

A Theoretical Understanding of Drug Abuse: Situational Analysis of Hyderabad

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ABSTRACT

The prevalence and patterns of drug abuse vary across regions, making it a prevalent social problem that affects both individuals and communities. This study presents a theoretical comprehension of drug abuse by undertaking a situational analysis of Hyderabad, which studies the socioeconomic factors, cultural, and psychological elements that lead to substance misuse. The research examines the peer group influence, dynamics within families, and urbanization on the rise of substance dependency through a multidisciplinary approach. It also assesses the efficacy of current policies, rehabilitation efforts, and regulatory measures in resolving the issue. The objective of this study is to identify the fundamental causes of substance abuse in Hyderabad by combining theoretical frameworks with data from the community. This will provide policymakers and stakeholders with the necessary information to develop effective early detection and intervention strategies. The results underscore the necessity of a comprehensive and community-based strategy to address substance abuse and promote a happier urban environment.

Keywords: Drug abuse, Hyderabad, socio-economic factors, urbanization, substance misuse, rehabilitation, prevention strategies, situational analysis

INTRODUCTION

A theory is merely an explanation for a phenomenon that is applicable to a wide variety of situations and contexts. As such, the ideas covered in this chapter explain why people use and abuse substances under a range of diverse settings and circumstances. In the late 19th century, scientific inquiry into the problem of drug abuse began. Leavitt conducted the first study on morphine addiction in 1878 [1]. Nevertheless, these early studies were exclusively concerned with biological factors due to the rapid advancement of the disciplines of pharmacology and biochemistry. Then, in the early 20th century as psychology had advanced, psychological elements of drug abuse became a subject of discussion.

However, during World War II, public funding for drug abuse studies expanded (Musto, 1996) [1], and beginning in the 1960s, drug abuse research began to incorporate all three primary factors: biological, psychological, and social. Since then, academics and intellectuals from all schools have offered several theories for drug misuse behaviour [2]. Drug misuse, for instance, is explained by biologists as a hereditary problem, by psychologists as a personality trait or a coping strategy for anxiety or stress, by sociologists as a deviant behavior that results from an individual's social and cultural surroundings, and so on.

However, these independent explanations were insufficient to develop a comprehensive, effective treatment plan for individuals with substance use disorders.

There are different perspectives on substance use and abuse. Some models are universally relevant to all types of drugs and patterns of use, while others are very specific, addressing only one type of substance or pattern of use [3]. A highly wide theory of substance use may account for experimental, sporadic, and heavy use of a variety of different substances, both legal and illicit. This chapter examines a variety of somewhat wide ideas. Research provides evidence that these theoretical justifications are right; yet, it is commonly recognized that a certain theory may be empirically valid in some cases but not in others [4-7]. For instance, one hypothesis may be effective at explaining teenage marijuana usage, but another may be more effective at explaining why middle-aged individuals take prescription drugs. These theories should thus be seen as complementary explanations for drug use that often overlap rather than as competing theories. Substance use theories demonstrate why substance use and abuse occur and how they differ according to a range of different settings and societal conditions. Though there are many dozen theories of drug abuse, we have discussed a variety of conceptually unique and comprehensive perspectives.

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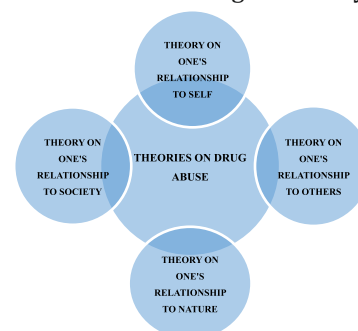
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Theoretical Perspective

The theoretical perspectives on Drug abuse can be categorized into four broad categories. They are as follows:-



- 1) Theories on One's relationship to Self
- 2) Theories on One's Relationship to Others
- 3) Theories on One's Relationship to Society
- 4) Theories on One's Relationship to Nature

1) THEORIES ON ONE'S RELATIONSHIP TO SELF

a) Narcotic Addiction: An Interactional Perspective

David P. Ausubel's theory states that drug use is typically initiated by an individual's social interactions with drug-using peers: To the contrary of their non-addicted, emotionally mature peers, the emotionally immature teen has easy accessibility to drugs and lives in a culture that accepts drug use. Once they get over the drug's initial unpleasant effects, like nausea or vomiting, the emotionally immature teen finds it to be very helpful in adjusting to life [8-12]

b) Multiple Models Theory

Richard L Gorsuch

There were three interactive models that Gorsuch had developed for the initiation of illicit drug use (Gorsuch, R. L, 1976) [2 and 32]. They are as follows:

- 1) The non-socialized drug user model
- 2) The rodru socialization model, and
- 3) The iatrogenic model

The first model highlights the propensity for drug use in the unsocialized person, who will be more likely to engage in it since they have not internalized the norms that forbid drug use. The concept of prodrug socialization is related to persons whose culture condones drug use. This is true for communities where drugs are part of religious or cultural traditions, as well as organizations whose members use narcotics legally. Individuals who have been exposed to a substance in a medical environment are said to be iatrogenic [13-15]. These individuals may seek the drug's favorable benefits again if their original medical necessity no longer exists. All of these models demonstrate that the availability of illegal substances is a significant precondition for first usage. The unsocialized person doesn't seem to really want to look for drugs, and they wouldn't be inclined to do so if they were hard to find. Nonetheless, users of the prodrug and iatrogenic subcultures are more likely to look for a drug regardless of its availability; the latter group cites many models, while the former group cites a genuine and driven need for the drug.

c) An Ego/Self Theory of Substance Dependence

Edward J. Khantzian

Khantzian's work with substance abuse has been concentrated on individuals whose first use of drugs developed into substance abuse. Consequently, his understanding of the beginning and enduring patterns of substance use has been inextricably influenced by his encounters with more severe situations. Nevertheless, the purpose, reasons, and consequences of drug use can be most effectively comprehended from a psychoanalytic perspective by analyzing the intersection of a person's personality organization (particularly egoistic thinking and self-structures) with the environmental factors and substance effects.

d) General Addiction Theory

Alfred R. Lindesmith

Lindesmith's hypothesis although it focuses mostly on how the addict's urge to take drugs develops, it doesn't try to explain how they started using it.

There are a multitude of methods in which the initial reaction can occur, as well as a huge diversity of circumstances and reasons. This may be the result of a physician's prescription and is not related to the recipient's intentions, as they may not even be cognizant of the medication's source. The majority of current American addicts were acquainted with heroin through connection with users who obtained the substance illicitly [14-16]. The situation was quite different in the nineteenth century, when opiate products and patent pharmaceuticals were easily accessible in drugstores and early consumption was often linked to medical practice or self-medication. The circumstances surrounding the initial use of an opiate-type medication vary considerably around the globe and tend to evolve over time.

e) Coping Theory

Harvey Milkman and William Frosch

This theory says that the availability of a specific psychoactive agent and peer influence both play a role in initiating use. Initiation is not regarded as a significant or sufficient factor in the process of becoming harmfully involved in substance use. Instead, initiation must be accompanied with sociocultural and/or psychophysical factors that make a person more likely to continue using the drug [17]. The tendency to use a certain pharmacologic substance is dictated by the individual's unique psychophysical and/or sociocultural experiences. Heroin users may show phase-specific issues in ego development and low stimulus thresholds beginning as soon as the very first year of life. Ego impairment is a characteristic of amphetamine consumers that may be linked to second- or third-year issues [18-19]. The development of a captivating personality may be linked to the actual initiation (Blachly 1970). Seduction thresholds may be reduced during critical, high-risk periods, such as separation from parents and negative peer influence during adolescence.

f) Perceived effects theory of Substance Use

Gene M. Smith

The following four variables are necessary for the initiation of substance use, according to this theory: (Smith. G.M, 1977). They are as follows: -

- 1) Availability
- 2) Behaviour and attitudes of role models and "significant others" regarding drug use
- 3) The expectations, beliefs, and attitudes of users regarding the immediate and long-term advantages and disadvantages of use
- 4) Personality characteristics that facilitate or inhibit use.

2) THEORIES ON ONE'S RELATIONSHIP TO OTHERS

a) Disruptive Environment Theory

Isidor Chein

Chein's observations of juvenile males revealed that the majority of them did not commence their drug experimentation until their late teens, and typically not until they had fallen out of school, despite the fact that a person could take their first dose of a drug at nearly any age and for a diversity of reasons. Nevertheless, sixteen appears to be the most prevalent age. It was shown that the vast majority of teenage drug users who develop addictions live in the poorest slum areas of the city and that they have serious personality issues before they start using drugs. All juvenile addicts have a distinct outlook on life, which is marked by disorientation, negativity, and disapproval on the one hand, and general pessimism, dissatisfaction, and a sense of futility on the other, even though not all of them were delinquents before they developed an addiction.

b) Incomplete Mourning Theory**Sandra B. Coleman**

An imbalance in the family's structure or function is seen as drug abuse; it's not just one person's problem [10] (Steinglass, P., 1976). Therefore, a linear, cause-and-effect explanation of heroin usage is not possible. Instead, heroin abuse is a part of a cycle in which the behavior of one family member reverberates with the behavior of another. According to [13] Hoffman (1976) and [11-12] Haley (1973, 1976), the family's homeostatic mechanism is the sequence of interactions and behaviors; substance misuse is merely a consequence of a variety of other activities.

c) Drug Subcultures theory**Bruce D. Johnson**

The initiation of substance use was the subject of extensive research in the 1970s [19-25]. Initiating with marijuana is essential for beginning with other substances (excluding alcohol), as demonstrated by each study. Three primary factors have been identified as contributing to the initiation of marijuana use: (1) prior alcohol consumption, (2) predisposing characteristics (including sexual orientation, family cohesion, political conservatism/leftism, race, and religion), and (3) peer group marijuana use. The drug-subculture theory, which is based on the theories of differential relationship [27] reference-group (Sherif and Sherif 1964), and social-learning [26] posits that the culture of parents has a significant impact on the behavior of youths. Additionally, the values of the parent culture may influence the selection of friends and the patterns of friendship choice. Peer culture also significantly influences the actions of friendship social circles [28].

d) Theory of Developmental Stages in Adolescent Drug Involvement**Denise B. Kandel**

This theory coupled the idea that teenage drug use occurs in stages with a longitudinal research design that allowed to clearly identify the group at risk of entering each stage. This has allowed us to ascertain the relative influence of critical factors in the explanation of initial transitions into a variety of substance addictions. There are three distinct stages of teen drug use, including hard liquor, the use of marijuana, and other illegal substances [29].

e) Self-esteem and Self-Derogation Theory of Drug Abuse**Howard R. Kaplan**

Drug use and abuse are two other deviant behaviors that people develop when they feel rejected by themselves because they haven't been able to avoid the situations in family, peer group, and school that make them feel bad about themselves. The person loses the motivation to follow membership group patterns and becomes motivated to break away from them because of the link between past memberships experiences in groups and the development of very upsetting negative self-attitudes. Moreover, the unsatisfied self-esteem desire leads the individual to seek alternative (Kaplan. H.B, 1975) (that is, deviant) response patterns that provide the prospect of diminishing negative self-attitudes and boosting positive attitudes.

3) Theories on One's Relationship to society**a) A drug dependency theory based on attitudes, roles, and availability to substances****Charles Winick**

This three-pronged theory states that the maximum prevalence of substance dependency will be observed in populations that have (Winick. C, 1974):

- 1) Accessibility to drugs that produce dependence
- 2) Rejection of proscriptions prohibiting their usage; and
- 3) Role deprivation and role strain

b) The Natural History Perspective of Drug Abuse**Lee N. Robins**

According to this theory, the majority of people are introduced to drugs by friends. Almost all users, according to studies, had acquaintances who used drugs before initiating their own. The most often used substance was received as a gift from a peer, not purchased or prescribed. This stands in stark contrast to the previous practice, when the first medication exposure was often caused by the doctor. It is also distinct from the initial government's anti-drug propaganda, which created the malicious drug "pusher" in the playground who distributed free samples to build a market for their demonic products. (Blum, R.H., and Blum, E.M, 1969). Recent years have seen less need for "pushers." The illicit drug industry, at least in the United States, has always been a seller's market.

c) Psychosocial Theory of Drug Abuse: A psychodynamic approach**Herbert Hendin**

From an adaptive perspective, the initiation of drug use, or the circumstances surrounding an individual's initial intake of drugs, are frequently overemphasized, particularly in the context of both alcohol and marijuana, which are typically acceptable and readily available to adolescents. A significant portion of the emphasis on initiation is derived from the notion that initiating a process increases the risk of the excess, to the extent that the sole solution to this issue is to halt it prior to its onset. This is analogous to the notion that the loss of virginity leads to promiscuity.

d) Achievement, Anxiety and Addiction Theory**Rajendra K. Misra**

Drug abuse, or their consequences, appears to be more prevalent in industrialized nations than in developing ones. Industrialized societies have very rigid criteria of success. There are specific, well-defined criteria for objective achievement. The quality of existence is quantifiable. The indicators of contentment are unambiguous and precise. In the US, for example, the standards of greatness are clearer and stronger than in India, where more than 70% of the people live in rural areas and depend on farming for a living. In India, beliefs in (a) the spirit's transmigration, (b) the birth-rebirth process, and (c) the goal of life as the ability to transcend the birth-rebirth cycle and unite with the Supreme Being discourage fixation with worldly, material goods. The beginning and end of a person's quality of life are somewhat ambiguous [25-26].

4) Theories on One's relationship to Nature**a) An addiction to Pleasure: A Social-Psychological and Biological Theory of Addiction****Nils Bejerot**

At least four major routes to using addictive substances exist [27] (Bejerot 1975), each of which has some routes [27] (Bejerot. N, 1975).

The Therapeutic Pathway: For generations, opiate dependency has been a feared side effect of medical therapy. However, therapeutic opiate dependence has become rare (save for cancer cases and people undergoing terminal treatment) as doctors learned how to manage opiates. Several people in developed nations have developed a severe dependence on sedatives and hypnotics as a result of medical treatment. This group exhibits a variety of traits that have been clearly characterized by Brill (1968) and Allgulander (1978), to name a few. Patients generally feel humiliated and embarrassed about their drug abuse and attempt to cover from even their closest relatives.

The Professional Route: Physicians, in particular, are at a heightened risk of addiction. Pescor (1942) calculated that the threat is between 20 to 100 times that of the general population in various nations.

The Epidemic Route: Intoxicants are not acceptable in society during epidemic of substance abuse. Initiation happens nearly invariably, from experienced to beginner abusers, in a highly interconnected network [27] (Bejerot 1965). *The Cultural Route:* In certain cultural or endemic addictions (e.g., liquor in the Christian world, cannabis in specific Muslim societies, coca in specific South American Indian communities), the intoxicant is considered permissible in society. The prevalence of a specific cultural manifestation of an addiction varies significantly across civilizations.

b) A Chronobiological Control Theory

Mark Hochhauser

Psychological theory called chronobiological control says that people who feel helpless over their actions or feelings may turn to drugs to feel in control again, especially when they can't find or don't work with nondrug alternatives.

c) A Theory of Alcohol and Drug Abuse: A Genetic Approach

Marc A. Schuckit

Almost 90% of all students consume alcohol by the conclusion of high school, and at least 70 percent of the population in general consume it on any given day. Alcohol is a legal, readily accessible, and potent substance.

Situational Analysis of Hyderabad

Drug addiction among youth and adolescents in Hyderabad has reached an Epidemic stage. A decade back, what started as a Disease, has now become an Epidemic. The city is more vulnerable to addiction, because of its economic standing and the easy availability of substance at the city itself. There seems to be a rush in the registration of both In-door patients and New Out-door Patients in the last few months, the prime reason being the non-availability of Drugs in the market which is the result of State Police drive against the Narcotics supply chain. There is a particular drug called Buprenorphine used in the Medical treatment for Drug Addiction patients at the rehabilitation center. This drug acts as both an antagonist (An antagonist drug reacts on the receptors which release dopamine thus nullifying the opioid effect) as well as agonist (An agonist drug gives a mild high which lasts for 36 hours), thus lot of out-door patients and In-door patients seek for this drug as a final resort.

It is pathetic to know that though the number of drug addicts is much larger but very few turn to Drug Rehabilitation Centre for medication. This is due to high costs at the Rehabilitation Centre which permits only well off in society. This has an adverse effect on the patient as the chances for him to relapse are high.

As these Drugs are often consumed in a friend circle and the patient cannot stay aloof without meeting his or her 'friend circle'. The need for Drug Rehabilitation Centers at the village level is not an overstatement. The problem was not addressed for decades. Now Hyderabad is showing the withdrawal symptoms of prolonged drug abuse.

Though Narcotic Drugs are consumed in four corners of India, what makes Hyderabad more vulnerable? To understand this question, first let us know, in brief, the route of these Narcotics to various parts of India. Opium is extensively cultivated in Afghanistan for trade purpose and it reaches India via Pakistan. The first place to reach India is Punjab as it shares huge border line with Pakistan. Thus these Narcotics enter India via Punjab and from there to Delhi, Mumbai, Chennai, and Hyderabad et al. Indian estimates place the price of pure heroin in Pakistan at Rs. 1-2 lakh per kg. After it reaches the border, the price rises to Rs. 3 lakh per kilogram to cover the associated risks. The price increases to Rs. 16-20 lakh per kilogram in Mumbai after reaching Rs. 8-10 lakh per kg from Punjab to Delhi.

SOCIO-ECONOMIC PROFILE OF THE RESPONDENTS

An analysis of the socio-economic, demographic and cultural characteristics of the respondents helps us to understand the background of the respondents. A number of variables such as age, religion, caste, educational qualification, reason for discontinuing studies, occupation, income, rural or urban and nuclear or joint family, belief in God and use of condom are being used. The synthesis of the questions asked reveal that Drug Addiction underscores the Class divide and urban-rural divide as well. Drug addiction is equally distributed among all classes, castes and urban and rural inhabitants, while most of them were employed either in private or own businesses and earned about Rs. 10,000 - 15,000 while few earned more than Rs. 75000 per month. Regarding the Educational background of the respondents, none was illiterate who visited the Rehabilitation center. Most of them have discontinued their studies after Senior Secondary or Matriculation. When probed why? They said due to low marks or have to look after the family business. Of all the respondents only two were graduates and the other two were drop-outs in graduation. When questioned why did they discontinued they said by the time they were in graduation they were hooked to drugs and could not cope with their studies. Although 75% of the respondents were between the ages of 18 and 30, a small number were under the age of 18 and over the age of 35. A sixteen-year-old who got into addiction at a very young age due to his father's business. As his father was a peddler, the son used to steal the 'stuff' and later use it with friends. About 60 percent of respondents were married and few have children too. While 65% lived in a nuclear family and percentage of Nuclear family respondents from urban is high compared to rural.

An overwhelming 98% believe in God, of which 70% go to the Temple or Church thrice as week. When asked what they pray for, some said - they pray to God to get rid of Drug Addiction and some pray to God for their next dose of drug. When asked how do they manage the contradiction of getting intoxicated and attend the temple service - many said they are helpless, as the worship places give them the required "peace". The usage of condoms among drug addicts is very low. Only 15% percent of the respondents use condom while among the rest some are averse using condoms while others do not care of using condoms.

Conclusion

The Indian government has implemented numerous measures to address the issue. The Ministry of Social Justice and Empowerment initiated the "Nasha Mukta Bharat Abhiyaan" (NMBA) in August 2020 to resolve the issue in the 272 most vulnerable districts of India [1-32]. The Department of Social Justice & Empowerment is the Nodal Department for Drug Demand Reduction in the Government of India. In order to assist individuals in their recovery from substance addiction, the government has established numerous rehabilitation facilities and de-addiction centers throughout the nation. These centers offer medical treatment, counseling, and support to individuals who are battling substance addiction. However, these facilities are severely inadequate and plagued by corruption and substandard infrastructure. Numerous additional facilities throughout the nation offer comparable services to substance addicts. These centers are essential in assisting individuals in their recovery from substance addiction and in preventing relapses.

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