

Youth and Drugs

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Abstract

Drug abuse poses a serious threat to modern society. Youth is an asset to the community, but they often become victims of drug addiction. They have various reasons for drug abuse: frustration with life, boredom, family problems, social issues, peer pressure, or even a rebellious gesture towards the norms of civil society. A thorough understanding of this problem is necessary to effectively prevent or significantly reduce this social malady. A well-organised program of education is required to avoid drug abuse.

Keywords: Addiction, Drug, Factors, Family

Introduction

Issues of drug addiction is covered in the newspaper almost daily, showing the issue's seriousness. The drugs, the people, and the circumstances vary from place to place and from culture to culture. Limiting the availability of alcohol and its control of production and trade alone is insufficient to prevent alcoholism. The illicit drug phenomenon cannot be viewed outside the context of contemporary economic, social, and political developments. In an increasingly complex world, the scope for profit-making in the illicit drug trade is rapidly expanding. The relationship between illegal drugs and economic growth is far more important than generally recognised. The threat of drugs is a problem that goes across national territories. Today there are more young addicts between the ages of 15 and 24 than ever before in the history of humanity (Kapur, 1985), and this estimate is

increasing year by year. This article aims to understand the various factors leading the youth to drug abuse and how it can be treated and prevented.

What is a drug?

A drug is a substance that can be taken into the human body and, once taken, alters some processes within the body and mind. Some drugs kill bacteria and help the body recover from infections. “Some drugs cross the blood-brain barrier and affect neurotransmitter function” (Sussman & Ames, 2008). A pharmaceutical drug, also called a medication or medicine, is a chemical substance used to treat, cure, prevent, or diagnose a disease or promote well-being. Traditionally, drugs were obtained through extraction from medicinal plants, but more recently, by organic synthesis (“Drug,” 2022). The definition of the word drug proposed by the World Health Organization (WHO) refers to “any substance that, when taken into a living organism, may modify its perception, mood, cognition, behaviour or motor function” (World Drug Report, 1983). Some drugs may create dependence in a short time. Drugs also have an effect on moods, perception and consciousness.

When a drug is misused or overused to the point where it becomes the central focus of an individual’s life, it is known as drug abuse. Drug abuse can be defined as “the knowing ingestion of any property which has solid or semisolid form with the end, whether intended or not, of inducing physical or psychological dependency” (Mohan & Sehgal, 2004). Goodwin (1991) observes that the elaborate dependence proposed by the American Psychiatric Association can be collapsed more or less to a single sentence: Alcoholism involves a compulsion to drink, causing damage to self and others.

Drug Addiction

In the 4th century B.C., Aristotle referred to drunkenness as an organic disorder, and discussions of opium addiction have appeared in medieval documents (Hollen, 2009). The use of drugs was widespread because it formed a part of the ceremonial and sacrificial rites in the Vedic age. In contrast, the hemp plant’s narcotic products were mainly used for medicinal purposes (Parikh & Krishna, 1992). The drug induces physical and psychological dependency. Addiction to drugs is defined by the World Health Organisation (WHO) as “a state of periodic or chronic intoxication produced by the repeated consumption of a drug characterised by an overpowering desire or need to continue taking

the drug and obtain it by any means; a tendency to increase the dose; psychological and physical dependency on the effects of the drug resulting in effects detrimental to the individual and society” (Pillai, 1997). Parikh and Krishna (1992) explain the characteristics of addiction:

1. An overpowering desire is a need (compulsion) to continue taking drugs and obtain them by any means
2. A tendency to increase the dose
3. A psychic (psychological) and sometimes a physical dependence on the effects of the drugs

An addict becomes powerless when he cannot choose whether to drink or not. Biological, genetic, and environmental factors influence an individual’s vulnerability to addiction, just as the addiction liability of the substance in question affects the individual’s response. DSM-IV (2005) lists seven criteria and suggests that dependence/addiction is present when three or more have occurred within the last twelve months. The criteria are: (1) tolerance; (2) withdrawal; (3) often consuming more than was intended; (4) persistent desire or unsuccessful efforts to cut down (5) spending a great deal of time with drug-related activities; (6) giving up important social, occupational, or recreational activities; (7) and continuing consumption despite physical or psychological harm.

People do not start their lives dependent on substances, but they become dependent through repetition, by repeatedly using something to satisfy some need or longing. Thus, a person with addiction is someone who “has demonstrated failure to refrain, despite having attempted to so, or who would have demonstrated such failures under different environmental conditions” (Vuchinich & Heather, 2003).

How do Addictions Begin?

There are various reasons for drug-taking. However, it is significant to note that most drug addicts begin willingly. Many young people want to try drugs just to satisfy their curiosity. They desire to experiment with anything mysterious, dangerous and illegal (Pillai, 1997). One of the main reasons for taking drugs, especially by young people, is to be accepted among their peers. Other significant causes of addiction are family relationships, age, moral values, peer group pressure, religious influences, socio-cultural factors and economic instability.

Genetic Factors. The addictive inheritance is studied in the case of alcoholism. Most researchers believe the causes of alcoholism lie in biology and environmental factors, and some cite convincing evidence that the former plays the more significant role. Hollen (2009) argues that “biology and genetics underlie metabolic disorders, ethnic susceptibilities, certain prenatal influences, and network of neurotransmitters and neuromodulators in the brain, all of which subtly contribute to a person’s vulnerability to alcoholism.” The association of specific genes with alcoholism helped launch a series of investigations within the scientific community into the genetics of addiction.

Goodwin (1991) argues that studies endeavour to separate genetic from environmental factors, such as those in which adopted-away offspring of alcoholics compared to adopted children with non-alcoholic biological parents. They have claimed a three to four times greater alcoholism rate for those whose biological parents were alcoholics. Control-drinking theorists like Heather and Robertson (1983) propose that “some problem drinkers are born with a physiological abnormality, either genetically transmitted or as a result of intrauterine factors, which makes them react abnormally to alcohol from their first experience of it.” Findings like these have led genetic theorists and researchers to propose that inherited vulnerability to alcoholism takes the form of a more significant risk of developing drinking problems.

Family Relations. Alcoholism runs in families and is considered to be a familial disorder. Galante (1983) observes that familial alcoholics should have a positive family history of alcoholism, early onset of alcoholism, and severe symptoms requiring early treatment and intervention. It is crucial that drug addict often feels that they are not getting sufficient attention from their parents and turns to the drug.

Moreover, parents are always too busy to help or even genuinely sympathise with them (Kapur, 1985). Thus, the trend among urban families is that the younger generation is left alone. They want to escape the stark reality that their parents cannot help them or are willing to do so after a point. Drugs cause them to feel as if they are still happy and have the confidence and trust of their parents. The perfectionist parents continually demand perfection from their children, who think they can never be good enough. Consequently, they have feelings of inadequacy, discouragement and deep self-hate, which leads to depression and hostility towards their parents. This situation at home causes them to

take shelter under peer groups, and they learn to identify with these groups in all aspects (Mithra, 2016).

Thampu (1994) revealed that most addicts come from unhappy family backgrounds. And these include not only broken homes but also blighted homes, where parents co-habit and conflict, traumatising and starving their children emotionally. There is an ironic message that drug addiction afflicts the whole family. With the addict, the entire family also is derailed. Parikh and Krishna (1992) report that the New York University study compared the family background of 80 boys who were addicts with that of 30 boys who were non-addicts. All the families lived in a high drug use neighbourhood. Almost all 50 addicts came from families with troubled family relationships between parents, such as divorce, separations, and hostility. It has been known for many years that family members of alcohol-dependent patients have a significantly greater risk of becoming dependent than members of the general population.

Biological and Physiological Factors. The drugs primarily affect the brain and alter physiological functions within the body, subjective experience and behaviour. In their book, Mohan and Seghal (2004) discuss three types of theories relating the use of drugs to the chemical changes they produce in the brain:

- a. Deficiency theory: - This theory suggests that an individual deficient in a particular neuro-transmitter or neurohormone will use the drug as a replacement for it. This deficiency is presumably present from birth or results from inappropriate brain development.
- b. The second theory concerns brain reward mechanisms. When activated, specific neurons produce a pleasurable or rewarding effect; dopamine is the neurotransmitter for these neurons.
- c. The third view suggests that effects on various neural systems are likely to be involved in mediating the effects of drugs. No one simple effect is responsible for drug use. Instead, a range of drug effects may be responsible for its use.

Recognising that stress is a well-known risk factor in the development of addiction. Sinha (2008) proposed the pathophysiological pathways of stress-related addiction theory. This theory is supported by population-based studies that have identified specific stressors and individual-level variables as predictive of abusive and compulsive use of the drugs and

substances of abuse. The deleterious effects of early life stress, child maltreatment and abuse, and various traumatic mental and physical disorders can cause alterations in the brain.

Koob (2008) proposed the theory of emotional systems of the brain and addiction. He argued that the emotional systems of the brain that mediate arousal and stress systems in the amygdala are essential for understanding the development of addiction, including the negative emotional state that occurs when the use of a drug or substance of abuse is abruptly discontinued. The biological-determinist view argues that addiction is a disease and that “addicts” have an illness that has a physiological basis. Nora Volkow, the head of the U.S. National Institute on Drug Abuse, states that addiction is a brain disease (Daley, 2016).

Social Factors. An individual’s social background plays an important role in his behaviour and action. Breakdown in the family, strained relationships, lack of understanding and love, social upbringing, poverty and meaninglessness in life make a person feel it is worthless to live. When a person goes through these realities, he seeks to find other means whereby he could get rid of these problems and pressures. The effects of society on individuals make people go mad. Sometimes, inequality, injustice, and lack of concern and care for the suffering tend to make the younger generation adopt the philosophy of ‘eat, drink and make merry.’ They see nothing but hopelessness and meaninglessness in their future, but it seems reasonable to do it today; tomorrow does not matter and is the attitude that has crept into the minds of the new generation (Mithra, 2016).

Social scientists have interpreted drug abuse as partly a response to alienation. People who are not well rewarded in the mainstream of society seek alternative gratifications, such as drugs. Even if drug use is not a response to educational failure or economic deprivation, it may be engendered by other social pressures and changes (Mohan & Seghal, 2004). Drug abuse has challenged the future lives of many individuals. Drugs destroy all the beautiful values of life and lead them even to murder and suicide. An individual’s youth can be one of the happiest stages of his life. Mithra (2016) argues that drug addiction among youth is the result of a multiplicity of factors in society, and the changing standards of the world and its problems have robbed youth of their happiness. The World Drug Report (1997) argues that the rapid disintegration of traditional social structures has been put forward as a

contributing factor to new patterns of drug abuse in countries in a state of transition where there has been insufficient time to replace the old norms, values and customs with new ones.

Friends and Peer Groups. One of the most common replies as to why the addicts take drugs will be, ‘because my friends also take them.’ That seems to justify their taking drugs themselves. Thus, the attraction of drugs lies in the fact that it feels that they have actually performed miracles for a while. However, the aftermath is such that it leaves no doubt that drug takes their toll. “At a more banal level, ‘curiosity, ‘my friends were doing it’ and, there didn’t seem to be any particular reason not to,’ are among the most common reasons for experimenting with illicit drug use” (World Drug Report, 1997).

Drug use is closely tied to a person’s social and peer groups. Jessor (1979) has identified peer pressure’s power on adolescents’ drug use initiation and continuation. Styles of drinking, from moderate to excessive, are strongly influenced by the immediate social group. Such social learning is present in all types and stages of drug use. An individual is under pressure to choose the best of life and the peer group’s recognition and identity of their peer society and the pleasure of their self. For many, the need to build friendships is the primary motivation to begin using drugs. Daley (2016) narrates the experience of Palin, who, after migrating from Vietnam, went to an Australian high school. Unfortunately, he had little grasp of English. Classrooms were impossible for him to “fit in”, but he soon noticed the group of boys who were skipping classes. This group was appealing to Pailin, who wanted to escape from the classroom and also wanted friends. He said, “I couldn’t speak properly, and I met the wrong group of friends. I wanted to fit in, I guess. I knew no one, so I guess I just wanted to fit in. And I started taking drugs.”

Most surveys reveal that most addicts were introduced to drugs by their friends. They wanted to be accepted and taken note of. Thampu (1994) quotes the experience of an addict from Mumbai: “I must have introduced more than three dozen friends to brown sugar. I don’t know why I did it. But I don’t think it was for cheap thrills. Perhaps I derived security from their insecurity.” Those with strong affiliative needs are particularly likely to be influenced by their friends and associates’ encouragement to take drugs (Mohan & Seghal, 2004).

Psychological Factors. Since ancient times, it has been recognised that drugs profoundly affect man’s mind. What has taken us very long to discover that this effect is bothersome and perplexing. There may be

ways of explaining why and what happens on a drug trip, but nobody knows exactly why. Kapur (1985) argues that psychedelic drugs and opiates raise the mind to a level of perception far beyond that found in ordinary states. The feeling is one of intricate, computer-like order in all perceptions. The principal reasons for drug misuse are a combination of personality and social variables. Psychoanalysts believe that the drug addict is an immature, orally fixated individual. Mohan and Seghal (2004) argue that a crucial element of drug misuse is self-destructive behaviour motivated by hostility or guilt.

Many drugs affect parts of the body without affecting the brain, but psychoactive drugs affect the brain and result in behavioural changes. Wells and Stacy (1976), in their study of 5540 addicts, observed that drug misuse consistently was related to elevated levels of anxiety, neuroticism, and psychoticism. A survey conducted by the Delhi School of Social Work (Mohan & Seghal, 2004) on university students reported that 87% of drug abusers were insecure, immature, dependent, frustrated, diffident, anxious, and worried. They suffered from a sense of failure and personal inadequacy. Their social contacts were limited to a very small and close circle of friends.

Moral and Ethical Perspective. As human beings in a society, we need some guiding principles for our day-to-day life. To decide right and wrong, we need a measuring rod that could be ethics. One is under ethical obligations as long as one is in the community. We have moral and ethical duties to perform, which probably start at home and extend to society. Ethical standards are for the community and even for one's self.

On the other hand, if everyone formulates their moral standards for their end and behaves as they please, they will not benefit the community. For it will bring chaotic problems to the community and society in general. Mithra (2106) shares the cry of an addict:

Frequently I suffered separation from the family members I loved. The peer group were those I did not really love, but for pressure. Loss of wealth also came on me; I drained the family economy... ignominies, dishonour, full of affliction from police officials and likewise from the community, excessively poignant pain, both mental and physical. I also underwent frightful indignities of parents and fierce deaths, and captivities of addiction. I had fallen into the hell and torments in the house of the withdrawal.

Every addict will have a similar story to tell. Does this scene make us feel guilty for the dereliction of our moral and ethical responsibilities? Thampu (1994) observes that the terms ‘substance abuse’ mean only alcoholism and drug dependence to most people. But it is essential to realise that these two most typical expressions symbolise a much broader problem. And that problem concerns the total orientation of life that the very substance of human existence, the essence of our being, is abused.

Treatment

Many possible scenarios bring individuals into treatment, but most are linked to negative consequences of use. Johnson (1980) proposed that individuals progress through the following stages of recovery:

The *first* stage of admission occurs when individuals enter treatment settings and accept or admit that they have a substance abuse problem. The *second* phase of recovery is compliance. Compliance involves a change in an individual’s attitude from resisting to complying with treatment. The *third* stage of recovery, acceptance, involves personal responsibility for recovery. The *fourth* stage of recovery, surrender, is signalled by an appropriate display of caution about the future and the realisation that aftercare is necessary for the continued maintenance of change.

Mann (1970) speaks about the status of alcoholism as a disease in the medical sense. She wrote: Alcoholism is a disease which manifests itself chiefly by the uncontrollable drinking of the victim, which, if left untreated, grows more virulent year by year, driving its victims further and further from the everyday world, and deeper and deeper into an abyss which has only two outlets: insanity or death. Alcoholism, therefore, is a progressive and often fatal disease. Treating drug abuse goes far beyond providing a medical remedy for a physiological malfunction. In treating an addict, there are complex problems needing attention.

Cunkapura (1986) believes alcoholism was considered a moral and legal problem in the past, and alcohol-related issues were handled in courts and hospitals. Such a restricted method of dealing with the abuse of alcohol is far from reality, as alcoholism itself is a product of multivariant factors. Since alcoholism is a disease of the mind, body and spirit, we must understand how the person’s total being is affected by the addiction process. Susman and Ames (2008) propose a multidisciplinary approach to treating drug addiction. They say that

treatment of substance abuse in many countries is progressing toward a multidisciplinary approach. As a chronic disease, addiction requires lifelong management.

Prevention

The ultimate goal of preventing drug-related problems is to ensure that the members of a given population do not abuse drugs and consequently do not put themselves at risk of suffering damage or causing social harm. Preventing drug misuse through educational efforts has gained momentum. Most educational programs aimed at youth and school-based early intervention programs are necessary to provide young people with an aversion to drug use. Parents need to become more accurately informed about drugs. Chunkapura (1986) observes that a comprehensive approach to the problems of dependence on alcohol and other drugs should include a robust and well-organised education program aimed at prevention. As explained by Mohan and Segal (2004), primary drug abuse prevention can be affected by the following three approaches: elimination of pathogenic agents, control of contributing environmental conditions and strengthening host resistance. Sussman and Ames (2008) hold that with various types of education programming, highly interactive prevention programs (i.e., interaction among teachers with students and students with each other) tend to be the most successful. The Socratic (interactive) method of teaching is one in which questioning by the teacher is used to elicit pertinent prevention information from participants.

Hollen (2009) suggests several ways parents can help protect children from the dangers of alcohol. Parents should teach healthy ways of dealing with life's problems so that adolescents do not rely on the false promises of alcohol to cope. Healthy and forthright discussions are to take place in families about the dangers of drugs. It can enhance children's self-esteem and confidence. Parents must listen to the children's concerns without judging or accusing them. It will create an atmosphere of freedom in the family. The parents shall not hesitate to intervene at the first sign of trouble. Family involvement is a relevant means of providing prevention. Pagliaro and Pagliaro (2012) speak about three levels of prevention: -

- Primary*, prevention is aimed at preventing the initial use of a drug or substance of abuse. For example, it may involve the implementation of drug education programs in primary schools.
- Secondary* prevention involves the early detection of drug

and substance use disorders and the provision of immediate therapeutic efforts. *Tertiary*, prevention is aimed at limiting the degree of harm associated with the active use of the drugs and substances of abuse and promoting optimal health and social functioning when harmful effects are irreversible.

Spiritual Perspective

While I was in a parish as the parish priest, there was an alcoholic addict. He started consuming alcohol in his early childhood because his father also was an addict. His father used to give him alcohol, and later on, he became an addict. He has a wife and two children, who had a very miserable life. I took him to a de-addiction centre when I learned his story. After being treated for about two months, he returned as a new person. After his renewal, he initiated a spiritual journey and was very particular about his sacramental life and family prayer. The spiritual life he started helped him sustain his journey as a renewed man. Spirituality can, thus, contribute significantly to the renewal of an addict.

In his epistle to I Corinthians (3:16-17), St. Paul says: “Don’t you know that you yourselves are God’s temple and that God’s Spirit lives in you? If anyone destroys God’s temple, God will destroy him; for God’s temple is sacred, and you are that temple.” Drugs enslave men and women and deny God’s purpose for them. Abusing the body is a sin against God since it is his throne and dwelling place. Addiction deprives one of abundant living and true happiness and is a denial of God’s fullness of life. The experience of drugs is an illusion, unreal, momentary, and harmful to oneself and society.

Carl Jung’s oracular statement, *Spiritus contra spiritum* (the Latin word for both spirit and alcohol) or only spirit can heal the victim of spiritus; it speaks much about the role of spirituality in treating drug addicts (Grof, 1993). A large-scale study of over 2,000 female twins examined the relationship between religiosity and substance abuse (Kendler, Gardner & Prescott, 1997) and found that while traditional religious beliefs may prevent initial abuse of substances, recovery from substance abuse appears to be facilitated by personal. The findings from various studies suggest that perceived comfort and support derived from religious and spiritual beliefs at entry into addiction treatment is associated with positive treatment outcomes. Spirituality is vital in the process of recovery from drug addiction. Miller (1998) writes that spiritual or religious concepts and practices have traditionally

played a more significant role in addiction treatment than other modes of treatment. Building spiritual growth may allow the addict to expand the management of the addictive disease process. In A.A.'s (Alcoholics Anonymous) understanding, spirituality reliably drives out the possessive spirits of addiction.

Conclusion

Not only do drugs affect the mind and destroy social relations – they cause untold damage to the human body itself. Thus, a few moments of pleasure, if it can be called that, are not worth risking the entirety of one's life. Addiction can be understood only as a multifactorial phenomenon: it takes place along a continuum in degrees and is not limited to a single object. There are many factors – social, psychological, family, genetic, biological and physiological, peer group pressure etc.- behind drug addiction. An addict becomes increasingly unpredictable and incapable of maintaining balance in relationships with family, friends and society. Family and community play a crucial role in preventing someone from being a drug addict. Our young generation must be made aware of the dangers of drug abuse. Our young people must get real happiness in their families and societies.

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