

Drug Abuse: An Obstacle in “Fit India Movement”

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Abstract

Drug addiction is a complex illness. It is characterized by intense and, at times, uncontrollable drug craving, along with compulsive drug seeking and use that persist even in the face of devastating consequences. Drug addiction is a complex illness. It is characterized by intense and, at times, uncontrollable drug craving, along with compulsive drug seeking and use that persist even in the face of devastating consequences. Addiction affects multiple brain circuits, including those involved in reward and motivation, learning and memory, and inhibitory control over behavior. That is why addiction is a brain disease. Some individuals are more vulnerable than others to becoming addicted, depending on the interplay between genetic makeup, age of exposure to drugs, and other environmental influences. While a person initially chooses to take drugs, over time the effects of prolonged exposure on brain functioning compromise that ability to choose, and seeking and consuming the drug become compulsive, often eluding a person’s self-control or willpower.

INTRODUCTION

Drugs can be broadly defined as substances that change the way the brain and body function. Some drugs are legal, while others are not. Legal drugs include medications when they are prescribed to you by a medical professional, caffeine, nicotine, and alcohol. Even though legal for adults, tobacco (which contains nicotine) and alcohol are illegal for children. Drugs that are illegal for everyone, all the time, include marijuana and cocaine. As this list shows, legal drugs can be helpful, but certain legal drugs, such as alcohol, can cause tremendous damage. All drugs can affect the brain and body, and children should only take medications that are given to them by a trusted adult.

According to the National Institute on Drug Abuse, risk factors (typically seen in adolescence) for developing drug abuse problems include the following:

- Use of drugs by friends/peers
- Unstable home environment due to mental illness or drug abuse of the parent
- Availability of drugs in peer group, community, or home
- Poor relationship with parents
- Insufficient supervision over adolescent’s activities
- Poor achievement in school
- Apparent approval or uncertainty of drug use the peer group, school, or communities
- Poor parenting combined with behavioral problem

Risk of Drug Addiction

Various risk factors can make you more likely to become addicted to drugs, including

- **Your biology.** People can react to drugs differently. Some people like the feeling the first time they try a drug and want more. Others hate how it feels and never try it again.
- **Mental health problems.** People who have untreated mental health problems, such as depression, anxiety, or attention deficit/hyperactivity disorder (ADHD) are more likely to become addicted. This can happen because drug use and mental health problems affect the same parts of the brain. Also, people with these problems may use drugs to try to feel better.
- **Trouble at home.** If your home is an unhappy place or was when you were growing up, you might be more likely to have a drug problem.
- **Trouble in school, at work, or with making friends.** You might use drugs to get your mind off these problems.
- **Hanging around other people who use drugs.** They might encourage you to try drugs.
- **Starting drug use when you're young.** When kids use drugs, it affects how their bodies and brains finish growing. This increases your chances of becoming addicted when you're an adult.
- **Impact of Drug Abuse**

Drug Abuse Impacts Families: Those closest to a drug-addicted individual are the hardest hit. Common patterns emerge within families where at least one individual is addicted to drugs. These patterns include high levels of criticism or negativism within households, parental inconsistency, or in the case of parents coping with a drug-addicted child, denial. Misdirected anger between drug-addicted and non-addicted family members is common as is self-medication as a strategy in coping with family dysfunction. Co-dependent relationships often form between partners, where at least one partner is addicted to drugs and the majority of domestic disputes involve the use of alcohol or drugs. Children with one or more parents abusing drugs are more likely to take on the responsibility of the parental role, often functioning in denial of their parents' addiction or behaviors relating to the addiction. These children commonly lack necessities, including shelter, and have little to no health care.

Strain Of Drug Addiction On Employers And Co-Workers: A 2006 study estimated that around 19 million people drink alcohol while at work, just before leaving for work, or go to work with hangover symptoms. This staggering number does not necessarily reflect daily abuse of alcohol at the workplace, but it does suggest a prevalence of accepted use of the intoxicant, despite known risks. Losses in revenue from decreased productivity due to illicit drug use in the workplace totals nearly \$200 billion annually. Co-workers of drug-addicted people take on additional responsibilities at work to accommodate decreases in productivity. They also work longer hours "covering for" drug addicted individuals who fail to show up as scheduled. Someone working while under the influence of drugs and alcohol is at higher risk of workplace related injury, resulting in increased insurance premiums passed on to employers and co-workers. A loss in productivity affects employers directly, and if drug-use is rampant, can result in loss of the business. Smaller to medium-sized businesses are most at risk of failure resulting

from drug related decreases in productivity. Estimates suggest working drug users are a third less productive than their non-drug using co-workers.

Strain On Health Care System: Addiction is a chronic disease in this country. If you add up the annual accumulative costs of treatment for all brain-related diseases and double it; that's nearly the amount spent on addiction each year. Much of the money supporting the medical costs associated with drug addiction is absorbed by hospitals and taxpayers, with approximately 20 percent of Medicaid dollars and \$1 in \$4 Medicare dollars going to drug-addiction related expenses. The health care burden relating to drug abuse alone exceeds \$180 billion annually.

Crime And Drug Addiction: Drug-related incarcerations make up more than 50 percent of federal prison populations and nearly 20 percent of state prison populations. Annual costs averaged across 50 states for state prison populations is greater than \$32,000 per inmate, with federal stays averaging more than \$26,000 per person, and the average drug-specific crime resulting in prison sentences of between three and nine years. Taxpayers shoulder the burden of \$45 billion dollars for state prisons and \$144 million for federal prisons annually. Approximately a quarter of incarcerated individuals said their incarceration related directly to crimes committed to obtain money for drugs. On average, 5 percent of all homicides relate to drug use. Unfortunately, untreated, recidivism rates for drug use following prison release are as high as 95 percent. On college campuses across the country, 95 percent of violent crimes reported, including sexual assaults, involve the use of alcohol. Violent crimes committed on college campuses can result in health care costs for the victims of these crimes, as well as lost revenue for universities.

Measures Of Drug Abuse

Management of drug addiction includes treatment as well as prevention. Scientific evidence indicates that the development of drug use disorders and dependence is a result of a complex multi-factorial interaction between repeated exposure to drugs and biological and environmental factors. Effective treatment typically incorporates many components — pharmacotherapy, behavioural therapy and social support each directed towards a particular aspect of the disorder and matching an individual's particular problems and needs.

Psychological Treatment

A. Motivational Enhancement Therapy: Motivational Enhancement Therapy (MET) is based on the trans-theoretical model of behaviour change (Prochaska&Diclemente 1982, 1984, 1986, 1992) which postulates that change in behaviour takes place in different stages. MET uses motivational interviewing to enhance treatment readiness and move the patient through the stages of change (pre-contemplation, contemplation, determination, and action) for evoking change in substance use behaviors. MET is characterized by an empathic approach in which the therapist helps to motivate the patient by asking about the pros and cons of specific behaviors, exploring the patient's goals and associated ambivalence about reaching those goals, and listening reflectively to the patient's response.

B. Behavioral Therapies: In behavioral therapies, based on the principles of learning, the target behavior of habitual excessive substance use is altered through systematic environmental manipulations that vary widely depending on the specific substance use behavior. Contingency contracting is a subtype of contingency management based on the

use of predetermined positive or negative consequences to reward abstinence or punish, and thus deter, drug-related behaviors. Negative consequences of substance use may include notification of courts, employers, or family members. Cue exposure treatment involves exposing a patient to cues that induce craving while preventing actual substance use and, therefore, the experience of substance-related reinforcement. Cue exposure can also be paired with relaxation techniques and drug-refusal training to facilitate the extinction of classically conditioned craving. Aversion therapy involves coupling substance use with an unpleasant experience such as mild electric shock, pharmacologically induced vomiting, or exaggerated effects of the substance. This treatment seeks to eliminate substance use behaviors by pairing them with punishment.

C. Cognitive-Behavioral Therapies: Social skills training, an element of CBT, recognizes that alcohol and drug dependence commonly results in the interruption of normal developmental acquisition of social skills as well as the deterioration of previously learned social skills because of the interference of drug-seeking and drug-using behaviors. Social skills training targets an individual's capacity for effective and meaningful communication including non verbal communication, listening, being able to think from others' perspective, adapting to different circumstances, maintaining relationships, and being assertive

D. Group Therapy: Group therapy is viewed as an integral and valuable part of the treatment regimen for many patients with a substance use disorder. Many different types of therapies have been used in a group format with this population, including CBT, IPT, and behavioral marital, modified psychodynamic, interactive, rational emotive, Gestalt, and psychodrama therapies. Given the social stigma attached to substance use disorders, the presence of other group members who acknowledge having a similar problem can provide comfort. In addition, other group members who are further along in their recovery can act as models, and provide hope and encouragement.

E. Family Therapies: Dysfunctional families, characterized by impaired communication and an inability of family members to set appropriate limits or maintain standards of behavior, are associated with poor short- and long-term treatment outcome for patients with substance use disorders (Mc Kay et al, 1992). Goals of family therapy include obtaining information about the patient and his factors which contribute to substance abuse. These include the patient's attitudes toward substance use, treatment adherence, social and vocational adjustment, level of contact with substance-using peers, and degree of abstinence. Family support for abstinence, maintaining marital and family relationships are encouraged. Even the brief involvement of family members in the treatment program can enhance treatment engagement and retention. Controlled studies have shown positive outcomes of involving non-alcohol-abusing family members in the treatment of an alcohol-abusing individual.

F. Prevention With Adolescents: Substance use has a well established pattern of onset and progression during adolescence. This has led to the development of a variety of prevention initiatives for children and adolescents. The majority of adults with substance abuse problems begin to use substances during their adolescent years. These interventions are designed with the goal of increasing adolescent's awareness of the various social influences that support substance use and teaching them specific skills for effectively resisting both peer and media pressures to smoke, drink, and use drugs.

Conclusion

Drug addiction is a complex illness with far-reaching consequences for those who know, work with, and support the drug-addicted individual. Even if you don't know someone who is abusing drugs directly, you are likely impacted in other ways, whether through taxation, paying higher insurance premiums or college tuition, or in picking up hours at work. Drug addiction knows no boundaries.

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