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SUBSTANCE ABUSE CAUSES AND CONSEQUENCES

Kamlesh Kumar Sahu* & Soma Sahu**

Abstract

Substance abuse has become a large phenomenon in India in the past two decades affecting all segments of society. The use of alcohol, tobacco, various drugs is a wide spread phenomenon among youths. The abuse of psychoactive drugs among youths is an issue of national importance. Concerns have focused not only on the physiologic and behavioural impact of substance abuse on the youths but also on the public health hazards. Substance abuse is increasing at an alarming rate, causing serious threats to every nation, by deteriorating health, increasing crimes, hampering productivity, destroying relationships, eroding social and moral values and impeding the overall progress of societies. Young people are becoming the largest hostage of the threat of substance abuse and their vulnerability is increasing gradually.

This paper will be discussing causes and consequences of substance abuse in youths with special reference to India based on the secondary data review.

Key words: substance abuse, youths, addiction, drug abuse

Introduction

The increasing production, distribution, promotion and easy availability of substance together with the changing values of society has resulted in rising substance abuse related problems emerging as a major public health concern in India. Sociologist, social worker, psychiatrists, other mental health professionals, educators, and politicians are ever more identifying substance use and abuse as a critical public health problem. Despite attempts to limit access to psychoactive substances by young persons, the use of such substances is common among adult, adolescents and growing in some groups.

‘Substance abuse’ refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.^[1] The most common substance abused are alcohol, marijuana (ganja), bhang, hashish (charas), various kinds of cough syrups, sedative tablets, brown sugar, heroin, cocaine, tobacco (cigarette, gutka, pan masala) etc. Substance abuse is also known as drug abuse. A pharmaceutical preparation or a naturally occurring substance used primarily to bring about a change in an existing process or state (physiological, psychological or biochemical) can be called a drug. In simpler terms, any chemical that alters the physical or mental functioning of an individual is a drug. A drug may or may not have medical uses; its use may or may not be legal. The use of a drug to cure an illness, prevent a disease or improve health is termed ‘drug use’. But when a drug is taken for reasons other than medical, in an amount, strength, frequency or manner that causes damage to the physical or mental functioning of an individual, it becomes ‘drug abuse’. Any type of drug can be abused; drugs with medical uses can also be abused. Illegal drugs like brown sugar and ganja have no medical use at all. To use them, is to abuse them. Drug abuse defined as a disease in 1956 by the World Health Organisation and the American Psychiatric Association, drug

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abuse is "the illicit consumption of any naturally occurring or pharmaceutical substance for the purpose of changing the way, in which a person feels, thinks or behaves, without understanding or taking into consideration the damaging physical and mental side-effects that are caused".^[2]

Substance abuse leads to **substance addiction** with the development of tolerance and dependence. Tolerance refers to a condition where the user needs more and more of the drug to experience the same effect. Smaller quantities, which were sufficient earlier, are no longer effective and the user is forced to increase the amount of drug intake. Slowly, drug **dependence** develops. Both substance **abuse and dependence** require a maladaptive pattern of substance use. Substance abuse criteria include use resulting in inability to meet major role obligations, legal problems, and an increase in risk-taking behaviours or exposure to hazardous situations. Criteria for substance dependence include the physiological criteria of tolerance and withdrawal symptoms, use resulting in abandonment of important activities, spending increasing time in activities related to substance use, using substances for a longer time than planned, and use despite the existence of worsening problems due to the substance use. Some drugs produce only psychological dependence while others produce both physical and psychological dependence. Psychological dependence is a state characterized by emotional and mental preoccupation with the effects of the drug and a persistent craving for it. As psychological dependence develops, the user gets mentally 'hooked' on the drug. When physical dependence develops, the user's body becomes totally dependent on the drug. With prolonged use, the body becomes so used to functioning under the influence of the drug, which it is able to function normally only if the drug is present. After the user becomes dependent, if the intake of drugs is abruptly stopped, **withdrawal symptoms** occur. In a sense, the body becomes 'confused' and 'protests' against the absence of the drug. The withdrawal symptoms may range from mild discomfort to convulsions, depending on the type of drug abused. The intensity of withdrawal symptoms depends on the physical condition of the user, the type of drug abused, the amount of drug intake and the duration of abuse. Symptoms of drug withdrawal are usually the opposite of the effects produced by the presence of the drug in the body. For example, brown sugar intake causes constipation, while one of its withdrawal symptoms is diarrhea. Such problems make it difficult for the user to give up drugs. He wants to avoid unpleasant withdrawal symptoms; and to avoid them he must keep on abusing the drug. The user is thus forced to continue drug abuse even if (or when) he knows that the drug is hurting him.^[3]

Extent of the Problem

It is estimated that there are about 62.5 million alcohol users, 8.7 million cannabis users and about 2 million opioids users in our country. There are an estimated 250 million tobacco users of age 10 and above. Total about 3 million (about 0.3 per cent of total population) estimated victims of different kinds of drug usages in India. Serious public health problems result from alcohol and other drug consumption. Drug abuse and its impact among women is now becoming more evident in India. Licit substances like tobacco and alcohol are widely prevalent, while abuse of illicit substances like cannabis, heroin, other opiates including opium and propoxyphene is recognized throughout the country. The abuse of psychotropic substances and solvents is also increasingly being recognized.^[4]

Result from various earlier epidemiological researches in various regions in the India gives different picture of substance abuse. Alcohol 'use/abuse' prevalence in different regions has thus varied from 167/1000 to 370/1000; 'alcohol addiction' or 'alcoholism' or 'chronic

alcoholism' from 2.36/1000 to 34.5/1000; alcohol and drug use/abuse from 21.4 to 28.8/1000.^[5] A meta-analysis by Reddy and Chandrashekar^[6] (1998) revealed an overall substance use prevalence of 6.9/1000 for India with urban and rural rates of 5.8 and 7.3/1000 population. The rates among men and women were 11.9 and 1.7% respectively. Regional studies between 2001 and 2007 continue to reflect this variability. Currently, the interest is to look at hazardous alcohol use. A study in southern rural India^[7] showed that 14.2% of the population surveyed had hazardous alcohol use. A similar study in the tertiary hospital^[8] showed that 17.6% admitted patients had hazardous alcohol use. The only incidence study on alcohol use from Delhi^[9] found that annual incidence of nondependent alcohol use and dependent alcohol use among men was 3 and 2 per 1000 persons in a total cohort of 2,937 households.

The National Household Survey of Drug Use in the country^[10] is the first systematic effort to document the nation-wide prevalence of drug use. Alcohol (21.4%) was the primary substance used (apart from tobacco) followed by cannabis (3.0%) and opioids (0.7%). Seventeen to 26% of alcohol users qualified for ICD 10 diagnosis of dependence, translating to an average prevalence of about 4%. There was a marked variation in alcohol use prevalence in different states of India (current use ranged from a low of 7% in the western state of Gujarat (officially under Prohibition) to 75% in the North-eastern state of Arunachal Pradesh. Tobacco use prevalence was high at 55.8% among males, with maximum use in the age group 41-50 years. The National Family Health Survey (NFHS)^[11] provides some insights into tobacco and alcohol use. The changing trends between NFHS 2 and NFHS 3 reflect an increase in alcohol use among males since the NFHS 2, and an increase in tobacco use among women. The Drug Abuse Monitoring System,^[10] which evaluated the primary substance of abuse in inpatient treatment centres found that the major substances were alcohol (43.9%), opioids (26%) and cannabis (11.6%).

Rapid situation assessments (RSA) are useful to study patterns of substance use. An RSA by the UNODC in 2002^[12] of 4648 drug users showed that cannabis (40%), alcohol (33%) and opioids (15%) were the major substances used. A Rapid Situation and Response Assessment (RSRA) among 5800 male drug users^[13] revealed that 76% of the opioid users currently injected buprenorphine, 76% injected heroin, 70% chasing and 64% using propoxyphene. Most drug users concomitantly used alcohol (80%). According to the World Drug Report,^[14] of 81,802 treatment seekers in India in 2004-2005, 61.3% reported use of opioids, 15.5% cannabis, 4.1% sedatives, 1.5% cocaine, 0.2% amphetamines and 0.9% solvents.

Causes of Substances Abusive

The reasons for the abusive of substances may vary from person to person and more than one reasons could be responsible for it. Causes of substance abuse can be as followed:^[15]

1. Social factors:

- Peer pressure (One of the most important causes)
- Role-Modeling/imitation
- Easy availability
- Conflicts (usually intrafamilial)
- Cultural/Religious reasons
- Lack of social or familial support
- Social attitude
- Celebrations
- Rapid urbanization

2. Psychological Factors:

- Curiosity
- As a novelty
- Social rebelliousness (disobedience)
- Early initiation
- Poor control
- Sensation seeking (Feeling high)
- Low self-esteem (Anomie)
- Poor stress management
- Childhood loss or trauma
- As a relief from fatigue or boredom
- To escape reality
- No interest in conventional goals.
- Psychological distress

3. Biological Factors:

- Family history, genetic predisposition
- Pre-existing psychiatric or personality disorder, or a medical disorder
- Reinforcing effects of drugs
- Withdrawal effects and craving
- Biochemical factors ^[15]

Consequences of Youth Substance Abuse

Despite the enormity of the problem in India, systematic research has not been undertaken to clearly document the combined social, economic, health and psychological impact of substance abuses. However, even the limited available data indicate the association of substance abuse related problems with several spheres of life.

World wide the harmful use of alcohol results in 2.5 million deaths each year. 320,000 young people between the age of 15 and 29 die from alcohol-related causes, resulting in 9% of all deaths in that age group. At least 15.3 million persons have drug use disorders. Injecting drug use reported in 148 countries, of which 120 report HIV infection among this population. ^[16] Substance abuse (alcohol, tobacco and other drugs) is associated with a range of physical, psychological, social and occupational problems. ^[4] It is a complex problem having medical and social ramifications which impacts all social strata. It affects not only the user and their families but all sections of the society. ^[17]

Young people who persistently abuse substances often experience an array of problems, including academic difficulties, health-related problems (including mental health), poor peer relationships, and involvement with the juvenile justice system. Additionally, there are consequences for family members, the community, and the entire society. Broadly consequences of substance abuse/addiction can be explained in following headings:

Academics

Declining grades, absenteeism from school/college and other activities, and increased potential for dropping out of school/college are problems associated with youth substance abuse. Hawkins, Catalano, and Miller ^[18] cite research indicating that a low level of commitment to education and higher truancy rates appear to be related to substance use among youth. Cognitive and behavioral problems experienced by alcohol and drug using

youth may interfere with their academic performance and also present obstacles to learning for their classmates.^[19]

Health and Safety

Psychoactive drugs affect the central nervous system and act by altering a person's feelings, thoughts and behaviour. They act by directly affecting the brain or the central nervous system (CNS) leading to various complication and health and behavioural problems. Injuries due to accidents (such as car accidents), physical disabilities and diseases, and the effects of possible overdoses are among the health-related consequences of youth substance abuse. Disproportionate numbers of youth involved with alcohol and other drugs face an increased risk of death through suicide, homicide, accident, and illness. Trauma, violence, organ system damage, various cancers, unsafe sexual practices, premature death and poor nutritional status of families with heavy drinking fathers are associated with substance abuse.

Transmission of HIV/AIDS primarily occurs through exposure to body fluids of an infected person during sexual contact or through sharing of unsterile drug-injection equipment. Another primary means of transmission is from mothers to infants during pregnancy or the birth process. Many substance-abusing youth engage in behavior that places them at risk of contracting HIV/AIDS or other sexually transmitted diseases. This may include the actual use of psychoactive substances (particularly those that are injected) or behavior resulting from poor judgment and impulse control while experiencing the effects of mood-altering substances. Rates of AIDS diagnoses currently are relatively low among teenagers, compared with most other age groups. However, because the disease has a long latency period before symptoms appear, it is likely that many young adults with AIDS were actually infected with HIV as adolescents.

These limited examples illustrate the catastrophic health-related consequences of substance abuse among adolescents. Besides personal and family distress, additional healthcare costs and loss of future productivity place burdens on the community.^[20]

Mental health

Mental health problems such as depression, developmental lags, apathy, withdrawal, and other psychosocial dysfunctions frequently are linked to substance abuse among adolescents. Substance-abusing youth are at higher risk than nonusers for mental health problems, including depression; conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide. Suicide is the second leading cause of death among college students (Silver, 1984; James et. al. 2010). Marijuana use, which is prevalent among youth, has been shown to interfere with short-term memory, learning, and psychomotor skills. Motivation and psychosexual/emotional development also may be influenced.^[21]

Peers

Substance-abusing youth often are alienated from and stigmatized by their peers. Adolescents using alcohol and other drugs also often disengage from school and community activities, depriving their peers and communities of the positive contributions they might otherwise have made.

Families

In addition to personal adversities, the abuse of alcohol and other drugs by youth may result in family crises and jeopardize many aspects of family life, sometimes resulting in family dysfunction. Both siblings and parents are profoundly affected by alcohol- and drug-involved youth.^[22] Substance abuse can drain a family's financial and emotional resources.^[21]

Social and economic consequences

In addition to personal adversities, the abuse of alcohol and other drugs by youth may result in family crises and jeopardize many aspects of family life, sometimes resulting in family dysfunction. Both siblings and parents are profoundly affected by alcohol- and drug-involved youth.^[22] Substance abuse can drain a family's financial and emotional resources.^[21]

Many of the families with a substance user also had difficulty in running the day-to-day activities of the household, as the available resources were spent on substance rather than on basic needs. This has a great psychological impact on other family members. Consequently this leads to a disturbed emotional and psychological state among family members, which in turn affects their level of happiness and psychological stability.

The social and economic costs related to youth substance abuse are high. They result from the financial losses and distress suffered by alcohol- and drug-related crime victims, increased burdens for the support of adolescents and young adults who are not able to become self-supporting, and greater demands for medical and other treatment services for these youth.^[23]

Delinquency

There is an undeniable link between substance abuse and delinquency. Arrest, adjudication, and intervention by the juvenile justice system are eventual consequences for many youth engaged in alcohol and other drug use. It cannot be claimed that substance abuse causes delinquent behavior or delinquency causes alcohol and other drug use. However, the two behaviors are strongly correlated and often bring about school and family problems, involvement with negative peer groups, a lack of neighborhood social controls, and physical or sexual abuse (Hawkins et al., 1987; Wilson and Howell, 1993).^[24-25] Possession and use of alcohol and other drugs are illegal for all youth. Beyond that, however, there is strong evidence of an association between alcohol and other drug use and delinquent behavior of juveniles. Substance abuse is associated with both violent and income-generating crimes by youth. This increases fear among community residents and the demand for juvenile and criminal justice services, thus increasing the burden on these resources. Gangs, drug trafficking, prostitution, and growing numbers of youth homicides are among the social and criminal justice problems often linked to adolescent substance abuse.

Work place: In terms of work, many substance users had missed going to work, frequently borrowed money from colleagues and friends, had shown poor productivity and faced a lack of respect from employers and colleagues. Many of them were warned by their employers about their hazardous drinking practices, which also resulted in frequent arguments and quarrels with their employers and colleagues, thereby demeaning the individual.

Conclusion

We can conclude that consequences of substance abuse on the society in general and on youths in particular are extremely negative on every aspects of life which needs immediate intervention. Collaborative effort of all stakeholder is needed no one alone can control it.

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