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Research Article

PREVALENCE AND REASON OF SUBSTANCE ABUSE AMONG UNIVERSITY STUDENTS

Namita Sinha*

Department of Psychology Magadh Univerisity, Bodh Gaya

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ABSTRACT

The problem of drug abuse has assumed greater significance in recent years in India, more so since the 1980's. The many health, social and economic problems and even deaths associated with such abuse have attracted much research attention of social scientists. Although, almost all sections of society are indulged in taking drugs, youth, particularly post graduate students are more involved with this evil. The current study is aimed to establish the prevalence and reason of substance abuse among University students. This was a cross-sectional and descriptive study among selected University students. Personal and family data sheet (PFDS) and Drug abuse schedule (DAS) were used. Among the sample of 200 students substance abusers, commonly used substances were hallucinogens (80%) followed by narcotics (74%) & tranquilizers (64%) respectively. Majority (92%) of the respondents procure them through company of friends, followed by physiological dependence (90%) and anxiety/ tension reduction (86%) respectively. Substances abuse was found to be prevalent among students in this study involving over the counter and socially acceptable substance as well as the abuse of illicit substances so it requires a team work to tackle this problem which has an adverse affect on a huge mass of the world. The present study will prove highly significant having practical implications for NGO's, parents, society, policy makers and so on. The findings of this study will also serve as guidelines for those who are desirous to further research in this important area.

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INTRODUCTION

Psychoactive substance is psychopharmacologic agents that crosses the blood-brain barrier and acts primarily upon the central nervous system where it affects brain function, resulting in changes in perception, mood, consciousness, cognition and behaviors. We live amidst the drug culture-not a culture of youth alone but of the entire nation and worldwide. National Committee on Drug Abuse in India (1984) reported that "there are disturbing signs which show that drug abuse in India is likely to worsen and get out of hand if the planned comprehensive and sustained measures are not taken immediately to curb the evil."

The most marked change in non-medical drug use, particularly in the last fifteen years, has been that drugs which for many years were used only in certain areas of the world, are now consumed in countries outside the region of traditional use, cannabis is a notable example of this phenomenon. Another new trend is the use of these psychoactive substances by adolescents and young adults from higher SES, in contrast to earlier patterns of drug abuse by minority groups in poor social condition. It is this new pattern of drug use by young people

from middle-class backgrounds which has caused much of the current concern and publicity about the drug substance.

Classification of Drug

There are many possible classifications. Some of which are used for research purpose and some have pharmacologic importance. However, here a general classification is being given which covers most of the drugs: - drugs such as cannabis and opiates, which have been in use over a period of time, may be termed traditional drugs. On the other, drugs such as heroin, mescaline, LSD and Angel Dust, which are relatively recent in origin, may be called modern drugs. Apart from this, the form of drugs prevalent in rural areas in India differs from that in urban areas. It follows that the use of psychotropic drugs in the country is not uniform (Khan and Krishna, 1982).

All drugs can be divided into seven broad categories:

- Cannabinoids (e.g., hashish and marijuana)
- Stimulants (e.g., amphetamines and cocaine)
- Depressants (e.g., Xanax and Qualudes)
- Narcotics (aka opioids and morphine derivatives, e.g., heroin, opium, Vicodin)

*Corresponding author: **Namita Sinha**

Department of Psychology Magadh Univerisity, Bodh Gaya

- Hallucinogens (e.g., LSD and mescaline)
- Dissociative anesthetics (e.g., PCP)
- Other compounds (e.g., steroids and inhalants)

Narcotics

Narcotic analgesics depress the central nervous system and relieve pain just like alcohol and barbiturates. It is used to get rid of almost any kind of pain especially dull and continuous pain besides fear and anxiety associated with such sufferings. It acts to depress belligerent behavior and make the user submissive and dreamy and also produces drowsiness. Euphoria and results in disturbed physical and mental performance. They include morphine and other alkaloids of opium as well as synthetic and semi-synthetic opium derivatives. Prominent examples of these drugs include almost all pain killing medicines ranging from propoxyphen to heroin (acetylated morphine). International Narcotics Control Strategy Report (2004) found that opiates abuse accounted for 43% of Indian drug abuse. National Survey (2004) on the extent, pattern and trends of drug abuse in India found that opiates are primary drug abused.

Cannabis (marijuana)

Cannabis is a psychoactive agent, primarily used to produce euphoria (Erickson, 2001). This drug can be smoked or orally consumed. On the streets, marijuana may be referred to as pot, grass, reefer, weed, herb, or Mary Jane (National Institute on Drug Abuse [NIDA], 2002). Erickson stated that the effect of the drug may produce relaxation after euphoria, loss of coordination, impaired memory, concentration and knowledge retention, and loss of appetite. More potent doses can cause disoriented behavior, psychosis, fragmented thoughts and mood swings.

Central Nervous System (CNS) Depressant

The most prominent effect of these drugs is to depress the excitable tissues of the brain that control the emotions, breathing, heart action and other body function. The CNS depressants include almost all sleep inducing medicines, anti anxiety drugs (minor tranquilizers) and alcohol. Other central nervous system depressants are such as barbiturates, benzodiazepines (trade names Valium, Librium), glutethimide (Doriden) and methaqualone (Quaalude).

Central Nervous System (CNS) Stimulants

Stimulants are drugs that arouse the central nervous system (CNS), enhancing brain activity. Stimulants include drugs such as cocaine, amphetamines, prescription weight-reducing products, nicotine, caffeine, some over-the counter (OTC) weight-reducing products, minor stimulants, and amphetamine-like drugs such as Ritalin (Erickson, 2001).

Amphetamines are major representatives of this category. It is used both medically and non-medically. Amphetamines are medically prescribed for managing conditions such as of obesity, depression, certain types of hyperactivity in minimal brain damaged children and narcolepsy.

It has also been in non-medical use by students during examination period to keep themselves alert and active till late hours in night drunk drivers on long trips. Others use it for

purely hedonistic reasons such as for feeling of euphoria and self-confidence.

Hallucinogens

Hallucinogens are drugs that act on the central nervous system and produce mood changes and perceptual changes varying from sensory illusion to hallucination. Some time hallucinogens are called psychedelics due to its perceptual effects. Hallucinogens include LSD (Lysergic Acid diethylamide), mescaline, DMT, Marijuana etc. hallucinogens may produce euphoria, anxiety and odd behaviours. The user may experience visual hallucination and lose the sense of self. Person on a hallucinogens may have trouble in expressing thoughts or describing events. The onset of the hallucinogenic experience may be fast or slow depending upon the type of the drug itself and the quantity in which it is used.

Larissa, Tsvetkova, Natalia & Antonova (2013) found considerable differences between males and females in lifetime prevalence were revealed in use of such drugs as stimulants and hallucinogens ($p < 0.05$). Females used these drugs much more rarely during their lifetimes than did their male classmates. With regard to other drug, no gender variations were found in lifetime prevalence.

Larissa, Tsvetkova, Natalia & Antonova (2013) also found that cannabis derivatives were the most widely used drugs among students; their use was reported by 95% of the respondents who had ever tried any such substance. Every third respondents who had used stimulants (chifir: exceptionally strong tea, ephedrine, amphetamines, etc.); every fifth student had used analgesics (Tramal, Paracetamol, Analgin); 15.8% of respondents had tried hallucinogens (LSD, "mushrooms"). Use of other substances was slightly less widespread.

Shafiq (2008) reveal that the proportion of opportunities to use marijuana was 59 percent of males compared with 43.9 percent of females; to use cocaine 28.7 percent of males and 18.3 and 10 percent of females; to use hallucinogens, 18.6 percent of males and 10 percent of female use heroin, 7.8 percent of males and 3.2 percent of females. Besides, being curious female students are taking drug when they are engaged in gossiping with their friends on the college or university campuses.

Gema (2012) have found that about fifteen percent (14.6%) of respondents were currently using one or more substances. The commonest substance of abuse in the study population was inhalants 7.6%, followed by alcohol 6.8%, tobacco 3.7% and cannabis 2.0%. The other substance were used by an insignificant number of students .9%, (n=12) and included sedatives, khat, stimulants, heroin, cocaine and mandrax. Among the current substance users 78.4% (n=171) were found to use a single substance and 21.6% (n=47) were polydrug users. Current users were proportionally as follows: inhalants 49.1%, alcohol 45.9%, tobacco 25.2% and cannabis 13.3%.

Oshodi, Aina, Onajole (2010) found that the commonest substance used was caffeine (Kolanut and Coffee) with 56.5% and 85.7% of current and lifetime users respectively. This was followed by the mild analgesics (paracetamol and aspirin) with 51.3% and 73.8% of current and lifetime users; then the antimalarials most especially chloroquine with 50% and 65.7% for current and lifetime use respectively. For the hypno-sedatives- most especially Diazepam, Nitazepam and

Bromazepam-the current and lifetime use were 26.7% and 32.3% respectively. The use of cannabis, heroin and cocaine was low. The current and lifetime rates were 3.3% and 4.4% for cannabis; 3.3% and 3.8% for heroin; 1.9% and 3.8% for cocaine.

Imran, Haider, Bhatti, Sohail & Zafer (2011) found that substance used by students in order of preference were cigarettes 175 (78.9%), alcohol 58(26.2%), cannabis 56 (25.5%), amphetamines 32 (14.6%), benzodiazepines 6 (3.6%) and glue sniffing 8 (.4%).

Olarewaju (2010) found that 66.7% students abused Indian hemp also called marijuana or cannabis and cocaine and heroine are the least taken (16.7%) of the respondents took each of them.

Abuse to substance may be an expression of his/her revolt against established authority, a way of gaining recognition in the group or influence of friends, s/he may just not be able to say 'NO' when offered or failure of teenage love or family problem or childhood sex abuse. They may turn to drugs to escape stress or loneliness or to overcome shyness in social situations. They may want to be seen as grown up or as a risk taker or they may simply be curious. A young person with low self esteem may feel they are not as smart, attractive, talented or popular as their peers (Mahbuba, 2010). Apart from these, the young people from higher income family are used to take drug and alcohol as they consider it fashionable. Boys and daughters of high class families always enjoy more freedom to move here and there with friends and sometimes they experiment with drugs (Mahmud, 2009).

Sharma and Luwang reported increase in number of drug abusers of Manipur was due to economic and socio-political insecurity, violence, and prevailing sense of uncertain future among the youth along with easy availability of drugs. In study conducted by Rosen *et.al.* (1972) in the U.S.A., easy availability of drugs was a common factor. Drug abuse is often apart of gang or peer group activity. For some gangs it is just one form of delinquency. They also possess criminal records a usual features of slum area. Most adolescents who sample drugs, do out of reckless bravado or because of high attitudinal tolerance in their community or city, and slum areas. There is comparatively more exposure to drugs and drug peddlers in these areas (Ausubel, 1952). The influence of companionship is important in drug use has been high lightened in the Malaysian Context (Spancer & Navaratnam, 1980). Among chronic cannabis users, Mendhiratta and others (1978) found that a desire to go along with the crowd was one of the chief motives in starting to take drugs. Dube and others (1978) reported that the first use of habit forming drugs was, in a large number of cases, suggested by friends. Muttagi, (1981) and Parameshwaran, (1981). Ahuja (1982) analyzing the peer factors in drug abuse found that drug users had most of their friends from the students community and also from the same college/department and of the same social status. Pejuhesh *et.al.* (1981) studied the role and influence of family versus peer group on drug taking behavior among drug abusers. Peer association was only significant when drugs were involved. It is widely acknowledged that the use of psycho-active drugs is commonly a fact of people's life-style. Those with strong afflictive needs are particularly and likely to be influenced by

the encouragement of their friends and associated to engage in drug taking.

The major psychological traits reported are that of anxiety and depression. Vogel *et. al.* (1948) studied addicts; personality type which were identical among them consisted of neurotics who took drugs to relieve anxiety. Lewis and Peterson (1974) reported that the addicts maintain high level of anxiety, self reported data of the abusers have been shown that addict's describe themselves as anxious, tense and worried. Stimmel (1983) contended that the psychological constructs dealing with alcohol and substance abuse include severe ego weakness, a strong need for dependency, a low degree of tolerance for frustration and tension, marked anxiety and depression. Viney *et. al.* (1985) studied anxiety patterns of addicts and found they expressed more guilt, loneliness, fear of death, and more anxiety about loneliness and ostracism. Wilner and Kassebaum (1965) stated that anxiety is a stress response and "negative pleasure" followed the use of drugs to reduce anxiety. Further a number of researchers have accepted drugs as a means of reducing anxiety Meconnell, (1977); Nichols, (1983). Moreover, Lather (1993) reported that drug abusers show higher anxiety than non-abusers.

Dube and others (1978) provided a long list of reasons for drug use as reported by the subjects. They rank-ordered these as: "to relieve tension, to have fun, to feel good or get high, to satisfy curiosity, to ease depression to get acceptance in the group, to heighten sexual experience" and many more. Mendhiratta and other (1978) reported six reasons for starting on drugs; Curiosity, influence of the companionship personal problems, oneness in the religious group, physical proness, and substitution of other addictions.

Likewise, Ahuja (1978) grouped reasons for drug use among college and University students into four reasons:-

1. Psychological causes such as releasing tension, satisfying curiosity and intensifying perception, etc.
2. Physical causes, such as staying awake, heightening sexual experience, etc.
3. Social causes such as facilitating social integration, challenging social values etc. and
4. Miscellaneous causes such as improving concentration in study, sharpening, religious insight, deepening self understanding etc. Many researchers, however emphasized that these reasons would vary from drug to drug. For example, Khan (1978) reported that in relation to alcohol, the main reasons for its use were celebrating an occasion, feeling good or high and relieving tension, in reverse order for barbiturates, easing depression appeared to be the most important and celebrating occasions or festivals, stood out in relation to cannabis drugs. Many students, who reported, used opium to heighten or prolong sexual experience; Analgesic and Tranquilizers to relieve tension and tobacco for relaxation or self-assertion addicts. When popular resentment against this exploitation took the form of full fledge movement in 1930's the damage has already been done.

The Government of India has tried to prevent and control the drug abuse in different areas. For example, the Indian Government is taking measures like setting up a special

Narcotics Control Bureau to combat the growing illicit drug trade with its head quarters in the capital, Delhi and the Zonal operation offices at Kolkatta, Bombay, Chennai and Varanasi, which are the key centre's in India. Narcotic drugs and psychotropic substance Act, 1985 provides different punishment to drug related offences. A mandatory minimum imprisonment of 10 years with a fine of Rs. 1 lakh extendible up to 20 years with a fine of 2 lakhs has been provided under this act. For the second conviction, the punishment would be 15 years mandatory minimum imprisonment and a fine of Rs. 1.5 lacks extendible up to 30 years and a fine of 3 lakhs. Under amendments made in 1984, death penalty has been prescribed in some cases. Consumption of drug too is considered an offence. It is punishable with imprisonment for 6 months to one year depending upon the drug.

In spite of these efforts the rate of drug addiction, undoubtedly has been increasing in Indian masses, particularly in the youth generation. In fact, to control and empower the eminence of drug abuse, there is a need for multi-dimensional approach, while the law enforcing agencies and policy makers are doing their job in controlling trafficking in India. Sociologists, psychiatrists and psychologists, are making contribution in their respective fields by identifying the etiological factors in drug addiction and also developing the preventive and therapeutic measures.

Objective

1. To explore the patterns of substance use among a sample of university students from the Magadh University.
2. To assess prevalence role of drugs among University students.
3. To determine the reasons for first use of substance by the University students.

Hypothesis

1. There would be difference in prevalence rates of drugs among university students.
2. There would be difference between reasons cited for first use of drug by university students.

METHOD

Sample

In present research the sample consisted of the two hundred (200) male postgraduate students of Vth and VIth years from different departments of Magadh University, Bodh-Gaya. The sample was selected from incidental-cum- purposive sampling technique. The sample was drawn from two groups, namely, occasional drug users (N = 100) and habitual drug users (N = 100). Attempt was also made to match the three groups of respondents in terms of their age (20-25 years) and socio-economic status.

Tools

Personal and Family Data Sheet (PFDS)

The personal and family data sheet was prepared by the present investigator. The sheet which may be abbreviated as PFDS is a twenty (20) items sheet in Hindi. The PFDS is prepared mainly to obtain information's regarding the personal and family details of the students.

Drug Abuse Schedule (DAS)

A schedule consists of a form containing a series of questions, which are asked and filled in by the investigator in a face to face situation. In the present research an interview schedule was prepared by present investigator to ascertain the variables which directly and indirectly influence the taking of drugs. It incorporates antecedents of drug users and non-users, e.g., initiation drugs, imitation model, habit present in elder members of the family and other oral habit patterns such as excessive use of tea or coffee, betel chewing, Khaini, Gutkha etc. The schedule has a 20 items in Hindi language.

Procedure of Data Collection

When all the necessary arrangements and preparation were made for the study, then the work of data collection was done. For this different postgraduate departments of Magadh University were covered in a phased manner. Students were approached in their departments with the help of head of the departments. Data were collected in small groups (10-15, students) in classroom situation. The students of three groups were approached through prior announcement. When the subjects were comfortably seated in a quiet room and after a brief introduction of the task to be done, the different tests were given to them one by one.

RESULT AND DISCUSSION

On the basis of responses given by subjects about prevalence rate of drugs in the Personal Data Schedule, results are presented in Table-1

Table 1

Sl. No.	Type of drugs	Number	Percentage
1	Hallucinogens	160	80%
2	Narcotics	148	74%
3	Tranquilizers	128	64%
4	Amphetamines	90	45%
5	Alcohol-Barbiturates	82	41%

It is evident from the above table that most of the drug users were multiple drug users of the total subjects, about 80 percent used Hallucinogens (these include L.S.D. mescaline, psilocybin, DMT, P.C.P and angle dust, cannabis, Ganja, Bhang), 74% used narcotics (opium, morphine, codeine, heroin, methadone and path dine), 64% used tranquilizers (Chlordiazepoxide, meprobamate, diazepam, scopolamine), 45% used amphetamines (dexamphetamine, methamphetamine, etc.), and 41% used barbiturates (ethanol and certain other drugs with sedative effects). But Idowu (1987) found that alcohol, sleepless tablets, librium, reactivan and valium, in a descending order, were the drugs most used by the students. Drugs that students indicated that they had not tried were heroin, cocaine, barbiturates and LSD. Qadri, Goel, Singh, Ahluwalia, Pathak & Bashir (2013) found that in ever users alcohol was the most widely used substance (44.49%) followed by tobacco (35.69%),cannabis was 8.45%, opiates was 6.46%, tranquilizer was 4.95%, volatile inhalants was 2.61% and amphetamines was 2.3% respectively. There were multiple responses by the students to the type of substance abuse. Regarding regular users the prevalence of tobacco smoking was maximum 14.42% followed by tobacco chewing (12.72%). The prevalence of cannabis, opiates and tranquilizers was 1.99%, 1.58% and 1.16% respectively. Ningoniban, Hutin & Murhekar

(2011) found that among the ever users, tobacco (46%) was used commonly followed by alcohol (29%), cannabis (14%), opiates (12%) and solvents (9.1%).

Table 2 Reasons cited by post-graduate students for first use of drugs. (N = 200)

Sl. No.	Factors (reasons)	Number	Percentage
1	Physiological Dependence	180	90%
2	Anxiety/Tension Reduction	172	86%
3	Pleasure/Taste	110	55%
4	Transforming agent / change experience for better	118	59%
5	Social Reward	102	51%
6	Celebration	138	69%
7	Religion	164	82%
8	Social Power	98	49%
9	Scape goating/excuse for fortune	104	52%
10	Company of friends	184	92%

It is evident from table-2 that factors like, physiological dependence, anxiety or tension reduction, pleasure, transforming agent, social reward, celebration, religion, social power, scapegoating or excuse for future or social misconduct and company of friends are significant impact on the causation of drug abuse among university students. The influence of the peer group in the main factor in initiation of the habit. 92% students report that they started using drugs under the influence of friends and companions. Thus it is easy to infer that “bad company” is the most important factor as far as the initiation of drug abuse by the university students is concerned. Likewise, if there are many persons addicted to drug in the family, the younger section would also tend to develop the habit. Singh (2009) found that 72% of respondents reported peer influence or pressure acted as the main cause of their induction to drugs, followed by curiosity (44%) and fun (22%) respectively. Hennigfield (1991) and Olarewaju (2010) also found that influence of peers acted as major instigator factor for drug abuse among youths. Dube, Kumar & Gupta (1978) underline the influence exerted by peer groups as a reason for initiating and sustaining the drug habit. Ningoniban, Hutin & Murhekar (2011) reveal that friends are a key prosimal determinant. Ahmad, Khalique & Khan found that the majority of adolescents (47.2%) stated that they use the substances for fun where 40.3% used it when they were in company of their peers. Less frequent reasons were showing status (8.3%), relief of stress (2.8%) and as a habit (1.4%). Wright & Pearl (1995) & Yeung (1997) reported that curiosity, social pressure and peer group influence are primary reasons for substance abuse. Madrine (2010) finding showed that peer pressure, school and family stress and drug availability contributed to students drug abuse. But Oshodi, Aina & Onajole (2010) found that relief from stress was the most reported reason (43.5%) for the use of substances. This was followed by self medication to treat illnesses (23.8%), with 14.9% reporting such use to stay awake at night in order to study. Idowu (1987) reveal that 24.58% students indicated that they used drugs to stay awake, 15.83% used drugs to relax while 15% acquired boldness through drug use and 14.58% used drugs because their friends used them. The reason least given for use of drugs (5.17%) was for pleasure. Ganguly *et al* (1993) found that most of drug abusers initially consumed drugs for fun or to show manhood and to get benefit of alleged aphrodisiac quality of drugs.

It can be said that high socioeconomic status, lack of academic achievement disenfranchisement from mainstream activities,

‘boredom’, peer acceptance, marginalized status disabling family environment, and personal characteristics (such as high curiosity, tolerance for risk, lack of self-esteem, the need to look older, etc.) are implicated for abuse of drugs by young people (Binion *et al.* 1988). Family influences in the form of parental use and opinions about tobacco, alcohol and drugs have a profound effect on drug abuse behavior (Gerra *et al.* 1999).

CONCLUSION AND RECOMMENDATIONS

The present study reveals that prevalence of substance abuse among male students of Magadh University. This study also revealed that the most common substance abused by the students Hallucinogens (80%), Narcotics (74%) and Traquilizers (64%). They are aware of the damage of the drug abuse but they thought that these small amounts of drugs can harm only a little bit to their body. In conclusion, it can be said that as peer network, physiological dependence and family environment are important determinants of substance abuse, so it demands the attention of public health professionals and social scientists for preventive health education and behavior modification intervention. Governmental regulation and legislation should be introduced to drug dealers, suppliers and also to the users. Family restrictions play an important role, they should be provided a restricted pocket money and parents should monitor their friendship. Hence, a very realistic approach to control the problem would be effective Information Education and Communication (PHIEC) activities especially directed toward young people and their family members. Innovative use of mass media and mainstreaming the problem in curriculum, involvement of young people as peer educators may be some effective interventions.

Limitations

- Due to the limitation of time and funds, the study used a university based sample so it excluded the high risk youth for example, street youth, the homeless, poor unemployed, college dropout, hence the findings might not be generalizable to all youth.
- It is concerned only to male students
- This study is solely based on self-reporting method. Therefore, this method has its disadvantages, which subject to systematic errors.
- The sample is limited and has only one culture.
- In addition, there could be recall bias because some information was necessary for the participants to recall events of the past in which case they might not be that accurate in recalling hence given unreliable information.
- The research design is non-experimental and examines relationships rather than cause and effect associations.

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