THE SOCIAL AND PSYCHOLOGICAL FACTORS OF DROP-OUTS (13 - 18 YEARS) IN RELATION TO DRUG ABUSE IN MIZORAM

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by

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DECLARATION

I, Vanlalhruaii, hereby declare that the thesis **'The social and psychological factors of drop-outs (13 - 18 years) in relation to drug abuse in Mizoram'** or any part thereto has not been submitted for any degree in North-Eastern Hill University or any other University.

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CHAPTER-I

INTRODUCTION

Drug abuse is one of the most serious challenges being faced by the contemporary societies. It is a multi-faceted phenomenon with combined effects of social, familial and psychological factors. It is a behaviour whose manifestation depends upon the complex drug-individual-society relationship and which is deeply rooted in the socio-economic-cultural fabric of the society. The desperation to belong is universal. When an individual finds himself isolated for psycho-social, economic or cultural reasons, his desire for belonging leads him to similar people who also feel isolated and may have sought escape or relief on drugs. The techno societies, being complex, do not offer the individual enough scope to maintain a sense of identity. The situation drives them to plug into one or more social sub-cults. As societies move up, the frustrations of the individual also multiply. One starts looking for a cult wherein these frustrations could at least be consolidated, if not relieved. In this way, a real drug culture develops. The drug culture tends to isolate the drug abuser from the general normative structure of the society, which they consider hostile and by whom they are often considered alien or deviant.

In the last two decades, the tentacles of drug abuse have spread so alarmingly that it is causing serious concern to the international community. Drug abuse is now no longer limited to traditional user-groups, the youths of the industrialised urban areas. The scourge is spreading to the youths of the rural areas and even school children. Unlike other types of disorder, the addiction illustrates a peculiar "contagion" or "infection" in that a special problem exists. This phenomenon in addiction is the introduction of others to the use of drugs and thereby expanding the social network of addiction. It was estimated by Bourne and Ekstrand (1976) that each addict introduces an average of six others to narcotics.

The drug abuse disorder has been worsened by the emergence of a new paradigm to already existing problem, i.e. formation of a visible link between intravenous drug use to human immuno-deficiency virus (HIV) and Aids. Now the formidable task posed before human kind is not only the prevention of drug use alone, but the prevention of HIV infections, use of needles and pricks in the skin by the drug users. The drug problem is therefore a major concern of humanity which has taken as its toll a whole generation, perhaps more, and as one can well expect many more will be its victims. All indications point to the fact that the battle against drug abuse is going to

be grim in the coming years.

I.1 THE WORLD SCENE

Drug Trafficking has assumed global dimension. The increase in illicit drug trafficking has been accompanied by its growing abuse. The countries through which the trail of death passes become victims of the menace as much as those who are intended to be corrupted for financial gains. Today, the drug culture has pervaded the whole world. The alarming tentacles of illicit drug traffic and abuse have reached into virtually every nation.

Today, illicit drugs have become the world's most organised and high profit industry. There are regular markets and supply lines that extend to all parts of the globe. According to Beena Menon (1989), the four major supply complexes of illicit drug traffic recorded are:

i. The French Connection: Turkey, France, Western Europe, South America, Canada and USA.

ii. The Golden Triangle: Remote border areas of Myanmar, Thailand and Laos.

iii. The Golden Crescent: Pakistan, Iran and Afghanistan.

iv. Mexico and West Coast border areas.

The report of the International Narcotics Control Board for 1993 gave a world wide account of the magnitude of drug trafficking and abuse. Starting with the African countries, the abuse of heroin and cocaine and the abuse of certain psychotropic substances and cannabis, stimulants, hypno-sedative and minor tranquillisers, have been reported in all the regions of Africa. Several studies on cannabis use have been made in South Africa, Nigeria, Morocco and Egypt.

The situation in Central America and Caribbean is even more serious. The alarming increase in drug abuse has led to unprecedented growth in crime rate and in the number of drug-related deaths. In several South American countries, illicit drug production, manufacture, traffic, and abuse are consequences and at the same time, causes of fundamental economic and social problems. Besides cocaine and cannabis, the abuse of amphetamines, anxiolitics and other pharmaceuticals are reported in this region. In the combined areas of Bolivia, Peru, Colombia and Argentina, there were about five million users of cocaine as far back as 1970. Cannabis use is widespread in Brazil, the West Indian Islands and Mexico. Canada registers an increase in the abuse of volatile solvents, particu-

larly gasoline, among young people in rural areas.

In the United States, according to the National household survey on drug abuse (1992), the number of abusers of any illicit drug fell to 11.4 million from 12.6 million in 1991. However, there was an increase of 7 percent in the number of drug related emergencies cases, indicating increased purity of drugs, increased potency and more dangerous methods of administration. Millions in the United States regularly use sedatives, stimulants and tranquillizers. Marijuana use is very extensive particularly among the intellectuals, artisans, non-conformists and high school and college students who are alienated, dissatisfied and rebellious. Glue sniffing, gasoline or solvent inhalation, and miscellaneous other substances have also become popular with teenagers.

In Asia, the major psycho-active drugs used are alcohol, cannabis, opium and heroin. There is also considerable use of other indigenous substances as well as manufactured sedative and stimulant-drugs. The countries where drug abuse is considered a major problem include Hong Kong, Thailand, Japan, Singapore, South Korea, India and Sri Lanka

In Pakistan, as reported by Sain (1992), the smoking of charas was the most common type of abuse followed by opium-eating and smoking which remained widespread. The number of heroin-users were increasing at the rate of 40,000 annually.

Other Asian countries with recognised significant non-medical use of narcotics include Singapore, Malaysia, Korea, Laos, North and South Vietnam, and the Philippines. Indonesia and particularly Sumatra and Nepal have extensive use of Cannabis. The areas constituting the Golden Triangle and the Golden Crescent are particularly well-known for illicit drug-trafficking.

In the Middle East, the use of cannabis is widespread in Turkey. Khat leaves containing amphetamine- type stimulants are extensively used in Saudi Arabia, Kuwait and Yemen. In Iran, opium is the main drug of abuse and the number of abusers, according to the official sources, till 1990, was estimated to be one half million while heroin users were estimated at 1,00,000, comprising youth in urban areas. The unofficial statistics as reported by Sain (1992) will be much higher.

In Europe, cannabis remains the main drug of abuse. The use of heroin also continues to be a major problem. An increase in deaths related to the abuse of drugs has been reported in several countries of the region.

Considerable use and abuse of a wide variety of manufactured drugs, sedatives, stimulants and tranquillisers are known to occur in most of the large cities in Western Europe, particularly barbiturates, amphetamines and phenmetrazine (preludin) particularly among young people.

In Great Britain, the misuse of amphetamines and cannabis is rapidly increasing. Opiate addiction is markedly seen among young people. A B.B.C (1984) survey found that 39 percent of a sample of British people between the ages of 17 and 34 claimed to have used cannabis.

Drug abuse in all forms, according to Mc Tarish (1996), continued to be one of the biggest killers in Australian society, with more than 25,000 people dying each year from drug abuse related causes. In New Zealand too, the abuse of heroin is considered a serious problem. Other drugs commonly abused are cannabis, cocaine and amphetamines. In the Oceanic region, the problem of drug abuse seems to be limited to the abuse of cannabis.

In Russia, according to the 1989 official reports, the number of addicts were 1.54 million. But the number of addicts away from the dragnet of statistical observation was definitely much higher as Russian sociologists opined that the actual number was 10-12 times higher, indicating that there were 15 to 20 million addicts in Russia.

As Fort (1970) Puts it, "The drug(ged) world serves as a barometer of human society—an indicator of underlying social illness and a warning of existing and approaching social storms. The storm is mounting".

I.2 THE INDIAN SCENE

Sandwiched between the Golden Triangle and the Golden Crescent, India has become a major transit country for the smuggling of drugs. In addition, there is Nepal in the north which is a major source of supply of marijuana and hashish in the world market. With the Golden Crescent countries in turmoil, India and Pakistan mafias are said to be liaisoning with global syndicates at different points on the drug route, with Mumbai as the main junction. With the crack down on drug trafficking in Iran, strict control of poppy cultivation in Turkey and the explosive situation in Afghanistan, Mumbai has become the wholesale market for most of Asia. Heroin, hashish, marijuana, opium, cocaine, morphine and methaqualone flow in through the entry point located in the country's international border with Pakistan, Burma and Nepal. The spill-over from drug trafficking has made India a virtual dumping ground and the rise in addiction seems to tally with the flow of drugs in the country.

Jammu and Kashmir, Delhi, Uttar Pradesh, Rajasthan, Gujarat, Tamil Nadu and many others have become havens for drug smugglers. What is most tragic is that India's transit points are fast becoming the consuming ends. Sinha (1980) reported that "heroin and hashish are in great demand in the metropolitan cities. Delhi alone has more than 1,00,000 people who are either traffickers, peddlers, street pushers or addicts".

Twenty-five years back, drug addiction was only a problem but not a menace in India. Today, the abuse has assumed frightening dimensions predominantly among the youth. The Ministry of Social Welfare, Government of India has recorded 8,11,592 drug addicts till December 1992. The Statistics was confined to those who had registered themselves with some clinics or de-addiction centres. The unreported cases would be many times the recorded figure.

According to UN. Narcotics Control Strategy Report of February 1993, There were about one million heroin addicts and four million opium addicts in India. Nearly 13,000 people were booked for drug trafficking in 1992. While 16,000 people were registered with the central de-addiction centres in 1986-87, their number had shot up to 97,000 in 1991-92, over six times increase. The position was indeed alarming.

I.3 NORTH EAST INDIA: THE DRUG SCENE

The entire North-East region has come under the grip of the problem of drug abuse and trafficking. The strategic geographical location of these states, most of which have long borders with Myanmar and other countries have created a perfect setup for a major 'Drug - invasion'.

Illicit drug trafficking entering from Myanmar touches Moreh in Manipur on the Indian border and moves up to Imphal for distribution. Recent disturbances caused by Kuki-Naga clashes led to the diversion of drug traffic from Moreh in Manipur to Champhai in Mizoram. The movement of drug is facilitated by the terrain which is inhospitable for monitoring agencies. The local tribal people can however move freely across the international border without any passport or visa restriction. Originally, the agreement had been reached to ensure easy supply of essential goods to the tribals, but now it is misused both by genuine tribals and other couriers posing as tribals exempted from passport and visa restrictions.

Within the Indian border, the heroin finds its way to major consumption centres like Imphal, Kohima, Aizawl, Dibrugarh, Guwahati, Shillong, Agartala and Siliguri. The network, thus extends to almost all the states of

the North-East, Manipur, Mizoram, Assam, Meghalaya, Tripura and going down to the streets of Calcutta. The drug smuggled in the North-Eastern region is also being consumed locally in large quantities. Till 1994, the number of addicts in Manipur alone was reported to be around 40,000.

Karna (1989) reported that in Manipur, phensedyl a cough linctus was the most abused drug but among the hard drugs, heroin, popularly known as Number four was the most frequently used drug. Besides these, tranquillisers like calmpose, placidox, valium, and other cough linctus like benedryl, corex, tossex, ephedrex, and painkillers like proxyvon and pethedine were the most common drugs of abuse.

Increasing drug use in Guwahati, according to Karna (1989), was manifested in the open use of ganja in public places; drug being sold without prescriptions; increasing number of drop-outs in colleges; increasing statistics of addicts visiting hospital; increasing sale of cough syrups, etc. Cannabis was the most popularly used drug in Guwahati followed by heroin, phensedyl and brown sugar.

In Mizoram, most of the Narcotic drugs seized by the Mizoram Police and the Mizoram Excise department come from Myanmar across the border. Only recently, drugs began to be brought in from elsewhere like Delhi, Calcutta and Bombay. The available figures for 1994 revealed that among the 933 drug addicts in Aizawl alone, there were at least 81 girls. In 1998, the statistics had risen to 3500.

The new trend in drug abuse that has developed in the past 5 or 6 years is that of getting hooked to proxyvon, which is medically used as a pain- killer. The alternative to it include nitrosun, diazepam, soxygon, codeine, corex, phensedyl, etc. The other substances of abuse include deliriants, like solvents, glue, inhaling of petroleum fumes, gasoline, lighter fluids, paint thinner, varnish, etc., which are cheap and easily available. Ganja is also a common drug of abuse.

I.4 DRUG : A CONCEPTUAL ANALYSIS

The word 'Drug' was derived from the Dutch word "Droog" meaning "to dry". It probably came into use because most early drugs were made from dried plant tissues. Drug has been interpreted in different ways.

According to W.H.O. (1981), "A drug is any substance that when taken into the living organism may modify one or more of its functions".

Mc Connel (1977) explained that "A drug is any chemical which, when taken in relatively small amounts, significantly increases or decreases cellular activities somewhere in the body".

O' Toole (1989) described a drug as any substance (usually a chemical) which influences our bodies or emotions.

Wilson and Wilson (1961) said, "Drugs are substances used to influence the activities of the cells and organs of the human body".

According to Ghonglah (1987), "A drug is a chemical which people use for medical purposes; a chemical which has the power to change a person's mood or the way he thinks about things; a chemical which people take for pleasure; a chemical on which a person who takes it may become dependent".

As explained by Mc Mohan (1977), "Drugs refer to those mind-altering substances whose sale without prescription is illegal".

A drug is defined by Singh and Singh (1993) as any substance introduced into the body to change the way the body systems work.

Scientific group of W.H.O. stated that the term drug is used or intended to be used to modify or to explore the physiological systems or pathological states for the benefit of the recipient.

A drug, said Sekharan (1989), is a substance that has an effect upon the body and mind.

Nadkarni (1992) described a drug as a substance not normally present in the body and which is ingested to meet a psychological, social or medical need.

I.5 CLASSIFICATION OF DRUGS

Drugs may be classified on the basis of the effects they have on the user. These may be as follows:-

I.5A SEDATIVES

This class of synthetic chemicals collectively known as barbiturates include pentobarbital, secobarbital, barbital, selobarbital and anobarbital. They produce a general depression of activity in the brain. They reduce anxiety, slow body functions, produce relaxation, a feeling of wellbeing, and a decrease in attentiveness. Exces-

sive dose may result in impairment of judgement, loss of emotional control, slurred speech, tremor and occasionally lead to coma and death.

Barbiturates combined with alcohol are particularly dangerous as the effects of two drugs get multiplied by a drug interaction. Barbiturates increase para-sympathetic activity and act as depressants. They slow down the beating of the heart, take blood away from the surface of the body, retard the rate of breathing and generally make it more difficult to react quickly to any emergency.

I.5B STIMULANTS

Stimulants such as benzedrine, dexedrine, methedrine, cocaine (cocoa), methaquolone, pep pils, etc. are included here. Considered as "Uppers" or "psychological energisers", they make one physically and mentally more active. They produce increased alertness, wakefulness, euphoria, and even exhilaration. Students who cram for examination tend to abuse these drugs.

Heavy and chronic users of amphetamines tend to become irritable, impulsive and unstable in their period adjustment. They may also commit acts of violence. The drug related conditions of suspiciousness and rapidly changing mood make the user sensitive to otherwise minor frustrations and thus increase the potential for aggressive and impulsive acts. The prolonged consumption of amphetamines leads to a high percentage of "schizophrenic like" psychotic episodes which can almost be indistinguishable from paranoid schizophrenia except that their action disappears some 3 to 6 days after discontinuation of the drug.

I.5C NARCOTICS

The drugs like opium, morphine, cocaine, heroin, methadone and pethedine are classified as Narcotics. The drugs derived from the poppy plant are known as 'Opiates'. They have been used most effectively as analgesics (pain-killers) throughout the centuries.

Morphine induce drowsiness and lethargy and reduces anxiety or discomfort. Heroin is a synthetic drug derived from morphine. Out of all the illegal drugs, heroin and morphine are the most physically addictive. Their users quickly become tolerant and steadily increase the dosage "to the normal" daily dose level. Most abusers develop psychological dependence too. Heroin acts as depressant, relieves anxiety and tension, reduces sex, hunger and other primary drives.

Heroin is available through illegal channels, it is never prescribed. It is injected by hypodemic needles directly into the vein.

I.5D PSYCHEDELICS AND HALLUCINOGENS

Cannabis, ganja, charas, bhang, mescaline, psilocybin and L.S.D. (Lysergic Acid Diethylamide) are the drugs included here. The term psychedelic is generally applied to any drug whose primary effect is to induce an altered state of consciousness. The hallucinogens are a class of drugs that produced marked changes in mood, sensory perceptions, thinking and emotions. They form a class because of their effects.

L.S.D induced states of consciousness, remarks Prashant (1993) are vivid perceptual distortions or hallucinations, including spatial relationships, apparent flexibilities of solid masses, intensification of colour, sharpening of contours and synesthesia.

Psilocybin produces psychotic like symptoms including hallucinations, paranoid ideas, hypochondriachal and hysterical complaints and thought disturbances.

Marijuana users may feel an euphoric sense of well-being, drowsy and contented and enhanced perception, a change in time perception, a lowering of social inhibitions, change in thought processes, etc. The drug is not physically addictive but its user can become psychologically dependent.

I.5E TRANQUILLISERS

Chloridiazepoxide, meprobomate, diazepam, scopolamine, campoz, benzodiazeprines are a class of drugs very often medically prescribed and can give rise to psychological dependence. The psychological effects include reduction of anxiety, slowing down of body functions, relaxation, drowsiness and deep sleep.

I.5F ALCOHOL AND TOBACCO

They are the most widely abused drugs of the modern time. However, they are seldom considered drugs by the public even though their power to alter body functions and behaviour is well-known.

Ziegler (1984) observed, "Alcohol leads to increased anxiety and depression and to social withdrawal in heavy users. High alcohol consumption disrupts motor co-ordinations, balanced speech and intellectual judgement. Alcohol is linked to two-thirds of all domestic violence and one-third of child abuse cases.

O' Toole(1987) said, "tobacco is thought to reduce tension and relax the body but leads to habit formation and to addiction. Together, alcohol and tobacco provide an escape mechanism.

I.5G DELIRIANT (INHALANTS)

Sniffing glue, gasoline, lighter fluid, paint thinner, varnish, shellac, kerosene oil, nail polish remover, aerosol-package products, etc. produce symptoms similar to intoxication followed by excitement and exhiliration. Then there is loss of co-ordination, disturbed perception and extreme confusion. These chemicals which give off fumes or vapours when inhaled may lead to psychological dependence.

I.5H PRESCRIPTION DRUGS (OVER THE COUNTER DRUGS)

They include mandrax, proxyvon, phensedyl, corex, coscopin, etc. These are the drugs which are used for medical purposes to get relief from mild depression, narcolepsy, cough and cold, etc. They are extensively abused by youngsters who are in for "cheap kicks", as other drugs of abuse are expensive and cannot be afforded. Mandrax are no longer made legally because of its extensive abuse. Cough supressants like corex and coscopin contain codeine. Their abuse is extensive because of easy availability. Proxyvon, available in small capsules in most drug stores is the most extensively abused drug in Mizoram. Diluted with water, it is taken intravenously.

I.6 DRUG ABUSE : A CONCEPTUAL ANALYSIS

Drug abuse is commonly used to refer to the misuse of all kinds of legal and illegal drugs. It has been defined in different ways.

Drugs abuse, says Chowdhury (1989), is the excessive consumption of drugs regardless of whether an individual is truly dependent on it. It also denotes the repeated use over a certain span of time of any drug that affects the central nervous system in a manner that the individual's normal behaviour and his occupational functioning is affected.

Blum and associates (1970) maintained that drug abuse refers to the regular or excessive use of a drug to the extent that it is damaging to a person's social or vocational adjustments, or to his health, or is otherwise specifically detrimental to society.

Drug abuse means "the self administration of chemicals for purposes other than those prescribed by medical and social practice", according to Singh and Singh (1993).

Drug abuse has also been defined as "the consumption of a drug apart from need or in unnecessary quantities", by Wilson (1968).

"Use of drugs, usually by self administration, for other than legitimate purposes". Bhat (1978) says that such a use is inconsistent with or unrelated to the accepted medical practice.

Nadkarni (1992) pointed out that drug abuse is the use of a drug which is regarded by the society as harmful to the individual or to the society.

Singh and Singh (1993) feel that the term drug abuse is ordinarily used "to refer to non- therapeutic voluntary use of drugs such as a method of defensive coping against anxiety, stress or pain or use of drugs for pleasure or experience.

When the individual takes a drug for other than medical reasons in amount, strength, frequency and manner that damages the physical and mental functions, it is said to be abused.

Lobo (1986) refers to drug abuse as an excessive consumption of a drug regardless of whether an individual is addicted to it or not. He said that an abuser may or may not be an addict, an addict is necessarily a drug abuser.

I.7 DRUG ADDICTION, DRUG DEPENDENCE, DRUG HABITUATION : A COMPARATIVE ANALYSIS

It is sometimes difficult to sharply differentiate the varieties of problematic drug consumption that have been clinically referred to as drug addiction, drug dependence and drug habituation.

Drug addiction and drug dependence are two terms which have been used interchangeably. Drug addiction was a more common usage in the past but has in recent years mostly been replaced by the term drug dependence. However, if one wishes to do so, a line of distinction can be drawn between them. Drug dependence is nearer the term drug addiction than drug habituation. Addiction refers to the state of utter and complete slavery to a habit. It is the outcome of drug dependence, the manifestation of a person's invariable craving for a drug on which he has developed psychological and physiological dependence.

There are some people who firmly assert that drug dependence is not to be understood as addiction to a drug or drug addiction. They maintained that drug dependence is a psychological phenomenon while drug addiction is physiological. Traditionally, drug dependence was understood in the sense of some sort of psychological dependence on drug as effected by regular intake of drug without which the patient feels that he will not survive. When a person becomes dependent on a drug, it becomes extremely difficult or impossible for him or her to put a stop to the habit. In modern times, however, drug dependence is taken to mean both physiological and psychological dependence on drugs.

A look at the meanings given by various researchers and social scientists show common implications.

Buss (1979) describes addiction in terms of continuum of abnormality and states that "addiction to alcohol, heroin and other drugs are not only abnormal in the sense that they are excessive behaviours but also serious threats to health and addiction leads to cumulative problems because addicts usually require more and more of the drug leading to physiological accommodation to the drug".

Drug addiction as described by W.H.O (1950) is "a stage of periodic and chronic intoxication derimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic)". Its characteristics include :

i) an overwhelming desire, a need (compulsion) to continue taking drugs and to obtain it by any means;

ii) a tendency to increase the dose;

iii) a psychic (psychological) sometimes physical dependence on the effects of the drugs.

White and White (1975) define drug dependence as the process of chemicals that affect the central nervous system in a way experienced as pleasurable but hazardous to health if taken in immoderate amounts. More importantly, from the clinical point of view, their intoxicating effects may acquire a compulsive allure that it is so powerful as to defy rational control.

Drug dependence is a psychological and physiological phenomenon where it becomes extremely difficult or impossible for the drug user to put a stop to the habit. Psychological dependence occurs when a drug is so central to the person's thoughts, emotions and activities that it is extremely difficult to stop using it, or even stop thinking about it. It is marked by intense craving for the drug and its effects.

Physical dependence occurs when a drug user's body becomes so accustomed to a particular drug that he can function normally only if the drug is present in his/her body system. Without the drug, the user may experience a variety of symptoms ranging from mild discomfort to convulsion. It has also been described as the development of an altered physiologic state which require continued administration of a drug to prevent the appearance of a characteristic illness, termed as "abstinence syndrome".

Parikh and Krishna (1992) consider emotional dependence as "the use of drug as a substitute to some adaptive behaviour".

W.H.O(1973) distinguished between drugs leading to true addiction and those that merely result in habituation. The addictive drug always produce compulsive craving sooner in individuals whose psychological make-up leads them to seek escape in drugs. In contrast, the habit forming but non-addictive drugs never produce compulsive craving, although the individual may find their effects desirable and may quickly acquire the habit of taking them. Withdrawal need not cause significant difference or disturbance.

Drug habituation includes a desire or a compulsion to continue taking the drugs in order to secure the sense of well being which the drug engenders, with little or no reason to increase the dose. There develops some psychological dependence upon the drug but no physiological dependence which leads to withdrawal symptoms. Detrimental effects are primarily restricted to the individual himself.

I.8 TERMINOLOGY

In the following paragraphs, the terms frequently associated with drug abuse have been explained.

PSYCHOSES It is marked by severe personality decompensation, marked impairment of contact with reality, with symptoms like delusions, hallucinations, emotional blunting and behaviour that may be called bizarre. There is frequent loss of orientation to environment in respect of person, place or time.

Emotional symptoms like extreme exaggeration of mood is defined as affective psychoses. Organic psychoses are marked by memory and intellectual decifits. When cognitive disturbances predominate, the diagnosis is schizophrenia.

NEUROSIS It is characterised by mal-adaptive avoidance behaviour with mild or moderate impairment of personal and social functioning. The neurotic person usually feels miserable, has physical and emotional symptoms such as continual worrying and heart palpitations and has great difficulty in getting along with others.

PSYCHOPATHIC/SOCIOPATHIC Personality disorders characterized by lack of moral development and a tendency to act in an aggressively anti-social manner. Sociopathic disorder is marked by disregard for social conventions and responsibilities and lack of inter-personal loyalty, apathy and anti-social tendencies.

PSYCHOSOMATIC Personality diseases that frequently have a high psychological component are called psychosomatic. There is persistent physiological tension caused by psychogenic factors.

NARCOTICS The term is generally used as a legal classification for the stronger and more dangerous drugs, e.g. opiates, opium, morphine, heroin cocaine, etc.

MULTIPLE DRUG USE It refers to taking of two or more drugs simultaneously to produce a greater effect.

ABSTINENCE SYNDROME The need to take the drug regularly to avoid withdrawal distress. Symptoms of distress appear when there is an abrupt or complete withdrawal of the drug. They are purposive and non-purposive.

i. Purposive : Highly individualised patterns of behaviour like threatening suicide or violence, assuming bizarre posture and exaggerated distress.

ii. Non-Purposive : Symptoms consist of yawning, tremors, muscle twitches, restlessness, nausea, vomiting, diarrhoea, anorexia, weight loss, cardiac and respiratory rates and blood pressure, elevation of blood sugar, etc.

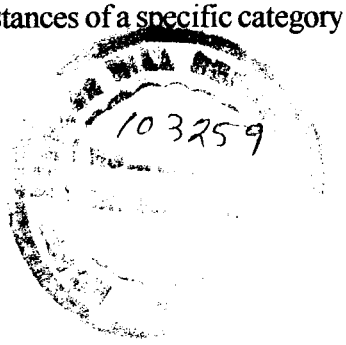
OVERDOSE It is the dose that can cause sudden and serious physical or mental damage. An overdose may or may not be fatal depending on the drug and the amount taken. The dose which is excessive for the patient and which causes what is clinically assessed as a toxicological situation is an overdose.

TOLERANCE When repeated administration of a drug results in a progressive decrease in some of the effects, this decline is called tolerance. Increasing doses are required to produce the same effects. This leads to more exposure to the drug and almost certainly to greater frequency of administration.

RELAPSE After a long period of sobriety or abstinence, a drug user may revert back to the use of drugs.

PREVALENCE The ratio of the number of the individuals using one or more substances of a specific category of drugs and the total number of persons covered in the study.

FREQUENCY OF USE The number of times an individual uses one or more substances of a specific category of a drug, e.g. experimental, regular, situational, chronic, etc.



ANXIOLYTIC Drug reducing anxiety and tension.

I.9 STATEMENT OF THE PROBLEM

Today the drug culture is very wide and extensive and has become a serious problem eating into the very fabric of our society. It is wrecking the Indian society and the future citizens of the country, the youth from within. It is a grim reality which one cannot afford to ignore or overlook. The main social menace of drug abuse is that it results in mental degeneration which is a cause of great concern. Potential talents which could have been actualised in course of time are destroyed because of drug involvement. Drug destroy human motivation and willpower, making the victim afraid of shouldering normal human responsibilities.

The presence of the problem in school and among youth is a symptom of social conditions and personality problem. It is a part of a larger one—of the adult drug culture. What should be subtle, subdued and kept within reasonable decent standards—especially in the presence of children, are blatantly talked about and unabashedly practised in public. This naturally arouses curiosity and incalculable damage to the psyche of the children and the immature.

In modern times, the use of drugs has wreaked havoc, affecting generation after generation of young boys and girls. Newer and more dangerous drugs are appearing on the scene and what is alarming is that they are filtering down to highly vulnerable sections of society including school and college students. The majority of drug victims are youths, the lifeblood of our Nation, studying in schools, colleges and universities. Once used to drugs, they begin to skip school, college or university. Educational careers are thus disrupted, resulting in increased number of drop-outs. The wastage in terms of money, time, talent and human resources is tremendous.

The extent and nature of the problem of drug abuse among the young people of Mizoram today is serious and 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 problem to be investigated can thus be specifically put as "A study of the socio-psychological factors of drop-outs (13- 18 years) in relation to drug abuse in Mizoram".

I.10 JUSTIFICATION OF THE PRESENT STUDY

The nature and extent of drug and substance abuse vary from country to country, and from community to community. The substances, the people and the circumstances vary from place to place, from culture to culture. In many instances, the perceived characteristics of particular group of people using drugs vary and their supposed reasons for using them vary widely. It is therefore imperative for each community to take steps to identify its own drug abuse problem. The present study is a step in this direction.

The causes of drug abuse have been recognised in several international forums. The Comprehensive Multi-disciplinary Outline (CMO) of the International Conference on Drug Abuse and Illicit Trafficking (ICDIAT) observed that to give attention to the fundamental causes of the problem of drug abuse, social, economic and cultural factors must be taken into account. The conference went on to suggest that research be undertaken to identify causes so that they could be eliminated. It suggested as potential contributory causes "..... social and family circumstances, housing, employment and level of education".

Whatever the cause may be for abusing drugs, a problem is perceived and a solution is sought. Effective problem-solving requires careful definition of the problem in descriptive rather than emotional terms, evaluation and selection of methods, tools and strategies relevant to the problem. One must acquire a vantage point from which to view drug use and the phenomena associated with it and the lens through which to view drug, man, society and the interactions among them, the number and kinds of discrimination made within each factor, the nature of the response and the relative ability of various institutions and professions to intervene most effectively.

A study of social and psychological correlates of drug abuse among drop-outs in Mizoram will put major emphasis on the individual as the active agent in the drug-individual context formulation. It will help in highlighting the social and psychological factors present in the socio-economic and environmental conditions which lead to psychological stress. The socio-economic status, housing, family, education, peer-factor, urbanization, etc., are seen as the breeding ground of the more personal factors as poor living conditions, broken homes, parental

deprivation, low achievement, negative peer influence, prejudice, discrimination, etc., all of which add to the stress and strain of living giving rise to anxiety, tension, frustration, depression and other psychological maladies.

The psychological make-up of drug abusers who have dropped out from the normal stream of academic life are studied in terms of specific personality traits because psychological disorders are explained in general, through personality characteristics. Addictive behaviour is one which is manifested in personality structure as drug dependence is in itself a serious psychological disorder. Despite the tendency to see undesirable behaviour always as the result of undesirable aspects of the social system, one must acknowledge that much of what is disapproved is essentially linked with things that are approved of and valued.

The main purpose of the study is to identify the social and psychological factors responsible for drug abuse with reference to drop-outs in Mizoram. Although several studies have been conducted both outside and within the country on drug abuse, very limited studies are available in Mizoram especially on the social and psychological correlates of drug abuse and which specifically covers the drop-outs are not available.

Moreover, most of the studies conducted on drug abuse were done ten or twenty years back. In a rapidly changing world where the youth is exposed to a variety of social, psychological and economic conflicts, the use of such studies become limited and lose their relevance to present-day situation.

The present study would enable one to examine the varied aspects of drug abuse both from the point of view of psychological aspect and that of social aspect which will be useful in making our proper diagnosis of the drug-abusing drop-outs. The study is aimed at focusing the correct diagnosis through social and psychological factors which will be of great help in working out a short-term and long term programme for its prevention and cure. A study taking up a single factor or approach would not be able to provide a dependable understanding of the phenomenon of drug abuse and its relation to dropping out.

The effort of understanding the phenomenon of drug abuse and its disruptive influence on educational careers through the study of social and psychological factors will, one hopes, shed light on the dark areas of human errors and weaknesses, particularly in the educational sphere. Such a study is urgently required in Mizoram to prevent further escalation of the problem. The youth must be brought back to the main stream of cohesive educational growth and development.

I.11 OBJECTIVES OF THE STUDY

The study of socio-psychological factors of the drop-outs (13-18 years) in relation to drug abuse in Mizoram has been initiated keeping in view eight primary objectives. These are as follows:-

a. To identify the psychological factors related to drug abuse in drop-outs (13 to 18 years) of Mizoram.

b. To identify the various social factors contributing to drug abuse in drop-outs (13 to 18 years) of Mizoram.

c. To find out the type, nature and pattern of drug abuse in drop-outs (13-18 years) of Mizoram.

d. To find out the differences between different groups of drug abusing drop-outs on psychological factors.

e. To find out the differences between male and female drug abusing drop-outs on the above factors.

f. To identify differences between the psychological and social variables for different educational levels of drug abusing drop-outs.

g. To study the parental perceptions, awareness and attitudes towards their drug abusing children.

h. To study the various measures taken up in Mizoram to check drug abuse and extent to which these measures have succeeded.

I.12 RESEARCH HYPOTHESES

The formulation of hypotheses is an important part of any research work. Without hypotheses, the research would go astray. The following null hypotheses have been formulated to test certain selected variables taken up for study:

a. Various psychological factors are not responsible for drug abusing drop-outs.

b. The social factors do not influence the behaviour of drug abusing drop-outs.

c. There is no variation in the type, nature and pattern of drug abuse in drop-outs.

d. There is no statistically significant difference between the hard core and casual drug abusing drop-outs on psychological factors.

e. There is no statistically significant difference between the male and female drug abusing drop-outs on the above factors.

f. There is no statistically significant difference between the psychological and social variables for different educational levels of drug abusing drop-outs.

g. Parental perceptions, awareness and attitudes are not important factors in the drug abusive behaviour of dropped out children

h. Effective measures have not been taken up in Mizoram to check drug abuse.

I.13 OPERATIONAL DEFINITIONS

The terms used in the title of this study are described as follows:

For studying the social factors contributing to drug abuse in drop-outs, a number of variables have been taken up. These include :-

i. the living conditions,

ii. the family income,

iii. parental education,

iv. educational status and performance,

v. peer involvement and friendship patterns,

vi. home environment and parental care,

vii. participation in social activities,

viii. religious affiliation and church involvement, and

ix. physical health

There are various personality characteristics of the drop-outs which may have bearing on their drug use. For this purpose, the HSPQ which measures fourteen dimensions of personality has been used. These dimensions of personality are as follows :-

- reserved vs warm-hearted,

- less intelligent vs more intelligent,

- affected by feelings vs emotionally stable,

- undemonstrative vs excitable,
- obedient vs assertive,
- sober vs enthusiastic,
- disregards rules vs conscientious,
- shy vs adventurous,
- tough-minded vs tender-minded,
- zestful vs circumspect individualism,
- self assured vs apprehensive,
- group-dependent vs self sufficient,
- uncontrolled vs controlled,
- relaxed vs tense.

The drop-outs here mean adolescents between the ages of 13 - 18 years whose educational careers had been disrupted due to drug use and were therefore no longer in the mainstream of academic life. The concept of drug abuse used in the present study means the misuse of all kinds of drugs, legal and illegal and its consumption apart from medical need.

1.14 SIGNIFICANCE OF THE STUDY

Through an analytical study of the social and psychological factors of the drop-outs (13-18 years) in relation to drug abuse in Mizoram, the study attempts to establish the influence of social and psychological factors of the drop-outs in the development of drug abuse problem.

Attempts have been made to derive reliable and valid knowledge about the addictor's personality and his social environment so that this will help one in dealing with the problem more effectively and increase the understanding of one of the crucial behaviour problems of the Mizo society. This will, it is also hoped, help one in evolving effective strategies and preventive programmes for controlling the abuse of drugs in Mizoram.

There is ample evidence that familial factors such as parental attitudes, parental positivity, etc. play a significant role in drug abuse behaviour. It is felt that parental reaction to and acceptance of the drug problem, and how they deal with it subsequently are highly significant factors in dealing and tackling the drug problem. Taking these into perspective, the study covers the parents of the drug abusing drop-outs with a view to identifying their problems. Through these, the study aims to discover important aspects of the parent-child relationship and the disequilibrium likely to exist within this syndrome.

In the past two decades, since the outbreak of the drug epidemic in Mizoram when the tentacles of drug began to close in on hundreds of young people whose lives and educational careers had just begun, people began to wake up to the horrifying realities. Awareness about the dangers of drug abuse and its harmful effects began to be felt. It was at this juncture that counselling centres and de-addiction and rehabilitation centres hastily sprang up all over Mizoram, the initiative being taken by zealous individuals, social and voluntary organisations, religious bodies and churches as well as the Government. In their individual capacity, these centres have made all-out efforts to extend help to thousands of young people caught in the vicious net of drugs.

However, no systematic appraisal or assessment of the drug abuse preventive programmes and measures have been made so far. Therefore, an investigation into the functioning of these centres in Mizoram, the quality of treatment provided, the after-care and rehabilitation facilities available, the efficiency and efficacy of functioning, the extent of their success and failure, etc. would be of great significance in evolving preventive and intervention strategies.

I.15 SCOPE AND LIMITATIONS

The sample for the study is mainly drawn from the various counselling centres and de-addiction and rehabilitation centres spread over the three districts of Aizawl, Lunglei and Chhimtuipui because drug abusers invariably seek treatment in these centres. However, there are a number of them who loiter around aimlessly or remain confined to their homes. These have been approached personally.

Drug abuse is considered evil in any society. Apart from drugs used for medical purposes, drugs are labelled as dangerous and their use illegal. Abuse of drugs does not receive any sanction - socially, medically, or legally. Thus, the trafficking, use and abuse of drugs are carried out with utmost secrecy, shielded from the eyes of

society and law. In this context, most drug abusers are generally unwilling to come out and expose themselves to social appraisal. No abuser is readily willing to divulge his thoughts, feelings, experiences, drug habits and patterns. The limitation on this account was a significant factor. A great deal of time, energy and tact had to be expended for acquiring reliable and relevant information from the subjects sampled. Collection of data therefore took up a sizeable chunk of time and caused considerable delay in the completion of the study

Approaching and gaining access to the parents of the drug abusers was again a stupendous task which again had the same limitation because most parents were not willing to admit openly the drug habits of their child. Wining the confidence of both the drug abusers and the parents of drug abusers was difficult even with the assurance of absolute confidentiality.

Lastly, the study covers the age group 13 - 18 years. Since there are a large number of drop-outs below and above this set age group, the number of drop-outs who fall within this range become limited. Moreover, since all drop-outs do not necessarily pick up the drug habit, the sample for the study became further reduced.

CHAPTER - II

MIZORAM : THE STUDY SETTING

In this chapter, the setting of the present investigation has been described under different headings.

II.1 LOCALE

The state of Mizoram covering an area of 21,081 Sq. Km is situated at the foot of North Eastern India, between the latitudes of 21° 58' N and 24° 35' N and the longitude of 92° 15'E and 23° 29'E. The hills runs from north to south with an average height of 900m. The highest peak, Phawngpui, stands 2065m high. The tropic of cancer passes through the southern periphery of its capital town, Aizawl at 23° 30' N latitude. Mizoram has tropic and sub-tropic as well as temperate and sub- temperate climate. Running 277 Kms from north to south and 121 Kms from east to west, Mizoram has international borders of 404 Kms with Myanmar on the east and south and 318 Kms with Bangladesh in the west. It shares inter-state borders with Assam, Tripura and Manipur.

Formerly known as Lushai Hills, Mizoram became one of the districts of North Eastern State of Assam in 1947 when India gained independence. The Mizo District Council was set up in 1952 as per the provision of the Sixth Schedule of the Constitution of India. In 1954, by an act of Parliament, the name of the Lushai Hills District was changed to Mizo District. With the implementation of the North Eastern Reorganisation Act (1971), the Mizo District was renamed as Mizoram. It was made a Union Territory of India on 21st January 1972 and divided into three districts of Aizawl, Lunglei and Chhimtuipui. Mizoram became a full-fledged state on 30th June 1986 when a memorandum of settlement on Mizoram was signed by the Government of India and the Government of Mizoram with the Mizo National Front under the leadership of the late Mr. Laldenga.

II.2 PEOPLE

Mizoram literally means "the land of the Mizos". Mizos have mongoloid features because they originally came from the Chin Hills of Burma during the 17th and 18th centuries. They comprise of various sub-tribes and clans like the Lusei, Hmar, Pawi, Paite, Ralte etc. Prior to independence and the formation of the District Council, each tribe or clan within a village was governed by a Chief assisted by his elders selected from among the villagers. The people mainly depended on agriculture and hunting for their living. Mizo people have a rich tradition of

with enrolment of 68 boys. The first primary examination was conducted on 25 th June 1903 in which 19 candidates appeared and passed. By 1902, fifteen Primary schools had been established with enrolment of over 400 students. The first Middle School was opened in Aizawl in 1908. By the end of 1935, the total enrolment in Primary and Middle schools had risen to 9606 in Mizoram. In 1944, the first Secondary school was opened in Aizawl with 56 students enrolled. The first Matriculation examination was held in 1948 with 7 boys and 10 girls declared successful out of 25 candidates who appeared. By 1950, three High Schools— Mizo High School in Aizawl; Lunglei High School in Lunglei; and Gandhi Memorial High School in Champhai had been established.

The college education started fairly late in Mizoram. The first college known as Aijal college was opened in Aizawl on 15th August 1958. It was a totally private enterprise and was first started at the Theatre Hall now known as Vanapa Hall. It was affiliated to Guwahati University in 1960 and it became a Government aided college. This college was renamed as Pachhunga Memorial College in 1964 after a substantial sum was donated in the memory of Mr. Pachhunga. Subsequently, the name of the college was again changed to Pachhunga University College in 1979 when it was affiliated to North Eastern Hill University, Shillong.

Education since then has undergone phenomenal expansion. Till 31.3.1995, there were 1254 Primary schools, 694 Middle schools, 2269 High schools and 29 Colleges in Mizoram.

In 1979, Mizoram Board of School Education was set up which conducted Middle School Leaving Certificate Examinations and High School Leaving Certificate Examinations. However, The results of the H.S.L.C Examination, as present in table II.2 have not been very heartening.

TABLE II.2
H.S.L.C. EXAMINATION RESULTS BETWEEN 1991 - 1998

Sl. No.	Year	No. of Candidates	No. of Students Passed	Pass percentage
1.	1991	9586	3559	37.12
2.	1992	15221	7245	49.71
3.	1993	5419	1415	46.91
4.	1994	8375	2474	29.69
5.	1995	8886	2173	25.29
6.	1996	8300	2473	30.25
7.	1997	8312	2844	35.22
8.	1998	9190	3776	41.08

Source :- Official Records, Mizoram Board Of School Education, 1998, Aizawl, Mizoram.

TABLE II.3
M.S.L.C EXAMINATION RESULTS BETWEEN 1991 - 1998

Sl. No.	Year	No. of Candidates	No. of Students Passed	Pass percentage
1.	1991	10561	7358	69.67
2.	1992	11218	9025	80.45
3.	1993	12226	7775	63.59
4.	1994	10732	6272	58.44
5.	1995	12781	9053	70.83
6.	1996	12613	8074	64.02
7.	1997	11716	7918	67.58
8.	1998	11675	8088	69.27

Source :- Official Records, Mizoram Board Of School Education, 1998, Aizawl, Mizoram.

II.4 MIZORAM : THE DRUG SCENARIO

Mizoram among other North Eastern States, has the misfortune of being a major transit point for heavy drug trafficking. According to a Telegraph news report (March 1989) "The wide range of goods including ..... narcotic drugs originating from the junction of Thailand, Laos and Burma..... known as the Golden Triangle ..... find their way through Champhai.....". Champhai is a growing township in East Mizoram which is located close to the Myanmar border. Two main drug routes to Mizoram which were extensively used for trafficking drugs particularly heroin are Tahan in West Myanmar via Champhai to Aizawl, and secondly from Tahan and Falam via North Vanlaiphai, Keitum and Serchhip to Aizawl. But close and effective surveillance on these drug routes by the State Excise has resulted in a sharp decline in the availability of narcotic drugs. Since 1990 onwards, there has been a dramatic change in the entire drug scenario in Mizoram. According to another Telegraph news report (August 1995), ... though effective patrolling by the Excise staff had led to a sharp decline in the supply of heroin from the 'Golden Triangle' area on Myanmar's North East borders with Thailand and Laos, the sudden shift to a new drug on the part of the Mizo addicts had come as a source of worry to the authorities. The heroin addicts faced with a dwindling supply, are now increasingly switching to a drug-detoxifier, proxyvon, as an alternative medium to reach a hallucinatory state.

Out of the total estimated number of about 3500 drug abusers in Mizoram, 90 percent use proxyvon whereas the other 10 percent use pharmacological drugs like nitrosun, diazepam, phensedyl and cough syrups and

II.4C PHENSEDYL, COREX, EPHEDREX, EPHRELIME, ETC.

These are compounded as cough syrup in liquid form containing codeine phosphate. Codeine is opoid antitussive, opoid being a derivative of opium alkaloid. Codeine phosphate preparations have both depressant and stimulant actions. Besides having analgesic action, it is used as a sedative. However, excessive dose may result in convulsion and coma. It is available in tablet form.

The reasons why these codeine phosphate preparations are so widely abused may be their calming effects on the mood, sometimes causing loss of apprehensions and building up a feeling of detachment. Limbs feel heavy and the body becomes warm. There is mental clouding and inability to concentrate. This is the 'High' that abusers seek. It can be taken orally or by intramuscular injection.

II.4D COSCOPIN :

Coscopin is also a cough formulation but contains noscapine instead of codeine phosphate. It does not have narcotic analgesic or dependence inducing properties like codeine or other opiod drugs. It has slight sedative action which may be the reason for its extensive abuse.

II.4E DIAZEPAM :

It is a synthetic drug used for sedation and hypnosis. It is clinically used as anti-anxiety sedative and this may be the reason for its abuse. It has low addictive property.

II.4F PETHEDINE :

Classified under psychotropic drugs, it is clinically used as an analgesic. Obtained from atropine substitute, it has the same effect as opium derivatives.

II.4G MORPHINE :

It is a naturally occurring substance in the opium poppy and is a potent narcotic analgesic. It is medically used for managing moderately severe to severe pain. For drug abuse, it is taken orally in tablet form or injected intravenously for heightened or quicker effect. It produces psychological dependence.

II.4H NO.4 :

This is a derivative of opium alkaloid. It has very high narcotic (abusive) potential. It is either inhaled, smoked or injected.

II.4I GANJA :

Obtained from the plant cannabis sativa, it has no medical use. It is mostly smoked. Its effects are relaxation, hallucination and a general feeling of well-being.

II.4J ALPRAZOLAM :

Used for short-term symptomatic treatment of anxiety with symptoms of depression, excessive dosage could cause disturbances to the central nervous system including impaired alertness, hypotension amnesia, etc.

The abuse of these drugs have been intensified by their free availability in the market during the last ten years. It was only since 1995 when the Assam Drug Control Act became enforced that cases could be registered against illegal sale of such drugs. However, their restriction in the open market is undermined by their increasing undercover availability. They are being smuggled in enormous bulks through the Myanmar border via Champhai, but the greater bulk is now being brought in from the areas in Assam bordering Mizoram like Lailapur, Bhaga and Silchar. Ganja which was once a very popular drug of abuse was also coming in enormous quantities from Manipur. There have been drug related deaths in Mizoram every year. The number of such deaths in Mizoram between 1990 and 1997 are given in the following table.

TABLE II.4
DRUG RELATED DEATHS IN MIZORAM BETWEEN 1990 - 1997

Sl. No.	Year	Aizawl District		Lunglei District		Chhimtuipui District		TOTAL
		Male	Female	Male	Female	Male	Female	
1.	1990	7	0	0	0	0	0	7
2.	1991	7	1	0	0	0	0	8
3.	1992	10	2	0	0	0	0	12
4.	1993	17	1	0	0	0	0	18
5.	1994	24	3	0	0	0	0	27
6.	1995	44	6	4	0	1	0	55
7.	1996	38	5	7	1	1	0	52
8.	1997	36	1	3	0	0	0	40
	TOTAL	183	19	14	1	2	0	219

Source : Official Records, Department of Excise, Government of Mizoram September 1998 Aizawl Mizoram.

II.5 FIGHTING THE DRUG MENACE IN MIZORAM : A DISTRICT-WISE REVIEW

All out concerted efforts have been directed towards fighting the drug menace in Mizoram, the initiative taken by Government and Non-Government Organisations, the Church and other religious bodies, the community and various individuals committed to the cause. A district-wise review and assessment of all the work put down towards alleviating the drug problem by the Government and Non-Government Organisations have been attempted here.

II.5A AIZAWL DISTRICT

Aizawl District has the most number of drug abusers in Mizoram. 80 percent of the total estimated number in Mizoram are concentrated in Aizawl District. So it is expected that most of the drug prevention programmes and activities would be confined to this district. Almost all the de-addiction centres and rehabilitation centres are located within Aizawl district area. Apart from the District rehabilitation centre which is looked after by the Department of Social Welfare, Government of Mizoram, all other centres are run by social and voluntary, welfare and church organisations. The nature, type and functions of the centres are indicated in table II 5.

TABLE II.5

DETAILS OF DE-ADDICTION AND REHABILITATION CENTRES IN MIZORAM

Sl. No.	Name of Centre/Home	Year of establishment	Type of agency	Sponsor	Total Monthly Expenditure	Details of staff employed			No. of inmates between 1991-1996		No. of inmates leaving prematurely	Recreational facilities	Rehabilitation Programmes provided
						Graduate and above	Under graduate	Below matriculation	Male	Female			
1.	Agape De-addiction and Rehabilitation Centre, Aizawl	1987	Moral Reformation Organisation	Ministry of Welfare G.O.I Public Donation	58,300	5	5	2	357	NIL	133	Indoor recreation Table Tennis, Musical Instruments, Outdoor sport	Continuing education Work therapy, Music lessons, Christain teaching
2.	Synod Rescue Home, Aizawl.	1987	Presbytarian Church	SYNOD Grants public contribution	90,000	3	1	9	817	4	232	Indoor recreations, outdoor sports, Audio visual entertainment	Agricultural work, Personality Development, Bible study
3.	Faith Home, Chhingchhip, Aizawl District	1987	Religious Society	Ministry of Welfare G.O.I Public Donation	82,000	7	14	8	1218	32	78	Indoor recreations, outdoor sports, Audio visual entertainment	Continuing education, Carpentry, Tailoring, Bakery, Farming
4.	District Rehabilitation Centre, Aizawl.	1990	Government Agency	State Government Ministry of Welfare	1,80,8000	7	9	14	1101	NIL	92	Indoor recreations, Outdoor sports Audio visual entertainment, musical instruments	Continuing education, Craft work, Mechanical engineering, Electronic repairing
5.	Zuangtui Damna In, Aizawl.	1986	Zoram Driver's Union	Ministry of Welfare G.O.I Public Donation	20,000	2	4	3	1011	15	115	Indooor recreations, Outdoor sports, Musical instruments	Craft work, Piggery, Poulty-farming, Bible study, character development
6.	Sinner's Friend Rescue Centre, Sihphir, Aizawl.	1989	Voluntary Religious Society	Public Donation and Camper's Fee	18,000	NIL	10	19	298	3	194	Indoor recreations, Outdoor sports, Musical instruments, Television	Agricultural farming, Continuing education, Animal husbandry, Charcoal production
7.	Sinner's Friend Rescue Centre, Kawmzawl, Lunglei District	1989	Social Voluntary Organisation	Public Donation and Camper'sFee	60,000 to 70,000	5	4	6	1100	20	264	Indoor recreations, Outdoor sports Audio visual entertainment Music System	Manual work, Craft work, Character development, Bible study
8.	Social Guidance Agency, Aizawl	1997	Synod Revival Team	Ministry of Welfare Public Donation	4,500	NIL	1	5	2	1	—	Indoor recreation Outrdoor sports	Manual work, Character development, Bible study
9.	Blessing Home, Sakawrtuichhun, Aizawl.	1991	Voluntary Welfare Organisation	Public Donation and Camper's Fee	15,000	1	6	15	1750	10	639	Indoor recreation, Outdoor Sports, Audio-Visual Entertainments, Library	Craft work, Work experience, councelling, Bible study
10.	Kypachan 'O' Saiha, Chhimtuipui District.	1996	Voluntary Organisation	Public Donation	7,500	1	NIL	4	20	4	19	Indoor recreations, Library	Bible study, Mental and Physical fitness Programme

In table II.6, details of seizures made by the Excise Police under Narcotics Drugs and Psychotropic substances (NDPS) Act, 1984 and Assam Drug Control Act (AD(O)) Act, 1980 between 1990 - 1997 within Aizawl District are highlighted.

TABLE II.6

TOTAL DRUG SEIZURES WITHIN AIZAWL DISTRICT 1990 - 1997

Sl. No.	Name of Drugs	1990 - '91	91 - '92	92 - '93	93 - '94	94 - '95	95 - '96	96 - '97	Till Aug. 97
1.	HEROIN	I .55 kgs 434mgs	254.50 kgs	4.014 kgs	1.897 kgs	-	0.154 50 mgs	45 gms gms	128.600 gms
2.	GANJA	13.606 kgs	66.930 Kgs	152.050 Kgs	101.55 Kgs	8.476 Kgs	2.623 Kgs	99.807 Kgs	122.995 Kgs
3.	OPIUM	-	-	3.963 Kgs	2.500 Kgs	-	-	-	-
4.	PROXYVON	-	423 Caps	768 Caps	9197 Caps	2019 Caps	8077 Caps	42672 Caps	64006 Caps
5.	NITROSUN	44 Tabs	5616 Tabs	8718 Tabs	1036 Tabs	1648 Tabs	4 Tabs	2740 Tabs	2217 Tabs
6.	DIAZEPAM	-	476Tabs 12Amps	1580 Tabs	-	-	-	426 Tabs	-
7.	MORPHINE	33 Amps	19 Amps	-	-	-	-	-	9 Amps
8	PHENSEDYL	2206 Phials	1146 Phials	100 Bottles	873 Phials	-	-	41 Bottles	-

Source : Official Records, Department of Excise, Government of Mizoram, September 1997, Aizawl, Mizoram.

Proxyvon as the single largest drug of abuse has registered the highest increase in seizure testifying to its increasingly popular demand. Writing about the drug trend in Aizawl, Agrawal (1995) remarked, "The new trend in drug abuse that has developed in the past 3 or 4 years is that of getting hooked to proxyvon which is medicinally used as a pain-killer. Other alternatives include nitrosun, diazepam, socygon and morphine."

In addition to the de-addiction centres and rehabilitation centres located within Aizawl district, as given under table II.5, there are day-care centres offering counselling services and after care facilities. The counselling service and outdoor treatment for drug addicts provided by the Community Health Action Network (CHAN) is more efficiently managed, better equipped and centrally located than other centres providing such services. Its contribution in this field is commendable. CHAN, run by the Salvation Army Church, functions in four phases. Under Phase I, a centre for female sex workers/distressed women with substance abuse problems, with facilities

for short stay, information, clinical care, counselling and pastoral care known as Samaritan house has been maintained. Phase II provides counselling to individual, family and community. Workshops, seminars and training programmes are also organised. A free clinic which offers dressing facilities and health consultation, home visitation and support comes under Phase III. Lastly, a vocational training centre is provided for recovering IDUS, alcoholics and female sex workers. Vocational counselling, guidance and occupational skills development also come under Phase IV of the centre's operational project.

In Aizawl, the capital town, poster campaigns, seminars, symposiums, radio-talks, local television shows, etc. on the dangers of drugs and drug use, have been held innumerable times initiated by the Government, the community and social and voluntary organisations. The various Churches have organised numerous campaigns and special campings for drug addicts.

II.5B LUNGLEI DISTRICT

The problem of drug abuse which was relatively very inconsequential some ten years back in Lunglei has now taken on tremendous proportion. As far back as 1993, there were an estimated 131 drug addicts in Lunglei town which is expected to have increased doublefold. Awareness of the dangers of drug abuse and the need to tackle the problem early developed promptly in public consciousness. The initial efforts were taken up by the Young Mizo Association (Y.M.A) and the Mizo Women's Welfare organisation (M.H.I.P). In localities where drug abuse were most widespread, the Y.M.A branch concerned would come up with their own devices or measures to tackle the problem within their area. The M.H.I.P in its capacity, organised campaigns and drives against drug abuse. It also provided counselling services but due to lack of establishment, counselling in a regular and formal manner could not be provided.

The Baptist Church under its Social front committee had also taken up various steps in meeting the drug problem by organising camps and meetings and seminars. A rescue centre was opened in November 1990 by the 'Sinner's Friend'. However, due to various difficulties— financial and physical, the centre could not function normally. It was used only for holding seminars and campaigns. But due to pressure from desperate parents of drug abusers, the centre began to provide outdoor counselling services to drug abusers, Even then, it did not function as a de-addiction and rehabilitation centre till the first quarter of 1997.

As in Aizawl district, proxyvon is the most commonly abused drug in Lunglei district. The statistical records of the total drug seizures maintained by the Excise police confirms this drug trend. Table II.7 displays the total drug seizures made in Lunglei district between 1991-1997.

TABLE II.7
TOTAL DRUG SIEZURES IN LUNGLEI DISTRICT (1990 - 1997)

Sl. No.	Name of Drugs	1991 - '92	1992 - '93	1993 - '94	1994 - '95	1995 - '96	1996-1997
1.	GANJA	10.070kgs	7.977kgs	0.875gms	260 kgs	0.700gms	Not available
2.	NITROSUN	3tabs	NIL	NIL	NIL	NIL	Not available
3.	DIAZEPAM	205tabs	NIL	NIL	NIL	NIL	NIL
4.	PROXYVON	33caps	272caps	2396caps	33caps	1206caps	Not available
5.	PHENSEDYL	49phials	49phials	NIL	NIL	NIL	Not available
6.	OPIUM	NIL	3.200kgs	NIL	NIL	NIL	NIL

Source : Official Records, Department of Excise,Government of Mizoram, September 1997 Aizawl, Mizoram.

II.5C CHHIMTUIPUI DISTRICT

The problem of drug abuse has already been relatively insignificant in Chhimtuipui district compared to Lunglei district and in particular Aizawl district. Till 1997, the total estimated number of drug abusers in Chhimtuipui district were 150 while the number of hard core addicts were estimated to be around 20.

So far no concerted efforts have been made by individuals or groups to fight the drug menace. In June 1995, the first and only de-addiction centre in the district was opened in Saiha. It was named Kypachano 'O' or Hmangaihna in and is under the management of a governing body consisting of Government Officers and well-meaning individuals. The centre functions through donations received from the various Churches, the public and the welfare organisations. Since its inception, the centre has housed only five inmates. No effort has otherwise been made towards fighting the drug problem by any individual or group. Table II.8 highlights the total drug seizures made from 1991 to 1997 in Chhimtuipui district by the Excise Department.

TABLE II.8

TOTAL DRUG SEIZURES IN CHHIMTUIPUI DISTRICT (1991 - 1997)

Sl. No.	Name of Drug	1991 - '92	1992 - '93	1993 - '94	1994 - '95	1995 - '96	1996 - '97
1.	GANJA	20kgs 20 rolls	1kg 125 rolls	3.365kgs 56 rolls	6.800kgs 69 rolls	244 rolls	400gms 601 rolls
2.	PROXYVON	NIL	504 caps	264 caps	1146 caps	6624 caps	4791 caps
3.	OPIUM	NIL	NIL	850gms	NIL	480gms	NIL
4.	PHENSEDYL DIAZEPAM MORPHINE	NIL	NIL	1341 nos.	NIL	13 tabs	NIL

Source: Official Records, Department of Excise, Government of Mizoram. September 1997, Aizawl, Mizoram.

CHAPTER - III

REVIEW OF RELATED LITERATURE

Review of related Literature justifies the need and relevance of one's study. While duplication in doing unwanted research can be avoided by this, it also helps in recognising inadequacy and inefficiency of existing research work on a particular field of study. In this chapter, a review of related literature has been taken up.

A great deal of Literature is available within and outside India on drugs, its use and abuse. Surveys and studies in general, have been made particularly on the incidence and prevalence of drug abuse among youths and the student community.

The causative factors of drug abuse have been studied in very general terms. Quite a number of research works on social factors of drug abuse have been made in India but only a very limited number of studies on the psychological aspects are available. Research study of the kind presently undertaken which puts focus on the social and psychological factors of the drug abusing drop-outs is relatively non-existent.

In reviewing related literature on drug abuse, the following system of classification has been followed :-

The entire chapter has been divided into four sections. The first section presents review of studies made on drug prevalence and drugs of abuse. The second section deals with studies highlighting the general causative factors which are commonly found to lead to drug abuse. In the third section, a review of related literature on the social correlates of drug abuse has been taken up. Under this broad dimension, studies of specific causative factors have been brought out. These are socio-economic status, familial factors such as familial relationships, home environment, parental care, family structure and size, peer factors, age group characteristics, etc. The last section is a review of psychological correlates of drug abuse. Starting with the studies linking certain personality types and traits with drug abuse, the chapter continues to highlight the various studies which relates different psychological factors to drug abuse.

III.1 DRUG PREVALENCE AND DRUGS OF ABUSE

According to the Ministry of Social Welfare, Government of India, there were 8,11,592 drug addicts till December 1992 in India. The statistics was confined to those who had registered themselves with some clinics or

de-addiction centres. The unreported cases would be many times the recorded figures.

There were 1,00,00 heroin addicts in India and 15,000 were being added each year, as reported by Saksena in 1996 in the Times of India.

About 87.6 % of drug addicts in India, according to Rebello (1988) were between the ages of 14 and 25 years. There existed 7,00,000 drug addicts and about 30 of them died daily, unsung, uncared and unheard.

The most widely abused drug in India according to Lather (1993) was hallucinogens, i.e. marijuana group of drugs like bhang, ganja, hashish and charas. Marijuana in the form of bhang has been part of ancient society. 'Smack' or brown sugar was the most harmful drug abused in India....the frequency of addicts among Bangalore University students alone was reported as high as 15 % out of an estimated 50,000.

Drug abuse studies conducted at the PGI Chandigarh found that Chandigarh and Bhatinda had de-addiction centres where over 5,000 addicts were registered during 1993-94. They included over 2,000 poppy husk addicts and another over 1,000 opium addicts. Unfortunately, the number of addicts from the poorer section of society was found to be three times as compared to those from the upper strata of society.

A study made by Prashant (1993) on a large number of drug abusers at a Delhi de-addiction centre showed that drugs which were abused were heroin, morphine, codeine preparations, diazepam, nitrosun, ganja/charas, opium, bhang, amphetamines, barbiturates and mandrax..... There was usually a lot of multiple drug use .... A very high percentage of addicts said that drugs were available easily.

Agrawal (1995) observed that the worst affected were the North eastern states of Manipur and Nagaland. The number of addicts in Manipur alone was estimated to be around 40,000....

The study carried out in Manipur by Sharma and Luwang (1984) showed that there was an alarming increase in the number of drug abusers. Their number increased from 6 percent in 1972 to 23 percent in 1982. Their study which examined over 1,300 drug abusers revealed that the majority of them, 43.7 percent, were using drugs for a period of more than one year and used injectable drugs like morphine and pethedine. Only 23.60 percent of abusers were using oral form of drugs.

Gupta and associates (1980) found from their study in Ludhiana that the highest percentage of addicts hailed from unskilled labour force, followed by school drop-outs.

III.2 GENERAL CAUSATIVE FACTORS

In this section factors which have, generally, been identified as common causative factors by several studies of drug abuse are outlined.

W.H.O. Expert Committee (1975) made several studies in India regarding drug addiction and reported the following important reasons for addiction :

(i) Underlying character disorder in which immediate gratification was sought at the expense of long term adverse consequences and at the price of immediate surrender of adult responsibilities.

(ii) Manifestation of delinquent (deviant) behaviour in which there was pursuit of personal pleasure in regard to social connection.

(iii) Attempts at self treatment by persons who suffered from either psychic or physical distress or who strongly believed that it had powers to prevent disease or increase sexual capacity.

(iv) A way of getting social acceptance especially for the socially deprived inadequate individual.

Agrawal's study (1995) showed that peer pressure was the most important causative factor where use of drugs was a symbol of modernity. Sheer curiosity came next. It was also evident that students resorted to drugs for more than one reason. Peer pressure often combined with curiosity, while depression was so often a fall-out of failure in love.

Among adolescents and young adults, alcohol and other drug involvement has been traced to motives like rebellion and conformity. Adolescents wanting to demonstrate their independence from and disregard of parental and societal restrictions drank or used other drugs to emphasize their autonomy. Related to this was peer pressure. Many younger drug consumers were initiated into the drug world or became confirmed users because their friends were involved and they wanted the acceptance of the people of their own age. In addition to both these motives, younger people drifted into alcoholism or drug abuse because it seemed to offer a refuge - an escape from depression, or failure of any number of the challenging problems of living. These were the conclusions broadly drawn by Abel (1976), Hardy et al (1978) and Grimspoon et al (1975) in their studies.

Psychological factors like pleasure, frustration and curiosity were identified as the main causes of drug abuse by Karna (1989) in his study of drug abusers in Guwahati and Manipur. Social and cultural factors included friend's pressure, as a fashion and to release tension due to conflict in the family.

According to Emrich (1992), research in the U.S. has at least tentatively identified a number of factors which correlate with drug abuse. These included parental use of alcohol, lack of closeness to parents, high level of peer group involvement, unemployed father and one or both parents missing. The absence of any carefully organised meaningful employment programmes for adolescents, according to him, negatively affected self-esteem of young people, led to close peer attachments, and fostered open rebellion towards the adult world

With regard to the causative factors of drug abuse, Lather (1993) attributes availability as an important determinant.

The study made on medical students by Chakraborty et al (1980) revealed that curiousity was the commonest reason for drug abuse.

III.3 SPECIFIC CAUSATIVE FACTORS

The findings of different studies which reported the correlationship of drug abuse with specific socio-economic factors have been presented here. The main variables taken up in this section are as follows :-

III.3A SOCIO-ECONOMIC CHARACTERISTICS OF DRUG ABUSE

Under this sub-heading, the research reports on i) socio-economic status and drug abuse, ii) socio-economic status and choice of drugs, and iii) living conditions are highlighted.

III.3A(i) SOCIO-ECONOMIC STATUS AND DRUG ABUSE

The studies made on the correlation of socio-economic status with drug abuse have drawn different conclusions. While some researchers show that drug use is related to the upper social and higher income strata, there are others which prove that low-income groups are more prone to the drug habit. There are, however, other research findings which show that the problem cuts across all social classes and income groups.

Taking all the variables pertaining to social characteristics of the drug users together, Ahuja (1977) found in his study that students in certain socio-economic categories run a relatively higher risk of encountering and using

drugs. The survey pointed out 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— convent and public schools, and v) education in institutions attached with hostels.

Lukoff et al (1972) observed that reported heroin use by self or kin occurred most frequently in families with white-collar occupations and higher income. More reported use occurred where the father was a white-collar worker and had at least a high school education.

Khan (1986) claimed that the per capita income showed a direct relation with drug use. The socio-economic status of the students also showed a positive correlation with drug use, and students with larger pocket-money took to drugs in great numbers.

Karna (1989) found that most drug addicts were fully dependent on their parents and other family members. An assessment of the average monthly income of drug users' family showed that it was moderately high and may be broadly identified as 'middle class families' or 'families of lower middle class status' engaged in urban-based occupations.

In the study made by Prashant (1993), the highest prevalence rate was found to be among the Rs. 500 to Rs. 1000 earners per month. The next highest group was the group which said they had no income. Except for those who had no income or an income below Rs. 500 p.m. The prevalence rate of drug addiction was found to decline with increase in the income slabs. This led her to believe that the lower income levels were more conducive to drug addiction.

Based on their study, Sharma and Luwang (1984) observed that more abusers were from lower or middle income group in India. They also reported that the alarming increase in number of drug abusers in the tiny hill state of Manipur was due to economic and socio-political insecurities, violence, prevailing sense of uncertain future among the youths and easy availability of drugs.

Lather (1993) considered it evident that the ethnic minority groups which form a part of deprived social class of most of the urban slums were more prone to drug addiction than the higher social classes. The epidemic areas were marked by concentration of under-priveleged minority groups, poverty and low economic status, low educational achievements, disrupted family life, disproportionately large number of adult females, very crowded

housing and a dense population of teenagers. These qualities led her to the conclusion that drug addiction was essentially a metropolitan phenomenon.

Board on Mental Health and Behavioural Medicine (1985) reported that in the U.S.A., opiate addiction occurred in many forms and prevailed in all socio-economic groups. Heroin addictin was not limited to a particular social class, high or low, but cut across all social categories.

According to Winick (1965) heroin addiction which was considered a problem mainly of slum areas of the U.S. was not a problem of lower class in India. It in fact, cut across all social categories in big metropolitan cities as well as rural population of India because of easy availability; and more westernised attitudes of the youths especially in the big and cosmopolitan cities. The U.S. National Commission on Marijuana and Drug abuse (1972) in its study, reported the same trend but found a slightly higher prevalence among those with above average incomes and some college education.

III.3A(ii) SOCIO-ECONOMIC STATUS AND CHOICE OF DRUG

Geis (1970) observed that for the lower class youth, drug use was a response to an unappealing, frustrating and unrewarding way of life and above all served as splendid time-filler. So this category of subjects tried all sorts of drugs and showed almost equal preference for all drugs. For the middle class youth, drugs seemed frighteningly similar to other requirements of middle class existence. The hope of middle class youth was to escape and not become deeply enmeshed in schedules, pressures and expectations. Hence the drug of choice for the middle class adolescent was L.S.D. and marijuana which provided the source of escape that blotted out the intolerable demands of masculinity.

The findings of Lather (1993) showed that the trend of drug preference was somewhat similiar in the upper and middle classes, whereas it was different in the lower class. The highest percentage of drug abuse in upper and middle class was that of hallucinogens whereas for lower SES groups, it was amphetamines. The next highest for the upper class was of tranquilisers, followed by narcotics, barbiturates and amphetamines. The middle class subjects showed a slightly different trend with leanings towards narcotics followed by tranquilisers, amphetamines and barbiturates. Almost equal percentage of perference for various drugs had been reflected in the lower class.

subjects showed a slightly different trend with leanings towards narcotics followed by tranquilisers, amphetamines and barbiturates. Almost equal percentage of perference for various drugs had been reflected in the lower class. After amphetamines, the order of preference for this class was hallucinogens, tranquilisers, followed by narcotics and barbiturates.

The upper and middle classes revealed higher percentage of preference for hallucinogens, tranquilisers and narcotics and lower preference for barbiturates and amphetamines. The lower class abusers on the other hand gave higher percentage of preference to narcotics and barbiturates. It was evident that barbiturates were not that popular in any of the SES group.

III.3A(iii) LIVING CONDITIONS

In a study of drug takers in an English town, Plant (1975) made a subjective classification of accomodation. Most drugtakers were in "acceptable living conditions". The evidence suggested that the general living conditions of the drugtakers were those to be expected of any young people of their age-group.

III.3B FAMILIAL FACTORS AND DRUG ABUSE

There are several studies which focussed on drug abuse and its correlations with familial factors. These studies have been presented under the following sections:

III.3B(i) FAMILY BACKGROUND AND FAMILIAL RELATIONSHIP

Chein et al (1964) contrasted the family background of addicts and normal controls. The addicts tended to come more often from families characterised by emotional disturbance, distance and poor father relationship. It was found that forty eight percent had a father figure who was cool or hostile towards the son, forty four percent of the fathers had unrealistically low aspirations for the child; and twenty three percent of the father figures were immoral models for the child in early childhood. Other characteristics include an overtly discordant relation between parents (Seventy seven percent). The investigators further reported that mother figure was a more important parent in boys life during late childhood period (Seventy three percent). Twenty three percent of mother figures were cool and hostile to the boys during late childhood. In forty percent of the cases, the boys in general experienced extremely weak mother-son relationship. Mothers had unrealistically low aspirations for boys in late

The study conducted by Delhi School of Social Work (1972) showed that many of the drug abusers seem to suffer from "mother fixation". They described their mothers as persons who cared for them and pampered them. A little over one-half of the respondents compared them to a Goddess. As contrasted with mothers, fathers were objects of hostility. All except eighteen respondents expressed extremely negative attitudes towards their fathers.

O'Dowd (1974) examined one aspect of the family relationship, i.e. emotional support to determine whether supportiveness among family members correlated with the absence of illicit drug use. Mothers of the drug using adolescents perceived themselves giving support to their sons at a level equal to that perceived by mothers of drug free adolescents. Supportiveness did discriminate between the two groups showing that emotional support was related to illicit drug use immunity. The parent-child relationship was a significant factor in pre-determining the behaviour of children.

Blum and associates (1969) studied the family structure and found that drug using students came from families that put little emphasis on child-rearing practices and structured intra-family relationships. Family influences out-weighed those presented by peers, religion and school as the major determinant of drug abuse.

Baer and Corrado (1974) studied the role of parental influence in the etiology of heroin addiction. The addicts reported more physical punishment, more evening freedom as teenagers and less parental cohabition, less career planning assistance and parents having less influence on their conduct. Finally, the addicts reported religion as less important aspect of family life, a greater tendency towards parental condemnation of pre-marital sex and less inclination to turn to their parents for sympathy or support. Addicts did not find their father as 'Pals' and their mother as being 'well-intentioned'. Majority of addicts led an unhappy childhood which included harsh punishment and a general pattern of parental neglect and rejection.

Wilson (1968) found that the mothers in the family of drug dependants could be characterised as excessively controlling and strict or excessively indulgent and non-disciplinary. The fathers played a minimal role in the patient's living, either by being absent through desertion, separation or divorce or through dis-interest, or were actively punitive and moralistic or were paranoid and controlling in relating to both the mother and the patient. The relationship between the parents were generally poor. Either the father played a domineering, controlling role in the family or the father was a weak and ineffectual figure.

In their study, Forehand et al (1977) observed that the salient features in the drug abuser's family included absent or weak father, over-protective, over-indulgent or dominating mother. They concluded that a combination of unsatisfactory socialisation process and problems related to self-esteem are the characteristics of serious drug abusers.

According to Jurich et al (1985) occasional drug users came from families where there was no communication gap and parents used democratic disciplinary techniques. Bulk of drug abusers came from families where there is a communication gap and either laissez faire or authoritarian discipline. In addition, drug abusers belonged to families in which the person whom they defined as the most powerful tended to use psychological crutches to cope up with stress.

III.3B(ii) PARENTAL DEPRIVATION

Lather (1993) making a brief summary of her findings on parental deprivation among drug abusers, commented that parental divorce seemed to be related to drug problem more than parental death. Separation due to divorce had alarming psychological impact than separation due to death. In such broken homes, there is not only parental deprivation but also emotional deprivation, which the child thrives on in childhood and adolescence.

In his study, Malhotra (1983) found that drug consumption was higher in families in which one or both parents were absent.

- Fifty-six percent of subjects had absence of father figure at home.
- Thirty-eight percent had fathers whose job necessitated them to be earning a livelihood in a different city.
- Eleven percent had lost their fathers.
- Six percent had mother as the dominant partner.
- Eighty-nine percent had difficulty in communication with parents.

III.3B(iii) FAMILY CONFLICT

The drug abusers perceived their family as less harmonious, as compared to the non-abusers. This was the observation made by Lather (1993) in her studies of drug abusers.

Streit and Oliver Junior (1972) found that a perception of an "unclose family" or "homelessness" was reported by drug abusers.

Forehand (1977) reported that the familial patterns of younger abusers included a long, emotional conflicting relationship between parents (one of whom may be ineffectual, distant or inactive, and the other dominating and infantalising).

Horrocks (1976) maintained that the adolescent irrationally acted out "among his extra-familial relationships the conflicts and anxiety of his family, particularly disturbances existing in the relationship of his two parents.

A study made by the Narcotics Command (1988) had identified family negligence as "the main culprit in the victims surrender to the drug habit". Observations made from a twenty year study showed that a majority of addicts suffered uniformly from parental neglect. The victim, unable to find happiness in the home looked for a substitute, found it in drugs, and because of peer pressure was initiated into experimentation, drug use and finally abuse or dependence.

III.3B(iv) PARENTAL CONTROL

Regarding parental control, Agrawal (1995) observed in her study that in the case of thirty-four percent of drug abusers, parental control was minimal and not as restrictive as when boys or girls were at school. There was some severity in enforcing home reporting time in the evenings in respect of girls.

III.3B(v) PARENTAL EDUCATION

In his assessment of drug abuse, drug users and drug prevention services in Guwahati, Karna (1989) reported that as against only 12.73 percent fathers, 28.00 percent mothers were illiterate. 78.17 percent fathers had completed matriculation and above while for mothers, this percentage was 56.00. There were 49.09 percent graduate mothers. Overall educational status was fairly high.

III.3B(vi) JOINT FAMILY VS. NUCLEAR FAMILY

The study carried out by Prashant (1993) revealed that the majority of addicts claimed to belong to joint families (65.19 percent). The fact that most of the addicts came from joint families supports the view that the joint

family system in an urban setting tends to create conditions more of conflicts and frustrations for its members rather than of security and protection characteristic of it in the traditional sense. A much larger percent of addicts belonging to joint families had their first intake of drugs in the age-groups of 15-20 and 20-25 years as compared to addicts belonging to nuclear families.

A much higher percentage of addicts belonging to joint families showed pride in their habit to drug addiction than the addicts belonging to nuclear families..... the younger members of joint families were more likely to express their revolt against family patriarchism through drugs and hence a much higher self-perception of pride in their habit of drug addiction than the younger members belonging to nuclear families.

Delhi School of Social Work (1972) reported that 87 percent of the drug abusers in their study came from joint families, 64 percent lived with families and 36 percent lived in hostels.

In the study made by the All India Institute of Medical Sciences (1981), drug abuse was found to be more common in those who constituted separate families.

III.3B(vii) FAMILY SIZE AND BIRTH ORDER

Kaplan and Meyerowitz (1970) found that eighteen percent in their sample were 'only children' versus six percent in the control groups. The investigators attributed this difference to the high divorce rate among parents of addicts in their sample. When the addict had a sibling, he was more likely to be last born (twenty-seven percent versus fourteen percent of control subjects).

In the survey conducted by Bucky (1971) heroin users represented the highest percentage of 'only children' (eleven percent) and lowest percent of youngest children (nine percent). Birth order-wise, drug abuse was more frequent in the middle than in the other groups.

Plant (1975) reported in his study of drug takers that while the average student had 2.1 siblings, the average non-student users and multi-users had 3.0 and 2.2 siblings respectively. He worked out the possibility that individuals from larger families are subjected to less parental restraints than those who are only children. Less parental attention may have attributed to their greater involvement with peers.

III.3B(viii) DRUG USE IN THE FAMILY

Agrawal (1993) asserted that in the case of drug abusers, as many as ninety-two percent had fathers who were taking alcohol. Mothers constituted thirty-seven percent although this relates mainly to casual drinking.

Report of the study made by Rubin and Camitas (1975) revealed that most of the ganja smokers had parents and grand parents who also smoked cannabis.

According to Adler and Lotecka (1968) parents of habitual users of heroin and other drugs were often perceived as habitual drinkers and users of amphetamines and barbiturates. The traditional use of bhang in Indian families provide positive milieu of children to take up abuse to marijuana.

Smart and Fejer (1972) found a positive relationship between the parents' use of drugs, alcohol and tobacco and the students' use of drugs of all kinds.

Lather (1993) found that alcohol use by subjects' brothers and grandfathers and not by fathers was a significant factor. It is possible that male drug abusers identify more with their brothers and grand fathers because results on parental attitudes reveal that drug abusers perceive their fathers as less democratic and loving. So the brothers possibly serve as the 'father figure' for the adolescent to imitate, and grandfather's attitude of love and affection makes him imitate and identify with the grandfather more often than with the father. Thus, the alcohol use by these relations perhaps gives the psychological support to the person to maintain his drug habits.

Margado (1982) and his associates interviewed ninety-six heavy drug users admitted to psychiatric hospitals between 1980 and 1982. Almost sixty-five percent of subjects reported alcohol and/or drug abuse by at least one family member. Alcohol abuse was common in subjects' father and drug abuse was always almost found among siblings.

III.3C INITIATION INTO DRUGS

The findings of studies on initiation into drugs are reviewed under the following sub-headings in this section.

III.3C(i) AGE CHARACTERISTICS

The study conducted by Ahuja (1982) found that a little more than one-fourth (26.1 percent) of the sample were 18 years of age or less, nearly three-fifths (62.6 percent) belonged to 19-24 years age-group and about

one-tenth (11.3 percent) were more than 25 years of age. Comparing the age of girls with boys, female users were found to be younger than male users. A little more than half of the girls (52.7 percent) were 18 years of age or less in comparison to 23.8 percent boys. Taking both male and female together, 16-21 years age-group was identified as the most crucial in developing the habit of consuming drugs.

Konopka (1983) examined adolescent's views on drugs and alcohol through interviews and group discussions with over 1,000 adolescent girls (12-18 years) of various socio-economic status groups. It was found that subjects knew about drugs and were well informed about them from a very early age. Subjects who took drugs often started around 12 or 13 years of age and sometimes even earlier. No subjects reported having started later than 17 years of age.

In the study conducted by Delhi School of Social Work (1972), it was found that about one-fourth of respondents were first introduced to drugs when they were at school. Over sixty percent of the students had been taking drugs for more than two years. About sixty percent of the respondents belonging to the age group of 19-21 and seventy six percent of the respondents belonging to 21-23 age group had been regular drug users for more than 2-3 years. Even in the age group of 17-19 years, it was observed that one-third of the respondents had been taking drugs for more than 2-3 years.

Prashant (1993) observed that the age 15-20 years seemed to be the most drug prone age for all educational levels. The highest percentage was found to be of the addicts who were illiterate or had been educated up to the secondary level.

In Manipur, people in the age group 15-25 years, according to Sharma and Luwang (1984) were found to be the maximum users of drugs.

Research conducted by the Drug abuse information rehabilitation and research centre suggested that most students who start using drugs usually have their encounter with drugs in the seventh standards.

In his study, Karna (1989) found that the highest concentration of 15.49 percent was at the age of 19 and 14.08 percent at 15 years of age. Taken on average, 70.42 percent had their first drug experience before they reached the age of 21 years. Another study that he made in Dimapur showed that 75 percent respondents had

their first drug experience between the age of 15 and 24, making this age- group vulnerable for becoming a drug user.

In his study of drug takers, Plant (1975) found that three-quarters of the study group had at least passed ordinary level exams and 9.5 percent had a degree or some form of professional qualification. This lends no support to the view that all drugtakers are likely to be uneducated or that as a group they are drop-outs.

The average age of initiation into drugs in Manipur, according to Agrawal's study (1993), was twelve years and the maximum concentration of the users was in the 14-25 age groups.

Prashant (1993) studied 859 addicts in a de-addiction centre within a period of three years. It was found that the largest percentage of addicts were initiated into drugs between the age of fifteen and twenty years. The addicts were divided into four groups of illiterate, elementary level, secondary level and college level for analysing the age of initiation. At 10 -15 years of age at initiation, the percentage went down as educational level increased— a major portion of the addicts, irrespective of their educational levels, took their first taste of drugs at this age.

III.3C(ii) TYPE OF INITIATION

Agrawal's study (1993), based on a sample of 350 students of Delhi University and affiliated colleges who were frequent users of alcohol and other drugs, found that friends were the most common initiators. The students, however, insisted that the decision to smoke, drink or take drugs was their own. Of these, 61 percent were initiated by friends and 19 percent initiated themselves. The relatives as initiators were mostly cousins who were used to smoking or drinking.

Of the 19 percent students who initiated themselves to drugs, most started with anti-depressants taken as medicines. In strange cases, students came from families where taking alcohol was an accepted norm at festive and religious ceremonies. In such cases, the initiators included father and in some cases, even the mother.

Parties were the most vulnerable place where college students were introduced to drugs in the first instance as indicated by 57 percent of the drug users. Hostels were the common places where casualties occurred. Other places included the pan-shop, tea-stall or a neighbour's place.

Out of a total of 859 addicts studied, Prashant (1993) found that almost three-fourths of the respondents were initiated into drugs by their friends. The largest percentage had first used drugs at a social party. Social parties remained the most common place for first intake of drugs for addicts of all educational levels.

III.3C(iv) ACADEMIC ACHEIVEMENTS

In a study of drug abuse among college students in Bombay, Multagi (1978) observed that students fairing well in the examination seemed more prone to drugs than those fairing badly. This challenged the notion that drug abusers were dropped off and were indifferent to their academic achievement.

III.3D PEER-GROUP INFLUENCE

Peer factors play a major role in determining whether or not an individual will take to drugs. Peer groups, peer affiliation, peer identification, peer pressure and peer associations in one form or the other are associated with drug abuse. Drug scene is predominantly a group phenomenon asserting pressure on the individual to become a part of the sub-culture. Friends are not only the most important agents for introducing the individual to drugs, but also provide the social climate and companionship for continued intake and enjoyment of drugs. The pleasure yielded by drug use is enhanced in the company of other friends.

Lather (1993) found that one of the motives for drug use was a reluctant use in response to peer pressure. Peer models exert strong influence on the initiation of drug use. In fact, peer models of substance abuse are more influential than any other.

Prashant (1993) reported from her findings that group pressure was the single most common reason for initiation into drugs. There were more indications that group pressure was more prominent as a reason for abuse among the illiterate or college-level educated addicts.

Giving reason for the great influence of peers on the drug abusers, Erikson (1963) assessed that peer affiliation and acceptance are crucial for the adolescent's sense of 'self'.

In an exhaustive study of high school students' drug use, Kandel (1975) obtained data pertaining to adolescents's use of drugs as well as independent data from their friends. 'Having a close friend who used marijuana' was found to be an important concomitant of the adolescent's use of marijuana.

Analysing the peer factors in drug abuse, Ahuja (1982) found that drug abusers had most of their friends from the student community and also from the same college/department and of same social status. A large number of drug abusers were 'very exclusive' and attempted to limit their friendship. Many of them reported having friends with whom they could share their secrets. The choice of drug was also the same as that of their peers, probably because a large number of drug abusers were those who took drugs not in isolation but in the company of their friends. Drug abusers also tended to discuss their problems with their peers rather than with parents especially fathers.

Pahujesh (1976) studied the role and influence of family versus peer group on drug taking behaviour among drug abusers. Peer association was only significant when drugs were involved. Association with peers in situations that generally were viewed as highly suspicious were combination of "driving around with and hanging around a group of kids attending parties that serve drugs and alcohol".

Shared use of drugs, according to Forehand and associates (1977) was part of the closeness which the abusers missed in their families.

In the study made by Karna (1989) in Guwahati, peer group pressure was found to be the most notable influence on drug users.

III.4 PSYCHOLOGICAL CORRELATES OF DRUG ABUSE

The psychological correlates of drug abuse are presented here under two broad sub-divisions. The first part consists of studies on the prominent personality characteristics and traits linked with frequent drug use. The second part puts focus on studies dealing with specific personality traits like psychopathy, depression, self-esteem structure, anxiety and introversion-extroversion.

III.4A COMMON PERSONALITY CHARACTERISTICS : THE ADDICTIVE PERSONALITY

Though the evidence for the addictive personality is not fully established, identified groups of addicts in treatment are often found markedly deviant from the general population in personality scale scores. A number of studies on personality correlates are highlighted here for the purpose.

Based on his study, Snyder (1971) concluded that a person who took recourse to drugs was an immature, poorly adjusted person. He had few close relationships with other families or friends; he distrusted authority and overcome with a sense of futility and failure. He generally did not identify himself with normal adult goals. He had low frustration tolerance, was unable to carry on in the face of difficulty or to accept responsibility.

Lewis and Osburg (1958) made an assessment of institutionalized addicts by categorising them as character disordered, who were passive, aggressive or narcissistic, utilising manipulation of others, corruption of others, provoking others to disagree among themselves and to overt anger—a trouble—some group to take care of.

Nelson (1983) believed that general factors were involved in the psychology of dependence. These significant personality factors were :-

- Impulsive behaviour, difficulty in delaying gratification, an anti-social personality and a disposition towards sensation-seeking.
- a high value on non-conformity combined with a weak commit-ment to the goals for achievement valued by the society.
- a sense of social alienation and a general tolerance for deviance
- a sense of heightened stress

Nadkarni (1992) found the following personality traits linked with frequent drug use:-

Rebelliousness, non-conformity, resistance to authority, high tolerance and deviance, strong need for independence or normlessness. On measuring personal competence and social responsibility such as obedience, diligence and achievement orientation, non-users scored highest and early users lowest. Frequent users scored lower on well-being, responsibility, socialisation, self-control, tolerance, achievement and intellectual efficacy. With most users, seemed to be decreased motivation and increased alienation.

According to Zinberg and Robertson (1972) studies of the drug abusers demonstrated that the hard-core user was criminal before he began to use drugs. There was a specific 'junkie' social and psychological profile. Cigarettes at the age of six or seven; liquor and sex by thirteen; marijuana soon after; in late adolescence, promiscuity and petty thievery merged almost automatically into prostitution and organised crime. Drug abusers of this type definitely showed an ascending use of drugs typically moving towards the one with the big kick, heroin.

Shanmugam (1979) studied 212 drug abusers and 222 non drug abusers in India as controlled group using Eysenck Personality Investigatory (EPI). The results showed that drug abusers were more extroverted, more neurotic and psychotic and had more criminal tendencies as compared with non drug users.

In a comparison between a group of 45 young institutionalised male addicts and a controlled group of non addicts, Gilbert and Lombardi (1967) found that distinguishing features were "the addicts anti-social traits, his depression, tension, insecurity, and feelings of inadequacy, and his difficulty in forming warm and lasting relationships".

Based on their study, Kosten and Rounsaville (1986) reported that about 68 percent of heroin abusers were diagnosed as having a personality disorder.

Lather (1993) concluded from her studies that the overall pattern of characteristics that were representative of drug takers were non-conformity, a tendency to act out impulses and fantasies and tendencies to be extraverted.

As a result of their studies, Voget et al (1948) asserted that personality types which were identical among them consisted of neurotics who took drugs to relieve anxiety.

The study made by Delhi school of social work (1972) reported that 87 percent of drug abusers were insecure, immature, dependent, frustrated, diffident, anxious and worried persons. They suffered from a sense of failure and personal inadequacy. The results consistently revealed a tendency of slim social contacts among them. The drug users seemed to distrust and suspect other people and their capacity to understand them. Their social contacts were limited to a very small and close circle of friends.

Gilbert and Lombardi (1976) found addicts to be hypersensitive, self conscious, less confident, pessimistic and insecure.

The study made by Smart and Jones (1970) showed that the drug users had worries, anxieties and disagreeable emotional feelings. They also exhibited neurotic and schizoid tendencies.

Sutker et al (1978) found a close relationship between sensation seeking, neurotic involvement and drug-use patterns. High sensation seeking was related to use of more drug categories and drug abusers classified as high sensation seekers scored higher on scales reflecting socio-pathology; attitudinal deviance and heightened

activity. They scored lower on measures indicating denial, hypochondriachal preoccupation, hysteria and social introversion.

Grande (1984) reported that common personality factors include impulsivity, failing to inhibit behaviour that has previously led to negative consequences, and valuing immediate euphoria or gain over more long term consequences. The individuals with their kind of disposition are not frightened of taking risks. It is in fact, part of their personality to try out new experiences, derive pleasure out of everything and seek ecstatic experience.

Lewis and Peterson (1974) identified the potential addict as one who tends to be irresponsible, rebellious, lacking in social conscience, unhappy with the world in general and seeking some means of contentment. He is an easy target for the initial trial of some drugs, perhaps suggested by an acquaintance, which in turn may lead to continued use and later experimentation with other drugs of greater addictive potency.

Stimmel (1983) asserted that the psychological constructs dealing with alcohol and substance abuse included severe ego weakness, a strong need for dependency, a low degree of tolerance for frustration and tension, marked anxiety and ambivalence towards the parental constellation, and anger not expressed outwardly ..... when destructiveness and the need to obtain relief through withdrawal and introversion were present, heroin was the mode of abuse.

The study made by Spotts and Shontz (1984) indicates that at low level, users took cocaine to overcome personal insecurities and relieve boredom, while heavy users took it to support overvaulting ambitions and striving for self sufficiency.

III.4B SPECIFIC PERSONALITY TRAITS

In the following pages, the specific personality traits associated with drug abuse have been presented under different headings.

III.4B(i) PSYCHOPATHY

Hill et al (1960) associated personality characteristics of narcotic addicts with psychopathy or a predominantly psychopathic nature, although they may include many of the classical psychoneurotic and psychotic features.

Lather (1995) maintained that the predisposition to psychopathic deviation begins right from childhood marked by hostility. Drug abusers also showed more neurotic traits and anti-social behaviour patterns. Addiction and psychopathic behaviour went hand in hand. For the pre-addict psychopath, addiction was just another type of deviancy which he acquired as part of his life. For other addicts who get involved in criminal activities to support their drug habit, it was just an acquired trait. The abusers with basic "psychopathic deviate disposition" were the ones who were likely to turn out to be the hard-core addicts later on.

According to Mensh (1965) drug addiction was symptomatic of organic brain disorders, psychotic disorders, psycho-physiological disorders and psycho-neurotical disorders which are classified as secondary diagnosis.

III.4B(ii) DEPRESSION

The study made by Lather (1995) found drug abusers to be significantly higher on depression than the non-abusers. She asserted that depression and drug abuse may emanate from certain common factors operating simultaneously in both these phenomena. One category of such factors related to the family, e.g. constant neglect, harsh treatment, austerity and authoritarian child rearing practices. Thus the child carried the feelings of isolation and alienation and gradually drifted from the family unit to the peer group sub-culture. Further, she adds that the depression reported by the subjects may not necessarily be a part of their personalities, but an outcome of the effect of drugs on the subjects. It may merely be the "depressive disorder" caused by chronic use of cocaine, marijuana, barbiturates and amphetamines.

Paton and Kandel (1978) found that two factors, depressiveness and normlessness were responsible for drug abuse. Drug users in general had a feeling of inadequacy and depression.

Keilhote and Ladwig (1970) studied 120 juvenile drug abusers and found that they showed depressive actions.

Agrawal (1995) has shown through her studies that depression is one of the important causes among drug abusers which in turn is caused by frustration of non-achievements in today's world of high competition.

Blatt et al (1984) maintained that most opiate addicts were severely neurotic or character disordered dealing with intense depression. Their findings indicate that the addicts had serious difficulty managing painful, dysphoric

affects, especially depression, anxiety and anger. Depression was often focused around feelings of deprivation, neglect and a lack of affection and love. This depression was focused primarily around issues of dependency, abandonment, rejection and neglect, but evidence suggested that guilt, shame and profound feelings of self-criticism and worthlessness were paramount. Rather than being able to contain depression and/or feelings of anxiety, or finding appropriate ways of expressing their anger, addicts preferred to withdraw from pain and stress of interpersonal relationships into self-induced grandeur and omni -potent experience of bliss.

III.4B(iii) SELF ESTEEM STRUCTURE

Sixty nine percent of drug abusers undertaken for study by Agrawal (1995) had low self esteem which postulates that there was a direct relationship between low self-esteem on the factor of cheerful-depressed and drug use. Drug abusers with low self esteem were not happy-go-lucky type. Drug abusers had high self esteem as measured on the component of self-confident-insecure. 81 percent had high self esteem on the accepted-rejected dimension. Measured on self-sufficient-easily influenced component, 61 percent had low self esteem and on the component of mature-immature, 26 percent drug abusers showed congruancy in their 'real' and 'ideal' self and 74 percent perceived a vast gap between their 'real' and 'ideal' self. On 'trusting-suspicious' component, 61 percent had low self esteem indicating a suspicious nature.

The study of self-perception on habit of taking drugs by Prashant(1993) showed that more than half the addicts felt a sense of pride in taking drugs whereas the rest had negative feelings of shame, guilt and hatred towards their habit of drug abuse. The feeling of pride on the drug abuse habit is the least among the illiterates and goes on increasing with the educational level.

III.4B(iv) ANXIETY

Viney et al (1985) reported that feelings of inferiority, shame and inadequacy, concern about exposures of deficiencies, guilt, loneliness and fear of death were the chief elements in the pattern of anxiety among the drug addicts.

Mc Dill (1965) observed that in every addicted personality, there is excessive anxiety and a lack of psychic tolerance for anxiety..

According to Lather (1993) an individual with anxious personality disposition is likely to take to drugs and once this is found facilitative in controlling anxiety, this behaviour persists leading to hard-core addiction.

Psychic conditions of anxiety were also found to be related to drug use by M. Blumefield and L. Glikman (1967).

III.4B(v) INTROVERSION-EXTROVERSION

Cockett and Marks (1969) reported on the basis of their study that users of stimulant drugs were more introvertive, shy and retiring than non-users and those who were using depressant drugs were seen to be more extraverted than non-users.

Initial introversion experienced in abusers might be the result of drug abuse itself, according to Wilson and Kennard (1978) as they saw a fast change in the patients from introversion to extroversion.

Hogan et al (1970) opined that drug users were more socially poised, open to experience, adventurous, impulsive and pleasure seeking.

Knight and Prout (1955) found drug addict patients to be shy, self-conscious, insecure and reserved, all factors relating to introversion.

CHAPTER - IV

METHODOLOGY AND PROCEDURES

Consistent with the scope of the study, the descriptive survey method was used to establish the social and psychological factors involved in the phenomenon of drugs abuse among dropouts (13-18 years). It aimed at assessing the reaction, attitude and perception of parents of drug abusing drop-outs and attempted a critical evaluation of the efficacy of current drug control strategies in Mizoram.

The methodology adopted in the study to test the null hypotheses stated earlier has been taken up under the following heads :-

IV.1 THE SAMPLE

The sample of the study consisted of a very selectively chosen group of drug abusers within the age group of 13 - 18 years who were no longer in the mainstream of academic life. The age-range to which the study was confined covered youths who had dropped out at either the school or the college stage. Apart from about thirty percent of the drug abusers who were personally approached in their homes, the other seventy percent were approached in the de-addiction or rehabilitation centres where they were receiving treatment and after-care.

The study covered both male and female drug abusing drop-outs. However, males were found to far outnumber females. This may be due to the fact that the males of any society are always more prone to fall into the vicious net of drugs, alcohol and other vices than females due to their greater exposure. It may also be due to the fact that society looks more seriously on females who do not conform to societal standards and expectations. As such, there is a greater reluctance on their part to come out openly with their drug or alcohol problem and seek professional help or community assistance. Due to these and other reasons, the number of females obtained for the study were only 16 whereas males constituted 129 of the total sample of 145 drug abusing drop-outs.

The total sample for the study was selected from all the districts of Mizoram, i.e. Aizawl, Lunglei and Chhimtuipui. However, since Aizawl district has the most number of drug abusers, 120 out of the 145 subjects constituting the sample study were drawn from Aizawl district. Out of the remaining subjects, 20 were from Lunglei district and 5 from Chhimtuipui district. The district wise break up of the sample is shown in the table IV.1

TABLE IV. 1
DISTRICT-WISE BREAK UP OF SAMPLE

Sl.No.	District	No. of Males	No. of females	Total
1.	Aizawl District	108	12	120
2.	Lunglei District	16	4	20
3.	Chhimtuipui District	5	0	5
	TOTAL	129	16	145

IV.2 DESCRIPTION OF TOOLS :

The selection of tools was carefully done to ensure gathering maximum information from the respondents, not only about their immediate social environment but also about more personal and sensitive issues relating to and leading to drug use and abuse. Keeping in view the objectives of the study, the sample size, the need for confidentiality on researching a sensitive problem like drug use and abuse, the following tools of data collection became the obvious choice. There were both closed and open ended questions in these tools considering the nature of the study and depth of responses required.

IV.2A CASE STUDY SCHEDULE (APPENDIX I) :

The primary aim of the study was to elicit information on interpersonal relationships, role defining and role conflict, intrapersonal conflicts, etc. with reference to the peers, the home, the family, the educational institution, the church and the community. Thus a case study schedule was designed, constructed and edited to incorporate information on personal, family, scholastic, companionship, psychological and recreational factors.

The case study schedule was a very large, very detailed and comprehensive set of questions with a number of sub-questions,. It was specially designed and constructed taking into consideration the socio-cultural and economic background of the Mizo people, with their quaint ways, practices, norms and customs.

The case Study Schedule (Appendix I) contained 49 main questions with a hosts of sub-questions. All these questions taken together covered the following variables under study.

- Personal data.

- Habitat and living conditions.

- Parental status and deprivation.

- Family background.

- Intra-familial relationship.

- Socio-economic status.

- Educational career of subjects in retrospect.

- Friendship patterns.

- Stressful experiences and their effects.

- Social involvement.

- Religious involvement.

- Dress habits and language usage.

- Recreational interests and preferences.

- Health status.

IV.2B DRUG DATA SHEET (APPENDIX II)

The magnitude, scale and intensity of drug intake was assessed through a drug data sheet. It consisted of very personal and sensitive questions about the respondents' drug use patterns, types of drugs and behaviour. There were thirteen questions in it with sub-divisions to elicit information on the following :-

- Types of drug taken.

- Frequency of drug intake.

- Age at initiation into drugs.

- Reason for taking drugs.

- Initiation into drugs.

- Mode of using drugs.

- Company with whom drugs taken.

- Source of getting drugs.

- Means of meeting drug expenses.

- Present usage.

- Future intentions for using drugs.

IV.2C JUNIOR-SENIOR HIGH SCHOOL PERSONALITY QUESTIONNAIRE, CATTELL & CATTELL (1968) (APPENDIX III):

It is a standard test which gives an objective analysis of the individual personality and a general assessment of personality development. The Junior-Senior HSPQ of Cattell and Cattell was originally published by the Institute of Personality and Ability Testing, Champaign, Illinois, USA, in 1968 and was reprinted in India by the Psycho-Centre, Green Park, New Delhi in 1983 and 1991. It has a reusable booklet and an answer sheet. The booklet has 142 questions about interests, likes and dislikes. Three answer choices are provided with each question, from which the respondent is to tick the answer which best suits him without leaving any question unanswered. The test is hand scored with the help of scoring stencils.

The HSPQ measures fourteen distinct dimensions of personality which have been found by psychologists to come near to covering the total personality. According to the authors of this test, by working with these fourteen scores, one can obtain predictions of school achievement, of vocational fitness, of dangers of delinquency, of likelihood of leadership qualities, of need of clinical help in avoiding neurotics conditions, etc. The reading level required for the test was from ages 11 or 12 through 18 years. The table given below gives a brief description of the fourteen HSPQ Personality factors.

TALBE IV. 2
FOURTEEN PERSONALITY FACTORS OF H.S.P.Q

Sl. No.	Low sten score Description (1 - 3) A boy or girl with low score is:	Alphabetical Description of factors	High sten score Description (8 - 10) A boy or girl with high score is:
1.	RESERVED Detached, Critical, Aloof, Stiff	A	WARM-HEARTED Out-going, easy-going, participating
2.	LESS INTELLIGENT Concrete thinking, of lower scholastic mental capacity	B	MORE INTELLIGENT Abstract thinking, bright, of higher scholastic mental capacity
3.	AFFECTED BY FEELINGS Emotionally less stable, easily upset, changeable, of lower ego strength	C	EMOTIONALLY STABLE Mature, faces reality, calm, of higher ego strength (not the same as egoistical)
4.	UNDEMONSTRATIVE Deliberate, inactive, stodgy phlegmatic	D	EXCITABLE Impatient, demanding, over active, unrestrained
5.	OBEDIENT Mild, easily led, accomodating, submissive	E	ASSERTIVE Competitive, aggressive, stubborn, dominant
6.	SOBER Taciturn, serious	F	ENTHUSIASTIC Heedless, happy-go-lucky
7.	DISREGARDS RULES Expedient, has weaker super ego strength	G	CONSCIENTIOUS Persistent, moralistic, staid, has stronger super ego strength
8.	SHY Timid, threat-sensitive	H	ADVENTUROUS Thick-skinned, socially bold
9.	TOUGH MINDED Rejects illusions	I	TENDER MINDED Sensitive, clinging, over-protected
10.	ZESTFUL Likes group-action	J	CIRUMSPECT INDIVIDUALISM Reflective, internally restrained
11.	SELF - ASSURED Placid, secure, complacent, untroubled	O	APPREHENSIVE Self-approaching, insecure, worrying, guilt prone
12.	SOCIALLY GROUP DEPENDENT A 'Joiner and sound follower'	Q_2	SELF SUFFICIENT Prefers own decisions, resourceful
13.	UNCONTROLLED Lax, follows own urges, careless of social rules, has low integration	Q_3	CONTROLLED Socially precise, self-disciplined, compulsive, has high self concept control
14.	RELAXED Tranquil, torpid, unfrustrated, composed	Q_4	TENSE Driven, over wrought, frustrated, fretful

The author of the test has found the indices of reliability both for short intervals (dependability) and for longer intervals (stability). The reliability coefficients for immediate retest on 90 to 110 high school juniors on A or B forms ranged from 0.79 to 0.91 for different personality factors. When the retest was done on 169 eighth graders after one year, the value of these coefficients varied from 0.38 for factor B to 0.69 for factor I.

The construct validity based on the multiple correlations between the items in each test scale and the corresponding pure factors on 200 high school boys and girls for forms A and B ranged from 0.72 for factors J and Q_3 to 0.86 for factor O.

IV.2D QUESTIONNAIRE FOR PARENTS (APPENDIX -IV)

Parents play pivotal roles in the entire syndrome of drug abuse behaviour of their children. The environ of lives of off springs and parents overlap so much that at one point or the other, directly or indirectly, parents are always linked with the issue in its every sphere i.e. causation, early detection and remedial measures. Their perception of the problem, the skill and tact with which they handle it, their attitude and behaviour are all very significant. Good parenting is an essential condition, not only for preventing abuse but also in recovery of an abuser. Most research studies on drug abuse have proved that drug abusers have unhappy family background or have bad relationships with their parents. It was therefore decided that an assessment of parents' personal relationship with their child, their awareness of and sensivity to the problem, their reaction to it and the subsequent handling of the problem would offer insights and understanding and provide useful hints for drug abuse demand reduction.

Thus a questionnaire to be administered on parents of drug abusing drop outs was developed focussing on the following themes :-

- Details of drug abusing children who no longer attend school or college.

- Parents' perception of reasons for dropping out.

- Parental perception of child's traits and qualities.

- Detection of child's drug use and mode of detection.

- Initial reaction and subsequent steps taken for prevention and recovery.

- Behaviour problem of drug abusing child.

- Familiarity with child's peer associations.

- Effects of child's drug use on his/her education.

- Perception of child's interests and urges.

IV.2E INFORMATION BLANK FOR DE-ADDICTION AND REHABILITATION CENTRES (APPENDIX-V)

One of the objectives of the study was to review the work of the various social and voluntary organisations, Governmental agencies, religious organisations and motivated individuals on the prevention, treatment and rehabilitation of drug abusers. This was done with a view to assess the extent to which these efforts have met with success or failure. The study attempted to gauge the success or failure of these efforts through the quality of treatment and after-care provided, the physical and financial facilities available, the avenues opened for return into the mainstream of life through provision of meaningful skills and activities and the number of those who have been successfully treated in the de-addiction and rehabilitation centres. The information blank had twelve questions based on the following points :-

- Details of the de-addiction and rehabilitation centres.

- Financial sources and expenditure.

- Sufficiency and quality of staff.

- Statistical report of the Centre since 1991.

- Recreational facilities.

- Rehabilitation programmes.

- Outstanding problems faced.

IV.3 METHOD OF DATA COLLECTION

The data collection was a long and arduous task requiring a lot of time, tact and skill. First of all the lists of drop-outs between the age of 13 and 18 years was collected from different educational institutions. These drop-

outs were then traced in the reformation centres and in the localities where they were staying. The data for the study was collected in phases. In the first phase, the task of greatest difficulty was in trying to locate and contact drug abusing drop-outs who were not institutionalised. Most of such subjects remain in obscurity and had to be traced taking the help and assistance of Village Council Members, the leaders of the Young Mizo Association, the highly popular and influential social organisation in Mizoram, and Village Defence Party members. These three bodies are the leading community based reformative agencies concerned with eradicating social evils and practices in the Mizo society. They were therefore more familiar with those members of the community who deviate and did not normally conform to societal standards and expectations. Through their assistance, the drug abusing drop-outs were identified, located and approached in their respective homes.

As mentioned earlier, since the sample for study was drawn mainly from the de-addiction and rehabilitation centres and homes, the investigator's primary task was to approach the concerned authorities and obtain their permission for administration of the questionnaires to the inmates. On making personal contacts with the drug abusing drop-outs, rapport was established with them. The purpose of the study was explained and every subject was given the assurance that the work was purely for research purpose; that no identity would be revealed; and all the information received whatsoever, would be kept strictly confidential. The instructions for answering different tools were clearly outlined before administering them.

The second phase of data collection consisted of establishing contact with parents of drop-outs abusing drugs. The parents of the subjects, as much as the subjects themselves were quite difficult to approach and to talk with. Many parents were not willing to disclose their child's drug habits or talk openly, honestly and frankly about their child's problems. It was again with the help of the Village Councils, the Village Defence Party and the Y.M.A. and the investigator's assurance of absolute anonymity to the parents that the task could be accomplished. This phase took up equal amount of time as the earlier phase of data collection.

For the final phase of data collection, the various de-addiction and rehabilitation centres and homes all over Mizoram were contacted and the information blanks specially designed to secure the required information from them were distributed. The district wise list of the de-addiction centres in the three districts of Mizoram are given in table IV.3. All of these centres were contacted and they were very helpful, extending their full cooperation.

TABLE IV.3

DISTRICT-WISE LOCATION OF DE-ADDICTION AND REHABILITATION CENTRES IN MIZORAM

Sl. No.	AIZAWL DISTRICT	LUNGLEI DISTRICT	CHHIMTUIPUI DISTRICT
1.	Zuangtui "Damna In'	Rescue Home (Sinners' Friends)	Kypachano 'O'
2.	Social Guidance Agency		
3.	District Rehabilitation Centre		
4.	Synod Rescue Centre		
5.	Agape Moral Reformation Centre		
6.	Mercy Home		
7.	Remand Home		
8.	Rescue Home		
9.	Blessing Home		

IV.4 STATISTICAL ANALYSIS

The data obtained with the help of all the tools described above were analysed and subjected to statistical treatment. The statistical technique mostly employed for analysing data from the case study schedule, the questionnaire for parents and the Information blank for the de-addiction and rehabilitation centres were the frequency counts converted into percentage responses. The chi-square test was applied for testing the significance of differences on the various social dimensions of the variable. To find out the extent of differences on various social dimensions between sexes and between educational levels of drug abusing drop-outs, chi-square values were worked out using contingency table (Garret, 1965).

In the case of psychological dimensions tested with the help of standardized test i.e. Junior-Senior HSPQ, the statistical treatment applied was the T-test. The mean score on the fourteen personality variables under different groups were compared to test their statistical significance. Modal values were found to describe the personality profile of drug abusers because it was found that they varied from the lower to the upper end of the continuum for different factors of personality.

In certain areas of the study where the T-test or chi-square test could not be applied, responses were placed in order of ranks.

CHAPTER V

ANALYSIS OF DATA

V.I PSYCHOLOGICAL FACTORS INFLUENCING DROP-OUTS ABUSING DRUGS, PERSONALITY PROFILE

The data collected with the help of different tools was analysed in the light of the null hypotheses formed earlier. There were some small and big sub-groups and after choosing the appropriate techniques of analysis, the results have been discussed in the following pages.

The first null hypothesis states that various psychological factors are not responsible for dropping out connected with drug use. The drug abusing drop-outs were given HSPQ test to obtain information on the various personality variables. The values of the means were obtained on these variables, and it was found that scores on different factors ranged from the lower to the higher level on the continuum. To obtain a picture of the personality of the drug abusing drop-outs, these factors have been discussed one by one. The author of the test has given a method of conversion of obtained mean raw scores of a particular group to the standard score equivalents. These values were obtained in consultation with Table 15 of the Tabular Supplement of HSPQ for male and female subjects on Form A.

On the variable of Reserved vs. Outgoing personality (Factor A), it was found that the scores of drug abusing drop-outs ranged from 2 to 17 with a mean score of 9.231. The corresponding S-Sten values was 4.523 which is on the lower side of the continuum. This indicates that the drug abusing drop-outs had reserved personality. On factor B, i.e. Intelligence, the range of raw scores was from 0 to 11 and the S-Sten value of 4.313 leads to conclude that the drug-abusing drop-outs were of low-intelligence level.

The factor C was on Emotional Stability. Though the raw scores here ranged from 4 to 17, the S-Sten value of 6.098 showed the drop-outs abusing drugs to be of average emotional stability. Similarly, on the variable of Phlegmatic vs. Excitable, the dropping out drug abusers were found to be of average temperament with S-Sten value of 5.868 and a mean score of 11.217. The raw scores ranged from 6 to 17. On the factor E of Submissiveness, the mean score was 8.038. Correspondingly, the S-Sten value of

TABLE V. 1

RANGE, MEAN AND S-STEN OF SCORES FOR THE WHOLE SAMPLE (N - 145) ON VARIOUS PERSONALITY VARIABLES

Sl No.	Personality factors	Variables	Range	Mean	S-Sten
1.	A	Reserved vs Outgoing	2 -17	9.231	4.523
2.	B	Less Intelligent vs More Intelligent	0 - 11	5.617	4.313
3.	C	Affected by feelings vs Emotionally Stable	4 - 17	9.797	6.098
4.	D	Phlegmatic vs Excitable	6 - 17	11.217	5.868
5.	E	Obedient vs Assertive	3 - 18	8.038	5.084
6.	F	Sober vs Happy-go-lucky	1 - 16	7.707	4.385
7.	G	Expedient vs Conscienctious	3 - 18	9.900	4.791
8.	H	Shy vs Venturesome	2 - 17	9.341	5.185
9.	I	Tough Minded vs Tender Minded	4 - 19	11.148	5.811
10.	J	Vigorious vs Doubting	4 - 17	10.086	6.484
11.	O	Placid vs Apprehensive	2 - 17	9.976	5.866
12.	Q_2	Group dependent vs self-sufficient	3 - 18	10.921	6.750
13.	Q_3	Undisciplined self-conflict vs control	2 - 17	9.590	5.145
14.	Q_4	Relaxed vs Tense	2 - 17	9.769	5.147

5.084 was found to be on the lower side of the continuum. The raw scores ranged from 3 to 18. This indicates that the drop-outs who were abusing drugs had submissive personality. The raw scores on the variable of Sober vs. Happy-go-lucky personality (Factor F) ranged from 1 to 16. The mean score of 7.707 and S-Sten value of 4.385 indicates the serious and sober personality of the drug abusing drop-outs.

The drop-outs abusing drugs were found to be expedient with a tendency to evade rules (Factor G). This was indicated by a low S-Sten value of 4.791 with the raw scores ranging between 3 and 18. The mean score on the variable of Shy vs. Venturesome was 9.341 with a corresponding S-Sten value of 5.185. Since the raw scores ranged from 2 to 17, the drug abusing drop-outs could neither be called shy nor venturesome. Similarly, the subjects were found to be average on the variable of Self-reliant personality as the S-Sten value was 5.811 and the raw scores ranged between 2 and 17. On factor J (Vigorous vs. Doubting personality), the mean score of 10.086 and S-Sten value of 6.484 indicates a doubting individualistic personality trait of the drug-abusing drop-outs.

The next factor O was on Placid vs. Apprehensive personality. However, the drop-outs abusing drugs were found to be average on this variable as the S-Sten value was 5.866 and the mean score was 9.976. On Self-sufficiency as a personality variable, the subjects were found to be highly self-sufficient with a mean score of 10.921 and S-Sten value of 6.750 on factor Q_2. The factor Q_3 of the personality test is on Undisciplined Self Conflict vs. Controlled. The drug abusing drop-outs were found to be of average self-disciplined control with S-Sten score of 5.145, though their raw scores ranged from 2 to 17.

Finally, on the variable of Relaxed vs. Tense personality (Factor Q_4), the mean score was 9.769 with S-Sten value of 5.147. The raw scores ranged from 2 to 17 but drug abusing drop-outs were found to be at the average level on this variable.

V. 2 SOCIAL CORRELATES INFLUENCING THE DROP-OUTS' INDULGENCE IN DRUG USE

It was hypothesised that various social factors do not influence the drop-outs' indulgence in drug use (second hypothesis). The information to substantiate this was obtained with the help of case study schedule. In the following pages, the responses of the dropping out drug abusers have been analysed for various dimensions of this schedule. The tables contain the raw scores which have been converted into percentages (indicated as P). The significance of the differences between percentages have been found by Chi-square method on the assumption of equal probability for all variables studied.

The case study schedule tried to cover many areas of the subject's life, particularly the social environment and the interpersonal and intra-personal relationships within the society. It was hoped that a close and careful analysis of these and the irregularities and imbalances visible will provide the investigator some clues to the factors which have led to the disruption of studies and motivated their drug use and abuse behaviour. The main variables here are analysed under the following headings:

V. 2A SEX-WISE DISTRIBUTION Out of the total number of respondents who had dropped out of educational institutions, 129 were males (88.97 percent) whereas females made up for 11.03 percent only (Table V. 2). Looking at the drug intake trend in Mizoram where male drug abusers far outnumber females, this is not surprising. The greater susceptibility of males to drugs are attributed to their greater

exposure to social vices, added freedom and intense social disapproval to any form of female immorality or waywardness. Moreover, there is definitely a tendency to suppress and hide the unpleasant facts concerning women. It was found that a chi-square value of 88.06 for both sexes to involve in drug abuse was significant at .01 level.

TABLE V.2
SEX-WISE DISTRIBUTION OF THE SAMPLE

Sl. No.	Gender	N	P
1.	Male	129	88.97
2.	Female	16	11.03
	TOTAL	145	100.00
	χ^2 = 88.06 (Significant at .01 level)		

V. 2B AGE-WISE DISTRIBUTION The age-group of 13 - 18 years of drug abusing drop-outs covered by the study was divided into two groups. The lower age-group of 13 - 15 years constituted a mere 6.90 percent. The majority of the respondents (93.10 percent) were however from the 16 - 18 years age-group (Table V. 3). The chi-square value of 107.75 was significant at .01 level of significance. This group had thus higher occurrence of dropping out behaviour on account of drug use.

TABLE V.3
AGE-WISE DISTRIBUTION OF THE SAMPLE

Sl. No.	Age-group	N	P
1.	13 - 15 years	10	6.90
2.	16 - 18 years	135	93.10
	TOTAL	145	100.00
	χ^2 = 107.75 (Significant at .01 level)		

V. 2C OCCUPATIONAL STATUS Since the study was undertaken on drug abusing drop-outs, an enquiry was made into the occupation of the respondents. It was found that only 8.97 percent out of the total sample had some part time jobs which offered them nominal pay (Table V. 4). The number of unemployed drug abusers was significantly higher than those who had engaged themselves in part-time jobs. Chi-square of 97.66 was significant at .01 level of significance.

TABLE V.4
OCCUPATIONAL STATUS OF SUBJECTS

Sl. No.	Occupational status	N	P
1.	Engaged in part-time jobs	13	8.97
2.	Unemployed	132	91.03
	TOTAL	145	100.00
	χ^2 = 97.66 (Significant at .01 level)		

V. 2D RURAL - URBAN DISTRIBUTION OF SAMPLE The number of urban-born subjects greatly exceeded the rural-born subjects. While 91.72 percent were urban-born, only 8.28 percent of the respondents were rural-born (Table V. 5). This factor was considered negligible because all subjects had received urban upbringing. The small percentage of rural-born drop-outs had ultimately left their place of birth and moved into town. This showed the significant contribution of urban upbringing on the phenomena of drug abuse and educational disruption.

TABLE V. 5
RURAL-URBAN DISTRIBUTION AND UPBRINGING OF THE SAMPLE

Sl. No.	Rural/Urban born	N	P	Rural/Urban upbringing	N	P
1.	Rural born	12	8.28	Rural Upbringing	0	0.00
2.	Urban born	133	91.72	Urban Upbringing	145	100.00
	TOTAL	145	100.00	TOTAL	145	100.00

V. 2E LIVING CONDITIONS To assess the living conditions of the subjects, data regarding the house they presently occupied, the number of rooms, the number of households in one building, the subjects reported satisfaction or dissatisfaction with his/her living conditions, reasons for dissatisfaction and where he/she would like to shift were collected and analysed.

V. 2E (i) HABITAT Percentage responses regarding habitat (Table V. 6) shows that a majority of 70.35 percent subjects lived in homes owned by or belonging to their family and the remaining 29.65 percent lived in rented houses. The difference in the habitat were statistically significant at .01 level of significance.

TABLE V.8
NUMBER OF HOUSEHOLDS IN ONE BUILDING HOUSING DRUG ABUSING DROP-OUTS

Sl. No.	No. of households	N	P
1.	1 household	55	37.93
2.	2 - 3 households	53	36.56
3.	4 - 5 households	31	21.38
4.	6 - 7 households	4	2.75
5.	8 and above	2	1.38
	TOTAL	145	100.00
χ^2 = 90.00 (Significant at .01 level)			

V. 2F (i) TYPE OF HOUSING Housing is an important aspect of a person's social experience and is often regarded as an indicator of one's social status or economic well-being. The type of house presently occupied by the respondents were investigated (Table V. 9). The majority of respondents (62.75 percent) lived in Assam type houses and 36.55 percent subjects were living in Cement concrete buildings. One can thus conclude that 99.30 percent of drug abusers had acceptable living conditions and there was a significant difference (chi-square = 84.47, significant at .01 level) in the type of houses inhabited by the drug abusers.

TABLE V.9
TYPE OF HOUSE LIVED IN BY DRUG ABUSING DROP-OUTS

Sl. No.	Type of house	N	P
1.	Thatched house	1	0.70
2.	Assam Type	91	62.75
3.	Cement concrete	53	36.55
	TOTAL	145	100.00
χ^2 = 84.47 (Significant at .01 level)			

V. 2F (ii) REPORTED SATISFACTION OR DISSATISFACTION WITH ONE'S ACCOMMODATION OR NEIGHBOURHOOD The reported satisfaction or dissatisfaction of the subjects with their accommodation are shown in Table V. 10. 41.38 percent reported dissatisfaction with their present accommodation and place of residence. This was significantly different at .05 level of significance from

those who were satisfied. Out of the total number of those who reported dissatisfaction, a significantly higher percent, i.e. 63.33 expressed their desire to change residence and move to another area.

TABLE V.10
REPORTED SATISFACTION OF DRUG ABUSING DROP-OUTS WITH ACCOMODATION

Sl. No.	Satisfied or dissatisfied	N	P	Desire to shift	N	P
1.	Satisfied	85	58.62	Wants to shift to another place	41	68.23
2.	Dissatisfied	60	41.38	Does not want to shift to another place	19	31.67
	TOTAL	145	100.00	TOTAL	60	100.00
χ^2 = 5.310 (Significant at .05 level)				χ^2 = 8.066 (Significant at .01 level)		

V. 2F (iii) REASONS FOR DISSATISFACTION WITH ONE'S ACCOMMODATION OR NEIGHBOURHOOD Among the reasons given for their dissatisfaction, the highest percentage of subjects (41.66 percent) reported their houses were not upto the desired standard. Another 33.33 percent respondents claimed that their houses were too noisy and crowded, allowing no space for privacy (Table V. 11).

TABLE V.11
REASON FOR DISSATISFACTION WITH ONE'S ACCOMODATION OR NEIGHBOURHOOD OF DRUG ABUSING DROP-OUTS

Sl. No.	Reason for dissatisfaction	N	P
1.	No privacy, crowded and congested	20	33.33
2.	Not upto desired standard	25	41.66
3.	Unhealthy environment. Too many drug users and peddlers	11	18.33
4.	Too isolated and remote	1	1.67
5.	Does not like living in rented house	1	1.67
6.	Dislikes Y.M.A. Section	1	1.67
7.	Does not have friends	1	1.67
	TOTAL	60	100.00

In response to the query about the place where they would like to shift, 34.15 percent subjects wanted to move to a quiet place which offered more space and freedom. As many as 21.95 percent expressed their desire to move to a place free of drug using friends or drug pushers, suggesting that these subjects resided in localities with not only many drug users but also drug sellers (Table V. 12). The desire to own and live in better built houses in better localities, to migrate to a far-off country and

TABLE V.12
DESIRED PLACE FOR SHIFTING
NEIGHBOURHOOD OF DRUG ABUSING DROP-OUTS

Sl. No.	Type of Place	N	P
1.	Quiet place with more space and freedom	14	34.15
2.	Place free of drug-using frriends or sellers	9	21.95
3.	To a better house in a better locality	7	17.08
4.	To a more interesting and centrally located place	4	9.75
5.	A locality having a better Y.M.A. body	1	2.44
6.	To one's place of birth	1	2.44
7.	To a far-off country	4	9.75
8.	Where one can find good friends	1	2.44
	TOTAL	41	100.00

to live in a more interesting and centrally located place was expressed by other respondents. Three other responses given separately by single drop-outs were to live in a locality having a better Y.M.A. body, to live in the place where one was born and to live in a place where one can find good friends.

V. 2G PARENTAL STATUS Many studies have shown strong evidence that drug abusers come from unsatisfactory backgrounds characterized by emotional instability, disturbance, hostility and absence of one or both natural parents. (Chein et al., 1964; Wilson, 1968; Malhotra, 1983; and Lather, 1993). The data was collected regarding the parents and the relationship that existed within the family. These have been analysed under the following headings:

V. 2G (i) PARENTAL DEPRIVATION DUE TO DEATH, SEPARATION OR DIVORCE In broken homes characterized by parental absence or deprivation, emotional deprivation also develops making the individual more vulnerable to drug abuse. In the present study, 22.07 percent drug abusing drop-outs had lost either one or both parents. The chi-square value (45.24, significant at .01 level) revealed that a significantly higher percentage of drug abusing drop-outs still had living parents. There were 23.45 percent subjects whose parents, though alive, had either separated or were divorced. Out of those whose one or both parents had died, a significantly higher percentage of 93.75 had lost one parent and another 6.25 percent did not have either parents (Table V. 13).

TABLE V.13
DEATH OF PARENTS OF
DRUG ABUSING DROP-OUTS

Sl. No.	Which parent dead	N	P
1.	Father	20	62.50
2.	Mother	10	31.25
3.	Both	2	6.25
	TOTAL	32	100.00
	χ^2 = 15.245 (Significant at .01 level)		

V. 2G(ii) AGE AT THE TIME OF DEATH OF PARENTS For the purpose of analysis, the age at which the subjects had lost either one or both parents was divided into six categories (Table V. 14). The highest incidence of 37.50 percent of parental death was at the age of 16 - 18 years. However, out of the total number of subjects where parental death had occurred at the age-group 16 - 18 years, 8 out the of 12 subjects (66.66 percent) had already drifted into the drug abusing behaviour and had dropped out from the educational mainstream much before they suffered parental loss. Further, parental deprivation due to death had taken place quite early in the lives of a greater number of subjects. The percentage of respondents suffering parental loss at age 15 years and below was 62.50 percent. The significant chi-square value shown in the above table revealed a significant difference between the different age levels for the death of parents of the drug abusing drop-outs.

TABLE V.14
AGE OF DRUG ABUSING DROP-OUTS
AT THE TIME OF PARENT'S DEATH

Sl. No.	Age-wise distribution	N	P
1.	16 - 18 years	12	37.50
2.	13 - 15 years	6	18.75
3.	10 - 12 years	2	6.25
4.	7 - 9 years	6	18.75
5.	4 - 6 years	5	15.62
6.	Below 3 years	1	3.13
	TOTAL	32	100.00
	χ^2 = 14.13 (Significant at .05 level)		

V. 2G(iii) PARENTS SEPARATED OR DIVORCED There were 23.45 percent respondents with either separated or divorced parents. The reasons for separation or divorce of parents varied greatly. However, two reasons with significantly higher percent of respondents were incompatibility (61.77 percent) and father's heavy drinking (17.67 percent) (Table V. 15). The chi-square value derived on these factors was 66.44 which was significant at .01 level of significance. The percentage of subjects suffering from parental deprivation either due to death or separation of parents, when taken together, was as high as 41.51 percent.

TABLE V.15
REASON FOR SEPARATION OR DIVORCE OF PARENTS OF DRUG ABUSING DROP-OUTS

Sl. No.	Reasons for separation	N	P
1.	Incompatibility	21	61.77
2.	Father's heavy drinking	6	17.65
3.	Father's gambling habits	2	5.88
4.	Mother's desertion	2	5.88
5.	Father's desertion	1	2.94
6.	Family hardships	1	2.94
7.	Others	1	2.94
	TOTAL	34	100.00
χ^2 = 66.44 (Significant at .01 level)			

V. 2G (iv) AGE AT THE TIME OF SEPARATION OF PARENTS The age at which parents of drug abusing drop-outs separated or divorced was classified with a class-interval of three years (Table V. 16). No significant trend in the age composition of the subjects emerged as separation or divorce of parents occurred at all age-groups. However, it was noticed that parental deprivation seemed to have set in early in the life of most of drug abusing drop-outs. It can be concluded that parental deprivation was a significant factor in the subjects' drug use behaviour and dropping out from the educational main-stream.

TABLE V.16
AGE OF DRUG ABUSING DROP-OUTS AT THE
THE TIME OF PARENTS' SEPARATION

Sl. No.	Age-wise distribution	N	P
1.	16 - 18 years	2	5.88
2.	13 - 15 years	6	17.65
3.	10 - 12 years	5	14.07
4.	7 - 9 years	8	23.53
5.	4 - 6 years	6	17.65
6.	Below 4 years	7	20.59
	TOTAL	34	100.00
	χ^2 = 3.77 (Not Significant)		

V. 2G (v) PARENT ACTING AS GUARDIAN The break-up of relatives under whose protection the respondents with parental loss due to death or divorce were living is given in Table V. 17. The highest percentage of drug abusing drop-outs (40.90 percent) with parental deprivation were looked after by their mothers whereas 28.79 percent were under the protection of their fathers. The significant chi-square value of 28.25, significant at .01 level of significance showed that a comparatively high percentage of subjects from broken homes were with the mother.

TABLE V.17
PARENT OR GUARDIAN TAKING CHARGE OF
DRUG ABUSING DROP-OUTS

Sl. No.	Parent or Guardian	N	P
1.	Father	19	28.79
2.	Mother	27	40.90
3.	Father and Mother alternatively	8	12.12
4.	Uncle/Aunt.	9	13.64
5.	Grandfather/Grandmother	3	4.55
	TOTAL	66	100.00
	χ^2 = 28.25 (Significant at .01 level)		

V. 2G (vi) CONFLICTING RELATIONSHIPS WITH STEPFATHER OR STEPMOTHER It was found on further analysis that 25 out of the 66 subjects with parental deprivation had either a stepfather or stepmother (Table V. 18). Though 15 of the drug abusing drop-outs having stepfather or stepmother (60.00 percent) had conflicting relationship with their stepfathers or stepmothers, the value of the chi-square was not statistically significant.

TABLE V.18
RELATIONSHIP OF DRUG ABUSING DROP-OUTS
WITH STEP FATHER/STEPMOTHER

Sl. No.	Type of relationship	N	P
1.	Conflicting relationship	15	60.00
2.	Amiable relationship	10	40.00
	TOTAL	25	100.00
	χ^2 = 1.0 (Not Significant)		

V. 2H EDUCATIONAL STATUS OF PARENTS The educational status of the subjects' parents was classified into categories of illiterate, primary school, middle school, secondary school, matriculate, higher secondary or pre-university, graduate, post-graduate and professionally qualified (Table V. 19). The highest percentage (24.82 percent) of fathers of drug abusing drop-outs were graduates, while only 4.88 percent fathers were post-graduates or professionally qualified. The remaining 70.35 percent fathers had only school level education. The difference between educational levels of fathers of drug abusing drop-outs was statistically significant at .01 level of significance. On analysing the mother's educational status, it was found that they were comparatively less educationally qualified than fathers. There was a higher percentage of mothers at almost all levels of school education than fathers and this formed 94.49 percent of mothers of the drug abusing drop-outs. A small percentage of 5.51 mothers were either graduates or post-graduates. The chi-square value of 53.436 was significant at .01

TABLE V. 19
EDUCATIONAL STATUS OF PARENTS OF DRUG ABUSING DROP-OUTS

Sl. No.	Educational Status	Father		Mother	
		N	P	N	P
1.	Illiterate	11	7.59	13	8.97
2.	Upto Primary School	12	8.28	31	21.38
3.	Upto Middle School	19	13.10	23	15.86
4.	Upto Secondary School	25	17.24	40	27.89
5.	Matriculate	20	13.80	24	16.55
6.	Upto Higher Secondary or Pre-University	15	10.34	6	4.14
7.	Graduate	36	24.82	6	4.14
8.	Post-graduate	4	2.76	2	1.38
9.	Professional	3	2.07	0	-
	TOTAL	145	100.00	145	100.00
	Father : χ^2 = 53.436 (Significant at .01 level)				
	Mother : χ^2 = 97.658 (Significant at .01 level)				

level of significance showing a significant difference in the educational level of mothers of drug abusing drop-outs.

V. 2I FAMILY BACKGROUND Under this heading information pertaining to the negative habits in the family, parental treatment received by drug abusing drop-outs, size of the family, familial relationship and family discord were analysed.

V. 2I (i) NEGATIVE HABITS AMONG FAMILY MEMBERS To find out the kind of home environment the drug abuser was brought up in and type and nature of family they had as the support base, questions pertaining to the various undesirable habits found among family members were asked. These included, drinking, gambling, smoking, taking drugs, illicit relationship, long absence from home and bouts of physical violence (Table V. 20). Since a single person was indulging in more than one negative habit the total of percentage in these categories is more than 100. It can be concluded that drug abusing drop-outs came from families with a rather high prevalence of addictive habits and other undesirable traits and behaviour. The data shows that 54.49 percent fathers and siblings not only drank, but indulged in drunken, violent behaviour (21.38 percent) at home which reflected a troubled home environment. The absence of a father and siblings from home for long periods of time (16.55 percent) was also a significant factor because the presence of particularly father figure in the life of an adolescent is extremely important. The illicit relationship of fathers (4.82 percent), gambling habits of fathers (8.28 percent) and drug taking behaviour of male siblings (10.34 percent) all contributed to unconducive home environment. The incidence of smoking was extremely high (86.90 percent) with both parents and siblings indulging in this habit. The chi-square value of 297.143 on negative habits was found significant at .01 level. Singh et al. (1978) gave evidence that drug using subjects, in general, hailed from families with positive history of smoking. Tobacco and alcohol use of a close family member perhaps gave the psychological support to the youth to maintain his drug habit. However smoking in Mizo families is a habit commonly picked up by members where children don't feel any inhibition to smoke in the presence of parents.

TABLE V. 20
NEGATIVE HABITS AMONG FAMILY MEMBERS OF
DRUG ABUSING DROP-OUTS

Sl. No.	Type of habits	Father	Mother	Sibling	N	P
1.	Drinking	60	-	19	79	54.49
2.	Gambling	12	-	-	12	8.28
3.	Smoking	75	38	13	126	86.90
4.	Taking drugs	-	-	15	15	10.34
5.	Illicit relationship	6	-	1	7	4.82
6.	Long absence from home	21	-	3	24	16.55
7.	Violent behaviour	23	-	8	31	21.38
	TOTAL	197	38	59	294	
χ^2 = 297.143 (Significant at .01 level)						

V. 2I (ii) PARENTAL TREATMENT The kind of treatment received by the respondents from parents was classified into three parent types-lenient, harsh and indifferent. The drug abusing drop-outs who claimed to have lenient parents were 54.89 percentage whereas 20.69 percent subjects maintained that their parents adopted harsh and rigid measures. There were 24.83 percent indifferent parents who were apathetic and showed no particular concern for their children (Table V. 21). The chi-square value of 29.561 was significant at .01 level of significance which showed that parental treatment was a significant factor. Lenient parents are sometimes over indulgent and pampering and often overlook the faults and misdoings of their offsprings. The harsh parents are overbearing, autocratic and lack understanding. They constantly pick out faults and weaknesses of their children. The parental indifference is also dangerous because of the lack of concern and personal care. It can be concluded that parental treatment formed an important factor for drug-use behaviour and the dropping out of the subjects from schools and colleges.

TABLE V.21
TYPE OF PARENTAL TREATMENT RECEIVED BY
DRUG ABUSING DROP-OUTS

Sl. No.	Type of treatment	N	P
1.	Harsh	30	20.69
2.	Lenient	79	54.48
3.	Indifferent	36	24.83
4.	TOTAL	145	100.00
χ^2 = 29.561 (Significant at .01 level)			

V. 2I (iii) SIZE OF THE FAMILY To determine whether family size has any bearing on the phenomena under study, the number of members in each family was taken and classified into five categories (Table V. 22). Keeping in mind the family structure amongst Mizos, the families with 10 - 15 members are considered as large families and those having 6 members and below as small-size families. The highest prevalence of drug abusing behaviour was found among the medium and small-sized families. The families with 4 - 6 members had the highest prevalence among 57.93 percent of the respondents while only 2.75 percent cases came from families with 13 - 15 members. The significant chi-square value however indicated that size of the family had varying effect on drug abusing and drop-out behaviour.

TABLE V.22
SIZE OF FAMILY OF DRUG ABUSING DROP-OUTS

Sl. No.	Number of members	N	P
1.	13 - 15	4	2.75
2.	10 - 12	14	9.66
3.	7 - 9	31	21.38
4.	4 - 6	84	57.93
5.	Less than 4	12	8.28
	TOTAL	145	100.00
χ^2 = 143.725 (Significant at .01 level)			

The obvious indication here is that the drug abuse and dropping out behaviour was much more common in nuclear and disjointed families than in large extended families. This does not corroborate the findings of Prashant (1993) which supported the view that the joint family system in an urban setting tends to create conditions more of conflicts and frustrations for its members than of security and protection.

V. 2I (iv) MOST AUTHORITATIVE MEMBER OF FAMILY The person in the family acting as the figure head, wielding power and influence becomes extremely significant because the nature and type of upbringing received by the subjects is directly affected by him/her. Chein et al. (1964) found that 80 percent of the male drug addicts they studied experienced an extremely weak-father-son relationship. 52 percent had a father figure who was cool and hostile towards the son and rest of them did not have a father in significant part of their lives. On such evidence that drug abuse cases are characterised by

weak fathers, attempt was made to examine this characteristic among drug-abusing drop-outs. An analysis of the data (Table V. 23) shows that while father was the figure-head in 45.51 percent families, mother domination however, does not seem to be a very significant factor considering that many subjects came from families where fathers were absent. What is more significant here is that a rather high percentage of respondents (26.81 percent) belonged to families regulated and controlled by neither father nor mother but by a host of various relatives. The overall percentage for families of drug abusing drop-outs where father wielded no authority or control either due to absence or weakness was 53.49 percent which is higher than father dominated homes. The chi-square value was significant at .01 level of significance.

TABLE V.23
MOST AUTHORITATIVE MEMBER OF FAMILY OF DRUG ABUSING DROP-OUTS

Sl. No.	Members	N	P
1.	Father	66	45.51
2.	Mother	35	24.13
3.	Both father and mother	5	3.45
4.	Grandfather/Grandmother	14	9.66
5.	Uncle/Aunt	14	9.66
6.	Stepfather/Stepmother	7	4.82
7.	Brother	3	2.08
8.	None	1	0.69
	TOTAL	145	100.00
χ^2 = 189.179 (Significant at .01 level)			

V. 2I (v) FAMILY DISCORD OR HARMONY To measure and locate family discord or harmony, firstly information was elicited regarding the person in the family whom the subject feared most. The response showed that 51.72 percent respondents feared father most in the family, followed by 22.06 percent who feared the mother. Other persons in the family who were reported to be feared by 20.69 percent respondents included grandfather, grandmother, uncle, stepfather, sister and brother. There were 4.13 percent respondents who reported that they feared no one in the family (Table V. 24). The chi-square of 28.304 showed that the difference in the feared family member for the drug abusing drop-outs was significant at .01 level of significsance.

TABLE V.24
MOST FEARED MEMBER OF FAMILY OF
DRUG ABUSING DROP-OUTS

Sl. No.	Member of family	N	P
1.	Father	75	51.72
2.	Mother	32	22.06
3.	Both father and Mother	2	1.38
4.	Grandfather	10	6.90
5.	Grandmother	2	1.38
6.	Uncle	5	3.45
7.	Aunt	3	2.07
8.	Stepfather	3	2.07
9.	Sister	1	0.69
10.	Brother	6	4.13
11.	No one	6	4.13
	TOTAL	145	100.00
	χ^2 = 28.304 (Significant at .01 level)		

The level of fear felt for the family member was again assessed as an indicator of the congeniality of family relationship. The level of fear for almost half of the respondents was moderate. Table V. 25 shows that the difference in the level of fear felt for some family member by the subjects was significant at .01 level of significance.

TABLE V.25
LEVEL OF FEAR FOR FAMILY MEMBER OF
DRUG ABUSING DROP-OUTS

Sl. No.	Level of fear	N	P
1.	Extreme fear	35	24.14
2.	Moderate fear	75	51.72
3.	Slight fear	29	20.00
4.	None	6	4.14
	TOTAL	145	100.00
	χ^2 = 68.159 (Significant at .01 level)		

V. 2I (vi) MOST LIKED AND DISLIKED FAMILY MEMBER The responses of the subjects to indicate their most liked and most disliked member of the family are given in Table V. 26. Among the family members opted as the most liked, the mother received the highest percentage (31.72). Strangely, father was reported to be the last as a most liked member (1.38 percent). Correspondingly, father as the

most disliked person was indicated by 8.97 percent respondents being followed by stepfather at 2.75 percent. There were 49.65 percent subjects who did not have a particular liking for anyone in the family whereas 80.69 percent of them did not particularly dislike any family member.

TABLE V.26
MOST LIKED AND MOST DISLIKED FAMILY MEMBER OF DRUG ABUSING DROP-OUTS

Sl. No.	Family member	Most liked		Most disliked	
		N	P	N	P
1.	Father	2	1.38	13	8.97
2.	Mother	46	31.72	3	2.07
3.	Brother	10	6.90	3	2.07
4.	Sister	5	3.45	-	-
5.	Aunt	2	1.38	1	0.69
6.	Uncle	3	2.07	2	1.38
7.	Grandmother	5	3.45	-	-
8.	Stepfather	-	-	4	2.75
9.	Stepmother	-	-	1	0.69
10.	Sister-in-law	-	-	1	0.69
11.	No-one	72	49.65	117	80.69
	TOTAL	145	100.00	145	100.00

V. 2I (vii) FIGHTS AND QUARRELS IN THE FAMILY The frequency of quarrels and fights breaking out in the family was used as another indicator of family discord or harmony. Frequent fights and quarrels in 12.41 percent homes and occasional fights and quarrels in 68.97 percent homes (Table V. 27) of the drug abusing drop-outs clearly indicated that most subjects came from homes characterized by family discord. Among the members involved in family fights and quarrels, 44.82 percent were the subjects' siblings followed by father (31.03 percent) and mother (28.27 percent).

TABLE V.27
FREQUENCY OF FIGHTS AND QUARRELS IN THE FAMILY OF DRUG ABUSING DROP-OUTS

Sl. No.	Frequency	N	P
1.	Frequently	18	12.41
2.	Occasionally	100	68.97
3.	Never	27	18.62
	TOTAL	145	100.00
$\chi^2 = 83.63$ (Significant at .01 level)			

Since family quarrels and fights involved two or more members, the total percentage exceeded 100. The difference in the involvement of different family members in fights and quarrels was found significant at .01 level of significance (Table V. 28).

TABLE V.28
FAMILY MEMBERS OF DRUG ABUSING DROP-OUTS
INVOLVED IN FIGHTS AND QUARRELS

Sl. No.	Family members	N	P
1.	Father	45	31.03
2.	Mother	41	28.27
3.	Sibling	65	44.82
4.	Stepfather/Stepmother	5	2.76
5.	Sister-in-law	1	1.38
6.	Self	19	13.10
7.	Others in the family	15	10.34
	TOTAL	191	
$\chi^2 = 37.613$ (Significant at .01 level)			

V. 2J ECONOMIC CLASS AND STATUS With the purpose of finding out the economic status of the family to which the drug abusing drop out belonged, the income of the family from various sources was assessed. Classifications were made on the basis of earning family members, the total monthly income and the other sources of income of the family.

V. 2J (i) EARNING MEMBERS IN THE FAMILY The subjects were asked to disclose their family members who had regular earnings. Since there were more than one earning member in most families, the total percentage exceeded 100 (Table V. 29). There were 67.59 percent earning fathers, 51.72 percent earning mothers and 41.38 percent earning siblings. Drug abusing drop-outs who had their own earnings were 8.97 percent. The chi-square value for earning family members (114..965) was found significant at .01 level of significance.

TABLE V.29
EARNING MEMBERS IN THE FAMILY OF
DRUG ABUSING DROP-OUTS

Sl. No.	Earning members	N	P
1.	Father	98	67.59
2.	Mother	75	51.72
3.	Sibling	60	41.38
4.	Uncle/Aunt	5	3.45
5.	Sister-in-law	2	1.38
6.	Grandfather/Grandmother	2	1.38
7.	Self	13	8.97
8.	Others	2	1.38
	TOTAL	257	
χ^2 = 114.965 (Significant at .01 level)			

V. 2J (ii) OTHER SOURCES OF INCOME In addition to the income from the members of the family, various other sources like land, house rent, shop, garden etc. constituted sources of income for the family of drug abusing drop-outs. The chi-square significant at .01 level of significance on other sources of income (Table V. 30) indicated that house rent constituted significantly as extra source of income for 49.65 percent families of drug abusing drop-outs. The sources like shop, garden etc. provided extra income to 22.76 percent families of respondents.

TABLE V.30
OTHER SOURCES OF INCOME IN THE FAMILY OF
DRUG ABUSING DROP-OUTS

Sl. No.	Sources	N	P
1.	House rent	72	49.65
2.	Land	19	13.10
3.	Others	33	22.76
4.	None	21	14.49
	TOTAL	145	100.00
χ^2 = 86.338 (Significant at .01 level)			

V. 2J (iii) TOTAL MONTHLY INCOME OF FAMILY For the purpose of study and tabulation, the total monthly income of the subjects' families were classified into eight sub-groups of income brackets (Table V. 31). The difference between the different groups of income brackets was statistically significant at .01 level. If these income brackets were further narrowed down to three groups of low-income

(Rs. 4000 and below), middle income (Rs. 4000 - Rs. 10000) and high income (above Rs 10000), then 82.76 percent families belonged to the middle and low income groups. A smaller percentage of 17.24 percent families of drug abusing drop-outs belonged to the high income group. The overall conclusion drawn was that the phenomena of drug abuse and dropping out cut across all socio-economic class but the families of middle and low income group were most affected.

TABLE V.31
TOTAL MONTHLY INCOME OF FAMILY OF DRUG ABUSING DROP-OUTS

Sl. No.	Income level	N	P
1.	Below 2,000	9	6.20
2.	Above 2,000 - 4,000	40	27.59
3.	Above 4,000 - 6,000	43	29.66
4.	Above 6,000 - 8,000	13	8.97
5.	Above 8,000 - 10,000	15	10.34
6.	Above 10,000 - 12,000	2	1.38
7.	Above 12,000 - 14,000	11	7.59
8.	Above 15,000	12	8.27
	TOTAL	145	100.00
χ^2 = 86.338 (Significant at .01 level)			

V. 2K EDUCATIONAL CAREER OF SUBJECTS IN RETROSPECT The educational career of the subjects were studied in retrospect so that they would shed light on the probable factors leading to the phenomena of drug use and disruption.

V. 2K (i) EDUCATIONAL STATUS OF SUBJECTS The stage at which the subject dropped out from school or college was the first factor taken up (Table V. 32). The highest incidence of dropping out was at class X and matriculation (31.71 percent) followed by pre-university or higher secondary stage (24.14 percent). The percentage declined with decrease in educational levels. The significant chi-square value significant at .01 level, revealed that the occurrence of drug abuse and dropping out was much more at the higher educational levels between class X and higher secondary levels than in the lower levels.

TABLE V.32
EDUCATIONAL STATUS OF DRUG ABUSING DROP-OUTS

Sl. No.	Stage of dropping out	N	P
1.	Pre-University/Higher Secondary	35	24.14
2.	Class X and Matriculate	46	31.72
3.	Class IX	23	15.87
4.	Class VIII	19	13.10
5.	Class VII	10	6.90
6.	Class VI	7	4.82
7.	Class V	1	0.69
8.	Class IV	2	1.38
9.	Class III	2	1.38
	TOTAL	145	100.00
	χ^2 = 127.429 (Significant at .01 level)		

V. 2K (ii) LIKED AND DISLIKED SUBJECTS IN SCHOOL OR COLLEGE The respondents were asked to name the subjects which they liked most as well as disliked most in school or college. On the basis of their responses, the most liked and most-disliked subjects have been placed in rank order (Table V. 33). The three subjects liked by most of the respondents were English, Science and Mathematics, and Commerce was liked by only two respondents. None of them liked Hindi and Health Education.

TABLE V.33
LIKING FOR SUBJECTS OF STUDY BY
DRUG ABUSING DROP-OUTS

Sl. No.	Name of subjects	Most liked		Most disliked	
		N	Rank order	N	Rank order
1.	English	29	1	11	4
2.	Mathematics	20	3	49	1
3.	Science	21	2	21	2
4.	History	13	5	5	6
5.	Mizo	15	4	4	7.5
6.	Social Studies	8	6	6	5
7.	Education	3	8.5	2	9
8.	Economics	3	8.5	4	7.5
9.	Commerce	2	10	-	12
10.	Political Science	4	7	1	10.5
11.	Hindi	-	11.5	13	3
12.	Health Education	-	11.5	1	10.5
13.	None	27	-	28	-
	TOTAL	145		145	

In order of ranks, the three subjects disliked by a majority of the respondents again included Mathematics and Science in addition to Hindi. However, none of them showed dislike for Commerce. Mathematics and Science were the subjects being both liked and disliked by a majority of them. While Science as a subject had equal number of drop-outs liking or disliking it. Mathematics was disliked by comparatively more than double the number of respondents liking it. There were however 27 and 28 drug abusing drop-outs respectively who reported that they neither liked nor disliked any subject. They formed about nineteen percent of the respondents. The reason for particular dislike of subjects were also studied and it was found that 49.58 percent subjects reported difficulty in understanding the subject matter. While 24.79 percent subjects claimed that their disliked subject was dull and boring, 17.10 percent respondents thought that their poor mental ability was responsible for it (Table V. 34). Other reasons given by a small percentage of drug abusing drop-outs were, personal dislike for the teacher, laziness and inadequate facilities in the school. Reasons given for dislike of certain subjects by the respondents differed significantly at .01 level of significance, showing that these factors contributed strongly in the differences of the reasons of their dislike for different subjects.

TABLE V.34
REASONS FOR DISLIKE OF SUBJECTS OF STUDY BY DRUG ABUSING DROP-OUTS

Sl. No.	Reasons for dislike	N	P
1.	Cannot Understand	58	49.58
2.	Dull and Boring	29	24.79
3.	No mental ability	20	17.10
4.	Personal dislike for teacher	4	3.41
5.	Laziness	4	3.41
6.	Inadequate facilities	2	1.71
	TOTAL	117	100.00
$\chi^2 = 120.99$ (Significant at .01 level)			

V. 2K(iii) PERFORMANCE IN THE LAST TWO ACADEMIC SESSIONS ATTENDED To know more about the educational background of the drug abusing drop-outs, details about their performance in the last two academic sessions attended were obtained. Although 84.82 percent drug abusing drop-outs successfully completed their second last academic session attended and got promoted to the next

class, their academic performance dramatically dropped in the next and final academic session attended. In the final year, 58.62 percent failed and 24.83 percent did not complete their studies. The development of the drug habit before or during that time could be attributed as the reason for poor performance of the subjects leading to the subsequent dropping out from school or college. The drug habit developed at some stage in school or college for a very high percentage of the subjects naturally interfered in their studies. The academic performances of the drug abusing drop-outs in the last two academic sessions they attended were both statistically significant at .01 level of significance. The conclusion drawn here is that drug abuse was significantly related to poor academic performance in the second year subsequently leading to educational disruption.

TABLE V.35
PERFORMANCE IN LAST TWO ACADEMIC SESSIONS ATTENDED BY DRUG ABUSING DROP-OUTS

Sl. No.	Performance	2nd last session		Final session	
		N	P	N	P
1.	Passed	123	84.82	24	16.55
2.	Failed	22	15.18	85	58.62
3.	Did not complete	0	0.00	36	24.83
	academic year				
	TOTAL	145	100.00	145	100.00
2nd last session : χ^2 = 129.710 (Significant at .01 level)					
Final session : χ^2 = 43.217 (Significant at .01 level)					

V. 2K (iv) INVOLVEMENT IN CO-CURRICULAR ACTIVITIES The various co-curricular activities which the subjects had pursued with interest when they were attending school or college were reviewed. The responses have been presented in frequency counts and rank order. Due to participation of the subjects in more than one activity, the total number exceeded 145 in Table V. 36. Games and sports was the highest ranked activity followed by singing, debates, quiz and craftwork respectively in which the drug abusing drop-outs participated. Other than games and sports, co-curricular activities seemed to have very little appeal for the drug abusing drop-outs during their educational career.

TABLE V.36
INVOLVEMENT IN CO-CURRICULAR ACTIVITIES BY DRUG ABUSING DROP-OUTS

Sl. No.	Activities pursued	N	Rank order
1.	Games and Sports	119	1
2.	Singing	34	2
3.	Debates/Quiz	19	3
4.	Craft work	17	4
5.	Recitation	3	5
6.	Others	1	6

V. 2K (v) PUNISHMENTS RECEIVED The frequency and types of punishments received during the period of education by the subjects were used as indices to evaluate the events leading to the phenomena of drug abuse and dropping out from academic life. Table V. 37 shows the frequency of punishment received by the subjects. The highest percentage of subjects received punishments occasionally (36.56 percent) and an equal number of subjects (14.48 percent) reported that they either received punishment very often or never. The chi-square value of 25.786 was statistically significant at .01 level of significance thereby showing that frequency of punishment received by different drug abusers who dropped out was significantly different.

TABLE V.37
FREQUENCY OF PUNISHMENTS RECEIVED BY DRUG ABUSING DROP-OUTS

Sl. No.	Frequency	N	P
1.	Very often	21	14.48
2.	Occasionally	53	36.56
3.	Rarely	50	34.48
4.	Never	21	14.48
	TOTAL	145	100.00
χ^2 = 25.786 (Significant at .01 level)			

Since the type of punishments received by the subjects were of varying kind, they have been presented in rank order based on frequency counts (Table V. 38). The punishments most often received as reported by the drug abusing drop-outs were sitting or standing outside the classroom with raised hands, corporal punishments like beating, caning, hitting, slapping, etc. detention after class, paying

fines, pulling ears with body in up and down motion and kneeling inside or outside classroom. Apart from these, the subjects claimed to have been expelled from school. The overall picture that emerged indicated that punishments, both severe and moderate, had been received quite often by more than 50 percent of the subjects during their school or college days. Punishments, whether justified or unjustified, deserved or undeserved, if given too often, can instill rebellion and non-conformity.

TABLE V.38
TYPES OF PUNISHMENTS RECEIVED BY
DRUG ABUSING DROP-OUTS

Sl. No.	Types of punishments	N	Rank order
1.	Sitting or standing inside or outside class with raised hands	63	1
2.	Caned/whipped/beaten/knocked/hit/slapped	62	2
3.	Detention	36	3.5
4.	Paying fines	36	3.5
5.	Pulling ears (With body in motion)	32	5
6.	Kneeling inside/outside class room	29	6
7.	Manual work	10	7
8.	Running round the school	8	8
9.	Dismissed from class	7	9.5
10.	Writing down lines	7	9.5
11.	Scolded in school	6	11
12.	Expelled from school	4	12
13.	Frog jumping	3	13
14.	Hanging from the wall	2	14
15.	Pinched by the whole class	1	15

V. 2L (i) INTERPERSONAL CONFLICTS Interpersonal conflicts often arise in schools and colleges as a result of which students develop strong aversion for the entire system. Thus, the type of conflicts and the extent to which they may have acted as catalyst in the phenomena of drug abuse and dropping out sequence were assessed. There were 43..01 percent subjects who expressed dislike for their teacher or principal while another 36.55 percent subjects had dislike for either a classmate or a pupil from another class. The chi-square value of 58.032, significant at .01 level showed that the person whom the drug abusing drop-outs disliked in the educational institutions varied significantly. They may have become the cause of their dropping out.

and extremely bad tempered. The class mates or school mates were having personal differences with them and so they were disliked. Interpersonal conflict did exist to a high degree, whether it was in relating to a teacher, principal or classmates and school mates.

V. 2L(ii) REASONS FOR DISLIKE OF SCHOOL/COLLEGE School or college was a much hated place for 23.45 percent of the drug abusing drop-outs. They gave multiple reasons for their dislike where lack of interest in studies was given by 52.94 percent and 41.18 percent of such subjects thought that they were backward in studies. Thus feelings of animosity towards school or college gradually disengaged the drug abusing drop-outs from the normal stream of academic life and they drifted into activities or habits which offered them a chance of escape from the routine of school or college life.

TABLE V.41
REASONS FOR DISLIKE OF SCHOOL/COLLEGE GIVEN BY DRUG ABUSING DROP-OUTS

Sl. No.	Reasons for dislike	N	P
1.	No interest in studies	18	52.94
2.	Inability to conform to rules and regulation	10	29.44
3.	Backwardness in studies	14	41.18
4.	Scorned amd taunted	6	17.65
5.	Dislike for Home work and Assignments	4	11.77
6.	Inability to form friendships	4	11.77
7.	Frequent punishments received	12	35.30
8.	Envy for dropped-out friends	1	2.94

V. 2M FRIENDSHIP PATTERNS Peer associations, peer group activities, peer identification, peer affiliation, peer pressure in some form are associated with drug abuse which inevitably disrupts the educational career of young students. Erikson (1963); Ahuja (1982); Prashant (1993); Lather (1993) show in their studies that though the influence of peer may not be all exclusive, it is one of the major components in deciding the drug abuse behaviour. It was therefore considered important that an in-depth study of friendship patterns developed during the time the subjects were still in the mainstream of education be taken up to determine the extent of peer affiliation. The following factors were taken up under this variable:-

V. 2M(i) CHOICE OF FRIENDS The respondents were asked to indicate their preference for the number of persons with whom they had friendship. The responses received showed that most drug abusing drop-outs had preference for varying number of friends. While 39.31 percent subjects enjoyed the company of one or two close friends, 38.62 percent liked having a few selected friends. Preference of the drug abusing drop-outs for varying number of friends was found statistically significant at .01 level of significance.

TABLE V.42
NUMBER OF FRIENDS PREFERRED BY
DRUG ABUSING DROP-OUTS

Sl. No.	Number of friends	N	P
1.	Several friends	29	20.00
2.	Few selected friends	56	38.62
3.	One or two close friends	57	39.31
4.	No friends	3	2.07
	TOTAL	145	100.00
χ^2 = 54.586 (Significant at .01 level)			

V. 2M(ii) BASIS FOR SELECTION OF FRIENDS The drug abusing drop-outs were asked to disclose the basis on which they formed friendship (Table V. 43). They gave more than one basis and a majority of 69.65 percent drug abusing drop-outs claimed that shared interests and common activities formed the basis for forming friendship. Amongst the other basis of friendship, mutual affection was given by 18.62 percent. The subjects obviously chose friends with whom they could identify themselves and pursue shared interests and common activities.

TABLE V.43
DRUG ABUSING DROP-OUTS
BASIS FOR FORMING FRIENDSHIP

Sl. No.	Basis for selection	N	P
1.	Shared interests, common activities	101	69.65
2.	Mutual affection	27	18.62
3.	Close neighbourhood	18	12.41
4.	Same socio-economic status	9	6.20
5.	Mere convenience	8	5.52
6.	No reason in particular	14	9.65
	TOTAL	117	

V. 2M (iii) PEER-GROUP ACTIVITIES A ranking of the activities commonly indulged in by the subjects with friends is given in Table V. 44. These are interests commonly pursued by adolescents. However, the two highest ranked activities i.e. relaxing and listening to music as well as pursuing shared interests may have deeper significance for drug abusers because the drug abusing behaviour is largely a shared experience. Moreover, drug users seek relaxation through the use of drugs in the company of friends and music. Studying together and exchanging notes was the lowest ranked activity. Evidently, the subjects, even before they had dropped out from the academic mainstream, had not shown much interest in studies.

TABLE V.44
ACTIVITIES INDULGED IN WITH FRIENDS BY
DRUG ABUSING DROP-OUTS

Sl. No.	Type of activities	N	Rank order
1.	Relaxing and listening to music	80	1
2.	Pursuing shared interests	75	2
3.	Visiting each other	59	3
4.	Playing games	57	4
5.	Loitering around town	29	5
6.	Moving around with the opposite sex	27	6
7.	Studying together and exchanging notes	16	7

V. 2M (iv) TIME SPENT WITH FRIENDS To analyse the amount of time that the subjects spent with their friends, the number of hours approximately spent were classified into five categories (Table V. 45). The highest percentage of drug abusing drop-outs spending 3 to 4 hours daily with their friends was 51.03 percent. There were another 20.69 percent respondents who spent about 3 to 6 hours daily with their friends. The amount of time spent daily with peers is a clear indicator of the importance attached to peer affiliation and peer association by the subjects. Evidently, the drug abusing drop-outs were spending many hours daily in the company of their friends. The significant chi-square value indicated that the amount of time spent by the drug abusers with their friends varied significantly.

TABLE V.45
TIME SPENT DAILY WITH FRIENDS BY
DRUG ABUSING DROP-OUTS

Sl. No.	No. of hours	N	P
1.	5 - 6 hours	30	20.69
2.	3 - 4 hours	74	51.03
3.	1 - 2 hours	28	19.13
4.	Less than an hour	13	8.97
	TOTAL	145	100.00
χ^2 = 57.179 (Significant at .01 level)			

V. 2M(v) TYPE OF FRIENDS ASSOCIATED WITH The type of friends associated with by the subjects during the period of education was classified as shown in Table V. 46. The subjects gave multiple responses and the highest percentage of 78.62 percent formed friendships with their own class-mates. However, 31.03 percent drug abusing drop-outs had friends from higher class and 13.80 percent respondents were friendly with other drop-outs. There were .8.96 percent drop-outs who were friendly with educated or uneducated adults.

TABLE V.46
TYPE OF FRIENDS ASSOCIATED WITH BY
DRUG ABUSING DROP-OUTS

Sl. No.	Friends selected	N	P
1.	From lower class	19	13.10
2.	Class mate	114	78.62
3.	Higher class	45	31.03
4.	School mate	31	21.38
5.	From another school/college	40	27.59
6.	Drop-outs	20	13.80
7.	Educated adults	10	6.90
8.	Uneducated adults	3	2.06

V. 2M(vi) GANG INVOLVEMENT Out of the total sample, 29.65 percent subjects reported gang involvements of some kind during their school or college days. The size of the gang in which they got involved varied in size from three to more than twelve members. It was found that the highest percent-age (46.52 percent) of drug abusing drop-outs belonged to gangs having 3 to 7 members. The chi-square

value of 6.187 found significant at .05 level led to the conclusion that size of the gang to which the drug abusing drop-outs belonged differed significantly.

TABLE V.47
SIZE OF GANGS FORMED BY DRUG ABUSING DROP-OUTS

Sl. No.	No. of members	N	P
1.	3 - 7 members	20	46.52
2.	8 - 11 members	16	37.20
3.	Above 12 members	7	16.28
	TOTAL	43	100.00
χ^2 = 6.187 (Significant at .05 level)			

Information obtained regarding the type of activities indulged in as gang members showed that involvement in gang activities was quite high. The type of activities pursued were neither complimentary with nor conducive to learning. The highest percentage of drug abusing drop-outs (53.48 percent) indulged in drinking, drugs and cigarettes. The habit of truancy was found in 44.19 percent and 20.93 percent respondents were engaged in music, singing and dancing in the group. One of the drop-outs was even peddling drugs. With involvement in such wayward activities, the educational career of the respondents was bound to be deeply affected.

TABLE V.48
GANG ACTIVITIES UNDERTAKEN BY
DRUG ABUSING DROP-OUTS

Sl. No.	Type of activities	N	P
1.	Music, singing, dancing	9	20.93
2.	Playing games	5	11.62
3.	Loitering around town	7	16.28
4.	Drinks, drugs, cigarettes	23	53.48
5.	Truancy	19	44.19
6.	Eve-teasing	2	4.65
7.	Movies	2	4.65
8.	Picnic, outings	5	11.62
9.	Vandalism, harassing people	6	13.95
10	Peddling drugs	1	2.32

V. 2N STRESSFUL EXPERIENCES Enquiries were made on the types of stressful experiences gone through by the drug abusing drop-outs to determine whether they had serious or painful emotional or mental repercussions. These experiences might have affected their academic life, instigating drug use behaviour and finally causing them to drop out from the academic mainstream.

V. 2N (i) TYPES OF STRESSFUL EXPERIENCES The types of stressful experiences reported by 51.03 percent drug abusing drop-outs were many and varied. The one with the highest incidence reported by 43.24 percent subjects was the stress due to psychological and physiological trauma accompanying initial drug use. The other stressful experience with the second highest incidence of 29.73 percent was the death of a loved one. Parental conflict, leading to divorce and even to the remarriage of a parent was found to have affected 20.27 percent drug abusing drop-outs. Heavy drinking by father and display of violence were also reported in addition to a diversity of other stressful experiences. It was evident that the stress and strain experienced by a high percentage of subjects led them not only to the use of drugs but caused them to drop out from schools and colleges.

TABLE V.49
TYPE OF STREEFUL EXPERIENCES REPORTED BY
DRUG ABUSING DROP-OUTS

Sl. No.	Stressful experiences	N	P
1.	Death of a loved one	22	29.73
2.	Drug use and its after effects	32	43.24
3.	Failure in examination	1	1.35
4.	Committing theft	2	2.70
5.	Accident	1	1.35
6.	Expulsion from school	3	4.05
7.	Elopement	1	1.35
8.	Inability to continue studies	4	5.40
9.	Father's heavy drinking	5	6.75
10.	Sexual promiscuity	4	5.40
11.	Parents'distress in discovering drug use	3	4.05
12.	Brother's addiction to drugs	1	1.35
13.	Confinement in a de-addiction centre	2	2.70
14.	Involvement in anti-social activities	4	5.40
15.	Being burgled	1	1.35
16.	Parental conflict/divorce/remarriage	15	20.27
17.	Educational backwardness	1	1.35
18.	Sister's divorce	1	1.35

The effects of the stressful experiences were also analysed which showed that the subjects had undergone tremendous mental, emotional, moral, physical and psychological upheavals. The effects of stressful experiences ranged from sense of loss, pain and unhappiness to loss of interest in studies and mental and emotional disturbance (Table V. 50). The stressful experiences also brought about conflict in interpersonal relationships of the subjects destroying the congeniality of home environment. Some subjects felt rejected not only by parents but also by friends. All these factors, singly or in combined form could have had disastrous effects on the individual thus sowing the seeds of discontentment, fear and insecurity. These could pave the way for drug use and abuse, finally forcing them to drop out from school or college.

TABLE V.50
EFFECTS OF STRESSFUL EXPERIENCES ON SUBJECTS

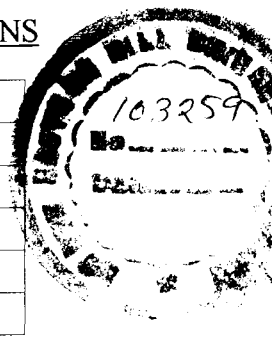
Sl. No.	Type of effects	N	P
1.	Loss of interests in studies	16	21.62
2.	Sense of loss, pain and emptiness	17	22.97
3.	Continued sense of regret	4	5.40
4.	Lowered quality of life	4	5.40
5.	Conflict in interpersonal relations	8	10.81
6.	Disruption of normal family life	6	8.10
7.	Rejected by friends, parents	6	8.10
8.	Lowered self-esteem	3	4.05
9.	Development of inferiority complex	1	1.35
10.	Inability to concentrate	1	1.35
11.	Losing the trust of parents	3	4.05
12.	Community disapproval	2	2.70
13.	Mental and emotional distress	14	18.92
14.	Insecurity	1	1.35
15.	Apathy and indifference	1	1.35
16.	Loss of spiritual zeal	1	1.35
17.	Physical ill-health	1	1.35
18.	Emotional and physical isolation from family	2	2.70

V. 2O SOCIAL INVOLVEMENT Under this variable, the extent of social involvement of the drop-outs abusing drugs and their participation was investigated. All the respondents were found to have some kind of social affiliation, being members of social organisations. However, they were mostly passive members with only slight to moderate participation in Social Welfare activities (Table V. 51).

Most subjects were members of more than one organisation and membership of Y.M.A (Young Mizo Association) was the highest with just 11.72 percent respondents not becoming its members. K.T.P., T.K.P., and S.A.Y. are parallel Christian Youth Associations under different churches in Mizoram. Since all these associations have taken initiatives in social fields, they were put under one category and 51.03 percent drug abusing drop-outs were members of these groups.

TABLE V.51
MEMBERSHIP IN YOUTH, SOCIAL AND VOLUNTARY ORGANISATIONS

Sl. No.	Association/Organization	N	P
1.	Y.M.A.	128	82.28
2.	M.H.I.P.	-	-
3.	Sport Club	53	36.55
4.	K.T.P., T.K.P., S.A.Y.	74	51.05
5.	Others	5	3.45



V. 2P RELIGIOUS AFFILIATION To find out the extent of religious affiliation, the drop-outs abusing drugs were asked to give information regarding the Church they belonged to, their participation in church activities and attendance in church services.

V. 2P (i) CHURCH AFFILIATED TO The subjects were asked to give the names of the Church they belonged to. The tabulated responses (Table V. 52) show that 76.55 percent subjects were found belonging to the Presbyterian Church, which is the biggest Church in Mizoram and has a following of a

TABLE V.52
CHURCH AFFILIATION OF SUBJECTS

Sl. No.	Name of Church	N	P
1.	Presbyterian	111	76.55
2.	Baptist	10	6.90
3.	United Penticostal Church	5	3.45
4.	Seventh-day Adventist	2	1.38
5.	Salvation Army	8	5.51
6.	Judaism	1	0.69
7.	Catholic Church	2	1.38
8.	Church of God	1	0.69
9.	None	5	3.45
	TOTAL	145	100.00

high percentage of mizo population. Membership in other churches were relatively insignificant. On the whole Church affiliation for the subjects was 96.55 percent and only 3.45 percent drug abusing drop-outs did not belong to any Church.

Members who participated in the activities of their church formed a mere 17.93 percent of the respondents (Table V. 53). The chi-square value obtained on this factor (59.648) was statistically significant at .01 level of significance. It is evident that the drug abusing drop-outs were significantly passive towards religion.

TABLE V.53
PARTICIPATION IN CHURCH ACTIVITIES BY DRUG ABUSING DROP-OUTS

Sl. No.	Type of member	N	P
1.	Active member	26	17.93
2.	Passive member	119	82.07
	TOTAL	145	100.00
χ^2 = 59.648 (Significant at .01 level)			

The frequency of Church attendance was classified on the basis of regular attendance, occasional attendance and those who never attended Church services (Table V. 54). The chi-square value obtained here was significant at .01 level of significance and thus it could be concluded that low religious affiliation was significantly related with the phenomenon of drug abuse and dropping out behaviour.

TABLE V.54
FREQUENCY OF CHURCH ATTENDANCE

Sl. No.	Frequency	N	P
1.	Regular attendance	4	2.76
2.	Occasional attendance	115	79.31
3.	Never	26	17.93
	TOTAL	145	100.00
χ^2 = 142.948 (Significant at .01 level)			

V. 2Q PREFERENCE IN CLOTHES AND LANGUAGE USAGE Information was gathered on the subjects' preferred dress and preferred language usage to determine the presence of any kind of non-conformity among the drug abusing drop-outs.

V. 2Q (i) PREFERRED DRESS The drug abusing drop-outs were asked to indicate their choice of dress. According to Table V. 55 dropping out drug abusers varied significantly in the type of dress preferred by them with casual clothes being the choice of as high as 64.82 percent of them.

TABLE V.55
PREFERRED DRESS BY DRUG ABUSING DROP-OUTS

Sl. No.	Type of dress	N	P
1.	Casual clothes	94	64.82
2.	Smart decent dress	32	22.06
3.	Latest styles and fashions	7	4.83
4.	Sport dress	1	0.69
5.	Any type	11	7.59
	TOTAL	145	100.00
χ^2 = 200.897 (Significant at .01 level)			

V. 2Q (ii) LANGUAGE USAGE With regard to the use of slangs by the drug abusing drop-outs, the analysis of data showed that their use was not uncommon. The modern youth resorts to the use of slangs as a means of socialisation and it is characteristic of a sub-culture created by youths of today. A significantly higher percentage of drug abusing drop-outs used slangs in their language occasionally but there were 23.44 percent respondents who used them frequently.

TABLE V.56
PREFERRED LANGUAGE USAGE BY DRUG ABUSING DROP-OUTS

Sl. No.	Preferred usage	N	P
1.	Frequently uses slangs	34	23.44
2.	Occasionally uses slangs	65	44.83
3.	Uses polite, decent language	46	31.73
	TOTAL	145	100.00
χ^2 = 10.11 (Significant at .01 level)			

V. 2R LEISURE - TIME ACTIVITIES Enquiries were made on leisure-time activities in terms of preferred forms of entertainment and the amount of time normally spent on them by the drug abusing drop-outs.

V. 2R (i) PREFERRED FORMS OF ENTERTAINMENT A ranking of the preferred forms of entertainment by the drug abusing drop-outs indicated that listening to music was the highest ranked

entertainment followed by television and video films watching. The other preferred forms of entertainment of the respondents were playing video games and musical instruments like guitars, drum sets, casios etc.; listening to radio and going to the movies, concerts and plays.

TABLE V.57
PREFERRED FORMS OF ENTERTAINMENT BY
DRUG ABUSING DROP-OUTS

Sl. No.	Type of entertainment	N	P
1.	Music system/Tape Recorder	106	1
2.	Television	84	2
3.	Video film cassettes	74	3
4.	Musical instruments	47	5
5.	Video games	49	4
6.	Radio	11	6.5
7.	Others	11	6.5

The amount of time spent by the subjects daily on the different forms of entertainment showed that the highest of 52.42 percent drop-outs abusing drugs spent two to three hours daily on various forms of entertainment. The amount of time spent daily on entertainment differed significantly at .01 level of significance. Obviously, two to three hours or more spent daily on any form of entertainment would take up a large chunk of time which an average student pursuing normal academic life could not have afforded.

TABLE V. 58
TIME SPENT DAILY BY DRUG ABUSING DROP-OUTS
ON ENTERTAINMENT

Sl. No.	No. of hours	N	P
1	4 hours or less	32	22.06
2	2 - 3 hours	76	52.42
3	1 hour or less	18	12.42
4	Not on a daily basis	18	12.42
5	None	1	0.68
	TOTAL	145	100.00
χ^2 = 111.862 (Significant at .01 level)			

V. 2R (ii) READING HABITS To know about the reading habits of the respondents, information was collected on the preferred reading materials and the daily time normally spent on reading by the

subjects before they dropped out from school or college. Table V. 59 presents in rank order the preferred reading materials of the drop-outs abusing drugs. The reading materials generally preferred were light reading materials ranging from newspapers and comics to novels, magazines and romantic materials. Thus, the drug abusing drop-outs appeared to have less inclination for serious reading.

TABLE V. 59
PREFERRED READING MATERIALS BY
DRUG ABUSING DROP-OUTS

Sl. No.	Type preferred	N	Rank order
1.	Newspapers	93	1
2.	Comics	88	2
3.	Novels	86	3
4.	Magazines/Journals	60	4
5.	Romance	30	5
6.	Literature	8	6
7.	Porno	6	7
8.	Science Fiction	5	8.5
9.	Detective thrillers	5	8.5

The amount of time spent daily on reading by the drug-abusers before dropping out is shown in Table V. 60. Though as high as 73.79 percent of drug abusing drop-outs spent one to six hours in reading, the type of reading materials they generally selected were not conducive to mental or intellectual growth. The significant chi-square value led to conclude that the drug abusing drop-outs differed significantly on the amount of time spent on reading.

TABLE V. 60
TIME SPENT DAILY ON READING BY
DRUG ABUSING DROP-OUTS

Sl. No.	Number of Hours	N	P
1.	5 - 6	10	6.89
2.	3 - 4	36	24.83
3.	1 - 2	61	48.07
4.	Half hour or less	16	11.04
5.	Not daily	18	12.41
6.	None	4	2.76
	TOTAL	145	100.00
$\chi^2 = 91.387$ (Significant at .01 level)			

V. 2R (iii) PREFERENCES IN GAMES AND SPORTS Table V. 61 shows the response to enquiries made on the subjects' preference for indoor or outdoor recreations. The subjects' preference for outdoor recreations was found significant at .01 level of significance with maximum liking for outdoor games.

TABLE V. 61
PREFERENCE FOR INDOOR OR OUTDOOR RECREATIONS
REPORTED BY DRUG ABUSING DROP-OUTS

Sl. No.	Type preferred	N	P
1.	Indoor	56	38.62
2.	Outdoor	80	55.17
3.	Both	8	5.52
4.	None	1	0.69
	TOTAL	145	100.00
χ^2 = 119.855 (Significant at .01 level)			

The type of games and sports activities that appealed to them most is given in rank order in Table V. 62. The three highest ranked sports activities for the drop-outs abusing drugs were football, carrom and badminton. The preference for basket ball, martial arts and swimming was reported by least number of respondents.

TABLE V.62
GAMES AND SPORTS ACTIVITIES PREFERRED BY
DRUG ABUSING DROP-OUTS

Sl. No.	Type preferred	N	Rank order
1.	Football	82	1
2.	Badminton	54	3
3.	Carrom	72	2
4.	Volley Ball	22	6.5
5.	Hockey	20	8
6.	Table Tennis	46	4
7.	Checker, Draugh, Ludo	44	5
8.	Hiking, Trekking	17	9
9.	Cricket	4	10
10.	Martial Arts	1	12.5
11.	Swimming	1	12.5
12.	Basket Ball	2	11
13	Chess	22	6.5

V. 2S MEDICAL HISTORY The medical history of the subjects and their health problems were analysed to find out whether or not physical ill health had contributed in any way to the phenomena of drug abuse and educational disruption. For this purpose, factors like the frequency of medical consultation, cases of hospitalisation and types of health problems suffered were taken up.

V. 2S (i) FREQUENCY OF MEDICAL CONSULTATION Frequency of medical consultation in the preceding two years prior to dropping out was used as a determinant to find out if physical ill-health had been a causative factor in the subjects' drug abuse or dropping out behaviour. There were only 4.83 percent respondents who frequently consulted Medical Doctors on account of ill-health. The chi-square value significant at .01level showed that physical ill-health differed significantly among drug abusing drop-outs, but a majority of them had rarely or never had physical illness during the two years before dropping out and thus physical illness did not contribute to drug abuse.

TABLE V. 63
FREQUENCY OF MEDICAL CONSULTATION S MADE BY DRUG ABUSING DROP-OUTS

Sl. No.	Frequency of consultation	N	P
1.	Very often	7	4.83
2.	Occasionally	30	20.69
3.	Rarely	59	40.69
4.	Never	49	33.79
	TOTAL	145	100.00
$\chi^2 = 43.441$ (Significant at .01 level)			

The number of subjects who were hospitalised during the past two years was also analysed. Out of the total sample, the percentage of subjects requiring hospitalisation was 26.20 percent. The chi-square value on this factor was not significant and thus there was no significant difference between the number of subjects hospitalised due to drug related illness and other illness (Table V. 64).

TABLE V.64
HOSPITALISATION HISTORY OF DRUG ABUSING DROP-OUTS

	Reason for hospitalisation	N	P
1.	Drug related illnesses	20	52.63
2.	Other illnesses	18	47.37
	TOTAL	38	100.00
$\chi^2 = 0.105$ (Not significant)			

The different health problems commonly found among the subjects in order of rank were also analysed (Table V. 65). The three highest ranked ailments reported by drug abusing drop-outs were headaches, skin ailments and chest or lung problems. Though the ailments reported were varied, they were not really severe or dangerous that they could seriously be related to the drug abusing and drop-out phenomena.

TABLE V. 65
COMMON HEALTH PROBLEMS REPORTED BY
DRUG ABUSING DROP-OUTS

Sl. No.	Health Problems	N	Rank order
1.	Headache/Migraine	58	1
2.	Skin ailments	35	2
3.	Chest/lung problems	27	3
4.	Stomach ailments	32	4
5.	Malaria	18	5
6.	Heart problems	11	6
7.	Low or high blood pressure	8	7
8.	Dysentary	4	8.5
9.	Fever	4	8.5
10.	Jaundice	3	10
11.	Pain in the joints	2	11.5
12.	Tuberculosis	2	11.5

V. 2T DRUG DATA SHEET The drug data sheet was administered with the specific purpose of identifying the subjects' drug use patterns, type, extent and nature of abuse. The main factors taken up were the type of drug abused, frequency of intake of initial use, age at initiation, reason for taking drugs, the initiator, mode of using drugs, company with whom taken, source of obtaining drugs, means of meeting drug expenses, present usage and future intentions for using drugs. The analysis of data is presented in the following pages.

V. 2T (i) TYPES OF DRUGS ABUSED The kind of drugs most commonly abused by the subjects is given in rank order in Table V. 66. Proxyvon was the most widely abused drug. Nitrosun, a sedative containing nitrazepam came next followed by the abuse of corex, coscopin and other cough suppressants. Ganja was abused on a much lower scale. Sedatives like diazepam and paxum were also abused by some of the subjects followed by the abuse of heroin (No. 4). In addition to these, there were a variety of other drugs but they were less frequently abused by the drop-outs. The analysis showed that

TABLE V. 66
DRUGS OF ABUSE REPORTED BY DRUG ABUSING DROP-OUTS

Sl. No.	Name of drug	N	Rank order
1.	Proxyvon	126	1
2.	Nitrosun	64	2
3.	Phensedyl	41	5
4.	Ganja	43	4
5.	Corex/Coscopin/Cough suppressants	56	3
6.	Diazepam/Paxum	38	6
7.	No. 4	32	7
8.	Ephedrex	23	8
9.	Alcohol	20	9
10.	Alpra Zolam	10	11
11.	Ephrelime	7	12
12.	Parvon Spas	6	13
13.	Pethedine/Morphine	11	10
14.	Brown sugar	4	16
15.	Optalidon	2	17.5
16.	L.S.D	2	17.5
17.	Dendrite/Petrol fumes	5	14.5
18	Other drugs	5	14.5

there was multiple drug use among the subjects. Further more, the drugs of abuse were not the lethal hard drugs which most drug addicts are normally found addicted to. The drugs abused were mainly pharmacological drugs which are generally available in the open market, at a price range accessible even to the drug abusing drop-outs belonging to the low income group. With not much resources at their disposal, it was inevitable that the subjects turned to cheap substances that could substitute the high feeling that hard drugs caused.

V. 2T (ii) FIRST DRUG EXPERIMENTED WITH The first drug that the subjects experimented with are given in Rank order in Table V. 67. The drug first abused were again mostly the pharmacological drugs which were meant to be used for medical purposes. Cough suppresants like corex and coscopin were the drugs first tried out by the highest number of subjects. The other drugs with which dropping out drug abusers initiated their habits included proxyvon, ganja, phensedyl and nitrosun. The incidence of first experimentation for hard drugs like L.S.D. and brown sugar was very low.

TABLE V. 67
REPORTED FIRST DRUG EXPERIMENTED WITH
BY DRUG ABUSING DROP-OUTS

Sl. No.	Name of drug	N	Rank order
1.	Proxyvon	24	2
2.	Ganja	23	3
3.	Cough suppressants	28	1
4.	Phensedyl	16	4.5
5.	Alcohol	10	6.5
6.	Nitrosun	16	4.5
7.	No. 4	10	6.5
8.	Brown Sugar	4	9
9.	Paxum	2	11.5
10.	L.S.D	2	11.5
11.	Parvon Spas	7	8
12.	Others	3	10

V. 2T (iii) FREQUENCY OF DRUG INTAKE Information was gathered on the subjects' subsequent increase or decrease of drug intake (Table V. 68). It was found that 97.93 percent drop-outs reported gradual increase of drug intake after their initial experimentation. The chi-square value obtained on the intake difference was significant at .01 level of significance.

TABLE V. 68
INCREASE OR DECREASE OF DRUG INTAKE BY
DRUG ABUSING DROP-OUTS

Sl. No.	Drug intake	N	P
1.	Increased	142	97.93
2.	Decreased	3	2.07
	TOTAL	145	100.00
χ^2 = 133.248 (Significant at .01 level)			

To a question on the frequency of drug intake, subjects gave five type of responses (Table V. 69). On the basis of these responses the drop-outs were placed into three broad categories of Heavy Abusers, Moderate Abusers and Occasional Abusers. The drop-outs taking drugs several times a day and those taking everyday together constituted 60.68 percent. They were classified as Heavy Abusers. There were 33.10 percent Moderate Abusers who took drugs some days a week. The remaining 6.22 percent drop-outs were Occasional Abusers of drugs. The evidence showed that the percentage of Heavy Abusers of drugs was significantly higher than the other categories.

TABLE V. 69
DRUG ABUSING DROP-OUTS FREQUENCY OF DRUG INTAKE

Sl.No.	Frequency	N	P
1.	Several times daily	40	27.58
2.	Everyday	48	33.10
3.	Some days a week	48	33.10
4.	On weekends	5	3.45
5.	Once or twice a fortnight	4	2.77
	TOTAL	145	100.00

V. 2T (iv) COMPANY WITH WHOM DRUGS WERE TAKEN Enquiries were made about the company with whom drugs were normally abused by the subjects. Although there were 27.58 percent drug abusing drop-outs who took drugs alone, the chi-square value of 95.524, significant at .01 level of significance, showed that the subjects took drugs mostly in the company of others (Table V. 70).

TABLE V. 70
COMPANY WITH WHOM DRUGS WERE TAKEN BY
DRUG ABUSING DROP-OUTS

Sl. No.	Type of company	N	P
1.	Alone	40	27.58
2.	With others	100	68.97
3.	Sometimes alone, sometimes with others	5	3.45
	TOTAL	145	100.00
	$\chi^2 = 95.524$ (Significant at .01 level)		

The drop-outs were asked to specify the persons with whom they generally took drugs. Out of the total 105 drop-outs who took drugs in the company of others, 99.04 percent claimed to have shared the drug experiences with friends(Table V. 71). The total percentage here exceeds hundred because the number of persons with whom drug was taken by the drop-outs varied. However, it was evident that the single largest influence leading to drug abuse was that of friends. The age-group of 13 - 18 years to which the subjects of the present study belonged is considered to be the most drug-prone age at which the influence of friends is very pronounced. Konopka (1983) and Prashant (1993) made studies which corroborate this statement, Drug scene is predominantly a group phenomenon asserting pressure on the individual to become a part of the sub-culture. Friends provide the social climate and companionship for continued intake and enjoyment of drugs. The pleasure yielded by drug abuse is enhanced in the company of friends.

TABLE V. 71
PERSON WITH WHOM DRUG WAS TAKEN BY
DRUG ABUSING DROP-OUTS

Sl. No.	With whom taken	N	P
1.	Friends	104	99.04
2.	Cousin	2	1.90
3.	Husband	2	1.90
4.	Brother	3	2.80
5.	Hawker	1	0.95
6.	Uncle	1	0.95
7.	Neighbour	2	1.90

V. 2T (v) AGE OF INITIATION TO DRUGS The age at which the subjects were initiated into drugs was divided into five categories. Table V. 72 shows that the largest percentage (36.55 percent) of the subjects were initiated into drugs between the ages 14 - 16 years followed by 29.66 percent drop-outs who first experimented with drugs at the age of 16 - 18 years. This group was closely followed by the 12 - 14 years age group which constituted 23.45 percent. The different age groups at which subjects were initiated into drugs was statistically significant at .01 level of significance.

TABLE V. 72
AGE OF DRUG ABUSING DROP-OUTS AT INITIATION INTO DRUGS

Sl. No.	Age - group	N	P
1.	Below 10 years	3	2.07
2.	10 - 12 years	12	8.27
3.	12 - 14 years	34	23.45
4.	14 - 16 years	53	36.55
5.	16 - 18 years	43	29.66
	TOTAL	145	100.00
	χ^2 = 60.759 (Significant at .01 level)		

V. 2T (vi) SOURCE OF INITIATION A person is drawn into the drug circle through the influence of some persons who persuade the youth to try out drugs for the first time. Attempt is made in Table V. 73 to classify the type of influence pressuring the respondents of the present study to take up the drug habit. There were 9.65 percent drug abusing drop-outs, who had been initiated into drugs by themselves but a majority of 85.51 percent of them were introduced into drugs by friends. Thus there was peer offering model effect and social reinforcement for drug abuse. The chi-square value of 188.054 significant at .01 level of significance on this factor showed that there was considerable peer influence in the subjects' first experimentation with drugs.

TABLE V. 73
SOURCE OF INITIATION INTO DRUGS OF
DRUG ABUSING DROP-OUTS

Sl. No.	Initator	N	P
1.	Friends	124	85.51
2.	Cousin	3	2.08
3.	Brother	1	0.69
4.	Husband	1	0.69
5.	Older boys in the neighbourhood	1	0.69
6.	Acdquaintance	1	0.69
7.	Self initiated	14	9.65
	TOTAL	145	100.00
	χ^2 = 188.054 (Significant at .01 level)		

V. 2T (vii) REASONS FOR FIRST INTAKE OF DRUGS An analytical study of the various reasons given for the abuse of drugs by the subjects are depicted in Table V. 74. Among the several causative factors given by the subjects for the abuse of drugs, curiosity was a strong motivating factor expressed by 46.20 percent respondents. Peer pressure came next, reported by 17.24 percent subjects. There were 13.80 percent subjects who claimed to have first abused drugs for thrill and pleasure while 8.28 percent abused drugs to overcome mental affliction. A statistically significant chi-square value showed that the influence of various factors motivating the drug abuse behaviour of the drop-outs varied significantly.

TABLE V. 74
REASONS FOR RESORTING TO DRUGS GIVEN BY DRUG ABUSING DROP-OUTS

Sl. No.	Reasons for drug use	N	P
1.	Curiousity	67	46.20
2.	Peer pressure	25	17.24
3.	For thrill	20	13.80
4.	To overcome mental affliction	12	8.28
5.	Identification with friends	9	6.20
6.	To escape from reality	5	3.45
7.	For the feeling of comfort and security	3	2.07
8.	Drunken excitement	1	0.69
9.	To project a masculine image	1	0.69
10.	Symbol of modernity	2	1.38
	TOTAL	145	100.00
	$\chi^2 = 235.552$ (Significant at .01 level)		

V. 2T (viii) MODES OF TAKING DRUGS Various ways and means were resorted to by the drug abusing drop-outs for getting the drug into their body (Table V. 75). For a majority of them, drugs were taken either by intravenous means or orally. Sniffing or inhalation of the fumes of certain substances were also found prevalent but comparatively at a lower level. The highest percentage (86.90 percent) for intravenous use of drugs was due to the extensive abuse of proxyvon in Mizoram. The oral use of drugs was reported by 75.17 percent drop-outs.

TABLE V. 75
MODES OF TAKING DRUGS BY DRUG ABUSING DROP-OUTS

Sl. No.	Means resorted to	N	P
1.	Oral	109	75.17
2.	Intravenous	126	86.90
3.	Sniffing	18	12.41
4.	Smoking	43	29.65

V. 2T (ix) SOURCES OF EXPENDITURE The subjects were asked to disclose the various sources through which they met their expenditure on drugs (Table V. 76). They were found to have resorted to more than one desperate measure to incur their drug expenses. Apart from 40 percent drop-outs who claimed to have used the pocket money received from parents for buying drugs, all other recources taken up to acquire money were dishonest and unacceptable modes of behaviour. They included selling family possessions, stealing and extorting money from family members.

TABLE V. 76
SUBJECTS' MEANS OF MEETING DRUG REQUIREMENTS

Sl. No.	Sources of expenditure	N	P
1.	Selling personal and family possessions	43	29.65
2.	Money extorted from family members	33	22.76
3.	Pocket money from parents	58	40.00
4.	Stealing, lying and other dishonest means	42	28.96
5.	Earnings	13	8.97
6.	Contributing with friends	8	5.52
7.	Borrowing from others	5	3.45
8.	From husband	2	1.38
9.	Selling drugs	2	1.38
10.	Whatever source available	10	6.90

V. 2T (x) MOTIVATION TO GIVE UP DRUGS An enquiry into the present status of the subjects and their future intentions was also made to find out if there were any motivations on their part to give up drugs. The data showed that 89.97 percent drug abusing drop-outs wished to get rid of their drug habits completely and resume normal life (Table V. 77). There was significantly higher percentage (70.35 percent) of drug abusing drop-outs who had given up drugs at present. In response to the

enquiry on whether they intended giving up the habit of drug abuse in future, only 11.03 percent subjects asserted their intentions to continue abusing it because they had become psychologically and physically dependent on it. The chi-square value of 88.062, significant at .01 level of significance revealed that significantly higher percentage of drug abusing drop-outs wished to resume normal life free from drugs.

TABLE V. 77
MOTIVATION TO GIVE UP DRUGS BY
DRUG ABUSING DROP-OUTS

Sl. No.	Present status	N	P
1	Subjects still using drugs	43	29.65
2	Subjects not taking drugs presently	102	70.35
	TOTAL	145	100.00
	χ^2 = 24.007 (Significant at .01 level)		
	Future intentions	N	P
1	Subjects with intentions to continue using drugs	16	110.03
2	Subjects with intentions to resume normal life free of drugs	129	89.97
	TOTAL	145	100.00
	χ^2 = 88.062 (Significant at .01 level)		

V. 3 ANALYSIS OF PSYCHOLOGICAL FACTORS IN RELATION TO EXTENT OF DRUG ABUSE

Analysis was carried out to study the personality structure of different groups of drug abusers. The sample was divided into three groups depending on the frequency of their intake. It was found that there were 89 drug abusing drop-outs, some of whom were taking drugs several times daily. These were classified as Heavy Abusers. The Moderate abusers were those who took drugs on some days a week. Their number was 48. The remaining 8 drug abusing drop-outs were taking drugs once or twice a fortnight. They were classified as Occasional drug abusers.

It was found that the subjects were spread from lower to the upper side of the continuum on all the factors of HSPQ. Therefore, it was felt that the use of modal values would best represent the personality dimensions of these drug abusers as it would give information about most typical score obtained by them on a particular continuum. In Table V. 78, the modal values obtained for the three groups have been given for different dimensions of personality. These modal values have been discussed with

reference to the tabular supplement of HSPQ for Form A. The author of the test has given a method of conversion of obtained mean raw scores on a particular group to the standard score equivalent.

TABLE V. 78
MODAL VALUES ON DIFFERENT PERSONALITY DIMENSIONS OF HSPQ FOR DIFFERENT GROUPS OF DRUG ABUSERS

Sl. No.	Person-ality Factors	Variables	Modal Values		
			Heavy Abusers	Moderate Abusers	Occasional Abusers
1.	A	Reserved vs. Outgoing	9.311	9.826	8.500
2.	B	Less Intelligent vs. More Intelligent	5.607	6.829	9.500
3.	C	Affected by feelings vs. Emotionally stable	8.808	10.000	9.500
4.	D	Phlegmatic vs. Excitable	11.526	10.989	11.600
5.	E	Obedient vs. Assertive	6.563	9.463	8.498
6.	F	Sober vs. Happy-go-lucky	7.213	4.834	6.501
7.	G	Expedient vs. Conscientious	10.110	9.751	10.999
8.	H	Shy vs. Venturesome	10.101	9.288	12.001
9.	I	Tough-minded vs. Tenderminded	10.430	10.170	14.000
10.	J	Vigorous vs. Doubting	9.570	10.170	11.010
11.	O	Placid vs. Apprehensive	10.140	9.680	15.500
12.	Q_2	Group Dependent vs. Self Sufficient	10.930	10.580	14.010
13.	Q_3	Undisciplined Self-conflict vs. Controlled	10.670	9.955	8.500
14.	Q_4	Relaxed vs. Tense	9.880	8.260	11.010

All the drug abusing drop-outs were found having reserved personality (Factor A), but the Occasional abusers of drugs were comparatively more reserved than others.

On the variable of intelligence (Factor B), it was found that greater the abuse of drugs, lesser was the level of intelligence. The Occasional drug abusers had the highest modal score of 9.500 on this factor. The drop-outs with heavy drug intake had a sten value of 4 which showed that their intelligence level was below average.

The three groups of subjects were neither high nor low on Factor C of Emotional stability as the modal values were between 8 and 10 which corresponded to a sten of 5 and 6.

Similarly, the drug abusing drop-outs of different drug intake categories secured more or less about the same modal value on the variable Phlegmatic vs. Excitable personality. The corresponding stens for them was 6 which shows average level of temparament.

On factor E of submissive personality, difference was discernable between Heavy abusers and the other two groups of drug abusing drop-outs. A much lower modal value of 6.563 with sten of 4 for the Heavy abusers indicated that they had submissive personality whereas the sten of 6 and 5 for Moderate abusers and Occasional abusers showed they were neither high nor low on this factor.

All the three groups of drug abusers were found having serious and sober personality. Moreover, they were found placed at different levels on the lower side of the continuum on Factor F. The drop-outs with moderate drug abuse were found most serious and taciturn with modal value of 4.834 and corresponding sten of 2. The Occasional abusers were less serious with sten of 3. The Heavy abusers were the least sober and serious. The modal value for them was 7.213 with the sten at 4.

Among the three groups of drug abusing drop-outs, the Moderate abusers were found having weak super-ego strength whereas the Heavy abusers and Occasional abusers were average on this variable of Expedient vs. Conscientious personality.

On the variable of Shy vs. Venturesome personality, the Occasional drug abusers had a high modal value of 12.001 and sten of 7. This indicated a venturesome and uninhibited personality. The average score for Moderate abusers and Heavy abusers showed that they were less bold and venturesome.

The Occasional drug abusers had a much higher modal score of 14.000 and sten of 7 when compared with the other two groups on Factor I of Tough-minded vs. Tender-minded personality. It indicated a dependent and sensitive personality trait of the Occasional abusers. Heavy abusers and Moderate abusers were much less dependent and tender-minded.

On Factor J of Vigorous vs. Doubting personality, the Occasional drug abusers had a high modal score of 11.010 with sten of 7 whereas the Moderate abusers and Heavy abusers scored at average level. Thus the Occasional abusers had individualistic and internally restrained personality.

A high modal value of 15.500 and sten of 9 for the Occasional abusers on the variable of Placid vs. Apprehensive personality (Factor O) again found obvious difference between Occasional abusers and the other two groups. The Occasional drug abusers had worrying and depressive personality. This was a trait found at lesser degree on Heavy abusers and even less in Moderate abusers of drugs as

indicated by the sten of 6 and 5 respectively.

The difference between Occasional abusers and Heavy and Moderate abusers was again discernable on Factor Q_2 of Group dependent vs. Self-sufficient personality. The Moderate and Heavy drug abusers had average dependence on the group with stens of 6. A high sten of 9 showed that Occasional abusers were self-sufficient and resourceful.

The Heavy abusers and Moderate abusers had less undisciplined self-conflict than the Occasional drug abusers indicated by a lower sten of 4 for the latter group.

Among the three groups of drug abusers, the Moderate abusers were found least frustrated (Factor Q_4) followed by Heavy abusers while the Occasional abusers experienced more tension and frustration. The modal value for them was 11.010 and the sten was 6.

V. 4 THE EXTENT OF DIFFERENCES ON VARIOUS SOCIAL DIMENSIONS BETWEEN SEXES AND BETWEEN EDUCATIONAL LEVEL OF DRUG ABUSING DROP-OUTS

In this section, various social factors that had been analysed earlier have been taken up to identify the extent of differences between the two sexes and the educational level of the subjects. For the purpose of analysis, the educational level of subjects was divided into two broad levels by taking high school as the dividing level. The higher educational level consisted of those subjects who had passed matriculation and in the lower level, those subjects who had reached Class X were taken. To study whether there was a significant difference between the two sexes and drug abusing drop-outs of different educational level with reference to various social dimensions used in the study, chi-square values were worked out using contingency table (Garret, 1965). In the following pages, these analysis have been discussed under different social dimensions studied.

V. 4A SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO AGE CHARACTERISTICS

For the purpose of study and analysis, the subjects were divided into two broad categories. The first category consisted of the age-group 13 - 15 years and the second category consisted of the age group 16 - 18 years.

All the female drug-abusing drop-outs were from the 16 - 18 age group and the percentage of male subjects of the higher age-group was 92.25 percent (Table V. 79). The value of the chi-square

1.330 however was not statistically significant and thus the variation in age of drug-abusing drop-outs of different sexes were not related. The observation worth note however was that the drug abusing drop-out phenomena occurred at higher age levels for females whereas its occurrence was earlier for males.

TABLE V. 79
AGE CHARACTERISTICS OF DRUG-ABUSING DROP-OUTS

Sl. No.	Age Characteristics	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	13 - 15 years	10	7.75	0	0.00	0	0.00	10	9.26
2.	16 - 18 years	119	92.25	16	100.00	37	100.00	98	90.74
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 1.330$				$\chi^2 = 3.680$			

As expected, all the subjects from the higher educational level belonged to the 16 - 18 years age group. Those drop-outs who were in the 16 - 18 years age group and had discontinued education below class X constituted 90.74 percent. Thus the drop-out percentage in the two educational levels concentrated at the 16 - 18 years age-group and those who dropped out at the lower educational level were abusing drugs for a much longer period than those who dropped out at the higher educational level. Since the value of the chi-square was not statistically significant, the level of education had no association with the age of drug abusing drop-outs.

V. 4B SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO RURAL-URBAN STRATIFICATION The urban-born males constituted 93.80 percent, while the urban born females formed 75.00 percent of the sample of respective sex. The difference between the two sexes of the drug-abusing drop-outs and their urban-rural origin when analysed in the contingency table gave a chi-square of 6.630 (Table V. 80) which was significant at .05 level of significance.

TABLE V. 80

RURAL-URBAN STRATIFICATION OF DRUG ABUSING DROP-OUTS

Sl. No.	Rural - Urban Stratification	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Urban born	121	93.80	12	75.00	33	89.19	100	92.59
2.	Rural born	8	6.20	4	25.00	4	10.81	8	7.41
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 6.630$*				$\chi^2 = 0.420$			
1.	Urban upbringing	129	100.00	16	100.00	37	100.00	108	100.00
2.	Rural upbringing	0	0.00	0	0.00	0	0.00	0	0.00
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00

* (Significant at .05 level)

Looking at the table, it is clear that figures are in favour of urban origin of drop-outs of both sexes. When the subjects were asked to give information about their upbringing, it was found that even those drop-outs who were born in rural areas had urban upbringing. So it can be concluded that dropping out behaviour of drug abusers of both sexes was related to their birth in the urban areas and their urban upbringing. When the data were analysed for different educational levels and rural-urban birth and upbringing, the value of the chi-square was not significant.

V. 4C SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO TYPE OF HOUSE OWNED The relationship between the type of house owned by the drug abusing drop-outs and their sex as well as educational level is depicted in Table V. 80. The value of the chi-square for both of these variable was not significant. Thus there was no relationship between the type of ownership of the house of the respondents and their sex or educational level.

TABLE V. 81

OWNERSHIP OF HOUSE RESIDED IN BY DRUG ABUSING DROP-OUTS

Sl. No.	Ownership	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Owned	92	71.31	10	62.50	30	81.08	72	66.67
2.	Rented	37	28.69	6	37.50	7	18.92	36	33.33
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 0.530$				$\chi^2 = 2.740$			

The subjects were further asked to indicate the number of rooms in the house where they were staying and the number of families staying in the same building (Table V. 82). Though the relationship between the number of rooms occupied by the family of the drop-outs and their sex was not significant, the value of chi-square obtained from the contingency table using the number of rooms and the educational level of the subject was 11.106 (Significant at .01 level of significance). This shows that the level of education of the drug abusing drop-outs and the number of rooms occupied by their family was

TABLE V. 82
NUMBER OF ROOMS AND HOUSEHOLDS IN THE HOUSE OCCUPIED BY DRUG ABUSING DROP-OUTS

Sl. No.	No of rooms and Households	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	1 - 3 rooms	44	34.11	5	31.25	6	16.22	43	39.82
2.	4 - 6 rooms	61	47.29	7	43.75	18	48.65	50	46.29
3.	7 or more rooms	24	18.60	4	25.00	13	35.13	15	13.89
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 0.374$				$\chi^2 = 11.106$**			
1.	1 Household	49	37.98	6	37.50	38	35.19	17	45.95
2.	2 - 3 households	49	37.89	4	25.00	41	37.96	12	32.43
3.	4 - 5 households	26	20.16	5	21.25	25	23.15	6	16.22
4.	6 or more households	5	3.88	1	6.25	4	3.70	2	5.40
	TOTAL	129	100.00	16	100.00	108	100.00	37	100.00
		$\chi^2 = 1.671$				$\chi^2 = 1.884$			

** (Significant at .01 level)

significantly related. The greater percentage of drug abusers who left their education after matriculation were from bigger houses with four and more rooms. The value of the chi-square with the number of families in one building as the variable in contingency table was not significant for sex as well as the educational level of the drug abusing drop-outs.

V. 4D SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO QUALITY OF HOUSE Analysis was done to find out the relationship between the quality of house in terms of the material used in it with the sex as well as educational level of the drug abusing drop-outs. Depending on the type of material used the houses were divided into three categories of Thatched, Assam Type and Cement Concrete. The differences in the percentage of drug abusers of the two sexes and different

educational levels could not show the presence of a significant relationship between these variables and the quality of the house (Table V. 83). The value of the chi-square in both the situations did not reach the required level of significance. Though the percentage of subjects who were either satisfied or dissatisfied with the quality of their house differed from each other, it was not a statistically significant difference.

TABLE V. 83
QUALITY OF HOUSE OWNED BY DRUG ABUSING DROP-OUTS

Sl. No.	Housing	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Thatched House	1	0.77	0	0.00	0	0.00	1	0.92
2.	Assam type	83	64.35	8	50.00	20	54.05	71	65.74
3.	Cement concrete	45	34.88	8	50.00	17	45.95	36	33.34
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 1.480				χ^2 = 2.142			
1.	Satisfied	78	60.46	7	43.75	22	59.46	63	58.33
2.	Dissatisfied	51	39.54	9	56.25	15	40.54	45	41.67
	TOTAL	129	100.00	16	100.000	37	100.00	108	100.00
		χ^2 = 1.640				χ^2 = 0.010			

V. 4E SEX DIFFERENCE AND EDUCATIONAL LEVEL IN RELATION TO PARENTAL DEPRIVATION The factor of parental deprivation was studied by dividing the subjects into four groups i.e. father dead, mother dead, both parents dead and both parents alive. The insignificant value of the chi-

TABLE V. 84
PARENTAL DEPRIVATION FACED BY DRUG ABUSING DROP-OUTS

Sl. No.	Parental Deprivation	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Father dead	16	12.40	4	25.00	4	10.81	16	14.81
2.	Mother dead	10	7.75	0	0.00	2	5.41	8	7.41
3.	Both dead	2	1.55	0	0.00	0	0.00	2	1.85
4.	Both living	101	78.30	12	75.00	31	83.78	82	75.93
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 3.146				χ^2 = 1.384			
1.	Parents separated	30	30.93	4	25.00	4	10.81	30	39.47
2.	Normal parents	67	69.07	12	75.00	33	89.19	46	60.53
	TOTAL	97	100.00	16	100.00	37	100.00	76	100.00
		χ^2 = 0.230				χ^2 = 1.970			

square showed that there was no relationship between the parental deprivation and drug abusing drop-out behaviour of either sex or educational level studied. The analysis based on parental status in terms of separated parents and married parents in relation to gender and educational level also did not show significant relationship (Table V. 84).

V. 4F SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO AGE AT DEATH OR DIVORCE OF PARENTS Information about the age of the drug abusing drop-outs at the time of death or divorce of parents was also collected. On the basis of these data, subjects were divided into two groups. The first group consisted of the subjects who were 13 years and above and those below 13 years were taken in the second group (Table V. 85). The relationship between age at parents' death or divorce and differences in sex as well as educational levels were not found statistically significant.

TABLE V. 85
AGE AT DEATH OR DIVORCE OF PARENTS OF DRUG ABUSING DROP-OUTS

Sl. No.	Age at death or divorce	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	13 years and above	14	10.86	4	25.00	6	16.22	12	11.11
2.	Below 13 years	13	10.07	0	0.00	0	0.00	14	12.96
3.	Parents not dead	102	79.07	12	75.00	31	83.78	82	75.93
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 3.937				χ^2 = 5.593			
1.	13 years and above	7	5.43	1	6.25	0	0.00	8	7.41
2.	Below 13 years	23	17.83	3	18.75	4	10.81	22	20.37
3.	Parents not divorced	99	76.74	12	75.00	33	89.19	78	72.22
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 0.030				χ^2 = 5.182			

V. 4G SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO EDUCATIONAL STATUS OF PARENTS An analysis of the relationship between educational status of father and mother in relation to gender difference and educational levels of the drug abusing drop-outs were taken up separately. From the information received, parents' educational status was classified into six categories (Table V. 86 & 87). The value of the chi-square obtained from the educational status of father in relation to the two sexes did not show significant relationship. However, the educational status of

father in relation to the educational levels of drug abusing drop-outs, when analysed in the contingency table, gave a chi-square of 33.199 which was significant at .01 level.

TABLE V. 86
EDUCATIONAL STATUS OF FATHERS OF DRUG ABUSING DROP-OUTS

Sl. No.	Educational status	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Illiterate	11	8.53	0	0.00	0	0.00	11	10.18
2.	Upto Middle school	30	23.25	1	6.25	2	5.40	29	26.86
3.	Upto Matric	39	30.24	6	37.50	10	27.03	35	32.41
4.	Under Graduates	12	9.30	3	18.75	6	16.22	9	8.33
5.	Graduates	32	24.80	4	25.00	12	32.43	24	22.22
6.	Post Graduates/ Professionals	5	3.88	2	12.50	7	18.92	0	0.00
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 6.953				χ^2 = 33.199**			

** (Significant at .01 level)

The mother's educational status, when analysed in relation to the two sexes of drug abusing drop-outs and their educational levels was found significantly related in both situations. The chi-square values were 21.701 and 27.579 respectively, both significant at .01 level (Table V. 87). It can be concluded from above that the educational level of the father of the drug abusing drop-outs who left

TABLE V. 87
EDUCATIONAL STATUS OF MOTHERS OF DRUG ABUSING DROP-OUTS

Sl. No.	Educational status	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Illiterate	13	10.08	0	0.00	3	8.11	10	9.26
2.	Upto Middle school	48	37.21	6	37.50	11	29.73	45	39.81
3.	Upto Matric	58	44.96	6	37.50	12	32.43	52	48.51
4.	Under Graduates	4	3.10	2	12.50	3	8.11	3	2.78
5.	Graduates	6	4.65	0	0.00	6	16.22	0	0.00
6.	Post Graduates/ Professionals	0	0.00	2	12.50	2	5.40	0	0.00
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 21.701**				χ^2 = 27.579**			

** (Significant at .01 level)

their studies late was higher as compared to those who left their studies earlier. Mother's educational status for male drug abusers was less than that of female drug abusers. Similarly, those drug abusers who left their studies before matric had mothers who were less educated than those who left their studies after matriculation.

V. 4H SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO PARENTAL TREATMENT Parental treatment classified under three groups of harsh, lenient and indifferent analysed in relation to gender difference and educational levels (Table V. 88) did not show any association between them.

TABLE V. 88
PARENTAL TREATMENT REPORTED BY DRUG ABUSING DROP-OUTS

Sl. No.	Parental treatment	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Harsh	26	20.16	4	25.00	9	24.32	21	13.45
2.	Lenient	72	55.81	7	43.75	18	48.65	61	56.48
3.	Indifferent	31	24.03	5	31.25	10	27.03	26	24.07
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 0.841				χ^2 = 0.724			

V. 4I SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO FAMILY DISCORD OR HARMONY The prevalence of harmony and discord in the family in relation to gender and educational levels of the drug abusers (Tables V. 89 & 90) also did not indicate any significant relationship between them as the chi-square values were not significant.

TABLE V. 89
FAMILY HARMONY INDICATED BY DRUG ABUSING DROP-OUTS

Sl. No.	Most liked member	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Father	1	0.78	1	6.25	1	2.70	1	0.93
2.	Mother	39	30.23	7	43.75	10	27.03	36	33.33
3.	Sibling	12	9.30	3	18.75	4	10.81	11	10.19
4.	Aunt/Uncle	4	3.10	1	6.25	1	2.70	4	3.70
5.	Grandfather/Grandmother	4	3.10	1	6.25	0	0.00	5	4.63
6.	No one	69	53.49	3	18.75	21	56.76	51	47.22
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 9.419				χ^2 = 3.284			

TABLE V. 90

FAMILY DISCORD REPORTED BY DRUG ABUSING DROP-OUTS

Sl. No.	Family fights and quarrels	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Frequently	18	13.95	0	0.00	5	13.52	13	12.04
2.	Occasionally	87	67.44	13	81.25	24	64.86	76	70.37
3.	Never	24	18.61	3	18.75	8	21.62	19	17.59
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 2.626				χ^2 = 0.410			

V. 4J SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO ECONOMIC STATUS The economic status of the family to which the drug abusing drop-outs belonged to was studied on the basis of the number of earning members in the family (Table V. 91) and the total monthly income of the family (Table V. 92).

TABLE V. 91

EARNING MEMBERS IN THE FAMILY OF DRUG ABUSING DROP-OUTS

Sl. No.	Earning members	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Father	86	66.67	12	75.00	31	83.78	67	62.04
2.	Mother	64	49.61	11	68.75	27	72.97	48	44.44
3.	Siblings	49	37.98	11	68.75	21	56.76	39	36.11
4.	Self	12	9.30	1	6.25	4	10.81	9	8.33
5.	Others	10	7.75	1	6.25	1	2.70	10	9.26
	TOTAL	221		36		84		173	
		χ^2 = 1.863				χ^2 = 3.375			

The economic status of the family in terms of the number of earning members in the family when analysed in relation to differences in gender and educational levels of the subjects did not show any significant trend. The total monthly income of the families to which drug abusing drop-outs belonged were divided into High, Middle and Low income groups. The analysis showed a chi-square value of 2.243 for gender differences which was not significant. However, monthly family income was found significantly related to difference in educational level of subjects as the chi-square value of 27.036 in

the contingency table was significant at .01 level. This showed that significantly higher percentage of drug abusing drop-outs from high income group had above matric education than those from low income group. Amongst those drop-outs who left their education before completing high school, a significantly higher percentage was from the low income group than from the high income group.

TABLE V. 92
TOTAL MONTHLY FAMILY INCOME

Sl. No.	Income Group	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	High Income	22	17.06	3	18.75	14	37.84	11	10.19
2.	Middle Income	62	48.06	9	56.25	17	45.95	54	50.00
3.	Low Income	45	34.88	4	25.00	6	16.21	43	39.81
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 2.243				χ^2 = 27.036**			

** (Significant at .01 level)

V. 4K SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO EDUCATIONAL PERFORMANCE The information collected on the past educational career of the drug abusing drop-outs included details of their academic performance in educational institutions last attended, frequency and types of punishments received and conflicts and discords, both interpersonal and institutional. The data collected on these variables have been analysed separately in Table V. 93 to V. 95 in relation to differences in sex and educational levels.

TABLE V. 93
PERFORMANCE IN LAST ACADEMIC SESSION

Sl. No.	Academic Performance	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Passed	20	15.50	4	25.00	11	29.73	13	12.04
2.	Failed	76	58.92	9	56.25	15	40.54	70	64.81
3.	Did not complete	33	25.58	3	18.75	11	29.73	25	23.15
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		χ^2 = 17.402**				χ^2 = 1.091			

** (Significant at .01 level)

The subjects were asked to give details of their academic performance in the last session they attended. On the basis of analysis, it was revealed that previous educational performance and sex difference were significantly related. Although more than half of drug abusers of both sexes had failed in the previous academic session, a significantly higher percentage of boys did not complete it while a significantly higher percentage of drug abusing females had passed it. The same variable, however, had no significant relationship with the educational level of the drug abusers.

The drug abusing drop-outs were asked to report on the frequency and type of punishments received in educational institutions formerly attended by them (Table V. 94). Although sex difference had no relation with frequency of punishments received, the chi-square value of 7.854 significant at .05 level showed association between frequency of punishments received and the educational level of drug abusing drop-outs.

TABLE V. 94
PUNISHMENTS RECEIVED BY DRUG ABUSING DROP-OUTS

Sl. No.	Frequency and type	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Very often	19	40.73	2	12.50	3	18.11	18	16.67
2.	Occasionally	46	35.66	7	43.75	9	24.32	44	40.74
3.	Rarely	46	35.66	4	25.00	16	43.25	34	31.48
4.	Never	18	13.95	3	18.75	9	24.32	12	11.11
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 0.999$				$\chi^2 = 7.854$*			
1.	Corporal punishment	61	21.94	2	7.14	8	13.33	54	21.95
2.	Non-Corporal punishment	213	76.62	26	92.86	51	85.00	189	76.83
3.	Expulsion	4	1.44	0	0.00	1	1.67	3	1.22
	TOTAL	278	100.00	28	100.00	60	100.00	246	100.00
		$\chi^2 = 3.968$				$\chi^2 = 2.252$			

* (Significant at .05 level)

It was revealed that a significantly higher percentage of drop-outs who continued their studies after high school received less punishment while those who stopped their education earlier were the ones who received significantly more punishment. The type of punishments received however had no association either with sex difference or with educational level of the subjects.

When the data was analysed on sex difference in relation to interpersonal conflicts, the value of the chi-square was not significant. On the other hand, the chi-square value of 17.402 was found significant at .01 level (Table V. 95) which showed the presence of significant relationship between educational level and interpersonal conflicts of drug abusers. Those drug abusers who left their education earlier were the ones whose dislike for classmates/schoolmates, teachers or principal was significantly higher than those who continued studying after matriculation.

TABLE V. 95
INTERPERSONAL CONFLICTS AND INSTITUTIONAL RESENTMENT OF DRUG ABUSING DROP-OUTS

Sl. No.	Dislike for person and Institutions	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Classmate/School mate	27	20.93	7	43.75	5	13.51	29	26.85
2.	Teacher/Principal	47	36.43	4	25.00	6	16.22	45	41.67
3.	Office staff/Employee	6	4.65	2	12.50	4	10.81	4	3.70
4.	None	49	37.99	3	18.75	22	59.46	30	27.78
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 6.748$				$\chi^2 = 17.402$**			
1.	Disliked school/college	30	23.26	4	25.00	3	8.11	31	28.70
2.	Enjoyed school/college	99	76.74	12	75.00	34	91.89	77	71.30
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 0.020$				$\chi^2 = 6.510$*			

* (Significant at .05 level) ** (Significant at .01 level)

In terms of institutional resentment studied in relation to sex difference, no significant relationship was found but when educational level of the drug abusers was considered, the relationship was significant at .05 level. A comparatively higher percentage of drug abusers who did not pass high school examination disliked the educational institution.

V. 4L SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO PEER ASSOCIATION Peer association in terms of number of friends and the amount of time spent with them by the drug abusing drop-outs did not show any trend with gender difference as well as difference in educational level (Table V. 96).

TABLE V. 96
CHOICE OF FRIENDS AND TIME SPENT WITH FRIENDS BY DRUG ABUSING DROP-OUTS

Sl. No.	Preferred number and time spent with them	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Several friends	27	20.93	2	12.50	7	18.92	22	20.37
2.	Few selected friends	49	37.98	7	43.75	19	51.35	37	34.26
3.	One or two close friends	50	38.76	7	43.75	11	29.73	46	42.59
4.	No friends	3	2.33	0	0.00	0	0.00	3	2.78
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 1.091$				$\chi^2 = 4.301$			
1.	5 - 6 hours	29	22.48	1	6.25	4	10.81	26	24.07
2.	3 - 4 hours	67	51.94	7	43.75	19	51.35	55	50.93
3.	1 - 2 hours	23	17.83	5	31.25	9	24.33	19	17.59
4.	Less than an hour	10	7.75	3	18.75	5	13.51	8	7.41
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 5.248$				$\chi^2 = 4.137$			

V. 4M SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO STRESSFUL EXPERIENCE Stressful experiences undergone by the subjects were analysed in relation to gender and the two educational levels. The chi-square value given in Table V. 97 showed no significant relationship either with sex difference or with educational level of drug abusers.

TABLE V. 97
STRESSFUL EXPERIENCES REPORTED BY DRUG ABUSING DROP-OUTS

Sl. No.	Stressful Experiences	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Yes	64	49.61	10	62.50	16	43.24	58	53.70
2.	No	65	50.39	6	37.50	21	56.76	50	46.30
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 2.614$				$\chi^2 = 3.166$			

When the varying effects of the stressful experiences on male and female and on different educational levels were taken up for study, the relationship between the two sexes was not significant. How-

ever, the value of chi-square obtained for different educational levels was 16.301, which was significant at .01 level (Table V. 98).

TABLE V. 98
EFFECTS OF STRESSFUL EXPERIENCES ON
DRUG ABUSING DROP-OUTS

Sl. No.	Effects	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Educationally affected	11	17.19	6	60.00	4	25.00	13	22.41
2.	Emotionally and psychologically affected	34	53.12	3	30.00	7	43.75	30	51.73
3.	Inter-personal relations affected	21	32.81	2	20.00	3	18.75	20	34.48
4.	Morally affected	4	6.25	0	0.00	3	18.75	1	1.72
5.	Personally affected	5	7.81	0	0.00	4	25.00	1	1.72
6.	Affected in other ways	4	6.25	1	10.00	1	6.25	4	6.90
	TOTAL	79		12		22		69	
		$\chi^2 = 10.066$				$\chi^2 = 16.301$**			

** (Significant at .01 level)

A closer observation of the table reveals that a significantly higher percentage of drug abusers who left education before high school felt that stressful experiences affected them educationally, emotionally, psychologically and in their interpersonal relations. The personality and morality of those who continued studying after high school was less affected by stressful experiences.

V. 4N SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO SOCIAL INVOLVEMENT The extent of social involvement was based on membership in various social and voluntary organisations, e.g. Y.M.A. (Young Mizo Association), K.T.P./T.K.P. (Christian Youth Groups), and Sports clubs, etc.

The relationship between social involvement and difference in sex showed no significant trend, but social involvement was related significantly to different educational levels (Table V. 99). The total percentage exceeds 100 due to multiple responses. A significantly higher percentage of drug abusers who left education earlier were the members of Sports clubs.

TABLE V. 99

SOCIAL INVOLVEMENT OF DRUG ABUSING DROP-OUTS

Sl. No.	Social involvement	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Y.M.A.	114	88.37	14	87.50	34	91.89	94	87.03
2.	Sports Club	51	39.53	2	12.50	6	16.21	47	43.52
3.	K.T.P./T.K.P./S.A.Y. etc.	67	51.94	7	43.75	22	59.46	52	48.15
4.	Others	4	3.10	1	6.25	3	8.11	2	1.85
	TOTAL	236		24		65		195	
		$\chi^2 = 3.026$				$\chi^2 = 9.606$*			

* (Significant at .05 level)

V. 4O SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO RELIGIOUS AFFILIATION Religious affiliation determined on the basis of membership in church as well as church attendance was analysed in relation to gender differences and education level of the drug abusing drop-outs, and no significant differences were found for both situations (Table V. 100).

TABLE V. 100

RELIGIOUS AFFILIATION OF DRUG ABUSING DROP-OUTS

Sl. No.	Religious affiliation and church attendance	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Active member	24	18.60	2	12.50	6	16.22	20	18.52
2.	Passive member	105	81.40	14	87.50	31	83.78	88	81.48
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 0.360$				$\chi^2 = 0.100$			
1.	Attends regularly	4	3.10	0	0.00	1	2.70	3	2.78
2.	Attends occasionally	101	78.29	14	87.50	32	86.49	83	76.85
3.	Never attends church	24	18.61	2	12.50	4	10.81	22	20.37
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 0.944$				$\chi^2 = 1.728$			

V. 4P SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO PREFERRED FORMS OF ENTERTAINMENT The subjects were asked to give information on their preferred forms of entertainment, but when the data was analysed in relation to sex difference and educational level of subjects, no significant relationship emerged (Table V. 101).

TABLE V. 101
PREFERRED FORMS OF ENTERTAINMENT REPORTED BY DRUG ABUSING DROP-OUTS

Sl. No.	Forms of entertainment	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Music systems	93	72.09	13	81.25	28	75.68	78	72.22
2.	Televisions	74	57.36	10	62.50	29	78.38	55	50.92
3.	Video film cassettes	66	51.16	8	50.00	23	62.16	51	47.22
4.	Musical Instruments	46	35.66	1	6.25	12	32.43	35	32.40
5.	Video Games	47	36.43	2	12.50	11	29.73	38	35.18
6.	Others	21	16.28	1	6.25	3	8.10	19	17.59
	TOTAL	347		35		106		276	
		$\chi^2 = 7.104$				$\chi^2 = 5.414$			

Analysis of the time that drug abusing drop-outs normally spent on leisure-time activities like various forms of entertainment and reading (Table V. 102) showed no significant relationship between sex as well as educational level. The educational level of the drop-outs also had no association with

TABLE V. 102
TIME SPENT ON LEISURE-TIME ACTIVITIES BY DRUG ABUSING DROP-OUTS

Sl. No.	Time spent daily on entertainment	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Over 2 hours	97	75.19	11	68.75	31	83.78	77	71.30
2.	2 hours or less	13	10.08	5	31.25	5	13.52	13	12.04
3.	Not on a daily basis	18	13.95	0	0.00	1	2.70	17	15.74
4.	None	1	0.78	0	0.00	0	0.00	1	0.92
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 7.576$				$\chi^2 = 4.742$			
	Time spent daily on reading								
1.	Over 3 hours	39	30.23	7	43.75	13	35.13	33	30.56
2.	1 - 3 hours	55	42.64	6	37.50	13	35.13	48	44.44
3.	Less than an hour	14	10.85	2	12.50	6	16.22	10	9.26
4.	Not daily	17	13.18	1	6.25	4	10.82	14	12.96
5.	Never reads	4	3.10	0	0.00	1	2.70	3	2.78
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 12.118$*				$\chi^2 = 2.062$			

* (Significant at .05 level)

time spent on reading. However, significant relationship was found between sex of the drop-outs and time spent daily on reading. A significantly higher percentage of females were spending more time on reading than males.

V. 4Q SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO PHYSICAL HEALTH Physical health of the subjects was studied on the basis of frequency of medical consultation and hospitalisation. An analysis of this variable in relation to the two sexes as well as different educational levels showed that the relationship was not statistically significant (Table V. 103).

TABLE V. 103
PHYSICAL HEALTH OF DRUG ABUSING DROP-OUTS

		Sex				Educational level			
Sl.	Medical consultation	Male		Female		Above Matric		Upto Matric	
No.		N	P	N	P	N	P	N	P
1.	Very often	7	5.43	0	0.00	1	2.70	6	5.56
2.	Occasionally	26	20.16	4	25.00	9	24.32	21	19.44
3.	Rarely	49	37.98	10	62.50	18	48.65	41	37.96
4.	Never	47	36.43	2	12.50	9	24.33	40	37.04
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 5.545$				$\chi^2 = 2.873$			
	Hospitalisation								
1.	Drug related illnesses	18	52.94	2	50.00	2	22.22	18	62.07
2.	Other illnesses	16	47.06	2	50.00	7	77.78	11	37.93
	TOTAL	34	100.00	4	100.00	9	100.00	29	100.00
		$\chi^2 = 0.010$				$\chi^2 = 4.370$			

V. 4R SEX DIFFERENTIATION AND EDUCATIONAL LEVEL IN RELATION TO DRUG USE

The difference in drug abusing habits between male and female and between different educational levels were studied in association with choice of drugs (Table V. 104), Age at initiation into drugs (Table V. 105), Frequency of drug intake (Table V. 106), motivations for using drugs (Table V. 107), Means of meeting drug expenses (Table V. 108) and lastly, Motivation to give up drugs (Table V. 109).

The data collected on the different drugs abused in relation with sex differences and educational level of drug abusing drop-outs (Table V. 104) showed that the type of drugs abused and the gender differences was not significantly related. However, significant relationship was found between type of drugs abused and educational level of subjects. It was found that proxyvon abuse had incidence of

91.66 percent among drop-outs who had not passed matric followed by nitrosun with 47.22 percent incidence. Cough syrups and suppressants and ganja were the other drugs commonly abused by them. For those who dropped out after high school, the incidence for proxyvon abuse was 72.97 percent followed by phensedyl abuse by 43.24 percent subjects. Diazepam, paxum, nitrosun and ephedrex or ephrelime were the other drugs of abuse. The relationship was found statistically significant at .01.

TABLE V. 104
TYPE OF DRUGS ABUSED BY DRUG ABUSING DROP-OUTS

Sl. No.	Drugs Abused	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Proxyvon	113	87.60	13	81.25	27	72.97	99	91.66
2.	Nitrosun	53	41.08	11	68.75	13	35.13	51	47.22
3.	Phensedyl	36	27.90	5	31.25	16	43.24	25	23.15
4.	Ganja	43	33.33	0	0.00	8	21.62	35	32.41
5.	Cough syrups/ Suppressants	49	37.98	7	43.75	10	27.03	46	42.60
6.	Diazepam/Paxum	32	24.81	6	37.50	14	37.84	24	22.22
7.	No. 4	30	23.25	2	12.50	11	29.73	21	19.44
8.	Ephedrex/Ephrelime	26	20.15	4	25.00	13	35.13	17	15.74
9.	Alcohol	20	15.50	0	0.00	2	5.40	18	16.66
10.	Alpra zolam	8	6.20	2	12.50	5	13.51	5	4.63
11.	Pethedine/Morphine	10	7.75	1	6.25	1	2.70	10	9.26
12.	Dendrite/Petrol fumes	5	3.88	0	0.00	0	0.00	5	4.63
13.	Parvon Spas	6	4.65	0	0.00	0	0.00	6	5.55
14.	Other drugs	13	10.07	0	0.00	7	18.92	6	5.55
	TOTAL	144		51		127		368	
		$\chi^2 = 16.866$				$\chi^2 = 34.042$**			

** (Significant at .01 level)

On the basis of information collected about the age at initiation of drugs, five different age-groups were formed (Table V. 105). The relationship between the two sexes and the age at initiation into drugs was not statistically significant. However, relationship with the educational levels had significant relationship with the age at initiation into drugs. The contingency table gave a chi-square of 14.782 which was significant at .01 level. This shows that those who were initiated into drugs earlier were the ones who left their studies before high school.

TABLE V. 105

AGE OF DRUG ABUSING DROP-OUTS AT INITIATION INTO DRUGS

Sl. No.	Age of initiation	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Below 10 years	3	2.33	0	0.00	0	0.00	3	2.78
2.	10 - 12 years	12	9.30	0	0.00	0	0.00	12	11.11
3.	12 - 14 years	29	22.48	5	31.25	4	10.81	30	27.78
4.	14 - 16 years	48	37.21	5	31.25	15	40.54	38	35.19
5.	16 - 18 years	37	28.68	6	37.50	18	48.65	25	23.14
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 2.839$				$\chi^2 = 14.782$**			

** (Significant at .01 level)

The drug abusing drop-outs were divided into three groups depending on their frequency of intake of drugs (Table V. 106). They were Heavy, Moderate and Occasional drug abusers. There was no association between the frequency of drug use and the sex or educational level of the drug abusing drop-outs.

TABLE V. 106

FREQUENCY OF DRUG INTAKE REPORTED BY DRUG ABUSING DROP-OUTS

Sl. No.	Frequency of drug intake	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Heavy Abusers	77	59.69	11	68.75	20	54.06	68	62.96
2.	Moderate Abusers	44	34.11	4	25.00	14	37.84	34	31.48
3.	Occasional Abusers	8	6.20	1	6.25	3	8.10	6	5.56
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 1.922$				$\chi^2 = 7.499$			

Motivations for abusing drugs was analysed in relation to gender difference and difference in educational levels. However, the difference was not statistically significant (Table V. 107).

TABLE V. 107

MOTIVATIONS FOR ABUSING DRUGS BY DRUG ABUSING DROP-OUTS

Sl. No.	Reasons for abusing drugs	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Curiousity	58	44.96	9	56.25	17	45.95	50	46.30
2.	Peer Pressure	24	18.61	1	6.25	5	13.51	20	18.52
3.	For thrill	18	13.95	2	12.50	4	10.81	16	14.81
4.	As psychological crutch	17	13.18	3	18.75	7	18.92	13	12.04
5.	Identification with friends	8	6.20	1	6.25	4	10.81	5	4.63
6.	Symbol of modernity	2	1.55	0	0.00	0	0.00	2	1.85
7.	Other reasons	2	1.55	0	0.00	0	0.00	2	1.85
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 2.491$				$\chi^2 = 4.734$			

The relationship between the means of meeting drug expenses and gender difference was found significant at .01 level, the chi-square value being 36.925. A closer look at Table V. 108 showed that a significantly higher percentage of boys were dependent on their pocket money. They sold personal and family possessions, stole things and used dishonest means to get money. In the case of girls, extracting money from family members was the highest source of money. They also used their pocket money, but contribution with friends and money from other sources, not specified, were the significant means of getting money.

The difference in educational levels was also found closely associated with the various means resorted to by the subjects for meeting drug expenses. The chi-square value of 25.579 was significant at .01 level. It was found that significantly high percentage of drug abusing drop-outs of both educational level used their pocket money and indulged in stealing and other dishonest means to get required money. In addition, those drop-outs who continued studies after high school extracted money from family members and made contribution with friends. The habit of selling personal and family possessions was significantly more common with the drug-abusing drop-outs who left their education earlier. They also extracted money from family members and had their earnings.

TABLE V. 108

MEANS OF MEETING DRUG EXPENSES BY DRUG ABUSING DROP-OUTS

Sl. No.	Means of meeting drug expenses	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Selling personal and family possessions	41	31.78	2	12.50	6	16.22	7	34.26
2.	Money extorted from family members	25	19.38	8	50.00	18	48.65	15	13.89
3.	Pocket money from parents	53	41.09	5	31.25	15	40.34	43	39.81
4.	Stealing, lying and other dishonest means	41	31.78	1	6.25	13	35.13	29	26.85
5.	Earnings	13	10.07	0	0.00	1	2.70	12	11.11
6.	Contribution with friends	5	3.87	3	18.75	5	13.51	3	2.78
7.	Borrowing from others	5	3.87	0	0.00	0	0.00	5	4.63
8.	Whatever source available	9	6.98	1	6.25	2	5.41	3	1.41
9.	Other sources	1	0.78	3	18.75	1	2.70	3	2.78
	TOTAL	193		23		61		155	
		$\chi^2 = 36.925$**				$\chi^2 = 25.579$**			

** (Significant at .01 level)

In order to know whether the drug abusing drop-outs had any motivation to give up drugs, enquiries were made about their present drug habits and future intentions for using drugs. The data was analysed in relation to sex difference and educational level of subject (Table V. 109). The analysis of

TABLE V. 109

MOTIVATION TO GIVE UP DRUGS REPORTED BY DRUG ABUSING DROP-OUTS

Sl. No.	Status and intentions	Sex				Educational level			
		Male		Female		Above Matric		Upto Matric	
		N	P	N	P	N	P	N	P
1.	Subjects still using drugs	40	31.01	3	18.75	9	24.32	34	31.48
2.	Subjects who had stopped presently	89	68.99	13	81.25	28	75.68	74	68.52
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 1.030$				$\chi^2 = 0.680$			
1.	Subjects who intended to continue taking drugs	15	11.63	1	6.25	3	8.11	13	12.04
2.	Subjects who wished to resume normal life	114	88.37	15	93.75	34	91.89	95	87.96
	TOTAL	129	100.00	16	100.00	37	100.00	108	100.00
		$\chi^2 = 0.420$				$\chi^2 = 0.430$			

data showed no significant relationship with either of the two variables. There were however a significant percentage of drug abusing drop-outs who had stopped taking drugs or intended to resume normal life. This was found in both sexes as well as under both educational levels.

V.5 COMPARISON ON PSYCHOLOGICAL VARIABLES FOR DIFFERENT SOCIAL GROUPS

According to the fifth null hypothesis, it was thought that there will be no significant differences between psychological and social dimensions of drug abusers. The results were analysed in this light by comparing personality dimensions of drug abusing drop-outs under different social dimensions taken up in the study. The mean values of different social dimension groups have been compared by finding out t-values on the fourteen personality variables of HSPQ. In the following section, the results have been discussed by taking these social dimensions one by one.

V. 5A. SEX DIFFERENCES There were 129 males and 16 females in the sample and the t-value obtained for them have been presented in Table V. 110.

The mean values for male and female drug abusers did not differ much for most of the personality variables studied except for Factor E. It was found that the difference between the drug abusers of the two genders on this variable was significant at .01 level. The male drug abusers had a higher mean score which showed that they were comparatively less obedient and conforming than the female drug abusing drop-outs.

TABLE V. 110

COMPARISON BETWEEN THE DRUG ABUSING DROP-OUTS OF OPPOSITE GENDER ON PERSONALITY VARIABLES

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 143
1.	A	M	9.233	2.830	-0.947
		F	9.988	2.112	
2.	B	M	5.581	2.196	0.290
		F	5.750	2.017	
3.	C	M	9.806	2.837	1.175
		F	9.938	2.144	
4.	D	M	11.085	2.604	-0.880
		F	11.688	2.213	
5.	E	M	8.302	3.002	2.852**
		F	6.000	3.204	
6.	F	M	7.674	2.790	0.235
		F	7.500	2.683	
7.	G	M	9.920	2.645	-0.194
		F	10.063	3.108	
8.	H	M	9.496	2.652	1.441
		F	8.438	3.464	
9.	I	M	10.938	3.159	-1.674
		F	12.375	3.649	
10.	J	M	10.147	2.829	0.619
		F	9.688	2.387	
11.	O	M	10.070	2.710	0.619
		F	9.625	2.553	
12.	Q_2	M	10.992	2.751	0.871
		F	10.375	1.668	
13.	Q_3	M	9.605	2.717	0.998
		F	8.875	2.918	
14.	Q_4	M	9.676	3.222	0.488
		F	10.188	3.270	

M = Male (N = 129)

F = Female (N = 16)

** = Significant at .01 level

V. 5B. EDUCATIONAL STATUS Comparisons made between the drug abusers of higher educational level, i.e. those who had educational level of High School pass and above and lower educational level i.e. below High School on the fourteen personality variables showed no significant difference on any of these variables (Table V. 111). This showed that there were no personality differences between the drug abusing drop-outs of different educational status.

TABLE V. 111

COMPARISON BETWEEN THE DRUG ABUSING DROP-OUTS OF DIFFERENT EDUCATIONAL STATUS ON PERSONALITY VARIABLES

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 143
1.	A	H	9.459	2.765	0.377
		L	9.257	2.791	
2.	B	H	5.541	2.317	-0.191
		L	5.581	2.137	
3.	C	H	10.162	2.892	1.140
		L	9.562	2.757	
4.	D	H	11.486	2.422	0.914
		L	11.029	2.629	
5.	E	H	8.541	3.739	1.112
		L	7.886	2.585	
6.	F	H	8.324	2.849	1.702
		L	7.438	2.736	
7.	G	H	9.568	2.512	-0.964
		L	10.114	2.770	
8.	H	H	9.784	3.172	1.026
		L	9.257	2.623	
9.	I	H	10.730	3.150	-0.793
		L	11.162	3.257	
10.	J	H	9.865	2.626	-0.582
		L	10.219	2.865	
11.	O	H	9.378	2.957	-1.682
		L	10.219	2.550	
12.	Q_2	H	10.219	2.488	-0.014
		L	10.924	2.741	
13.	Q_3	H	9.649	2.648	0.317
		L	9.543	2.792	
14.	Q_4	H	10.351	3.537	1.170
		L	9.610	3.116	

H = Higher Educational level (N = 37)

L = Lower Educational level (N = 108)

V. 5C. FAMILY SIZE The sample was divided into three levels of family size depending on the number of people residing in a single unit. Comparisons were made on the personality dimensions of drug-abusing drop-outs by taking two such groups at a time (Table V. 112, 113, 114).

TABLE V. 112
COMPARISON BETWEEN THE DRUG ABUSING DROP-OUTS BELONGING TO LARGE-SIZE FAMILY AND MEDIUM-SIZE FAMILY ON PERSONALITY VARIABLES

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 47
1.	A	L.S.F.	10.368	2.565	1.641
		M.S.F.	8.867	2.751	
2.	B	L.S.F.	5.474	2.342	-0.579
		M.S.F.	5.900	2.057	
3.	C	L.S.F.	10.105	2.942	-0.288
		M.S.F.	10.433	2.445	
4.	D	L.S.F.	11.842	2.089	1.073
		M.S.F.	11.067	2.273	
5.	E	L.S.F.	6.579	2.219	-1.928
		M.S.F.	8.433	3.360	
6.	F	L.S.F.	6.895	1.370	-2.747**
		M.S.F.	8.500	2.162	
7.	G	L.S.F.	10.482	2.455	1.046
		M.S.F.	9.833	2.780	
8.	H	L.S.F.	9.632	3.201	0.069
		M.S.F.	9.433	2.285	
9.	I	L.S.F.	12.158	2.814	1.256
		M.S.F.	10.833	4.086	
10.	J	L.S.F.	10.263	3.494	0.212
		M.S.F.	9.700	0.588	
11.	O	L.S.F.	10.000	3.018	0.565
		M.S.F.	9.733	2.406	
12.	Q_2	L.S.F.	11.053	3.291	-0.034
		M.S.F.	10.800	2.552	
13.	Q_3	L.S.F.	9.474	2.525	-0.589
		M.S.F.	9.800	2.797	
14.	Q_4	L.S.F.	10.158	3.184	-0.123
		M.S.F.	10.433	3.319	

L.S.F. = Large Size Family (N = 27) ** = Significant at .01 level
M.S.F. = Medium Size Family (N = 31)

The mean values obtained on the fourteen variables of personality of two groups of drug abusers belonging to large-size family and medium-size family showed significant difference only on factor F. The difference between the two groups on this variable of Desurgency-Surgency was significant at .01 level (Table V.113). The higher mean score obtained by drug abusers belonging to medium-size family showed that they were less sober, serious and prudent than drug abusers belonging to large-size family.

TABLE V. 113

COMPARISON BETWEEN THE DRUG ABUSING DROP-OUTS BELONGING TO LARGE-SIZE FAMILY AND SMALL-SIZE FAMILY ON PERSONALITY VARIABLES

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 112
1.	A	L.S.F.	10.368	2.565	1.327
		S.S.F.	9.271	2.804	
2.	B	L.S.F.	5.474	2.342	0.097
		S.S.F.	5.500	2.186	
3.	C	L.S.F.	10.105	2.942	1.151
		S.S.F.	9.375	2.814	
4.	D	L.S.F.	11.842	2.089	1.041
		S.S.F.	11.063	2.737	
5.	E	L.S.F.	6.579	2.219	-2.072*
		S.S.F.	8.219	3.109	
6.	F	L.S.F.	6.895	1.370	-0.758
		S.S.F.	7.510	3.081	
7.	G	L.S.F.	10.842	2.455	1.200
		S.S.F.	9.833	2.729	
8.	H	L.S.F.	9.632	3.201	0.461
		S.S.F.	9.281	2.647	
9.	I	L.S.F.	12.158	2.814	1.622
		S.S.F.	10.969	3.000	
10.	J	L.S.F.	10.263	3.494	-0.502
		S.S.F.	10.260	2.788	
11.	O	L.S.F.	10.000	3.018	-0.267
		S.S.F.	10.188	2.625	
12.	Q_2	L.S.F.	11.053	3.291	-0.301
		S.S.F.	10.990	2.630	
13.	Q_3	L.S.F.	9.474	2.525	-0.068
		S.S.F.	9.438	2.775	
14.	Q_4	L.S.F.	10.158	3.184	0.693
		S.S.F.	9.594	3.174	

L.S.F. = Large Size Family (N = 27) * = Significant at .05 level

S.S.F. = Small Size Family (N = 87)

The difference between the mean values on the fourteen personality variables for the drug abusers belonging to large-size family and small-size family was significant only on factor E at.05 level. On the personality variables of Submissive-Dominance, the drug abusing drop-outs coming from small-size family had a higher mean score indicating that they were more assertive, independent, aggresive and stubborn than those coming from large-size family (Table V. 114).

No significant difference was found on any personality factor between drug-abusing drop-outs belonging to medium-size family and small-size family when compared on the fourteen variables of HSPQ.

TABLE V. 114
COMPARISON BETWEEN THE DRUG ABUSING DROP-OUTS BELONGING TO MEDIUM-SIZE FAMILY AND SMALL-SIZE FAMILY ON PERSONALITY VARIABLES

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 125
1.	A	M.S.F.	8.867	2.751	-0.635
		S.S.F	9.271	2.804	
2.	B	M.S.F.	5.900	2.057	0.702
		S.S.F	5.500	2.186	
3.	C	M.S.F.	10.433	2.445	0.986
		S.S.F	9.375	2.814	
4.	D	M.S.F.	11.067	2.273	0.000
		S.S.F	11.063	2.737	
5.	E	M.S.F.	8.433	2.360	0.165
		S.S.F	8.219	3.109	
6.	F	M.S.F.	8.500	2.162	0.920
		S.S.F	7.510	3.081	
7.	G	M.S.F.	9.833	2.780	0.440
		S.S.F	9.833	2.729	
8.	H	M.S.F.	9.433	2.825	-0.325
		S.S.F	8.281	2.647	
9.	I	M.S.F.	10.833	4.086	1.920
		S.S.F	10.969	3.000	
10.	J	M.S.F.	9.700	2.588	-0.021
		S.S.F	10.260	2.788	
11.	O	M.S.F.	9.733	2.406	1.540
		S.S.F	10.188	2.625	
12.	Q_2	M.S.F.	10.800	2.552	0.193
		S.S.F	10.990	2.630	
13.	Q_3	M.S.F.	9.800	2.797	-1.624
		S.S.F	9.438	2.775	
14.	Q_4	M.S.F.	10.433	2.319	1.964
		S.S.F	9.594	3.174	

M.S.F. = Medium Size Family (N = 31)
S.S.F. = Small Size Family (N = 87)

V. 5D. PARENTAL STATUS The drug abusing drop-outs were divided into three groups according to parental status. The first group consists of 34 drug abusers whose parents were divorced. The second group consisted of 32 drop outs whose parents had deceased. The third group of the remaining 79 drug abusers had married and living parents and were classified as normal group.

The drug abusers with divorced parents were compared on the fourteen variables of personality with those whose parents had deceased. As shown in Table V. 115, the mean value for the two groups

TABLE V. 115
COMPARISON BETWEEN DRUG ABUSERS HAVING DIVORCED PARENTS AND DECEASED PARENTS ON PERSONALITY VARIABLES

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 64
1.	A	Div.	9.765	2.438	0.551
		Dec.	9.406	3.109	
2.	B	Div.	5.647	1.921	0.709
		Dec.	5.281	2.218	
3.	C	Div.	9.588	2.560	1.383
		Dec.	8.656	2.824	
4.	D	Div.	11.118	2.293	-0.889
		Dec.	11.688	3.177	
5.	E	Div.	8.118	3.141	0.412
		Dec.	7.813	2.934	
6.	F	Div.	7.559	2.987	0.206
		Dec.	7.406	3.261	
7.	G	Div.	9.765	2.945	-0.424
		Dec.	10.063	2.929	
8.	H	Div.	9.529	2.643	0.824
		Dec.	8.969	2.533	
9.	I	Div.	11.235	3.718	0.835
		Dec.	10.531	2.735	
10.	J	Div.	11.471	2.476	2.715**
		Dec.	9.250	2.771	
11.	O	Div.	10.324	3.002	0.990
		Dec.	9.625	2.685	
12.	Q_2	Div.	10.029	2.623	1.005
		Dec.	10.375	2.709	
13.	Q_3	Div.	9.294	2.866	0.061
		Dec.	9.250	2.828	
14.	Q_4	Div.	10.265	3.241	-0.021
		Dec.	10.281	3.019	

Div. = Parents Divorced (N = 34)
Dec. = Parents Deceased (N = 32)
** = Significant at .01 level

did not differ significantly except on factor J of the HSPQ, which was significant at.01 level. The drug abusers having divorced parents were found to be much more doubting, obstructive, individualistic, internally restrained and unwilling to act as compared with drug abusers having deceased parents.

No significant difference on mean scores was found (Table V. 116) between drug abusers having divorced parents and those who had normal parents when compared on the fourteen personality variables.

TABLE V. 116
COMPARISON BETWEEN DRUG ABUSERS HAVING DIVORCED PARENTS AND NORMAL PARENTS ON PERSONALITY VARIABLES

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 113
1.	A	Div.	9.765	2.438	1.167
		Nor.	9.123	2.754	
2.	B	Div.	5.647	1.921	-0.072
		Nor.	5.679	2.246	
3.	C	Div.	9.588	2.560	-1.035
		Nor.	10.160	2.732	
4.	D	Div.	11.118	2.293	0.419
		Nor.	10.914	2.389	
5.	E	Div.	8.118	2.141	0.086
		Nor.	8.062	3.172	
6.	F	Div.	7.559	2.987	-0.398
		Nor.	7.778	2.525	
7.	G	Div.	9.765	2.945	-0.519
		Nor.	10.049	2.529	
8.	H	Div.	9.529	2.643	-0.023
		Nor.	9.543	2.937	
9.	I	Div.	11.235	3.718	0.001
		Nor.	11.235	3.183	
10.	J	Div.	11.147	2.476	1.965
		Nor.	10.049	2.801	
11.	O	Div.	10.324	3.002	-0.451
		Nor.	10.074	2.539	
12.	Q_2	Div.	11.029	2.623	-0.128
		Nor.	11.099	2.620	
13.	Q_3	Div.	9.294	2.866	-0.884
		Nor.	9.790	2.659	
14.	Q_4	Div.	10.265	3.241	1.080
		Nor.	9.531	3.321	

Div. = Parents divorced (N = 34)
Nor. = Normal Parents (N = 79)

As shown in Table V.117, the only personality variable out of the fourteen variables of personality studied where the two groups differed significantly was on factor C of ego strength. Drug abusers having deceased parents were found emotionally less stable, affected by feelings, easily upset and changeable than drug abusers with normal parents.

TABLE V. 117
COMPARISON BETWEEN DRUG ABUSERS HAVING DECEASED PARENTS AND NORMAL PARENTS ON PERSONALITY VARIABLES

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 111
1.	A	Dec.	9.406	3.109	0.469
		Nor.	9.123	2.754	
2.	B	Dec.	5.281	2.218	-0.844
		Nor.	5.679	2.246	
3.	C	Dec.	8.656	2.824	-2.589*
		Nor.	10.160	2.732	
4.	D	Dec.	11.688	3.177	1.394
		Nor.	10.914	2.389	
5.	E	Dec.	7.813	2.934	-0.381
		Nor.	8.062	3.172	
6.	F	Dec.	7.406	3.261	-0.640
		Nor.	7.778	2.525	
7.	G	Dec.	10.063	2.929	0.024
		Nor.	10.049	2.529	
8.	H	Dec.	8.969	2.533	-0.964
		Nor.	9.543	2.937	
9.	I	Dec.	10.531	2.735	-1.090
		Nor.	11.235	3.183	
10.	J	Dec.	9.250	2.771	-1.359
		Nor.	10.049	2.801	
11.	O	Dec.	9.625	2.685	-0.826
		Nor.	10.074	2.539	
12.	Q_2	Dec.	10.375	2.709	-1.299
		Nor.	11.099	2.620	
13.	Q_3	Dec.	9.250	2.828	-0.947
		Nor.	9.790	2.659	
14.	Q_4	Dec.	10.280	3.019	1.100
		Nor.	9.531	3.321	

Dec. = Parents deceased (N = 32)
Nor. = Normal Parents (N = 79)
* = Significant at .05 level

V. 5E. INCOME GROUPS The subjects were divided into three income groups according to the total monthly family income. These were the High income group, the Middle income group and the Low income group. There were 25 drug abusing drop-outs in the High income group, 71 in the Middle income group and 49 in the Low income group.

Table V. 118 shows the comparison made between drug abusing drop-outs belonging to Low income group and those with families in the Middle income group. There was no significant difference on any of the fourteen variables of personality between these two groups.

TABLE V. 118
COMPARISON BETWEEN THE DRUG ABUSING DROP-OUTS BELONGING TO LOW INCOME GROUP AND MIDDLE INCOME GROUP

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 118
1.	A	LIG	9.021	2.950	-0.617
		MIG	9.324	2.719	
2.	B	LIG	5.292	2.240	-1.392
		MIG	5.873	2.144	
3.	C	LIG	9.375	3.022	-0.828
		MIG	9.873	2.762	
4.	D	LIG	10.625	2.446	-1.817
		MIG	11.451	2.671	
5.	E	LIG	8.054	2.000	0.380
		MIG	7.944	0.012	
6.	F	LIG	7.313	2.494	-0.441
		MIG	7.577	2.989	
7.	G	LIG	10.000	2.806	-0.360
		MIG	10.141	2.631	
8.	H	LIG	9.292	2.713	0.598
		MIG	9.000	2.762	
9.	I	LIG	11.104	3.040	-0.278
		MIG	11.155	3.528	
10.	J	LIG	9.854	2.851	-0.703
		MIG	10.324	2.956	
11.	O	LIG	10.000	3.149	-0.015
		MIG	10.028	2.360	
12.	Q_2	LIG	11.188	2.742	0.579
		MIG	10.845	2.760	
13.	Q_3	LIG	9.750	2.454	0.588
		MIG	9.465	2.994	
14.	Q_4	LIG	9.229	3.328	-1.038
		MIG	9.901	3.057	

LIG = Low Income Group (N = 49)
MIG = Middle Income Group (N = 71)

When compared on the fourteen personality variables, the subjects belonging to Low income group and High income group did not show significant difference on any personality variable.

TABLE V. 119

COMPARISON BETWEEN THE DRUG ABUSING DROP-OUTS BELONGING TO LOW INCOME GROUP AND HIGH INCOME GROUP

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 72
1.	A	LIG	9.021	2.950	-1.257
		HIG	9.880	2.571	
2.	B	LIG	5.292	2.240	-0.210
		HIG	5.400	2.141	
3.	C	LIG	9.375	3.022	-0.700
		HIG	9.800	2.363	
4.	D	LIG	10.625	2.446	-1.763
		HIG	11.440	2.364	
5.	E	LIG	0.054	2.000	1.642
		HIG	0.040	2.740	
6.	F	LIG	7.313	2.494	-0.550
		HIG	7.655	2.600	
7.	G	LIG	10.000	2.806	1.149
		HIG	9.320	2.657	
8.	H	LIG	9.292	2.713	-0.130
		HIG	9.379	2.646	
9.	I	LIG	11.104	3.040	-0.315
		HIG	11.160	2.609	
10.	J	LIG	9.854	2.851	0.379
		HIG	9.760	1.985	
11.	O	LIG	10.000	3.149	0.034
		HIG	10.000	2.769	
12.	Q_2	LIG	11.188	2.742	0.855
		HIG	10.720	2.246	
13.	Q_3	LIG	9.750	2.454	0.975
		HIG	9.240	2.619	
14.	Q_4	LIG	9.229	3.328	1.883
		HIG	10.600	3.416	

LIG = Low Income Group (N = 49)

HIG = High Income Group (N = 25)

The drug abusers belonging to the Middle income group did not differ from the drug abusing drop-outs belonging to the High income group except on factor H. As given in Table 120, the difference on this variable of Threctia vs Parmia showed that the drug abusing drop-outs from High income group were less shy, restrained, diffident and timid than the Middle income group.

TABLE V. 120

COMPARISON BETWEEN THE DRUG ABUSING DROP-OUTS BELONGING TO MIDDLE INCOME GROUP AND HIGH INCOME GROUP

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 111
1.	A	MIG	9.324	2.719	-0.882
		HIG	9.880	2.571	
2.	B	MIG	5.873	2.144	0.939
		HIG	5.400	2.141	
3.	C	MIG	9.873	2.762	0.117
		HIG	9.800	2.363	
4.	D	MIG	11.451	2.671	0.018
		HIG	11.440	2.364	
5.	E	MIG	7.944	0.012	0.568
		HIG	7.520	2.740	
6.	F	MIG	7.577	2.989	-1.328
		HIG	7.480	2.600	
7.	G	MIG	10.141	2.631	1.324
		HIG	9.320	2.657	
8.	H	MIG	9.000	2.762	2.492*
		HIG	10.600	2.646	
9.	I	MIG	11.155	3.528	-0.007
		HIG	11.160	2.609	
10.	J	MIG	10.324	2.956	0.877
		HIG	9.760	1.985	
11.	O	MIG	10.028	2.360	0.048
		HIG	10.000	2.769	
12.	Q_2	MIG	10.845	2.760	0.202
		HIG	10.720	2.246	
13.	Q_3	MIG	9.465	2.994	0.330
		HIG	9.240	2.619	
14.	Q_4	MIG	9.901	3.057	-0.942
		HIG	10.600	3.416	

MIG = Middle Income Group (N = 71) * = Significant at .05 level

HIG = High Income Group (N = 25)

V. 5F. FATHER'S EDUCATION For the purpose of analysis, the fathers of drug abusing drop-outs were classified into four categories based on their educational status. The first group consisted of 11 drop-outs with illiterate fathers followed by school educated fathers who were 54 in number. Those with under graduate fathers came next, their total number being 35. The fourth group was that of 45 drop-outs whose fathers were graduates and above. These four groups were then compared on the fourteen personality dimensions by taking two groups at a time. The results are presented in Table V. 121 to 126.

TABLE V. 121
COMPARISON BETWEEN ILLITERATE FATHERS AND SCHOOL-EDUCATED FATHERS OF DRUG ABUSING DROP-OUTS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 63
1.	A	Sch	9.333	2.664	0.337
		Ill	9.636	2.730	
2.	B	Sch	5.093	2.301	0.723
		Ill	5.636	1.912	
3.	C	Sch	9.796	3.080	-1.782
		Ill	8.000	2.569	
4.	D	Sch	10.389	2.513	2.467*
		Ill	12.455	2.382	
5.	E	Sch	7.870	2.782	-0.056
		Ill	7.818	2.786	
6.	F	Sch	6.611	2.716	2.538*
		Ill	8.909	2.587	
7.	G	Sch	9.889	2.950	-0.359
		Ill	9.545	2.252	
8.	H	Sch	9.148	2.551	-0.695
		Ill	9.727	2.102	
9.	I	Sch	11.204	2.659	-0.929
		Ill	10.364	2.838	
10.	J	Sch	10.500	3.070	-0.681
		Ill	9.818	2.488	
11.	O	Sch	10.296	3.001	-0.671
		Ill	9.636	2.541	
12.	Q_2	Sch	10.611	2.390	1.027
		Ill	11.545	3.908	
13.	Q_3	Sch	9.556	2.717	-1.526
		Ill	8.182	2.483	
14.	Q_4	Sch	9.130	3.222	-0.372
		Ill	8.727	3.197	

Sch = School educated fathers (N = 54) * = Significant at .05 level
Ill = Illiterate fathers (N = 11)

The comparison between drug abusing drop-outs having school educated fathers and drug abusers with illiterate fathers showed that the difference between the two groups on the fourteen variables of personality was significant at .05 level of significance on factors D and F (Table 121). This means that the subjects having illiterate fathers were more excitable, impatient, demanding and over-active than drug abusers having school educated fathers, and drug abusing drop-outs having school educated fathers were more sober, prudent, serious and taciturn than those with illiterate fathers.

TABLE V. 122

COMPARISON BETWEEN ILLITERATE FATHERS AND UNDER-GRADUATE FATHERS OF DRUG ABUSING DROP-OUTS ON PERSONALITY VARIABLES

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 46
1.	A	Ill	9.636	2.730	0.973
		U.G	8.676	2.839	
2.	B	Ill	5.636	1.912	-1.367
		U.G	6.568	1.951	
3.	C	Ill	8.000	2.569	-2.722**
		U.G	10.568	2.724	
4.	D	Ill	12.455	2.382	1.045
		U.G	11.514	2.621	
5.	E	Ill	7.818	2.786	-0.331
		U.G	8.243	2.883	
6.	F	Ill	8.909	2.587	0.678
		U.G	8.243	2.862	
7.	G	Ill	9.545	2.252	-1.091
		U.G	10.541	2.694	
8.	H	Ill	9.727	2.102	0.478
		U.G	9.27	2.883	
9.	I	Ill	10.364	2.838	-0.054
		U.G	10.432	3.848	
10.	J	Ill	9.818	2.488	0.032
		U.G	10.784	3.163	
11.	O	Ill	9.636	2.541	-0.014
		U.G	9.649	2.500	
12.	Q_2	Ill	11.545	3.908	0.785
		U.G	10.784	2.323	
13.	Q_3	Ill	8.182	2.483	-2.100*
		U.G	10.216	2.840	
14.	Q_4	Ill	8.727	3.197	-1.514
		U.G	10.459	3.280	

Ill = Illiterate fathers (N = 11) * = Significant at .05 level

U.G = Under Graduate fathers (N = 35) ** = Significant at .01 level

When the drug abusing drop-outs having illiterate fathers and those having under graduate fathers were compared, they differed significantly on Factor C and Q_3.

The difference between the two groups on factor C was significant at .01 level (Table 122). Subjects with illiterate fathers who had comparatively lower mean score were emotionally less stable, easily upset, changeable and affected by feelings as compared to the subjects having under graduate fathers.

On factor Q_3 subjects who had illiterate fathers scored lower indicating more undisciplined self-conflict, following own urges and being careless of protocol than those subjects with under graduate fathers.

A comparison between drug abusing drop outs having illiterate fathers and those having fathers who were graduates and above on the fourteen personality variables did not show significant difference on any variable (Table V. 123).

TABLE V. 123
COMPARISON BETWEEN DRUG ABUSING DROP-OUTS HAVING ILLITERATE FATHERS AND GRADUATE AND ABOVE FATHERS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 52
1.	A	Ill	9.636	2.730	0.112
		G	9.744	2.821	
2.	B	Ill	5.636	1.912	0.348
		G	5.395	2.037	
3.	C	Ill	8.000	2.569	-1.648
		G	9.302	2.220	
4.	D	Ill	12.455	2.382	1.186
		G	11.465	2.433	
5.	E	Ill	7.818	2.786	-0.350
		G	8.163	2.878	
6.	F	Ill	8.909	2.587	0.900
		G	8.140	2.455	
7.	G	Ill	8.545	2.252	-0.044
		G	9.581	2.422	
8.	H	Ill	9.727	2.102	0.053
		G	9.674	3.084	
9.	I	Ill	10.364	2.838	-1.204
		G	11.721	3.376	
10.	J	Ill	9.818	2.488	-0.152
		G	9.930	2.052	
11.	O	Ill	9.636	2.541	-0.529
		G	10.093	2.496	
12.	Q_2	Ill	11.545	3.908	0.248
		G	11.279	2.889	
13.	Q_3	Ill	8.182	2.483	-1.165
		G	9.233	2.653	
14.	Q_4	Ill	8.727	3.197	-1.583
		G	10.395	3.025	

Ill = Illiterate fathers (N = 11)
G = Graduate and above fathers (N = 45)

The drug abusers who had school educated fathers were compared with those who had under graduate fathers. As indicated in Table V.124, out of the fourteen personality variables studied, differences were found significant on three factors - B, D and F.

TABLE V. 124
COMPARISON BETWEEN DRUG ABUSING DROP-OUTS HAVING SCHOOL EDUCATED FATHERS AND UNDER-GRADUATE FATHERS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 89
1.	A	Sch	9.333	2.664	1.114
		U.G	8.676	2.839	
2.	B	Sch	5.093	2.301	3.156**
		U.G	6.568	1.951	
3.	C	Sch	9.796	3.080	-1.216
		U.G	10.568	2.724	
4.	D	Sch	10.389	2.513	-2.038*
		U.G	11.514	2.621	
5.	E	Sch	7.870	2.782	-0.528
		U.G	8.243	3.883	
6.	F	Sch	6.611	2.716	-2.725**
		U.G	8.243	2.862	
7.	G	Sch	9.889	2.950	-1.060
		U.G	10.541	2.694	
8.	H	Sch	9.148	2.551	-0.210
		U.G	9.270	2.883	
9.	I	Sch	11.204	2.659	1.118
		U.G	10.432	3.848	
10.	J	Sch	10.500	3.070	1.068
		U.G	9.784	3.163	
11.	O	Sch	10.296	3.001	1.068
		U.G	9.649	2.500	
12.	Q_2	Sch	10.611	2.390	-0.339
		U.G	10.784	2.323	
13.	Q_3	Sch	9.556	2.717	-1.106
		U.G	10.216	2.840	
14.	Q_4	Sch	9.130	3.222	-1.899
		U.G	10.459	3.280	

Sch = School educated fathers (N = 54) * = Significant at .05 level
U. G = Under Graduate fathers (N = 35) ** = Significant at .01 level

Subjects who had school-educated fathers differed significantly from subjects with under graduate fathers on factor B of the personality variable of scholastic mental capacity at .01 level. Drug abusers with school educated fathers who scored lower on the mean values were less intelligent and

concrete thinkers than drug abusers having under graduate fathers. Factor D of the variable Phlegmatic temperament - Excitability showed a difference signficant at .05 level. The lower mean score for subjects with school educated fathers indicated that they were phlegmatic, deliberate, inactive and stodgy than subjects with under graduate fathers.

In the same table, difference significant at .01 level was evident on factor F which showed that drug abusing drop-outs having shcool educated fathers scored less than those with under graduate fathers indicating that they were more sober, prudent, serious and taciturn.

Drug abusing drop-outs who had school-educated fathers were compared with those who were graduates and above. From the fourteen variables of personality studied, differences were found significant at .05 level on factors F and D (Table V. 125).

The mean value for subjects who had school educated fathers was lower than those subjects who had graduate and above fathers on factor D. This indicated that they were more phlegmatic, deliberate, inactive and stodgy.

The lower mean score for drug abusers having school-educated fathers on factor F meant that they were more sober, prudent, serious and taciturn than drug abusers having graduate and above fathers.

TABLE V. 125

COMPARISON BETWEEN DRUG ABUSING DROP-OUTS HAVING SCHOOL EDUCATED FATHERS AND GRADUATE AND ABOVE FATHERS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 9
1.	A	Sch	9.333	2.664	-0.729
		G	9.744	2.821	
2.	B	Sch	5.093	2.301	-0.670
		G	5.395	2.037	
3.	C	Sch	9.796	3.080	0.875
		G	9.302	2.220	
4.	D	Sch	10.389	2.513	-2.103*
		G	11.465	2.433	
5.	E	Sch	7.870	2.782	-0.501
		G	8.163	2.878	
6.	F	Sch	6.611	2.716	2.843*
		G	8.140	2.455	
7.	G	Sch	9.889	2.950	0.546
		G	9.581	2.422	
8.	H	Sch	9.148	2.551	-0.910
		G	9.674	3.085	
9.	I	Sch	11.204	2.659	-0.835
		G	11.721	3.376	
10.	J	Sch	10.500	3.070	1.034
		G	9.930	2.052	
11.	S	Sch	10.296	3.001	0.353
		G	9.093	2.496	
12.	Q_2	Sch	10.611	2.390	-1.233
		G	11.279	2.889	
13.	Q_3	Sch	9.556	2.717	0.582
		G	9.233	2.653	
14.	Q_4	Sch	9.130	3.222	-1.954
		G	10.395	3.025	

Sch = School educated fathers (N = 54) * = Significant at .05 level

G = Graduate and above fathers (N = 45)

The mean values secured on the fourteen personality variables taken up for study showed significant difference on factors B and C in a comparison between subjects who had under graduate fathers and graduate and above fathers. The difference between the two groups on factor B significant at .05 level (Table V. 126) showed that subjects having Graduate and above fathers with lower mean score were found less intelligent and concrete thinking than subjects having under graduate fathers. On factor C, the difference was significant at .05 level. The higher mean score for drug abusers with graduate and above fathers showed that they were more emotionally stable, calm and able to face reality than the group having under graduate fathers.

TABLE V. 126

COMPARISON BETWEEN DRUG ABUSING DROP-OUTS HAVING UNDER GRADUATE FATHERS AND GRADUATE AND ABOVE FATHERS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 78
1.	A	U.G	8.767	2.839	-1.663
		G	9.744	2.821	
2.	B	U.G	6.568	1.951	2.584*
		G	5.395	2.037	
3.	C	U.G	9.302	2.220	2.259*
		G	10.568	2.724	
4.	D	U.G	11.514	2.621	0.085
		G	11.465	2.433	
5.	E	U.G	8.243	3.883	0.105
		G	8.163	2.878	
6.	F	U.G	8.243	2.862	0.172
		G	8.140	2.455	
7.	G	U.G	10.541	2.694	1.655
		G	9.581	2.422	
8.	H	U.G	9.270	2.883	-0.595
		G	9.674	3.084	
9.	I	U.G	10.432	3.848	-1.575
		G	11.721	3.376	
10.	J	U.G	9.784	3.163	0.246
		G	9.930	2.052	
11.	O	U.G	9.649	2.500	0.782
		G	10.093	2.496	
12.	Q_2	U.G	10.784	2.323	-0.825
		G	11.279	2.889	
13.	Q_3	U.G	10.216	2.840	1.580
		G	9.233	2.653	
14.	Q_4	U.G	10.459	3.280	0.090
		G	10.395	3.025	

U.G. = Under Graduate fathers (N = 35) * = Significant at .05 level

G = Graduate and above fathers (N = 54)

V. 5G. MOTHER'S EDUCATION The drug abusing drop-outs were classified into four broad categories based on their mother's educational status in the same manner as the father's educational level. There were 13 drug abusing drop-outs with illiterate mothers followed by 99 of them who had school educated mothers. The drug abusers with under graduate mothers were 25 in number whereas mothers of 8 drug abusing drop-outs were graduates and above. The significance of the difference between the mean values on the fourteen variables of personality were tested on the drug abusers with mothers of different educational status by taking up two groups at a time.

Differences between drug abusers having illiterate mothers and school-educated mothers, all significant at .05 level, were found on three variables of factor G, I and Q_3 (Table 127).

TABLE V. 127
COMPARISON BETWEEN DRUG ABUSING DROP-OUTS HAVING ILLITERATE MOTHERS AND SCHOOL-EDUCATED MOTHERS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 110
1.	A	Ill	8.385	2.293	-1.117
		Sch	9.273	2.717	
2.	B	Ill	6.154	2.908	1.158
		Sch	5.394	2.240	
3.	C	Ill	9.231	2.682	-0.902
		Sch	10.000	2.889	
4.	D	Ill	11.846	2.478	0.994
		Sch	11.071	2.639	
5.	E	Ill	7.923	1.891	-0.211
		Sch	8.111	3.107	
6.	F	Ill	6.769	2.682	0.886
		Sch	7.495	2.760	
7.	G	Ill	8.462	2.847	-2.227*
		Sch	10.192	2.578	
8.	H	Ill	8.615	2.631	-0.795
		Sch	9.232	2.602	
9.	I	Ill	13.000	2.082	2.144*
		Sch	10.909	3.301	
10.	J	Ill	10.538	2.876	0.490
		Sch	10.111	2.934	
11.	O	Ill	10.462	2.961	0.794
		Sch	9.818	2.689	
12.	Q_2	Ill	11.231	2.774	0.471
		Sch	10.848	2.723	
13.	Q_3	Ill	8.231	2.242	2.237*
		Sch	9.980	2.673	
14.	Q_4	Ill	10.000	2.739	0.384
		Sch	9.626	2.337	

Ill = Illiterate mothers (N = 13) * = Significant at .05 level
Sch = School educated mothers (N = 99)

On factor G of ego strength subjects who had illiterate mothers got a lower mean score and were thus more expedient, evading rules and feeling fewer obligations than drug abusing drop outs with school educated mothers. Subjects whose mothers were school educated scored lower on factor I

which indicated that they were more tough-minded, self-reliant and realistic. On factor Q_3, subjects with illiterate mothers getting a lower score than those with school-educated mothers, indicated a greater degree of undisciplined self-conflict, following own urges and careless of protocol among them.

On a test of significance of differences of mean values on the fourteen personality variables between drug abusing drop outs who have illiterate mothers and those whose mothers were graduates and above, differences significant at .05 level were found on two factors, i.e. A and F (Table 128). The lower mean score of the subjects whose mothers were illiterate on factor A showed that they were more reserved, detached, critical, and cool than subjects whose mothers were graduates and above.

TABLE V. 128
COMPARISON BETWEEN DRUG ABUSING DROP-OUTS HAVING ILLITERATE MOTHERS AND GRADUATE MOTHERS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 19
1.	A	Ill	8.385	2.293	-2.454
		G	11.125	2.475	
2.	B	Ill	6.154	2.908	0.734
		G	5.500	1.852	
3.	C	Ill	9.231	2.682	-0.123
		G	9.375	2.134	
4.	D	Ill	11.846	2.478	-0.029
		G	11.876	1.246	
5.	E	Ill	7.923	1.891	0.158
		G	7.750	2.866	
6.	F	Ill	6.769	2.682	-2.118*
		G	9.625	3.114	
7.	G	Ill	8.462	2.847	-1.480
		G	10.500	3.024	
8.	H	Ill	8.615	2.631	-1.787
		G	10.875	2.748	
9.	I	Ill	13.000	2.082	1.572
		G	10.625	3.378	
10.	J	Ill	10.538	2.876	0.366
		G	10.125	1.246	
11.	O	Ill	10.462	2.961	1.280
		G	8.750	2.605	
12.	Q_2	Ill	11.231	2.774	0.430
		G	10.750	1.448	
13.	Q_3	Ill	8.231	2.242	-0.579
		G	9.000	2.546	
14.	Q_4	Ill	10.000	2.739	0.000
		G	10.000	3.338	

Ill = Illiterate mothers (N = 13) * = Significant at .05 level
G = Graduate and above mothers (N = 8)

The mean score for subjects with illiterate mothers was again lower than that of subjects with graduate and above mothers on factor F. This showed that the former group were more sober, prudent, serious and taciturn.

With the exception of one factor, no significant difference was found between drug abusing drop-outs with illiterate mothers and those with under graduate mothers on the fourteen personality variables. The difference on factor I of Harria-Parmia was found significant at .05 level. The subjects who had illiterate mothers acquiring a higher mean score, were found less tough-minded, self reliant, and realistic (Table V. 129).

TABLE V. 129
COMPARISON BETWEEN DRUG ABUSING DROP-OUTS HAVING ILLITERATE MOTHERS AND UNDER GRADUATE MOTHERS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 36
1.	A	Ill	8.385	2.293	-1.025
		U.G	9.360	3.108	
2.	B	Ill	6.154	2.908	-0.009
		U.G	6.160	2.075	
3.	C	Ill	9.231	2.682	0.367
		U.G	8.920	2.465	
4.	D	Ill	11.846	2.478	1.123
		U.G	10.880	2.635	
5.	E	Ill	7.923	1.891	-0.034
		U.G	7.960	3.736	
6.	F	Ill	6.769	2.682	-1.566
		U.G	8.120	2.538	
7.	G	Ill	8.462	2.847	-1.132
		U.G	9.520	2.786	
8.	H	Ill	8.615	2.631	-1.227
		U.G	9.880	3.308	
9.	I	Ill	13.000	2.082	2.057*
		U.G	11.000	2.828	
10.	J	Ill	10.538	2.876	0.834
		U.G	9.800	2.533	
11.	O	Ill	10.462	2.961	-0.623
		U.G	11.000	2.380	
12.	Q_2	Ill	11.231	2.774	0.121
		U.G	11.120	2.728	
13.	Q_3	Ill	8.231	2.242	-0.396
		U.G	8.560	2.615	
14.	Q_4	Ill	10.000	2.739	-0.409
		U.G	10.400	2.028	

Ill = Illiterate mothers (N = 13) * = Significant at .05 level
U.G. = Under graduate mothers (N = 25)

The mean score was lower for drug absuers having under graduate mothers (Table V. 130) as compared to those whose mothers were school educated on factor Q_3. This indicated that these subjects had more undisciplined self-conflict, followed own urges and were careless of protocol than drug abusing drop-outs having school educated mothers.

TABLE V. 130
COMPARISON BETWEEN DRUG ABUSING DROP-OUTS HAVING SCHOOL-EDUCATED MOTHERS AND UNDER GRADUATE MOTHERS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 122
1.	A	Sch	9.273	2.717	-0.138
		U.G	9.360	3.108	
2.	B	Sch	5.394	2.240	-1.538
		U.G	6.160	2.075	
3.	C	Sch	10.000	2.889	1.704
		U.G	8.920	2.465	
4.	D	Sch	11.071	2.639	0.320
		U.G	10.881	2.635	
5.	E	Sch	8.111	3.107	0.206
		U.G	7.960	3.736	
6.	F	Sch	7.495	2.760	-1.019
		U.G	8.120	2.538	
7.	G	Sch	10.192	2.578	1.136
		U.G	9.520	2.786	
8.	H	Sch	9.232	2.602	-1.040
		U.G	9.880	3.308	
9.	I	Sch	10.909	3.001	-0.125
		U.G	11.000	2.828	
10.	J	Sch	10.111	2.934	0.482
		U.G	9.800	2.533	
11.	O	Sch	9.818	2.689	-1.991
		U.G	11.000	2.380	
12.	Q_2	Sch	10.848	2.723	0.442
		U.G	11.120	2.728	
13.	Q_3	Sch	9.980	2.673	3.364*
		U.G	8.560	2.615	
14.	Q_4	Sch	9.626	3.337	-1.046
		U.G	10.400	2.028	

Sch = School educated mothers (N = 99) * = Significant at .05 level
U.G. = Under Graduate mothers (N = 25)

The difference between drug abusers with school educated mothers and mothers who were graduates and above was significant at .05 level only on factor F. The lower mean score for drug abusing drop-outs having school-educated mothers showed that they were more sober, prudent, serious and taciturn than those having mothers who were graduates and above.

TABLE V. 131
COMPARISON BETWEEN THE DRUG ABUSING DROP-OUTS HAVING SCHOOL-EDUCATED MOTHERS AND GRADUATE AND ABOVE MOTHERS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 105
1.	A	Sch	9.273	2.717	-1.849
		G	11.125	2.475	
2.	B	Sch	5.394	2.240	-0.129
		G	5.500	1.852	
3.	C	Sch	10.000	2.889	0.593
		G	9.375	2.134	
4.	D	Sch	11.071	2.639	-0.846
		G	11.875	1.246	
5.	E	Sch	8.111	3.107	0.316
		G	7.750	2.866	
6.	F	Sch	7.495	2.760	-2.059*
		G	9.625	3.114	
7.	G	Sch	10.192	2.578	-0.318
		G	10.500	3.024	
8.	H	Sch	9.232	2.602	-1.694
		G	10.875	2.748	
9.	I	Sch	10.909	3.301	0.232
		G	10.625	1.246	
10.	J	Sch	10.111	2.934	0.013
		G	10.125	1.246	
11.	O	Sch	9.818	2.689	1.073
		G	8.750	2.065	
12.	Q_2	Sch	10.848	2.723	0.100
		G	10.750	1.488	
13.	Q_3	Sch	9.980	2.673	0.961
		G	9.000	2.546	
14.	Q_4	Sch	9.626	3.337	-0.302
		G	10.000	3.338	

Sch = School educated mothers (N = 99) * = Significant at .05 level
G = Graduate and above mothers (N = 8)

The only difference found significant between subjects having under graduate mothers and graduate and above mothers was on factor O significant at .05 level. This indicated that the subjects having under graduate mothers with higher mean score were more apprehensive, worrying, depressive and troubled than subjects whose mothers were graduates and above.

TABLE V. 132
COMPARISON BETWEEN THE DRUG ABUSING DROP-OUTS HAVING UNDER GRADUATE MOTHERS AND GRADUATE AND ABOVE MOTHERS

Sl. No.	Personality factors	Groups	Mean	Standard Deviation	t - value df = 31
1.	A	U.G	9.360	3.108	-1.420
		G	11.125	2.475	
2.	B	U.G	6.160	2.075	0.778
		G	5.500	1.852	
3.	C	U.G	8.920	2.465	-0.454
		G	9.375	2.134	
4.	D	U.G	10.880	2.635	-1.000
		G	11.875	1.246	
5.	E	U.G	7.960	3.736	0.141
		G	7.750	2.866	
6.	F	U.G	8.120	2.536	-1.335
		G	9.625	3.144	
7.	G	U.G	9.520	2.786	-0.822
		G	10.500	3.024	
8.	H	U.G	9.880	3.308	-0.746
		G	10.875	2.748	
9.	I	U.G	11.000	2.828	0.301
		G	10.625	3.378	
10.	J	U.G	9.800	2.533	-0.339
		G	10.125	1.276	
11.	O	U.G	11.000	2.380	2.203*
		G	8.750	2.605	
12.	Q_2	U.G	11.120	2.728	0.355
		G	10.750	1.488	
13.	Q_3	U.G	8.560	2.615	-0.366
		G	9.000	2.546	
14.	Q_4	U.G	10.400	2.028	0.307
		G	10.000	3.388	

U.G = Under Graduate mothers (N = 25) * = Significant at .05 level
G = Graduate and above mothers (N = 8)

V.6 PARENTAL PERCEPTIONS AND ATTITUDES TOWARDS THEIR DRUG ABUSING DROPPED-OUT CHILD

Many research studies such as Reilly (1984); Wellisch (1984); Kaufman and Borders (1984); and Jurich et al (1985) have given ample evidence that factors such as parental attitudes, parent-child relationships and the overall family system play significant roles, not only in the development of drug abuse behaviour, but also in fighting against the problem. Conger, (1977) rightly remarked that one must look into profound disturbances in family relationships during development for clues to difficulties.

It was therefore considered necessary to take into account parental attitudes, parental perception of and sensitivity to the drug behaviour problem, their initial reaction to and subsequent actions taken up in fighting the drug use problems of their offsprings. A separate questionnaire was constructed for the parents of the drug-abusing drop-outs. The analysis of data collected through this questionnaire has been taken up in the next section under different headings.

V. 6A. NUMBER OF OFFSPRINGS Information regarding the number of offsprings in the family of the drug abusers was the first enquiry made. For the purpose of tabulation, the responses received were classified into four categories.

TABLE V. 133
NUMBER OF OFFSPRINGS IN THE FAMILY OF DRUG ABUSERS

Sl.No.	No. of offsprings	N	P
1.	8 - 10	7	4.83
2.	5 - 7	38	26.20
3.	2 - 4	82	56.55
4.	Only child	18	12.42
	TOTAL	145	100.00

As can be seen in Table V. 133 , the highest percentage (56.55 percent) of parents of drug abusers had 2 - 4 children which is a normal feature of Mizo families. In 12.42 percent cases, the drug abuser was the only child in the family. The presence of a single child was a rare thing among Mizos. However, the percentage of families of drug abusing drop-outs reporting more than five children was 31.03 percent.

V. 6B. ORDER OF BIRTH Parents were asked to specify the order of birth of their drug-abusing child or children (Table V. 134).

TABLE V. 134
ORDER OF BIRTH OF DRUG ABUSERS

Sl.No.	Order of birth	N	P
1.	First born	58	40.00
2.	Middle born	56	38.62
3.	Last born	31	21.38
	TOTAL	145	100.00

The order of birth in the above table shows that 40 percent of drug abusers were first born and 21.38 percent of them were last born child in the family.

V. 6C. PARENTS' PERCEPTION OF REASONS FOR DROPPING OUT On enquiry as to why their child had dropped out of the academic mainstream, 44.83 percent parents claimed that drug use habit developed by their child was the primary cause of educational disruption.

33.10 percent parents reported that their child dropped out because of the lack of interest in academic learning or because of mental disability. The negative traits possessed by their child like disobedience, stubbornness and laziness were the reasons given by 9.65 percent parents and poor health was reported by 8.28 percent parents to have caused their child to drop out. Other reasons such as financial hardships, early marriage, misfortune in the family and unsuccessful attempt to study abroad (Table V. 135) were reported by one or two parents each.

TABLE V. 135
REASONS FOR DROPPING OUT

Sl.No.	Reasons specified	N	P
1.	Development of drug habit	65	44.85
2.	No interest in studies, learning disability	48	33.10
3.	Disobedience, laziness	14	9.65
4.	Poor health	12	8.28
5.	Financial hardships	2	1.38
6.	Early marriage	2	1.38
7.	Misfortune in the family	1	0.69
8.	Unsuccessful plans to go abroad	1	0.69
	TOTAL	145	100.00

V. 6D. PARENTAL PERCEPTION OF CHILD'S TRAITS AND QUALITIES Parents were asked to list out their perception of child's qualities, both positive and negative. Only 31.03 percent parents of drug abusing drop-outs were able to specifically name their child's strengths and weaknesses. Another 13.80 percent were able to bring out only the positive traits but were blank about the negative aspects of their drug abusing child (Table V. 136).

TABLE V. 136
FAMILIARITY WITH CHILD'S POSITIVE AND NEGATIVE QUALITIES

Sl.No.	Parental perception	N	P
1.	Parents familiar with child's positive traits and qualities	20	13.80
2.	Parents familiar with child's negative traits and qualities	15	10.34
3.	Parents familiar with both positive and negative aspects of child	45	31.03
4.	Parents unaware of child's positive and negative qualities	65	44.83
	TOTAL	145	100.00

What was most surprising and even alarming was that 44.83 percent parents of drug abusing drop-outs were totally unaware of their child's good or bad qualities. This could be a reflection of the deteriorating familial relationship discernable in many families today characterized by low communicativeness, unsatisfactory relationships and imperative parental attitudes.

V. 6E. DETECTION OF CHILD'S DRUG USE Early detection of child's drug habit is very crucial because timely treatment can prevent the escalation of the problem. On this count, parents were asked to give information about the length of time that had lapsed before they discovered their child's drug abusing habit. The percentage of parents who confessed that their child had taken drugs for six months to two years before they discovered it was alarmingly as high as 73.10 percent (Table V. 137). Similarly, parents who had taken two to six months to discover their child's drug abuse behaviour were 23.45 percent.

TABLE V. 137
LENGTH OF TIME TAKEN TO DISCOVER CHILD'S DRUG HABITS

Sl.No.	Length of time	N	P
1.	From 6 months to 2 years	106	73.10
2.	From 2 months to 6 months	34	23.45
3.	Less than 2 months	5	3.45
	TOTAL	145	100.00

The results gave an indication of low communicativeness, distance or lack of closeness and parental apathy and indifference.

V. 6F. MODE OF DETECTION BY PARENTS The manner in which parents eventually discovered their child's drug use was another point of enquiry. Out of the various modes reported by the parents (Table V. 138), the most commonly occurring mode of detection reported by 51.03 percent parents was the inevitable change in the behaviour, activities and life-styles of their child. Another 23.45 percent parents said they noticed signs of drug use like needle marks, blood stains, etc. on their body and detected a change in their personal appearance.

TABLE V. 138
MODE OF DETECTION

Sl.No.	Mode of detection	N	P
1.	Change in behaviour, life style	74	51.03
2.	Personal appearance and physical symptoms	34	23.45
3.	Informed by friends and neighbours	27	18.62
4.	Caught red-handed	10	6.90
5.	Self confession	4	2.76
6.	Drugs on the person, in the room	3	2.07
7.	From the company kept	5	3.45
8.	Decline in academic performance	3	2.07
9.	Informed by school authorities	2	1.37

The close friends and neighbours of 18.62 percent drug abusers had informed their parents about their habit and 2.67 percent had themselves confessed to parents. A small percentage of 6.90 percent parents had caught their child red-handed while in the process of using drugs. The other modes such as parents suspecting their child's drug use habits from the company of drug abusing friends, finding drugs on their person or in the room, sharp decline in academic performance and getting information from the teacher or school authorities concerned were reported by small percentage of parents.

V. 6G. INITIAL REACTION AND DISCIPLINARY MEASURES ADOPTED ON DISCOVERING CHILD'S DRUG ABUSE The initial reaction and disciplinary measures taken up by parents on discovering their child's drug use was assessed (Table V. 139). The responses received were categorised into two broad groups, the use of physical force or violent measures and the use of non-violent disciplinary measures in confronting their child.

TABLE V. 139
DISCIPLINARY MEASURES ADOPTED

Sl.No.	Type of measure used	N	P
1.	Physical force	10	6.90
2.	Non-violent disciplinary measures	135	93.10
	TOTAL	145	100.00

The analysis of data showed that 93.10 percent parents resorted to measures like scolding, threatening, pleading, warning, advicing and restricting movements of child. A very small 6.90 percent parents resorted to caning, beating, slapping, whipping and other physical measures. This shows that the parent's handling of the situation was psychological and with restraint.

The type and quality of treatment and aftercare given to the drug abusing child is very crucial in overcoming the drug problem. The parents were asked to report the various measures which they had subsequently resorted to help stop the drug habits of their child. There were multiples responses which are shown in Table V. 140.

TABLE V. 140
SUBSEQUENT ACTIONS TAKEN TO STOP DRUG ABUSE

Sl.No.	Actions taken	N	P
1.	Constant pleadings, warnings, cautions, advices	128	88.27
2.	Physical measures	42	28.97
3.	Treatment in de-addiction centres	76	52.41
4.	Attending Gospel Campaigns and Campings	99	68.28
5.	Seeking the help of Counselling centres	48	33.10
6.	Treatment in Hospital	31	21.38
7.	Consulting Psychiatrist	7	4.83
8.	Family prayers	29	20.00
9.	Making him perform odd jobs	2	1.38
10.	Putting him in jail	2	1.38
11.	Developing new interests	1	0.69
12.	Ignoring the problem	7	4.83

The parents had resorted to many desperate measures in trying to stop the drug habits of their child. 88.27 percent parents constantly pleaded, warned, cautioned and adviced their drug abusing child. Spiritual healing is a remarkable phenomenon in Mizoram with its population of 95 percent Christians, the evidence of which is discernable in many spiritual born-again drug abusers who have

become well-known personalities in religious, social and reformative activities. This was sought by 68.28 percent parents. Parents who admitted their wards to de-addiction centres or counselling centres constituted 52.41 percent and 33.10 percent respectively. There were 29.97 percent parents who were eventually compelled to use physical measures. In heavy and chronic cases requiring detoxification and medical care, parents had to admit their children to Hospital. There were 20 percent devout christian families who gave importance to family prayers. Small percentages of parents consulted a psychiatrist, chose to ignore the drug use problem of their child and some went to the extent of putting their child in police custody from where they were sent to a Remand Home. It was quite disappointing to find that just one parent made the effort to divert the interest of the child to other directions.

V. 6H THE FREQUENCY OF DRUG-RELATED TROUBLE BREAKING OUT IN THE FAMILY

The frequency of trouble breaking out in the family caused by the drug abusing child was classified into three categories in order of occurrence-frequently, occasionally and never (Table V. 141).

The percentage of parents who reported that their drug abusing child never caused trouble at home was 43.45. Out of the remaining 56.55 percent parents who reported the presence of trouble in the family due to the drug abusing child, 40 percent parents admitted that they occasionally confronted this trouble. On the whole, families with drug-related conflicts in the house outweighed those with no reported cases of conflict.

TABLE V. 141
FREQUENCY OF TROUBLE BREAKING OUT

Sl.No.	Frequency	N	P
1.	Frequently	24	16.55
2.	Occasionally	58	40.00
3.	Never	63	43.45
	TOTAL	145	100.00

V. 6I. FAMILIARITY WITH CHILD'S PEER ASSOCIATIONS Enquiries were made on the extent of familiarity that parents had with their child's peer associations. Parents who reported that they were fully familiar with their child's peer associations formed 38.62 percent whereas those who reported moderate knowledge or familiarity with their child's friends were 55.86 percent (Table V. 142).

TABLE V. 142
FAMILIARITY WITH CHILD'S PEER ASSOCIATIONS

Sl.No.	Extent of familiarity	N	P
1.	Fully familiar	56	38.62
2.	Moderately familiar	81	55.86
3.	Totally ignorant	8	5.52
	TOTAL	145	100.00

It can be observed from the above table that parents who took care to know their child's friends and became fully familiar with them were much less as compared to the parents who were not so well-acquainted with their child's friends. What was even more suprising was that there were parents (5.52 percent) who had no idea at all about the type of company their child kept. This is an indication of parental neglect and apathy.

Familiarity with child's peer associations may not be a sufficient index to determine parental care or concern. The quality of friends the child keeps and its subsequent approval or disapproval by the parents is important.

The parents who disapproved of their child's peer associations were as high as 78.62 percent whereas those who gave their approval were a mere 15.86 percent (Table V. 143).

TABLE V. 143
APPROVAL OR DISAPPROVAL OF FRIENDS

Sl.No.	Approval/Disapproval	N	P
1.	Approved	23	15.86
2.	Disapproved	114	78.62
3.	No comment	8	5.52
	TOTAL	145	100.00

The parents who disapproved the peer associations of their drug abusing child gave various reasons to justify their disapproval (Table V. 144).

Among the reasons for disapproval 70.17 percent parents reported about the fear they had about the reinforcement of the drug abusing habit of their child if he/she continued to mix with drug abusing friends. There were 24.56 percent parents who did not approve of the bad characters and anti-social

tendencies of their child's friends. Other reasons cited by one or two parents each included the negative influence of uneducated friends, difference in age and socio-economic status of the child with friends, weak nature of one's child who was easily influenced and manipulated and the tendency of friends to sponge on their child.

TABLE V. 144
REASONS FOR DISAPPROVAL

Sl.No.	Reasons for disapproval	N	P
1.	Fear of drug habit being reinforced	80	70.17
2.	Influence of anti-social characters	28	24.56
3.	Uneducated ignorant friends	2	1.75
4.	Wide difference in age	1	0.88
5.	Different socio-economic status	1	0.88
6.	Sponging friends	1	0.88
7.	Manipulated by friends	1	0.88
	TOTAL	114	100.00

V. 6J. DECLINE IN ACADEMIC PERFORMANCE A positive indication of drug abuse among students is a decline in academic performance leading to a gradual fall-out. The responses received from parents indicated that a huge 82.07 percent parents perceived a marked decline in their academic performance in the latter stages of their child's drug usage. However, the other 17.93 percent parents did not notice any sharp decline in their child's academic performance (Table V. 145).

TABLE V. 145
DECLINE IN ACADEMIC PERFORMANCE

Sl.No.	Whether performance declined	N	P
1.	Declined	119	82.07
2.	Did not decline	26	17.93
	TOTAL	145	100.00

V. 6K. DRUG HABIT DEVELOPED BEFORE OR AFTER DROPPING OUT The evidences collected through the analysis of data showed that the drug use habit was started by the subjects while still in the mainstream of education. This is substantiated by the evidence collected through the responses of parents, 93.79 percent of them reporting that the drug habit had been picked up by their child while still in the educational mainstream (Table V. 146).

TABLE V. 146
DEVELOPMENT OF DRUG HABIT AS PERCEIVED BY PARENTS

Sl.No.	Stage at which habit developed	N	P
1.	Before dropping out	136	93.79
2.	After dropping out	9	6.21
	TOTAL	145	100.00

Although the sample of the study comprised of subjects who had dropped out due to drug abuse, 6.21 percent parents reported that drug abuse started in their child only after they left the educational mainstream. This shows that these parents were not familiar with the developments taking place in the life of their child.

V. 6L. STUDY HOURS The number of hours spent daily on studies by the subjects while still in school or college was another question given to the parents of the drug-abusing drop-outs. The information elicited from the parents were classified into seven categories.

The percentage responses given in Table V.147 show that the study hours maintained by the drug abusers as cited by their parents were not satisfactory as 36.55 percent were perceived to spend about half an hour to barely one hour daily while 8.27 percent did not keep regular study hours and 9.66 percent were reported by their parents to have never studied at all. The total of these three categories whose study hours were less than satisfactory was 54.48 percent. There were 19.31 percent drug abusers whose parents felt that they had one to two hours of study everyday and those found studying beyond two hours daily constituted 26.20 percent of the sample.

TABLE V. 147
TIME SPENT DAILY ON STUDIES

Sl.No.	No. of Hours	N	P
1.	Half hour to one hour	53	36.55
2.	1 hour to 2 hours	28	19.31
3.	2 hours to 3 hours	29	20.00
4.	3 hours to 4 hours	3	2.07
5.	Over 4 hours	6	4.14
6.	Did not study regularly	12	8.27
7.	Never studied	14	9.66
	TOTAL	145	100.00

V. 6M. INTERESTS IN ACTIVITIES OTHER THAN ACADEMIC BEFORE DROPPING OUT

When asked about the various interests shown by their child while still in school or college, 78.62 percent parents showed lack of any knowledge about it (Table V. 148).

The finding was quite surprising and reflected not only on the lack of closeness between the parents and children but also the presence of indifference and general apathy of parents. Out of the remaining sample, 14.48 percent parents reported their child's special interest in sports activities, while 6.90 percent said that music and singing were their child's special interest.

TABLE V. 148
SPECIAL INTEREST DEVELOPED BEFORE DROPPING OUT

Sl.No.	Type of interest	N	P
1.	Sports activities	21	14.48
2.	Music, singing	10	6.90
3.	None	114	78.62
	TOTAL	145	100.00

Parents were also asked to give information on any type of interests which their child showed after dropping out of school or college.

There were 55.17 percent parents (Table V. 149) who felt that their wards lacked interest in any worthwhile activity after breaking off from the educational mainstream. Music and sports continued to attract 16.55 and 14.49 percent respectively of drug abusers and 8.96 percent developed interest in mechanical works. A small percentage of them were reported to have interest either in electronics, carpentry or cattle farming.

TABLE V. 149
INTEREST DEVELOPED AFTER DROPPING OUT

Sl.No.	Type of interest	N	P
1.	Mechanical work	13	8.96
2.	Electronics	3	2.07
3.	Carpentry	3	2.07
4.	Music/Singing	24	16.55
5.	Sports	21	14.49
6.	Cattle farming	1	0.69
7.	None	80	55.17
	TOTAL	145	100.00

CHAPTER VI

SUMMARY AND CONCLUSIONS

The drug epidemic has become a spreading wild-fire catching on from urban elite to rural youth. It is not confined to any specific geographical area or social class. It has taken as its toll a whole generation, perhaps more, and one cannot dare imagine how many more will become its victims. Drug abuse, one of the most serious challenges of contemporary societies, is a multi-faceted phenomenon with combined effects of social and psychological factors. The phenomenon is widespread and complex and what is most tragic is that majority of drug victims are youths, the lifeblood of our nation, studying in schools, colleges and universities. Once these youths are addicted to drugs, they begin to skip schools, their grades drop and finally they drop out of schools or colleges. What the present century has witnessed is the dehumanisation of youths, with their anxiety, their depressions, their fears, disillusionments and frustrations. There is every reason to be alarmed.

Mizoram has been overwhelmingly affected by the growing drug menace. What is popularly called the "Drug Invasion" started in the early eighties and has since then taken a very heavy toll of young lives. The approximate number of deaths due to drug overdose according to the Mizoram Excise Official Report (from 1984 to December 1998) was 338, with 29 of them being females. Out of the estimated 3,500 drug addicts in Mizoram, about ninety percent were identified as proxyvon users. Since about 1990, the new trend in drug abuse was the use of proxyvon, which is medically used as a pain-killer. The lives of innumerable youths have been affected educationally, since the continued intake of drugs invariable disrupts normal academic life and prevents many young people from continuing with their studies.

The alarming growth rate of drug abuse in Mizoram and the innumerable havoc it has created in the lives of the Mizo youths is considerable, particularly because they are the future human resources of the country. Considering the enormity of the problem and the seriousness of the situation, it is unfortunate that a full-scale research in this line has not been undertaken in Mizoram so far. Innumerable surveys and field studies have been taken up in the past but these are not thorough or in-depth studies aimed at diagnosing the root cause of the problem or the complex reasons and motivations leading to drug use and abuse. Any attempt at fighting the drug menace or at least even in reducing the spreading epidemic will be effective if one cares to look at the underlying causes and identify the far more serious and deep-rooted social and psychological factors afflicting the youth.

It is hoped that the study of social and psychological correlates of drop-outs abusing drugs will provide information and insight into the vital factors involved in the entire gamut of the drug use which eventually sucks them into the whirlpool of drug abuse and drug dependence and ultimately makes them drop out of the educational mainstream.

The habit of abusing drugs and dropping out from the mainstream of academic life leads to the possibility of developing a permanent personality disorder associated with maladaptive behaviour like delinquency, rebelliousness and other anti-social behaviour. This also poses a serious threat for the society and the future of the nation. For management of the problem, one must be equipped with appropriate and adequate knowledge of factors leading to drug abuse and how drugs affect the users mentally, emotionally, morally, socially, etc. However, the effectiveness of any strategy adopted will depend on the identification of associated psycho-social problems.

The study of parents' perception of and attitudes towards their drug abusing and dropped out child is expected to diagnose possible disequilibrium in parent-child relationships and establish the importance of parental attitude and positivity in handling their child's drug problem.

The study of the socio-psychological factors of drop-outs (13 - 18 years) in relation to drug abuse in Mizoram was carried out with the following objectives:

1. To identify the psychological factors related to drug abuse in drop-outs (13 - 18 years) of Mizoram.
2. To identify the various social factors contributing to drug abuse in drop-outs (13 - 18 years) of Mizoram.
3. To find out the type, nature and pattern of drug abuse in drop-outs (13 - 18 years) of Mizoram.
4. To find out the difference between different groups of drug abusing drop-outs on psychological factors.
5. To find out the differences between male and female drug abusing drop-outs on the above factors.
6. To identify differences between the psychological and social variables for different educational levels of drug abusing drop-outs.
7. To study the parental perceptions, awareness and attitudes towards their drug abusing children.
8. To study the various measures taken up in Mizoram to check drug abuse and extent to which these measures have succeeded.

The following null hypotheses were formulated for the present study:

1. Various psychological factors are not responsible for drug abusing drop-outs.
2. The social factors do not influence the behaviour of drug abusing drop-outs.
3. There is no variation in the type, nature and pattern of drug abuse in drop-outs.
4. There is no statistically significant difference between the Hard-core and Casual drug abusing drop-outs on psychological factors.
5. There is no statistically significant difference between the male and female drug abusing drop-outs on the above factors.
6. There is no statistically significant difference between the psychological and social variables for different educational levels of drug abusing drop-outs.
7. Parental perceptions, awareness and attitudes are not important factors in the drug abusive behaviour of dropped out children.
8. Effective measures have not been taken up in Mizoram to check drug abuse.

The drop-outs in the study referred to adolescents between the ages of 13 - 18 years whose educational careers were disrupted due to drug use and were therefore no longer in the mainstream of academic life. They included both school drop-outs and college drop-outs. The concept of drug abuse meant the misuse of all kinds of drugs, legal and illegal and their consumption apart from medical need.

For studying the psychological factors of drug abusing drop-outs, the fourteen dimensions of personality measured by HSPQ were taken up. These were reserved vs. warm-hearted, less intelligent vs. more intelligent, affected by feelings vs. emotionally stable, undemonstrative vs. excitable, obedient vs. assertive, sober vs. enthusiastic, disregards rules vs. conscientious, shy vs. adventurous, tough-mined vs. tender-minded, zestful vs. circumspect individualism, self-assured vs. apprehensive, socially group dependent vs. self-sufficient, uncontrolled vs. controlled, relaxed vs. tense.

The variables taken up for studying the social factors contributing to drug abuse in drop-outs included the living conditions, the family income, parental education, educational status and performance, peer involvement and friendship patterns, home environment and parental care, participation in social activities, religious affiliation and church involvement, and physical health.

The sample of the study consisted of drug abusers falling in the age-group of 13 - 18 years who were no longer pursuing academic life and had dropped out from schools or colleges. Seventy percent of such drug abusers were found in de-addiction and rehabilitation centres where they were undergoing treatment and after-care. The other thirty percent were personally approached in the confines of their homes.

Though the study covered both male and female drug abusing drop-outs, males far out-numbered females. This may be attributed to the greater susceptibility of males to social vices due to increased exposure and social sanctions and taboos attached to women. Due to these and other reasons, the number of females approachable for the study were only 16 whereas males constituted 129 of the total sample of 145 drug abusing drop-outs whose cases were studied in detail.

Since Aizawl district has the most number of drug abusers, 120 of the total sample of 145 dropping out drug abusers were drawn from this district and the remaining 25 were from Lunglei and Chhimtuipui district.

Attempt was made to ensure attainment of maximum information from the respondents not only about their immediate social environment but also of more personal and sensitive issues relating to and leading to drug use and abuse. Keeping in view the objectives of the study, the sample size, the need for confidentiality in researching a sensitive problem like drug use and abuse, a number of tools of data collection became the obvious choice.

The case study schedule was designed, constructed and edited to incorporate information on social aspects like family, scholastic, companionship, psychological and recreational aspects relating to the drug abusing drop-out. The questions were formulated taking into consideration the socio-cultural and economic background of the Mizo people with their peculiar ways, customs and practices. The case study schedule covered variables such as personal data, habitat and living conditions, parental status and deprivation, family background, intrafamilial relationship, socio-economic status, educational career of subjects in retrospect, friendship patterns, stressful experiences and their effects, social involvement, religious involvement, dress habits and language usage, recreational interests and preferences and health status.

The magnitude, scale and intensity of drug intake was assessed through a drug data sheet. The information elicited through it consisted of types of drugs taken, frequency of drug intake, age at initiation into drugs, reason for taking drugs, company with whom drugs taken, source of getting drugs, means of meeting drug expenses, present usage and future intentions for using drugs.

The HSPQ measures fourteen distinct dimensions of personality which have been found by psychologists to come near to covering the total personality. This test was used to get the information about the personality dimensions of the subjects.

With the objective of assessing parents' personal relationships with their drug abusing dropped out child, their awareness of and sensitivity to the problem, their reaction to it and their subsequent handling of the problem, a questionnaire was administered on parents which focused on the details of drug abusing children who no longer attended schools or colleges, parents' perception of child's traits and qualities, detection of child's drug use and mode of detection, initial reaction and subsequent steps taken for prevention and recovery, behaviour problems of drug abusing child, familiarity with child's peer association, effects of child's drug use on his/her education, and perception of child's interests and urges.

To review the various drug abuse prevention strategies that have been adopted in Mizoram since 1991, an Information blank was given to the existing de - addiction and rehabilitation centres to get detailed information about their financial sources and expenditure, sufficiency and quality of staff, statistical report of the centre since 1991, recreational facilities, rehabilitation programmes and outstanding problems faced by them.

The first phase of data collection consisted of locating and contacting drug abusing drop-outs. The information was first collected from different schools and colleges in Mizoram about the drop-outs between the age of 13 - 18 years. The drop-outs who had some history of drug abuse were then identified from these lists. Apart from those who were institutionalised in de - addiction and rehabilitation centres, other dropping out drug abusers were traced and contacted taking the help and assistance of Village Council members, leaders of Young Mizo Association (Y.M.A) and Village Defence Party members. Questionnaires were administered after striking rapport with the subjects.

The second phase of data collection was that of contacting parents of drug abusing drop-outs and administering questionnaires on them.

For the final phase of data collection, Information blank was given to all the de - addiction and rehabilitation centres and homes in Mizoram. All the centres contacted were helpful, extending their wholehearted co - operation.

The statistical techniques employed for analysing data from the case study schedule, the questionnaire for parents and the Information blank for de - addiction centres and rehabilitation centres were the frequency counts converted into percentage responses. The chi - square test was applied for testing the significance of differences on the various social dimensions of the variables for the total sample, between the two sexes and between educational levels of drug abusing drop-outs. Chi - square values were worked out on the assumption of equal probability of occurrence of responses of different types.

To make comparison on fourteen personality variables under different groups, t-test was used to test significance of differences. Modal values were used to describe the personality profile of the drug abusing drop-outs. It was felt that the use of modal values would best represent the personality dimensions of the drug abusing drop-outs as it could give information about most typical scores obtained by them on a particular continuum. These modal values have been discussed with reference to the Tabular Supplement for HSPQ for form A. In certain areas where such tests were not applicable, responses were placed in order of ranks.

Abuse of drugs does not receive any sanction — socially, medically or legally. The limitation imposed due to this was of great significance. Most drug abusers did not make themselves readily available for study and were initially reluctant to share their thoughts, feelings, experiences and impart information about their drug habits. Patience, time, energy and tact had to be continuously expended for acquiring reliable and relevant information during the entire phase of data collection. Parents of drug abusing drop-outs were equally difficult to approach as most parents were not willing to openly admit the drug habits of their child. This was another limitation of the study.

The size of the sample for the study was considerably limited because the study attempted to take case studies of individual cases and covered only the age-group 13 - 18 years.

VI.1 CONCLUSION

In accordance with the null hypotheses formed, the following conclusions have been made:

To test the first hypothesis, the psychological dimensions of drug abusing drop-outs were tested on the fourteen dimensions of the Junior - Senior HSPQ and it was concluded that drug abusing drop-outs were found having reserved personality. They were generally of low intelligence level; of average temperament on emotional

stability; and had average excitability. The statistical analysis showed them to have submissive personality; inclined to be sober and serious; and expedient with a tendency to evade rules. They were average on shyness, apprehensiveness, tension and self-disciplined control. The analysis also indicated a doubting, individualistic trait of the drug abusing drop-outs and they were highly self-sufficient.

On analysing the various social factors influencing the dropping out behaviour of drug abusers to test the second hypothesis, and thus rejecting the null hypothesis, it was found that:

- Male drug abusing drop-outs significantly outnumbered their female counterparts, may be because of greater susceptibility of males to drugs and more exposure to social vices.
- In the age range of 13 - 18 years, the occurrence of drug abuse and dropping out was significantly higher at 16 - 18 years age group.
- Urban birth and urban upbringing were identified as significant factors leading to drug abuse and dropping out.
- A significantly higher percentage of drug abusing drop-outs came from homes which did not provide sufficient living space. The buildings they resided in housed two to five families or even more. The living quarters were reportedly congested, crowded and lacked privacy. Though the living conditions of the subjects were acceptable, significantly larger percentage of drug abusers reported dissatisfaction with the quality of their living and wanted a change of place.
- Parental deprivation either due to death or separation was found to be there in forty-one percent of the drug abusing drop-outs. There were 62.50 percent respondents who had suffered parental deprivation at or below the age of fifteen years. Two reasons with significantly higher percentage of respondents were incompatibility and father's heavy drinking habits. With parental deprivation occurring early in life for most of them, this was considered a significant factor in the subjects' drug use behaviour and dropping out from the educational mainstream. A significantly higher percentage of subjects from broken homes were living with their mother.
- There was no significant trend in the age composition of the subjects as separation and divorce of parents occurred at all age groups.

- A significantly higher percentage of the fathers of drug abusing drop-outs were found to have only school level education. Mothers were comparatively even less educationally qualified than the fathers, 94.49 percent of them being educated up to different levels of school education only.
- The home environment of the drug abusing drop-outs was generally not conducive to the wholesome development of the adolescents. The family members of the drug abusing drop-outs were found indulging in drinking (54.49 percent), smoking (86.90 percent), taking drugs (10.34 percent) in addition to father's long absence from home (16.55 percent) and drunken bouts of violence at home (21.38 percent).
- There were significantly higher, 54.48, percent parents who were lenient to their drug abusing children thus overlooking their faults and misdoings. However, 20.69 percent of parents were reported to be harsh. Lack of concern and personal care was revealed by 24.83 percent parents by being indifferent to their children.
- Keeping in mind the family structure among Mizos, 57.93 percent respondents who came from families with four to six family members were from the nuclear families. The drug abuse and dropping out behaviour was thus significantly more prevalent in nuclear and disjointed families than in large extended families.
- It was found that 26.81 percent of drug abusing drop-outs belonged to families which were regulated and controlled by neither father nor mother but by some other members in the family. A significantly higher percentage of families of drug abusing drop-outs where father wielded no authority due to absence or weakness was over fifty-one percent.
- A significantly higher 51.72 percent respondents feared the father most of all than other members of the family.
- Family discord characterized 68.97 percent of homes of the drug abusing drop-outs. Family members involved in fights and quarrels in such homes were mainly the siblings, the father and the mother.
- The phenomena of drug abusing and dropping out cut across all socio-economic classes. However, prevalence was found to be 82.76 percent among the Middle and Low-income groups.
- The dropping out behaviour among drug abusers was found highest (31.72 percent) at class X followed by 24.14 percent at Pre-University or Higher Secondary level. The levels below class X recorded lower incidence of dropping out due to drug abuse.

- While English ranked first as the liked subject of study, Mathematics was the top disliked subject. Science was at second rank among both liked and disliked subjects. Hindi was the third disliked subject. The most prominent reason given for dislike of these subjects by the respondents was difficulty in understanding the subject matter (49.58 percent).
- Although significantly higher 84.82 percent of the respondents had completed the second last session of studies which they attended, only 16.55 percent had passed in the last examination and 24.83 percent did not complete the final year. In tracing the events leading to educational disruption, it was found that the drug habit, developed at some stage of their studies for a very high percentage of the subjects, interfered in their studies leading to lowered academic performance and finally disrupting education.
- Participation in Games and Sports was the most liked activity for almost all the respondents.
- Punishments were reportedly received by 51.04 percent of the subjects during the period of education. Punishments frequently received included sitting or standing with raised hands, corporal punishments like beating, caning etc., detention, paying fines, pulling ears during sit-ups and kneeling with raised hands.
- Before they left the educational mainstream, certain persons in the educational institution such as a teacher, a classmate, a schoolmate or the Principal was often a focus of dislike and resentment for all the drug abusing drop-outs. Teachers or Principals were profiled as harsh, strict, dominant and unjust. They were described as scornful and bad-tempered. Classmates and schoolmates were disliked because of personal differences. These interpersonal conflicts could have acted as catalytic agents in the drug abuse and dropping out behaviour. There were 64.11 percent subjects who harboured feelings of animosity for the educational institution they were attending. Such subjects searched for escape from the routine of school or college life and drifted into the habit of drug use.
- Looking into their friendship patterns, it was found that almost Ninety eight percent of the drug abusing drop-outs were found moving in the company of some friends. A very insignificant two percent preferred having no friends. A significantly higher 69.65 percent drug abusing drop-outs obviously chose friends with whom they could identify themselves and pursue shared interests because drug abusing behaviour is largely a shared experience. Relaxation and listening to music was the top ranked activity enjoyed in the company

of friends. Moreover, the approximate number of hours spent daily with friends by the subjects indicated a high degree of peer association. Although significantly as high as 51.03 percent respondents spent three to four hours with their friends, there were another 20.69 percent of them who spent five to six hours with their friends. Involvement in gang activities was to the extent of hundred percent in the dropping out drug abusers. The highest 46.52 percent preferred gangs of 3 - 7 members. The types of activities pursued by the gangs such as drinking, taking drugs, smoking cigarettes, playing truant, etc. were not conducive to learning.

- Stressful experiences leaving deep mental, emotional and physical imprints were reported by fifty one percent of the drug abusing drop-outs. These included deaths in the family, initial drug use and the psychological and physiological trauma it caused. Parental conflict leading to divorce and remarriage of a parent, father's heavy drinking followed by bouts of violence and so on. Evidently, these experiences sowed the seeds of discontentment, fear, insecurity and frustration paving the way not only for drug use but eventual fall-out from the educational mainstream.
- Though all the drug abusing drop-outs were members of one or more social organisations, they did not participate actively in their activities. There were 82.28 percent of them who were members of Young Mizo Association (YMA).
- Almost seventy seven percent of subjects belonged to the Presbyterian Church because this is the dominant church in Mizoram. However, the subjects studied represented almost all churches and religious groups active in Mizoram. An insignificant 3.45 percent of drug abusing drop-outs did not belong to any church. A significantly very low 17.93 percent of the subjects participated in their church activities which indicated religious passivity and indifference. Only 2.76 percent reported regular church attendance and thus low religious affiliation was significantly related with the phenomena of drug abuse and dropping out.
- A significantly high 64.82 percent of drug abusing drop-outs felt most comfortable wearing casual clothes. The use of slangs in their everyday language usage was reported significantly by as high as 68.27 percent of them.
- It was evident that significantly more i.e. 52.42 percent subjects spent two to three hours on selected forms of entertainment and recreation like listening to music, watching television shows and video films, playing

video games, etc. The length of time reportedly spent on these activities could not have been complimentary to academic life.

- The subjects showed little inclination for serious reading. Though length of time normally spent on reading seemed protracted, the kind of reading materials selected were mainly light reading materials ranging from newspapers and comics to novels and magazines.
- A significantly high percentage (55.17) of drug abusing drop-outs liked outdoor games. Football, carrom and badminton were the three top ranking games liked by them.
- There was not much indication that physical ill-health had contributed to the phenomena of drug use and educational disruption. Reported frequent consultation in the preceding two years prior to dropping out were insignificantly 4.81 percent only. Though 26.20 percent respondents reported about hospitalisation in the preceding two years prior to dropping out, 52.63 percent of them had drug related illness. The ailments like headache or migraine, skin ailments, stomach problems and chest or lung problems were the top four ranked ailments common among the respondents.

An analysis of the drug use behaviour using the Drug data sheet led to reject the third null hypotheses and conclude that:

- There was clear indication of multiple drug use by the drop-outs. The kind of drugs most commonly abused such as proxyvon, nitrosun, corex, coscopin, phensedyl, etc. were mainly pharmacological drugs ordinarily used for medical purposes. The cough suppressants like corex and coscopin were the drugs first tried out by the highest number of subjects. Such pharmacological drugs were easily available in the open market but were hitherto banned by the State Government because of their widespread abuse. Other than these pharmacological drugs, cannabis (Ganja) was a common drug of abuse by the subjects.
- The drug intake of 97.93 percent subjects increased steadily after the initial intake with over sixty percent of them becoming Heavy users of drugs. Only a little over six percent remained Occasional drug users.
- Drugs were taken by more than seventy two percent subjects in the company of others because they provided the social climate and companionship desired by the subjects. Out of these, 99.04 percent subjects reported the friends as the persons with whom drugs were taken.

- Age at initiation into drugs was between 14 to 16 years (36.55 percent) followed by 16 to 18 years (29.66 percent) age-group. At these age-groups, normally the peer association increases. Thus, over eighty percent of the subjects found themselves introduced into drug usage by friends. Considerable peer influence was evident in the subjects' first experience with drugs as significantly high percent (85.51) reported that friends were the source of initiation into drugs.
- Among the varied reasons given for drug use by the drop-outs, curiosity (46.20 percent), peer pressure (17.24 percent) and taking drugs for mere thrill (13.80 percent) were prominent. ; However, the many stressful experiences which the subjects reported as having deep emotional, mental and moral impact on their lives suggest that these indicated reasons were simply the more immediate causative factors wich pulled the majority of them into the drug circle. Evidently, the deep-seated psychological afflictions experienced in the earlier part of their lives may have made the subjects susceptible to drugs and were thus more easily drawn into the net of drug use and abuse.
- As high as 86.90 percent of drug abusing drop-outs were taking drugs by intravenous means and 75.17 percent reported their oral use. Smoking and sniffing were the other but less common modes of drug use. Proxyvon, the most abused drug, was diluted with water and injected into the veins.
- It was evident that the subjects resorted to various desperate measures to acquire money for buying drugs. The means commonly adopted other than the use of pocket money (40.00 percent) were stealing, extortion and selling personal or family possessions.
- A significantly high, 89.97 percent, of the drug abusing drop-outs expressed their genuine desire to give up drugs and resume normal life. Only about eleven percent stated their intentions to continue using drugs because giving up drugs was psychologically and physiologically painful for them.

In connection with the fourth hypothesis that there is no statistically significant difference between the Hard core and Casual drug abusers on psychological factors, the following conclusions were drawn:

- Though all three groups of drug abusing drop-outs i.e. Heavy abusers, Moderate abusers and Occasional abusers were found generally having reserved personality, the Occasional abusers of drugs were comparatively more reserved than the other groups.

- It was found that greater the use of drugs, lesser was the level of intelligence. The intelligence level of drop-outs with heavy drug intake was below average.
- The drop-outs of various drug intake level were all found average on the personality variables of Emotional stability and Excitability.
- Heavy drug abusers had submissive personality whereas Moderate abusers and Occasional abusers were average on this personality factor.
- All the three groups of drug abusers were found having serious and sober personality. However, the drop-outs with moderate drugs usage were found most serious and taciturn while Occasional abusers were less serious. The Heavy abusers were the least sober and serious.
- Among the three groups of drug abusing drop-outs, the Moderate abusers were found having weak super ego-strength whereas the Heavy abusers and Occasional abusers were average on this variable of personality.
- The Occasional drug abusers had a more venturesome and uninhibited personality while the Moderate abusers and Heavy abusers of drugs were less bold and venturesome.
- Comparatively, the Occasional drug abusers were more dependent and sensitive than the Moderate abusers and Heavy abusers of drugs.
- The Occasional drug abusers were found to be individualistic and internally restrained while Moderate abusers and Heavy abusers were average on this variable of personality.
- The Occasional drug abusers had very worrying and depressive personality which was found at a lesser degree in Heavy and Moderate abusers of drugs.
- The Heavy abusers and Moderate abusers had less undisciplined conflict than the Occasional drug abusers.
- Among the three groups of drugs abusers, the Moderate abusers were found least frustrated followed by Heavy abusers while the Occasional abusers experienced more tension and frustration.

Partially rejecting the null hypothesis that there will be no statistically significant difference between the male and female drug abusing drop-outs, the conclusions made were as follows:

- Drug abuse and dropping out phenomena occurred at higher age level for females than for males. Most female drug abusing drop-outs taken up for the study were in the age-group of 16 - 18 years whereas 7.75

percent male drug users were found significantly below this age-group. The differences however were not statistically significant.

- Mother's educational status was found to be significantly lower for male drug abusing drop-outs than for dropped out females abusing drugs.
- In the retrospective study of the educational career of drug abusing drop-outs, more than half of both sexes of the subjects had failed in the second last academic session they attended before dropping out. However, a significantly higher percentage of male than female subjects did not complete the session while a significantly higher percentage of drug abusing females had passed it.
- A significantly higher percentage of female drug abusers were spending more time on reading than male subjects.
- On the various ways and means resorted to by the drug abusing drop-outs for acquiring money to buy drugs, males and females differed significantly. Males were found more open to dishonest and immoral ways like stealing, lying, selling personal and family possessions, etc. Females were found resorting to less notorious methods like extorting money from family members, making contribution with friends and using pocket-money.

The differences between the drug abusing drop-outs of the two sexes in terms of habitat, parental deprivation, educational status of father, parental treatment, family income, types of punishment received, peer associations, stressful experiences, social and religious involvement, types of entertainment, physical health, types of drugs abused were not statistically significant.

On the basis of the null-hypothesis formed on the extent of differences on various social dimensions of drug abusing drop-outs of different educational level, it was concluded that:

- The drug abusers who dropped out after matriculation or above were generally found to come from homes which were significantly less congested and provided more living space.
- It was also found that the educational level of the fathers of drug abusers who left their studies later was significantly higher than those who left their studies earlier. The mothers of those drug abusing drop-outs who studied beyond matriculation were significantly more educated than those who left their studies before completing high school.

- A significantly higher percentage of drug abusing drop-outs from high income group had above matric education compared to those from low income group. Amongst those drug abusers who left their education before completing high school, a significantly higher percentage was from the low-income group than those from the high - income group.
- It was evident that a significantly higher percentage of drug abusers who continued their studies after high school received less punishment than those who stopped their education earlier.
- Drug abusers who left their education before completing high school were found having a significantly stronger dislike for class-mates or schoolmates, teachers or principal than those subjects who continued studying after high school. The percentage of those who disliked their educational institutions was significantly higher for those who left education before matriculation.
- On assessing the effects of stressful experiences on educational levels, a statistically significant number of drug abusers who left their education before high school felt that stressful experiences affected them psychologically, educationally as well as in their inter-personal relationships. Those who continued studying after high school were less affected by stressful experiences.
- With regard to social involvement, those drug abusers who left the educational mainstream early had significantly higher involvement in social activities than those who left at a later stage.
- It was found that the educational level of subjects had significant relationship with the type of drugs abused. For those who had not passed matric, proxyvon abuse was significantly higher than those who were above matric. Evidently, the subjects belonging to the higher educational level were experimenting with other drugs.
- In ascertaining the association between different educational levels and age at initiation into drugs, it was found that those who were initiated into drugs earlier were the ones who left their studies significantly before completing high school.
- Significant difference was discernable for different educational level of drug abusers on the various ways and means resorted to for acquiring money to buy drugs. The incidence of stealing and resorting to other dishonest means, extracting money from family members, etc. was higher among the drug abusers who

continued after matric whereas the habit of selling personal and family possessions was significantly higher among those who left their education earlier.

On other variables like age-characteristics, rural - urban birth and upbringing, quality of housing, educational performance, peer association, religious affiliation, forms of entertainment, physical health, frequency of drug intake, motivation for using drugs and to giving up drugs, the differences between the two educational levels were not found statistically significant.

A comparison was made on the personality dimensions of drugs abusing drop-outs after dividing them into groups formed on social variables studied. The following conclusions were made about them:

- The male drug abusing drop-outs had a significantly higher mean score than their female counterpart which showed that they were comparatively less obedient and less conforming.
- Drug abusers who had dropped out and belonged to medium size family were significantly less sober and serious that drug abusers belonging to large-size family.
- On the personality variable of Submissive - Dominance, the drug abusing drop-outs coming from small size family were significantly more assertive, independent, aggressive and stubborn than those coming from large-size family.
- The drug abusing drop-outs having divorced parents were found to be significantly more doubting, obstructive, individualistic, internally restrained and unwilling to act as compared with drop-outs having deceased parents.
- The drug abusing drop-outs having deceased parents were found significantly emotionally less stable, affected by feelings and easily upset than drug abusers with normal parents.
- The subjects belonging to the high income group were significantly less shy and restrained than those coming from the middle income group.
- The subjects having illiterate fathers were significantly more excitable, impatient, demanding and over-active than those having school-educated fathers, whereas the drug abusing drop-outs having school educated fathers were significantly more sober and serious than those with illiterate fathers.
- The drug abusing drop-outs with illiterate fathers were comparatively emotionally less stable, easily upset, and affected by feelings than the subjects having under graduate fathers. The former group were also found

having significantly more undisciplined self-conflict, following their own urges and being careless of protocol than the latter group.

- Drug abusers dropping out from school with school educated fathers were found less intelligent than those having under graduate fathers. The first group of subjects were also more inactive than the second group of subjects. Those with school educated fathers were also more sober, prudent and serious than subjects with under graduate fathers.
- Drug abusing drop-outs with school educated fathers were significantly found more inactive and stodgy than those with graduate and above educated fathers. The first group were also more serious, sober and prudent than the second group.
- In a comparison between subjects having under graduate and above educated fathers, the latter were found significantly less intelligent than the former group. The latter group were also significantly more emotionally stable, calm and able to face reality than the former group of subjects.
- On the variable of ego-strength, drug abusing drop-outs with illiterate mothers were found to be significantly more evaders of rules and feeling fewer obligations than drug abusing drop-outs with school educated mothers. At the same time, subjects with school educated mothers were more tough-minded, self-reliant and realistic than the subjects with illiterate mothers. A greater degree of feeling to follow own urges and being careless of protocol was found among subjects with illiterate mothers.
- Subjects whose mothers were illiterate were significantly more reserved, detached and cool than those whose mothers were graduates and above. The former group were also found more prudent, serious and sober than the latter group.
- The drug abusing drop-outs with illiterate mothers were comparatively less self-reliant and realistic than those with under graduate mothers.
- The lower mean score obtained by drug abusing drop-outs having under graduate mothers indicated that they had significantly higher feeling to follow their own urges and were careless of protocol than the drug abusing drop-outs having school educated mothers.
- The drug abusing drop-outs having school educated mothers were significantly more sober, and serious than those having mothers who were graduates and above.

- In a comparison between subjects with under-graduate mothers and graduate and above mothers, the former were more apprehensive, worrying, depressive and troubled than the latter group.

In the test of significance of differences for different social dimensions of drug abusing drop-outs, no significant difference was found on any personality factor between drug abusers of different educational status; of those belonging to medium-size family and small-size family; of subjects having divorced parents and normal parents; of those from low income group and high-income group families; and of those having illiterate fathers and those with graduate and above educated fathers.

Analysis was made of the drug abuse and drop-out phenomena in relation to parental awareness and perception of the problem and the following conclusions were made:

- More than half of the drug abusing drop-outs (56.55 percent) in the sample were found belonging to families having two to four children which is a normal feature of Mizo families. However, over seventy five percent of them were either first born or middle born.
- Parents' perception of the reasons for their child dropping out from the academic mainstream was not substantiated by the child's reported reasons for leaving studies before completion. This showed an imbalance of parent-child relationship. Moreover, 44.83 percent of parents were not even able to objectively assess their child's positive or negative qualities. Such lack of familiarity with one's child probably reflects the deteriorating familial relationship formerly characterized by warmth, affection and communicativeness.
- A high percentage of 73.10 percent parents had detected their child's drug usage only after six months to two year after the habit had developed. This also showed parental ignorance and apathy. Symptoms of the child's drug usage became visible to 50.03 percent parents only after significant changes in behaviour and activities had appeared. Another 23.45 percent parents noticed signs of drug use by noticing needle marks, blood stains and changes in the personal appearance of the subjects. The close friends and neighbours of 18.62 percent drug abusers had reported about it to their parents.
- Parents were fond resorting to various desperate measures to stop their child's drug habits. 93.10 percent parents used non-violent disciplinary measures to check the drug habits of their ward. Though most of those measures were taken up by the parents with the best of intentions, it was disappointing to find that just one parent took keen and personal care of the drug abusing child and tried to develop new interests in the

VI.2 PROBLEMS OF DE-ADDICTION AND REHABILITATION CENTRES

With regard to the functioning of the de-addiction and rehabilitation centres in Mizoram, it could be concluded that the existing de-addiction and rehabilitation centres are beset with problems of various kinds which have hampered their effective functioning. From a first-hand observation and information elicited through the Information blank, the prominent problems reported included the following:

i. Shortage of Staff : Almost all the centres were found under staffed. Absence of trained and dedicated personnel, particularly at the higher level, was a prominent problem faced in all the centres.

ii. Financial Hardships : Financial shortage was a grinding problem in all centres. The staff in most centres except those maintained by the State government, were given nominal pay. Looking after drug addicts required long hours of dedicated service. With the meagre pay being offered and with much zeal absent in most workers, permanency of staff could not be maintained.

iii. Transport and Communication Problems : The existing de-addiction and rehabilitation centres were located in isolated areas far from the crowded places of habitation. The approach roads to these centres were mostly kutcha roads where access became extremely difficult especially during the rainy season. The more fortunate centres, owned at best, one vehicle which was often not available for use as complained by the staff. Most centres did not have telephone links. The few who did have could not make proper utilisation due to constant inoperability of telephone lines.

iv. Difficulty in Adjustment : Some centres occupied rented buildings which were far from ideal. They were not suitably located or built for the purpose. Most of the inmates who entered the centres to receive treatment had to do with unaccustomed and uncomfortable living conditions which built up resentment and animosity towards the place and people. Such discomforts were tolerated for as little time as possible. Inmates running away from the centres before completing their treatment was a common phenomenon.

v. Public and Governmental Apathy and Lack of Concern : Some centres complained that the State government as well as the public were not sufficiently motivated in drug prevention and rehabilitation programmes. Apathy and lack of concern showed by them was a limitative factor. Even parents often did not co-operate with their child's drug treatment programmes which reduced the chance of permanent or even temporary cure.

vi. Inadequacy of Rehabilitation Programmes : The type and nature of rehabilitation programmes available determines to a large extent the recovery of the addict — emotionally, psychologically, physically and socially because the aim of rehabilitation is to free the addict from the influence of drugs and enable him to resume normal life in society. The main problem faced by the centres in the rehabilitation process was the absence of dedicated volunteers and competent and qualified persons to impart the required skills, knowledge, training and values to the addicts. Most programmes were taken up half-heartedly and then abandoned before they could have the desired effects. The daily routine set for the inmates was not well-planned and they were left much to their own devices. The addicts required personal care and attention which most centres failed to provide. Warm and friendly inter-personal relationships were not built up which is essential in curing a drug patient. Moreover, the programmes provided were not suitably diversified to cater to differing needs and interests.

vii. Lack of Recreational Facilities : Gradual involvement of a recovering addict in some recreational activities will not only prevent relapse but also help personality development leading to full recovery. All the centres were inadequately equipped with the required facilities. Advanced audio - visual equipments and entertainment media were absent in most centres. The common-place items invariably found in all centres were television sets, tape-recorders, radios, guitars and local drums. The indoor recreations available at all centres were the usual carrom board, chinese checkers and draugh board. Five centres possessed table tennis equipment. Facilities for playing football, volley ball and basket ball were available in most centres. Few book shelves were maintained by some centres containing books which were neither appealing nor appropriate for the inmates.

viii. Absence of Family Counselling Sessions : Family Counselling sessions are an extremely essential part of a treatment process because the drug abusive behaviour is often the projection of the internal conflict within the family. Family mal-adjustments stood out as one factor responsible for drug abuse. There seemed to be a direct relationship between proneness to addiction and disturbances in normal family relationships. Once the addict entered the de-addiction centres, he became isolated from the family except for the occasional visits of family members permissible. Thenceforth, the entire process of treatment and recovery was considered the sole responsibility of the centres. Thus, the centres did not provide any family counselling sessions.

VI.3 SUGGESTIONS FOR TREATMENT AND PREVENTION OF DRUG ABUSE

The suggestions for treatment and prevention of drug abuse have been given below under different headings.

i. PREVENTION AND TREATMENT AT FAMILY LEVEL. The present study found a direct relationship between proneness to addiction and mal-adjustments and disturbances in normal family relationships. This substantiated the findings of Blum and associates (1970) and Streit (1973). Many abusers of drugs who had dropped out of studies hailed from families characterized by mal-adjustment, conflicts and low communicativeness. Youngsters belonging to such families sought refuge in drugs. Thus it is the prime duty and responsibility of the parents to help teenagers avoid drugs. Many parents were often lost in their role of a strict disciplinarian aimed at streamlining their children. They forget to communicate their feelings of love and affection. They forget to communicate their feelings of love and affection. Parental expression of love and concern is very important. Regular communication will provide much needed companionship to the child which they would otherwise seek outside the home. Parents must devote time to their children and learn to do things together. The quality of time spent with one's child matters, not the quantity. Parental warmth must also extend to the child's friends and playmates.

Children never learn what parents preach to them, rather they take up only those roles which they see in their own parents. Parenting and role of modelling are being perceived as important factors in initiation of drinking and drug taking behaviour. Parents must make their expectations clear so that there is no confusion as to what parents want out of the child. Parents should educate their children about the ill-effects of drugs and addiction.

In the treatment of addicts, it is believed that family involvement can reduce substance abuse percusors and early signs of abuse. The role of the family in the treatment for addiction is being increasingly recognised. In the Mizo society, where the orientation and emotional attachment to the family is relatively strong, the role of the family in treatment takes on increasing importance and could be an influential factor. Family members should understand that sustained sobriety largely depends upon the atmosphere at home - their concern, understanding and supportive attitude. Faulty attitudes adopted by family members have unwittingly led to worsening of the problem.

Understandably, it is difficult putting up with an addict. Family members particularly parents tend to over-react and become distressed and perplexed. It is to these ends that family counselling becomes extremely important. Counsellors, Psychologists or Social workers in the field should involve parents along with patients in counselling and therapy sessions. Separate sessions may also be arranged for parents to acquaint them with the problem, the methods to overcome them and their management. Family therapies have become very popular in Europe and other developed societies. In family therapy, the entire family is treated as "a client." The aim is to redefine the role of each family member and help each of them focus on self by looking at their own behaviour and feelings such as guilt, hatred, fear, hurt, self-pity and neglect of responsibilities. Such therapies could be extremely beneficial if administered with great care.

ii. DRUG EDUCATION. Drug abuse prevention education has become extremely essential as one of the strategies of drug control. In this connection, a distinction needs to be drawn between drug information and drug education. According to a UNESCO Study (1982), "Drug information is a form of communication which simply imparts factual knowledge or transmits cognitive learning. It is a fairly limited process in which the main elements are usually information concerning drugs themselves and their harmful effects upon people along with instructions regarding specific drug control, legislation and other forms of social control. Drug education on the other hand is a broad range of concerted activities relating to teaching and learning situation and experience which attempts to maximise opportunities for the intellectual, emotional, sociological and physiological development of young people." Information is a one-way activity, education involves a two-way communication.

The aim of drug education would be to re-inforce abstinent individuals in their existing behaviour, to motivate the casual or recreational drug abusers to become abstinent and to persuade the drug addicts to go in for treatment. All myths glorifying the use of drugs should be exploded by wide dissemination of current scientific knowledge through educational programmes. The shattering effects of drugs on human mind and body, their capacity to damage the addicts' lungs, kidneys, spine, muscles, ears, eyes, teeth, gums, throat and even making them impotent should be accurately highlighted through appropriate educational strategies. The fact that drugs destroy human motivation and will-power, generates fear, anxiety, insecurity and inadequacy should all be explicitly transmitted to the youths through educational programmes. The factors should be attributed such that adoles-

cent values are peer approved activities, e.g. physical health, stamina, intellectual competence, honesty, independence, self-assertion and self-regulation. While imparting education about drugs, care would have to be taken to avoid generation of curiousity by detailed descriptions of "euphoria" or the "high" produced by drug intake.

Schools and Colleges must have explicit policies discouraging drug use and drug dealing and the dire consequences thereof. Factually correct information regarding the legal consequences of drug abuse and drug trafficking should be provided. The aim should be to influence attitudes so that drug abuse is less attractive, to increase the ability of individuals to resist pressure to abuse drugs, to promote a healthy drug free life-style and provide positive alternatives consistent with the social values of the community.

For implementing drug education programmes, poster slides and documentaries may be developed in collaboration with media personnel. Talk from ex-addicts can prove effective. The anti-drug awareness can be disseminated through the media of songs and other cultural activities, distribution of simple printed anti-drug literature in schools and colleges, anti-narcotic student camps, debates, discussions, dramas, essay-writing competitions, hoardings, posters and banners for rallies, walkathons, etc. The educational institutions should associate themselves and work in close co-operation with social and voluntary organisations. Maximum recreational facilities and intellectual exercise must be provided in educational institutions to prevent boredom, monotony and frustration.

With the epidemic spreading so wildly among the student community, positive steps will have to be taken by every educational institution against drug abuse. At least one teacher should be given proper training in guidance and counselling. Early detection is important. In this regard, a variety of training techniques such as workshops, discussions, role-playing, decision making and problem-solving exercises and other allied activities should be stressed.

High academic attainment should cease to be the dominant value in the educational institutions. Personal development and the quality of contribution and participation within the life of the school community should be enhanced. This will give the students a chance to find a role, and an identity that is self-enhancing rather than self-depleting. Most of all, closer communication between school and home and establishment of stronger parent-teacher relationship is essential to fight the drug menace.

iii. MASS MEDIA. Hanneman (1973) found that non-users of drugs identify the mass media as one of their most important sources of information about drugs. Advertising of cigarettes, alcohol and proprietory drugs may be responsible for more adolescent exposure to drug use than all the entertainment news programming combined. The predominant message of such advertisements is that use of recreational drugs is not only acceptable but is even desirable. The drug content is evident in all forms of entertainment media, including television, radio, magazines, etc. particularly those preferred by adolescents. Little concern is given to their effects on young people. Television is the prominent mass medium among adolescents. Most children spend more time watching television than he or she will spend at any other single activity. All this time spent watching television undoubtedly provides adolescents with many learning opportunities.

The belief that mass media can influence adolescent drug use raises the important issue of devising effective counter measures. Hence the need for prevention programming which should a) provide ways of resisting media influences, and b) make positive use of mass media for prevention. It is believed that shared viewing and directed interaction with adolescents about what they view can affect the influence of a programme dramatically. Parents and teachers must be aware of the media environment and effectively "counter educate" adolescent viewers by offering superior alternatives.

The use of mass media for drug prevention must go through three stages to influence behaviour: i) create an appropriate cognitive structure, ii) create an appropriate motivational structure and iii) create an appropriate action structure, i.e. from providing facts about drugs, to arousing fear of drugs and then to alternating action structures. Consistent messages should be relayed by the media in a balanced approach for positive prevention.

iv. REHABILITATION OF ADDICTS. The two objectives of rehabilitation are a) to modify the attitude, values, behaviour and skills of former drug dependent persons so as to encourage their transition to, and maintenance of a drug free life and b) to provide social supports needed to reinstate these individuals in the community in roles they find more satisfying and with which they could function with greater self-assurance.

The facilities currently available in Mizoram for the rehabilitation of addicts are very limited. The programmes offered suffer from a variety of ailments. The type of rehabilitation provided will depend on the extent of

drug abuse, the personality of the abuser, the cause of the drug habit, the type of assistance required to effectively deal with it.

Rehabilitation is not a short term process. It may take as long as two years or much more and requires skill, patience and dedication. The daily time-table in de-addiction centres should be designed to keep each person occupied throughout the day with a variety of activities including manual work, games, spiritual activity and self-assessment cum discussion sessions. The 'Therapy' as such should be process of living in community, building up self-confidence, learning to establish healthy relationships with others and learning to take on responsibility.

Community sharing sessions should be encouraged where each addict is encouraged to share his feelings and express difficulties and tensions. Outside experts such as Psychologists, Spiritual guides/leaders, etc. should be regularly invited to such sessions to supplement the skills of the resident ial staff.

There should be a strong emphasis on developing one's spiritual life within the individual's own religious tradition. Meditative prayers and other spiritual exercises should form part of the rehabilitation programme. In addition to strengthening moral values, spiritual guidance will lead to deeper commitment to and practice of religions. Such a foundation equips the person not only for life in society but also to withstand the evil menace of drugs.

Professional counselling should be provided throughout the rehabilitation process. Various supporting services should function and guidance offered to parents, family members, teachers and others directly involved with the abuser.

Treatment and rehabilitation of addicts has to be based on the realisation that drug addiction is a multi faceted and multi factorial problem and has to be tackled in all its psychological, sociological and medical dimensions. It has to be treated in the totality of the life situations of the addict. And since the problem is largely the offshoot of the social environment that influences the individual, its prevention and control has to be conceived in the wider social framework bringing within its ambit all the aspects interwoven in it. Drug abuse is a form of deviance which cannot be treated in isolation from other forms of deviance and any attempt to create a special machinery for the control of drug abuse will be counter-productive.

Massive rededication of individual societies will be necessary to correct the complex socio-psychological roots of drug use and abuse and only such emphasis on the roots has any chance of success.

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APPENDIX I

CASE STUDY SCHEDULE

1. Name : _____

2. Sex : _____

3. Age : _____

4. Occupation, if any : _____

5. Father's name : _____

6. Mother's name : _____

7. Place/Village where born : _____

8. (a) Present place of residence : _____
   (b) Duration of stay at present residence : _____
   (c) Tick whether present house is owned or rented : _____

9. (a) Number of households living in the same building : _____
   (b) Number of rooms in your house : _____

10. Please tick mark the type of your house from the following :
    i. Thatched house
    ii. Assam Type
    iii. Cement concrete

11. (a) Are you dissatisfied with your accomodation? Yes/No
    (b) If yes, state the reason for dissatisfaction (in brief)
    _____
    _____

12. (a) Do you want to move to another area? Yes/No
    (b) If yes, where would you like to move?
    _____
    _____

13. (a) Are both your parents still living? Yes/No
    (b) If no, which parent is dead? Father/Mother/Both
    (c) How old were you when he/she died? _____ years.
    (d) If both parents are dead, who is your guardian?
    (Please state your relationship) _____

14. (a) Are your parents separated? Yes/No
    (b) If yes, why did they separate? _____
    With whom are you staying? (State your relationship) _____
    (c) How old were you when they separated? _____ years.
    (d) Please tick mark whether you have a : Stepfather/Stepmother/ None.
    (e) Do you get along with him/her? Yes/No.
    (f) If no, please state the reasons of dislike (in brief)
    _____

15. In the given table, please write the educational qualification and occupation of your Father/Mother/Guardian.

Sl. No.	Relation	Educational qualification	Occupation
1	Father		
2	Mother		
3	Guardian		

16. Tick mark against the activities indulged by your father/mother/Guardian/ Brother or Sister in the table below

Sl. No.	Activities	Father	Mother	Gaurdian	Brother/Sister
1	Drinking				
2	Gambling				
3	Smoking				
4	Taking drugs				
5	Illicit relationship				
6	Long absence from Home				
7	Violent and destructive behaviour				

17. From the following, show by tick mark your assessement of the treatment given to you by your parent/guardian.
    i. Harsh
    ii. Lenient
    iii. Indifferent

18. Number of family members in your house : _____

19. State in terms of relationship:
    (a) Who holds the most authority in your family? : _____
    (b) Whom do you fear most in the family? : _____
    Show by tick mark the level of your fear for him/her :
    (i) Fear so much that you never confide in him/her.
    (ii) Fear him/her but you sometimes make him/her know your feelings.
    (iii) Fear him/her but you always let him/her know how you feel.

20. (a) Is there any member in your family whom you particularly dislike? Yes/No.
    (b) If yes, state your relationship with him/her : _____
    (c) Is there any member in your family whom you particularly like? Yes/No.
    (d) If yes, state your relationship with him/her : _____

21. (a) How ofter do quarrels and fights break out in your family(Please tick mark).
        i. Frequently
        ii. Occasionally
        iii. Never
    (b) Who are the family members usually involved in such fights and quarrels? Please tick mark.
        i. Mother
        ii. Father
        iii. Brother
        iv. Sister
        v. Others in the family.

22. Who are the earning members in your family. Please tick mark.
    i. Father
    ii. Mother
    iii. Brother
    iv. Sister
    v. Self
    vi. Others (Please specify) : _____

23. Other sources of income : (Please tick mark).
    i. Land
    ii. House Rent
    iii. Others

24. Total monthly income of the family : _____

25. (a) At what stage/year of School/College did you stop your education? _____
    (b) How old were you when you left School/College? _____ years.
    (c) What was the name of the School/College you last attended?
    _____

26. (a) In the given table, please give details of the last two years of School/ College you attended.

Year	Class	Subjects liked	Whether passed or failed	Percentage obtained approximately

(b) Give reason briefly for subjects disliked ? _____

27. Which of the following activities were you interested in when you were in School/College?
    i. Games and Sports
    ii. Craftwork
    iii. Singing
    iv. Recitation
    v. Debates and Quiz
    vi. Others (Please Name) _____

28. (a) How often were you punished in School/College? (Please tick mark).
        i. Very often
        ii. Occasionally
        iii. Rarely
        iv. Never
    (b) Give the names of the type of punishments you received in School/ College.
        i. _____
        ii. _____
        iii. _____
        iv. _____
        v. _____

29. (a) Was there any one in School/College you particularly disliked? Yes/No.
    (b) If yes, please tick which of the ones given below:
        i. a classmate
        ii. a pupil from another class
        iii. a teacher/teachers
        iv. Principal
        v. Office staff
        vi. a School/College employee
        vii. Any other (Please specify) : _____
    c) Please state the reason why you disliked the person.
        _____

30. Please indicate by tick mark how often you violated School/College rules and regulations.
    i. Very often
    ii. Occasionally
    iii. Rarely
    iv. Never

31. Which of these habits did you practice in School/College? (Please tick mark).
    i. Bullying
    ii. Lying

iii. Stealing
iv. Playing truant from School
v. Cheating
vi. Physically assaulting others/violent behaviour
vii. Failure to do homework/assignments
viii. Playing practical jokes on others
ix. Causing disturbance in Class
x. Harassing the teacher/teachers
xi. Destroying School property

32. (a) Did you enjoy life in School/College? Yes/No
(b) If no, state the reason why _____

33. Please indicate by tick mark your choice of friends in School/College.
i. A few selected friends
ii. One or two close friends
iii. No friends

34. On which of these basis did you select friends in School/College? (Please tick mark).
i. Mutual affection
ii. Common activities
iii. Shared interests
iv. Living in close neighbourhoods
v. Same socio-economic status
vi. Mere convenience
vii. No reason in particular

35. From the following, please tick the activity you most commonly indulged in with your friends in your spare time:
i. Visiting each other
ii. Studying together and exchanging notes
iii. Loitering around town
iv. Listening to music
v. Pursuing shared interests/hobbies
vi. Moving around with the opposite sex
vii. Playing Games

36. How many hours did you spend daily with your friend/friends outside School/ College hours? (Please tick mark).
i. 5/6 hours
ii. 3/4 hours
iii. 1/2 hours
iv. half an hour or less
v. None

37. Please show by tick mark whether the friends you associated with in your School/College were:
    i. From lower class
    ii. Your own classmates
    iii. From higher class
    iv. From other Schools/Colleges
    v. From the same School/Colleges
    vi. School drop-outs
    vii. Educated adults
    viii. Uneducated adults

38. (a) In School/College, did you belong to any gang or group? Yes/No
    (b) If yes, how many members did your gang consists of? _____
    (c) What activities did your gang indulged in? (Write the names of activities)
        i. _____
        ii. _____
        iii. _____
    (d) What were the requirements and conditions for becoming a member of thegang? (Give a brief summary).
        i. _____
        ii. _____
        iii. _____
        iv. _____

39. (a) Have you had any bad or stressful experience/experiences in your life so far which you cannot forget? Yes/No
    (b) If yes, what were they? (Write briefly).
        i. _____
        ii. _____
        iii. _____
    (c) Tick mark from the following the persons involved in these experiences

i.	Father	ii.	Step father
iii.	Mother	iv.	Step mother
v.	Brother	vi.	Step brother
vii.	Sister	viii.	Step sister
ix.	Friends	x.	School authorities

    xi. Other relatives living in the same house
    xii. Others (Please specify) _____
    (d) How badly did the experiences affect you? (Write briefly how you felt after that) _____
    (e) Please mention briefly the enjoyable experiences in your life that you would like to go through again.
        i. _____
        ii. _____
        iii. _____

(f) Write in terms of relationship those persons involved in such enjoyable experiences:

i. _____

ii. _____

iii. _____

40. (a) Please tick the organisation or association of which you are a member.

i. Y.M.A.

ii. K.T.P./T.K.P.

iii. M.H.I.P.

iv. Sports Club

v. Other social or voluntary organisations

(b) What type of work do you do in these organisations?

i. _____

ii. _____

iii. _____

41. (a) To which Church/denomination/religious organisation do you belong?

_____

(b) Do you participate in Church activities? Yes/No

(c) If yes, what type of activities do you participate in?
Write briefly _____

(d) Please show by tick mark whether you attend Church services:

i. regularly

ii. occasionally

iii. Never

42. (a) What type of clothes do you feel most comfortable in?

_____

(b) Are the clothes that you wear daily affected by:

i. the choice of your parents/family members

ii. your personal choice

iii. the styles followed by friends

43. In your language usage, do you .....(tick mark)

i. use a lot of slang languages

ii. resort to slangs now and then

iii. speak politely and decently

44. (a) Among the items given, tick mark the forms of entertainment you mostly indulged in.

i. Television

ii. Video films

iii. Video games

iv. Tape Recorders/Music systems

v. Radio

vi. Musical Instruments
vii. Any other (Please specify) _____

(b) How much time do you normally spend on such type of entertainments? Tick mark.
i. More than 4 hours daily
ii. between 2 to 3 hours daily
iii. one hour or less daily
iv. only sometimes in a week

45. (a) Please show by tick mark the type of reading materials you keep at home:
i. Novels and fictions
ii. Magazines
iii. Journals
iv. Newspapers
v. Comic books
vi. Dictionaries and Encyclopedias
vii. Literary books
viii. Romantic materials
ix. Pornography
x. Others (Please specify) _____

(b) How many hours do you spend daily for reading? Tick mark.
i. 5/6 hours
ii. 3/4 hours
iii. 1/2 hours
iv. half an hour or less
v. not on a daily basis

46. (a) Please indicate your preffered forms of games/sports (Please tick mark). Indoor/Outdoor

(b) Among those given below tick mark the games/sports you usually indulged in:
i. Chess/Ludo, Chinese Checker, draugh, etc.
ii. Carrom board
iii. Badminton, table tennis
iv. Football, hockey, cricket
v. Trekking, hiking
vi. Others (Please specify) _____

(c) With whom (Among those given below) do you indulge in such games/ sports?
i. Parents
ii. Brothers
iii. Sisters
iv. Other family members
v. Close friends
vi. Neighbours
vii. Whoever is willing or available

47. (a) How often have you consulted a Medical Doctor in the last two years (Tick Mark).
    i. Very often
    ii. Occasionally
    iii. Rarely
    iv. Never

    (b) Have you been admitted to a Medical Hospital in the last two years? Yes/No

    (c) If yes, please give the reason for hospitalisation?
    i. _____
    ii. _____
    iii. _____

48. (a) Do you have any specific disability or deformity? Yes/No

    (b) If yes, name the specific disability/disabilities or deformity/deformities
    i. _____
    ii. _____
    iii. _____

49. Please indicate by tick mark if you have any of the following health problems:
    i. High blood pressure
    ii. Low blood pressure
    iii. Heart ailments
    iv. Chest problems
    v. Indigestion and other ailments
    vi. Chronic dysentry
    vii. Recurring malaria
    viii. Skin ailments
    ix. Others (Please specify) _____

APPENDIX - II

DRUG DATA SHEET

Code No : _____

1. Please write the names of the drugs that you have taken:
   a) _____
   b) _____
   c) _____

2. Which drug did you first experiment with? _____

3. How often did you use it at the initial stage?
   a) Frequently
   b) Occasionally
   c) Rarely

4. Did the frequency of your drug intake increase or decrease? (Please tick mark)
   Increased/Decreased

5. From the following, please show by tick mark the increase in frequency of your drug intake:
   a) Several times a day
   b) Everyday
   c) Some days in a week
   d) On weekends
   e) Once or twice in a fortnight
   f) Others (please specify)

6. How old were you when you first started using drugs? _____ years.

7. Why did you start using it? _____

8. Who introduced you to drugs? (State relationship with person) _____

9. How do you get the drug into your body? (Please tick mark)
   a) Oral
   b) Intravenous
   c) Sniffing
   d) Smoking

10. a) Are you usually alone or with others when you use it? Alone/with others
    b) If used with others, who were the others present? (State relationship)
       i. _____
       ii. _____
       iii. _____

11. From whom do you get your requirement of drugs?

    _____

12. How do you meet the expenses for your drug requirements?

    _____

13. a) Do you still use it? Yes/No
    b) If no, what difficulties did you have in stopping your drugs habits?

       _____

    c) Will you use it in future? Yes/No
    d) If yes, why do you intend to continue using it?

       _____

APPENDIX III

Jr. - Sr.

FORM A

1968 Edition

WHAT TO DO: You have a Booklet and an Answer Sheet. Write your name, age, etc., on the Answer Sheet where it tells you to.

The Booklet before you has in it questions about your interests and your likes and dislikes. Although you are to read the questions in *this* Booklet, *you must put your answers on the Answer Sheet*, making sure that the number of your answer *matches* the number of the question in the Booklet.

First, we shall give you two examples so that you will know exactly what to do. After each of the questions there are three answers. Read the following examples and fill in the right boxes where it says Example 1 and Example 2, on the Answer Sheet, below your name. Fill in the left-hand box if your answer choice is the "a" answer, the middle box if your choice is the "b" answer, and the right-hand box if you choose the "c" answer.

EXAMPLES:

1. Which would you rather do:

   a. visit a zoo,
   b. uncertain,
   c. go up in an airplane?

2. If you have a quarrel, do you make friends again quickly?

   a. yes, b. in between, c. no

As you see from these examples, there are usually no right or wrong answers, although sometimes a correct answer is expected. Each person is different and you should say only what is true for *you*. You can always find one answer that suits you a little better than the others, so never leave a question without marking one of the answers.

Inside you will find more questions like the ones above. When you are told to turn the page, begin with number 1 and go on until you finish all the questions. In answering them, please keep these four points in mind:

1. Answer the questions frankly and truthfully. There is no advantage in giving an untrue answer about yourself because you think it is the "right thing to say."

2. Answer the questions as quickly as you can. don't spend too much time thinking about them. Give the first, natural answer that comes to you. Some questions may seem much like others, but no two are axactly alike so your answers will often be *different too.*

3. Use the middle answer *only* when it is *absolutely impossible* to decide on one of the other choices. In other words, the "a" or the "c" answer should be used *most* of the time.

4. Don't skip any questions. Sometimes a statement may not seem to apply to you, but answer every question, somehow.

If there is anything you don't understand, please ask your questions now. If you have no question now, but later on come across a word you don't know, ask the examiner then.

1. Have you understood the instructions?
   a. Yes, b. uncertain, c. no.

2. At a picnic would you rather spend some time:
   a. exploring the woods alone, b. uncertain,
   c. playing around the campfire with the crowd

3. In a group discussion, do you like to tell what you think?
   a. yes, b. sometimes, c. no.

4. When you do a foolish thing, do you feel so bad that you wish the earth would just swallow you up?
   a. yes, b. perhaps, c. no.

5. Do you find it easy to keep an exciting secret?
   a. yes, b. sometimes, c. no.

6. When you decide something, do you:
   a. wonder if you may want to change your mind, b. in between,
   c. feel sure you're satisfied with it?

7. Can you work hard on somethng, without being bothered if there's a lot of noise around you?
   a. yes, b. perhaps, c. no.

8. If firends' ideas differ from yours, do you keep from saying yours are better, so as not to hurt their feelings?
   a. yes, b. sometimes, c. no.

9. Do you usually ask someone else to help you when you have a hard problem?
   a. seldom, b. sometimes, c. often.

10. Would you say that some rules and regulations are stupid and out of date?
    a. yes, and I don't bother with them if I can help it, b. uncertain,
    c. no, most rules are necessary and should be obeyed.

11. Which of these says better what you are like?
    a. a dependable leader, b. in between,
    c. charming, good looking.

12. Do you sometimes feel, before a big party or outing, that you are not so interested in going?
    a. yes, b. perhaps, c. no.

13. When you rightly feel angry with people, do you think it's all right for you to shout at them?
    a. yes, b. perhaps, c. no.

14. When classmates play a joke on you, do you usuall enjoy it as much as others without feeling at all upset?
    a. yes, b. perhaps, c. no.

15. Are there times when you think, "People are so unreasonable, they can't even be trusted to look after their own good"?
    a. true, b. perhaps, c. false.

16. Can you stay cheerful even when things go wrong?
    a. yes, b. uncertain, c. no.

17. Do you try to keep up with the fads of your classmates?
    a. yes, b. sometimes, c. no.

18. Do most people have more friends than you do?
    a. yes, b. uncertain, c. no.

19. Would you rather be:
    a. a travelling TV actor, b. uncertain, c. a medical doctor?

20. Do you think that life runs more smoothly and more satisfyingly for you than for many other people?
    a. yes, b. perhaps, c. no.

21. Do you have trouble remembering someone's joke well enough to tell it yourself? a. yes, b. sometimes, c. no.

22. Have you enjoyed being in drama, such as school plays?
    a. yes, b. uncertain, c. no.

23. "Mend" means the same as: a. repair, b. heal, c. patch.

24. "Truth" is the opposite of: a. fancy, b. falsehood, c. denial.

25. Do you completely understand what you read in school?
a. yes, b. perhaps, c. no.

26. When chalk screeches on the blackboard does it "give you the shivers"?
a. yes, b. perhaps, c. no.

27. When something goes all wrong, do you get very angry with people before you start to think what can be done about it?
a. often, b. sometimes, c. seldom.

28. When you finish school, would you like to:
a. do something that will make people like you, though you are poor,
b. uncertain, c. make a lot of money?

29. Do you avoid going into narrow caves or climbing to high places?
a. yes, b. sometimes, c. no.

30. Are you always ready to show, in front of everyone, how well you can do things compared with others?
a. yes, b. perhaps, c. no.

31. Do you ask advice from your parents about the best things to do at school?
a. often, b. sometimes, c. seldom.

32. Can you talk to a group of strangers without stammering a little or without finding it hard to say what you want to?
a. yes, b. perhaps, c. no.

33. Do some types of movies upset you?
a. yes, b. perhaps, c. no.

34. Would you enjoy more watching a boxing match than a beautiful dance?
a. yes, b. perhaps, c. no.

35. If someone has been unkind to you, do you soon trust him again and give him another chance?
a. yes, b. perhaps, c. no.

36. Do you sometimes feel you are not much good, and that you never do anything worth-while?
a. yes, b. perhaps, c. no.

37. When a group of people are doing something, do you:
a. take an active part in what they are doing,
b. in between, c. usually only watch?

38. Do you tend to be quiet when out with a group of friends?
a. yes, b. sometimes, c. no.

39. Do people say you are a person who can always be counted on to do things exactly and properly? a. yes, b. perhaps, c. no.

40. When you read an adventure story, do you:
a. just enjoy the story as it goes along, b. uncertain,
c. get bothered whether it's going to end happily?

41. Does it bother you if you have to sit still and wait for something to begin?
a. yes, b. in between, c. no.

42. Do you feel hurt if people borrow your things without asking you?
a. yes, b. perhaps, c. no.

43. "Firm" is the opposite of: a. easy, b. kind, c. loose.

44. "Rich" is to "money" as "sad" is to:
a. trouble, b. friends, c. land.

45. Have you always got along really well with your parents, brothers, and sisters?
a. yes, b. in between, c. no.

46. If your classmates leave you out of a game do you:
a. think it just an accident, b. in between, c. feel hurt and angry?

47. Do people say you are sometimes excitable and scatterbrained though they think you are a fine person?
a. yes, b. perhaps, c. no.

48. When you are on a bus or train, do you talk:
a. in your ordinary voice, b. in between,
c. as quietly as possible?

49. Which would you rather be:
a. the most popular person in school, b. uncertain,
c. the person with the best grade?

50. In a group of people, are you generally one of those who tells jokes and funny stories? a. yes, b. perhaps, c. no.

51. Do you like to tell people to follow proper rules and regulations?
a. yes, b. sometimes, c. no.

52. Are your feelings easily hurt?
a. yes, b. perhaps, c. no.

53. In a play, would you rather act the part of a famous teacher of art than that of a tough pirate?
a. yes, b. perhaps, c. no.

54. Which course would you rather take:
a. practical mathematics, b. uncertain,
c. foreign language or drama?

55. Would you rather spend free time:
a. by yourself, on a book or stamp collection, b. uncertain,
c. working under others in a group project?

56. Do you feel that you are getting along well, and that you do everything that could be expected of you?
a. yes, b. perhaps, c. no.

57. Do you have trouble acting like or being like other people expect you to be?
a. yes, b. uncertain, c. no.

58. If you found you had nothing to do some evening, would you:
a. call up some friends and do something with them,
b. not sure, c. read a good book or work on a hobby?

59. Would you like to be extremely good-looking, so that people would notice you wherever you go?
a. yes, b. perhaps, c. no.

60. When something important is coming up, such as a test or a big game, do you:
a. stay very calm and relaxed, b. in between,
c. get very tense and worried?

61. If someone puts on noisy music while you are trying to work, do you feel you *must* get away?
a. yes, b. perhaps, c. no.

62. In dancing or music, do you pick up a new rhythm easily?
a. yes, b. sometimes, c. no.

63. "Run" is to "pant" as "eat" is to:
a. exercise, b. indigestion, c. sleep.

64. If Joan's mother is my father's sister, what relation isJoan's father to my brother?
a. second cousin, b. grandfather, c. uncle.

65. Do you often make big plans and get excited about them, only to find that they just won't work out?
a. yes, b. occasionally, c. no.

66. When things go wrong and upset you, do you believe in:
a. just smiling, b. in between, c. making a fuss?

67. Do you often remember things differently from other people, so that you have to disagree about what really happened?
a. yes, b. perhaps, c. no.

68. Are there times when you feel so pleased with the world that you just have to sing and shout?
a. yes, b. perhaps, c. no.

69. When you are ready for a job, would you like one that:
a. is steady and safe, even if it takes hard work, b. uncertain,
c. has lots of change and meetings with lively people?

70. Do you like doing really unexpected and startling things to people?
a. yes, b. once in a while, c. no.

71. If everyone were doing something you think is wrong, would you:
a. go along with them, b. uncertain,
c. do what you think is right?

72. Can you work just as well, without feeling uncomfortable, when people are watching you? a. yes, b. perhaps, c. no.

73. Would you rather spend a free afternoon:
a. in a place with beautiful pictures and gardens, b. uncertain,
c. in a duck shooting match?

74. Would you rather spend a free afternoon:
a. watching dangerous speed boat racing, b. uncertain,
c. walking by the lovely shore with a friend?

75. When you are in a group, do you spend more time:
a. enjoying the friendship, b. uncertain,
c. watching what happens?

76. Can you always tell what your real feelings are, for example, whether you are tired or just bored?
a. yes, b. perhaps, c. no.

77. When things are going wonderfully, do you:
a. actually almost "jump with joy," b. uncertain,
c. feel good inside, while appearing calm.

78. Would you rather be:
a. a builder of bridges, b. uncertain,
c. a member of a travelling circus?

79. When something is bothering you a lot, do you think it's better to:
a. try to ignore it until you cool off, b. uncertain,
c. blow off steam?

80. Do you somethimes say silly things, just to see what people will say? a. yes, b. perhaps, c. no.

81. When you do poorly in an important game, do you:
a. say, "This is just a game," b. uncertain,
c. get angry and "kick yourself"?

82. Do you go out of your way to avoid crowded buses and streets?
a. yes, b. perhaps, c. no.

83. "Usually" means the same as:
a. sometimes, b. always, c. generally.

84. the grandmother of the daughter of my brother's sister is my:
a. mother, b. sister-in-law, c. niece.

85. Are you almost always contented?
a. yes, b. in between, c. no.

86. If you keep breaking and accidentally wasting things when you are making something, do you keep calm just the same?
a. yes, b. perhaps, c. no, I get furious.

87. Have you ever felt dissatisfied and said to yourself, "I bet I could run this school better than the teachers do"?
a. yes, b. perhaps, c. no.

88. Would you rather be:
a. someone who plans homes and parks,
b. uncertain, c. a singer or member of a dance band.

89. If you had a chance to do something really wild and adventurous, but also rather dangerous, would you:
a. probably not do it, b. not sure, c. certainly do it?

90. when you have homework to do, do you:
a. very often just not do it, b. in between,
c. always get it done on time?

91. Do you usually discuss your activities with your parents?
a. yes, b. sometimes, c. no.

92. When the class is discussing something, do you usually have something to say? a. almost never, b. once in a while, c. always.

93. Do you stand up before your class without looking nervous and ill-at-ease?
a. yes, b. perhaps, c. no.

94. Which would you rather watch on a fine evening:
a. car racing, b. uncertain, c. an open-air musical play?

95. Have you ever thought what you would do if you were the only person left in the world? a. yes, b. not sure, c. no.

96. Do you learn games quickly? a. yes, b. in between, c. no.

97. Do you wish you could learn to be more carefree and lighthearted about your school work? a. yes, b. perhaps, c. no.

98. Are you, like a lot of people, slightly afraid of lightning?
a. yes, b. perhaps, c. no.

99. Do you ever suggest to the teacher a new subject for the class to discuss?
a. yes, b. perhaps, c. no.

100. Would you rather spend a break between morning and afternoon classes in:
a. a card game, b. uncertain, c. catching up on homework.

101. When you are walking in a quiet street in the dark, do you often get the feeling you are being followed?
a. yes, b. perhaps, c. no.

102. In talking with your classmates, do you dislike telling your most private feelings? a. yes, b. sometimes, c. no.

103. When you go into a new group, do you:
a. quickly feel you know everyone, b. in between,
c. take a long time to get to know people.

104. Look at these five words: *mostly, gladly, chiefly, mainly, highly.* The word that does not belong with the others is:
a. mostly, b. gladly, c. highly.

105. Do you sometimes feel happy and sometimes feel depressed without real reason? a. yes, b. uncertain, c. no.

106. When people around you laugh and talk while you are listening to radio or TV:
a. are you happy, b. in between,
c. does it spoil things and annoy you?

107. If you accidentally say something odd in company, do you stay uncomfortable a long time and find it hard to forget?
a. yes, b. perhaps, c. no.

108. Which would yourather read about:
a. how to win at basketball, b. uncertain,
c. how to be nice to everyone?

109. Are you best thought of as a person who:
a. thinks, b. in between, c. acts?

110. Do you spend most of your weekly allowance for fun (instead of saving some for future needs)?
a. yes, b. perhaps, c. no.

111. Do other people often get in your way?
a. yes, b. in between, c. no.

112. How would you rate yourself?
a. inclined to be moody, b. in between,
c. not at all moody.

113. How often do you go places or do things with a group of friends:
a. very often, b. sometimes, c. hardly ever.

114. What kind of movie do you like best?
a. musicals, b. uncertain, c. war stories.

115. Do you get in trouble more often by saying to a group that wants to do something:
a. "Let's go!" b. uncertain, c. "I'd rather not join in"?

116. When you were growing up, did you expect the world to be:
a. kinder and more considerate than it is, b. uncertain,
c. tougher and harder than it is?

117. Do you find it easy to go up and introduce yourself to an important person?
a. yes, b. perhaps, c. no.

118. Do you think that often a committee of your classmates takes more time and makes poorer decisions than one person would?
a. yes, b. perhaps, c. no.

119. Do you feel you are doing pretty much what you should be doing in life?
a. yes, b. uncertain, c. no.

120. Do you sometimes feel so mixed up that you don't know what you are doing?
a. yes, b. perhaps, c. no.

121. When someone is disagreeing with you, do you:
a. let him say all he has to say, b. uncertain,
c. tend to interrupt before he finishes?

122. Would you rather live: a. in a deep forest, with only the song of birds,
b. uncertain, c. on a busy street corner, where a lot happens?

123. If you were to work on a railroad, would you rather:
a. be a conductor and talk to the passengers,
b. uncertain,
c. be the engineer and run the train?

124. Look at these five words: *below, beside, above, behind, between.* the word that does not belong with the others is:
a. below, b. between, c. beside.

125. If someone asks you to do a new and difficult job, do you:
a. feel glad and show what you can do, b. in between,
c. feel you will make a mess of it?

126. When you raise your hand to answer a question in class, and many others raise their hands too, do you get excited?
a. sometimes, b. not often, c. never.

127. Would you rather be:
a. a teacher, b. uncertain, c. a scientist?

128. On your birthday, do you prefer:
    a. to be asked beforehand to choose the present you want,
    b. uncertain,
    c. to have the fun of getting a present that's a complete surprise?

129. Are you very careful not to hurt anyone's feelings or startle anyone, even in fun? a. yes, b. perhaps, c. no.

130. If you were working with groups in class, would you rather:
    a. walk around to carry things from one person to another,
    b. uncertain,
    c. specialize in showing people how to do one difficult part?

131. Do you take trouble to be sure you are right before you say anything in class?
    a. always, b. generally, c. not usually.

132. Are you so afraid of what might happen that you avoid making decisions one way or the other?
    a. often, b. sometimes, c. never.

133. When things are frightening, can you laugh and not be bothered?
    a. yes, b. perhaps, c. no.

134. Do some books and plays almost make you cry?
    a. yes, often, b. sometimes, c. no, never.

135. Would you like better, when in the country:
    a. running a class picnic, b. uncertain,
    c. learning to know all the different trees in the woods?

136. In group discussions, do you often find yourself:
    a. taking a lone stand, b. uncertain, c. agreeing with the group?

137. Do your feelings get so bottled up that you feel you could burst?
    a. often, b. sometimes, c. seldom.

138. Which kind of friends do you like? Those who like to:
    a. "kid around," b. uncertain, c. be more serious?

139. If you were not a human being, would you rather be:
    a. an eagle on a far mountain, b. uncertain,
    c. a seal, in a seal colony by the seashore?

140. Are you usually a very careful person?
    a. yes, b. perhaps, c. no.

141. Do small troubles sometimes "get on your nerves" even though you know that they are not very important?
a. yes, b. perhaps, c. no.

142. Are you sure you have answered *every* question?
a. yes, b. perhaps, c. no.

APPENDIX - IV

Questionnaire for Parents/Guardians

Code No.

Dear Parents,

This questionnaire has been made to find out some important factors that induce young people to drop out from Schools and Colleges prematurely. I hope you will provide me true and reliable facts and informations about your son or daughter without any inhibitions. Your responses are required purely for research purpose and will be kept strictly confidential.

You full hearted co-operation will not only make my research work a success, but will provide useful information to help solve this problem.

VANLALHRUAII

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1. Number of children you have _____

2. In the table below, please give details of your children who have dropped out from school/college.

Sl. No.	Name	Order of birth	Reason for dropping out
1	2	3	4

3. Please give other detials of your children who have dropped out from school/ college in the given table.

Sl. No.	Name	Positive traits in your child's personality	Negative traits in your child's personality	Physical defects or abnormalities	Abnormalities in behaviour	Anti-social activities involved in
1						
2						
3						
4						

4. When did you come to know about your child's drug habits?

_____

_____

5. What measures did you immediately take to tackle his/her drug problem? (Write in brief) _____

_____

6. Which of these methods are you now resorting to in dealing with his/her drug problem? (Please tick).
   (a) Persuasion
   (b) Physical punishment
   (c) Admitting him/her to de-addiction centres
   (d) Making him/her join gospel campings or campaigns
   (e) Seeking the help of counsellors
   (f) Seeking medical care in Hospitals
   (g) Receiving Psychiatric treatment
   (h) Showing extra care and attention
   (i) Avoiding the issue
   (j) Any other (Please Specify) : _____

7. How often does he/she show violent behaviour at home? (Please tick).
   i. Frequently
   ii. Occasionally
   iii. Never

8. (a) Are you familiar with the friends that your son/daughter associates with? Yes/No.
   (b) If yes, are they persons you approve of? Yes/No.
   (c) If no, please give reasons for disapproval.

   _____

9. (a) Did you have knowledge of the academic achievement of your son/daughter before he/she started using drugs? Yes/No.
   (b) If yes, was there any marked change in his/her academic performance after he/she started using drugs? Yes/No.
   (c) How many study hours did he/she generally spend at home?
   _____ hour/hours.
   (d) What were the activities mainly indulged in by your son/daughter when in school/college?
      i. _____
      ii. _____
      iii. _____
      iv. _____

(e) Have you noticed any particular interest shown by your son/daughter? Yes/No.

(f) If yes, please specify _____

APPENDIX - V

QUESTIONNAIRE FOR DE-ADDICTION AND REHABILITATION CENTRES

1. Name of Centre : _____

2. Year of establishment : _____

3. Name of Church/Management/Boards : _____
   Sponsoring the Centre : _____

4. Financial Sources : (a) _____
   (b) _____ (c) _____
   (d) _____ (e) _____

5. Approximate Monthly expenditure : _____

6. In the table below, please give details of Staff employed in the centre.

Sl. No.	Designation	No. of Workers	Educational Qualification
1			
2			
3			
4			
5			
6			
7			
8			

7. In the table below, please give details of inmates having been treated in the Centre since 1991.

	Age Group Classification				
Year	13 - 15 years	16 - 18 years	19 - 21 years	22 - 24 years	Above 25 years
1991					
1992					
1993					
1994					
1995					
1996					
1997					
1998					

8. Total No. of inmates since inception : _____
Males : _____ Females : _____

9. In the table below, please give details of different categories of patients.

Year	No. of Alcohol Users	No. of Drugs User	Total No. of female patients	No. of patients successfully treated	No. of patients who left the centre prematurely
1991					
1992					
1993					
1994					
1995					
1996					
1997					
1998					

10. Pleae give the names of different recreational facilities provided in the Centre:
    a. _____
    b. _____
    c. _____
    d. _____
    e. _____
    f. _____
    g. _____

11. Please give details of different activities of work orientation provided in the Centre:
    a. _____
    b. _____
    c. _____
    d. _____
    e. _____
    f. _____
    g. _____

12. Please give a list of the outstanding problems being faced by the Centre:
    a. _____
    b. _____
    c. _____
    d. _____
    e. _____

13. Remarks :

_____

_____

_____