

## Preclusion of Drug Addiction among Adolescents: Need for the Educational Measures

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### Introduction:

The obsession for drugs and alcohol is a global predicament, which affects almost every country in the world, both developed and developing. Current evidence from around the world divulges an ongoing upward trending the misuse of psycho-active drugs. However, the data available, because of the nature of the problem and current data gathering process are often of poor quality so that the true dimensions of the problem are underestimated. Epidemiological data point to an augment of drug abuse in India, particularly among young adolescent. This is a matter of deep concern and requires strategic intervention, especially for the school and out of school population of the country.

### What is Drug Addiction?

The word 'drug' is defined as 'any substance that, when taken by the body, may modify one or more of the functions'. The change may be physical, mental or biochemical. Drug Addiction can be described as the Self-administration of a drug for nonmedical reasons, in quantities and frequencies, which may impair an individuals' ability to function effectively and which may result in social, physical or emotional harm. Usually dependence producing drugs are addicted. Because of their ability to produce dependence these drugs compel the person to take the drug on a periodic basis. ICD - 10 has classified dependence producing drugs into following groups:

- ❖ Alcohol
- ❖ Opiates (opium, morphine, codeine, heroin, brown sugar), relieve pain, Dreamy feeling euphoria,
- ❖ Cannabis (marijuana/ganja, Hashish, Bhang)
- ❖ Sedatives or Hypnotics (mandrel),barbiturate, tranquilizers
- ❖ Cocaine
- ❖ Other stimulants (Caffeine)

- ❖ Hallucinogens (LSD), Mescaline
- ❖ Tobacco
- ❖ Volatile solvents (paint thinners, eraser fluid, gasses, glues)
- ❖ Other substances (betel nuts)

### Risk Factors:

In order to find out the reasons behind increasing trend of drug addiction a number of social scientists and psychologist have conducted numerous studies. They have identified some factors that make a human being more susceptible to drug abuse while there are some other factors that discourage the uptake of this habit. The factors promoting drug abuse are called the Risk factors while the other category refers to Protective factors. Different types of drug related behavior are reported to have different causes of risk factors. Initial or experimental drug use may result from a combination of peer pressure, curiosity, price and availability. Progression to greater involvement or to dependence may be attributable to other factors, such as personality characteristic or social deprivation. In addition, other factors may explain why some chronic or dependent drug users continue taking drugs in a harm producing way while others do not. Some of the important and significant risk factors identified as contributing to drug use and abuse are:

- Sexual Identity:** "male role" and "female roles" can influence drug taking behavior in different ways indifferent societies.
- Age:** adolescents are more likely to take up this behavior.
- Peer pressure:** frequently been identified as a cause of initial drug use. Those with strong afflictive needs are particularly more likely to be influenced by the behavior of their friends and associates.
- Family disruption:** broken homes, single parenting, familiar disharmony.
- Availability:** ready availability of drugs could encourage the use of drugs.
- Self Medication.**
- Personality / Psychological Factors.**
- Social and economic factors:** social-scientists have interpreted drug addiction as partly a response to 'alienation'. People who are no well rewarded in the mainstream of society opt out and seek solace in drugs. Moreover, in societies where the ordinary social fabric has been disrupted by poverty, migration or rapid socio-economic deprivation change, drug problems flourish.

**Adolescents are more Vulnerable:**

Adolescents and young people with their pen chant for experimentation and exploration of new ideas and activities are especially vulnerable to drug addiction and form the majority of drug users worldwide. In India, it is estimated that most drug users are in the age group of 16-35 years, with a bulk of them in the 18-25 group. Whereas the rate of current adductors is low in early adolescence, it rises sharply during late adolescence and remains high in early twenties. This group should therefore, be the thrust of any drug addiction control programmes.

**Adverse Impact:**

Drug abuse has multiple detrimental effects. Prolonged use of drugs affects almost all the systems of body leading to high morbidity and mortality. One of the major side effects of drug addiction is that it increases the risk of contracting HIV/ AIDS by sharing of the common needle and syringes. Moreover; a person under the influence of drugs is more likely to adopt risky sexual behavior. Apart from the direct effect on health and life expectancy, drug addiction is associated with other behavioral and social problems. Among these important ones are suicide, accidents, absenteeism, delinquency, higher crime rates and antisocial behavior. The total cost to society for each category of drug addiction is difficult to determine exactly because of the paucity of data, but there is no doubt that every nation is incurring substantial costs as a result of the direct and indirect damages caused by drugs and alcohol.

**Preventive Measures:**

Measures to prevention of drug addiction should have realistic aims. Over ambitious hopes of eradicating a drug problem in a short time are likely to lead to policies and programmes that are unfeasible and self-discrediting. Changes in socio-behavioral aspects can be brought about gradually. Several models of prevention of drug addiction exist out of which 'psychosocial model' has been proved to be effective and so adopted by the World Health Organization (WHO). Prevention may be seen as acting at the primary level (reducing incidence), secondary (reducing prevalence) or tertiary (treatment and rehabilitation) level, though in practice there is considerable overlapping between these categories. All three levels of prevention are relevant to drug- and alcohol related problems, the choice of interventions being determined by the drug, the abuser or potential abuser and the socio-cultural setting.

## **Legal Measures:**

It is one of the widely used measures to the prevention of some forms of drug addiction. The legal control on the distribution of drugs, when effectively applied has been and remains an important measure in the prevention of drug addiction. Legislation may be directed at controlling the manufacture, distribution, prescription, price, time of sale, or consumption of certain substances. Recently the Govt. of India has taken up a number of legislations that restrict or prohibit advertisements that directly or indirectly promote the use of drugs particularly tobacco and alcohol, such as prohibition of smoking at public places.

## **Community Measures:**

This includes educational programmes, information campaigns for public through electronic and print media and other channels. General principles of communication should be applied to increase the effectiveness. The message should be clear and unambiguous to the target audience, and come from credible source of information. The message should also provide specific advice rather than general, and as far as possible the information should be presented in a thought provoking and stimulating manner. It should be able to produce some impact on the minds of the recipients and encourage interactive discussion. There could be provision of alternative recreational activities, which may be able to help in preventing drug abuse. For example Teen-centers could be set up in community that would provide diversified activities for the adolescents that may drift towards drug addiction. They can also provide counseling and life skill education to the adolescents thus enabling them to better handle the problems faced during the growing up phase. Non-Governmental organizations can definitely play a crucial role in the development of such activities and are likely to be important role players in the fight against drug addiction.

## **Role of Schools:**

### **Teaching resources**

Resources such as charts, videos and stories can contribute to learning experiences by stimulating interest and enjoyment. The suitability of a resource should be decided by the teacher, taking into account its capacity to engage students in interactive processes, the drug related learning outcomes desired and the guiding principles for school based education for drug addiction prevention use as described by WHO.

## Teaching strategies:

### Interactive teaching and the life skills approach:

A life skills approach is a way of teaching and interacting with young people that has the potential to lead to better health and drug abuse prevention learning outcomes and may ultimately influence student drug use. Life skills are best taught through interactive methods and are most effective when applied and practiced in potential drug use situations that are relevant and meaningful to the social situations of students. The life skills approach is more effective when:

- Teachers or facilitators have the capacity to boost students' sense of self-worth
- The classroom atmosphere is non-threatening and non-judgmental
- The learning environment reflects care, understanding and involvement

A life skills approach to education for drug abuse prevention will provide drug information in the context of developing attitudes, values and skills in students. These include skills for increasing self-esteem, setting realistic goals, coping with anxiety, resisting pressures, communicating effectively, making decisions, managing conflict and dealing assertively with social situations in which drugs are offered.

### Engaging parents in drug abuse prevention:

The role of parents as primary educators can be recognized and supported by schools by working in partnership with parents. Partnerships with parents and community help to integrate consistent and relevant health messages into the home and the community improve student health and promote a greater awareness of health issues among students and their families. Programmes that are implemented and initiated in consultation with parents are not only more successful, but also empower parents. Parents often have difficulties discussing drug issues with their children, yet they can be the most trusted and preferred source of information on health issues for young people. Schools can assist parents by providing them with information on health and drug issues as a group. Schools working in partnerships with parents remove some of the anxiety parents experience from the expectation that education for drug abuse prevention is their sole responsibility. Further, such programmes have the potential to provide parents with skills and knowledge to broach and discuss the topic of drugs with their children.

## Engaging the community in drug addiction prevention:

Schools can enlist the help of the wider community in drug abuse prevention by:

- Involving the school community (students, people working at the school, families and the community at large being served by the school) in local and national health events, youth and community service activities and local action groups
- Involving the community in the review of school policy statements and programmes
- Involving the community in activities related to newsletters ,pamphlets, web sites, committees, open days, student homework activities, forums, information evenings
- Involving the community in conducting drug-free activities for students
- Engaging the community in sponsoring education for drug addiction prevention programmes in schools
- Involving the community in teacher training workshops
- Involving the community in working with youth groups in schools

## Teacher training:

Teacher training is as important a component of any drug addiction prevention programme as are content, resources and teaching method. Education for drug addiction prevention is more effective when teachers receive formal training and ongoing advice and support. Training for teachers in drug addiction prevention education, rather than focusing on training teachers in the use of a specific set of resource materials, should focus on providing them with an orientation to drug addiction prevention education that enables them to select content and use a wide range of strategies and resources appropriate to meeting student needs.

## Basic drug-counseling principles:

### Confidentiality should be assured

Confidentiality contributes to openness and trust which are essential to any helping relationship. If total confidentiality cannot be guaranteed, school personnel must make students aware of the possible ramifications of disclosure beforehand. Students are likely to be unwilling to take up counseling opportunities when confidentiality cannot be guaranteed.

### Teachers should know their strengths and limitations

Teachers should consider their level of skill and knowledge before intervening, remembering that limitations also relate to issues such as available time, confidentiality and student

acceptance. Teachers should be prepared, if necessary, to refer to or seek the advice of a drug counselor.

### **Counseling should be kept separate from discipline**

At some schools it may not be possible to have two separate staff members to provide counseling and discipline. Where possible, however, those roles should be separated in order to increase the effectiveness of intervention in both areas.

### **De-stigmatizing without condoning drug use**

Teachers should avoid trying to force the student to change, as that may increase their resistance. Similarly, condoning or condemning the student's behavior is counter-productive. Instead, the student should be treated as a decision-maker who has certain reasons for his or her choices based on how he or she sees the world. Teachers should direct their efforts to helping the student balance the costs and benefits of his or her decisions.

### **Concentrating on rapport and empathy**

Drug use is a sensitive topic and one that young people are often reluctant to talk about. Some of them believe that adults will attempt to convince them to stop, criticize their behavior or punish them. Establishing a rapport and expressing understanding is vital to a healthy helping relationship.

### **Conclusion:**

Adolescents and young adults constitute one of the groups at greatest risk of becoming entangled in drugs taking as well as the age group for which early preventive intervention is most appropriate. The classroom is a convenient place to contact young people and in many respects an ideal setting for presenting information. School based programmes are the most wide spread drug-education schemes in the world today. In this context those who work within the educational system are being perceived as the main manpower resources for primary prevention programmes. They could be trained to communicate information and influence attitudes of the students. Drug education programmes may be made a part of compulsory courses; but the indiscriminate use of regular classroom teachers as drug educators may not be most effective manner of conducting these programmes. Educational techniques aimed at teaching students problem-solving and coping strategies resistance to persuasive but harmful appeals and reduction of social anxiety involves fine skills. Therefore, teachers should undergo regular skill building training programmes, which should sharpen their attitudinal, motivational and communication

skills and thus foster them to fulfill the roles efficiently. As the school curriculum is already crowded, it may also be difficult to teach the subject routinely in every class. However, it can be offered in the form of special sessions ensuring credibility and audience impact may be solved by involving the students themselves, or by bringing in outsiders (celebrity) who are more likely to attract their attentions. Peer leadership has proved particularly successful in small group sessions on resisting social pressures and self assertion training. It is usually better to recruit peers who are a little older than the audience or who are respected by them. In India, the curriculum was revised in the line of National Policy of Education, 1986. Now the change of textbooks and syllabi of both school and college education is in the offing. It is high time for the curriculum framers and textbook writers to incorporate the elements of emerging concerns such as HIV/ AIDS and Drug Abuse. The textbooks and syllabi of teacher education need to be revised accordingly. Till the curriculum is being revised, it is better to expose the learners on different aspects of drug abuse and to develop responsible behavior among themselves how to say 'no to drugs' through a series of school based programmes and extension activities.

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