

Determinants of Drug Abuse - A Problem Ranking Technique of PRA

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Abstract:

The Drug abuse is a complex phenomenon which has various social, cultural, biological, geographical, historical and economic aspects. Drug use or substance abuse as it is often called has become a serious problem in many areas of the world. The most impact of drug abuse is on the brain which consequentially affects every other aspect of life of the person addicted to drugs. This paper mainly focuses on the major determinants of drug abuse in Ganivada Village, L. Kota Mandal, Vizianagaram District in Andhra Pradesh. The primary data for this study are collected in the month of November, 2018. The Sample size of 75 respondents out of 247 households in the village is selected on the basis of purposive non – random sampling technique. Based on the environment of the study area 9 variables selected for identifying the major determinants of drug abuse. This study shows that conducting awareness campaigns and Adolescent counseling sessions might ensure preventing the drug abuse.

Keywords: Drug abuse, Determinants, PRA, Substances

Introduction:

Almost all cultures have used Psycho-active drugs to facilitate social interaction, to alter consciousness to heal. Drug abuse is complex Phenomenon which has various Social, Cultural, Biological, Geographical, Historical and Economic Aspects. Drug use or Substance abuse as it is often called has become a serious problem in many areas of the world. The most impact of drug abuse is on the brain which consequentially affects every other aspect of life of the person addicted to drugs. Drugs are primarily chemicals that affect the communication system of the human brain. No single of generic set of variables explains the misuse of substances for every individual. Depending on an individual's biological makeup, developmental stage, and interaction with various environmental forces, individual risk, vulnerability, and resilience to substance abuse and addiction will vary for different factors at different times. In India the number of drug addicts or increasing day by day. It is observed from the earlier studies that the number of young population less than 20 years of age is at high risk. Drug addiction has become a worldwide problem and the leading cause of death. The global problem of addiction and drug abuse is responsible for millions of deaths and millions of new cases of HIV every year. In recent years, India is seeing a rising trend in drug addiction. The most common use of drug in India is alcohol, followed by cannabis and opiates. Drug use, whether licit or illicit, causes serious health problems in individuals. The National level survey conducted on drug abuse in India indicated that prevalence of drug abuse among males in the general population is significant. Drug abuse among women exists. Despite the fact that more men use drugs than women, the impact of drug use tends to be greater on women, because women lack access to care for drug dependence. Economic burden disturbed family environment, violence, and psychological problems are other consequences of drug abuse in the family. Adolescent drug abuse is another major area of concern because more than half of the person's with substance use disorder are

introduced to drugs before the age of 15 Years. The present paper highlights the determinants of drug abuse and describes the presentation of drug abuse & addiction for proper management of the problem.

Literature Review:

According to world Health Organization estimates, up to 90% of the World's street children abuse some kind of drugs. There is no systematic data on the prevalence of drug abuse in street children in India and the published literature is available from the metropolitan cities only. The National household survey on drug abuse surveyed 40,697 males of whom 8,587 were children (aged 12-18 Years) of these, 3.8% were using Alcohol, 0.6% cannabis and 0.2% opiates.

Social and Cultural Factors associated with Drug Abuse:

There are many factors that play a part in initiation and maintenance of drug abuse in adolescents. Initiation of drug use is complex with multiple factors contributing in the onset of the behavior. The social and cultural factors influencing the initiation of tobacco use vary from country to country, from developed world to developing nations, region to region and culture to culture. Some of the factors are Parental Influence, Family Structure, Peer Influence, Advertising and Promotion, Socio – economic Factors, knowledge, and Beliefs.

Effects of Drug abuse:

The most major impact of drug abuse is on the brain which consequentially affects every other aspect of life of the person addicted to drugs. Drugs are primarily chemicals that affect the communication system of the human brain. They disturb the ways in which nerve cells send process and receive information. There are a couple of ways in which drugs achieve this – they copy the natural chemical messengers of the human brain and they over stimulate the brain's reward circuit. Drugs such as heroin and marijuana are structured in the same way as chemical messengers known as neurotransmitters.

These neurotransmitters are produced naturally by the human brain. As a result of this similarity, the drugs can fool the receptors of human brain and activate the nerve cells in such a way that they send some abnormal messages. In case of drugs like methamphetamine and cocaine, the nerve cells get activated and they release extraordinarily large volumes of neurotransmitters. They are also capable of preventing the brain from recycling these chemicals in a normal manner. A normal level of production is necessary in order to end the signal between neurons. Drug abuse manifests itself in euphoric behavior by the user – and at mot times unnaturally so. This leads to a sequence where the users keep on repeating the same action of drug abuse. When this pattern continues the brain tries to adapt to the usage by reducing its own dopamine production as well as dopamine receptors. The user tries to adapt to this through drug abuse so that his or her dopamine production level can be brought back to a level that seems normal to him or her.

Methodology:

The present study is conducted in Ganivada Village of L. Kota Mandal in Vizianagaram District of Andhra Pradesh, which is one of the backward district of Andhra Pradesh. The study is based on the primary data. The primary data required for this study are collected by canvassing a Pre-designed schedule. The primary data for this study are collected in the month of November, 2018. The sample size of 75 respondents out of 247 households in the village is

selected on the basis of purposive non-random sampling technique. For identifying the major determinants of drug abuse in the study a problem ranking technique of PRA (Participatory Rural Appraisal) has been used. The word ‘drug use’ in this study shows the use of alcohol, tobacco, and pan chewing of substance which can harm an individual. Based on the environment of the study area nine variables are selected for identifying the major determinants of drug abuse, namely,

- a) Pursuit of pleasure and fun
- b) Availability of drugs in the village/nearest place
- c) Village environment and no family responsibility
- d) Earning at lower age and working environment
- e) Just for relaxation due to daily labor activity
- f) No fear and respect at elders
- g) Dropout from school/college
- h) Carelessness about health and lack of parents care

Limitations of Survey:

Data collected through Sample survey are subject to both sampling and non-sampling errors. A Sample, being a part of the population, may not represent the population exactly, even if it is drawn scientifically. There may be a difference between the estimate of static and the actual value of the population parameter that is being estimated. The said difference is called sampling error. In the context of this survey for the present study, the magnitude of sampling errors is tried to be minimized by taking an optimum sample size of the study area.

As far as non-sampling errors are concerned, these may be occurring during the enumeration, editing/coding, data processing and data presentation stage. Normally, non – sampling errors also originate as a consequence of local customs and conditions, which are beyond the control of the researcher. However, in the present content, personal assessment and crosschecking from co-residents have been made to elicit information during this survey. Thus, efforts have within the given circumstances.

Data Collection and Analysis:

Problem Ranking:

Several different techniques can be used to elicit local people’s perceptions of the more important problems they face. One simple method is to ask participants to list the nine or so main problems in their community to identify major determinants of drug abuse and then ask them to rank these problems in order of importance. A more systematic technique called pair wise ranking/problem ranking uses cards to represent the different problems. The facilitator shows the “Problem cards” two at a time, each time asking, “which is the bigger problem?” “As the participants / respondents make the comparisons, the results are recorded in a matrix. The final result is obtained by counting the number of times that each problem “Won” over the others and arranging them in appropriate order.

Problem Ranking: Organizing Tips

- a. Choose the theme of the ranking, depending on the topic of the PRA
- b. Ask the participants (Individuals being interviewed or members of a group discussion) to select about nine of the most important problems related to the theme.

- c. Note down each of the nine problems on a separate card-use pictures or symbols instead of text, where possible.
- d. Please two of the cards in front of the interviewee and ask him/her to choose the bigger problem and to give reasons for the choice. Mark down the response in the appropriate box in the priority ranking matrix.
- e. Present a different pair and repeat the comparison.
- f. Repeat until all possible combinations have been considered (When all boxes of the matrix have been filled)
- g. List the problems in the order in which the interviewee has ranked them by sorting the cards in order of priority.
- h. Check with the interviewee whether any important problem have been omitted from the list. If there are any, place them in the appropriate position in the ranking.
- i. Repeat the pair wise-ranking exercise with other individual and tabulate their responses. If appropriate, use the ranking to begin a discussion about potential solution to the priority problems.

An Individual’s Problem Ranking of Determinants/Factors for Drug Abuse in the Study Area (Asking, which is the bigger problem by showing two problems simultaneously?).

Problem	PPF	ADV	VENFR	ELAWE	JRDLA	NFRE	DS	CH	LPC
Pursuit of pleasure and fun (PPF)	X	PPF	PPF	PPF	PPF	PPF	PPF	PPF	PPF
Availability of drugs in the Village/Nearest place(ADV)	X	X	ADV	ADF	ADV	ADV	ADV	ADV	ADV
Village environment and no family responsibility(VENFR)	X	X	X	VENFR	VENFR	VENFR	VENFR	VENFR	VENFR
Earning at lower age and working environment(ELAWE)	X	X	X	X	ELAWE	ELAWE	ELAWE	ELAWE	ELAWE
Just for relaxation due to daily labor activity(JRDLA)	X	X	X	X	X	JRDLA	JRDLA	JRDLA	JRDLA
No fear and respect at elders(NFRE)	X	X	X	X	X	X	NFRE	NFRE	NFRE
Dropout from School/College(DS)	X	X	X	X	X	X	X	DS	DS
Carelessness about health(CH)	X	X	X	X	X	X	X	X	CH
Lack of parents care(LPC)	X	X	X	X	X	X	X	X	X

Source: Primary Data

An Individual’s Problem Ranking of Determinants of Drug Abuse:

Problems	No. of Times Preferred	Rank
PPF	08	1

ADV	07	2
VENFR	06	3
ELawe	05	4
JRDLA	04	5
NFRE	03	6
DS	02	7
CH	01	8
LPC	00	9

Total Sample (75) Respondent’s Problem Ranking of Determinants/ Factors of Drugs Abuse in the Study Area:

Problems	No. of Times preferred/Frequency	Rank/Seriousness
PPF	565	1
ADV	490	2
VENFR	421	3
ELAWE	350	4
JRDLA	275	5
NFRE	202	6
DS	145	7
CH	73	8
LPC	00	9

Source: Primary Data

Out of nine selected determinants, it is found that pursuit of pleasure and fun is placed on the top rank and it clearly shows that this is the major determinant/factor of the drug abuse among the nine determinants in the study area.

The rest of the determinants/variables/factors are arranged in the descending order based on their ranks as- Availability of drug in the village/nearest place(2nd), Village environment and no family responsibility(3rd), Earning at lower age and working environment (4th), Just for relation due to daily labor activity (5th), No fear and respect at elders(6th), Dropout from school/college (7th), Carelessness about health (8th), and Lack of parents care (9th).

Therefore, it is suggested that the following measures help to control the drug abuse practices in particular and general.

Suggestions:

- a. The two main approaches to overall drug – use- prevention are demand reduction and supply reduction.
- b. Awareness campaigns must be conducted periodically for prevention of drug abuse.
- c. School/College is the most popular places for conducting drug abuse prevention programmes.
- d. It is also important that how, when, where, by whom and to whom drug use prevention programmes will be delivered, is of vital importance.
- e. Spending more time with each other will help to improve the relationship between parents and children.
- f. Adolescent counseling sessions might ensure prevention the drug abuse.

References:

1. Conrad KM; Flay BR and Hill D. Why children start smoking cigarettes: Predictors onset. *Br J Addiction* 1992; 87 : 1711-1724
2. Aaro LE, Hauknes A, Berglund EL. Smoking among Norwegian school children 1975-1982; the influence of Social Environment. *Scand J Psychiat* 1981;22; 297-309.
3. Elkind AK. The Social Definition of Women's Smoking Behavior. *Soc Sci Med* 1985; 20: 1269-1278.
4. Bandura A. *Social Learning Theory*, Eaglewood Cliffts, Prentice Hall, 1977.
5. Graduate LA and Recharadson A. Which Workers Smoke? *Health Reporter*, 1994; 10 (3): 35-45.
6. UNICEF, 2002
7. Summary of findings from the 1998 National Household Survey on Drug Abuse. DHHS Publication No. (SMA) 99-3328. Rockville, MD: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 1999.
8. Census 2001.
9. Partnership for a Drug-Free America (PDFA) 1999 Partnership Attitude Tracking Study. New York, NY: PDFA, 1999.)
10. Who website/Health topics/ Substance abuse/ http://www.who.int/topics/substance_abuse/cn/
11. Kumar V. Nehra DK, Kumar P. Sunila, Rajiv Gupta R. Prevalence and Pattern of Substance Abuse: A Study from De-Addiction Center. *Delhi Psychiatry J.* 2013;16(1):110-4.
12. Bal R. Prevalence of alcohol dependence among males in Thiruvananthapuram District, Kerala. *J Substance abuse Treat.* 2009.
13. Stark,rodncy,"Alcoholosim drug addiction" in social problems, Random house, Toronto 1975
14. McClelland. David, the drinking man, free press, New York, 1977