (8.94)	6 (7.59)		2 (5.71)	
	c. Physical & Community	40 (16.26)	40 (16.26)	4 (5.06)		4 (11.43)	
	d. Physical & Leisure Time	3 (1.22)	3 (1.22)	2 (2.53)		2 (5.71)	
	e. Physical & Civic Training	1 (0.41)	1 (0.41)				
	f. Physical & Motor Training			1 (1.27)			
	g. Physical & Excursion	10 (4.07)	10 (4.07)	8 (10.13)			
2.	a. Academic, Aesthetic & Cultural	3 (1.22)	3 (1.22)	6 (7.59)		2 (5.71)	
	b. Academic & Community	2 (0.81)	2 (0.81)	3 (3.79)		2 (5.71)	
	c. Academic & Leisure Time	5 (2.03)	5 (2.03)	2 (2.53)		1 (2.85)	
	d. Academic & Civic Training	1 (0.41)	1 (0.41)				
	e. Academic & Motor Training			1 (1.27)			
	f. Academic & Excursion	3 (1.22)	3 (1.22)	5 (6.33)	1 (1.27)		
3.	a. Aesthetic, Culture & Community	42 (17.07)	42 (17.07)	10 (12.66)	8 (10.13)	2 (5.71)	
	b. Aesthetic, Culture & Leisure Time	10 (4.07)	10 (4.07)	4 (5.06)	1 (1.27)	5 (14.29)	
	c. Aesthetic, Culture & Civic Training	3 (1.22)	3 (1.22)			1 (2.85)	
	d. Aesthetic, Culture & Motor Training	2 (0.81)	2 (0.81)				
	e. Aesthetic, Culture & Excursion	18 (7.31)	18 (7.31)			2 (5.71)	
4.	a. Community & Leisure Time	10 (4.07)	10 (4.07)	1 (1.27)	2 (2.53)	2 (5.71)	
	b. Community & Civic Training	1 (0.41)	1 (0.41)				
	c. Community & Motor Training			1 (1.22)			
	d. Community & Excursion	18 (7.31)	18 (7.31)	4 (5.06)			

contd...

Sl. No.	Types of Co-curricular Activities	Occasional Drug User		Regular Drug User		Drug Addict	
		Before	After	Before	After	Before	After
5. a.	Leisure Time & Civic Training	1 (0.41)	1 (0.41)			3 (3.79)	
b.	Leisure Time & Motor Training					1 (1.27)	
c.	Leisure Time & Excursion	18 (7.31)	18 (7.31)	5 (6.33)		1 (2.85)	
6. a.	Civic & Motor Training						
b.	Civic Training & Excursion	4 (1.63)	4 (1.63)				
7. a.	Motor Training & Excursion						
<b>Three Types of Co-Curricular Activities</b>							
1.	Physical, Community, Aesthetic & Cultural	3 (1.22)	3 (1.22)	2 (2.53)			
2.	Community, Aesthetic, Cultural & Excursion	2 (0.81)	2 (0.81)	1 (1.27)			
1.	Did not Participate in any type of Co-Curricular Activity.	3 (1.22)	5 (2.03)	3 (3.80)	39 (49.37)	1 (2.86)	31 (88.57)
<b>Total</b>		<b>246</b>	<b>246</b>	<b>79</b>	<b>79</b>	<b>35</b>	<b>35</b>

Co-Curricular activities are useful to the students as they provide opportunities for the pursuit of established interest and the development of new interests, for satisfying the gregarious urge of the youth, to strengthen the mental and physical health of students and to provide them a chance to develop their creative abilities. With regard to the Current users participation in the different types of co-curricular activities the above Table 4.2.19 clearly indicates that they participated in activities such as Physical activities which include Games and Sports, i.e., Indoor and Outdoor games, academic activities which include Debates, Quiz, Seminars, etc.,

Aesthetic and Cultural activities which include music, dancing, painting, drama, and college day, Community activities such as scouting, girls guide, National Service Scheme; Red Cross and National Cadet Corps etc. Civic Training Activities such as student council etc. Motor Training Activities such as basket making, soap making, book binding, clay modelling etc. Leisure Time Activities such as stamp collection, coin collection or any other hobbies and Excursion Activities such as field trips, visiting places of historical importance etc. From a total of 246 Occasional users, before drug use 98.78 per cent (243 out of 246) participated in the various types of co-curricular activities and 1.22 per cent (3 out of 246) indicated that they did not participate in any type of co-curricular activities. 3.66 per cent (9 out of 246) participated in one type of co-curricular activity such as Physical activities, Academic and Leisure Time activities. 93.09 per cent (229 out of 246) Occasional users participated in two types of co-curricular activities as seen in Table 4.2.19. It was also found that 2.03 per cent (5 out of 246) occasional users participated in three types of co-curricular activities as seen in the Table. After drug use it was found that 97.97 per cent (241 out of 246) still participated in co-curricular activities and 2.03 per cent (5 out of 246) did not participate in any type of co-curricular activities as indicated in the above Table. From among 9 Occasional users who participated in one type of co-curricular activity it was found that after drug use only 8 Occasional users participated, there was a decrease by 1 Occasional user who before using drugs

participated in Physical activities such as games and sports. From among the 229 Occasional users who participated in two types of co-curricular activities, after taking drugs there was a decrease by 1 who before using drugs had participated in Physical and Academic activities such as games & sports, Debates, Quiz, etc.

Coming to the Regular user from a total of 79 Regular users, before drug use 96.20 per cent (76 out of 79) agreed participation in the different types of co-curricular activities and 3.80 per cent (3 out of 79) indicated that they did not participate in any type of co-curricular activities. Table 4.2.19 shows that 6.33 per cent (5 out of 79) participated in one type of co-curricular activity such as Physical activities, Academic activities and Leisure Time activities. 86.07 per cent (68 out of 79) Regular users participated in two types of co-curricular activities as seen in the above Table. It was also found that 3.79 per cent (3 out of 79) Regular users participated in three type of co-curricular activities as seen in the above Table. After drug use it was found that only 50.63 per cent (40 out of 79) Regular user still participated in the various types of activities and 49.37 per cent (39 out of 79) did not participate in any type of co-curricular activities as indicated in the above Table. It was found that from a total of 5 Regular users who participated in one type of co-curricular activity before using drugs, there was an increase by 14 Regular users, the Table shows that after drug use no one participated in Physical activities,

only 1 participated in Academic activities from out of 2, 14 Regular users participated in Aesthetic and Cultural activities and 2 Regular users participated in Leisure Time activities from out of 4 which shows that there was an increase by 14 Regular users. From among those Regular users who participated in two types of co-curricular activities it was found that there was a decrease as only 21 Regular users participated in two types of co-curricular activities from a total of 68 Regular users who participated in two types of co-curricular activities before using drugs. None of the 3 Regular users participated in three types of co-curricular activities after using drugs.

In the category of the Addicts it was found that from a total of 35 Addicts before using drugs, 97.14 per cent (34 out of 35) participated in the different types of co-curricular activities and 2.86 per cent (1 out of 35) did not participate in any type of co-curricular activities. Table 4.2.19 shows that 8.57 per cent (3 out of 35) participated in one type of co-curricular activity such as Physical activities and Academic activities, and 88.57 per cent (31 out of 35) participated in two types of co-curricular activities but after drug use none of the Addicts participated in two types of co-curricular activities though 4 Addicts still participated in one type of co-curricular activities, (2 Addicts still participated in Aesthetic and Cultural activities which includes music, dancing etc., 1 Addict still participated in Community activities such as National

Service Schemes and 1 Addict still participated in Excursion activities organised by the college)

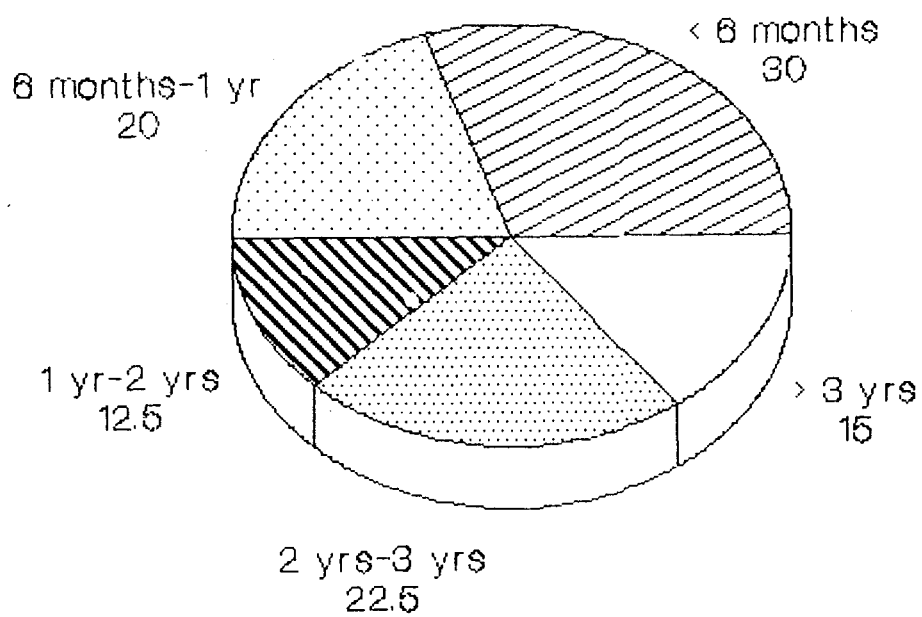
A careful analysis of the above findings, shows that the effect of drug abuse on the Occasional users participation in co-curricular activities is quite negligible. Among the Regular user its effect is evident especially in activities which require physical strength and power of thinking such as participation in Physical and Academic activities. Among the Addicts the effect is very much seen as after drug use only 4 participated in co-curricular activities and that too only in one type of co-curricular activity.

#### 4.3.0 Drug Use Among the Past Users

Analysis in the previous section II was intended to find out about drug use among the current users.

This in broad will help us to see and understand about the trends of drug use among the current drug users. However, a detailed and specific study on the Past Users, i.e., those who have discontinued using the drug will throw some light on issues such as - how the past users discontinued using drugs and what changes had it brought to their life style (emphasising on the aspect of educational performance). This analysis was done on areas such as - duration of drug use, frequency of drug use, categories of past users, type of drug used, causes of discontinuing drug intake, period of time when the past user stopped

**Fig. 34 :**  
**Duration of Drug use among the Past user**



using the drug, change in life style (emphasising on educational performance).

Table 4.3.1 presents the duration of drug use among the Past user.

**Table 4.3.1**  
**Duration of Drug use Among the Past user**

Period of Time	N	Percentage
Less Than 6 months	12	30.00
6 months to 1 year	8	20.00
1 year to 2 years	5	12.50
2 years to 3 years	9	22.50
More than 3 years	6	15.00
Total	40	100.00

The duration of drug use among the past drug users was divided into five categories, namely, less than six months, 6 months to 1 year, 1 year to 2 years, 2 years to 3 years and more than three years. The Table 4.3.1 indicates that 30 per cent (12 out of 40) took drugs for a period of less than six months before discontinuing. 22.50per cent (9 out of 40) took drugs for a period of two years to 3 years, 20.0 per cent (8 out of 40) took drugs for a period of 6 months to 1 year, 15 per cent (6 out of 40) for a period of more than three years and 12.50per cent (5 out of 40) took drugs for a period of 1 year to 2 years.

The frequency of drug use among the Past user is shown in Table 4.3.2.

Table 4.3.2  
Frequency of Drug Use Among the Past User

Frequency of Drug Use	N	Percentage
Once a month or less often	7	17.50
Once a week	12	30.00
Twice a week	4	10.00
Thrice a week	9	22.50
Once a day (Daily)	4	10.00
More than once a day	4	10.00
Total	40	100.00

The frequency of drug use among the Past users was divided into six categories, namely, once a month or less often, once a week, twice a week, thrice a week, once a day (daily) and more than once a day. The results are shown in Table 4.3.2. It shows that 30 per cent (12 out of 40) took to drugs at least once a week, 22.5 per cent (9 out of 40) took drugs twice in a week, 22.5 per cent (9 out of 40) took drugs thrice in a week, 17.5 per cent (7 out of 40) took drugs once a month or less often, and 10.00 per cent (4 out of 40) took drugs for at least twice a week, another 10.00 per cent took drugs once a day, and again another 10.00 per cent took drugs for more than once a day.

From the frequency of drug use as depicted in the above Table, the following categories of drug users can be established. They are, those who fall in the category of the Occasional user, i.e., those who are using drug about once a month or less often and those who are using for at least once a week. The second category being the Regular user where the drug usage ranges from twice a week, thrice a week, or daily (not physically or

psychologically dependent on the drug) and the third category being the Addict where the frequency of drug usage is on a daily basis or more than once a day (one is physically and psychologically dependent on the drug).

Table 4.3.3. presents the different categories of Past users.

**Table 4.3.3**  
**Different Categories of Past Users**

Different Categories of Users	N	Percentage
Occasional User	19	47.50
Regular User	16	40.00
Addict	5	12.50
Total	40	100.00

The different categories of Past drug users can be established basing on the frequency of drug use as seen in Table 4.3.2. The different categories of drug users was divided into three categories. They are (1) Occasional User, (2) Regular User and (3) Addict. From a total of 40 past drug users 47.5 per cent (19 out of 40) are Occasional users, 40.0 per cent (16 out of 40) are Regular users and 12.5 per cent (5 out of 40) are Addicts.

The types of drugs taken by the Past users is shown in Table 4.3.4.

**Table 4.3.4**  
**Type of Drugs Taken by the Past Users**

Sl. No.	Classification of Drugs	Types of Drug Used	Male		Total		Female		Total		Grand Total	
			N	%	N	%	N	%	N	%	No.	%
1.	Cannabis	Ganja/Dope	10	35.71			5	41.67				
		Hashish	4	14.29	18	64.29	-	-	5	41.76	24	60.00
		Bhang	4	14.29			-	-				
2.	Narcotic Analgesics	Heroin/No.4	3	10.71			1	8.33				
		Smack	-	-	4	14.29	-	-	2	16.67	6	15.00
		Brown Sugar	1	3.57			1	8.33				
		Pethidine	-	-			-	-				
		Morphine	-	-			-	-				
3.	Amphetamines	Dexidrine	1	3.57	1	3.57	6	50.00	6	50.00	7	17.50
4.	Cough Syrup	Phensedyl	9	32.14			3	25.00				
		Bronolecs	2	7.14			-	-				
		Corex	2	7.14	17	60.71	-	-	4	33.33	21	52.50
		Ephidrex	2	7.14			1	8.33				
		Tossex	2	7.14			-	-				
		Mislinctus	-	-			-	-				
5.	Benzodiazepenes (Sedative and Tranquillizers)	Placidox	-	-			1	8.33				
		Diazepam	4	14.29	10	35.71	1	8.33	5	41.67	15	37.50
		Calmpose	-	-			2	16.67				
		Valium	2	7.14			1	8.33				
		Nitrasun	3	10.71			-	-				
6.	Barbiturates	Gardinal	3	10.71	3	10.71	1	8.33	1	8.33	4	10.00
7.	Non-Narcotic Analgesics	Spasmaproxivon	5	16.67			1	8.33				
		Fortwin	-	-	8	28.57	-	-	1	8.33	9	22.50
		Relipin	3	10.71			-	-				
		Pamagin	-	-			-	-				
8.	Hallucinogen	Lysergic Acid Diethylamide (LSD)	-	-	-	-	-	-	-	-	-	
9.	Volatile Solvent	Dendrite	1	3.57	1	3.57	4	33.33	4	33.33	5	12.50
10	Anti-Histaminics	Ephidrine	-	-			-	-				
		Cafedrine	-	-	1	3.57	1	3.57	-	-	1	2.50
		Avil	1	3.57			-	-				

With regard to the type of drugs taken by the Past users the above Table 4.3.4 clearly indicates that from a total of 40 past users 60 per cent (24 out of 40) took to Cannabis drugs such as Ganja/Dope, Hashish and Bhang, 52.5 per cent (24 out of 40) took to Cough Syrup such as ...odyl, Corex, Ephidrex, Tossex and Bronolecs, 37.5 per cent (15 out of 40) took Benzodiazepenes (sedative and tranquillizers) such as Placidox, Calmpose, Diazepam, Valium, Nitrasun, and Nitrozepam, 22.5 per cent (9 out of 40) took to Non-Narcotic Analgesic such as Spasmoproxivon and Relipin, 17.5 per cent (7 out of 40) took to Amphetamines such as Dexidrine, 15 per cent (6 out of 40) took to Narcotic Analgesics such as Heroin/No. 4, and Brown Sugar. 12.5 per cent (5 out of 40) respondents took to Volatile Solvent such as Dendrite, 10 per cent (4 out of 40) took to Barbiturates such as Gardinal and only 2.5 per cent (1 out of 40) took to Anti-Histaminics such as Avil.

When we compare the type of drugs taken by male and female it was found that among the males 64.29 per cent (18 out of 28) took to Cannabis, 60.71 per cent (17 out of 28) took Cough Syrup, 35.71 per cent (10 out of 28) took to Benzodiazepenes such as Diazepam, 28.57 per cent (8 out of 28) took Non-Narcotic Analgesics such as Spasmoproxivon and Relipin, 14.29 per cent (4 out of 28) males took Narcotic Analgesics such as Heroin/No. 4, and Brown Sugar, 10.71 per cent (3 out of 28) took Barbiturates and only 3.57 per cent (1 out of 28) took to Volatile Solvent, Amphetamines and Anti-Histaminics. Among the

females the drugs mostly favoured and taken by them was Amphetamines, 50 per cent (6 out of 12), then comes Cannabis such as Ganja/Dope and Benzodiazepenes such as Placidox, Calmpose, Diazepam and Valium both being 41.67 per cent followed by 33.33 per cent (4 out of 12) Volatile Solvent, i.e., the use of Dendrite and 33.33 per cent took to Cough Syrup and 16.67 per cent (2 out of 12) took Narcotic Analgesic such as Heroin/No. 4 and Brown Sugar and 8.33 per cent (1 out of 12) took to Barbiturates and another 8.33 per cent took to Non-Narcotic Analgesics.

Thus the above analysis clearly indicates that the drugs mostly taken by males are Cannabis (64.29 %) followed by 60.71 per cent Cough Syrup, 35.71 per cent Benzodiazepenes, 28.57 per cent Non-Narcotic Analgesic and 14.29 per cent Narcotic Analgesics, it was also found they took less of Barbiturate being only (10.71 per cent), Volatile Solvent 3.57 per cent, Anti-Histaminics being 3.75 per cent. Among the females the above Table indicates that 50 per cent of the females took Amphetamines followed by 41.67 per cent Cannabis and another 41.67 took to Benzodiazepenes (sedative and tranquillizers) and 33.33 per cent took to Cough Syrup and again 33.33 per cent took Volatile Solvent and 16.67 per cent took to Narcotic Analgesic whereas only 8.33 per cent females took to drugs such as Non-Narcotic Analgesics, another 8.33 per cent took Barbiturates.

Table 4.3.5.0 presents the reasons as to why the Past users discontinued drug intake.

**Table 4.3.5.0**  
**Reasons for discontinuing drug intake**

Deliberating Drug Intake	Total		Male		Female	
	N	%	N	%	N	%
Social	21	21.21	14	66.67	7	33.33
Personal	20	20.20	10	50.00	10	50.00
Physiological	23	23.23	13	56.52	10	43.48
Religious	26	26.26	17	65.38	9	34.62
Ethical	5	5.05	3	60.00	2	40.00
Economic	4	4.04	3	75.00	1	25.00

Note : Totals do not add to 100 per cent due to multiple responses.

#### Causes of Discontinuing Drug Intake by Past Users

It is equally important to find out why the Past users discontinued taking drugs. The above Table indicates that the important causes of discontinuation were : social, personal, physiological, religious, ethical and economic.

- (i) Social reasons like influence of parents, influence of friends and risk of social disapproval.
- (ii) Personal reasons like enjoy life without using the drug, personal dislike or hatred for the use of the drug, non-availability or no access to the drug.
- (iii) Physiological reasons like risk of physical/mental dangers on deteriorating health, risk of dependence on the drug, and fear of having a bad trip.
- (iv) Religious reasons like influence of pastoral counselling and as a matter of religious principles.
- (v) Ethical reasons like as a matter of moral principles and

(vi) Economic reasons, i.e., the substance being too expensive.

Table 4.3.5.0 indicates that from a total of 40 Past drug users 26.26 per cent (26 out of 40) discontinued taking drugs because of religious reasons. 23.23 per cent (23 out of 40) discontinued taking drugs due to Physiological reasons. 21.21 per cent (21 out of 40) discontinued taking drug due to social reasons, 20.20 per cent (20 out of 40) discontinued because of personal reasons, 5.05 per cent (5 out of 40) discontinued taking drugs because of ethical reasons and 4.04 per cent (4 out of 40) discontinued because of economic reasons.

The social reasons leading to discontinuance of drug intake is presented below in Table 4.3.5.1

**Table 4.3.5.1**  
**Social Reasons Leading to Discontinuing Drug Intake**

Social Reasons	Total N = 21	Male N = 14	Female N = 7
Influence of Parents	11 (52.38)	8 (57.14)	3 (42.86)
Influence of Friends	6 (28.57)	4 (28.57)	2 (28.57)
Risk of Social Disapproval	4 (19.05)	2 (14.29)	2 (28.57)

#### Social Reasons

Under the social reasons, 52.38 per cent (11 out of 21) discontinued taking drugs due to influence of parents. 28.57 per cent (6 out of 21) due to the influence of friends and 19.05 per cent (4 out of 21) due to the risk of social disapproval.

Table 4.3.5.2 presents the Personal reasons leading to discontinuance of drug intake.

**Table 4.3.5.2**  
**Personal Reasons Leading to Discontinuing Drugs**

Personal Reasons	Total N = 20	Male N = 10	Female N = 10
Enjoy life fully without using the drug	7 (35.10)	4 (36.36)	3 (30.00)
Personal dislike or hatred for the use of the drug	7 (35.10)	3 (27.27)	4 (40.00)
Non-availability or no access to the drug	6 (30.00)	3 (27.27)	3 (30.00)

#### Personal Reasons

With regard to the personal reasons, 35.10 per cent (7 out of 20 respondents) felt that they could enjoy life fully without using the drug, 35.10 per cent after taking drugs discontinued due to personal dislike or hatred for the drug and 30.00 per cent (6 out of 20) discontinued taking drugs because of non-availability or no access to the drug.

Comparing the causes of discontinuance by the males with those of females, it was found that in the personal reasons 36.36 per cent males discontinued taking drugs due to the fact that after taking to drugs they realized that they could enjoy life without it as against 30.00 per cent females. 27.27 per cent males discontinued using it because of personal dislike or hatred for the use of the drug as against 40.00 per cent females. Again

27.27 per cent males discontinued taking it because of non-availability or there is no access to the drug as against 30.00 per cent females.

Table 4.3.5.3 presents the Physiological reasons leading to discontinuance of drug intake.

**Table 4.3.5.3**  
**Physiological Reasons Leading to Discontinuing Drugs**

Physiological Reasons	Total N = 26	Male N = 17	Female N = 9
Risk of physical/mental dangers on deteriorating health	9 (39.13)	5 (38.46)	4 (40.00)
Risk of dependence on the drug	10 (43.48)	5 (38.46)	5 (50.00)
Fear of having a bad trip	4 (17.39)	3 (23.08)	1 (10.00)

#### Physiological Reasons

Coming to the physiological reasons it was found that 39.13 per cent (9 out of 26) discontinued due to the fear or risk of physical/mental health. 43.48 per cent (10 out of 26) of the respondents discontinued due to the fear or risk of being dependable on the drug and 17.39 per cent (4 out of 26) discontinued due to the fear of having a bad trip.

Comparing the causes of discontinuance by the males with those of females, it was found that 38.46 per cent males did not take to drugs anymore due to the fear or risk of

physical/mental danger or that it would deteriorate their health as against 40.00 per cent females. 38.46 per cent males and 50 per cent females discontinued taking drugs because of the fear or risk of becoming dependable on the drug and 23.08 per cent males and 10.00 per cent females discontinued because of the fear of having a bad trip. The Religious reasons leading to discontinuance of drug intake is presented in Table 4.3.5.4.

**Table 4.3.5.4 :**  
**Religious Reasons Leading to Discontinuing Drug Intake.**

Religious Reasons	Total 26	Male 17	Female 9
Influence of Pastoral Counselling	14 (53.85)	9 (52.94)	5 (55.56)
As a Matter of Religious Principles	12 (46.15)	8 (47.06)	4 (44.44)

#### Religious Reasons

With regard to the religious reasons 53.85 per cent (14 out of 26) discontinued taking drugs due to the influence of pastoral counselling and 46.15 per cent (12 out of 26) discontinued as a matter of religious principles.

Comparing the causes of discontinuation by the males with those of the females with regard to the religious reasons, 52.94 per cent males and 55.56 per cent females discontinued taking drugs because of the influence of pastoral counselling and 47.05 per cent males and 44.44 per cent females discontinued as a matter of religious principles. This shows that in Khasi and

Jaintia Hills religious reasons have played a major role in helping the drug users to discontinue taking drugs.

The Ethical reasons leading to discontinuance of drug intake is presented in Table 4.3.5.5

**Table 4.3.5.5**  
**Ethical Reasons Leading to Discontinuing Drugs**

Ethical Reasons	Total N = 5	Male N = 3	Female N = 2
As a matter of moral principles	5 (100.00)	3 (100.00)	2 (100.00)

**Ethical Reasons**

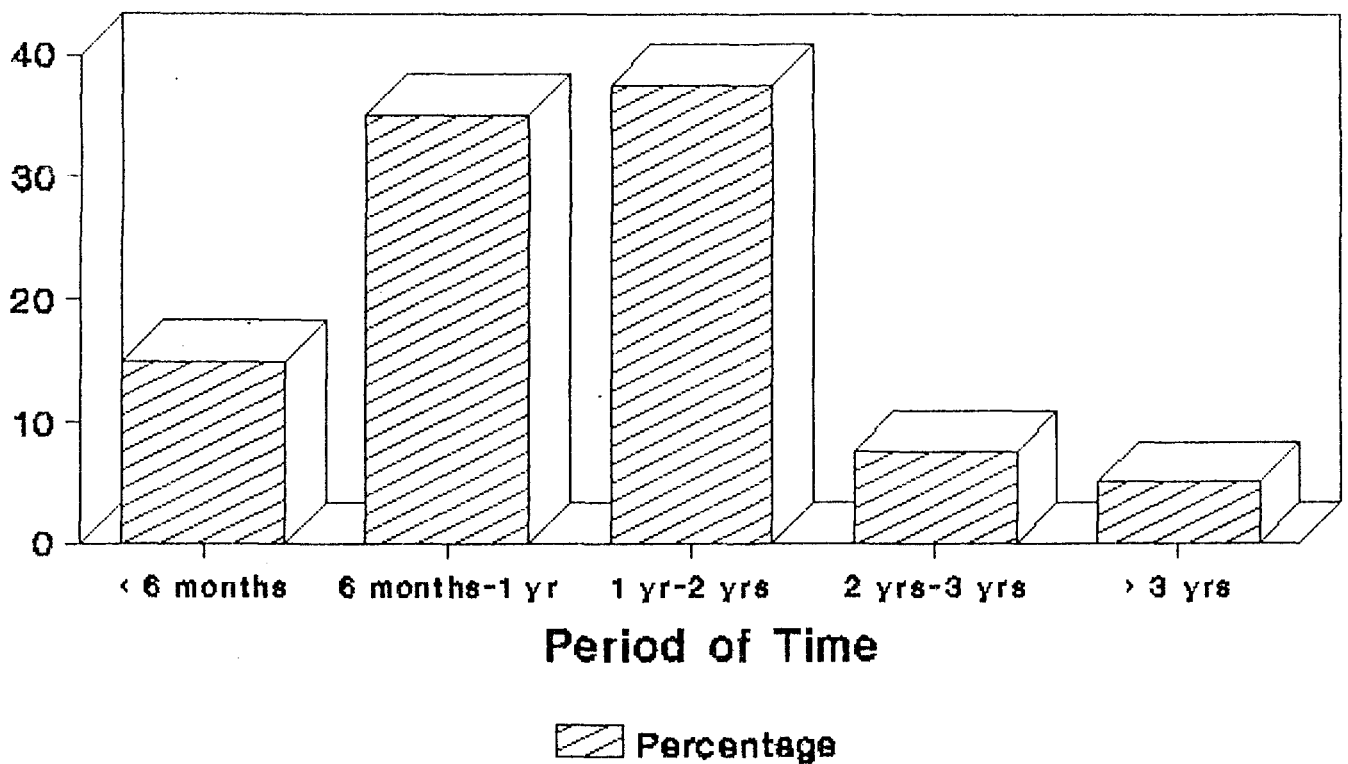
Coming to the ethical reasons, the Table 4.3.5.5 shows that all 5 respondents from a total of 5 discontinued taking drugs as a matter of moral principles.

The Economic reasons leading to discontinuance of drug intake is presented in Table 4.3.5.6

**Table 4.3.5.6**  
**Economic Reasons Leading to Discontinuing Drugs**

Economic Reasons	Total N = 4	Male N = 3	Female N = 1
Due to the substance being too expensive	4 (100.00)	3 (100.00)	1 (100.00)

**Fig. 35 :**  
**Period of Time When the Past user**  
**stopped taking Drugs**



### Economic Reasons

With regard to the economic reasons all 4 respondents from a total of 4 discontinued taking drugs due to the fact that the drug is too expensive.

Table 4.3.6 presents the period of time when the Past user stop taking drugs.

Table 4.3.6  
Period of Time When the Past User Stopped Taking Drugs

Period of Time	N	Percentage
Less Than 6 months	6	15.00
6 months to 1 year	14	35.00
1 year to 2 years	15	37.50
2 years to 3 years	3	7.50
More than 3 years	2	5.00
Total	40	100.00

Median = 1.00

With regard to the period of time when the Past user stopped taking drugs Table 4.3.6 shows that from among the 40 Past users in the study, 15.00 per cent (6 out of 40) stopped taking drugs for a period of less than 6 months, 35.00 per cent (14 out of 40) stopped taking for a period of 6 months to 1 year , 37.5 per cent (15 out of 40) stopped for a period of 1 year to 2 years. 7.5 per cent (3 out of 40) stopped for a period of 2 years to 3 years. and 5.0 per cent (2 out of 40) stopped taking drugs for a period of more than 3 years.

The above Table 4.3.6 clearly indicates that 72.5 per cent (29 out of 40) have stopped using drugs for a period of 6 months to 1 year and 1 year to 2 years. The median of the period of time when the Past user stop taking was found to be 1.00 year.

Table 4.3.7 presents the past users change in life style after stopping drug intake.

**Table 4.3.7**  
**Changes in Life Style After Stopping Taking Drugs**  
(Especially Related to Educational Performance)

Improvement in Educational Performance	N	Percentage
Improvement in percentage of marks obtained	25	62.50
Improvement in co-curricular activity participation	21	52.50
Improvement in class attendance	19	47.50
Improvement in completion of Home Assignment.	18	45.00
Improvement in being studious in one's studies	22	55.00
Improvement in revision of lessons	18	45.00
Better performance in class test	16	40.00
Improvement in newspaper reading	10	25.00

Note : Totals do not add to 100 per cent due to multiple responses.

As earlier indicated in Table 4.3.7 that 100 per cent Past users (40 past users) agreed that after stopping drug intake there was a tremendous change in their life style i.e. a change

for the better. Apart from bringing about a change in their life style in areas such as personal health, improvement in their inter-personal relationship etc. Table 4.3.7 clearly shows the change brought about especially in the area of their educational performance. 62.5 per cent (25 out of 40) Past users agreed that after stopping drug intake there was an improvement in the percentage of marks obtained, 52.5 per cent (21 out of 40) claims that there was an improvement in their participation in co-curricular activities, 47.5 per cent (19 out of 40) became more regular in their class attendance after stopping drugs, 45.00 per cent (18 out of 40) states that when they were taking drugs they were not regular in the completion of Home-assignments but after stopping drug intake there was an improvement in the completion of Home-assignments, 55.00 per cent (22 out of 40) became more studious in their study, 45.00 per cent (18 out of 40) became more regular in revision of lessons, 40.00 per cent (16 out of 40) claims that it brings about better performance in class test and 25.00 per cent (10 out of 40) indicates that there is an improvement even in newspaper reading.

The above Table 4.3.7 clearly indicates that after the past drug users have given up drug intake, and are now leading a drug free-life style there was a tremendous change in their life style especially in the area of their educational performance such as, an improvement in the percentage of marks, participated in the various types of co-curricular activities, became regular in class attendance, in class test, in completing

their home-assignments, they are more sincere in revision of lessons, better performance in class test, regular in studies, and regular in newspaper reading.

#### 4.4.0. Prevention of Drug Abuse through College and Community Involvement

While the problem of drug abuse is said to have been prevalent in Indian society from time immemorial it was confined to a few selective individuals and groups only, and there was no cause for alarm as these were very tiny islands in a large ocean of humanity without any danger of contaminating the surrounding water. The student community was totally free from this vice. Till the fifties it was relatively so. But with the advent of the hippie culture, affluence, disintegration of traditional value system, and smuggling of new chemical substances, the overall scenario started changing from the sixties onward and reached an alarming proportion in the present time. The fact is that it has engulfed not only the cities but also the towns and has the youth as its prime target, which needs to be taken seriously. It has already made its in-roads into educational institutions including schools, colleges and universities and will definitely enlarge its clientele in a very short time. Therefore there is a need to prevent this calamity .

Educational institution should be the centre of such action plan. Prevention should primarily aim at finding out strategies to wean away the individuals trying drugs either out of curiosity or out of boredom or through any other process. The

aim of preventive measures is to reinforce healthy behaviour of non-abusers so that they do not fall prey into the category of drug abusers. Preventive measures should also cover those students who somehow got into this behaviour of drug abuse, they are those who have just started using drugs or experienced it just occasionally, those who are regularly using the drug and those who are established drug users or have become drug addicts. A key element in the success of any strategy to reduce drug abuse, is the encouragement of healthy drug-free lifestyles. It is only with active community support that this can be developed i.e. through both governmental and non-governmental agencies. They should play an active role to win the fight against drug abuse.

#### 4.4.1. College Involvement in the field of preventive work in Khasi and Jaintia Hills

One of the major objectives of the study was to find out about the measures adopted by the Colleges in Khasi and Jaintia Hills for the prevention of drug abuse. The analysis in this section is intended to find out about the College authorities awareness of the problem of drug use, existence of a counselling centre in the College, types of Prevention work undertaken by the College, number of drug awareness programmes conducted in a year, with regard to Preventive work in the field of drug abuse.

Table 4.4.1.1 presents the college authorities awareness of the problem of drug abuse.

**Table 4.4.1.1**  
**College Authorities Awareness of the problem of Drug abuse .**

Type of College	Total No. of respondents included	Aware of the problem of Drug Use		Not Aware of the problem of Drug Use	
		respondents	%	respondents	%
Male (2)	8	8	100.00	0	0.00
Female (3)	12	2	16.67	10	83.33
Co-education (9)	36	11	30.56	25	69.44
<b>Total (14)</b>	<b>56</b>	<b>21</b>		<b>35</b>	

With regard to the College authorities awareness of the problem of drug use among the College students. The Colleges were divided into there categories male, female and co-educational. The above Table indicates that among the 2 male colleges, 100 per cent (8 out of 8) College Principals and teachers agreed that they were aware of the problem of drug use among their college students. Coming to the 3 female colleges, from out of a total of 12 respondent, i.e. College Principals and teachers only 16.67 per cent (2 out of 12) was found to be aware of the problem of drug use among their college students the rest 83.33 per cent (10 out of 12) was found to be not aware of the problem of drug use among their college students. With regard to the 9 co-educational colleges, from out of a total of 36 respondents, i.e. college Principals and teachers 30.56 per cent (11 out of 36) was found to be aware of the problem of drug use among their college students and 69.44 per cent (25 out of 36) was found to be not aware of the problem of drug use among their college students.

The above Table clearly shows that a large proportion of the respondents from female & co-educational colleges are blissfully unaware and fail to believe that their students are on drugs. Those respondents (from male, female and co-educational colleges) who agreed and were aware of the problem existing among their college students, but the problem faced by them was that they were unable to identify the drug users in their respective college.

Information related to the existence of a counselling centre at the college is shown in Table 4.4.1.2.

**Table 4.4.1.2**  
**Existence of a Counselling Centre at the College**

Type of College	Total No. of respondents included	Existence of a Counselling Centre		
		Yes	No	%
Male	(2) 8	-	8	100.00
Female	(3) 12	-	12	100.00
Co-education	(9) 36	-	36	100.00
<b>Total</b>	<b>(14) 56</b>		<b>56</b>	

With regard to the existence of a counselling centre at the college, the above Table clearly indicates that among the 2 male college, 100 per cent (8 out of 8) college Principals and teachers states that their college do not possess a counselling centre. The same goes with the 3 females colleges and 9 co-educational colleges where all the respondents, i.e., college

Principals and teachers states the none existence of a counselling centre in their respective college.

This shows that the colleges under study are not equipped with a counselling centre, where counselling can be given to students with different problems related to educational, vocational and personal problems. A counselling centre is needed in dealing with the problem of drug abuse, as one of the initial steps to be undertaken is counselling. One of the male college in the town (urban areas) has proposed to set up a counselling centre in the near future.

Table 4.4.1.3 presents the various types of Prevention work undertaken by the Colleges.

**Table 4.4.1.3**  
**Types of Prevention work undertaken by the Colleges**

Type of College	Total No. of respondents included	Types of Prevention Work Undertaken											
		Awareness Building				Identification of Addicts				Counselling			
		Yes	%	No	%	Yes	%	No	%	Yes	%	No	%
Male (2)	8	8	100.00	-	-	4	50.00	4	50.00	4	50.00	4	50.00
Female (3)	12	4	33.33	8	66.67	-	-	12	100.00	-	-	12	100.00
Co-education (9)	36	4	11.11	32	88.89	-	-	36	100.00	-	-	36	100.00

With regard to the type of prevention work conducted in these three categories of colleges i.e. male, female and co-educational. In the 2 male colleges it was found that 100 per

cent (8 out of 8) college Principals and teachers agreed on their college involvement in 'Awareness Building' as part of preventive work. In the three female colleges only 33.33 per cent (4 out of 12) college Principals and teachers agreed on their college involvement in 'Awareness Building' while 66.67 per cent (8 out of 12) college Principals and teachers states that their college was not involved in 'Awareness Building' as part of the preventive work. In the 9 co-educational colleges only 11.11 per cent (4 out of 36) college Principals and teachers agreed on their college involvement in 'Awareness Building' while 88.89 per cent (32 out of 36) i.e. majority of the college Principals and teachers states that their college was not involved in 'Awareness Building' which is part of the preventive work.

With regard to the 'Identification of the Addicts' and 'Counselling' which is also the part of preventive work it was found that this was done only in one male college, 50 per cent (4 out of 8) college Principal and teachers agreed on their college involvement in 'Identification of addicts' and providing 'Counselling' to them. This was done by one teacher of the college who was very keen in helping the drug users. Whereas 50.00 per cent (4 out of 8) college Principal & teachers of one male college states that 'Identification of addicts' and 'Counselling' which is also a part of preventive work was not done in their college. In the 3 female colleges and 9 co-educational colleges it was found that the work of 'identification of addicts' and 'Counselling' was not done.

The above finding clearly shows that preventive work was mainly done in those colleges where they were aware of the problem of drug use among their college students as indicated in Table 4.5.1 .3. Preventive work such as 'Awareness building' in the form of talks, discussion, seminar and workshops on Drug abuse was being conducted. In one co-educational college, it was stated by some of the teachers that when about 10 drug users were detected , the college authorities adopted a punitive approach such as rejecting or despising the drug users by expelling all ten of them from that particular educational institution. This approach doesn't serve any good. On the other hand, adopting too soft an approach too is faulty.

Information related to the number of drug awareness programmes conducted in a year is presented in Table 4.4.1.4.

**Table 4.4.1.4**  
**Number of Drug Awareness Programmes conducted in a year**

Type of College	Total No. of respondents included	Number of preventive programmes conducted					
		Once a Year		Twice a Year		None in a Year	
		f	%	f	%	f	%
Male (2)	8	4	50.00	4	50.00	-	-
Female (3)	12	4	33.33	-	-	8	66.67
Co-edu- cation (9)	36	4	11.11	-	-	32	88.89

Drug Awareness programmes is one important aspect of preventive work in the field of drug abuse. With regard to the number of drug awareness programmes conducted in a year from the

three categories of colleges male, female and co-educational. It was found that in the 2 male colleges 50.0 per cent (4 out of 8) college Principal and teachers revealed that in their college, drug awareness programmes was organised only once a year and another 50.0 per cent (4 out of 8) college Principal and teachers revealed that in their college drug awareness programmes was organised twice in a year. Coming to the 3 female colleges it was found that 33.33 per cent (4 out of 12) college Principal and teachers agreed that in their college, Awareness programmes was organised once in a year and 66.67 per cent (8 out of 12) college Principals & teachers agreed that in their college drug awareness programmes was not being conducted. Coming to the 9 co-educational colleges it was found that only 11.11 per cent (4 out of 36) college Principal and teachers agreed that in their college drug awareness was conducted only once in a year and 88.89 per cent (32 out of 36) college Principals and teachers agreed that in their respective college no drug awareness programme was being conducted.

The above finding clearly indicates that at the college level only luke-warm attempts have been made to disseminate this information to their students in the form of seminars, talks, discussion etc. that too only once in a year. What is needed is that 'drug awareness programmes' should be a conducted regularly. Attendance should be made compulsory and selected literature be distributed at such programmes. Documentaries, slides, posters could advantageously be employed and sufficient time should be

allotted for question/ answer. Essay and poster competition on 'drug abuse' could be held and prizes be awarded for the best entries as an incentive and encouragement. Prize winning essays/ posters should be displayed on the notice board or at some such prominent and convenient place. This would help in creating the desired "awareness" amongst our college student population.

The suggestions given by the college with regard to the prevention of drug abuse is shown below in Table 4.4.1.5.

**Table 4.4.1.5**  
**Suggestions Given by the College with Regard to Prevention**

Type of College	Total No. of respondents included	Suggestions given by the college with regard to prevention work			
		Establishing a counselling centre	Preventive programmes be Integrated into the curriculum	Generate awareness Pro-grammes	Scope for co-curricular activities should be expanded
Male (2)	8	4 (50.00)	8 (100.00)	8 (100.00)	8 (100.00)
Female (3)	12	8 (66.67)	12 (100.00)	8 (66.67)	8 (66.67)
Co-education (9)	36	32 (88.89)	28 (77.78)	28 (77.78)	32 (88.89)

Note : Totals do not add to 100 per cent as each respondent was free to give more than one suggestion.

A number of suggestions have been given by male, female and co-educational colleges. The suggestions given are divided into three categories, they are : establishing a counselling centre, drug education be integrated into the curriculum,

generate awareness programmes and scope for co-curricular Activities should be expanded. Among the 2 male colleges it was found that 50.0 per cent (4 out of 8) college Principal and teachers suggested the need for establishing a counselling centre at the college level, 100 per cent (8 out of 8) college Principals and teachers suggested that preventive programmes be integrated into the curriculum. They felt that certain topics related to drug abuse should be integrated into the curriculum, they again suggested on the need to generate awareness programmes in the form of lectures, talks, discussions, seminars, workshops etc. and the scope of co-curricular activities like N.C.C., N.S.S., sports and cultural activities should be expanded and strengthened to provide a creative outlet to the youth.

Coming to the 3 female colleges it was found that 66.67 per cent (8 out of 12) college Principal and teachers suggested the establishment of the counselling centre in their college, 100 per cent (12 out of 12) college Principals and teachers suggested that certain topics related to drug abuse should be integrated into the curriculum in courses such as psychology, sociology, economics, botany, chemistry and foundation courses etc., 66.67 per cent college Principals teachers suggested on the need to generate awareness programme about drug abuse and its harmful effects. At such programmes, a film on drug addiction could be shown as they felt that films are useful materials for disseminating information to the students about the dangers of the drug abuse.

Among the 9 co-educational colleges the following suggestions were given, the above Table 4.5.1. 5 shows that 88.89 per cent (32 out of 36) college Principals and teachers suggested on the need of establishing a counselling centre, 77.78 per cent (28 out of 36) college Principals and teachers suggested that drug abuse and its harmful effects should be incorporated in the curriculum especially at the +2 level, again 77.78 per cent (32 out of 36) college Principals and teachers suggested on the need to generate awareness programmes in the form of seminars, talks, discussions, debates, distribution of pamphlets/literature etc. in order that students will become aware about the harmful effects that drugs do on the body, mind, soul, family and society.

For the implementation of the suggestion given in the above table, what we need is proper planning, foresight and professionalism, we also need community support so that we can make headway in saving our college students from the scourge that has beset our society.

#### 4.4.2.0 Community Involvement in the Field of Preventive Work to the Problem of Drug Abuse

In this study community involvement refers to participation of members of the community both Governmental and Non-Governmental in the field of preventive work to the problem of drug abuse. This section is intended to find out about the role played by Governmental and Non-Governmental organisation in the field of preventive work in Khasi and Jaintia Hills.

#### 4.4.2.1 Role of Governmental Agencies in the Field of Preventive Work in Khasi and Jaintia Hills

It was found that in Khasi and Jaintia Hills various Governmental agencies such as Social Welfare Department, Health Department, Police and Excise Department are involved in preventive work.

##### 4.4.2.1.1 Social Welfare Department

It was found that some activities in the field of 'Awareness Building' have been initiated by the Meghalaya State Social Welfare Advisory Board, Shillong which is a government sponsored organisation involved in the social welfare programmes under the guidance of the Social Welfare Board. The Meghalaya board established a Voluntary Action Bureau on 7th June 1984 to render help to women and children who were subjected to atrocities and other related problems. Realising the increasing problem of drug abuse in the area, the Bureau has extended its activities to the field of drug awareness Campaign. The Bureau has taken up the programme as part of its general activity. It was found that in the year 1986-1987, the Anti-Drug Campaign (Drug Awareness) was launched with the co-ordination and financial support of the Social Welfare Department, Government of Meghalaya. The major objective of the programme as stated by the organisers was "to bring about awareness amongst the people and also make them conscious about the danger of the drug abuse, its evil and bad effects on parts of the body".

The Campaign Committee held a meeting with the Chief Secretary on 3.4.87 at his office chamber and the following decisions were taken :

1. Fixing of hoardings in Prominent places of Shillong, displaying the evil effects of drug.
2. Educating parents about the evils of drugs.
3. Motivation and sustain efforts to stop the menace of drugs spreading.
4. To include in school text books suitable anecdotes depicting the evils drug addiction.
5. To publicise the initial symptoms of drug addiction to enable detection.
6. To select a group of teachers for anti-drug motivation campaign.
7. To strengthen the counselling centre run by the Director of the Centre.
8. To involve DC's/SDOs in the Anti-Drug Campaign to be undertaken in Districts/Sub-Division.
9. To exhibit slides in the Cinema Halls in the State about the evils of drugs.
10. To procure good films on the menace of drugs and to show to people.
11. Not to have Liquor shops near Schools/Colleges.
12. To discourage cultivation of hemp in West Khasi Hills.
13. To take effective steps to apprehend drugs peddlers and drug suppliers.
14. To have separate Police Cells to deal with drug offence.

It was found that the Bureau has implemented the following programmes :

- (i) The Bureau has given wide publicity of its activities, policy & procedures etc., through local newspapers, radio etc. Arrangements have also been made for the

members (Experts of Anti-Drug Campaign programme) to give talks on the subject through the AIR

- (ii) Hand bills/Pamphlets were distributed and displayed to the public at large about the dangers of drug abuse both in English and local languages. Display advertisements were publicised in various news papers both in English and local languages. Appeals have been made specially to Voluntary organisations/Associations engaged in the welfare of women/ and children to extend their support and co-operation for running the programme of the Bureau. Advertisements were issued about the financial assistance for setting up Family Counselling Centres. Appeal was also made for better co-ordination between the voluntary agencies and the Bureau.
- iii) Slides (Evils and bad effects of drug addiction and alcoholism), has also been projected during the regular shows in all the State Cinema Halls.
- (iv) Hoardings have been fixed in all the District Headquarters, with the slogan against drug abuse.
- (v) Documentary Films, Video Cassette have been purchased for screening during seminars/meetings/campaigns to educate about the dangers and bad effects of drugs etc.
- (vi) Two different sets of filmstrips have been procured by the Bureau to use as tools during seminars/meetings. One set is on Critical Areas of Health "that provide information on :-

- Tobacco and your health
- Alcohol and your health
- Venereal disease and your health
- Drug misuse and your health

The other set is on 'Alcohol, smoking & drugs.'

- Alcohol - The No.1 Drug problem.
- Smoking - Be smart don't start
- Drug and your body
- Drugs in our world.

- (vii) Financial assistance was given to the Director of the Don Bosco youth for publication of a book entitled "Think Before You Drink".
- (viii) A booklet on drug addiction entitled "Let's Fill the Gaps with Friendly Touch" has been published by the Bureau especially meant to educate the parents and teachers about the dangers and harmful effects of Drug Addiction and also how to deal with the young ones to save them from being addicted.

The Social Welfare Department through the Indian Council for Child Welfare, Shillong Branch has started the Counselling Centre since March 1991, where about 159 addicts were reported to have been registered in the centre from March 1991 to March 1994. The main type of drugs used/consumed are alcohol and Ganja. They had also organised out-reach programmes in schools and also organised "Run for drug victims" on the 10th May, 1992 at Shillong. Unfortunately the centre had to be closed down due to non availability of funds. At present there is no Counselling De-Addiction/Rehabilitation Centre in the State having facilities for treatment of drug addicts exclusively. The Social Welfare Department have received 4 (four) proposals from voluntary organisation for running counselling, de-addiction and rehabilitation centres under the "Schemes of assistance to voluntary organisation" which is being processed by the Department. The Directorate of Social Welfare has also taken steps to spread the message against drugs abuse by giving publicity against the evil effects of drugs in Souvenir/Brochures of the Voluntary organisations.

Recently it has also been decided to give monetary rewards to the officers serving in various drug Law enforcement agencies of the State Government including State Police and also to informers including civilians, for seizures of drugs and psychotropic substance under the Narcotic Drugs and Psychotropic Substances Act, 1985.

#### 4.4.2.1.2. Health Department

It was found that in Khasi and Jaintia Hills the Health Department has neither a de-addiction nor a counselling centre for the treatment and Rehabilitation of drug addicts. Some cases are being treated occasionally by the psychiatrist of the Civil Hospital. There is no special facility available for this purpose. However, the Government of Meghalaya has recently decided to provide separate beds in all the government hospitals of the state for the treatment of drug addicts. The degree of involvement of the Health Department in preventive work is limited to serving as funding agency and providing man power resources to various voluntary organisation.

#### 4.4.2.1.3. State Police, State Excise Department and the Customs and Central Excise

Under the provision of the NDPS Act, 1985 the Govt. of Meghalaya have framed the NDPS Rules, 1986 vide Notification No. ERT(E) 48/85/231, dt. 22.1.86. Moreover, a Narcotic Cell consisting of one Inspector of Excise, one Assistant Inspector of Excise, one Head Excise Constable and six Constables was established in the State for effectively enforcing the Act. Accordingly, the Police and the Excise Departments have been assigned the responsibility of enforcing anti-drug laws. Both the Excise and the Police officers are equally empowered to search and seize drugs under the Act. The Commissioner of Excise, Meghalaya is empowered to provide for import and export of narcotic drugs and psychotropic substances for medical purposes and to issue license, permit etc. to the genuine medical practi-

tioners and druggists. The major task of enforcement is to keep constant watch on the movements of suspected people dealing in narcotic drugs in the area. It has been reported that the State Excise staff have received encouraging results in the seizure of drugs such as heroin, ganja bhang etc. Details of Narcotic drugs seized in Khasi and Jaintia Hills during the last five years by the Police, the State Excise and the Central Excise are given in the Table 4.4.2.1.3.1 to 4.4.2.1.3.8 respectively.

**Table 4.4.2.1.3.1**  
**NDPS Act Cases in East Khasi Hills for the Year 1989**

Sl. No.	Case Reference	No. of Persons Arrested	Types & Quantity of Drugs Seized	D.O. (date)	Place of Seizure
1.	Shillong P.S. Case No. 154(3), 89 u/s 21 NDPS Act	(1) Shri Peter Elen (Nigerian National)	1 packet of brown sugar	3.3.89	Umroi Airport
2.	Shillong P.S. Case No. 157(3), 89 u/s 21 NDPS Act	(1) Smti Kristina Marbaniang (2) Smti Dream Rani	123 small packets of ganja containing about 53 grams	4.3.89	M.C. Lane, Barabazar
3.	Shillong P.S. Case No. 670/89 u/s 21 NDPS Act	(1) Shri Stolin Marbaniang	230 grams of ganja	15.9.89	Nongthymmai
4.	Shillong P.S. Case No. 879/(12) 89 u/s 21 NDPS Act	(1) Shri Rshanul Lyngdoh	10 Kg. of ganja	25.12.89	Mawlonghat

Source : Office of the Special Superintendent of Police C.I.D.,  
Meghalaya, Shillong.

**Table 4.4.2.1.3.2**  
**NDPS Act Cases in East Khasi Hills for the Year 1990.**

Sl. No.	Case Reference	No. of Persons Arrested	Types & Quantity of Drugs Seized	D.O. (date)	Place of Occurrence
1.	Nongpoh P.S. Case No. 28(3), 90 u/s 21 NDPS Act	(1) Smti Mina Wajri	9 pieces of opium tablets	23.3.90	Umran Village
2.	Nongpoh P.S. Case No. 59(6), 90 u/s 21 NDPS Act	(1) Md. Idris (2) Shankar Paul	35 Kg. of ganja	26.6.90	Jorabat
3.	Shillong P.S. Case No. 464(7) 90 u/s 21 NDPS Act	(1) Shri Gonababer Singh (2) Birbabur Singh	10 Kg. of ganja	4.7.90	Iewduh (Barabazar)
4.	Nongpoh P.S. Case No. 94(11) 90 u/s 20 NDPS Act	(1) Shri Pralad Bora	1 packet of ganja in taking about 3/4 grams of ganja	30.9.90	Nongpoh Lower Gate
5.	Shillong P.S. Case No. 94(11) 90 u/s 21 NDPS Act	(1) Shri Will Mawlong	25 Kg. of ganja	26.11.90	Iewduh Area

**Table 4.4.2.1.3.3**  
**NDPS Act in East Khasi Hills for the Year 1991**

Sl. No.	Case Reference	No. of Persons Arrested	Types & Quantity of Drugs Seized	D.O. (date)	Place of Seizure
1.	Shillong P.S. Case No. 55 (1), 91 u/s NDPS Act	(1) Sri Melindra Biswas	110 grams of ganja	23.3.91	Barabazar
2.	Shillong P.S. Case No. 56 (1), 91 u/s 21 NDPS Act	(1) Smti Ridalin Massar (2) Smti Isidora Shangpiliang (3) Smti Ilinda Marbianang (4) Aiti Lyngdoh (5) Shri Durga Nongbet	ganja (quantity not mentioned) about 53 grams	23.1.91	Barabazar (Paltan Bazar)
3.	Shillong P.S. Case No. 96(2) 91 u/s 21 NDPS Act	(1) Shri Durga Singh	110 grams of ganja	7.2.91	Pynthorumkhras
4.	Shillong P.S. Case No. 156 (3) 91 u/s 21 NDPS Act	(1) Shri Muktur Singh (2) Shri Ram Sing	500 gram of ganja	1.3.91	Sweeper Lane (Bara Bazar)
5.	Shillong P.S. Case No. 227(4), 91 u/s 21 NDPS Act	(1) Shri Ayabiuddin (2) Shri Bakim Lakpur	Heroine (Quantity not mentioned)	11.4.91	Ward's Lake Shillong
6.	Shillong P.S. Case No. 257(5), 91 u/s 21 NDPS Act	(1) Smti Skilda Thorgni	66 grams of ganja	1.5.91	Nongthymmai Bus Stand
7.	Shillong P.S. Case No. 320(6) 91 u/s 21 NDPS Act	(1) Shri Bar Rishai	2 packets of ganja	5.6.91	Bara Bazar
8.	Shillong P.S. Case No. 427 (7) 91 u/s 21 NDPS Act	(1) Shri Gopal Dey (2) Shri Depak Das (3) Shri Bhagwanlal Rai	1 Kg. 50 grams of ganja	31.7.91	Police Bazar
9.	Nongpoh P.S. Case No. 114(9), 91 u/s 20 NDPS Act	(1) Shri Saitya Sarkar	1 Kg. 200 grams of ganja	28.9.91	Mawnoh Village (Nongpoh)
10.	Shillong P.S. Case No. 818(12) 91 u/s 21 NDPS Act	(1) Shri Kishan Kr. Chetri	75 grams of White powder (Heroine)		
11.	Uiam P.S. Case No. 71(12) 91 u/s 20(B)(a) NDPS Act	(1) Shri Malki Kurbah (2) Shri Darwin Rynthathiang	28 bags of ganja	12.12.91	Mawlyndep Village

**Table 4.4.2.1.3.4**  
**NDPS Act Cases of East Khasi Hills for the Year 1992.**

Sl. No.	Case Reference	No. of Persons Arrested	Types & Quantity of Drugs Seized	D.O. (date)	Place of Seizure
1.	Shillong P.S. Case No. 205(3), 92 u/s 21 NDPS Act	(1) Shri Johar Choudhury	22 grams of Heroin	3.3.92	Don Bosco Point Shillong
2.	Shillong P.S. Case No. 238(3), 92 u/s 21 NDPS Act	(1) Nzulsang Mizo	750 grams of Heroin	9.3.92	Happy Valley Shillong
3.	Pynursla P.S. Case No. 5(6) 92 u/s 21 NDPS Act	(1) Smti Floren Khargthongre	19 Kg. of ganja	7.6.92	Lyngkhat Village
4.	Shillong P.S. Case No. 610(8) 92 u/s 21 NDPS Act	(1) Shri Depak Ch. Borah (2) Shri Gazan Saikia (3) Shri Khaleh Chuangkhopa	73 grams of Heroin	28.10.92	Arun Restaurant Police Bazar Shillong
5.	Laitumkhras P.S. Case No. 43 (9) 92 u/s 21 NDPS Act	(1) Shri Murgachan Thankhul	50 grams of Heroin	17.9.92	Dhankheti Shillong
6.	Laban P.S. Case Case No. 50 (10) 92 u/s 21 NDPS Act	(1) Shri Om Prakash Gurung Lakpur	74.03 grams of Heroin	30.10.92	Laban P.S. Shillong
7.	Shillong P.S. Case No. 697(12) 92 u/s 21 NDPS Act	(1) Md. Abdul Salam (2) Md. Sallai	24 grams of Heroin	2.12.92	Muslim Hotel Police Bazar Shillong
8.	Laitumkhras P.S. Case No. 320(6) 91 u/s 21 NDPS Act	(1) Shri Insecathing Marbaniang (2) Aniradha Goyani	2 Kg. of ganja	26.11.92	Nongrim Hills Shillong

**Table 4.4.2.1.3.5**  
**NDPS Act Cases of East Khasi Hills for the Year 1993.**

Sl. No.	Case Reference	No. of Persons Arrested	Types & Quantity of Drugs Seized	D.O. (date)	Place of Seizure
1.	Shillong P.S. Case No. 61 (3), 93 u/s 21 NDPS Act	(1) Shri John Hrangkhawl (2) Shri Lypton Ryang (3) Shri Md. Mohib Laskar (4) Shri Anand Mazumdar	115 grams of Heroin	23.3.93	Anjalee Cinema Hall Compound Shillong
2.	Lumdeengjri P.S. Case No. 84 (9), 93 u/s 21 NDPS Act	(1) Shri Abdul Aziz	36 no.s of ampules (injection c.c. of morphine sulphate)	4.9.93	Barapathor Shillong
3.	Shillong P.S. Case No. 182(9) 93 u/s 21 NDPS Act	(1) Shri Wahidur Rahaman	10 grams of Heroin	10.9.93	Polo Area Shillong
4.	Laitumkrah P.S. Case No. 110 (H) 93 u/s 21 NDPS Act	(1) Shri Wariban Boby Singh (2) Shri Hero Singh	120 grams of Heroin	29.11.93	Laitumkrah Shillong

**Table 4.4.2.1.3.6**  
**NDPS Act Case of Jaintia Hills for the the**  
**Last Five Years (1989-1993).**

Sl. No.	Case Reference	No. of Persons Arrested	Types & Quantity of Drugs Seized	D.O. (date)	Place of Seizure
-----					
1989					
Nil					
1990					
1.	Jowai P.S. Case No. 147/90 u/s 21 NDPS Act	(1) Shri Maipok Sinha	800 grams of ganja	20.6.90	Rymbai Road
2.	Jowai P.S. Case No. 226/ 90 u/s 20(b) (i) NDPS Act	(1) Shri Motilal Sharma	26 Kg. of ganja	19.10.90	Lad Mukhlane Jaintia Hills
-----					
1991 Nil					
1992					
1.	Khliehriat P.S. Case No. 14/92 u/s 20(6) NDPS Act	(1) Shri Shalong Hynkhoi (2) Shri Shymbor Lyngkhoi (3) Shri Ning Paiong (4) Shri Khlusten Lyngkhoi (5) Sri Bester Ryending	ganja, Quantity not mentioned	14.4.92	Laban Camp at Sutnga Road
-----					
1993					
1.	Khliehriat P.S. Case No. 67(10) 93 u/s 22/27 (a)/29 (1) NDPS Act	(1) Shri Beda Siangshai	3 grams of Heroin	19.10.93	Lad Rymbai
-----					
1989					
1.	U/S 20(B) 1 of NDPS Act CR 1(S) 89 Fines = Rs. 10,000/- R.I. = 1 month I.D. = 6 month	Shri More Sutnga	1 (one) plastic bag containing about 1 Kg. ganja	Shri W. Laloo AIB Shri J.O. Tham IE on 15.7.89	At 7th mile excise check gate, Upper Shillong
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contd...

Sl. No.	Case Reference	No. of Persons Arrested	Types & Quantity of Drugs Seized	D.O. (date)	Place of Seizure
1990					
1.	U/S 2+ (I) (b) of NDPS Act Fines = Rs. 1,000/- R.I. = 5 months I.D. = 1 month	Smti Rivada Marbaniang	9 packets containing about 150 grams of ganja	Shri A.B. Dutta, ACE Shri D.S. Budnah IE on 10.4.90	At Pandit Lane Bara Bazar
2.	U/S 27 (1) (b) of NDPS Act Fines = Rs. 500/- R.I. = 5 months	Shri Mokstar Massar	48 packets containing about 710 grams of ganja	Shri A.B. Dutta, ACE Shri D.S. Budnah IE on 10.4.90	At Vegetable Stall Bazar
3.	U/S 20 (b) (i) of NDPS Act Fines = Rs. 1,000/- R.I. = 1 month C.R. = 3/90	Smti Biolin Nongbet	1 (one) plastic bag containing about 1 Kg. of ganja	Shri K.L. Shylla AIE Shri A.B. Dutta ACE on 3.5.90	At Mawphlang
4.	U/S 20 (b) (i) of NDPS Act Fines = Rs. 500/- C.R. = 5(4) 90	Smti Melonda Kharbani	2(two) poly-thene bag containing about 1.800 Kg. of ganja	Shri H. Sungoh, AIE Shri A.B. Dutta, AIE on 15.6.90	At Dhubi Ghat
5.	U/S 20 (b) (i) of NDPS Act Fines = Rs. 300/- C.R. = 5/90	Smti Nissi Lyngdoh	1(one) poly-thene bag containing about 1.5000 Kg. of ganja	Shri A.B. Dutta, ACE Shri L. Pradhan AEE 1990	At Mawlonghat
1991					
1.	U/s 2+ (i) (b) of NDPS Act CR No. 2 (4) 91. Accused Sentenced to R.I. for 5 months in each case Accused Served full R.I.	Smti Ribhalin Massar	5 (five) packets containing about 80 grams of ganja	B.A. Marak, D.S.E. (L) D.S. Budnah, I.E. on 2.5.91	At Iewduh
2.	U/s 27 (i) (b) of NDPS Act CR No. 5/91. Accused Convicted and Sentenced to R.I. for 45 days. Accused Served full R.I.	Shri Chingi Mandal	9 (nine) packets containing about 160 grams of ganja	(L) D.S. Budnah I.E. on 8.5.91	At Police Bazar

contd...

Sl. No.	Case Reference	No. of Persons Arrested	Types & Quantity of Drugs Seized	D.O. (date)	Place of Seizure
3.	U/s 20 (b) (i) of NDPS Act. Fine = Rs. 5,000/- R.I. = 3 months I.D. = 3 months	Shri Narshad Alam	1 (one) gunny 1 (one) plastic bag containing about 13 Kg. of ganja	Shri R. Rynghang, AIE on 28.8.91	At Polo Ground
1992					
1.	U/s 20 (b) (i) of NDPS Act CR 1(H) 92 Accused Person Released on Bail Case still pending in the Court of District Sessional Judge, Shillong.	Shri Nazir Hussain	3 packets containing about 9.150 Kg. of ganja	Shri R. Rynghang AIE on 13.3.92	At Laban
2.	U/s 20 (b) (i) of NDPS Act CRL (NDPS) 2 (4) 92. The accused person convicted to and sentenced to R.I. = 3 months Fine = Rs. 1,000/-	Shri Keshar Singh	3 (three) numbers of polythene packets containing 2.450 Kg. of ganja	Shri R. Rynghang AIE on 25.3.92. on 8.5.91	At Umsohsun
1993					
3.	CRL (NDPS) 1/93 u/s 20 (b) (i) of NDPS Act	Shri Arun Marak	1 (one) polythene bag 875 grams of ganja	Shri C.A. Sangma I.E. on 6.2.93 on 28.8.91	At Lower Lachumiere

Source : Office of the Commissioner of Excise, Meghalaya.

**Table 4.4.2.1.3.7**  
**Drugs Seized in Meghalaya**

Year	Types and Quantity seized	Place of Seizure
1990	Ganja 107 Kgs.	Upper Shillong
1991	Ganja 550 Kgs. 5 Kgs.	Balat Jorabat
1992	Ganja 193.5 Kgs.	Near Khanapara
1993	Ganja 105.9 Kgs Ganja 3.5 Kgs. Heroin 50 grams	Umkiang, Jaintia Hills Weiloi, West Khasi hills Mawblei, Shillong
1994	Heroin 110.5 grams	Madanrinting, Happy Valley

Source : Office of the Collector, Customs and Central Excise (Preventive), Government of India, Shillong.

**Table 4.4.2.1.3.8**  
**Drugs Seized in the North Eastern States**

Year	Types and Quantity seized
1991	Ganja 1576.95 Kgs. Heroin 1039.70 grams Brown Sugar 130.92 grams
1992	Ganja 1042.130 Kgs. Heroin 462.1 grams Brown Sugar 389 grams
1993	Ganja 3207.600 Kgs. Heroin 679.9 grams Opium 49.572 grams

Source : Office of the Collector, Customs and Central Excise Collectorate, Shillong Headquarter.

The above table gives a general idea about the nature of seizures, persons and places involved and the quantity seized. It was seen that cannabis particularly ganja is the most commonly seized drug. This supports our finding about the nature of drugs

used in Khasi and Jaintia Hills as it was found that cannabis-ganja, dope, hashish and bhang are the popular drugs used by the College students.

It was also found that the enforcing agencies are facing some serious difficulties in finalising prosecution of Cases in Courts. The identification of drugs requires thorough and accurate knowledge before they are confirmed for prosecution of persons involved. It requires specialised training for officials deployed for detection and prevention of drug abuse. Meghalaya has no such facilities available in the State. There is no Forensic or Chemical Laboratory to avail the latest techniques for identifying drugs. Presently, these cases are sent to Guwahati and the reports are rarely received in time. This is the major reason why most of cases remain under investigation for unusually long time.

Recently, the following steps have been taken by the state government to tackle this menace, they are :

1. The State Govt. have set up a Committee to deal with potential menace of drugs in Meghalaya consisting of the Chief Secretary as the Chairman, Senior Officers of the State Govt., Director General of Police Meghalaya, Inspector General BSF, Collector of Customs & Central Excise.
2. The Home Police Department has established a narcotic cell in the State Police. The DIG (CID) is the nodal officer for the purpose of co-ordinating the activities between the State and the Central Govt. The incharge of the Narcotic Cell have been trained in the Narcotic Course conducted by the Officers of Custom & Central Excise at the North Eastern Police Academy.

3. The Law Department has created five Special Courts for expeditious trial of offences to deal with drugs menace.
4. The Excise Department has also set up a special Narcotic Cell in the East Khasi Hills District to deal solely with drugs related offence. (The cases detected under the NDPS Act, 1985 in the Khasi and Jaintia Hills Districts have been shown in the Table No. 4.4.2.1.3.1 to 4.4.2.1.3.6)

4.4.2.2. Role of Non-Governmental Organisation in the Field of Preventive Work in Khasi and Jaintia Hills

Through the questionnaires conducted it was found that in Khasi and Jaintia Hills, 9 Non-governmental organisations are involved in preventive work in the field of drug abuse. They are the Don Bosco Youth Centre, Lions Club, Church Auxiliary for Social Action, North East India Committee on Relief and development, Counselling and Information Centre for Drug Abuse, Young Mizo Association, Khasi Jaintia Presbyterian Synod (Youth Department), Bharat Scouts and Guides and the New Hope Centre. The analysis in this section is intended to find out about the Non-governmental organisations involvement in preventive work, i.e., on the target group aimed at, type of prevention work done, type of media used in awareness building, involvement of the community, language used in conducting the programmes, financial assistance obtained, major obstacles faced in prevention work, number of times in a year when the preventive programmes are being conducted and the suggestions given by the non-governmental organisations in order to curb the menace of drug abuse.

The target group aimed at by the non-governmental organisation for drug prevention programmes is presented in Table 4.4.2.2.1.

**Table 4.4.2.2.1**  
**Target Group aimed at for Drug Preventive Programmes**

No. of Non-Governmental organisations	Target Group Aimed At						
	Youth	Student	General Public	Parents	Teachers	Church functionaries	Members of Voluntary Organisation
Don Bosco Youth centre	1	1					
Lions Club		1					
Church Auxiliary for Social Action		1	1				
North East India Committee on Relief and Development						1	
Counseling and Information Centre for Drug Abuse	1	1		1	1		1
Young Mizo Association	1		1				
Khasi Jaintia Presbyterian Synod (Youth Dept.)	1					1	
Bharat Scouts and Guides		1					
New Hope Centre	1	1		1	1		1
<b>Total</b>	<b>5</b> (55.56)	<b>6</b> (66.67)	<b>2</b> (22.22)	<b>2</b> (22.22)	<b>2</b> (22.22)	<b>2</b> (22.22)	<b>2</b> (22.22)

Note : Totals do not add to 100.00 per cent due to multiple responses.

Proper prevention, planning and programme design calls for a clear definition of the clear intended target population. This is particularly important in the case of drug related problems. With regard to the target group aimed at, for drug preventive programmes done by Non-Governmental organisations in Khasi and Jaintia Hills. The above Table clearly indicates that the target group aimed at by the non-governmental organisations are divided into seven categories. They are the youth, student, general public, parents, teachers, church functionaries and the members of the voluntary organisation.

From among the 9 non-governmental organisations mentioned in the above Table, 66.67 per cent (6 out of 9) non-governmental organisations the target group aimed at are the students, i.e., both school and college students. 55.56 per cent (5 out of 9) non-governmental organisations the target group aimed at are the youth, 22.22 per cent the target group aimed at are the general public, again 22.22 per cent the target group aimed at are the parents another 22.22 per cent the target group aimed at are the teachers, again 22.22 per cent, the target group aimed at are the church functionaries and 22.22 per cent the target group aimed at are the members of voluntary organisation.

If we take each non-governmental organisation it was found that the target group aimed at by the Don Bosco Youth Centre was on two groups, i.e., on the youth and the students. Coming to the Lion's Club it was found that the target group

aimed at was on students. With regard to the Church Auxiliary for Social Action the target group aimed at was on two groups, i.e., the student and the general public. The North East India Committee on Relief and Development main focus was on the target group of the church functionaries. With regard to the Counselling and information centre for drug abuse the target group aimed at was on five groups, i.e., the youth, the student, parents, teachers, and on members of the voluntary organisation. Coming to the Young Mizo Association the target group aimed at was on two groups, i.e., the youth and the general public. The target group aimed at by the Khasi Jaintia Presbyterian Synod (Youth Department.) was on two groups, i.e., the youth and the church functionaries. The Bharat Scouts and Guides main focus was on the student group and the target group aimed at by the New Hope Centre was on five groups, i.e., the youth, student, parents, teachers and the members of the voluntary organisation.

The above finding clearly indicates that the target group aimed at by most of the non-governmental organisations in Khasi and Jaintia Hills are on the students and the youth as it was found that 6 out of 9 non-governmental organisations aimed at the student group, 5 out of 9 non-governmental organisations aimed at the youth thus indicating that this is the group most susceptible to drugs as indicated in most of the studies conducted in India and abroad. The non-governmental organisations would do well to contain the problem provided that the target groups are not neglected, otherwise these groups may also grow in

number and strength thus nullifying all the hard work being put in to curb the menace of drug abuse.

Table 4.4.2.2.2 presents the type of preventive work done by non-governmental organisations.

**Table 4.4.2.2.2**  
**Type of Preventive Work Done by Non-Governmental Organisation**

No. of Non-Governmental Organisation	Types of Preventive Work Done				
	Awareness Building	Identification of Addicts	Counselling	Follow Up	Refer Servi
Don Bosco Youth centre	1	1	1		1
Lions Club	1				
Church Auxiliary for Social Action	1				
North East India Committee on Relief and Development	1				
Counseling and Information Centre for Drug Abuse	1	1	1	1	1
Young Mizo Association	1	1	1		
Khasi Jaintia Presbyterian Synod (Youth Dept.)	1				
Bharat Scouts and Guides	1				
New Hope Centre	1	1	1		1
<b>Total</b>	<b>9</b> (100.00)	<b>4</b> (44.44)	<b>4</b> (44.44)	<b>1</b> (11.11)	<b>3</b> (33.33)

Note : Totals do not add to 100.00 per cent due to multiple responses.

The types of preventive work done by non-governmental organisations have been divided into five categories namely Awareness Building, Identification of Addicts, Counselling, Follow-up and Referral Services. The results are shown in Table 4.4.2.2.2. It reveals that from a total 9 non-governmental organisations in Khasi and Jaintia Hills, 100 per cent (9 out of 9) non-governmental organisation does the preventive work on Awareness Building, 44.44 per cent (4 out of 9) non-governmental organisation does the preventive work of identifying the addicts again 44.44 per cent (4 out of 9) non-governmental organisation does the preventive work on counselling. 33.33 per cent (3 out of 9) non-governmental organisation does the preventive work of Referral Services and only 11.11 per cent (1 out of 9) non-governmental organisation does the preventive work on Follow-up. When each non-governmental organisation was taken, the above Table shows that the Don Bosco Youth Centre does the preventive work on awareness building on the target group aimed at as indicated in the previous Table in identifying the addicts, providing them with counselling and referral services, i.e., referring such cases to hospitals where detoxication will be provided. The above Table shows that the Lions Club, the Church Auxiliary for social action and the North East India committee on relief and development does only the work of awareness building among the target groups to which they aimed at. It was found that the Counselling and information centre for drug abuse does all the five types of preventive work mentioned in the above Table, such as awareness building, identification of addicts, providing

to them counselling, follow-up and referral services where such cases are sent to hospitals and to the Sanker rehabilitation Centre. The Young Mizo Association also does the preventive work of creating awareness among the target group aimed at, identifying the addicts and providing to them counselling. The Khasi Jaintia Presbyterian Synod (Youth Dept.) and the Bharat Scouts and Guides does only the work of creating awareness among the target group aimed at and the New Hope Centre does the preventive work on awareness building, identifying the addicts, providing to them counselling and referral services as done by the Counselling and information centre for drug abuse.

The results of the above findings show that though all 9 non-governmental organisations in Khasi and Jaintia Hills carry out the preventive work of creating awareness among the target groups aimed at, yet concerning the majority of the non-governmental organisations, it is felt that their work should be expanded further by trying to incorporate all the other areas of preventive work as mentioned in the above Table in order to solve the problem of drug menace that is sprouting in our society.

Information related to the types of media used in awareness building by the different non-governmental organisation is shown in Table 4.4.2.2.3.

Table 4.4.2.2.3  
Types of Media Used in Awareness Building by  
Non-Governmental Organisation

No. of Non-Governmental Organisation	Types of Media Used				
	Films & Slides	Printed Material	Radio	Television	Recorded Talk
Don Bosco Youth centre	1	1	1	1	1
Lions Club	1	1	1		1
Church Auxiliary for Social Action	1	1			
North East India Committee on Relief and Development	1	1			
Counseling and Information Centre for Drug Abuse	1	1			1
Young Mizo Association		1			
Khasi Jaintia Presbyterian Synod (Youth Dept.)		1	1		
Bharat Scouts and Guides		1			
New Hope Centre	1				1
<b>Total</b>	<b>5</b> (55.56)	<b>8</b> (88.89)	<b>3</b> (33.33)	<b>1</b> (11.11)	<b>4</b> (44.44)

Note : Totals do not add to 100.00 per cent due to multiple responses.

Media has the power to create and propagate any climate of opinion. This must be used to support the drug awareness building programme. The above Table shows that all the 9 non-governmental organisations in Khasi and Jaintia Hills in its awareness building programmes provided in the form of lectures,

talks, seminars, workshops etc. do make use of a number of media to create an awareness about the problem of drug abuse among the target groups. The types of media used by the non-governmental organisations in awareness building are divided into five categories. They are the use of films and slides, printed media such as pamphlets/literature, the use of radio, television and the use of recorded talks.

From among the 9 non-governmental organisations the result shows that 88.89 per cent (8 out of 9) non-governmental organisation made use of printed materials such as pamphlets to create an awareness about the problem of drug abuse. 55.56 per cent (5 out of 9) non-governmental organisation made use of films and slides, 44.44 per cent (4 out of 9) non-governmental organisations made use of recorded talks, 33.33 per cent (3 out of 9) non-governmental organisations made use of the radio and only 11.11 per cent (1 out 9) non-governmental organisation have got the opportunity of using the television through the Doordarshan on having been included among the experts to talk on this subject.

Taking individually, each non-governmental organisation, it was found that the Don Bosco Youth Centre made use of various types of media in awareness building such as the use of films, slides, printed media, i.e., the use of pamphlets, radio, television and recorded talks. The Lions Club made use of printed material such as pamphlets, the use of the radio, and recorded

talks. The Church Auxiliary for social action and North East India Committee on Relief and Development made use of films and slides and printed material for generating awareness among the target group aimed at. The Young Mizo Association made use of only pamphlets for generating awareness. The Khasi Jaintia Presbyterian Synod (Youth Department.) made use of media such as printed material and the radio. The Bharat Scouts and Guides in its awareness building programme made use only of printed material and the New Hope Centre made use of films and slides and recorded talk.

The above finding clearly indicates that common to each non-governmental organisation is the use of printed material as shown in the above Table for generating awareness, but facilities for using other types of media especially the use of films and slide, television, radio to impress upon the target group are lacking. The awareness campaign sought increasingly to be organised to communicate the message to the public by means of various media as a vital part of the preventive strategy. All the different types of media mentioned in above Table have not only a major, but also a special role to play in creating such awareness.

Table 4.4.2.2.4 presents the forms of involvement obtained from the community.

**Table 4.4.2.2.4**  
**Forms of Involvement Obtained from the Community**

No. of Non-Governmental Organisation	Forms of Involvement			
	Fund Raising Shows	Materials Required for Creating Awareness	Resource Persons	Parents Involvement
Don Bosco Youth centre		1	1	1
Lions Club		1	1	
Church Auxiliary for Social Action		1	1	
North East India Committee on Relief and Development		1	1	
Counseling and Information Centre for Drug Abuse		1	1	
Young Mizo Association			1	1
Khasi Jaintia Presbyterian Synod (Youth Dept.)	1		1	
Bharat Scouts and Guides		1	1	
New Hope Centre	1		1	
<b>Total</b>	<b>2</b> (22.22)	<b>5</b> (55.56)	<b>8</b> (88.89)	<b>2</b> (22.22)

Note : Totals do not add to 100.00 per cent due to multiple responses.

The data regarding the forms of involvement obtained from the community has been divided into four categories, i.e., fund raising shows, materials required for creating awareness, resource persons and parents involvement. The above Table shows that 88.89 per cent (8 out of 9) non-governmental organisations

depends upon the community for obtaining resource persons who are experts in the field of drug abuse. 55.56 per cent (5 out of 9) non-governmental organisation receive materials required for creating awareness in the form of pamphlets, brochures, posters, literature from the Social Welfare Department, Government of Meghalaya, North East India Committee on Relief Development and the Don Bosco Youth Centre. 22.22 per cent (2 out of 9) non-governmental organisation obtained from the community some financial assistance through the fund raising shows organised by the community in order to further strengthen the preventive work done by these two non-governmental organisation and 22.22 per cent (2 out of 9) non-governmental organisation did get parental support in organising and carrying out the preventive work. The above Table also shows that the Don Bosco Youth Centre gets material required for creating awareness from the Social Welfare Department, Government of Meghalaya, but in most instances it is self-sufficient with regard to materials required and most non-governmental organisations is more or less dependent on the Don Bosco Youth Centre for resource person or experts in the field of drug abuse and materials required for awareness building programmes. The centre also obtains parents involvement when such programmes are organised.

Coming to the Lions Club it obtains from the community materials required for creating awareness such as pamphlets and other literature pertaining to drug abuse and resource persons or experts in the field. The same applies to Church auxiliary for

social action, North East India committee on relief development and counselling and information centre for drug abuse. They assert that the parents involvement is lacking in supporting their preventive programmes. With regard to Young Mizo Association it was found that it obtained from the community resource persons or experts in the field and what was most striking was that parents involvement is tremendous, they would extend their hand of support in the various preventive programmes organised by the organisation.

Coming to the Khasi Jaintia Presbyterian Synod (Youth Dept.) and New Hope Centre it gets from the community fund raising shows which in turn provides financial assistance to the organisation. The experts from the community extend their hand of cooperation in the form of resource persons or experts in the field. The Bharat Scouts and Guides gets from the community materials required for creating awareness and resource persons or experts in disseminating information related to drug abuse.

The result of the above finding clearly indicates that most of the non-government organisations obtain resource person or experts and materials required for creating awareness but though they get these materials most non-governmental organisations remark that they are not sufficient to meet their needs. Another feature noted here is lack of parents involvement in such programmes where it was found that only 2 non-government organisation stated their involvement whereas in the other 7 non-

governmental organisation, parents involvement was found to be lacking. This a grim portrayal of community involvement in the programme. Therefore, to elicit effective support to the cause of drug abuse prevention, the non-governmental organisations would do well if they could launch motivation campaigns to non-drug abusers in various groups campaigning a community.

Information related to the language in which the programme are being conducted by the non-governmental organisations is shown in Table 4.4.2.2.5.

Table 4.4.2.2.5  
The Language in Which the Programmes are Being Conducted

No. of Non-Governmental Organisation	Language Used			
	Khasi	Jaintia	Mizo	English
Don Bosco Youth centre	1			1
Lions Club	1			1
Church Auxiliary for Social Action	1			1
North East India Committee on Relief and Development	1	1	1	1
Counseling and Information Centre for Drug Abuse				1
Young Mizo Association			1	1
Khasi Jaintia Presbyterian Synod (Youth Dept.)	1	1		1
Bharat Scouts and Guides				1
New Hope Centre	1	1		1
<b>Total</b>	<b>6</b> (66.67)	<b>3</b> (33.33)	<b>2</b> (22.22)	<b>9</b> (100.00)

Note : Totals do not add to 100.00 per cent due to multiple responses.

Language is a means of communication with fellow human-beings. The non-governmental organisation in the Table have employed Khasi, Jaintia, Mizo and English language in two or more combination with English, to share useful knowledge with an aim to prevent drug abuse among the target group. The above Table clearly shows that 100.00 per cent (9 out of 9) non-governmental

organisation conducted these programmes in English. In Khasi Hills the language spoken by the local people is Khasi therefore 66.67 per cent (6 out of 9) non-governmental organisation conducted these preventive programmes in the Khasi language to generate awareness of the problem. 33.33 per cent (3 out of 9) non-governmental organisation conducted these preventive programmes in Jaintia (Pnar language) in order that the target group will be able to understand. But it was found that in Jaintia Hills even the Khasi language was used when conducting such programmes.

22.22 per cent (2 out of 9) non-governmental organisation conducted these programmes in the Mizo language in order that the Mizo community will be able to understand. When the non-governmental organisations was taken individually it was found that the Don Bosco Youth Centre conducted these preventive programmes in two languages, i.e., Khasi and English. The Lions Club conducted their programmes by making use only of the English language. The Church Auxiliary for social action conducted its programme through Khasi and English language. The North East India committee on relief and development conducted its programmes in Khasi, Jaintia, Mizo and English. The Counselling and information centre for drug abuse conducted its programmes by using the English language. The Young Mizo Association conducted its programmes through Mizo & English language. The Khasi Jaintia Presbyterian Synod (Youth Dept.) uses the Khasi, Jaintia and English language while conducting preventive programmes. Coming to the Bharat Scouts and Guides, the preventive programmes are

only in English and the New Hope Centre conducted its preventive programmes in Khasi, Jaintia and English.

The above Table clearly shows that use of English and the local languages helped in disseminating the information not only to the educated few but also to the illiterate youths and adults.

The forms of financing obtained by the non-governmental organisation is shown in Table 4.4.2.2.6.

Table 4.4.2.2.6

## Forms of Financing obtained by Non-Governmental Organisation

No. of Non-Governmental Organisation	Forms of Financing			
	Self Financing	Donations	Contributions	Grants in Aid from Government
Don Bosco Youth centre	1			
Lions Club	1		1	
Church Auxiliary for Social Action	1			
North East India Committee on Relief and Development	1	1		
Counseling and Information Centre for Drug Abuse	1			1
Young Mizo Association	1	1	1	
Khasi Jaintia Presbyterian Synod (Youth Dept.)	1		1	
Bharat Scouts and Guides	1			1
New Hope Centre	1	1		1
Total	9 (100.00)	3 (33.33)	3 (33.33)	3 (33.33)

Note : Totals do not add to 100.00 % due to multiple responses.

The non-governmental organisations need money to implement their plans and preventive programmes related to drug abuse. When asked about the source of funds that the non-governmental organisation obtains, the above Table indicates that 100.00 per cent (9 out of 9) non-governmental organisation are

self-financing. 33.33 per cent (3 out of 9) non-governmental organisation are running their preventive programmes depending on donation from donors, again 33.33 per cent (3 out of 9) non-governmental organisation are thriving on contribution from its own members or interested persons in the field. 33.33 per cent (3 out of 9) non-governmental organisation gets grant from the government to conduct the programme.

When each non-governmental organisation was taken separately it was found that the Don Bosco Youth Centre was self-financing. The Lions Club was self financing and also obtain funds through contributions. The Church Auxiliary for social action was self-financing. The North East India on relief and development was self-financing and receives donation from India and abroad. The Counselling and information centre for drug abuse was self-financing and also received grants from the government. This centre has been closed down due to financial constraints. The Young Mizo Association was also found to be self-financing and also received funds through donation and contribution. The Khasi Jaintia Presbyterian Synod (Youth Department) was also self-financing and receive funds through contributions of its members. The Bharat Scouts and Guides was also found to be self-financing and receives grants from the government. The New Hope centre was self-financing and receives funds through donations and grants from the government.

The major obstacles faced by the non-governmental organisation in preventive work is shown in Table 4.4.2.2.7.

**Table 4.4.2.2.7**  
**Major Obstacles Faced by the Non-Governmental Organisation**  
**in Preventive Work**

No. of Non-Governmental Organisation	Major obstacles Faced					
	Lack of Adequate Funds	Lack of power (Lack of Personnel in Drug Abuse Prevention)	Man-structure (Office, Staff Volunteers Vehicle etc.)	Infra-structure (Staff from the General Public	Lack of Coope-ration Material Required for Creating Awareness & Audio Visual Aids	Lack of Coope-ration from Parents
Don Bosco Youth centre	1		1			
Lions Club		1		1		1
Church Auxiliary for Social Action	1	1	1			1
North East India Committee on Relief and Development	1					1
Counseling and Information Centre for Drug Abuse	1			1		1
Young Mizo Association	1	1			1	
Khasi Jaintia Presbyterian Synod (Youth Dept.)		1		1	1	1
Bharat Scouts and Guides		1		1	1	1
New Hope Centre		1		1	1	1
<b>Total</b>	<b>5</b> (55.55)	<b>6</b> (66.67)	<b>2</b> (22.22)	<b>5</b> (55.55)	<b>4</b> (44.44)	<b>7</b> (77.77)

Note: Totals do not add to 100.00 % due to multiple responses.

The road to arrive at the destination of drug abuse prevention through community involvement is fraught with obstacles. The non-governmental organisations have identified six suggestions they are as follows - (1) inadequate funds, (2) dearth of expert manpower, (3) deficient infrastructure, (4) want of co-operation from general public, (5) non-availability of media materials for awareness generation and (6) lack of co-operation from parents.

The above Table shows that maximum number of seven non-governmental organisations, i.e., 77.78 per cent (7 out of 9) have cited lack of co-operation from parents followed by 66.67 per cent (6 out of 9) non-governmental organisations who have advanced dearth of expert manpower as one of their obstacles respectively. While 55.56 per cent (5 out of 9) non-governmental organisations have mentioned the lack of co-operation from general public was their obstacle among others; respectively. 44.44 per cent (4 out of 9) non-governmental organisations stated non-availability of media materials as one of their obstacles.

Media material such as the use of films, slides, posters, pamphlets, brochures, literature etc. 22.22 per cent (2 out of 9) non-governmental organisations indicate that one of the major obstacle faced was lack of infrastructure. When each non-governmental organisation was taken separately it was found that the major obstacle faced by the Don Bosco Youth Centre was lack of funds and infrastructure. They felt the need for more

infrastructure facilities (staff, mobility, volunteer, buildings etc.) to meet the challenges of growing drug abuse menace.

The Lions club faced the obstacle of lack of man-power, lack of co-operation from the general public and lack of co-operation from the parents. Coming to the Church Auxiliary for social action it was found that the major obstacles faced was lack of adequate funds, lack of man-power, infrastructure and lack of co-operation from the parents. The major obstacle faced by the North East India committee on relief and development was lack of adequate funds and lack of co-operation from the parents.

The Counselling and information centre for drug abuse, major obstacle was lack of funds, co-operation from the general public and co-operation from the parents. The centre had to be closed down due to the lack of funds.

The major obstacle faced by the Young Mizo Association was lack of adequate funds, lack of manpower, materials required for creating awareness. Coming to the Khasi Jaintia Presbyterian Synod (Youth Dept.) the major obstacle faced by it was found to be lack of man-power, lack of co-operation from the general public and lack of materials required for creating awareness and lack of co-operation from the parents. The Bharat Scouts and Guides faces the obstacle of lack of man-power, lack of co-operation from the general public, parents and lack of materials required for creating awareness among the target group aimed at.

Coming to the New Hope Centre the major obstacle faced by it are lack of man-power, lack of co-operation from the general public, parents and materials required for creating awareness.

Thus from the above it is clearly seen that there are a number of obstacles faced by all the non-governmental organisations involved in preventive work.

The number of times in a year the preventive programmes are being organised by the non-governmental organisation is shown in Table 4.4.2.2.8.

**Table 4.4.2.2.8**  
**The Number of Times in a year the Preventive Programmes**  
**are conducted**

No. of Non-Governmental Organisation	Once a Year	Twice a Year	Thrice a Year	More Than Thrice a Year
Don Bosco Youth centre				1
Lions Club		1		
Church Auxiliary for Social Action		1		
North East India Committee on Relief and Development		1		
Counseling and Information Centre for Drug Abuse				1
Young Mizo Association			1	
Khasi Jaintia Presbyterian Synod (Youth Dept.)		1		
Bharat Scouts and Guides		1		
New Hope Centre				1
<b>Total</b>		<b>5</b> (55.56)	<b>1</b> (11.11)	<b>3</b> (33.33)

When asked on the frequency of times the preventive programmes were being organised in a year. 55.56 per cent (5 out of 9) non-governmental organisations stated that such preventive programmes were held twice in a year. 33.33 per cent (3 out of 9) non-governmental organisations stated that such preventive programmes were held more than thrice in a year and 11.11 per

cent (1 out of 9 non-governmental organisation stated that such programmes were held thrice in a year.

When each non-governmental organisation was taken individually it was found that the Don Bosco Youth Centre, the counselling and information centre for drug abuse and the New Hope Centre organised these programmes more than thrice in a year.

The Young Mizo Association organised such programmes thrice in a year, while the Lions Club, Church Auxiliary for social action, North East India committee on relief and development, Khasi Jaintia Presbyterian Synod (Youth Dept.) and the Bharat Scouts and Guides organises these programmes twice in a year.

The above findings clearly indicates that a little more than 50 per cent of the non-governmental organisation organises such preventive programmes only twice in a year and only 3 non-governmental organisation organises such programmes more than thrice in a year and only 1 non-governmental organisation organises such preventive programmes thrice in a year.

The preventive activities of the non-governmental organisation in the field of drug abuse to combat the problem is like a drop in the ocean as the problem of the drug abuse has assumed menacing proportions.

Table 4.4.2.2.9 presents the suggestions given by the non-governmental organisation with regard to preventive activities.

**Table 4.4.2.2.9**  
**Suggestions given by the Non-Governmental Organisation with regard to Preventive Activities**

No. of Non-Governmental Organisation	Suggestions With Regard to Preventive Activities							
	Drug Education Should be Integrated in the School Curriculum	Setting up of a Counselling Centre in Educational Institutes	Providing Creative Recreational Activities	Traditional Organisation should Gen- erate Aware- ness among the	Distribution of Pamphlets & Literature	Establishing a Detoxification & Rehabilitation Centre	Mutual Under- standing and Coordination between Govern- mental & Non- governmental Agencies	Target Groups such as Parents, in- school youth out- school youth should be Emphasised
Don Bosco Youth centre	1	1	1	1		1	1	1
Lions Club	1		1			1	1	
Church Auxiliary for Social Action	1	1	1	1	1	1	1	
North East India Committee on Relief and Development	1	1	1	1	1	1	1	
Counseling and Information Centre for Drug Abuse	1	1	1	1		1	1	1
Young Mizo Association	1	1	1	1	1	1	1	
Khasi Jaintia Presbyterian Synod (Youth Dept.)	1	1	1		1	1		
Bharat Scouts and Guides	1	1	1		1	1	1	1
New Hope Centre	1	1	1	1	1	1	1	1
<b>Total</b>	<b>9</b> (100.00)	<b>9</b> (100.00)	<b>9</b> (100.00)	<b>6</b> (66.67)	<b>6</b> (66.67)	<b>9</b> (100.00)	<b>8</b> (88.89)	<b>4</b> (44.44)

Note : Totals do not add to 100 % due to multiple responses.

The non-governmental organisations have offered valuable suggestions in the realm of preventive activities to contain/curb the menace of drug abuse. The suggestions given was divided into 8 categories, namely, drug education should be integrated in the school curriculum, setting up of a counselling Centre in the educational institution, providing creative recreational activities, traditional organisations should generate awareness among the public, distribution of pamphlets and literature, establishing a detoxification and a rehabilitation centre, there should be a mutual understanding and co-ordination between governmental and non-governmental agencies, the target group such as parents, in-school youth, out-school youth should be emphasised. It was found that 100.00 per cent (9 out of 9) non-governmental organisations suggested that preventive education should be integrated in the school curriculum, setting up of a counselling centre in educational institution, providing creative recreational activities for the youth and the need for establishing a detoxification and a rehabilitation centre. 88.89 per cent (8 out of 9) non-governmental organisations suggested the need for creating mutual understanding and co-ordination between governmental and non-governmental agencies.

66.67 per cent (6 out of 9) non-governmental organisations suggested on the need that for generating awareness among the public traditional organisation such as the Dorbar Shnong under the leadership of the Rangbah Shnong (Headman), Seng Samla

(Youth organisation), Seng Longkmie (Mother's union) should come forward and extend their hand in order to wipe off this menace. Again another 66.67 per cent (6 out of 9) non-governmental organisations suggested that for generating awareness there should be more distribution of pamphlets and literature from the Social Welfare Organisation in order to create in them an awareness about the problem. 44.44 per cent (4 out of 9) non-governmental organisation suggested that while disseminating information on drug abuse the target groups such as the parents, in-school youth, out-school youth should be emphasised.

When each non-governmental organisation was taken separately it was found that the Don Bosco Youth Centre gave seven suggestions, i.e., on the need that preventive education should be integrated in the school curriculum, the need for setting up a counselling centre, providing creative recreational activities, traditional organisation should generate awareness among the public, the need for establishing a detoxification and rehabilitation centre, there should be a mutual understanding and co-ordination between governmental and non-governmental agencies and more emphasis should be laid on the target group pertaining to the parents, in-school youths and the out-school youth. The Lions Club has given the following suggestions similar to the ones given by the Don Bosco Youth Centre with the exception of setting up of a counselling centre in educational institutions, emphasising the traditional organisation in generating awareness, distribution of pamphlets and literatures and did not emphasise

on the target groups such as the parents, in-school youth and out-school youth but as shown in Table 4.4.3.1, it emphasised on the student community in general. The Church Auxiliary for Social Action, the North East India Committee on Relief and Development and the Young Mizo Association gave seven suggestions as indicated in the above Table but did not suggest that the target groups such as the parents, in-school youth, out-school youth should be emphasised. The Counselling and Information Centre for Drug Abuse also gave seven suggestions with the exception on the suggestion of distribution of pamphlets and literature. The Khasi Jaintia Presbyterian Synod gave five suggestions, i.e., on the need that drug education be integrated in the school curriculum, the need for setting up a counselling centre, providing creative recreational activities, distribution of pamphlets and literature and the need for establishing a detoxification and rehabilitation centre. It was found that the Bharat Scouts and Guides gave seven suggestions with the exception that the traditional organisation should generate awareness among the public, and the New Hope Centre gave all the eight suggestions as shown in the above Table.

The above findings clearly indicates that for the successful implementation of the preventive programmes all the above suggestions given by the non-governmental organisations may be noted and adopted as part of future preventive programme on drug abuse.

CHAPTER V

FINDINGS OF THE STUDY

### 5.1. Findings Related to the Background Information of the Respondent (Current and Past Users)

It is a well established fact that more and more adolescents and adults are abusing drugs of various types. The findings have shown that the problem of drug abuse is more prevalent among the college students studying in the urban areas of Shillong and Jowai, even though some of them are also found in one rural college of Khasi and Jaintia Hills. With regard to the sex distribution of the drug user, the finding is similar to most of the studies conducted in India where the prevalence of drug use is more among the males and still low among the females.

In this study the age group 15-19 years constitute the bulk of the drug users. This is the school and college going age. This group represents the most active age group of the general population in which environmental influences are more pronounced. The individual interaction with his social environment and the resultant shaping and making of his life style become much more crucial in this age group than in any other age group, and the peer group presence emerges as the major factor in leading them to drug abuse. The proportion of drug users gradually decreases from the age group 21-27 years. In this study it is found that there are no female drug users from the age group 23-27 years.

The findings in this study also suggest that drug use attracts students irrespective of their religious background. All that can be said is that it appears that the mechanisms of social

control exercised by the different religious groups on its members, particularly the younger ones, to control and rectify the individual deviant behaviour seem to have been neutralised to the influence of an industrial urban society, especially as regards the menace of drug abuse .

Findings related to the residential information of the respondent show that the incidence of drug use is higher among those who stay away from home, i.e., those residing in hostel/rented rooms along with their friends or those staying alone where there is comparatively less control on their behaviour. This finding differs from the findings conducted by the Ministry of Welfare in Guwahati, Dimapur, Shillong and Imphal which clearly indicates that living alone does not contribute to becoming an Addict.

The findings pertaining to the educational qualification of the parents of the respondents indicate that majority of the parents (62.19 %) are graduates, about 17.96 per cent are undergraduate and about 16.5 per cent are under matriculates whereas only 1.26 per cent of the parents are illiterate.

As regards to the family monthly income of the respondent, the median income was found to be Rs. 4111.11. The income distribution pattern indicates that a larger proportion of drug users belong to the middle income group followed by lower income and higher income in that order. .

This study also shows that majority of the respondents 61.25 per cent were found to be living in nuclear families and 38.75 per cent in joint families. A little more than half of the respondents, i.e., 59.75 per cent comes from a family size which has four to seven members, 22.25 per cent respondents come from families who have more than eight members and 18.00 per cent respondents come from families which have three or less members. This clearly shows that the family size of the drug users was not very large so as to create difficulty in maintaining discipline.

When the ratio of drug use was compared in terms of birth order of the respondent it was found that the highest was among the youngest children which is 41.00 per cent. The reason may be that the youngest child is spoiled by too much indulgence given by the family members. The next higher percentage is 21.75 per cent being the eldest siblings, one may assume that perhaps they come in under pressure of expectations of their families and responsibilities as elder siblings. This is followed by the only child of their parents being 20.50 per cent, again the reason may be that the only child gets everything or too much indulgence by members of the family and the lowest percentage of the respondents being 16.75 per cent belong to the middle children.

## **5.2. Findings Related to Drug Use Among the Current Users**

The age at which the Current users were first initiated into drugs were divided into five categories, namely - 12 to 14 years, 14 to 16 years, 16 to 18 years, 18 to 20 years and 20 to

22 years. This study shows that the bulk of the Current users, i.e., 83.61 per cent were initiated into drug at the age group of 14 to 18 years. Though they were initiated into drugs in the age group 12 to 14 years being 11.11 per cent, 18 to 20 years being 4.17 per cent and 20 to 22 years being 1.11 per cent but the age group 14 to 18 years seems to be the most drug prone age. This is the school and college going age. This is the age group in which environmental influences are more pronounced and peer pressure play a major role in initiating one to drugs. To keep up with the peer group is a necessity of young minds and they easily fall prey to drug abuse, hardly realizing the ill effects in the long run. Boasting about drug taking becomes a feature of a group. It also reinforces the general suspicion that schools and colleges are now becoming the breeding ground of drug abuse and to that extent that there is not much difference in the manifestation of the problem between the West and East. One obvious conclusion seems to be that formal education in school and college is not a defence against the menace of drug abuse. In fact, it might be the environment of the educational institutions themselves or the opportunity that such institutions offer for interaction among young persons, that may encourage the spread of drug abuse, particularly, in the absence of a strong drug prevention programme.

An effort has been made here to classify the types of influence and to evaluate their relative weightage in persuading young persons to be initiated into drugs. The source of

initiation into drugs have been classified into friends, family members, mass media, medical advice (physician) and without any advice. It appears that the influence of friends is maximum in introducing the current users to their first taste of drugs that being 55.28 per cent. It is also natural, since the age group 14 to 18 years is the most drug prone age and at this stage in life, the spirit of experimentation, a characteristic of the youth is at its peak and therefore the influence of friends is maximum.

Peer pressure provides the most significant influence on the drug users in Khasi and Jaintia Hills. Among the other reasons 23.89 per cent disclosed that they had taken drug for the first time without being suggested by any person. They may be the students who are ambitious and introspective. Some may be openly hostile; for some it may be that they have feelings of insecurity or some may take it as they have permissive family life. Mass media was found to have its impact on 15.83 per cent cases yet we are skeptical about the effect of this factor. Mass media have the characteristic of exposing the young people, particularly those studying in schools and colleges. Books, magazines, newspapers, movies, radio, television continually suggest alternatives in politics, clothing ethics and style of life in general to the youth. Music has been assumed by many to be one of the factors contributing to drug abuse as stated by most of the respondents. Since most of the youth in Khasi and Jaintia Hills are very fond of music, drug taking has always had some part in the Rock-n-Roll landscape. Songs such as "Sergeant Peppers Lonely

Hearts Club Band" and "Lucy in the Sky with Diamonds" had a profound impact on the acceptance of psychedelic drugs. The Byrds song "5-D" promotes the insight for the use of drug. Creedence Clearwater Revivals "Proud Mary" and "Along comes Mary" were songs sung in praise of Marijuana, otherwise known as Mary Jane. Dorsuar's "Sunshine Superman" and "Mellow Yello" both praise the effects of drugs. Pink Floyd offers the sensation of being "Comfortably Numb" in its LP the "Wall" which says "I can ease your pain and get you your feet again". Neil Young sings "Oh, to live on sugar (heroin) Mountain" and Eric Clapton entols the effects of "Cocaine". It is as modern, that with this kind of music, drug abuse is on the rise. With a sturdy bombardment of drug references through rock music, today's youth face tremendous peer pressure if they decide to remain away from drugs. It is worth remembering that our youth are listening to some thrash put to tune. How can they not be influenced by it ? As a listener, one needs to stop and consider what this music is telling us. Do they encourage the healthy growth of mind and body or do the lyrics promote truth or deceit ? Another 4.17 per cent of the respondents are being introduced to drugs by their family members and 0.83 per cent on the suggestion of the physician to be used as medicine for certain health problems like insomnia, obesity etc.

The popular notion that drug users generally start with soft drugs and ultimately go on to hard drugs is also found in both males and females of the current drug users in this study.

The findings in this study support "the stepping stone theory" where they start with Marijuana and proceed to hard drugs. Coming to the first type of drug used by the respondent it was found that 48.88 per cent respondents took to cannabis. The reason may be that it is easily available and less expensive. 35.55 per cent respondent took to cough syrup, it may be because of easy availability from drug stores and its comparative inexpensiveness and only 6.67 per cent respondent took to Narcotic Analgesic such as Heroin/No. 4, "Smack and Analgesic". The reason may be that it is not easily available and it is expensive. This finding is in contrast with Karna's (1989) findings in Imphal and Manipur where heroin was the usual first drug used. Very few of the respondent took to amphetamines, Benzodiazepenes (Sedative and Tranquillizers). Non Narcotic Analgesic, anti-histaminics and volatile solvent. It is also found that the first type of drug used by males and females was cannabis, followed by cough syrup. Amphetamines and Volatile solvent among the females and followed by narcotic analgesic, Benzodiazepenes (sedative and tranquillizers) and non-narcotic analgesic. Anti-histaminics was not taken among the females. Whereas among the males it was followed by narcotic analgesic (Opiates), Benzodiazepenes (sedative and tranquillizers), non-narcotic analgesics, volatile solvent followed by amphetamines and anti-histaminics.

Coming to the category of the Current user, this study shows that 68.33 per cent belongs to the category of the Occasional user, i.e., those whose frequency of drug use varies

from once a month or less often, to those who are using the drug for at least once a week. This is followed by 21.94 per cent of the Current user belonging to the category of the Regular user, here the drug usage ranges from twice a week, thrice a week, or daily (not physically or psychologically dependent) and 9.72 per cent belongs to the category of the Addict, here the frequency of drug usage is on a daily basis (one is physically or psychologically dependent on the drug).

In this study the causes leading to drug use are being divided into five categories. From a total of 360 Current drug users 353 (98.06 per cent) have stated the psychological factors leading to drug use, 300 (83.33 per cent) stated the social factors to be the causes leading to drug use, 196 (54.44 per cent) stated the educational factors to be the cause leading to drug use, 150 (41.67 per cent) stated the physiological factors and 19 (5.28 per cent) stated the miscellaneous factors to be the causes leading to drug use.

18.13 per cent use drugs to relieve tension and relaxation, 17.28 per cent use drugs to satisfy curiosity, 16.43 per cent use drug in order to ease depression, forget miseries of life or uncertainty of the future, 16.15 per cent take drugs to make them feel good, get high and in 16.15 per cent for kicks. 13.03 per cent take drugs in order to have a new experience, 2.27 per cent take drugs to remove boredom and 0.56 per cent to intensify perceptions. Comparing the psychological causes leading

to drug use among males and females the study shows that the highest percentage is 17.50 per cent among males and 24.24 per cent among females in order to relieve tension and facilitate relaxation followed by 17.18 per cent among males in order to satisfy curiosity and 21.21 per cent among females in order to ease depression forget miseries of life and uncertainty about the future. The reason may be that drugs give them a feeling of euphoria or happiness.

With regard to the social causes leading to drug use 38.67 per cent took to drug the reason being the desire to be acceptable in the group and 32.67 per cent took to drugs in order to keep up with the 'in-thing' 'mod of the day'. Comparing the social causes leading to drug among males and females, the study shows that in both cases high percentage, i.e., 32.09 per cent among males and 37.50 per cent among females who took drug in order to be acceptable in the group and 30.06 per cent among males and 43.75 per cent among females took drug in order to keep up with the in-thing, mod of the day. The reason may be that this is the age group (college going age group) where peer pressure plays a major role in influencing them to take to drug, the influence of friends is most pronounced.

196 respondents from out of 360 Current users have stated the educational factors to be one of the causes leading to drug use. 39.80 per cent believe in the myth that drugs help in increasing concentration in studies, 27.04 per cent believe that

it helps to improve studying and 33.16 per cent states that it helps one to perform better in an examination. The reason may be that drug such as amphetamines keep one awake, one can sit for longer hours, keeping one alert. A degree student doing science once remarked, "Ganja helps me to relieve fatigue and I can bear more cheerfully the strain and perhaps the monotony of the daily routine but most of all it helps me to concentrate". Another pre-university student remarked, "When I can't understand a particular topic which is difficult, I first get 'stoned' the whole thing becomes crystal clear to me". Another pre-university student says, "Taking Dexies make me active and energetic to do work". This is one reason why they take to drugs, the main purpose being to perform and do better in the examination.

With regard to the physiological causes leading to drug use, the study shows that 35.76 per cent took to drugs to be able to stay awake. The reason may be to be able to stay awake for longer hours to study at night. 27.15 per cent took to drug in order to have a good appetite and 12.58 per cent to be able to keep the body slim and trim. Comparing the physiological causes leading to drug use among males and females, the study shows that 40.50 per cent males and 17.24 per cent females took drug in order to be able to stay awake for longer hours. An interesting feature to be noted here is that 65.52 per cent females took to drug to keep the body slim and trim. The reason may be that the drug such as Dexedrine (Amphetamines) reduces their appetite for food. These drugs were largely used by soldiers during the second

world war. Among the males 33.88 per cent took to drug the reason may be to have a good appetite which will help them in body building.

In this study 19 respondents have stated the miscellaneous factors such as the need for sharpening religious insight, deepening self-understanding, over coming problems in the family, failure in examination, disappointment in love, and in friendship, and conflicts in life. 21.06 per cent have taken drugs to get over family problems, again 21.06 per cent have taken drugs due to disappointment in love and another 21.06 per cent due to conflicts in understanding life. 15.79 per cent have taken drugs due to failure in examination. Comparing the miscellaneous causes leading to drug use among males and females 21.43 per cent males have taken drugs to get over family problems, again 21.43 per cent males have taken drugs to get over conflicts in understanding life, 14.29 per cent males took drugs to attain deeper self understanding again 14.29 per cent took drugs to get over problems such as disappointment in love, 14.29 per cent due to failure in examination but among females 40.00 per cent took drugs due to disappointment in love. 20.00 per cent took drugs due to failure in examination and 20.00 per cent took it due to conflicts in understanding life. The reason may be that they feel drugs will help them to forget their problems as drugs give them a feeling of euphoria, i.e., a temporary relief from their problems.

The respondents have indicated that the main source where drugs are usually obtained are from Drug stores being 35.59 per cent, friends being 35.56 per cent, peddlers 14.17 per cent, pushers 11.11 per cent and Medical practitioners 0.27 per cent. Though peddlers and pushers have been one of the source from where the drug users obtained drugs, this study points out that most of the drug users obtained drugs from drug stores. This shows that no strict vigilance is put on drug stores. They are being sold without any doctors prescription but at a higher rate to the drug users. This study also shows that friends are also one of the major sources in obtaining drugs. Here 'friend' may mean a locality friend (mohalla), college friend, school friend.

With regard to the type of drug taken the study shows that cannabis (ganja/dope, hashish and bhang) is mostly used by 63.89 per cent of the current drug users. This is followed by cough syrup (Phensedyl, Brondices, Corex, Ephedrine, Tossex, Mislinctus) being 48.06 per cent, then comes non-narcotic analgesic (Spasmoproxivon, Fortiwin, Relipin, Pamagin) being 25.28 per cent, next followed by Benzodiazepenes (sedative and tranquillizers) being 23.33 per cent and narcotic analgesics (opiates) being 15.00 per cent. Only 6.94 per cent of the current users take to volatile solvent, 6.67 per cent take to amphetamines, 5.83 per cent take to barbiturates, 4.72 per cent take to anti-histamines and 0.28 per cent take to Hallucinogen (LSD). An interesting feature noted here is that the most favoured drug among the males is cannabis (67.63 per cent),

followed by cough syrup (51.28 per cent), then non-narcotic analgesic (27.88 per cent), Benzodiazepenes (21.79 per cent) and narcotic analgesic (opiates) being 16.35 per cent whereas among the female drug users Amphetamines was mostly favoured by them being 50.00 per cent, followed by cannabis (39.58 per cent), Benzodiazepenes (sedative and tranquillizers) being 33.33 per cent, volatile solvent being 27.08 per cent and cough syrup also being (27.08 per cent). This shows that the type of drugs taken by males and females slightly differs. Some are favoured by both sexes while some type of drug is more favoured by males than the female drug users and vice-versa.

Coming to the duration of drug use among the Current drug users the study shows that 47.78 per cent had taken it for a period of less than six months, 23.61 per cent for a period of 6 months to 1 year, 17.78 per cent for a period of 1 year to 2 years, 9.16 per cent for a period of 2 years to 3 years and only 1.67 per cent for a period of more than three years. This gives a clear picture about the persistence of the problem among the college students in Khasi and Jaintia Hills, thus indicating the need for drug prevention at the school and college level.

Were any attempts made by the Current drug users to discontinue taking drug ? The study shows the response of yes showed a higher degree bearing 56.94 per cent than the response of no being 43.06 per cent. Even among those who attempted to withdraw from the drug they felt restless on withdrawal attempt,

suffered from headache, body cramps, and muscular pain. The distresses experienced were both somatic and psychological, their security being related to the nature of drug being withdrawn, the daily dosage used and the intervals, the duration of drug used, the rapidity with which the drug was withdrawn and the intensity of dependence. All these users ultimately felt the overpowering desire and compulsion to revert to drug intake. 43.06 per cent of the Current drug user gave a negative response stating No (no attempts were made) for fear of withdrawal syndrome, while peer pressure was a strong force which they were unable to resist or withstand.

What is important is to recognise at this stage that drug abuse is a learned behaviour which is learnt by students (and for that matter by an individual) in interaction with his peers, acquaintances, family members and others in two ways :

- (1) Through Persuasion : Certain individuals are specially vulnerable to the influence of other individuals because of their personality characteristic.
- (2) Through Reflective Thinking : The use of drug may also be learned through thinking about their probable consequences and reaching conclusions (rational and irrational).

#### 5.2.1. Major Finding on the Effect of Drug Abuse on Educational Performance of the Current user

As stated earlier in the educational causes leading to drug use, there is a remarkable myth concerning drug use among the students that it helps one in studies, i.e., increases concentration in studies, improve studying (one can sit for

longer hours to study for an examination) and improves performance in an examination. The study shows that many innocent students find themselves a victim to the lure of this myth. The myth is that drugs like cannabis are 'refreshing and stimulating' they create the capacity for hard work and the ability to concentrate, thereby, making one a better student. The point that emerges here is to see whether drug abuse leads to deterioration in student educational performance or brings about an improvement.

In order to understand the effects of drug use amongst students in its proper perspective the different aspects which encompass educational performance such as percentage of marks, class attendance, study habits, i.e., revision of lessons, completion of home assignments, regularity and irregularity of study and attendances in class, class test, newspaper reading and participation in co-curricular activities before and after drug use are being studied among the current users. In this study the current users are divided into three categories, i.e., the Occasional user, Regular user, and the Addict.

The effect of drug abuse on the percentage of marks obtained by the current users among the three categories of drug users. The study shows that in the category of the Occasional user after drug use the percentage of first and second division holders decreased to 52.03 per cent from 66.67 per cent before drug use, i.e., those who secured first and second divisions.

Further it shows that there is an increase among those who obtain below 44.9 per cent marks that being 47.97 per cent since before drug use only 33.33 per cent got in between 33 per cent to 44.9 per cent marks and none of them got below 33 per cent marks. Though the study reveals that drug abuse does affect one's percentage of marks in the category of the Occasional users, its effect is little or negligible, the study also shows that in the category of the Regular user after drug use there is a decrease among those who obtained first and second division to 29.12 per cent, as before drug use 69.62 per cent secured first and second Division. Further the study shows that after drug use there is an increase among those who obtained below 44.9 per cent marks that being 70.88 per cent as before drug use only 30.33 per cent obtained in between 33 per cent to 44.9 per cent and none of them secured below 33 per cent marks. The study reveals that the effect of the drug abuse on the percentage of marks obtained by the Regular user is evident. Among the category of the Addicts the study shows that after drug use there is a tremendous decrease among those who got first and second Division mark. Only 8.57 per cent got second Division marks and none of the Addicts got first Division marks as before drug use as much as 68.57 per cent got first Division & second Division. The majority of Addicts i.e., 91.43 per cent got below 44.9 per cent marks. Before drug use only 31.43 per cent in between 33 per cent to 44.9 per cent marks and none of them secured below 33 per cent marks. This clearly shows that the effect of drug abuse on the percentage of marks obtained by the Addict is evidently seen

which can be stated that when the frequency of drug use increases, the effect of drug abuse on one's percentage of marks is more evidently seen.

Coming to the effect of drug abuse on the class attendance of the Current users among the three categories of the drug users, the study shows that in the category of the Occasional user after drug use 94.31 per cent (232 out of 246) is found to be regular and 5.69 per cent (14 out of 246) is found to be irregular in their class attendance. This shows that its effect on the class attendance of the Occasional user is present, but it is less noticeable. The study also shows that in the category of the Regular user after drug use 68.35 per cent (54 out of 79) is found to be regular and 31.63 per cent (25 out of 79) is found to be irregular in their class attendance, which can be said that the effect of drug abuse on the class attendance of the Regular user is evidently seen. Among the category of the Addicts (Current user) after drug use only 8.57 per cent (3 out of 35) is regular and 91.43 per cent (32 out of 35) is found to be irregular in their class attendance. This clearly shows that drug abuse has a tremendous effect on the class attendance of the Addict, which again can be said that that when the frequency of drug use increases the effect is more evidently seen.

With regard to the effect of drug abuse on the attendance in class test of the Current users among the three categories of drug users, the study shows that in the

category of the Occasional user after drug use 67.07 per cent (165 out of 246) is still found to be regular and 32.93 per cent (81 out of 246) is found to be irregular in their attendance in class test. This shows that there is an effect of drug abuse on the Occasional users attendance in class test, but it is less noticeable. The study also shows that in the category of the Regular user after drug use only 32.91 per cent (26 out of 79) is still found to be regular and 67.09 per cent (53 out of 79) is found to be irregular in their attendance in the class test. It is seen that the effect of drug abuse is more on the Regular user. Among the category of the Addicts after drug use all 100 per cent (35 out of 35) became irregular in their attendance in the class test, thus showing that the effect is very much evident among the category of the Addict.

Coming to the effect of drug abuse on Revision of lesson by the Current users among the three categories of drug users, the study shows that in the category of the Occasional user after drug use 48.37 per cent (119 out of 246) is still found to be regular in Revision of lessons and 51.63 per cent (127 out of 246) is found to be irregular in revision of lesson. Its effect is evident among the Occasional user. The study also shows that in the category of the Regular user after drug use only 31.65 per cent (26 out of 79) is found to be regular and 68.35 per cent (54 out of 79) is irregular in their revision of lessons. The effect of drug abuse is evidently seen among the Regular user. Coming to the category of the Addicts after drug

use all 100 per cent (35 out of 35) became irregular in their revision of lesson indicating the tendency of the Addicts is towards irregularity in their revision of lessons.

With regard to the effect of drug abuse on Completion of Home-Assignment by the Current users among the three categories of drug users the study shows that in the category of the Occasional user after drug use 80.49 per cent (198 out of 246) is still found to be regular in their completion of Home-assignments and only 19.51 per cent (48 out of 246) is irregular in the completion of their home-assignment. Its effect is found to be evident among the Occasional user, though it is less. In the category of the Regular user after drug use the study shows that only 51.90 per cent (41 out of 79) is found to be regular and 48.10 per cent (38 out of 79) is found to be irregular in the completion of home-assignment. The effect of drug abuse on the Regular user's completion of home-assignment is more evident as compared with that on the Occasional user. Its effect is much more evident among the category of the Addict as after drug use all 100 per cent (35 out of 35) became irregular in the completion of home-assignment. This again indicates that when the frequency of drug use increases its effect is clearly evident.

Coming to the effect of drug abuse on the Regularity and Irregularity of study of the Current user among the three categories of drug users, the study shows that in the category of

Occasional user after drug use 47.56 per cent (117 out of 246) is still found to be regular in ones study and 52.44 per cent (129 out of 246) is found to be irregular in ones study. This shows that the effect of drug abuse is evident among the Occasional user though not as much as that in the Regular user and Addicts. Among the Regular user after drug use it is found that only 31.65 per cent (25 out of 79) is still found to be regular in one's study and the bulk 68.85 per cent (54 out of 79) is found to be irregular in one's study. So the effect of drug abuse is evidently seen among this category of drug users. In the category of Addicts all 100 per cent is found to be irregular in study after drug use, the tendency is towards irregularity in ones study, which can be said that the effect of drug abuse is evidently seen in this category of drug users.

With regard to the effect of drug abuse on newspaper reading by the current user among the three categories of drug users, the study shows that in the category of the Occasional users after drug use 85.77 per cent (211 out of 246) are still regular in newspaper reading and only 14.23 per cent (25 out of 246) is found to be irregular in newspaper reading. This clearly indicates that though drug abuse does affect ones regularity in newspaper reading its effect among the Occasional user is less negligible. Among the Regular user after drug use it is found that 67.09 per cent (53 out of 79) is still regular in newspaper reading and 32.91 per cent (26 out of 79) is irregular in newspaper reading. So the effect of drug abuse on newspaper reading

of the Regular user is more evident than on that of the Occasional user. Coming to the category of Addicts, it is found that after drug use only 8.57 per cent (3 out of 35) is still found to be regular in newspaper reading majority of them that being 91.43 per cent (32 out of 35) have shown their lack of interest in newspaper reading. So the effect of drug abuse on newspaper reading is more evidently seen in the category of the Addicts.

Coming to the effect of drug abuse on participation in co-curricular activities by the Current drug users among the three categories of drug users, the study shows that in the category of Occasional user after drug use 97.97 per cent still participated in the various types of co-curricular activities and only 2.03 per cent did not participate in any type of co-curricular activities. They still participated in two to three types of co-curricular activities. So, it can be said that drug abuse does affect ones participation in co-curricular activities but in this category of the Occasional user its effect is less noticeable. Coming to the category of the Regular user after drug use only 50.63 per cent still participated in the different types of co-curricular activities and 49.37 per cent did not participate in any type of co-curricular activities. From a total of 68 Regular users (current user) who participated in two types of co-curricular activities before drug use, after drug use the study shows that only 21 Regular users participated in two types of co-curricular activities. It is also found that after drug use



- (iv) The drug users lose all interest in Revision of lessons.
- (v) One becomes irregular in completion of one's home assignment.
- (vi) Lack of concentration and motivation to study.
- (vii) Loss of interest in newspaper reading.
- (viii) Loss of desire to participate in the various types of co-curricular activities.
- (ix) Loss of short term memory. They are unable to recall what they have read.
- (x) The drug user is preoccupied with drugs though he may be apparently listening in class, working or reading. He thinks how, when and where he will get his next dose.
- (xi) No active participation in classroom activities, finds it difficult to follow classroom instruction.
- (xii) The will to compete is lost.

Here we find that drugs tend to disorganise a persons life. The question is why do the drug users not recognise the damage and danger it is doing to them ? The answer lies in the fact that all of us regard ourselves as logical and rational beings. We often operate on how we feel rather than what is rational.

The brain can be divided into two parts - the thinking and the feeling centre. The thinking centre is situated in the centre and is the logical and cognitive area of the brain. Here information is collected and analysed and responses initiated. The feeling centre is called the limbic system, and hypothalamus, the smipdala and the septum of the brain (Mid Brain). It is from

this area that emotions originate. This area controls eating, drinking and other pleasure centres. Drug abusers know that at the logical level they are harming themselves and people around them. However, the euphoria that drug produce is controlled by the feeling centre and not the logical thinking centre. In time the logical centre of the brain is unable to control the feeling centre and thus, the intense psychological and physiological craving for the drug sets in as a result of conflict between the logical and the feeling centres of the brain, an intense internal conflict arises between the two.

This results in the mind developing an internal psychological system of defence which we term as the 'Denial system'. The 'denial system' protect the mind of the drug abuser from the psychological conflict which would otherwise occur between the opposing centres of the brain. It splits the centre so that the thinking centre of the brain is weakened in its ability to monitor the feeling centre, allowing the feeling centre a free hand to help the person become a drug abuser. The feeling centre now controls the behaviour and over the rationale and logic of the abuser.

Thus a breakdown in the psychological control mechanism of the mind leads one to turn into a drug abuser. That is why most of the drug abusers in this study finds that drugs create such a supreme feeling of peace and tranquillity when they are taken that one feels that one has reached the ultimate

destination. This is what gave most of the drug abusers in this study the feeling that 'drug was good', 'it helps in concentration', 'it helps to study for longer hours', 'to do well in studies', 'to forget the miseries of life'. Drugs made them feel good and made them want to go back for more. In the process, the drug abusers learned to trust the euphoria of the feeling of the experience.

Thus, while the 'high' creates feelings of ecstasy and of great elation, these are followed by feelings of painful anguish the 'low' sets in with great tenacity and force. They forget that drug cause a complete disruption in all the normal or the usual functions of the senses, and indicate quite clearly that thought too comes within the spectrum of senses although it is higher than the other senses. This is because the very pattern of thought changes, as it is entirely dependent on sensory stimuli for its pattern. When these stimuli change, thought too becomes different.

The most significant change which occurs among the drug users (Addicts and Regular users) is the creation of a void in the direction of ambition. This is because ambition requires clear motivating factors which in turn depend on a very clear picture of what the world is for their driving force. If this idea of the world is shaken by experiences of elation and depression, the will to achieve is seriously injured.

In this study it is found that in the category of the Addicts and among some Regular users the 'will to compete' is lost. He just wants to be down and while his life away in fantasies. What is more important to him at this point of time is the drug, as one drug Addict exclaims, 'drug is my life'. Another drug Addict says, 'studies become so trivial and unimportant. I feel I would go mad mugging all the time. What I need is a shot, it gives me life'.

However, as this study shows that the desire to compete, the interest to study, to work, the will to achieve or do better in one's education is lost. Instead the majority of Addicts and some Regular users drift away from the responsibilities trying to avoid the daily grind thus leading to such terrible 'lows' that it makes them feel utterly incompetent and completely worthless. The fact is that the drug habit leads to decreased efficiency and increased absent mindedness as stated by most respondents. This is a very big handicap especially in the competitive world which takes advantage of every lapse in efficiency. Behaviour becomes drug centered, erratic and unpredictable. The drug starts adversely affecting every part of his life including his educational performance, relationship with family, friends, personal hygiene, eating and sleeping habits. The mental health of an individual is not balanced. Education depends on a sound mind in a sound body and that is not possible in the case of drug users especially Addicts and some Regular

users. That is why it adversely affects their educational performance.

The findings in this study supports the description given by Keazer (1971) on some of the characteristic life style of drug abusers : "Drug abusers seldom live successful lives by their own standards or anybody else's. Over a period of time they loose interest in school (education) jobs and family. They simply have neither the time nor the energy to keep up normal social contacts. Their only purpose becomes the search for enough drugs to keep high".

There seems to be clear cut case for the need of a strong drug education programme in Khasi and Jaintia Hills at the school and college level whether as part of the curriculum or over indirectly into co-curricular activities and programmes of the school and college.

### **5.3. Findings Related to Drug Use Among the Past User**

With regard to the past users duration of drug use, the present study shows that 30.00 per cent of the past users took to drug for a period of less than six months, followed by 22.50 per cent who took drugs for a period of 2 years to 3 years, 20.00 per cent for a period of 6 months to one year. 15.00 per cent for more than three years and 12.50 per cent for a period of one year to two years.

Coming to the category of past users, this study shows that 47.50 per cent belonged to the category of the Occasional users, i.e., those whose frequency of drug use varies from once a month or less often to those who are using the drug for at least once a week. This is followed by 40.00 per cent of the past users belonging to the category of the Regular user, here the drug usage ranges from twice a week, thrice a week or daily (not physically or psychologically dependent) and 12.50 per cent belongs to the category of the Addict; here the frequency of drug usage is on a daily basis (one is physically and psychologically dependent on the drug).

The types of drugs taken by the past users coincides with the types of drug taken by the current users. The study shows that 60.00 per cent past users took to cannabis, 52.50 per cent took to cough syrup, 37.50 per cent took Benzodiazepenes (sedative and tranquillizers), 22.50 per cent took to non-narcotic analgesics, 17.50 per cent took to amphetamines, 15.00 per cent took to narcotic analgesic, 12.50 per cent to volatile solvent, 10.00 per cent took to barbiturates and only 2.50 per cent took to anti-histaminics. Among the males cannabis was largely used being 64.29 per cent followed by cough syrup being 60.71 per cent. 35.71 per cent took to Benzodiazepenes followed by non-narcotic analgesics being 28.57 per cent again followed by narcotic analgesics being 14.29 per cent and barbiturates 10.71 per cent. They also took to amphetamines, volatile solvent and anti-histaminics being 3.57 per cent in each. Whereas among

the females, it is found that Amphetamines was largely used being 50.00 per cent followed by cannabis and Benzodiazepenes both being 41.76 per cent each, followed by cough syrup and volatile solvent being 33.33 per cent each. 16.67 per cent took to narcotic analgesics (Opiates) and Barbiturates and non-narcotic analgesics being 8.33 per cent each. None of the females took to anti-histaminics. One interesting feature noted here is that type of drugs taken by males and female Past users coincides with the ones taken by the male and female Current users.

There are a number of factors which led the past drug users to abstain from taking drugs. The main causes of discontinuation found in this study were social, personal, physiological, religious, ethical, economic reasons. The study shows that religious reasons have played a major role in helping the past drug users to discontinue drug use, i.e., the influence of pastoral counselling being 53.85 per cent while 46.15 per cent discontinued as a matter of religious principles, 52.38 per cent of the past drug users discontinued taking drug due to the influence of parents. Through their persistence, determination and complete commitment they saved their child from the horrors of addiction. They talked to their children about the drug problem and gave them the facts about the dangers of drug use. An honest two way discussion like this can be of tremendous help to their children. The reason may be that the positive influence taken by parents serve as an important factor in helping them to say no when so confronted. It is imperative that an open line of

communication between parents and children be encouraged in order to provide a healthy and supportive family life. Another major reason stated in this study is the risk of become dependable on the substance. 43.48 per cent stated this to be one of the major reason, i.e., fear of becoming hooked to the drug.

Coming to the period of time when the past user stopped using drug the study shows that 72.5 per cent stopped using drugs for a period of 6 months to 1 year and 1 year to 2 years. The median of the period of time when the past user stopped taking the drug is 1 year. Though the study showed that 15.00 per cent took drug for a period of less than six months, 7.50 per cent for a period of 2 years to 3 years and 5.00 per cent for a period of more than three years.

The study further shows that after they stopped taking drug all of them, i.e., 100 per cent indicated that it brought about a change in their life style especially in the area of educational performance. There was an improvement in their percentage of marks, participation in co-curricular activities, class attendance, class test attendance, completing of home assignments, they are more sincere in revision of lessons, better performance in class tests, regularity in studies and newspaper reading.

The study shows that after they stopped taking drugs all of them, i.e., 100 per cent (40 past users) indicated that it

brought about a change in their life style, i.e., a change for the better, especially in the area of educational performance. There was an improvement in the following areas.

- (i) an improvement in their percentage of marks,
- (ii) greater interest to participate in co-curricular activities,
- (iii) regularity in attendance.
- (iv) better performance in class test,
- (v) regularity in completion of home assignment.
- (vi) more studious in one's study
- (vii) an improvement in revision of lessons,
- (viii) regularity in newspaper reading.

So here we see that the desire to compete, to work, the interest to study, the will to achieve, to do better in one's educational performance begins to take shape which was found to be lacking when one was on drugs. The study shows that when one is on drugs as is seen in the case of a current drug user, one's ambition is adversely affected. As one drug Addict remarked "studies becomes so trivial and unimportant". 'What I need is a shot'

#### 5.4. Findings Related to the Prevention Work Done at the College and the Community

The result shows that most of the college Principals and teachers (that being 35 out of 56) from female and co-educational college are blissfully unaware of the drug problem and fail to believe that their students are on drugs. The reason

for this may be that at the college level the rapport that exists between the teacher and student is less as compared to the school. The other reason may be that in this study the majority of drug users identified (66.20 per cent i.e., 265 out of 400) belong to the category of the Occasional user, where one does not manifest any serious level of dependence or any serious mal-effects. The Occasional user attends college without anyone noticing that he is on drugs. The next category is the Regular user (23.75%, i.e., 95 out of 400) where the effect of drug use is evident, but does not lead to serious impairment of the individual's health or his efficiency in work. If one does not observe closely he goes on unnoticed that he is on drugs. It is only when one becomes an Addict that the drug damages his body, mind and social relations etc. But since this category constitutes only a small proportion (10%, i.e., 40 out of 400) of the main sample, it becomes very hard for the college Principals and teachers to become aware that their students are on drugs.

All the college Principals and teachers of the male colleges (100 per cent) and 16.67 per cent college Principal and teachers of the female colleges and 30.56 per cent college Principal and teachers of co-educational colleges agreed that drug abuse among the college students does persist but the problem lies in their inability to identify the drug users. The reason for the finding may be that so far not much information on drugs have been disseminated to them and no training has been imparted to them or current use and trends in drug abuse, i.e.,

causes or factors leading to drug use, effects on the life of an individual and the role to be played in preventing this problem among the student community.

The study shows that 100 per cent college Principals and teachers of male colleges, 33.33 per cent college Principal and teachers of female colleges and 11.11 per cent college Principal and teachers of co-educational colleges agreed on their college involvement in conducting awareness programmes. These programmes are in the form of lectures/talks/discussion and seminars meant mostly for the student community.

The few who claim to know, can be found to harbour mistaken beliefs about drugs and their abuse. Many say that though the problem exist but it is not serious. By being complacent or not recognising its existence the problem will not vanish. One has to face the ugly truth however unpleasant it may be in order to develop strategies and programmes in dealing with the problem.

Coming to the preventive work on identification of Addicts and counselling, this is being done only in 1 male college. After identifying the drug Addict, counselling is being provided not by a trained counsellor but by one of the teachers who is very keen on helping the students to overcome this problem.

In one co-educational college where 10 students were identified as drug users the college authorities adopted a punitive approach by expelling all ten of them. What is needed is a judgment via media. If they were trained in this area and if enough information had been disseminated to them they could have shown their concern, tried to be understanding and supportive on the one hand, or, on the other hand, coupled with sufficient firmness on the either as the circumstances may be.

All the colleges in Khasi and Jaintia Hills from where the drug abusers have been identified are not equipped with a 'counselling centre'. One reason may be due to paucity of funds, and lack of understanding on the part of the college authorities to realize the need for establishing such a centre. They fail to realise that drug abuse leads to drug dependence, deteriorates educational performance & ill health. Drug addiction reduces a person to a state of utter helplessness and hopelessness in life. The student involved may be willing to get out but cannot do so on his own. In such a condition one requires the expert assistance of a trained counsellor to overcome his problem.

Lack of awareness has been observed among the adults in Khasi and Jaintia Hills but this is also prevalent in our country as a whole and also in some of the developed countries. As Barrymore (1975) stated basing the observations on the interviews with young people in the United Kingdom, during the course of his research on drug abuse. 'To most adults the mention of 'drug'

arouses a sense of fear that is close to panic.... This inherit fear has been reinforced by press and television features which focus on the tragedies of addiction in youngsters, but fail to make it clear that these are only extremeness of a general problem that faces young people today'. This may be one of the reasons why the college authorities have taken such a drastic action.

In the colleges of Khasi and Jaintia Hills only lukewarm attempts have been made in organising drug awareness programmes. Only in one male college is awareness programme being organised twice in a year. In one male college, one female college and 1 co-educational college awareness programmes are being organised once in a year and 2 female college and 8 co-educational colleges do not organise such awareness programmes. The main reason why such programmes are not being organised may be their lack of awareness about the intensity of the problem. As Gold (1991) rightly put it, "In my view the goal of education is to help young people deal with the complexities of modern life. No maths problem, no spelling problem is as important as the problem of drug use." If the college authorities in Khasi and Jaintia Hills are made to realize this, such programmes could be organised at the college level. In this way we can help the students to resist such temptations and thereby reduce the demand for drugs in the near future.

All the colleges in Khasi and Jaintia Hills which falls under the purview of this study, has given the following suggestion. 1 male college, 2 female colleges and 8 co-educational colleges have suggested the need for establishing a counselling centre at the college. The 2 males colleges, 3 female colleges and 7 co-educational colleges have suggested that drug education be integrated in the curriculum. The content of such education is, however of vital importance. Instead of merely explaining the harmful effects of drugs, the awareness programmes should further help in fostering a proper attitude towards drugs in general and their use. Scare tactics and hysteria do not work at any stage. Telling them that smoking ganja will kill them, for example, may backfire when they acquire more accurate information from their peers. Care should be taken when disseminating such information. The 2 male colleges, 2 female colleges and 7 co-educational colleges suggested on the need to generate awareness about drug abuse through authentic and credible information. Again the 2 male colleges, 2 female colleges and 7 co-educational colleges suggested that the scope for co-curricular activities should be expanded. The reason may be that they provide constructive and valuable experiences, opportunities and pursuits which can prevent drug abuse by providing the students greater satisfaction and fulfillment than drugs.

The findings showed the degree of involvement of the government sector. The Social Welfare Department and Health Department involvement in prevention work is limited to serving

as funding agencies and providing manpower resources to various individuals and Non-Governmental organisation involved in Prevention work. It provides assistance to the Non-Governmental organisation by providing grant-in aid to organisation involved in awareness building, identification of Addicts, treatment, counselling, follow-up, rehabilitation etc. and providing manpower i.e., the Social Welfare officers incharge of the anti-drug cell, Government of Meghalaya and Doctors in Community Health of the Civil Surgeon office serve as resource person in disseminating information related to drug abuse or personnel involved in the Non-Governmental organisations.

The involvement of the State Police, the State Excise and the Customs & Central Excise Department is mainly in terms of assisting the preventive programme being conducted by the Social Welfare Department, Non-governmental organisation through provision of logistic, resource persons for delivering relevant lectures related to their field of drug abuse prevention and they serve as a source of data for research organisation and others requiring such information.

In this study it is found that not only is the Governmental machinery involved in Prevention work but also Non-Governmental organisations are in the vanguard to save the state from the scourge of drug. In Khasi and Jaintia Hills Non-governmental organisation such as the Don Bosco Youth Centre, Lions Club, Church Auxiliary for social action, North East

India Committee on Relief and Development, Counselling and Information Centre for Drug Abuse, Young Mizo Association, Khasi Jaintia Presbyterian Synod (Youth Department) Bharat Scouts and Guides and the New Hope Centre are involved in prevention work in the field of drug abuse. These preventive programmes aims at helping people to develop skills which promote a healthy and more positive approach to life in-order to reduce the chances of drug use.

The primary target group aimed at by majority of the Non-governmental organisation constitute the student population being 66.67 per cent and the youth 55.56 per cent as these two groups seem to be the group most susceptible to drugs. Then comes the general public teachers church leaders and voluntary and local organisation.

This study also shows that efforts have been made by all 9 Non-governmental organisations to generate awareness against drug abuse through seminars, workshops, Talks, Lectures, Poster campaign, use of print media, radio, film slides Television and recorded Talk. These awareness programmes are meant for these who have never tried using drugs and for those who are using drugs.

From a total of 9 Non-governmental organisations only 4 non-governmental organisations i.e. the Don Bosco youth Centre Counselling and Information Centre for drug abuse, Young Mizo



From among the 9 Non-governmental organisations involved in Prevention work only 2 Non-governmental organisations i.e. Don Bosco youth centre & counselling and Information Centre for drug abuse are involved in Follow-up. The Director of the Don Bosco youth Centre and the staff of the counselling and Information centre for drug abuse visit the homes of the clients for further assessment of family relationship, community environment and other collectorial information. They also organise weekly encounter and sharing sessions with their clients. One problem faced especially by the Counselling and Information Centre for drug abuse in follow-up work is that some of the clients give wrong addresses where it becomes very difficult for the staff to identify the client and thus carry out the work.

The Non-governmental organisation being aware of the growing incidence of drug abuse especially among the youth, felt that information on drug abuse should be disseminated first of all to the students and youth to prevent them from falling into the trap of drug abuse and to help them lead a drug-free life style. They also felt the need for furnishing information about drugs to parents, teachers and church leaders so that they will know how and where to respond. Information is being disseminated to them in-order that they too will be able to understand the role that they have to play in checking this menace.

The majority of Non-governmental organisations obtain from the community resource persons and experts, materials

required for creating awareness, but most of the Non-governmental organisations do not get parents support and cooperation in carrying out the prevention work.

Since the majority of Non-governmental organisations have personnel who are not trained in the area of drug abuse, they depend on the community for obtaining resource persons who are experts in the field. The Resource persons are obtained from the Health Department, Social Welfare, Police Department and Excise Department. They take preventive initiatives by acting as resource persons in disseminating information on drug use.

The Resource persons from the Health Department usually deliver talks which highlight on the dangers of drug misuse on the human body, including the risk of HIV infection and AIDS. The staff of the Anti Drug Cell of the Social Welfare Department deliver talks with the purpose of making apparent and clear to young people the dangers that exist in drug usage.

Though the Police officers, Excise and Custom officials are involved mainly in direct control measure, they also extend their hand as Resource persons when invited by Non-governmental organisations on issues such as drug seizures, theft from pharmacy, detected drug users, price of street drugs etc. They also provide information on the laws relating to drugs or law enforcement procedures.

But it is found that the involvement of the Social Welfare Department is followed more by the Health Department than by law enforcement agents, the reason being that most of the Non-governmental organisations fail to realize that the areas dealt with by the law enforcement are also part and parcel of drug prevention. Most of them lay emphasis only on the aspect of drugs and their effects. But on the whole we see the involvement of the governmental agencies as part of the community for intervention against availability and prevention of their use.

The Khasi Jaintia Presbyterian Synod (Youth Department) and the New Hope Centre obtained from the community some financial assistance through the fund raising shows organised by the Shillong Christian Youth Organisation & Conference where the street play on 'drugs' and a musical concert were held to raise funds in-order to further strengthen the preventive work conducted by these 2 non-governmental organisations.

In carrying out the preventive work parents support is needed by offering their time in support to community drug abuse efforts. The study shows that the majority of non-governmental organisations do not get parents support in carrying out the preventive work. Parents involvement in preventive work is found only in the preventive programmes conducted by the Don Bosco Youth Centre and Young Mizo Association. The reason may be the lack of awareness about the intensity of the problem. Most

parents feel that it is not their problem it is 'someone else's problem' and it is not going to 'affect them or their children'.

Learning the facts about drug abuse is one of the first step in creating an awareness about drug abuse. In doing this the non-governmental organisation make use of materials in the form of pamphlets, brochures, posters and literature. These materials are obtained from the Social Welfare Department. Government of Meghalaya and the printed materials published and produced by the non-governmental organisations such as the North East India Committee on Relief and Development and the Don Bosco Youth Centre. These materials are in the form of leaflets, pamphlets, brochures & postures.

The language used by the Non-governmental organisation in disseminating information on drug abuse is in the Khasi, Jaintia, Mizo and English language i.e., in two or more languages in combination with English. The reason may be that the information will be disseminated not only to one section of the community i.e., the educated class, but by using the local languages this information would be highlighted to all sections of the society, literate and illiterate, it would penetrate down to the grassroot level. Again it is noticed that Hindi is not being used; it is suggested that in future Hindi should be used so that such information could be disseminated to all sections of the society especially the non-tribal community who are unable to

understand the English language as they also constitute part of the community in Khasi and Jaintia Hills.

For the Non-governmental organisations to implement their plans and preventive programmes money is needed. It is found that all the 9Non-governmental organisation doing the preventive work in drug abuse are self-financing. Most of them are running their preventive programmes depending on donation from donors and contribution from their own members or interested persons in the field.

The Ministry of welfare is implementing a scheme of "Assistance to voluntary organisation prohibition and drug abuse Prevention under which grant-in-aid is given to voluntary organisation for providing services such as awareness building, identification of Addicts, treatment, counselling, follow-up rehabilitation etc. for drug abuse prevention. Under this scheme the `Counselling and Information Centre for drug abuse and New Hope Centre get grant-in-aid from the Ministry of welfare where 90 per cent of the cost of the Project is borne by the government and the voluntary organisation implementing the project have to bear 10 per cent of the cost. But just recently the Counselling and information Centre for drug abuse had to be closed down due to financial constraints, but this centre needs to be mentioned for its contribution to in Prevention work in the field of drug abuse.

In its preventive work the Non-governmental organisations in Khasi and Jaintia Hills have to face a number of obstacles. One obstacle faced by the Non-governmental organisation is lack of adequate funds. It poses a problem in meeting the recurring and other expenses of the Organisation/ Centre. Though some of the members of the community have been willing to contribute generously towards a worthy cause, the amount is not sufficient. Most of the Non-governmental organisations involved in preventive work are not aware of the various schemes (in the form of grants) provided by the government.

The next obstacle faced by the Non-governmental organisations is lack of man-power (lack of personnel qualified in drug abuse prevention). The Non-governmental organisation have to depend very much on governmental agencies and some members of the community to come as experts or resource persons in the area of drug abuse. The reason may be that most of the workers in these Non-governmental organisation are not trained in this area and as a result most of them feel particularly at risk when working with drug users and in disseminating information to the different target groups aimed at.

Lack of infrastructure i.e., office, staff, volunteers, vehicle is one of the obstacle faced by non-governmental organisations. For any preventive programme organised, cooperation is needed from the general public i.e. the youth, adults and parents in particular, but in this study it is found

that this is lacking. The reason may be that the general public are not aware of the intensity of the problem. The few people who claim to know, can be found to harbour mistaken beliefs about drugs and their abuse. The source of their information is generally a few television serials, feature films, the advertisement, and news reports in the print media.

Some of the non-organisations have stated lack of media materials to be one of the obstacles faced for creating awareness. The study shows that a little more than 50 per cent of the Non-governmental organisation organises such preventive programmes only twice in a year and a few non-governmental organisation organised such preventive programme more than three times in a year. It can be said that only luke warm attempts have been made in disseminating the information to the different target group aimed at. The reason may be because of a number of obstacles faced by the Non-governmental organisation. It is therefore imperative for the Non-governmental organisation to increase the frequency of their programmes and sustain the tempo till the problem is effectively curbed.

For the successful implementation of the preventive programmes a number of suggestions have been given by the Non-governmental organisations. They are (i) Drug education should be integrated in the school curriculum.

The reason why all the non-governmental organisation emphasize that drug education should start from school, is because they are aware that most of our youth start taking drugs or are initiated to drugs from the time when they are at school. They suggested that a Counselling centre be constituted in each school and college for Counselling students and more importantly the parents and guardians of students.

It also suggest that the educational institution and welfare organisation should sponsor opportunities for creative recreational activities for securing a healthy social condition that will curb tendencies towards drug abuse. The reason may be that it supports the saying that 'An idle mind is the devil's workshop'.

It also suggested that local traditional organisations such as the Dorbar Shnong (Village Dorbar), Seng Long kmie (Mother's Union) and Seng Samla (Youth Organisation) should play an active role in generating awareness among the public against drug abuse, since in the tribal milieu of Khasi and Jaintia Hills, the Dorbar Shnong (Village Dorbar) forms the highest local authority where all the village/locality members can take a part in shouldering their duties and responsibilities assigned by the Dorbar Shnong, as it is seen that the local problems including law and order can be solved amicably by the Village Dorbar than by the government agency like the Police force. All members of the village/locality including the men folk. mother's union and

youth organisation can come forward to collectively fight the growing problem of drug abuse. The prime objective initially being to ensure the non-availability of drugs in the area.

Another suggestion put forth by the non-governmental organisations is that the target group such as the parents, in-school youth and out-school youth should be emphasised, the reason being that the youth forms the most vulnerable group and parents have to take the responsibility for keeping their child away from drugs. This can be done through persistence, determination and complete commitment so that parents can save their child from the horrors of drug abuse. For doing this they need to first of all learn the facts about drugs'. Parents should talk or communicate freely with their children. The days are at hand, when parents ought to seriously consider changing their role being 'more of a friend than a parent'.

Drug Abuse is a serious problem that is rapidly spreading. Delay in involving everyone in the community could find your own child a victim to it. 'A year too soon is far better than a day too late'. The motto should be 'United we stand divided we fall'.

CHAPTER VI

THE CASE STUDIES

## 6.0. Introduction

The focus of study in this chapter is based on Case studies undertaken with the purpose of giving an insight into the life of the drug user (current and past drug user). The interviews were conducted with the help of a schedule used in Case study given in Appendix-D which covered the following areas: personal data, family history, state of home atmosphere, educational history (school and college) of the drug user. Factors that led to drug use, types of drug use, pattern/schedule of usage, experience, parents views, its effects on family life and educational performance. Reasons for giving up the drugs and change brought in their life style (especially in the area of educational performance) after discontinuance of drugs. All the twelve Case studies selected for the present study had been drug users selected from among the Current and Past drug users, who are studying in the different colleges in Khasi and Jaintia Hills. Seven drug users i.e. from Case A to Case G are Current drug users and five drug users i.e. from Case H to Case L are Past drug users.

These 12 drug users have been selected after interviewing 400 drug users. Their life conditions are entirely different reflecting their varied life styles of living which lead to drug use. The main aim of the case study is to bring out the family background of the respondent, pattern and history of Drug Use, parents views and reaction towards drug use of their children and its effects on their educational performance,

and the changes brought in their life style after discontinuance of drugs.

The 12 drug users have been selected for a detailed study only after observing their lives at close quarters and keeping in touch with them and their family members for a long time. Efforts have been made to make them aware of the objective of the present study to solicit their co-operation. The investigator has also made useful contacts with the people who knew the drug users.

The profiles (case study) of their lives, exemplify the subject of the present study and in a way shield them from becoming a drug addict.

#### 6.1. Case studies of the Current User (Those Who are Currently Taking Drug)

##### CASE - A

The respondent is a nineteen year old boy who is doing his P.U. (arts) First Year in a college. 'A's father is a matriculate and works as a contractor. His mother is an illiterate. His father's monthly income was Rs. 4,500/-. Both parents were separated when 'A' was only 7 years old. His mother had to work very hard to make both ends meet. After desertion of her husband, she worked as a vegetable vendor. The respondent is the eldest in the family. He has a younger brother and a sister. Both of them are still in school. The family's income is

approximately 1,650/- per month. His experience with his father he says, 'is a bitter one'. He would come home drunk and beat his mother, and when he found us asleep, he would wake us up and ask us to study'. There was always chaos and confusion in the house. After he left us, financially we were at stake, but there was peace and harmony at home.

When 'A's parents were staying together 'A' attended an English medium school till class III, but when both parents were separated, 'A's mother could not afford to send him to an English medium school, so 'A' was sent to a Vernacular school where the fees were less compared to the English medium school. When 'A' was a child, very often he did not do his homework regularly as there was no one in the home to help him in his studies. 'A's mother being an illiterate, depended very much on her husband who was literate, but many a times it was never possible for him to help 'A' in his homework as he would come back home in a drunken state. In many instances 'A' would go to the school without completing his homework, 'A' says, 'My teachers do not understand me, they do not know what I am going through at home'. They would call me a 'lazy boy' laugh and mock at me in front of my friends, this hurts me very much. There were times when I never wanted to attend school. I have a hatred towards my teachers'. It was only when 'A' went to the Vernacular school, there was a teacher who knew his mother well and she knows how much tension there was in their home. She was the one who encouraged 'A' to attend school, regularly, to study hard and be someone in life, but most of all

she says, 'to be able to stand on my own feet.' She was the one who tutored him. 'A' was regular in his attendance though he was an average student in the class. 'A' loved singing and playing football. During the Inter-School Football match 'A' would represent his school. Before taking to drugs, 'A's percentage of marks was 50.14 per cent.

The respondents initiation to drugs was through his friends who described to him, how good it made them feel, it relieved their tension and miseries of life. This was how 'A' started to take drugs. He started when he was studying in Class X at the age of seventeen years. He started with dope and ganja. 'A' felt happy as now he was part of the group who would always cheer him up. At this time he took to drugs three to four times a week. After, he took to drugs there was a fall in his educational performance. At the H.S.L.C. Examination he got only 40.24 per cent. There was also a fall in his attendance and most of all he says, 'I could not play football like before; earlier I had the stamina and strength to play but after taking to drugs, I realised that even for a span of fifteen minutes I was unable to play'.

When he joined college, apart from taking ganja and dope, 'A' and his friends pooled money and took a drug known as No-4 (heroin), 1 gram cost Rs. 700-800. He did not get money from home, but he got it from his daily wage, working as a salesman after college hours. He did this work to support his family. 'A'

would take at least two to three shots in a week. When No-4 was not available he would switch to spasmoproxivon. The intake increased from four to five times in a week. This went on for a period of eight to nine months. The use of drugs made 'A' feel happy and light hearted. He became quite indifferent to his surroundings and lives in a world of fantasy, imagining himself to lived with both parents in a well furnished house where all the needs were met, a home where there was peace and harmony. 'A' says 'I feel very sad when the drug wears off, as again I have to face the realities of life, where I am a single parent child and see how my mother has to struggle very hard in life to meet our needs. It is at this point of time that I have the craving to take the drug again to forget the miseries of life'. The intake increased till 'A' became dependent on the drug. 'A' started to loose interest in his studies, and turned irregular in his class attendance. He says, 'I think of nothing but the drug, drug is my life'. At this time 'A' suffered from withdrawal syndrome when he was studying in P.U. Ist year (arts) and he was unable to appear for the Promotion Examination.

'A's mother is simple, conservative and old fashioned. She is not aware that her son is on drugs. Recently 'A' had withdrawal syndrome which was similar to flu. Even after continuous intake of medicines prescribed for flu, the pain did not subside. 'A' complains of bodyache, watery eyes and running nose. This lasted for three to four weeks. 'A' says, 'I take the shot again and again because I fear the recurrence of the

withdrawal syndrome'. 'A's mother was very much worried, his mother took him from one doctor to another, to find out the root cause of the problem. Until one doctor suspected 'A' to be under the influence of drugs. The doctor talked to him confidentially, 'A' had no other alternative but to disclose the truth that he was on drugs, and had become dependent on it. The mother was shocked to know that her son was on drugs. She did not really know much about drugs. She told the doctor, 'how can you say that my son is on drugs; I think you must be mistaken. My son never comes home drunk; when he returns home he is always sober, only sometimes he looks tired and restless, unable to eat and only recently his health appears to deteriorate; I could never suspect my son to be on drugs'.

'A' says, 'My drug taking behaviour has a tremendous effect on my health, educational performance etc. but most of all on my mother. I want to strive very hard to change, turn into a new leaf. I realize all this while that I was living in a make believe world. Now I should be brave and face the realities of life. I still remember the wordings of my teacher when I was a child, 'study hard, to be someone in life but most of all to be able to stand on my own feet'. This is the motto which I should strive for, 'bury the past and live for the present.'

The above case study shows the effect of his parents separation and how he longs for a home where there is peace and harmony. Another aspect in this case study that we see is that

there are many parents who are like 'A's mother, not aware that their son or daughter is on drugs or knows nothing about 'Drug Abuse'. What is needed is that a drug awareness programmes should be arranged for parents as one of the strategies for prevention. It is of little use reaching only to a few (the elite class) through seminars, workshops which are being organised by both governmental and non-governmental agencies. What we need is that these preventive strategies adopted should reach people of all walks of life i.e., it should reach the grassroot level, as people of every socio-economic status are being affected by the menace of drug abuse which affects not only the drug user but most of all his family.

#### CASE - B

'B' is a twenty-three year old girl who is full of life and vigour. 'B's father is a graduate and is a businessman. 'B's mother is a matriculate. Both parents are very much involved in running the family business. Their monthly income is about 9800/-. 'B' has two younger sisters and a younger brother who are still studying in school. They live in a well furnished house in an urban area in one of the states of the North East. As far as the family background is concerned this is a brief statement of the family. The family earns their livelihood by running the family business. Both parents are engrossed in their work. While at home 'B' gets all the comforts of life. 'B' says, 'my parents have given me everything except 'time' to be with me. Though I

get all the material comforts of life, what I need is their love, care and affection especially maternal love.' Oh! how she wishes that when she comes back home her mother would be there at home with whom she can talk to, share her experience's of what happened during the day and discuss her problems. She says, 'though, we have everything in our house which most people do not have, but I usually regard my house as an empty house where I find that people whom I love and care for are not there, but only a household maid who would serve me food, wash my clothes, clean the house, etc.' The mother has no time for the children. She's always busy in the family business.

With regard to 'B's educational performance right from Nursery up to class VI. She was a first divisioner student, her position in class was usually second and third. But from class VII up to class X, there was a tremendous fall in her educational performance. This was the time when the family business was very prosperous. 'B's mother had no more time to look after 'B's studies, business work was more important to her. 'B' says, 'My parents are too materialistic in their approach towards life. Money is more important to them than anything else in life.' In school 'B' was not very interested in games and sports but was more inclined towards singing and playing the guitar. 'B' says, 'I still remember one experience in my life, till today it is still fresh in my mind, it makes me feel very sad when I remember it. This happened when I was in class IX. All parents were informed and invited to attend the Parents Day concert. All my

friends were very happy to see their parents or at least their mother attending the concert. I waited and waited and none of my parents came to the concert to see me singing. The wordings of the song I sung were 'I am no body's child .... just like a flower I am growing wild, no mama's kisses and no daddy's smile ....' This song touched me not seeing my parents there. When the song was about to end I cried. Everyone was so touched but no one knew why I cried.' When 'B' appeared for the Final High School Examination, she got 51.5 per cent. 'B' was thrilled. 'B' says, 'my parents did not have much time to appreciate my results'. Her father just asked her, 'will Rs. 2000/- be enough to give a treat to your friends ?' 'B' says, 'why don't my parents understand, its not only the money which I need, I need them. I want at least my mother to be there when my friends come over for tea.'

After her schooling 'B' attended her undergraduate studies in her hometown where her parents reside. In the absence of parental care, love and affection 'B' had ample scope to mix with her friends. They spent most of the time attending parties. It was here, at the age of seventeen years that 'B' met a boy named Pete who was of her age, who became very friendly with her. She became very attached to him and their bond of friendship became stronger day by day. 'B' says 'Pete at least tries to understand and cares for me, not like my parents'. After a few months of knowing one another, it was at a friend's birthday party that 'B's boyfriend introduced her to drugs. They started

with Brown Sugar by chasing it. It is termed as 'Chasing the Dragon'. 'B' says, 'its the ultimate way to escape nothing bothers me, I am in a world of dream.' 'B' says 'I do not really know what I am doing in class. I cannot concentrate when I am stoned'. Apart from taking Brown Sugar 'B' and her boyfriend also take two shots of heroin in a week. 'B's educational performance deteriorated, there was a fall in attendance. She did not revise her lessons daily. Her mind was obsessed with the thought of her boyfriend and the drug. When her parents came to know about 'B's intimate relationship with her boyfriend they decided to send their daughter to Shillong to continue her studies thinking this would separate her from her boyfriend. 'B' came to Shillong and took admission in a college attending Pre-University (Arts) final year. After coming to Shillong her drug taking behaviour lessened as heroin was not easily available. She started taking dope as it was easily available. Day and night she remembered her boy friend. 'B' says, 'I missed him very much.' Her room mate tried to help her and introduced Diazepam to her as she would be able to sleep and her mind would be relaxed. She took Diazepam at least twice a week for the past two months. She attended classes with a firm determination to get through the Pre-University Final Examination. She was very cautious to see that she did not take any kind of drug during the examination. She appeared for the exams and got through in the Third Division securing 37.14 per cent. After joining the degree course once again she was hooked to drugs, when her boyfriend made his regular visits once again, without the knowledge of 'B's parents.

When Pete came he brought along with him No.-4 or heroin. 'B' started to push No.-4 again. When No.-4 was not available both of them would take Spasmoproxolon. 'B' could not attend classes, did not sit for her class test nor revised her lesson. She says, 'Even when I attend classes, I do not know what is going on in class, I cannot concentrate, become restless and I have a variety of reactions such as vomiting, loss of body weight and sometimes depression.' A stage reached where 'B' was unable to attend classes. Her room mates could not tackle this problem any more. 'B' was taken to a Rehabilitation Centre after informing her parents. She was detained for three months till the time of the interview. 'B' is still under medical treatment. 'B' says, 'I still have an aspiration to complete my graduation and be someone in life.' 'B' developed a hatred towards her boyfriend, she says, 'How could a person whom I love and trusted ruin my life. I hate him. Oh! I hate him.'

When 'B's parents came to know of her condition, they were very annoyed. 'B's mother said, 'I don't understand why my daughter should fall a victim to drugs. What does she need, she gets everything, good clothes, food, pocket money Rs. 4000/- whereas other fellow students are unable to get. Both of us as parents, work very hard for the sake of our children but 'B' doesn't seem to realize this. Instead what she's brought to the family is only disgrace. What will the people in our hometown say if they come to know that our daughter is on drugs.'

In brief it can be inferred that in this particular case there is a strong implication of parental deprivation felt by the respondent which led her to seek solace elsewhere. In this case she found solace in the company of a boy who introduced her to drugs. Her physical health and educational performance took a battering down. The mother instead of being concerned about her child whether she would overcome the problem of drug abuse or not instead was more conscious of people's likely adverse remarks against their family. Both parents failed to realize that what their child needs is their love, affection and time to be with her.

#### CASE - C

`C' is a 17 year old boy, tall and handsome and is the only son of his parents. `C' has two younger sisters. Both of them are still studying in school. `C's father has a B.E. degree. He holds a prestigious post in the Government service. C's mother is a graduate but she does not work. Their monthly income is Rs. 6000.00 per month. Being the only son of his parents, too much love and affection has been showered on him by them. He says, `I am the apple of their eyes. I get everything from my parents and a sum of Rs. 20/- to Rs. 50/- daily as my pocket money.' `C' had his schooling in one of the renowned school in Shillong where till today students from all over the North Eastern Region would

come to study. As a student in school, he was loved and liked by his teachers and classmates because of his amiable personality, he was helpful, jovial and at the same time serious in studies. As a student, he was actively involved in co-curricular activities and was the captain of his House Team in school. His aim as a boy at school was to compete for the civil services examinations.

'C' took to drugs out of curiosity. According to him 'curiosity' is the common reason for trying drugs. He says, "With the amount of literature, talks and discussion available on the subject, many youth are tempted to find out for themselves what the experience is really like." Every-day on his way to the college he sees a poster which says 'SAY NO TO DRUGS, DRUGS WILL KILL YOU'. He became curious to know what it was really like. So when he was at the college level, as an undergraduate student at the age of 16 years 5 months along with a group of friends they took to drugs. The first drug which they used was 'Dope'. He had his first experience with drug along with his friends who were having what is known as a 'Dope Session'. He says, he prefers to take it in a group along with his friends rather than taking it alone. Till the time of the interview he has taken it at least once a week for the past four months. The type of drugs that he takes are dope, ganja, bhang and three days before the interview his friends had also given him a cough syrup called 'Efidrex'.

Right from the time when 'C' was at school he was very fond of music (especially western music). 'C' finds that when he is on drugs listening to stereo music or live music organised by different beat groups in Shillong, the spatial separation between various instruments sounds greater. He says, 'when listening to music when I try to have an auditory image, it is more vivid, with my eyes closed and just listening to sounds, I can hear more subtle changes in sounds, for example, the notes of music are purer and distinct. I can understand the words of the song which are not clear when I am straight'. For 'C' the negative aspect of his experience with drugs was the effect it had on his mood. They tended to accentuate whatever mood he was in at the time he was taking the drug. He says, 'when I am happy I feel happier after taking the drug and when I have unpleasant thought interners then that predominates.'

'C' was a good student; as a boy at school he was regular in attendance, active in sports, singing, dramas as well as good in studies. Throughout his school years, he was always a 1st class holder. His percentage of marks which he obtained at the I.C.S.E. final school examination was 69.2 per cent. In the Football match held on the school sports day, he was declared the 'Man of the Match'. He likes reading and listening to western music. As stated earlier he was a boy who was liked by all. 'C' took to drugs just for the sake of curiosity. When asked whether his drug taking behaviour affected his educational performance ?

He says, "not much". Even after taking drugs he says, 'my attendance at college was regular, I still participated actively in N.S.S. programmes, N.C.C. and other co-curricular activities held in the college, but he says, ' there is one thing which happened when I look back I realized that after taking dope, bhang and cough syrup, I would feel drowsy in the class, unable to concentrate and tended to accentuate whatever mood I am at the time of taking the drug.' When he appeared in the Promotion Examination he passed with Ist class marks (66 per cent). He says one reason was 'I don't take the drug regularly and not during examinations'. This is the reason why it did not affect my educational performance but if I had taken it regularly it would have affected my marks, my health and my attendance'. He further adds by saying 'None of the teachers or the Principal at the college are aware that I have started taking drugs'.

'C' considers his parents as being quite liberal. There had been no traumatic effects or dramatic scene at home. In the beginning no one at home was aware of his drug taking behaviour. It was only once when he had a negative effect which affected his mood, that his parents asked him if something was wrong with him, he just told them that he had had a bad day at college. They did not ask him further questions. Once when they were sitting in front of the T.V. screen there was a serial which showed how a young boy was hooked into drug and how it affected him. After the serial was over he could not hold it to himself any longer. He said 'Mama for the past few months I too have started taking dope

and ganja out of curiosity, but not regularly, just once in a while.' His father overheard and said, 'my son this is part of growing up, it happens when one may just want to experiment it out of curiosity, but remember you still have a future ahead of you. Do not get hooked and become addicted to it. Life is very precious.'

The Mass media may create a negative impact which was the case of this boy. The good intention of the mass media to spread the message of drug abuse prevention generated curiosity in the mind of this young boy. This curiosity impelled him to experiment with drugs. Fortunately, the boy was not regular in using drugs and at the same time a cordial family relationship existed between him and his parents. Therefore, there has been not much of an adverse effect upon his educational performance. A free interaction between him and his parents enabled him to realize the worth and brevity of life which will reinforce his resolution to stay away from drugs.

#### CASE - D

'D' is an eighteen year old girl, dark in complexion, moderate in physique, plump and a sad look on her face. She lives with her parents and her only brother who is younger to her. 'D's father works as a clerk in an office and her mother is a housewife. Her younger brother is studying in a school. The family's income is approximately Rs. 3800/- per month. 'D' had her

schooling in a vernacular medium school. She is sincere and studious, and regular in completing her home-work. She attends school regularly. 'D' actually participated in a number of co-curricular activities organised in school especially in games and sports. She was a good basket ball player and was the captain of the team. Her percentage of marks at the HSLC Examination is 52.21 per cent. 'D' usually helps her mother in household chores since they cannot afford to keep a maid servant. Her mother always reminded her time and again that 'life is not a bed of roses. As you sow, so will you reap.' Her mother has also inculcated in them the need for hardwork and to achieve goals in life with right means.

Like all girls of her age 'D' is conscious of how she looks. She hated herself for being dark but most of all for being fat and plumpy. She envied her friends who were tall, slim, with a proportionate figure. Along with her friends in the college quite often they would attend parties. 'D' noticed that most boys did not like her. Because of her physique, she tended to become very shy when talking to the boys. This made 'D' to feel more and more conscious of herself. She discussed her problem with her friends at college who suggested that she Dexidrine, as this drug would help her to lose weight. 'D' brought the drug from the pharmacy. Without any hesitation she took the drug one tablet daily for a period of six months till the time of the interview. The drug made 'D' active, excited, talkative, energetic and euphoric. She felt more free to mingle with friends of the

opposite sex. She found she could cope better with her studies, the reason being that till late at night she is able to study. When she appeared for the Promotion Examination, she found herself to be doing fairly well. Her percentage of marks was 51.62 per cent. She also found herself to be eating less than she did before. Within a period of two months she lost 6 Kgs. On the whole her experience with drugs had been a pleasant one. Her parents were happy to see their daughter staying up late at night to study. They did not know that their daughter was on drugs.

It was only when four months had lapsed, that she realized that on the whole her health was deteriorating. She had no appetite and her sleep was always disturbed. It was only after 2 AM in the morning that 'D' was able to sleep. This affected her very much. This led to anxiety, bitterness and wakefulness. As a result of this she was unable to concentrate on her studies. She says, 'when I look at the book and read, I find that everything is clear, but after sometimes I am unable to recall what I have read, my mind becomes blank.' 'D' became irritable in her behaviour. She was also unable to participate in Basket ball as she did before taking the drugs, as she found herself physically weak. Though 'D' was regular in her class attendance but recently just two weeks before the interview, she says, 'I am unable to attend classes regularly these days, as I find myself not being able to sit for longer hours in the class, I become very irritable.' One day as she looked at herself carefully in the mirror, she found that though the drug had helped her to become

slim and trim yet the glow in her face had vanished. She looked fragile and dark circles had developed round the eyes. She says, 'I don't know what to do. How to disclose my plight to my parents.'

'D' considers her parents to be conservatives, simple in their approach towards life. Both of them work very hard to make both ends meet. She says, 'I've betrayed all the trust that they have, how can I face them? How will they react when they come to know that I've been taking drugs daily. I do not want to hurt them. I love them very much. 'D's parents were very worried about 'D's health. They presumed that her health was caused by long hours of study and inadequate sleep and rest not knowing that this was the effect of the drugs.'

This is a case of a girl who resorted to drugs to overcome feelings of inferiority related to her physique. She was misguided by her friends to take drugs as a means to improve her physical appearance. Friends have played a dubious role in her life. Had there been proper guidance and counselling she may not have fallen into the trap of drugs. However, in spite of her condition her upbringing had a lasting impact upon her life which has been revealed in her statement of betrayal of trust. As she has not lost the sense of responsibility and duty towards her parents there is a bright hope for her to give up the habit.



share their books and notes. Their bond of friendship became stronger and stronger Both their families knew each other very well, being close family friends. Both families agreed to their relationship. After two years and a half of knowing one another the girl ditched him for another boy. 'E' became very unhappy and depressed. Some of his friends suggested that he try drugs since they are reputed to elevate the mood and make one feel happy. He took to ganja and bhang. 'E' started taking it regularly for a period of four months till the time of the interview, in the hope that this would turn out to be true. He says, he had no real idea what to expect, nor had he been really curious to find out. He took drugs with the hope of finding a cure for his depression. He says, 'I love her very much, I have always been faithful to her. I studied hard to become someone in life in-order that I could give her all the comforts of live. I missed her very much, she's my life'. He preferred to take drugs alone or with one or two friends. When he took drugs with his friends he usually stayed overnight with them and went home in the morning. At home his parents knew that he was very depressed but none of them suspected that he was using drugs. He says, 'Ganja and Bhang helps to relieve the tension, depression and anxiety. I feel better after each experience. It is refreshing.' He felt fresh and happy and this reinforced his initial hope that drugs would be able to help him. He felt that drugs stimulated his creativity, as after taking drugs he was often inspired to write poetry. This feeling remained even after the drug experience had worn off.

His parents suspected that he was taking drugs but they could neither prove nor catch him at it. One day it happened that in the morning, 'E' was depressed, he had no appetite for food. He kept seeing the vision of his girl friend standing before him. He took to bhang', after taking it the drug tended to accentuate his mood, as he was sad and depressed that day he sobbed uncontrollably. Since an unpleasant thought had intervened then that predominated. He felt he was unable to cope with the ugly and fearful thoughts that were being released.

Seeing his condition, his father was very worried. He was unable to concentrate on whatever he did he took him to a Psychiatrist, for two weeks 'E' responded to the treatment. But according to 'E' the psychiatrist himself did not know enough about the effects of drugs and could not understand the problem he was going through. 'E' stopped going to him. His friends advised him to take diazepam as this drug would relieve his tension, induce sleep and provide a calming effect. First 'E' took one tablet daily for two weeks then the dose increased to two tablets for nearly two weeks. The time came for 'E' to appear for the Selection Test he felt that he would be unable to appear in the Selection Test as most of time he felt drowsy, unable to concentrate, he reads but after sometime he was unable to recall what he had read. He became irregular in his class attendance. He became restless. At the time of the interview 'E' was found composing a poem about his love for his girlfriend 'E' says 'I

started composing this poem for the past one week but till today I find I am stuck; there is no flow of ideas and words. I am unable to concentrate on what I write'. He further says 'I don't know what to do, I need help. All this while I have been living in a world of fantasy or in a make believe world'.

This is a case of a boy who took to drugs as a means of escape from the harsh reality of a broken love affair. It appears that the parents had neglected to counsel him to enable him to cope with the crises. It was only when the boy's depression manifested itself in full view of the parents, that they took him for treatment. He obtained wrong advice from his friends and thus led a life depending on drugs. The boy had been on drugs for a period of nearly six months yet he felt the adverse effect on his study and class attendance.

#### CASE - F

'F' comes from a well to do family. Both of his parents are graduates. His father works as a manager in a Firm. His mother works as a nurse. 'F' is the eldest in the family. He is seventeen years old. He has two younger brothers and one younger sister. The total family income is approximately Rs. 9500 per month. The respondent lives with his maternal aunt at present. His immediate family lives in Bombay. His younger brothers and sister are still studying in school in Bombay along with the

parents. At present 'F' is doing his Pre-University (Arts) in the First year.

'F' studied in an English medium school in Bombay. At school 'F' was a fairly brilliant student. He represented his school in the quiz and debate competition held on an Inter - school basis. His hobbies are reading and playing classical music on the Sitar. 'F's initiation to drugs was through his friends who described to him how good it made them feel. So 'F' tried drugs out of curiosity. He was still in school at that time studying in class IX. 'F' believes that young people take drugs primarily for the experience, though initially there may be a variety of reasons such as curiosity, pleasure. Some take it because it is the 'mod of the day'. He says his main reason for trying drugs was curiosity , though it seems that his peer group did influence him quite strongly not only to start but also to continue. The first type of drug that his friends offered was L.S.D., the first time he took L S D he felt 'queer'. The trip lasted for about seven to eight hours. As he was walking down the street he felt as though people were all staring at him curiously with amused looks. Another effect that L S D had on him was that they magnified even the softest sounds. As he was walking the traffic noise became unbearable and even whispers of people became loud. 'E' claims that LSD was able to bring visual hallucination. One day when he was on the L S D trip, as he was sitting in the living room along with his parents he happened to look at the flower pot hung outside, as he was staring at this

object through the french windows, it looked as though it was someone standing outside who was trying to enter into the house. He looked again and immediately he jumped out trying to catch hold of the burglar. 'E' was hurt by the cut of the window pane and immediately he was rushed to the hospital. His experience with LSD was a change in visual perception. Objects changed their original colour for e.g. he saw yellow turn to red, green turn to black, red turn to purple. 'F' usually took LSD along with his friends during weekends, so that it would not affect his studies and attendance at school. That year 'F' appeared in the final Examination and was promoted to class X. His percentage of marks was 50.1 per cent. He says, 'my drug taking behaviour did not affect me much as I did not take L S D when going to school but only on weekends along with my friends. My attendance in school was regular but my habit of studying daily deteriorated especially during weekends. I was unable to concentrate on my studies. Earlier during weekends my interest was in reading books and playing the sitar but my interest now is more on having an LSD trip along with my friends.' he further says, 'Now that I am accustomed to these experiences, I am able to function adequately even when I am completely 'stoned'. He is able to distinguish between reality and hallucination and so he feels that he is not in any danger.

His parents became aware of his drug taking behaviour. 'F' considers his father as liberal and mother as quite conservative. When 'F' told them that he had tried L S D, his father

asked him saying 'my son be careful, you should think of your health,' but did not interfere in 'F' decision. His mother knowing that he was on drugs, panicked, was upset and took a drastic step to stop him by stopping pocket money. His mother being a nurse feared that 'F' might turn into an addict. Seeing the attitude of his mother who loved and cared for him very much, he decided to give up taking drugs. He says, 'How can I lose my mother's love and affection for the sake of the drug' So he discontinued taking LSD.

Once when 'F' was in the tenth standard their school went on a tour to Goa. While they were walking down the beach, they heard someone singing a song 'Proud Mary'. So they moved towards the direction of the song. When they came closer, they found a group of young boys and girls sharing one cigarette among themselves. Till then 'F' had never smoked a cigarette in his life. So he decided to smoke. 'F' took a few drags and passed it to his friends. 'F' started feeling drowsy. As 'F' stretched on the beach, he asked his friend 'Wow' what is this that we smoked. They said the stuff was called 'Dope' or 'Hash' or 'Charas'. That night it gave 'F' a good night's sleep. After coming back to Bombay, 'F' and his friends went to Joint at least twice a week after school. His mood usually improved when he took drugs. Since one of his hobbies is to play classical music on the sitar, he found that drugs also enhance his experience of music. 'F' found that by taking charas it not only stimulated his appetite but it enabled him to concentrate in study. So to 'F' drug taking did

not affect his educational performance . He says `with a moderate dose it does not affect him, but he has seen how drugs had affected and ruined his friends who were unable to control themselves. One of `F's friend who comes from a respectable family now sleeps in the streets of Bombay, he says `the reason is, he is unable to control his drug intake `F' appeared for his I. C. S. E examination and got through with 55.61 per cent. After he had his schooling in Bombay, his parents sent him to Shillong for college education with a hope that he would lead a drug free life style. He now stays with his maternal aupt and is attending college doing his P.U. (Arts) First year. Till the time of the interview `F' still continues taking dope at least two to three times in a month. Recently, he participated in the Debate competition held at an inter college basis, his team won and he was adjudged the best Debator. He says, everytime I take dope I remember my mothers words, love and affection and it greatly restrained me from indulgence in drugs.

This is a case of a boy who fell into the trap of drugs, out of curiosity created by his peers. His drug taking behaviour did not turn him into an addict. Here we see the influence of a mother's love upon the son. If it had not been for her the son might have turned worse. But in the company of friends away from home he gave in to pressure and took to drugs but here again he did not take to drugs on a regular basis as this would have affected his studies adversely.

## CASE - G

`G' is a twenty year old boy. He is the youngest son of the family with two elder brothers. Both his parents are separated. All of them live with their mother. `G' is doing his B. Sc (1st year) and one of his brothers is studying in college doing his Pre - University Since (Final year) and the youngest brother is still studying in school. His mother is a doctor. Both his parents are not on good terms, but his father visits them often. All the expenses required for the three son's education is borne by the father. His father is a businessman. The total family income is approximately Rs. 7500 per month. `G' was an extremely willing respondent, eager to share his views with the researcher. `G' was educated in a well known English medium school in Shillong, he joined College and is now doing his B.Sc. (Hons.).

At school, `G' was a bright student who always secured either the First or Second position in class. His interests are inclined towards games and sports. At the `School sports Event' `G' was always declared to be the best sportsman in the school. He has a well built physique. His daily routine life from school days was to get up at 4 A.M. go for joggings, come back home, study for an hour and prepare himself for school. That was his daily routine. According to `G' there are several reasons why young people take drugs, one is to be part of the `in group' and

to some because its 'the mod of the day' and some feel that taking drugs is 'part of growing up'. In his opinion it is the intelligent among this College crowd who take drugs, because they are bored and need stimulating experiences. 'G' took to drugs to help him to concentrate and do well in his studies.

'G' first started with ganja and sometimes would also take bhang. He started taking it when he was doing his Pre-University (Science) 2nd year with a hope of doing well in his studies. He found that 'ganja usually relieves fatigue', it helped him to bear more cheerfully the strain and perhaps the monotony of the daily routine but most of all it helped him to concentrate. 'G' says, 'Whenever I study and am not able to understand a particular topic. I take ganja and then everything is clear to me. It also helps me to concentrate on what needs to be done'. As a sports player, 'G' finds that taking ganja does help as it 'increases his appetite' especially when he smokes it in an empty belly. 'G' took ganja at least for three to four times in a week. He has been taking it for a period of more than six months. In the College he participated in co-curricular activities (sports) just as before taking to drugs, his attendance in college was also regular. But to his surprise he found that when he sat for the Final Pre-University examination he found that certain topics which he had studied, when he sat down to write the flow of ideas stopped. He thought the reason may be because he did not take ganja on examination days. Even then 'G' got through the final pre-university examination with a

second division where he secured 58.64 per cent. So on the whole his drug taking behaviour did not have much of an affect on his educational performance.

`G' has kept his drug taking habit a secret from both his mother and father. None of them are aware that their son is on drugs. He feels that if they knew they would be very hurt and shocked. It would affect his mother very much. Very often his mother would tell him `My son, please be very careful with the type of friends that you mix with and do not play with alcohol and drugs. Instead of your controlling alcohol and drugs, they will control your life. You should have a strong will power to say No when offered.' These words kept pricking him. After the final exams, his frequency of drug intake decreased and he then gave up this habit. He says, `I could do it, I took to drugs out of curiosity, or to enhance pleasure but to help me to concentrate and do well in my studies.' Since my exams are over, I did not feel much need for taking the drug.

When `G' was doing his B.Sc. (Ist year), his friends told him that there is one drug available known as Dexidrine, which will help one to study. `G' became curious and interested and fell into the trap of drugs with an intention to fare better in his studies. From then `G' took Dexidrine regularly. One tablet a day for a period of one month from the time of the interview. `G' found that using the drug helped him to study at night, and to stay up for longer hours. This drug also made him

energetic and active. It helped him not only in his studies but it also made him active in games and sports. But just a week before the interview 'G' found a loss in appetite and was also unable to sleep at night. The drug had an effect on his educational performance. He therefore felt the need to consult a doctor.

This is a case of a boy who took to drugs not out of curiosity, depression or peer pressure but who took drugs to improve his educational performance. Though initially he felt that drugs helped him to concentrate on his studies but in the long run it deteriorated his performance. This clearly indicates that when one is still a beginner (novice) or when the frequency of drug use is less it has no perceptible adverse effect but when the frequency of drug use increases then its ill-effect is felt.

#### 6.2. Case studies of the Past Users

(Those Respondents who Have Given up Drug Taking)

##### CASE-H

'H' is a twenty-five year old boy hailing from a wealthy coal mining family in one of the towns of Khasi and Jaintia hills. Alcoholism had claimed the life of his father. Therefore, his history has been taken from his mother. The educational qualification of 'H's father could not be known. His mother is illiterate. After his father's death, his maternal uncle raised him up. 'H' has two elder brothers and a younger sister.

When 'H' was a child, his academic performance was excellent. It was learnt that from class I to class VI, he stood first. But when he reached class VII, he fell into a bad company of friends and his life changed. His maternal uncle had to run the coal mine business and could not devote time to the family. 'H' received sufficient pocket money from his uncle to meet his extravagant habits. Therefore, friends were always around him. Shortly after it was found that 'H' was not serious in his studies. He returned home late from school and started loitering in the evening. At this point of time along with friends he was initiated to dope and bhang. The behaviour and habit of 'H' baffled his mother. She blamed the maternal uncle for negligence of duty towards his nephews and niece. The maternal uncle had little time to spare for them due to the coal mining business. He could not ensure that his nephew was utilising the pocket money to meet his genuine needs.

Curiosity led 'H' to take drugs initially. As inhibitions fell, 'H' tried cough syrup such as Phensedyl and Corex along with dope and bhang. 'H' said that he took drugs for fun, amusement, pleasure, recreation and to be acceptable in the group. Therefore, 'H' was irregular in school attendance and could not cope with studies. It eventually led to his failure, in the final examination. He was detained in the same class for a period of two years. In school none of his teachers were aware that 'H' was on drugs.

Then his uncle put him in a Boarding school away from Jowai to save him from the clutches of his evil friends. For five months 'H' stayed away from drugs and put off his vicious habits. Then 'H' came in contact with a group of students who were on drugs. He developed friendship with them and once again plunged into the habit of drug taking. 'H' took to a harder drugs such as No-4 or heroin, beginning with one shot in two days and the dosage increased as the days went by. As No-4 was not easily available, 'H' and his friends resorted to diazepam.

Physically, drugs caused 'H' to feel excessively sleepy and lethargic. Emotionally, drugs heightened his communication with others. 'H' felt less tense and self-conscious. Drugs always improved his mood. The pleasurable feeling as well as the security of being part of the group motivated him to continue the habit. With regard to studies, it affected 'H' tremendously, he was unable to concentrate as he mostly felt drowsy, sleepy and lethargic, so he failed and was detained in the same class. The school authorities rusticated 'H' and his friends for taking drugs as soon as they discovered the fact. 'H' was re-admitted to the same class in another school in his home town. His drug taking behaviour worsened. A time came when 'H' manifested withdrawal symptoms. 'H' had to drop out from school and was hospitalised for treatment. At this point of time, the uncle and the mother of 'H' castigated him as a useless fellow and disowned him. After recovery of health, 'H' resolved to give up drugs. But

his old friends tempted `H' to take drugs and he gave in. `H' thinks he might have succeeded in giving up drugs if it had not for the influence of his group. `H' had to drop school, he was in no position to study due to the adverse effects of drugs on his body. The use of drugs affected his attendance at school, he was unable to participate in co-curricular activities and his marks score dropped.

At a friends party, `H' met a girl, who was to play a positive role in his life. She on knowing about his condition had compassion upon him. She befriended him and endeavored to help him win victory against drugs. `H' poured out his problem to her. For the first time in his life `H' felt the presence of a true friend. She persuaded `H' to forsake drugs and assured him of her prayers to God. `H' felt that someone still loved and cared for him. She prevailed upon him to sit for the H.S.L.C. examination. He sat and passed in the Third Division. By that time, `H' had quit No-4 or heroin, Diazepam, cough syrup but was still taking dope. Therefore his so called friends who were partners in drug abuse deserted him. She took `H' to attend a Youth Camp organised by the local church. There `H' learnt that Jesus loved him and was willing to save him from drugs and sin and give him a new life. `H' confessed his sin, asked Jesus Christ to forgive him to come into his heart and give him new life to enable `H' to say `No' to the drugs. Since then, `H' has been delivered from the bondage to drug completely. `H's is now leading a drug abuse free life.

Here we see that while on drugs 'H' became irregular in his school attendance, his school marks dropped, he was unable to concentrate in his studies and neglected his studies. Drugs had an adverse effect on his body, reaching a stage where he had to drop school. On the first occasion when 'H' tried to stop taking drugs such as No.-4 or heroin, diazepam and cough syrup but was still continuing to take dope he was able to get through his High School Leaving Certificate Examination with a Third Division. A change took place in his life style only when he totally stopped taking drugs. He was again able to join college, attended Pre-University (arts) class regularly, was sincere in his studies and participated in the college week activities organised by the college which is part of co-curricular activities. He got through the Promotion Examination at the Pre-University arts (First Year).

'H' is now studying in Pre-University (arts) 2nd Year. He gives his testimony of how God saved him from the grip of drugs and gave him new life, to other young people who are slaves to drugs to help them quit drug abuse. Many of them were led to receive deliverance from drug abuse life through his message.

This is case of a boy who fell into the trap of drug abuse due to lack of parental authority, availability of excess pocket money, curiosity, peer-pressure and sense of security with fellow drug abusers. However the boy found new life free from the

clutches of drugs through a religious experience. He found a true friend and a counsellor in the person of a girl whom he met in one of the parties he attended. Drug abusers like him need such help to overcome their problem. It is in such critical movements of their life good friends and counsellors can play a decisive role and redeem such lives. In this case we see the change brought about in the life of 'H'. His behaviour, his relationship with people improved, he began to see himself as a worthwhile human being who is willing to study and to compete, thus bringing about an improvement in his educational performance.

#### CASE - I

'I' is a twenty-two year old fair complexioned, good looking girl. She possesses a pleasing personality. 'I's father had a responsible and prestigious post in the Government service but expired just a year back. 'I's mother is a housewife. 'I' is the sixth of seven children. Her elder brother and sister are working, while she and her younger sister are studying. 'I is doing her B.A. (Ist year).

'I' had her schooling in a convent school in Shillong. When she was studying in class IX, most of 'I's friends took beer and sometimes alcohol. But somehow 'I' did not relish it as it caused vomiting. One day while 'I' was about to have dinner at a friend's party, 'I' saw a group of boys and girls smoking something which was in a cigarette form. 'I' observed and saw

that all of them looked lost in their own world. 'I' summoned courage and asked what they were smoking. They welcomed 'I' with open arms and told her they were smoking dope which was a harmless drug. 'I' became curious and had a dope. Half way through 'I' experienced a weird but beautiful feeling. From then onwards very often at a party 'I' would take dope. 'I' finds that when she takes dope her appreciation of music is greatly heightened. 'I' feels that her perception of sound is sharpened and she says 'I became more aware of the music.' She feels that she plays better music and sings better. It tends to accentuate whatever mood she is in at the time she is taking the drug. So if she is happy she feels happier but if an unpleasant thought intervenes then that would predominate. No one was aware, neither her parents at home nor her teachers at school. She would take to dope at least once/twice in a week but mostly on a Saturday at a party. Usually on Monday, 'I' was unable to attend school she would complain to her parents of a headache and a feeling of lethargy. This went on for about two to three months. As a student at school 'I' was a good student and she had a good command of the English language. Her drug taking behaviour did not affect her educational performance much. She attended classes, did her homework daily, revised her lessons and studied except on days when she took dope. She appeared for the Final Examination and was promoted to class X. She secured 50.44 per cent. She continued taking dope even in class X, but the frequency of use decreased to at least twice a month only on days when they attended parties. She participated in the school annual

concert in dramas and songs. She appeared for the H.S.L.C. Examination and passed in the second division securing 51.21 per cent. She says, 'I do not take dope during the exam time. This is one reason why my drug taking behaviour did not affect my studies.'

'I' entered college, joined the pre-university first year and took Science with the intention of joining the medical college. Everything seemed fine till the time when 'I' s friend introduce her to No.-4 or heroin. They started first with chasing, called 'chasing the Dragon'. This went on for a period of one month. Then later on it went to the extent of injecting No.-4. It started first with one shot once in three days and then it went on to two shots in a day 'I' and her friends pooled money together as one gm. of No.-4 cost Rs. 700/- to Rs. 800/- once. In-order to procure money she went to the extent of stealing money and articles from home. This time 'I' did not attend classes regularly nor did she complete her practicals to be done at home. She says, 'I did not know what was going on in the class.' The effect was that 'I' failed in the College Promotion Examination. 'I' was asked to shift to the Arts Section. This went on for a period of one to two months. Suddenly, one day 'I' started feeling sick and weird. 'I's nose and eyes started watering, there was pain all over the body, especially in the joints. This was followed by vomiting and diarrhoea. 'I' attributed this to some sort of a sickness. She told her friends about it. They advised 'I' to take a shot of No.-4. On taking it

all the pain and other problems also vanished. The shot worked like a magic ward. This was the day 'I' realized that she had been addicted. After this, 'I' was unable to attend classes regularly and could not concentrate in her studies also. The feeling of helplessness and the fear of the turks compelled 'I' to increase the dose of No.-4. When No.-4 was not available 'I' and her friends took to spasmoproxylon. Again 'I' started feeling sick and weird. There was also a loss in her weight. She was unable to attend class or concentrate in her studies. When 'I's parents took her to hospital, it was found that 'I' was on drugs. This was a shock to the family. They could not believe it. After detoxification was done, they kept a strict vigil on her movements. After a period of two months when 'I' joined college they found that she was again using No.-4. The reaction of 'I's family at first was anger, wondering how could she relapsed again after being detoxicated. Not knowing what to do. 'I's parents consulted their friend who was teaching at a college as she also works in the student ministry. She tried her best to help 'I' by being very supportive towards her. She introduced her to a new set of friends and involved her in an Evangelistic Camp held during the Puja vacation meant mainly for college and university students. 'I' realized that the biggest problem that she had was her unwillingness to admit that she had a problem, though she knew that the feeling of helplessness and the fear of turks compelled her to increase the dose. It was in this camp when the speaker spoke to her that the way to recovery for the drug addict is as follows.

- (1) Admitting helplessness. i.e., 'I' has to admit that she is powerless against the power of drugs.
- (2) Committing her life to God.
- (3) Self-examination, i.e., 'I' must admit that she has made a mistake and should ask for forgiveness.
- (4) Letting God change 'I's life.
- (5) Living a responsible and accountable;e life.
- (6) growing spiritually and
- (7) Always be willing to help others.

This message brought about a change in her life. She says, 'I think all of us often perceive situations as hopeless because we place our hope in circumstances and people instead of in the Lord'. As the Bible says, "I can do everything through him who gives me strength" (Phillipians 4 : 13). In the Camp I ask forgiveness from God and prayed asking Him to 'take control over my life and to change me'. It happened, she says, and now for the past four years I've given up drugs, this is possible only by God's Grace. At the Camp 'I' wrote a poem Solace. This poem is a testimony of her life.

#### SOLACE

This poem written by 'I' is one of the messages which speak to the youth especially the drug addict. She says, 'when I was finally flat on my back and the only direction I could see was up, then I saw that my source of salvation was in the hand

and in the simple truth that his love offers hope even in the face of death.

### SOLACE

1. She walked away,  
A shadow disappearing in the morning mist ....  
Frustration, Anxiety and desperation are her best friend.  
Her future, a sinister.
2. Walking alone in the street and alleys of Town,  
Away farer, a traveler searching for company and friends.  
No one to sympathize no one to care,  
The arid, desolate atmosphere,....  
Tormenting her, memories of the past.
3. Who would wipe my tears,  
Who would heal my broken bones,  
Who would erase the trace on the sand .....  
And my footprint on the sea shore,  
Who would restore back my life .....  
From the dungeon of darkness and murky clouds,  
Who would give me liberty  
From the world full of misery.
4. Indeed help, I cried out for help,  
But not one soul would come and rescued me,  
Alone in my closet, I cried out,  
So vulnerable so fragile,  
No one understands, nobody knows.
5. My bed soaked with tears,  
Each drop glistened in the sunlight,  
My song of joy has turned into mourning,  
The melody of my guitar to the sound of wailing,
6. From the distance, the desperate crying voice,  
reverberates on my Ears,  
I listened, I paused....  
where would it come from, Who would it be?  
Yes, the voice of the one I know,  
I woke up. I walked,  
But as deceptive as the mirage,  
I saw no one, no one, no one....
7. Disappointing I came home,  
Praying and interceding for the soul,  
Revelations came,  
It's Ramona, the friend I know,

She needs love divine love,  
The love of God above,  
She needs freedom to set her free from the bondage of sin and  
slavery'  
Freedom from deceptions and lies,  
Freedom from vanity and pride,  
Yes, she needs freedom.

8. Jesus is the ultimate answer to the puzzling,  
Perplexed problem,  
He will give you peace, love and freedom;  
Come to him my friend,  
Come to him he will wipe away your tears, doubts and fears.

9. The intrinsic beauty you have,  
The voice and talents you possess;  
He will use you for his glory,  
He will give you rest,  
Love, Peace and everlasting joy,  
Yes, He will.

She often tells the other addict saying 'If he can change the heart of a crusty addict like me, no doubt he can change you and those you love. Just submit your life to him. 'God is the source of our hope and give it all to him'. 'I's life is a blessing to many. There is a tremendous change in her behaviour.

Here we see that 'I' started taking drug from the time when she was at school studying class IX. She took to 'dope'. Initially her drug taking behaviour did not affect her educational performance. She got through her H.S.L.C. examination without any difficulty. On reaching college, when she took to harder drugs such as No.-4 or heroin, it affected her studies. Her attendance at college became irregular. A day came in 'I's life when she stopped taking drugs, this brought about a change in her life. There was an improvement in her educational performance. She appeared for the Pre-University (arts) Final

Examination as a non-collegiate candidate and got through in the Second Division with 49.4 per cent marks. Then 'I' joined college for B.A. Ist year. Now for a period of eight months, she she attends her classes regularly, devotes her time for library work with an intention to do her MSW as her ambition is to work in a Rehabilitation Centre catering for drug addicts. She's doing well in her studies. She is a living example to all.

This is a case of young girl who turned into a drug addict. Curiosity and influence of friends hooked her to drugs at a young age. The drug affected her educational performance. Her parents were unaware of her manifested physical symptoms. No sooner did they knew her problem than they provided help through right persons. She received delivery from the bondage of drugs experience in a youth camp. Here we see the role of religion and the parents i.e. the youth organisation (Student Ministry) in enabling her to lead a drug free life style. She is now helping other drug users to escape from its clutches and make them useful members of the society once again. After she stopped taking drugs, we see that there was an improvement not only in her behaviour but also in her educational performance, her ambition is now clear and she's inspired to work for the drug addicts.

## CASE - J

`J' is the eldest son in a family of three children. His two younger brothers are studying in college. Both parents are graduates, but his mother stays as a house-wife. The family income is approximately 4,500/- per month. `J' completed his high school in a well known English medium school. At present he is studying his B.Com 2nd year at college.

Being the eldest in the family among the two younger brothers `J' felt a little neglected. `J' felt that his parents showered more of their love and affection on the two younger brothers. Many a time `J's mother would say `Oh! how we wish that you were a girl. Your father & I wanted our first child to be a girl but instead you were born. I hate you!'. This statement very often hurt `J' very much. Any small mistake made by `J' would upset his parents. His mother remarks, "you're a good for nothing fellow, look at your younger brothers, who are smarter and more brilliant." In anything that `J' did a comparison was always made with the other two brothers, no word of appreciation would ever be given to `J' in whatever he does. Once, in a school concert `J' was given a prize for being the best singer and guitarist. He felt very happy and thrilled thinking that this would make his parents very happy and proud. Instead both of them were silent and words of encouragement was given only to the younger brothers. There were times in my life says `J' when I loathed my parents and my two younger brothers and I often thought to

myself. Why do they treat me like this, am I not their child ? This question often hurt `J', he could never feel that he was part of the family. `J' became very unhappy and depressed. Some of his friends who knew his problem suggested that he try drugs since they are reputed to elevate the mood and make one feel happy. `J' took to ganja and bhang with the hope that this would turn out to be true. He says that he turned to these purely for therapeutic reasons in the hope of finding a cure for his depression. This was the time when `J' was in class X. `J's first experience with drugs was extremely confusing. He did not know where he was, or what he was doing and could not understand what was happening to him. He tried drugs again to verify his feelings, and found that the second experience was a more encouraging one. His subsequent experiences were even bitter. He felt light-hearted and happy and this reinforced his initial hope that drugs would be able to help him. But there was a slight effect on his studies, since it produced a slight sensation of drowsiness and decreased the power of concentration and caused sleepiness. Sometimes `J' found himself unable to sit for longer hours in the night to study. When the time for the final examination approached, `J' reduced his drug intake and was able to get through the H.S.L.C. examination with a second division.

`J' joined college, doing P.U. (Commerce) 1st year. His parents were not happy that `J; joined the commerce stream. They wanted `J' to take up the Engineering course. Since his percentage of marks was only 49.5 per cent `J' could not make it

to the expectation of his parents, again he was scolded and railed for joining the commerce stream. It affected 'J' and this time he took to harder drugs spurred on by the feeling of resentment towards his parents. He took to Relipin and Spasmo-proxivon. He stopped caring for anything around him, he neglected his studies and his personal experience. Since 'J' was a good singer and guitarist, his friends who had formed a 'band' or a 'pop group' asked 'J' to join them. He agreed to the proposal and joined the group. Under the influence of drugs all his perceptions were affected and heightened. He found that with the use of drugs he could appreciate music better. He became aware of every subtle nuance and could detect every flaw. 'J' says, drugs stimulate his creativity. He is able to have a stronger feeling for beauty in all form and is often inspired to compose songs. 'J' is a good singer and guitarist and he felt that by using drugs he can sing and play the guitar better. 'J' feels that music and drugs go hand in hand. He says "The Beatles whom we all love were one of the many pop groups who advocated and glorified the use and effects of drugs. Songs like 'Strawberry fields, Hey Jude, Lucy in the sky with diamonds' are example. Jeferrson/Airplane/Starship sings "... one pill makes you larger Uppers) and the other makes you small (downers)" Rolling Stones "Sister Morphine" is a tribute to both morphine and cocaine, as is the Manas and Papas " Trip, stumble and fall". Donovan's "sunshine superman" and "Mellow yellow" both praise the rumbling effects of drugs. Pink Floyd offers the sensation of being "comfortably Numb" in its LP the Wall. "I can ease your pain, and get you on

your feet again. Neil young sings "Oh' to on sugar (Heroin) Mountain" Listening to these songs, it had a `Profound effect on `J' on the acceptance of drugs. `J' along with the friends in his group now turned to No 4 or heroin. `J' says `It give me a real warm, mellow feeling, it puts everything at ease and relaxes the nerves. It stimulates the freedom of my ideas'. `J' took one shot in two days. This continued for a month and a half, until he recognized that the original dosage was no longer supplying the wanted effect, so the dosage was increased to at least a shot every day. This continued for two months. At this point of time study was not at all important, what was important to `J' was the drug; he says `its my life'. That year `J' could not appear for his Promotion Examination in the College. His irregularity in class attendance at college made his teachers think that it was due to ill-health; none of his teachers were aware of his drug taking behaviour, only `J' friends knew that he was on drugs `J's dosage of drug increased to at least two shots a day and the symptoms progressed to vomiting, hot flushes, diarrhoea pain in the joints and so or. Now `J' begin to take the drugs to get relief from the withdrawal symptoms. Till A day came when `J' went to hospital for detoxification. When his parents came to know about his drug-taking behaviour, they disowned and ostracized him saying that he has brought disgrace to the family. `J' had no other alternative but to take shelter with his friends in the pop-group. He had no money, to meet his needs, for a few days his friends helped him but `J' said `this could not go on until a day came where he worked as a handyman of a taxi just to get

money to contribute along with his friends. Since he did not have enough money to buy No-4 or heroin again 'J' suffered from withdrawal symptoms such as constriction of pupils, body ache, watery nose and eyes, constipation and excessive sweating. His friends had to take him to hospital for detoxification. They helped him, in meeting all his needs. But while at hospital, 'J' felt an emptiness within him, a loneliness, where he felt that even his loved ones had failed. After leaving the hospital, there was no other alternative but to go back to his friends with a fear of falling again into the trap of drugs.

At that time in Shillong, there was a crusade organised by the Billy Graham Team 'World Mission', 'J' had no where to go, so he attended the crusade. It was here that the speaker spoke that "The real war in which men and women are engaged is a war of rebellion against God. This rebellion has brought about destruction, suffering, misery, frustration, and a thousand of ills to the population of the world. He said, 'God longs to see this rebellion cease. He sent his son, Jesus Christ to the cross as a demonstration of his love and mercy. He ask us to come to the cross with repentance. When dark stormy clouds obscure the sun and hope is looking dim, Place all your loving trust in god, and ride the storms with Him.' These words touched the heart of 'J', he hated himself for what he had done, he realized that the drugs he used had brought to him only suffering, misery, frustration & destruction. There was no peace in his heart. He always felt rejected & neglected by his parents but 'J' was happy

to know that his Father in heaven loves him. He promised to give him peace if he will come to Him by faith. As he sat among the thousands of people, he felt lonely & miserable; tearfully he made his way to the front to stand with the others, indicating his need of repentance and asking to receive Jesus christ as his Saviour. `J' said, "That night I made my peace with God. I never dreamt what a powerful transformation would take place in my life'. From then `J' lost all taste for drugs, and he too till today is a living Testimony to others.

`J' returned home, asked forgiveness from his parents, shared his experiences with them. Seeing his whole being changed his parents accepted him. From among the friends in the pop group, his testimony changed the life of two members in the group. At present they play only Gospel songs. Due to his drug taking behaviour `J' failed or was detained in the same class i.e. P.U. 2nd (Commerce) for a period of two years. After giving up drug his life changed, `J' attended classes regularly, participated in co-curricular activities such as college week & got through his P.U. (Com) with a 2nd division and at present `J' is doing his B.Com. 2nd year a completely changed young man, who was always willing to help & serve others who are in need.

This is the case of a boy who embraced drugs for peace and happiness in life. His family accorded him a discriminatory treatment. He felt neglected and forsaken. Soon his mind was flooded with feelings of frustration and depression. His

psychological predisposition offered a fertile ground to cultivate a habit of drug use. His acquaintances/friends suggestion to try drugs could be readily accepted and acted upon. At this critical juncture of his life, he received no help from right persons. Therefore he turned to drugs for shelter under drugs but in the long run drugs ruined him. It affected his educational performance. In this hour of helplessness he found God's help in a religious meeting. His life suddenly changed for the better. He found a new life in Jesus christ. Now he no longer need drugs to give him peace and happiness. This case study underscores the need for a cordial family relationship, counsellor, and church/non-governmental organisation in combating the menace of drug abuse.

#### CASE - K

`K' is a twenty year old boy tall and handsome. `K' is the youngest son in a family of three children. His eldest sister is an Engineer and his brother is an administrative officer. Both parents are graduates. His mother is a school teacher and his father works as an Engineer in the government service. The family's income is approximately Rs. 8,000/- per month. `K' completed his schooling from a well known English medium school. At present he is studying in Pre-University Arts (Final Year) at college.

`K's initiation to drug was through the influence of his friends who described its wonderful effects to him. So `K' tried drug only out of curiosity and to be part of the group. `K' was studying in class IX at the time when he had his first drug experience. He feels that most young people take drugs out of curiosity and to be the part of the 'in-group'. `K's first drug experience was with Phensedyl. He took it at least once to two times in a month, to the extent of getting a kick. Then he took to ganja and bhang at least twice in a week. Taking ganja or bhang made `K' feel happy and light-hearted. His mood usually improves when he took drugs. When taking ganja in the initial stage, `K' always had a craving for food and especially sweets. He was happy about it, thinking that it would help in building up his muscles. In the beginning it had no effect on his studies, instead it helped `K' to concentrate on what needed to be done and he did it cheerfully and willingly. It gave the vigour to work. But later on when the dose increased, sometimes it made `K's appetite for food swing. Negative reactions developed in `K' such as dizziness, foggy eyes, sleepiness and dry mouth. This was the time when there was a fall in `K's school marks and he was unable to participate in co-curricular activities such as games and sports. This habit went on for nearly one year. `K' managed to get through class IX with only 39.58 per cent. When he was promoted to class X `K' decided to give up this habit with a fear that it would impair his health and affect his studies. For one month during the winter vacation, `K' was able to stop taking drugs. But once his friends came back from home and joined

school, then `K' started taking drugs again. His friends brought from their home town a drug known as No-4 or heroin which in Shillong costs Rs. 700-800/- for 1 gram. They offered `K' a shot saying you'll find that life passes swiftly, as if you are in a dream'. So when No-4 or heroin was injected into his vein he felt a sudden flush of warmth in the stomach and a pleasurable effect swept in. Nothing bothered `K' felt as if he was in a dream. From then `K' used No-4, where he and his friends would pool in money to buy the drug. First he started with one shot in a week, then he increased his dose to twice in a week. He went to the extent of stealing the money and articles from the house in order to support his drug taking habit. At this point of time his drug taking behaviour affected his studies very much. He stopped attending classes regularly and abstained from the Selection Test Examination and stayed away from participation in any type of co-curricular activity organised in school. His friends would call him a `junkie'. He neglected his studies and personal appearance. His teachers in school noticed the change in his behaviour and warned him. `K' and his friends defied such warning. Instead the dosage taken by `K' got larger. That year `K' and his four friends were not sent to appear for the H.S.L.C. Examination. When the school authorities informed `K's parents that their son was on drugs. They found it very difficult to accept the fact that `K' was an addict. Though they were annoyed, perturbed and angry both parents suggested that it would be best to take `K' to a Rehabilitation Centre. After much persuasion `K' agreed to go the Rehabilitation Centre.

It was here in the Rehabilitation Centre that 'K' learnt to live a drug-free life style. 'K' had some common personality traits like intolerance, resentment, self-pity, fear of rejection, fear of failure and assertiveness. Acceptance of these feelings through individual and group therapies helped 'K' to understand himself better. It helped 'K' to make decision, to be able to say 'No' to drugs, to handle stress, to develop a positive integrated view of life, of one's place in one's social network of relationship, to deal with all events (misdeeds) committed at the time of addiction and to re-enter the academic stream. After coming back from the Rehabilitation Centre, he prepared himself for a period of ten months to appear in the H.S.L.c> examination. He got through in the second division with 53.94 per cent marks.

'K' says, 'I know what my parents, brother and sister must have gone through the period when I was on drugs. Their initial reaction was fear and anger or resentment. The fear may be for the damage that the drugs can do to me and to the future in store for me. Anger for the disorganisation caused in the family and resentment at the unfair deal received in exchange for love, freedom and trust. But they tried their best to understand, accept and support me at all times. I am what I am today its because of them. I thank God for giving me a wonderful and honourable family'.

Today 'K' is free from drugs and is doing his Pre-University (Arts) final year. Now he attends classes regularly, resolves to study hard and sit for competitive examination. He says, 'I should be someone in life, and be able to stand on my own feet. I should make up for what I have lost in the past'. His life is also a testimony to other drug users. At the Rehabilitation Centre 'K' wrote these words,

Had I no hills to climb,  
No darkness to walk through,  
No confusion to deal with,  
I could not truly know how  
much my family meant to me,  
I could not truly know the  
presence of the living God.  
I thank you God and all who  
brought about a change  
in my life.

Here we see that 'K' was initiated to drugs out of curiosity. He tried it on the spur of the moment, the introduction took place in a group of friends. He never believed that he would become addicted. Perhaps we see here the same mechanism that allows a soldier on a battlefield to surge forward and continue fighting while he sees soldiers around him dying from wounds. One can be firmly set in the belief that the self is inviolable, unique and not subject to suffering, or death..... Just like 'K', no one decides to become an addict just as no one decides to die on the battlefield. Here we see the strong influence of peer pressure, i.e. to be part & parcel of the 'in-group', where a sense of security is felt. Another interesting feature noted here is the family support rendered to 'K'. They

all come together as an intimate family unit. Intimacy in the family has been seen as the basic interpersonal variable essential for the maintenance and prolongation of close relationship. Its presence has been seen as the antidote for depression in the family. Therefore, for the family of the addict, intimacy is a vital component.

#### CASE - L

`L' is the only son of the family. He is nineteen years old. His father is a rich businessman and his mother does not work. The family income is approximately 8,000/- per month. `L' completed his high school in one of the best English medium school meant for boys. At present he is studying his Pre-University science (Final year).

Being the only child in the family his parents and relatives pampered him. He was the `Apple of their eye'. `L's parents were God fearing people, conservative in their approach towards life. They imbued from childhood that `L' as a Christian should be committed to quality and excellence as this is one way of glorifying God. Therefore it made `L' to be hardworking and sincere in his studies. As a boy at school, `L' was good in studies, sports, debates and dramatics. He was one of the outstanding student in school. He passed I.C.S.E. at the age of sixteen. He got a First Division and secured 81 per cent. He had a happy childhood in every sense of the term. He joined college

for the Pre-University (Science) course with an ambition of becoming a doctor.

When 'L' joined college he worked very hard, participated in different types of co-curricular activities organised in the college. He found favour in his teachers' eyes for his pleasing manners. 'L' would discuss with his friends about his studies and how he wished if he could study more at night in order that he would be able to do well in his Examination, as today there is a lot of competition. If one does not get a good percentage, one will not be able to go for medical. The fear of not being able to do well always haunted 'L'. He discussed it with his friends. One of them suggested 'L' to take a tablet known as 'Dexidrine'. It would enable him to stay awake for longer hours at night to study. 'L's initiation to drugs was not out of curiosity or to overcome depression but to be able to improve high academic performance to fulfill his ambitions. So 'L' started taking 'Dexidrine' one tablet a day. It made him feel energetic, alert, active, and euphoric. He found he could cope better with his studies. When he appeared for the Promotion Examination held in the college, he did very well. Everyone was very happy with his results both at home and in the college. No one was aware that 'L' was taking Dexidrine. This went on for a period of three months. After sometimes, 'L' found that there was a loss in his weight as there was no appetite for food. At night he was unable to sleep. This affected his health. His parents were concerned thinking that 'L' must be suffering from insomnia.

The doctor not knowing that 'L' is taking Dexidrine prescribed calmpose one tablet every night to induce sleep. So 'L' followed a pattern of taking **Uppers** (Dexidrine) in the morning and **Downers** (sleeping pill) at night. 'L' continued this habit of taking a sleeping pill for three weeks. 'L' thought that this habit of taking calmpose every night would effect his studies. So he increased the dose of Dexidrine to 2 tablets per day. This led to hyperactivity, extended wakefulness and loss of appetite. 'L' was unable to concentrate in his studies. He exhibited profound depression, irritability, apathy, fatigue, disturbed sleep and jitterness. This led to physical and mental problems. For a period of nearly three weeks he was unable to sleep. Everyone was worried both his parents and his teachers at college. One teacher noticed the change in his behaviour and asked if he had been using drugs. Point blank 'L' denied stating No. All this while 'L' had kept his drug taking a secret from his parents and relatives. He was very ashamed of having betrayed their trust and confidence in him. Finally, he took the courage and told his parents. 'L's parents were struck dumb, shocked at their son's behaviour and did not know how to tackle it, their reaction at first was anger and fear. They consulted a doctor who advised them to take 'L' to a rehabilitation centre. 'L' did not know what to do but to comply with his parent's suggestion.

'L' went to a rehabilitation centre, a confused person not knowing what the future held. His parents accompanied him. It was there that he learnt that first of all he should admit that

he was powerless and that he should turn to God for help. Another important thing that 'L' learnt was that in-order to stay away from drugs he had to take care of his addictive personality like selfishness, fear of failure, fear of rejection, a sense of guilt for one's deeds. 'L' realized that unless these defects were accepted and taken care of he cannot stay away from the drug. Programmes/Activities like prayer, work therapy, recreation, narcotic anonymous meetings, individual and group psychotherapy and community meetings all helped 'L' to regain his self-confidence. He says, 'What is important is that one should have a strong will power to give it up and face the world again'. At the rehabilitation centre he learnt that it is never too late to make a new beginning.

After loosing a year, unable to sit for the final examination 'L' took a vow and prayed to God. Both of his parents and 'L' would sit together and pray to God for help. 'L's mother would say, 'God will help you my son to give up your old ways, and start a new beginning, to join the main stream of life again. God grants power to the faint and to them that have no might he grants strength. For the past eleven months 'L' has been living a drug free life style. He is preparing for the pre-university (Sc.) final examination putting his trust in God that his ambitions will be fulfilled as this is one way of glorifying God.

This is a case of a boy who fell into the trap of drug compelled by an aim of excelling in his studies. At the initial

stage the drug helped him to stay awake, it made him active and he did well in the college promotion examination. But later on when the dose increased it affected not only his health but also his studies. He was unable to concentrate or even appear in the pre-university final examination. However, the boy was free after getting treatment at the rehabilitation centre and is now serious in his studies preparing for the Final Examination. His family played a positive role in helping him to overcome the addiction. This case indicates the necessity of a rehabilitation centre and a family support to help in combating the menace.

### 6.3. Conclusion

The case studies of the seven current drug users and five past drug users provide an enlightening record of the personal experiences of each case, revealing their inner strivings, tension, motivation that drove them to action, the effect that it had on them especially in the area of their educational performance, and the factors influencing the past drug users to give up the drug and the changes brought in their life style (especially in the area of educational performance) after discontinuing the drug.

CHAPTER VII

SUMMARY OF THE FINDINGS, EDUCATIONAL IMPLICATIONS AND SUGGESTION  
FOR PREVENTION OF DRUG ABUSE

## 7.0 Introduction

The analysis of the data and the findings of the study was presented in Chapter IV and V and the Case studies was presented in Chapter VI. This present Chapter consist of four sections. Section 7.1 gives the summary of the findings, section 7.2 indicates the educational implications. Section 7.3 depicts the suggestions for prevention of drug abuse and section 7.4 gives suggestions for further Research.

### 7.1 Summary of the Findings

The following are the summary of the findings. There are four sections in the results for Drug abuse among the college students, its effect on their educational performance and its prevention.

#### 7.1.1 Background Information of Current and Past Drug Users

- (i) . The study shows that the problem of drug abuse is more prevalent among the college students studying in the urban areas of Shillong and Jowai even though some of them are also found in one rural college of Khasi and Jaintia Hills.
- (ii) The prevalence of drug abuse is more among the males being 85 per cent and still low among the females being 15 per cent.

- (iii) It was found that the age group 15-19 years constitute the bulk of the drug users. It further shows that the proportion of drug user gradually decreased from the age group 21-27.
- (iv) It shows that drug use attracts students irrespective of their religious background.
- (v) The incidence of drug use was found to be higher among those who stay away from home.
- (vi) Majority of the parents of the drug users are literate being 98.74 per cent and only 1.26 per cent are illiterate.
- (vii) The average family income of the respondent was found to be Rs. 4111.11. The income distribution pattern indicates that a larger proportion of drug users belong to the middle income group followed by lower income and higher income groups in that order.
- (viii) The family size of the drug users was not very large so as to create difficulty in maintaining disciplines at home.
- (ix) With regard to the birth order of the respondent, the highest was among the youngest children which is 41.00

per cent, the eldest sibling being 2.75 per cent followed by the only child of the present being 20.50 per cent and lowest being 16.75 per cent belonging to the middle children.

#### 7.1.2 Drug Use Among the Current User

- (i) The bulk of the Current users, i.e., 83.61 per cent were initiated into drug at the age group 14 to 18 years. This age group seems to be the most drug prone age. This is the school and college going age.
- (ii) The influence of friends is maximum in introducing the Current users to their first taste of drugs that being 55.28 per cent. Mass media had its impact on 15.83 per cent cases 23.89 per cent had taken drugs without being prompted by any person, 4.17 per cent were being influenced by their family members.
- (iii) The drug user started with soft drugs and ultimately to hard drugs. The first type of drug used by 48.88 per cent respondent was cannabis, 35.53 per cent took to cough syrup, 6.67 per cent took to narcotic analgesic such as Heroin/No.-4, smack and analgesic. Very few of the respondents took to amphetamines, Benzodiazepenes (sedatives and tranquillizers) non-

narcotic analgesics, anti-histaminics and volatile solvent.

(iv) The first type of drug used by males and females was cannabis followed by cough syrup. Amphetamines and volatile solvent among the females and followed by narcotic analgesic, Benzodiazepenes (sedative and tranquillizer) and non-narcotic analgesic. Anti-histaminics was not taken by the females. Whereas among the males it was followed by narcotic analgesic (Opiates). Benzodiazepenes (sedative and tranquillizer). Non-narcotic analgesic, volatile solvent followed by amphetamines and anti-histaminics.

(v) Among the Current user, 68.33 per cent belonged to the category of the Occasional user, 21.94 per cent belonged to the category of the Regular user and 9.72 per cent belonged to the category of the Addicts.

(vi) The causes leading to drug use is being divided into five categories. They are the (a) Psychological factors, (b) Social factors, (c) Educational factors, (d) Physiological factors and (e) Miscellaneous factors.

(vii) From a total of 360 Current drug users, 353 (98.06 per cent) have stated the psychological factors, i.e.,

18.13 per cent used drugs to relieve tension, relaxation, 17.28 per cent to satisfy curiosity, 16.43 per cent to ease depression, forget miseries of life or uncertainty of the future, 16.15 per cent to make them feel good, get high and again 16.15 per cent for kicks. 13.03 per cent to have a new experience, 2.27 per cent to remove boredom and 0.56 per cent to intensify perception. The study further shows that the highest percentage is 17.50 per cent among males and 24.24 per cent among females in order to relieve tension and facilitate relaxation followed by 17.18 per cent among males to satisfy curiosity and 21.21 per cent among females to ease depression and forget miseries of life.

(viii) From a total of 360 Current drug users, 300 (83.33 per cent) stated the social factors to be the cause leading to drug use. 38.67 per cent took drugs, the reason being to be acceptable in the group and 32.67 per cent took drugs to keep up with the 'in-thing' 'mod of the day'. 32.09 per cent males and 37.50 per cent females took drug in order to be acceptable in the group and 30.06 per cent males and 43.75 per cent among females took to drugs to keep up with the 'in thing', 'mod of the day'.

(ix) 196 respondents from out of 360, i.e., 54.44 per cent have stated the educational factors to be one of the

causes leading to drug use, i.e., 39.80 per cent believe in the myth that drug helps in increasing concentration in studies, 27.04 per cent believe that it will help them to improve studying 33.16 per cent states that it helps one to perform better in an examination.

(x) From a total of 360 Current drug users 150 (41.67 per cent) have stated the physiological factors to be the cause leading to drug use, 35.76 per cent took to drugs to be able to stay awake for larger hours to study at night. 27.15 per cent took drugs to have a good appetite and 12.58 per cent to be able to keep the body slim and trim. Both males and females took drug to be able to stay awake for longer hours. An interesting feature to be noted here is that 65.52 per cent females took to drugs such as Dexedrine (Amphetamines) to keep the body slim and trim and 33.88 per cent males took to drugs such as ganja (cannabis) to have a good appetite which will help them in body building.

(xi) 19 respondents (5.28 per cent) from out of 360 Current users have stated the miscellaneous factors such as sharpening of religious insight, self-understanding, to get over problem in the family, failure in examination, disappointment in love, in friendship and conflicting in understanding life.

(xii) The study shows that the main source where drugs are usually obtained are from Drug stores being 35.59 per cent, friends being 35.56 per cent, peddlers 14.17 per cent and pushers 11.11 per cent and 0.27 per cent from the medical practitioners. This shows that no strict vigilance is put on drug stores.

(xiii) Coming to the type of drug used the study shows that cannabis (ganja/dope, hashish and bhang) was mostly used by 63.89 per cent of the current drug users this is being followed by cough syrup being 48.06 per cent, next followed by non-narcotic analgesic (spasmoproxivon Fortwin, Relipin, Pamagin) then comes Benzodiazepenes (sedative and tranquillizers) being 23.33 per cent and Narcotic Analgesic (opiates) being 15.00 per cent. Only a few of them took to drugs such as volatile solvent (6.94 per cent) amphetamines (6.67 per cent), Barbiturates (0.83 per cent), Anti-Histaminics (4.72 per cent) and Hallucinogen - L.S.D. (0.28 per cent).

(xiv) The drug most favoured by males is cannabis (67.63 per cent) followed by cough syrup (51.28 per cent), Non-Narcotic Analgesic (27.88 per cent), Benzodiazepenes (21.79 per cent) and Narcotic Analgesic (Opiates 16.53 per cent) whereas among females Amphetamines was mostly favoured being (50.00 per cent) followed by cannabis (39.58 per cent), Benzodiazepenes (sedative and tran-

quillizers) being (33.33 per cent), volatile solvent being (27.08 per cent) and cough syrup also being (27.08 per cent). This shows that the type of drugs taken by males and females slightly differs. Some are favoured by both sexes and some type of drug are more favoured by males than by the female drug users and vice versa.

(xv) Most of the Current drug users i.e., 27.78 per cent had taken drugs for a period of less than six months, 23.61 per cent for a period of 6 months to 1 year, 17.78 per cent for a period of 1 year to 2 years, 9.16 per cent for a period of 2 years to 3 years and only 1.67 per cent have taken it for a period of more than 3 years.

(xvi) The study also shows that attempts have been made by 56.94 per cent of the Current drug users to discontinue taking drugs and 43.06 per cent of them did not try to do so. Those who tried fail in their attempt as they felt restless due to withdrawal syndrome, they suffered from headache, body cramps and muscular pain. The distress experienced were both somatic and psychological. Those who did not attempt to discontinue taking drugs the reason being for fear of withdrawal syndrome and peer pressure.

(xvii) The study shows that the effect of drug use on the educational performance of the Current users is there but its effect differ in the three categories of drug users, i.e., the Occasional user, Regular user and Addicts. The study shows that in the category of the Occasional user after drug use the percentage of first and second division holders decreased to 52.03 per cent from 66.67 per cent before drug use. While there is an increase among those who obtain 44.9 per cent marks below that being 47.97 per cent since before drug use only 33.33 per cent got in between 33 per cent to 49.9 per cent marks and none of them got below 33 per cent marks. The study shows that drug abuse does effect one's percentage of marks in the category of the Occasional users though its effect is less noticeable. It further shows that in the category of the Regular users (Current user) there is a decrease on those who obtain first and second division to 29.12 per cent, as before drug use 69.62 per cent secure first and second division. There is an increase on those who obtained below 44.9 per cent marks below that being 70.88 per cent as it was only 30.38 per cent before drug use and none of them secured below 33 per cent marks. It reveals that the effect of drug abuse on the percentage of marks obtained by the regular user is evident. The study shows that among the Addicts there is a tremendous decrease that being only 8.57 per cent on

those who got first and second division marks as before drug use as much as 68.57 per cent got first and second division after drug use, majority of the Addicts, i.e., 91.43 per cent got below 44.9 per cent marks. It shows that the effect of drug abuse on the percentage of marks obtained by the Addict is evidently seen.

(xviii) Coming to the effect of drug abuse on the class attendance of the Current user. The study shows that in the category of the Occasional user after drug use 94.31 per cent is still found to be regular and only 5.69 per cent is found to be irregular in their class attendance. The study also shows that in the category of the Regular user after drug use 68.35 per cent is still found to be regular and 31.63 per cent is found to be irregular in their class attendance. Among the category of the Addicts after drug use only 8.57 per cent is found to be regular and 91.43 per cent found to be irregular in their class attendance. This clearly shows that the effect of drug abuse on the class attendance of the Occasional user is there but it is less noticeable while the effect of drug abuse on the class attendance of the Regular user is evidently seen but the effect is tremendously seen in the category of the Addict.

(xix) With regard to the effect of drug abuse on the attendance in class test of the Current users. The study shows that in the category of the Occasional user after drug use 67.07 per cent is still found to be regular and 32.93 per cent is found to be irregular in their attendance in class test. This shows that the effect of drug abuse on the Occasional user's attendance in class test is less noticeable. The study further shows that in the category of the Regular user after drug use only 32.91 per cent is still found to be regular and 67.09 per cent is found to be irregular this clearly indicates that the effect of drug abuse is evident. Among the category of the Addict after drug use all 100 per cent became irregular in their attendance to class test. Thus showing that the effect is very much evident among the category of the Addict.

(xx) Coming to the effect of drug abuse on revision of lesson of the current drug users. The study shows that in the category of the Occasional user after drug use 48.37 per cent is still found to be regular in revision of lessons and 51.63 per cent is found to be irregular, Here, the effect of drug abuse on the revision of lesson among the Occasional user is evident. The study also shows that in the category of the Regular user after drug use 31.65 per cent is still found to be regular and 68.35 per cent is found to be irregular in

their revision of lesson. In the category of the Addicts the study shows that after drug use all 100.00 per cent became irregular in their revision of lesson indicating the tendency of irregularity in both among the Regular users and especially the Addicts.

(xxi) With regard to the effect of drug abuse on the Current user's completion of home-assignment. The study shows that in the category of the Occasional user after drug use 80.49 per cent is still found to be regular and 19.51 per cent is found to be irregular in revision of lesson. In the category of the Regular user after drug use only 51.90 per cent is still found to be regular and 48.10 per cent is found to be irregular in completion of home assignment. Its effect is much more evident among the category of the Addict as after drug use all 100 per cent became irregular in the completion of home-assignment. The effect of drug abuse on the Regular user in completion of home-assignment is evident than compared to the Occasional user.

(xxii) Coming to the effect of drug abuse on the regularity and irregularity of study of the Current users, the study shows that in the category of the Occasional user after drug use 47.56 per cent is still found to be regular and only 52.44 per cent is found to be irregular in one's study. This shows that the effect

of drug abuse is evident among the Occasional user though not as much as that of the Regular user. Among the Regular user after drug use 31.65 per cent is still found to be regular in one's study and the bulk of 68.85 per cent is found to be irregular in one's study. In the category of the Addicts none of the Addicts, all 100 per cent is found to be irregular in one's study indicating that the effect of drug abuse is evidently seen in this category of drug users.

(xxiii) With regard to the effect of drug abuse on newspaper reading by the Current user. The study shows that in the category of the Occasional user after drug use 85.77 per cent is still found to be regular in newspaper reading and 14.23 per cent is found to be irregular. This clearly indicates that its effect is less noticeable among the Occasional user. In the category of the Regular user after drug use only 67.09 per cent is still found to be regular in newspaper reading and 32.91 per cent is found to be irregular in newspaper reading. So its effect is evident among the Regular user than that of the Occasional user. In the category of the Addict it is found that after drug use only 8.57 per cent is still regular in newspaper reading and 91.43 per cent have shown their lack of interest in newspaper reading. So its effect is more evidently seen in the category of the Addicts.

(xxiv) Coming to the effect of drug abuse on the Current user's participation in co-curricular activities. The study shows that in the category of the Occasional user (Current user) after drug use 97.97 per cent is still participated in various types of co-curricular activities and only 2.03 per cent did not participate in any type of co-curricular activities. They still participated in two to three types of co-curricular activities. Coming to the category of the Regular user after drug use 50.63 per cent still participated in the different types of co-curricular activities and 49.37 per cent did not participate in any type of co-curricular activities. After drug use the study shows that only a few Regular users still participated in two types of co-curricular activities and none of them participated in three types of co-curricular activities. In the category of the Addicts after drug use only 11.43 per cent participated in the different types of co-curricular activities and 88.57 per cent did not participate in any type of co-curricular activities. These few who participated is found to have participated only in one type of co-curricular activity. They did not participate in physical and academic activities which requires strength, stamina and mental ability. So it can be said that drug abuse does affect one's participation in co-curricular activities but in the category of the Occasional user

its effect is less noticeable, its effect is evident among the Regular user and its effect is much more among the category of the Addict. This shows that when the frequency of drug use increases it does deteriorates one's educational performance.

### 7.1.3 Drug Use Among the Past User

- (i) Coming to the duration of drug use among the Past user the study shows that 30.00 per cent of the Past users took it for a period of less than six months, followed by 22.50 per cent who took it for a period of 2 years to 3 years, 20.00 per cent for a period of 6 months to one year, 15.00 per cent for more than three years and 12.50 per cent for a period of one to two years.
- (ii) The study shows that 47.50 per cent belonged to the category of the Occasional user, 40.00 per cent to the category of the Regular user and 12.50 per cent belonged to the category of the Addict.
- (iii) The type of drugs taken by Past users corresponds with the types of drug taken by the Current users.
- (iv) There are a number of factors which led the Past user to abstain from taking drugs. It is found that in this study the main causes of discontinuation were social,

personal, physiological, religious, ethical and economic reasons. From among these religious reason have played a major role in helping the Past drug users to discontinue taking drug that being 53.85 per cent and 52.38 per cent discontinued taking drugs due to influence of parents and 43.48 per cent discontinued due to fear of becoming hooked to the drug.

- (v) The study shows that 72.5 per cent Past users have stopped using drugs for a period of 6 months to 1 year and 1 year to 2 years. The median of the period of time when the past users stopped taking drug is 1 year.
- (vi) All the 100 per cent of the Past drug users have indicated that after they have stopped taking drug there was a change in their life style especially in the area of educational performance.

#### 7.1.4 College Involvement in the Field of Prevention Work in Khasi and Jaintia Hills

- (i) The study shows that in Khasi and Jaintia Hills, most of the college Principals and teachers (that being 35 out of 56) from female and co-educational colleges are blissfully unaware and fail to believe that their students are on drugs whereas amongst the Principals and teachers of the male colleges all (100 per cent) are aware of this problem prevailing among their

students; 16.67 per cent college Principal and teachers of female colleges and 30.56 per cent college Principals and teachers of co-educational college agreed that drug abuse among their college students do persist.

- (ii) 100 per cent college Principals and teachers of male colleges, 33.33 per cent college Principals and teachers of female colleges and 11.11 per cent college Principal and teachers of co-educational colleges agreed on their college involvement in conducting Drug Awareness Programme.
- (iii) These programmes are being conducted in the form of lectures/talks, discussion and seminar mostly meant for the student community.
- (iv) Preventive work is being done only in 1 male college i.e., on identification of addicts and counselling. Since the college do not have a trained counsellor this is being done by one of teachers of the college who is keen to help the students to overcome this problem.
- (v) All the colleges in Khasi Jaintia Hills from where the drug users have been identified are not equipped with a 'Counselling Centre'.

(vi) In the colleges of Khasi and Jaintia Hills only luke warm attempts have been made in organising drug awareness programmes, where it is found that only 1 male college organised such programmes, twice in a year. 1 male college, 1 female college and 1 co-educational college organised awareness programmes once in a year and the rest of them do not organise such awareness programmes.

(vii) All the colleges which falls under the purview of the study have given the following suggestion. They have suggested the need for establishing a counselling centre at the college, drug education be integrated in the curriculum, awareness about drug abuse should be provided through authentic and credible information, the scope of co-curricular activities should be expanded.

#### 7.1.5 Community Involvement in the Field of Prevention Work in Khasi and Jaintia Hills

The study showed the degree of involvement of the Government and non-governmental sector.

(i) The Social Welfare Department and the Health Department involvement in prevention work is limited to serving as funding agencies and providing manpower resources to various individuals and non-governmental organisations involved in prevention work.

- (ii) The State Police, State Excise Department and the Customs & Central Excise is mainly involved in terms of assisting the preventive programmes conducted by the Social Welfare Department, non-governmental organisation through provision of logistic, resource persons and they serve as a source of data for research organisation and others requiring such informations.
- (iii) In Khasi and Jaintia Hills non-governmental organisations such as the Don Bosco Youth Centre, Lions Club, Church Auxiliary for Social Action, North East India Committee on Relief and Development, Counselling and Information Centre for Drug Abuse, Young Mizo Association, Khasi Jaintia Presbyterian Synod (Youth Department), Bharat Scouts and Guides and the New Hope Centre are involved in prevention work in the field of drug abuse.
- (iv) The primary target group aimed at by majority of the non-governmental organisations constitute the student population being 66.67 per cent and the youth 55.56 per cent as these two groups seems to most susceptible to drugs.
- (v) Efforts have been made by all 9 non-governmental organisations to generate awareness through seminars,

workshops, talks, lectures, poster campaign, use of print media, radio, film slides, television and recorded talk.

- (vi) These awareness programmes are meant for those who have never tried taking drug and for those who are taking it.
- (vii) Only 4 non-governmental organisations are involved in the work of identification of addicts and providing counselling to them. They are the Don Bosco Youth Centre, Counselling and Information Centre for drug abuse, Young Mizo Association and the New Hope Centre.
- (viii) The study also shows that only 3 non-governmental organisations such as the Don Bosco Youth Centre, Counselling and Information Centre for Drug Abuse and the New Hope Centre are concerned with initiating a referral to an appropriate agency designed for persons in need of immediate assistance.
- (ix) Only 2 non-governmental organisations, i.e., Don Bosco Youth Centre and the Counselling and Information Centre for Drug Abuse are involved in follow-up work. They visit the homes of the clients and also organise weekly encounter and sharing sessions with them.

- (x) Majority of the non-governmental organisations have personnel who are not trained in the area of drug abuse.
- (xi) Majority of the non-governmental organisations obtain resource persons who are experts in the field from the Health Department, Social Welfare, Police, Excise Department and from members of the community.
- (xii) The Khasi Jaintia Presbyterian Synod (Youth Department) and the New Hope Centre obtained some form of financial assistance through fund raising shows organised by the members of the community. The purpose being to further strengthen the preventive work conducted by these non-governmental organisations.
- (xiii) The study shows that majority of the non-governmental organisations do not get parents support and co-operation in carrying out the preventive work.
- (xiv) In disseminating information on drug abuse the non-governmental organisation used Khasi, Jaintia, Mizo and the English language. The reason being that this information would be highlighted to all sections of the society.

- (xv) 7 non-governmental organisations doing the preventive work in drug abuse are self-financing. Most of them depends on donations from donors and contributions for carrying out the preventive work. Only 2 non-governmental organisation, i.e., the Counselling and Information for Drug Abuse and the New Hope Centre gets grant-in-aid from the Ministry of Welfare.
- (xvi) In its preventive work the non-governmental organisations in Khasi and Jaintia Hills have to face a number of obstacles. They are lack of adequate funds, lack of man-power, lack of infrastructure, lack of media materials.
- (xvii) A number of suggestions have been given by the non-governmental organisations. They are drug education should be integrated in the school curriculum. The educational institution and welfare organisation should sponsor to provide opportunities for creative recreational activities. It also suggested that local traditional organisation such as the Dorbar Shnong (Village Dorbar) Seng Long Kmie (Mother's Union) and Seng Samla (Youth Organisation) should all come forward to collectively fight the growing problem of drug abuse. Another suggestion put forth is that the target group such as the parents in-school youth and out-school youth should be emphasised.

### 7.2.0 Educational Implications

1. The bulk of the drug users, i.e., 77.25 per cent constitute the age group 15-19 years which is the school and college going age. Therefore it becomes imperative that educational institutions in Khasi and Jaintia Hills such as schools and colleges play a role in modifying the behaviour of students, by taking this scourge at its roots. Urgent measures should be taken to prevent drug abuse right from the time when one is still at school and should be continued upto the college level.
2. Peer pressure exerts the most significant influence on the drug users in Khasi and Jaintia Hills where the influence of friends is maximum. It implies that proper guidance and counselling be provided to the youth in the selection of 'one's friends'.
3. The finding that in the category of the current and past drug users, three categories have been identified, i.e., the Occasional Use, Regular User, and the Addicts implies that the problem of drug abuse is prevalent among the college students in Khasi and Jaintia Hills. We cannot be complacent and deny the existence of the problem. Prevention should therefore, be organised in

stages that reflect the individuals use of drugs by providing Primary Prevention, Secondary Prevention and Tertiary Prevention.

4. The findings revealed that most of the drug users obtained drugs from drug stores indicates that no strict vigilance is put on drug stores. This shows the need for concerned state authorities, to keep a strict surveillance over drug stores staff's conduct of business and to initiate legal proceedings against erring sellers. In doing this the government should seek the cooperation and participation of non-governmental organisations.
5. The finding indicates that drug abuse does affect the educational performance of the current user whether one is an Occasional user, Regular user, or an Addict, implied that drug education be integrated at all levels of education side by side with programmes emphasising personal development such as improving the mental health, social skills, self esteem, reduction of alienation, improvement of decision making skills and developing the ability to anticipate drug use situations.
6. The findings show that the effect of drug abuse on the educational performance of the Occasional user is less

or less noticeable implying that at this stage preventive strategies should be aimed at enforcing the no-use norm by building positive self esteem, developing good coping skills and providing information on drugs. The main purpose should be to prevent the occasional user from falling into the trap of becoming a Regular drug user.

7. The effect of drug abuse on the educational performance of Regular user is evidently seen. At this stage preventive strategies should be aimed at stopping drug use by providing information, developing decision-making and refusal skills, in order to build up a better self concept which may help the individual to ultimately give up the habit.
  
8. The finding shows that the effect of drug abuse on the Educational Performance of the Addict is very much evident. There is a tremendous fall in educational performance. It implies that preventive strategies need to aim at providing counselling, drug education and family therapy. At this stage the Addict needs to be referred to a de-addiction or a Rehabilitation Centre for treatment. There is a need to establish a counselling centre in our schools and colleges to help students to cope with problems relating to drug abuse.

9. The findings revealed that the group of the Past drug user included in the study contained people from all the three categories of drug user, i.e., Occasional user, Regular user and Addict the problem of drug abuse can be tackled by providing a comprehensive and effective drug education to all students enrolled in schools and colleges. The schools/colleges along with the non-governmental organisation can use the services of the past drug users in imparting such education. They can give their testimonies of their experience with drugs and the effect it has on their lives. This information will create a better understanding in the minds of the students.

10. After giving up drugs the Past drug user experienced a tremendous change in their life style (especially in the other area of educational performance) implying that a drug user should not be regarded as an incompetent and completely worthless being, but with the right type of environment provided to them there is 'Hope' for a better tomorrow There is no such thing as a 'gone case'. There is hope for every drug user. It is here that the school/college can work together in collaboration with governmental and non-governmental organisation. Their services can be associated with the drug education programmes conducted at the school/college as the drug information given by them is likely

to be considered authentic and credible since they are trained in the field.

11. Most of the college Principals and teachers are blissfully unaware of the problem and fail to believe that their students are on drugs, it implies that teachers need to be made aware that at the college level there should be a good rapport established between them and the students and proper information on drugs should be disseminated to them, in order that they will be able to identify the drug users, to guide and counsel them and to make them understand the gravity of the problem.

12. The majority of non-governmental organisations have personnel who are not trained in the area of drug abuse. As a result of this, they are hampered in carrying out the preventive work, it implied that first of all they should be sent for training before taking up this work. This is important as non-governmental organisations are bound to have better acceptance with the audience as compared to the governmental agencies.

13. To implement their plans and preventive programmes fund is needed. This is one of the obstacle faced by the non-governmental organisations implying that an ideal situation should be created for the non-governmental

organisation and governmental agencies to work hand in hand as earlier indicated sharing the financial resources amicably for such work.

14. The finding indicates that parents involvement is very much lacking in drug abuse prevention work. This is because they are not aware of the problem which implies that drug awareness programmes need to be imparted to parents. This should be done by both governmental and non-governmental organisation, so that parents can take active part by offering their time and support to community drug prevention efforts and to encourage their friends to do the same. It will equip them to carry the anti-drug message to the community in which they live.

#### 7.3.0 Suggestions for Prevention of Drug Abuse

The wisdom of ages, 'an ounce of prevention is worth a pound of cure' is an axiomatic truth in the fight against drug abuse. Especially during the past few years, prevention has been recognised as a crucial element in the long range goal of eliminating drug abuse which is the root cause of the problem. The ultimate goal of prevention in the field of drug-related problem is, broadly speaking, to ensure that the members of a given population do not abuse drugs and consequently do not put themselves at risk of suffering damage or causing social harm.

### 7.3.1 Levels of Prevention

Prevention should be viewed in stages that reflect the individuals use or experimentation with drugs. These stages are known as (1) Primary; (2) Secondary; and (3) Tertiary.

#### *Primary Prevention*

Primary prevention assumes that the individual has never tried drugs. This is aimed at enforcing the no-use norm by building positive self-esteem, developing good coping and refusal skills and providing information on drugs.

#### *Secondary Prevention*

Secondary prevention assumes that the individual is in the early types of use. Secondary prevention strategies aimed at stopping drug use by providing information, developing decision making skills, improving family communication and may also include individual counselling.

#### *Tertiary Prevention*

Tertiary prevention assumes that the individual is regularly using drugs. Tertiary prevention includes counselling, drug education and providing information related to treatment sources.

There is no simple formula for preventing drug abuse within our communities. It takes time, energy and resources to identify the problem and implement strategies to overcome them.

The problem of drug abuse can be turned around if and when members of the community become involved. So here comes the role to be played by our educational institutions, governmental and non-governmental agencies in our fight against this social menace.

### 7.3.2 Models of Prevention

Different models can be adopted when disseminating information.

#### 1. The Scare Model

It is also believed that the population can be persuaded not to abuse drugs through information campaigns that emphasize on the dangers of such behaviour. The effectiveness of this approach is often somewhat limited, particularly with young audiences. This may be due to the natural tendency of young people to become involved in risk taking behaviour, but there can also be a problem of credibility because of the discrepancy between the picture described in the scare campaign and the audience own experience with the substances involved as a consequence, young users may perceive the information given to them as unfounded or irrelevant. However, there may be situations in which campaigns that emphasize on the adverse effects of drug taking can deter people from starting to use drugs.

## 2. The Factual Knowledge Model

This model aims to present information without provoking an emotional and defensive rejection response and to provide potential users with the facts to allow them to make an informed choice with respect to drug taking. It generally involves providing objective and relevant information on the substances and their effects as well as on their risk and the long-term damage that they may cause. Such information programmes are specifically designed to attain such pragmatic goals as making the users more cautious about drug use. Examples includes programmes providing information :

- procedure for reducing the risk of accidental death or injury while inhaling volatile substances (e.g., not putting the head inside the plastic bag),
- methods of sterilizing needles and syringes (this is a current practice, in an attempt to prevent the transmission of AIDS through the sharing of needles by drug abusers.

## 3. The "Affective - Education" Model

Affective approaches are educational techniques that focus more on the connection of some predisposing personal deficiencies than on the problem of drug usage itself. The problems are commonly identified in such programmes relate to self-esteem, the definition and classification of personal values, decision-making, coping skills and anxiety reduction

problem-solving, interpersonal skills verbal and non-verbal communication and the recognition of social pressure and responses to it.

#### 4. The Health Promotion Model

Health promotion programme can be used as an indirect approach to drug education. Such programmes helps in the development of alternative habits (e.g., physical exercise, recreational activities, healthy life-styles, sound work patterns) which compete for the time and energy devoted to drug use and may serve as satisfactory substitutes. Another major component of health promotion programmes involves the prevention of behaviour liable to have an adverse effect on health. The use or abuse of drug is presented as one of the several rest factors which individuals must avoid or eliminate in order to attain their personal health goals.

These are the different types of model which can be adopted in order to prevent drug abuse.

#### 7.3.3 Prevention Based on Education

Since it was found that most of the drug users started using drugs at an early age when they were still at school, therefore, action should be taken to modify their behaviour by tackling this scourge at its roots, this is of paramount importance. In order to ensure success the entire students population must be immunized against drug abuse. Prevention

through education has become the newest fad in the terminology of drug abuse field. And justifiably so the law enforcement, it is considered to have failed to keep the drug away from the people and detoxification and rehabilitation efforts have shown no worthwhile success in stopping the abuse of drugs. The only hope now seems to line in the process of education for the prevention of drug abuse. Towards this end, everyone of us has at one level have a role to play. Parents and teachers should be more concerned for the welfare of their children and students respectively.

Comprehensive and effective education programmes are a necessary part of measures counteracting drug abuse in the educational system both at the school and college level. Prevention through education should be a continuous process. The objective of which is to seek and improve understanding of the long term and short term causes of recourse to drugs. To help students to find solutions to their difficulties and to live their lives without resorting to drugs. The impact of preventive education is greatest when it :

- (a) take's place in its appropriate social, economic and cultural setting.
- (b) is integrated into the overall framework of academic, social and cultural learning.

- (c) promotes a healthy drug-free life-styles as a primary goal, as opposed to placing emphasis on abstinence from drugs and on the negative effects of drug abuse.
- (d) reaches individuals before they are exposed to the drug sub-culture and other influences that contribute to initial drug use.
- (e) does not involve elements that evoke curiosity or the desire to experiment with drugs but clearly indicates the negative harmful consequences of drug abuse and emphasizes the positive effects of alternative activities and a life style free from drugs.
- (f) does not contain details which might make access to illicit drugs easily, such as detailed descriptions of methods and routes of illicit trafficking.

Care should be taken that preventive education in schools and colleges does not become yet another addition to curricular and that additional cost should be avoided. Attention should be paid to integrate it to the existing discipline and curricula activities and the development of the prevention of drug abuse will thus be assured without extending curricula which are already overloaded and without additional cost for the educational system.

#### 7.3.4 Suggested Course of Action

It is suggested that the Directorate of Education through a well structured anti-drug education unit in which personal who have received advance training would perform such functions as :

- (a) Prescribing or recommending for all levels of educational institutions the development of drug abuse prevention curricula and instructional materials, taking into account the cultural values and traditions and emphasizing the benefits of a healthy drug-free life style.
- (b) It is imperative to prepare training materials and to conduct training programmes for teachers that will enable them to instruct their students in the advantages of a drug free-life. This preventive instruction must be provided both to pre-service and in-service teachers. As they should be familiarized with the causes, problems of drug abuse, its effects and prevention techniques to be adopted. Such trained teachers will be better equipped to the anti-drug message to be given to the children, adolescent and youth.
- (c) Preparing basic information publications on drug abuse and acting as a cell for the collection and dissemination of information about drug abuse.

(d) An important milieu for the education of the young is the family. Programmes should be developed to educate parents about the harmful effect of drug use and about methods to develop in the component skills to handle their own children's who falls in the grip of drugs.

#### 7.3.5 Educational Measures to be Taken

As stated earlier it is suggested to integrate drug education programmes in the school and college curricula i.e., with the existing subject areas in the school and college curriculum, rather than to separate it and place undue emphasis on it.

##### 7.3.5.1 Implementation

Indication about drugs should be incorporated in the regular school and college curriculum. For e.g.

- Biology teaches the effects of drugs on human physiology;
- Chemistry assures cover the chemical properties of psycho-active substances;
- Social studies include considerations of the prevalence of drug use and its possible relationship to crime, poverty and development;

- Art will help students develop abilities to communicate a message and to increase students awareness;
- Physical education will encourage the students to see how a peer group can influence the choices a person makes regarding these leisure activities and life-style;
- Language increases students awareness characterization and decision-making.
- Mathematic teach and reinforces students skills relating to the thinking process as well as data collection and topics related to drug abuse can be incorporated, as part of Health Education, through topics such as personal hygiene, nutrition, common infectious diseases, symptoms of the human body (emphasising on the effects of drug abuse).

#### 7.3.5.2 Programmes Emphasizing Personal Development

Emphasis should, therefore be placed on the individual who uses or likely to use drugs, rather than on education of drugs themselves. This can be achieved by improving the individual by assisting him either to re-examine and clarify his own values or by encouraging him to accept positive ones.

##### (a) Improving the Individual

By a variety of measures it is possible to provide experience which may be unique to certain individuals such as

success or new insights which will permit them to develop new perceptions of themselves.

*Objectives*

- Improvement of mental health, social skills and inter-personal relations;
- Raising of self esteem;
- Reduction of alienation.

(b) Clarifying Personal Values

Young people use drugs without realizing that such use may be in conflict with their own set of values which they have not yet clarified.

*Objectives*

- The knowledge of an individuals personal values;
- The demonstration of conflicts that may exist between values and actual behaviour.

(c) Encouraging Positive Values

There is a need to encourage the development of values which will influence young people not to use drugs.

### *Objectives*

- Improvement of decision making skills.
- Improvement in inter-personal skills.
- Development of ability to anticipate drug-use situations.
- Improving of self-perception.

#### 7.3.5.3 Basis of Preventive of Education

Drug education principles must be based on the promises that

1. A primary responsibility of the schools and colleges is to provide students with learning experiences and skills which will enable them to function successfully in a rapid changing society without the abuse of drugs.
2. Drug abuse is a serious social problem to which the school and college as a primary influence in the socialization process of children, must respond.
3. The response should be manifested in a carefully planned, well-coordinated drug education curriculum the focus of such

curriculum being the development of mentally, physically and socially healthy young people.

4. The most effective drug education programmes is a synthesis of content ( cognitive ) and behavioural ( affective ) approaches adjusted to the needs and concerns of the students and community.
5. Students, school personal, parents and community resources should be involved in the planning, implementation and evaluation of the programme.

#### 7.3.5.4 Implementation at Different Levels of Education

##### *Pre Primary Level*

- Development of appropriate eating habits through Parent Education programmes. Stress can be laid on cleanliness and hygiene at this level
- Peer group activities
- Cognitive and language enhancement programme
- Moral and spiritual values

### *Primary Level*

- Affective education
- Interpersonal cognitive problem solving programmes
- Participation in organised activities
- Moral and spiritual consolidation
- Awareness of the ill-effects of consuming excess of sugar, salt (Lower primary level)
- Elementary information on the ill-effects of drugs on the body.

### *Secondary and Higher Secondary Level*

- Value clarification
- Psychological inoculation
- Drug education
- Sex education
- Social skills training, decision-making and peer resistance skills.

- Alternative activities and drug use.

#### *Programme Content*

- Effects of certain drugs
- Nature, extent and patterns of drug use
- Legal status of particular drugs
- Social and psychological characteristics of drug users.
- Relationship to drug use to other social problems
- Social cost of drug use
- Physical, psychological, social and economic costs of drug use to the individual
- How to identify drug users
- Ways to seek help for drug users
- Initiative which can immunize the harmful effects of drug use

- Ways of resisting peer pressure
  
- Alternative activities.

This programme content could be continued at the Degree Level of the college.

Together with the school/college curricula, it is also proposed to set up a 'counseling centre' which will provide.

- (1) Individual, family or group counselling for students who are using drugs
  
- (2) Counselling service for students who have educational, vocational and personal problems
  
- (3) Counselling services for students who exhibit poor educational performance

The counselling centre needs to identify various groups in the community requiring special attention. These groups consist of diverse sections of the population vulnerable to drug abuse or likely to have direct or indirect influence on those at risk such as students, youth, professional bodies, social and cultural organisation etc. Besides offering channels for awareness building, such groups can also be activated to function as a catalyst for preventive action.

All form of formal or informal methods could be purposefully utilised in transmitting appropriate messages. These programmes may have to be based on the following considerations.

1. The messages have to be so devised as not to ensure any undue scare, curiosity or experimentation with drugs. Too much of or not properly planned information can heighten curiosity for drugs among the youth.
2. The language, content and style of the message has to cater to the specific socio-cultural and economic characteristic of the people and groups to be addressed. The language should be simple, precise and forthright so as to be understood by all. The style of the message should be understandable, persuasive and positive rather than being too critical, judgmental or threatening. Avoidance of and abstinence from drugs should be the central theme.
3. Involvement of other community level functionaries and groups such as youth associations, activated groups of students, N.S.S. volunteers, Religious leaders, community leaders, Seng Bhalang, Seng Long Kmie (mothers union), Dorbar Shnong (Village Durbar) and other functionaries operating at the local level such as advertising agency, etc. have to be made to realize and create an awareness

among them, that they too have an important role to play in preventive education.

4. Teachers also can play an important role in this endeavour as they can help in identifying potential and actual drug users, development of good teacher-pupil relationship, provision of guidance, inculcation of positive values and development of skills.
5. The counselling centre can encourage such promotive activities through different types of clubs organised in the school and college such as literary club, sports club, home science club etc. depending on the nature of their interest, youth associations sports centres, music halls, libraries, recreational centres, Narcotics Anonymous Groups, and various other organisations at the community level.

These are only some guiding principles for functionaries of counselling centres to undertake various awareness building and preventive education programmes.

The counselling centre cannot function in isolation. It has to have linkages with de-addiction and after-care centres, so as to provide a total coverage of services to addicts on an individual basis.

## 6 Role of the Teacher

Preventive education must be carried out by teachers while teaching different subjects and also by conducting co-curricular activities, to prevent pupils from abusing drugs and to identify and assist drug abusers. Teachers are often regarded as someone who symbolises perfection and source of knowledge. The teachers must be role model is because of the influence that their attitudes and behaviours have upon the pupils. Teachers need to be conscious of their power to play such a part.

Important factors recorded for teachers in the involvement in Drug Education.

- (1) Teachers do not need to become 'experts' on drugs to do effective drug abuse prevention in the classroom.
- (2) An effective strategy for drug abuse prevention at the school and college level is to help students understand and resist pressures from their peers.
- (3) Teachers can effectively implement drug education within the framework of established curricula.

Teachers can to a large extent help n the :

- (i) Identification of potential and actual drug users.
- (ii) Development of good teacher-pupil relationship.
- (iii) Provision of guidance.
- (iv) Inculcation of positive values and attitudes.
- (v) Development of skills.

It is therefore imperative for a teacher to be trained in order that he/she possess a basic level of knowledge and understanding to be an effective facilitator in any subject area:

- (1) Knowledge and understanding of human growth and development.
- (2) Knowledge and understanding of the general composition and effects of drugs on human body.
- (3) Knowledge and understanding on the effects of drugs on educational performance.
- (4) Knowledge and understanding of current issues and trends in drug use.
- (5) Knowledge of drug related community resources and their functions.

The task of the teacher is threefold. First the teacher must be part of the team that develops and brings out goals and objectives for the drug education programme. Second the teacher must select the information (content) that will best help the students to achieve the learning objectives. The teacher must also plan and direct activities that will best enable the students not only to conceptualize the information but also to incorporate the information into decision making processes. Thirdly, the teacher must evaluate the progress and attainment of stated objectives.

#### 7.3.7 At The Level of Parents

Parents usually ask this question, 'what can I do to prevent my child from getting involved in drug abuse?' And most often it happens that parents are the last person to be aware of their children indulging in drug use and abuse. If the parents are aware of their role and responsibilities in the prevention of drug use and abuse, the battle against drug abuse will be easily gained.

##### 7.3.7.1 Approaches Adopted

To involve parents in drug education, the following approaches must be considered.

#### 1. Information

These efforts must be designed to provide parents with basic information concerning drugs, the extent of their use among

young people, signs and symptoms of drug abuse and short term and long term consequences of abuse. The rationale for this programme is that when parents are better informed and aware of drug use issues, they can help teach their children about the issues and recognise problems at an early stage.

## 2. Skill Building

This approach to parent is to build parental skills through special training programmes. These programmes must be designed to build, improve and enhance generic parenting skills on the theory that will improve family interaction and communication and in turn reduce drug abuse.

## 3. Parent Support Group

This approach must involve the development of parent support group or peer groups. In these groups parents meet regularly to discuss problem solving, setting limits and rules and community wide responses to drug problems.

## 4. Family Interaction

This approach must be based on the assumption that drug abuse can be prevented by having families working as a unit, examine, discuss and confront issues regarding drug use and abuse. Activities must be designed to provide children with information, skills and insights which can help them avoid drug abuse.

The idea behind these approaches especially the family is to create a team approach with schools/colleges and families working together and utilizing the same prevention concepts, approaches and terminology, hence not asking the delivery of conflicting messages to children.

A training programme must be designed to train parents to conduct prevention activities with their children.

#### 7.3.7.2 Goals and Objectives of Programmes

The goals and objectives of the training programme must be parallel to those of drug education on the belief that the incidence of drug abuse problem among young people will decrease if -

- They have high self esteem
- They are able to cope to life's problems
- Have current facts about drugs and chemical dependency
- and are more skilled at handling interpersonal relationship.

#### 7.3.7.3 Objectives for Training Programmes

To provide drug information

- (a) Identification of drug categories and their effects
- (b) Trends of drug use among youth
- (c) Sign and symptoms of drug use and abuse.

Teachers and parents can hardly be expected to impart drug education, if they themselves have meagre knowledge about drug abuse. Teachers and parents harbour mistaken beliefs about drug abuse due to the reason that a few television serials, radio programmes and stray newspaper or magazine articles are the only source of their information.

The Directorate of Education through the Anti-Drug Education Unit as proposed earlier in this chapter, can develop programmes for training of teachers and parents. Apart from imparting training on drug education to teachers at the teacher training colleges, such programmes may involve imparting drug information and education by experts in the field to group of teachers and parents in equal proportions in two hours session on holidays for a period of six months. Such trained teachers and parents will be better equipped to carry the anti-drug message to children, adolescents, youth and people in general.

### **7.3.8 Role of the Government**

Article 47 of the Constitution of India mandates that the State shall regard the raising of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health. Thus the Government has a primary duty to make every possible effort to curb drug abuse.

1. It should be ensured that mutual understanding, support and co-operation exist between various Government Departments involved in the field of prevention such as the Police, Customs, Excise, Revenue, Intelligence, Social Welfare, Health, Food and Drug Administration working in the state, concerted efforts will pay off rich dividends.
2. The Social Welfare, Health Department, Information and Public Relations should publish pamphlets/literature proclaiming the disaster that must necessarily follow as a consequence of drug abuse and information related to the type of treatment facilities available for the drug addicts.
3. Talks/discussions/seminars ought to be organised on a regular basis throughout the State and carefully prepared literature distributed at such talks. The State Government should undertake to provide "specialized training" to social workers and others genuinely interested in activity participating in the Awareness Campaign. It need hardly be stated that sufficient funds ought to be earmarked for the purpose.
4. The mass media has also an important role to play with All India Radio, Doordarshan and the Film Division, in formulating and presenting worthwhile programmes in consultation with recognised experts in the field. Radio and television should allocate at least twice a month, a half-hour

programme for talk/panel discussion on various aspects on drug abuse and how to prevent it, in the local language, i.e., Khasi, Jaintia and Garo, but also in Hindi and English, so as to cater to the needs of other sections of the population.

5. Diffusion of information being an important and indispensable part of our overall strategy aimed at prevention, the same would have an impact on our youth in any of the following three ways.

- (a) to youngsters who have not yet resorted to the drugs and who probably never would, because they perceive indulgence in drugs to be inconsistent with their values, goals and life-styles, as a threat to their physical and mental health and their status in society - to this group such information will reinforce their already strong resolve.
- (b) to those "sitting on the fence" who may or may not resort to drug use information selected and carefully prepared could have the desired effect of saving many from ultimate ruination.
- (c) to those who are more adventurous and daring, who may feel that a try after all may be worth it. Information may thus be shared to arouse curiosity and promote experimentation, thus expediting the first try.

Those entrusted with the task of preparing pamphlets, literature and dissemination information ought to exert utmost caution, care should be taken to ensure that information given to the youth does not arouse their curiosity or desire to experiment with drugs. They should take into consideration various factors, such as the drug most commonly used in the city/area, its purity/adulteration, the age group of the users, the language they speak, their educational background, its harmful effects to the mind, body and soul, family and society, legal sanctions/punishments for its sale/distribution possession use etc. as we know that funds allocated for prevention being limited, care should be that the same aren't wasted only on literature. Dissemination of information about drug abuse should reach up to the grassroot level. The assistance of knowledgeable and experienced persons in the field may advantageously be resorted to in the preparation of this select information. Further, it must be remembered that the effectiveness of lectures/talks etc. depends upon "who communicates what and to whom". The speaker must be viewed by the audience as an acknowledged expert on the subject.

#### 7.3.9 Suggestions on the Role of Governmental and Non-Governmental Organisations

Government alone cannot solve the problem of drug abuse it needs community support. It is here, therefore, that the role of non-governmental organisations comes in. Merchant, a noted anti-drug campaigner, observes : "unlike countries like the

United States, Singapore, Great Britain and the Scandinavian countries, the Indian Government expect the Non-Governmental Organisation movement to implement drug demand reduction strategies on its own .... apart from the .... sporadic sprinkling of aid for some of the non-governmental organisations, the Government of India has done nothing". The same applies to our state in Meghalaya (Khasi and Jaintia Hills). It is therefore imperative that the co-ordination between governmental and non-governmental organisation are bound to have better acceptance with the audience as compared to the governmental agencies, it can, however, be an ideal situation if governmental institution such as the Social Welfare Department, Law Enforcement (Police, Excise, Customs), Education Department, Health Department etc. work together in providing man-power resources and financial resources (as the bulk of the financial resources allocated to fight drug abuse can be provided by the Government) as financial resources of Non-Governmental organisations are really quite meagre.

Government can provide funds for development and screening of media messages, the production of information resources and to increase the number of counselling and treatment centres. As many of these support activities in Khasi and Jaintia Hills were undertaken by Non-Governmental organisations such as the North East India Committee on Relief and Development, Church Auxiliary for Social Action, involvement of the Church, Seng Bhalang Seng Longkmie (Mother's Union), Lion's Club, Donbosco's

Youth Centre, Sanker Rehabilitation Centre which conducted awareness programmes and treatment for the community.

The programmes and strategies must aim at building awareness to every person in the society and motivate him/her to give whole hearted support to every effort made by the Government and Non-Governmental institutions in combating the drug menace. Such strategies must make a two pronged attack : on the addicts to give up drugs and on all others not to fall prey to the temptation to experiment with drugs.

#### 7.3.9.1 Strategy for Generating Public Opinion Against Drug Abuse

The power of public opinion is the strongest weapon against drug abuse. It is only a resilient public opinion which will give shape to a strong political will to fight this menace. Public opinion alone can force the elected representatives, legislative bodies and the Government machinery to take prompt and effective action and consider themselves accountable to the people. It can also keep the executive alert towards the lethargy, inefficiency and corruption prevalent amongst the public officials, lawyers, judges and all those responsible for controlling drug abuse.

In Khasi and Jaintia Hills luke-warm attempts have been made by both Governmental and non-governmental agencies by disseminating this information through radio, television programmes, seminars, workshops catering only to a few section of the total

population. The people in general tend to think that drug abuse is "someone else's problem and it is not going to affect them or their children". May be if they are told that there are over or more than 20,00,000 addicts in India and that there is every possibility their own children might be amongst these, they will take a more meaningful interest in the subject (problem) resulting in their change of perception and attitude towards the problem.

As it is seen that adhoc patch-work approach to the dissemination of information has yielded no tangible results. It is suggested that there is an urgent need to set up a well structured anti-drug unit under the Directorate of Education as mentioned earlier for the formulation strategy for dissemination of information aimed at generating public opinion against drug abuse. While such a unit may have full financial support from the Government, it should not have bureaucratic dominance but be manned exclusively by Non-Governmental organisations such as Seng Long Kmie (Mother's Union) Seng Bhalang, religious institution (Church), NEICORD, CASA, Rotary Club, etc. local traditional organisations and community elders should get more involved with starting a public movement against drug abuse.

#### 7.3.9.2 Role of the Press

The press has a vital role in drug information and generating a public awareness as it has a large audience. The print media are the facilitators and accelerators of social

reform in a democratic country. However, a study of the newspaper coverage of drug abuse in Khasi and Jaintia Hills during the last five years reveals that most of the reporting has generally been restricted to the seizure of drugs. A few stray articles have appeared from time to time and these articles hardly convey a true picture of the extent of this problem. So far no attempts have been made by the print media to find out and report the plight of the drug abusers and its impact of their life (of an individual) family and society at large, in a realistic manner. It is therefore suggested that the Non-Governmental organisations should apprise the press that it should present the drug information in such a manner that it may not only attract the attention of the people but be clearly understandable too.

#### 7.3.9.3 Association of Ex-Addicts

The association of recovered addicts (ex-addicts) like Narcotic Anonymous should be initiated as this has proved to be of vital importance in the reformation of addicts. Narcotic Anonymous is a fellowship of addicts who share their experiences and problems with each other in order to overcome their own addiction or to help other members in doing so. Narcotic Anonymous has been quite active in India since 1986 in a few parts of the country. Lobo (1986) opines that universal experience, there isn't a better person than a recovered addict to help the suffering addicts'. Narcotic Anonymous should be a non-profit fellowship that offers a programme of complete abstinence from all drugs. There is only 'one' requirement for

membership and that is "an honest desire to stop using". In other words, a recovering addicts strengthens himself in the process of helping a suffering addict to recover. Non-Governmental organisation can play a role in motivating the ex-addicts to form their own associations and give a helping hand in freeing the society from the abuse of drugs.

#### 7.3.9.4 Control Over Pharmacies and Drug Stores

In this study it was found that the legal channel for supply of psychotropic substances for medical purposes are fast becoming a major source of unrestricted illicit supply of these drugs to the existing as well as the potential drug users. Though the chemist and druggists are under legal obligation by virtue of the Drug and Cosmetic Act 1940 and Rules made there under to sell prescription drugs only to the persons holding valid prescriptions. Most of the pharmacies and Drug stores, however dispense the restricted psychotropic substances. In 1992, a press reporter went to some ten Drug stores in Delhi asking for controlled drug without prescription, and reported later that every drug store was ready to sell. The position is the same in Khasi and Jaintia Hills. Such drugs are being sold at a higher rate to the drug users.

It is therefore suggested that the concerned state authorities, should keep a strict watch over Drug seller's conduct of business and initiate legal proceedings against earring sellers which may be cancellation of license or criminal

prosecution. However, in spite of the huge infrastructure in the possession of the Government in the form of the Police, Para-Military, Customs and Excise, Intelligence, etc. it is apparent from this study that the government alone could neither eliminate nor reduce the problem of drug abuse, as the problem of drug abuse have been rising to a menacing proportion. Therefore, it is suggested that the government should seek the cooperation and participation of the Dorbar Shnong, Seng Long Kmie (Mother's Union), Youth Club and other non-governmental organisations to reduce the menace of drug-abuse. Some of the steps may be, identifying the pharmacies/drug stores in their locality who are indulging in illegal sale of drug and report the matter to appropriate authorities for their necessary action.

#### 7.3.9.5 Associated Enforcement Agencies with Educational Programmes

Enforcement agencies in many countries have been closely associated with educational and prevention programmes. In Canada, for example, Royal Canadian Mounted Police works closely with Government Departments connected with drug education. In Los Angeles, a joint project of the Los Angeles Police Department and the Los Angeles Unified School District, called 'Drug Abuse Resistance Education' DARE provides for a system under which drug information in schools is imparted by instructors who are uniformed Police officers trained by specialist in the field.

Project 'School Programme to Educate and Control Drug Abuse' SPECDA, in New York city of United States in a collaborative venture of the Police and Education Departments. A team of two, one from the Police Department and the other a drug counsellor employed by the school, impart basic drug education in a weekly 45 minute classes. It does not mean that we necessarily follow the above described system but, it will be highly desirable that some similar experimental projects be undertaken and results thereof evaluated for the purpose of making these projects a part of our strategy in preventing abuse of drugs.

#### 7.3.9.6 Need for Avenues of Youth Recreation

There is a need to provide avenues for youth recreation which will result in reducing the frustration, anxieties and boredom which have driven youth to drugs in many cases. "An idle mind is the devils workshop". Therefore it is imperative for the government and welfare organisation to provide opportunities for young people to engage themselves in games, sports, artistic hobbies, to be of service to others needing help and to participate in various other constructive activities. Youth clubs should be set up and social and cultural activities should be organised not only to help young people to make proper use of their leisure time but participation in such activities will also help in the inculcation of social values such as tolerance, cooperation, dignity of labour, love for one another, compassion, respect a feeling of oneness etc. The absence of such recreational and cultural activities makes the youth to fall prey to

the other activities available i.e., drinking or abusing of drugs.

#### 7.3.9.6 Specialised Treatment and Rehabilitation is Absolutely Necessary

After proper counselling of the addict adolescent or the adults, the only sensible thing to do is to take him to a treatment and rehabilitation centre dealing exclusively with the addicts. In Khasi and Jaintia Hills, the existing facilities for the treatment of drug addicts are not adequate as these facilities are obviously limited, some addicts are being treated by general Physician in Government, Private Hospitals and Nursing Homes and Sanker Rehabilitation Centre. If an addict has been motivated through counselling to seek treatment but the facilities for the same are not provided or immediately available, the whole effort goes waste as the addict may not be motivated for long. After the addict has been detoxified, he has to acquire coping skills needed to respond to the stress and strains of normal life to avoid any relapse of drug abuse. A drug addict also needs to acquire the ability to achieve a productive role in the society. Unless the ex-addict acquire these skills he is bound to fall back to drugs. Therefore Rehabilitation and after-care is essential to prevent lapses. Rehabilitation and after care of the detoxified addict involves counselling, giving him vocational training and assisting in getting employment or setting up of his own establishment. These process generate a

feeling of achievement and also aspire self-confidence which helps in fighting the uncontrollable urge to use the drug again.

We can hardly hope to make any significant progress in our drug abuse control efforts unless treatment and rehabilitation facilities are easily and readily available to all those who are in need of such facilities. Therefore the government should seriously think of setting up adequate number of De-addiction Rehabilitation and After-Care Centres in collaboration with viable non-governmental organisations. The Donbosco Youth Centre which is mainly doing the work of counselling and disseminating information related to drug abuse should be provided with adequate financial assistance to start a permanent counselling-cum-rehabilitation centre. Media, social workers, and non-governmental organisation can be of great help in making the people aware of the treatment and rehabilitation facilities available.

Therefore Prevention Programmes must be designed to involve the community and ensure its active participation. They should provide information and develop skills for parents, teachers, professionals and service providers. Both Governmental and Non-Governmental Organisations should strive at creating public awareness about drug abuse through authentic and credible information. Preventive Education (Drug Education) should be included in the school curriculum and also at the college level

and avenues for youth recreation and creative activities should be provided to the youth to keep them away from drugs.

#### 7.4.0 Suggestions for Further Research

- (i) A study of Drug Abuse among the school going children in each district of Meghalaya may be conducted.
- (ii) A study of the Attitudes of student and teachers towards the growing incidence of drug abuse may be conducted to find out the present status of drug abuse in the state.
- (iii) A psychological study of Drug Abuse in relation to Personality.
- (iv) A study on Prevalence and Psycho social factors related to drug abuse in the Urban and Rural Meghalaya.
- (v) A critical study on the issues and approaches in drug abuse prevention adopted by governmental and non-governmental agencies in Meghalaya.
- (vi) A study on the nature and incidence of drug abuse among school/college/University students in Meghalaya may be conducted.

APPENDIX - A

INTERVIEW SCHEDULE FOR THE CURRENT AND PAST DRUG USER

Topic : "Effects of Drug Abuse on Educational Performance and its Prevention through College and Community Involvement in Khasi and Jaintia Hills."

I. PERSONAL DATA

- 1. Age : \_\_\_\_\_ years.
- 2. Sex :  Male  Female
- 3. Religion :  Christian.  
 Hindu.  
 Sikh.  
 Seng Khasi.  
 Muslim.  
 Any other.
- 4. Ethnic Background :  Khasi.  
 Assamese.  
 Manipuri.  
 Bihari.  
 Jaintia.  
 Garo.  
 Bengali.  
 Mizo.  
 Naga.  
 Punjabi.  
 Any other.

5. Course of Study Pursued : \_\_\_\_\_

6. (a) Residential Information :
- With Parents.
  - College Hostel.
  - Self.
  - Rented House.
  - With Relatives.
  - Any other.

6. (b) Family Background :

Sl. No.	Relationship with Self	Educational Qualification	Occupation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

6. (c) Birth order of the Respondent :
- Eldest Child.
  - Youngest Child.
  - Middle Child.
  - Only Child.

7. Family's Monthly Income :
- Below Rs. 2,000/-.
  - Rs. 2,000 - Rs. 3,000/- .
  - Rs. 3,000 - Rs. 4,000/-.

- Rs. 4,000 - Rs. 5,000/-.
- Rs. 5,000 - Rs. 6,000/-.
- Rs. 6,000/- above.

8. Do you take drugs in any form

- :  Yes.  
 No.

(a) If no, then do you use to take drug in any form earlier and have now given up.

Used to take earlier but not now.

N.B. Those who have given up drugs should now shift to Item III.

II. FOR THOSE WHO ARE CURRENTLY TAKING THE DRUGS (CURRENT USERS)

9. (a) When did you first use drug ? \_\_\_\_\_ years.  
(at what age).

(b) Which drug did you first use ? (Please identify the name).

(c) How did you get motivated to take drugs for the first in your life ?

10(a) Have you been taking it regularly since your first trial ?

- Yes.  
 No.

(b) Since when (for how long) have you been taking the drugs regularly ?

11. Of the following which are the substances you have been using ?

- (i) Hashish/Ganja/Bhang/Dope.
- (ii) Barbiturates.
- (iii) Dexidrine.
- (iv) Opium.
- (v) Morphine.

- (vi) Mandrax.
- (vii) Diazepern.
- (viii) Acid/LSD.
- (ix) Heroin/No-4.
- (x) Phensedyl.
- (xi) Calmpose.
- (xii) Any other.

12. Frequency of use :
- (i) Once a month or less often.
  - (ii) Once a week.
  - (iii) Twice a week.
  - (iv) Thrice a week.
  - (v) Once a day (daily).
  - (vi) More than once a day.

13. Please explain the reasons/causes motivating you to continue taking drugs ? (We have listed below some of the possible reasons/causes you may choose from one or more alternatives, causes may be indicated by ticking in the appropriate boxes. In case some possibilities are not covered by us then please indicate that under the other category).

- Gives physical energy in doing daily work.
- Gives mental alertness in everyday life.
- Gives proper sleep and rest to the body at night.
- Gives good appetite.
- Gives confidence in interacting with friends.
- Gives confidence in interacting with friends of the opposite sex.

- Gives confidence in interacting with family members
- Gives confidence to move in public places.
- Increases concentration in studies.
- Makes me perform better in examination.
- Drug taking is the 'in-thing' 'mod of the day'
- To be acceptable in the group.
- Satisfy curiosity.
- Feel good, get high.
- To remove boredom.
- For kicks.
- Relieve tension, facilitate relaxation.
- Makes me forget the miseries of life or uncertainty of the future.
- Any other (Please Specify).

14. From where do you generally procure these substances ?

- Friends.
- Drug stores.
- Medical practitioners.
- Pushers.
- Peddlers.
- Any other.

15. Did you ever try to give up drug consumption ?

- Yes.
- No.

If no, why ? (Please explain).

16. Educational Performance of the Current User.

(a) What is the Percentage of marks obtained in the last examination?

(i) Before taking drugs -

(ii) After taking drugs -

(b) Do you attend all your classes regularly (daily) in the College ?

(i) Before taking drugs  Yes  No

(ii) After taking drugs  Yes  No

(c) Do you always sit for all the class tests in the College ?

(i) Before taking drugs  Yes  No

(ii) After taking drugs  Yes  No

(d) Do you revise your lessons daily?

(i) Before taking drugs  Yes  No

(ii) After taking drugs  Yes  No

(e) Do you complete your homework daily?

(i) Before taking drugs  Yes  No

(ii) After taking drugs  Yes  No

(f) Do you study regularly (daily)?

(i) Before taking drugs  Yes  No

(ii) After taking drugs  Yes  No

(g) Do you read the newspaper regularly?

(i) Before taking drugs  Yes  No

(ii) After taking drugs  Yes  No

(h) Do you participate in co-curricular activities?

(i) Before taking drugs  Yes  No

(ii) After taking drugs  Yes  No

Specify the types of co-curricular activities participated in :

(i) Before taking drugs

(ii) After taking drugs

III. FOR THOSE RESPONDENTS WHO HAVE GIVEN UP TAKING DRUGS : (PAST USER)

17. For how long did you take drugs regularly in the past ?

18. Frequency of use : (i) Once a month or less often

(ii) Once a week

(iii) Twice a week

(iv) Thrice a week

(v) Once a day (daily)

(vi) More than once a day

19. Indicate the type of drugs taken by you at that time?

20. What are the reasons which led you to stopped taking the drugs ?

21. For how long have you stopped taking the drugs?

22. (i) Do you find any change in your life style after stopping the consumption of drugs?

change for the better.

change for the worse

(ii) Please explain in detail particularly in regard to your educational performance :

**APPENDIX B**

**QUESTIONNAIRE ON DRUG ABUSE PREVENTION AT THE COLLEGE LEVEL**

The following are some of the questions regarding the preventive work done by the Colleges in Khasi and Jaintia Hills in the field of Drug abuse. You are requested to read the questions carefully and to give the correct response of what is actually practised in your College. Your answers will be kept confidential and used for research purposes.

(1) Name of the College:

(2) Type of College:            Male                              
   Female                              
   Co-educational                  

(3) Are you aware of the problem of drug abuse existing among the students of your college ?

(4) Does the college have a counselling centre ?

(5) What are the different types of preventive work undertaken by your college ?

(i) Awareness building

(ii) Identification of addicts

(iii) Counselling

(iv) Any other (please specify)

(6) (i) Does the college conduct drug awareness programmes ?

Yes                     No

(ii) If yes, how many times in a year are the drug awareness programmes conducted ?

(a) Once a year

(b) Twice a year

(c) Thrice a year

(d) Four times in a year.

(7) What suggestions would you like to give with regard to the prevention activities ?

APPENDIX C

QUESTIONNAIRE ON DRUG ABUSE PREVENTION DONE BY NON-GOVERNMENTAL  
ORGANISATION

The following are some of the questions regarding the preventive work done by the Non-governmental organisations in Khasi and Jaintia Hills in the field of Drug abuse. You are requested to read the questions carefully and to give the correct response of what is actually practised in your centre/organisation. Your answers will be kept confidential and used for research purposes.

- (1) Name of the centre/organisation :
- (2) Year of establishment :
- (3) Objectives of the centre :
- (4) What are the target groups aimed at for drug prevention programmes ?
- (5) What are the different types of preventive work done by the centre/organisation ? Please specify -
  - (i) Awareness building
  - (ii) Identification of addicts
  - (iii) Counselling
  - (iv) Follow-up
  - (v) Referral service
  - (vi) Any other
- (6) In awareness building, what type of media do you make use of ? Please specify -
  - (i) Films and slides
  - (ii) Printed material
  - (iii) Radio
  - (iv) Television
  - (v) Recorded talk
  - (vi) Any other

- (7) Do you get any form of involvement from the community in the following areas ?
- (i) Resource persons
  - (ii) Fund raising shows
  - (iii) Materials required for creating awareness
  - (iv) Parents involvement
  - (v) Any other
- (8) In what language are these programmes being conducted ?
- (i) English
  - (ii) Khasi
  - (iii) Mizo
  - (iv) Hindi
  - (v) Any Other
- (9) From where does the centre/organisation gets financial assistance ?
- (10) What are the major obstacles faced by your centre/organisation in carrying out the drug preventive programmes?
- (11) How many times in a year are the preventive programmes conducted ?
- (i) Once
  - (ii) Twice
  - (iii) Thrice
  - (iv) Four Times
- (12) What suggestions would you like to give with regard to preventive activities ?

**APPENDIX D**

**INTERVIEW SCHEDULE USED IN CASE STUDIES**



C. Brothers and Sisters

- (a)
- (b)
- (c)
- (d)

D. State of Home Atmosphere (To be inferred from interview schedule)

E. Family Diagram

- (1). Any other person interested in the child :
- (2). Childhood (details about the child should be recorded) :
- (3). Friends, companions and associates :

III. Educational History

A. School History

- 1. School attended :
- 2. Academic performance :
- 3. Teachers' attitude towards him :
- 4. Attitude towards school :
- 5. Attitude towards co-curricular activities :
- 6. Future academic plans :

B. College History

- 1. College attended :
- 2. Course of study :
- 3. Academic performance :
- 4. Attitude towards college :
- 5. Attitude towards co-curricular activities :
- 6. Future academic plans :

IV. For Current Users (for those who are currently taking the drug)

1. Factors that led to drug use (Reasons for starting) :
2. At what age :
3. Drug first used :
4. Pattern/schedule of usage :
5. Experience :
6. Parents view :
7. Effects on educational performance :

V. For Past Users (for those who have given up drug taking)

1. Causes of drug use (Reasons for starting) :
2. At what age :
3. Drug first used :
4. Pattern of usage :
5. Experience :
6. Parents view :
7. Effects on educational performance :
8. Reasons for giving up drug use :
9. Change in life style (especially in the area of educational performance) after discontinuance drugs :

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