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## ADDICTION IN PATNA – A PSYCHO-SOCIAL STUDY

Santosh Kumar Verma

### ABSTRACT:

Patna, a fast growing city of India is facing drug problems in recent days. It is popular among high class people as well as low class people and even in school boys also. High classes take this to deal their business or refreshing their moods whereas low profile people take drugs to reduce the monotony and to remove their physical cramps, but why does students take as secret?

**KEYWORDS:** fast growing city , physical cramps.



### INTRODUCTION :

If examine this problem we found that youngsters are mainly affected by their social models such as their fathers, elder brothers and with much extent to their collageous. Some students says, that they take drugs to concentrate their mind in study whereas some says that they take drugs to make their identity as a superior among the students. The boys from B.P.L families are badly got chunked in this problem due to illiteracy. In the absence of proper guidance, students are also got chunked into this problem. When I see some boys who sell tobacco on the railway platform, a question always arises in mind that what a tragedy with these boys that they are forced to sell such a health hazards items. This problem also

becomes very worst when small seller uses these drugs during selling. But we have no right to give them suggestions to stop this trade, because we suggest them only but we do not give them a proper solution to come up from Below Poverty Line. If we want to stop this, then we all will have to try to educate not more but a single boy also.

This is the social scenario of our India after sixty years of independence and what will happen after next sixty years will not be predicted. We can see many cases of thefts and snatching in our rush market places. If it happens properly, then it seems to have no problem, but if by chance they caught by public and got beaten in public movements, then here no guarantees of this his life, and anyone who sees this sight, got

shocked and thinks only that it is inhuman, but no one tries to root out this problem. These problems always published into the local news papers but our government and politicians never take it seriously. We can see many cases of mouth cancer and lung cancers related to tobacco, alcohol and other drugs etc. A women in my village, who used to GUL to brush her teeth, died from lung cancer, at the age of forty only. This result shows that drugs have shortened our life span it has been reduced to around sixty years. A country called Zimbabwe has the lowest life span as forty only. This result shows that drugs have shortened our life span and it has been reduced to around sixty years. A country called Zimbabwe has the lowest life span as forty years for male and thirty seven years in

female. By seeing these problems, the Government of Scotland has made total ban on smoking. Being hurted with this problem Government of India has also declared 2 October, 2008 as No Smoking Day. But this declaration only does not seem capable in preventing it totally. Here should be make a total banned on the manufacturing factories, so that they could not produce such a health hazards items. If in case they produce, they must be fined or to be jailed.

### Drug Areas in Patna

In all over Patna like Rampur, Musallahpur Hatt, Mahendru, Saidpur, Lalbag, Sabjibag, Kadam-Kuan, Bahadurpur, Sahebganj, Sultanganj, New Azimabad, Alamganj, Kurjee are the major sites for drug trade. The dealers contact their customers with a secret signals. They keep separate SIM cards to deal different customers. The people related to this trade can recognize easily these customers, although it is hard for a common man to recognize them.

### Drug abused in Patna

The drugs used in these areas are opium, morphine, codeine, heroine, brown-sugar(smack), penthidine, methadone, amphetamine, cocaine, alcohol, LSD, PCP, Ganja, Charas, Bhang and any other.

### Causes of Addiction

The main causes of drug addiction found during the study are as follows:-

- |                  |                           |
|------------------|---------------------------|
| (i) Premorbid    | (vi) Curiosity            |
| (ii) Anxiety     | (vii) Peer group pressure |
| (iii) Depression | (viii) Individual Problem |
| (iv) Frustration | (ix) Family Problem       |
| (v) Loneliness   | (x) any other             |

### METHODOLOGY

#### Sample

This study was conducted on two in patient groups of DISHA De-Addiction Centre, Patna. A group of 100 male patients (*who were habituated of taking many psychoactive drugs like Ganja, Bhang and heroine etc and were recruited for the treatment in the centre*) were taken as experimental group and a group of 100 another male patients (*who were now recovered*) were taken as controlled group. All the patients were age ranging from 11-30 years and educated up to 10th class. Some patients who were found related to mental disorder were excluded from the study.

#### Tests and Tools

Family Climate Scale prepared by Dr. Beena Shah was administered to collect the data from the respondents.

#### Procedure

Addicts and non addicts were selected according to the inclusion and exclusion criteria from the wards of DISHA. After taking permission from the director of DISHA, informed consent was taken from the patients and their available relatives. Interview was conducted in a separate room associated with the ward to maintain confidentiality. After the interview of patient socio-demographic and clinical data sheet was filled with the available informants and case record file. Family Climate Scale prepared by Dr. Veena Shah was administered on the sample. Both primary as well as secondary data were taken to complete the research. Data were analyzed on MS Excel.

**RESULT****Table showing percentage response of respondents on Family Climate Scale**

Dimensions	High Inc. High Edu		High Inc. Low Edu		Low Inc. High Edu		Low Inc. Low Edu	
	Exp. Group	Cont. Group	Exp. Group	Cont. Group	Exp. Group	Cont. Group	Exp. Group	Cont. Group
Restrictness	65.9	60.5	78.2	47.0	33.0	64.0	65.8	64.4
Freedom	58.2	64.6	23.4	55.6	37.0	64.0	39.5	35.7
Attention	70.1	72.08	76.8	89.0	50.0	78.0	32.8	73.8
Negligence	61.07	72.8	40.2	83.0	100	62.5	87	40.1
Acceptance	87.5	64.3	65.0	91.6	75.0	82.0	70.0	85.7
Rejection	55.8	74.1	48.8	76.0	64.0	59.8	66.8	51.0
Trust	72.8	65.8	80.2	87.0	50.0	56.3	52.0	69.7
Distrust	38.0	61.2	48.0	66.6	80.0	55.0	52.0	47.1
Expectation	90.1	86	92.6	76.0	85.0	89.6	55.0	91.2
Hopelessness	53.0	57.5	30.0	56.6	50.0	56.6	34.0	30.0

The above table shows that in HIHE (Higher Income Higher Educated) exp. group, restriction is more in compare with cont. group. It shows that much restriction can cause know the world vigourously. So, whenever they find themselves free, they go out of the home and meet their friends. Unknown from the world, as the path (path of addiction) shown by their, friends, they follow it continuously. Less freedom in family of ex. group in compare with cont. group shows that cont. group has more freedom to move anywhere, because they have gained faith of their family members. Attention percentage is high in cont. group in compare with exp. group. It shows that due to good habits cont. group is given more attention by their family members whereas due to bad habits exp. group is not given more attention by their family members. Trust percentage shows that due to more trust in exp. group subjects take gain of faith of their family members and do wrong works also in compare with cont. group.

In HILE (Higher Income Lower Educated) group due to high expectation in exp. group in compare with cont. group shows that subjects of this group are expected by their family members highly. To complete their expectation they work hard, but due to more money they may catch in bad companies and move towards the drugs. All the positive attributes are found more in cont. group in comparison with exp group except restriction and expectations. If we focus on restriction, we find that restriction is more in exp. group in comparison with cont. group. It shows that due to much restriction, subjects want to know the world vigorously. So whenever they find themselves free, they go out of the home and meet their friends. Unknown from the world, as the path (path of addiction) shown by their friends, they follow it continuously.

In LIHE (Lower Income Higher Educated) group all the positive attributes in cont. group is found at more percentage in comparison with exp. group. It show that cont. group is totally different from exp. group. But at the negligence we find that in exp. group negligence percentage is total hundred percent (100%) in comparison with cont. group which is at sixty point two percent (60.2%) on the same factor. It shows that exp. group is rejected by all the family members. Since this type of family is called an ideal family. So bad habits are prohibited in these families. There is very much differences in restriction in both groups. Restriction in exp. group is at 33% whereas it is at 64% in cont. group. This great difference may be due to faith in cont. group by their family members whereas no faith is found in exp. group by their members.

In LILE (Lower Income Lower Educated) group all the positive attributes are at high percentage in cont. group in comparison with exp. group. There is very similarity in degrees of restriction in both the groups i.e. exp. group and cont. group respectively. There is also very similarity in degrees of freedom in both the groups i.e. exp. group and cont. group respectively. There is much differences in attention and negligence in both the groups i.e. exp. group and cont. group respectively. It shows that due to less attention on their ward in these families, subjects become street boys and stats taking drug

in bad companies. If they are married then for removing their tensions, they take drugs for sound sleeping. In cont. group expectation is shown at high degrees and that of exp. group also.

### CONCLUSION

The above mentioned data indicates that several psycho-socio factors are responsible for starting the use of drugs. This strongly suggests the need of having a complete detoxification programme whereas apart from having medical facilities, the psychological and sociological aspects can also be taken care of.

Such a programme will have medical, psychological and rehabilitation approaches towards each case. Further the alarming rate at which young generation is getting addicted to drugs needs to be checked and it is requested that an awareness campaign should be taken up in these areas on war footing to control the drug menace.

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**Santosh Kumar Verma**