



Pathology of Drug Abuse in Haryana: A Sociological Study

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Abstract: Drug misuse has become one of the major societal issues facing modern society today, affecting people from all socio-religious, political, and economic backgrounds. This new pathological occurrence is not unique to the society of Haryana. It is a serious threat to humanity and has the power to devastate society as a whole. Aside from the terrible repercussions for the handlers and peril to the societal fabric, it is growing daily and is one of the primary challenges. The current population, especially the young, is being overtaken by the drug culture. Due to the ease with which they can be obtained, the fact that Haryana serves as a hub for the transportation of drugs, where they are produced locally, and the fact that it borders another state, narcotics are particularly attractive to young people. Agreed this reality, an effort has stood made in the current study to determine the characteristics of drug addicts, motivations for using drugs, effects on bodily and mental health, and the involvement of various agencies in containing the problem. These addicts were found in rehab facilities, medical facilities, jails, and colleges.

Keywords: Drug, Haryana, Motivations

Introduction:

The WHO defines drug misuse as "the ingestion of a drug other than for medicinal purposes or in excessive amounts." The expression is clear as "the excessive or addicted use of psychoactive substance for non-medical purposes" in Encyclopedia Americana. According to Voss, the phrase

"drug abuse" is a loaded one that can indicate various things depending on the situation. Originally only referring to heroin users, the labels "addict" or "abuser" are now also used to describe those who use LSD, cocaine, marijuana, and other drugs. The concept of drugs has occasionally been broadened as society has developed. Drug abuse, like drug use, is a social phenomenon in the social context. Hawkins noted that the phrase "drug abuse" itself is socially constructed. Drug abuse is defined differently by people in different social roles. For example, use of illegal psychoactive substances is considered abuse, while non-medical use of psychoactive substances is considered abuse by medical professionals. The user might recognize misuse when drug usage interferes by the expected decorations of family standard, maintenance, and contact. In a medical context, "misuse" would include polypharmacy, which refers to the excessive or needless use of a number of pharmaceuticals, as well as the inappropriate and forced use of drugs. It includes using narcotic painkillers insufficiently to treat severe pain; as a result, trying to prevent the onset of physical dependence would be considered "misuse." Drug misuse has become one of the major societal issues facing modern society today, affecting people from all socio-religious, political, and economic backgrounds. This new pathological issue is not unique to the society in Haryana. It is a serious threat to humanity and has the power to devastate society as a whole. Aside from the terrible repercussions for the users and threat to the social fabric, it is growing daily and is one of the primary challenges. The current population, especially the young, is being overtaken by the drug culture. Due to the ease with which they may be obtained, the fact that Haryana serves as a hub for the transportation of drugs, where they are produced locally, and the fact that it is a bordering state, narcotics are particularly attractive to young people. Given this reality, an effort has been made in the current research to determine the characteristics of drug addicts, motivations for using drugs, effects on physical and mental health, and the involvement of various agencies in containing the problem. A total of 480 addicts were selected from the Haryana state for this purpose, and they were each personally questioned using a questionnaire created especially for the job. These addicts were found in rehab facilities, medical facilities, jails, and colleges. Bhattacharya (2014) studies on the fast food ingesting style has developed trendy, have a habit of to be energy-dense or high in calories then fat; and are allied with poorer nourishing value. Bhattacharya (2021) study can be accepted out on the expansion of models that would assistance the industry overawed any caring of pandemic

situation. Bhattacharya (2021) investigate strategy assumed in facility running (FM) and to introduce an agenda of studying FM Sustainability. Bhattacharya (2014) justify the fight that globalization or worldwide trade is useful aimed at India but at the similar period we must equally concentrate in firming the domestic souk; and we would hearten those trades for free skill in global market which are hypothetically robust and protect those productions which are children and should wait till they stand not self-sufficient to compete acquiescently in the comprehensive market and with specific suggestions vis-à-vis the procedures the govt. ought adopt.

DRUG ABUSE WORLDWIDE

One of the medications that are most commonly misused globally is alcohol. Unlike many other substances, alcohol has a wide spectrum of effects on the user. All known civilizations have utilized alcohol in some form or another, making it one of the oldest narcotics in history. Its use is mentioned in both historic and mythological sources. In Hindu mythology, alcohol is occasionally referred to as "somras," a special beverage of the gods. It has conventionally been a commemorative drink; accordingly it has stayed reserved on behalf of persons in sites of privilege. Some of the best instances of alcohol and tobacco abuse and misuse in modern history may be found in colonial American history. The term "alcoholism" was really created in 1849 by Swedish doctor Magnus Huss to "identify the issues, both bodily and mental, that excessive alcohol drinking may create."

DRUG ABUSE IN INDIA

Teenagers and young adults in India frequently abuse drugs. Since the beginning of time, people have taken drugs primarily for ritualistic and stress-relieving purposes. There is historical evidence that cannabis use has been present for 8000 years. Many ancient civilizations utilized it as a remedy for everything from stomach issues to anxiety. The opium poppy plant, from which opium is made, was referred to as the "Joy Plant" in ancient literature. The treatment for persistent alcoholism and even delirium tremens, a mental condition brought on by alcohol overdose, is mentioned in traditional Hindu writings. A drink known as "Somras" was consumed by the Aryan invaders of India. There is little doubt that the Aryans used drugs with narcotic and

euphoric effects thousands of years ago after becoming aware of the cannabis plant's qualities. WHO (2002) Worldwide, bestowing to the WHO, there are about 3 billion drinkers and 75.3 million persons who have been diagnosed with alcohol use disorders, the problem of drug usage has grown alarmingly during the past three decades. Haryana has become a major drug transit route as a result of the Golden Crescent region's expansion over the past 20 years into the world's largest center for the production of heroin and poppies. A retrospective study was carried out by Venkatesan and Stelina (2008) at Thanjavur Medical College in Tamil Nadu's department of psychiatry. The Golden Crescent region includes Pakistan, Afghanistan, and Iran. Smuggled heroin from Afghanistan into Pakistan, traveled to the port in Mumbai, and was then sent to the West. However, some of the heroin was graded down and sold for less money here. The topic of drug usage in this area has received a lot of attention ever since an explosive HIV12 outbreak was identified among injecting heroin users in some regions of northeast India in the late 1980s. According to a study done in the late 1980s by the Calcutta University department of Applied Psychology and funded by the State Relief and Welfare Department, Calcutta, a city of eleven million people, has the highest percentage of drug addicts in the nation. It estimated there to be 68,51813 addicts. According to study, there were 1,54,880 addicts in Mumbai, the second-largest metro area in terms of demographics, at the end of 1988. In Delhi, which has an eight million-person population, 5500 addicts were believed to exist in 1988. Although historically the most commonly abused substances were betel nut, tobacco, cannabis, country spirits and opium, there was a shift in drug use during the early 1970s and early 1980s from traditional to non-traditional, including heroin smoking, heroin injection and injecting Dextropropoxyphene.

CONTROL, DE-ADDICTION AND REHABILITATION AT INTERNATIONAL LEVEL

Treatment in drug rehab and de-addiction facilities is frequently necessary to free someone from addiction. Drug De- Addiction and Rehabilitation Centers' primary goal is to integrate drug addicts into society and remove their social stigma. These facilities give drug users the best chance possible to change their addictive behaviors in a safe atmosphere. After being sufficiently dissuaded from compulsive drug usage and addictive habits, the person is ready to re-engage in broader social contexts after receiving counseling. Accept praise and admiration with emotional

immaturity, yet responds to failure with a clear sense of hurt and inferiority. They have a limited tolerance for frustration, a sense of inadequacy, low self-esteem, loneliness, discontentment, reduced impulse control, a propensity for dishonesty, and a lack of responsibility (Singh, Rajinder 2012). In her study on "Alcoholism and Drug addiction" in the Panchkula district of Haryana, Anuradha (1999) discovered that the majority of addicts came from lower caste groups, both in rural and urban regions. Several innovative approaches incorporating modifications to the legal, judicial, and enforcement systems have been put into place to address this societal issue. In the first decades of the 20th century, international regulation of these medications was established. These multinational initiatives helped pave the way gradually for the global drug control system that the majority of nations today are a part of. These international procedures have sped up the development of national level policy and regulatory frameworks, resulting in a degree of global homogeneity in how various countries view the issues associated with psychoactive substance use. While certain narcotics are strictly prohibited everywhere, others are monitored and supervised.

CONTROL, DE-ADDICTION AND REHABILITATION IN HARYANA

A committee of experts was established by the Honorable High Court of Haryana and Haryana to establish the basic standards of care for drug dependency and treatment facilities (DDTCs). The expert committee's main suggestion is that it is crucial that all treatment services for DDTCs be run by qualified and experienced personnel in accordance with professional and human rights standards. The Haryana Government Notification on rules for establishment, choosing, conservation, management, administration of, and supply of tranquillizer drugs and psychotropic constituents since, the centers traditional under sub-section (1) of the said section 71 and for the appointment, drill, rules, and duties of personnel active in such centers was published in January by the Department of Health and Family Welfare (Health 6 Branch) of the Government of Haryana. These guidelines are known as the Haryana.

OBJECTIVES

1. To study social factors associated with drug abuse.
2. To suggest measures for increasing the effectiveness of Drug de-addiction and rehabilitation centres.

Methodology:

In general, the nature of the problem indicates the approaches and procedures used in a particular study. A variety of interviewing approaches are necessary in addition to an effective and trustworthy investigation to gain understanding of the issue. As a result, the current study's methodology was both theoretical and empirical in character. Moreover, assistance was obtained from both primary and secondary sources. The study was chosen for the region of the Haryana State. Through stratified random sampling, six districts were chosen. Kurukshetra, Ambala, Hisar, Gurugram, Sirsa, and Panchkula are among these districts. The study involved in-depth and meticulous contact with sampled respondents through interviews. The data was gathered using the observation and interview schedule data collection methodologies. The study's nature and scope were enhanced through the utilization of secondary sources of data. Three centres each from each of the six districts in the Haryana region totaled 18 for the study. According to the list provided by the Department of Health and Family Welfare of Haryana, three institutions were selected from among these accredited centers—one from the government, one from the Red Cross, and one from the private sector. The primary considerations in selecting these facilities were to gain knowledge of their nature, organizational characteristics, staffing patterns, drug addict profiles who participate in inpatient and outpatient programmes, types of drugs abused by different age groups, therapies and activities provided by facilities, and de-addiction centre performance. A total of 480 respondents were selected from 18 drug rehab and de-addiction centres. 40 respondents getting indoor treatment from each district were randomly selected and interviewed because there weren't enough drug addicts to fill all the treatment facilities. Grover (2005) conducted a study on the socio-demographic and clinical characteristics of substance-dependent women visiting a rehabilitation facility in North India. 35 substance-using women were questioned for this study. In a study on "Drug Addiction in Haryana," Sandhu, R.S. (2006) discovered that most drug

addicts were between the ages of 16 and 35 and that 56% of them were married in both rural and urban areas.

RESULTS

RELIGION: Religion and religious beliefs have a significant impact on demographic behavior. The distribution of respondents by religion has been done in the following table with the importance of religion in mind. The information in the table above shows how respondents were distributed by faith. The results of a religious investigation show that the respondents were overwhelmingly Sikh. The data shows that 73.33 percent of respondents were Sikhs, followed by 24.58 percent of respondents who identified as Hindu, 1.67 percent of respondents who identified as Muslim, and only 0.42 percent of respondents who identified as Christian.

If we compare responses from Sikhs by district, the highest percentage, or 92.5 percent, came from the Sirsa district, followed by 80 percent from the Panchkula district, and 67.5 percent from the Hisar and Kurukshetra districts, where the majority of Sikh respondents were receiving treatment at drug de-addiction treatment and rehabilitation facilities. Only 0.42 percent of respondents identified as Christians. Among those who identified as Hindu, 42.5% were from the Ambala district, followed by 27.5% from Gurugram, 25% from Kurukshetra and Hisar, and 20% from Panchkula. 7.5% of the minimum Hindu responders were from the district of Sirsa. Only 2.5% of respondents who identified as Muslim were from the respective districts of Sirsa, Kurukshetra, Ambala, Hisar, and Gurugram. It is evident from this data analysis that the respondents who had visited these clinics for treatment fairly reflect the religious diversity of the state. It sort of demonstrates how pervasive the problem of drug addiction is in the state and how it has impacted the state's main religions.

TABLE 1: DISTRIBUTION OF RESPONDENTS AS PER THEIR RELIGION

Religion	Kurukshetra	Ambala	Hisar	Gurugram	Sirsa	Panchkula	Total	%	Religion
Hindu	20 (5%)	34 (42.2%)	20 (25%)	22 (27.5%)	6 (7.5%)	16 (20%)	118	24.58	Hindu
Sikh	58 (72.5%)	44 (55%)	58 (72.5%)	54 (67.5%)	74 (92.5%)	64 (80%)	352	73.33	Sikh
Muslims	2(2.5%)	2(2.5%)	2(2.5%)	2(2.5%)	0	0	8	1.67	Muslims
Christian/others	0 (0%)	0 (0%)	0 (0%)	2 (2.5%)	0 (0%)	0 (0%)	2	0.42	Christian/others
Total	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	480	100	Total

CASTE: One of the key structural variables in the Indian context is caste. Additionally, caste status and socioeconomic position are somewhat related. Table 2 shows the distribution of responders across different castes. Analysis relates to the caste of addicts in table 2. According to caste data, the bulk of drug users (70.83%) belonged to the general group, followed by respondents who belonged to the Schedule Caste category (19.59%), and respondents who at least belonged to other backward classes (9.58%) out of 480. A district-by-district analysis shows that out of 80 respondents, 82.5 percent belonged to the general category, with 77.5 percent coming from Hisar and 72.5% from Ambala and Kurukshetra. At least 52.5% of responses came from the Sirsa district. In Sirsa district, the schedule caste percentage was highest (37.5%), and Panchkula district had the lowest percentage of responders (1%). 15% of OBC respondents, who make up the majority, are from Gurugram district.

TABLE 2: DISTRIBUTION OF THE RESPONDENTS AS PER THEIR CASTE

Sr.No	Caste	Kurukshetra	Ambala	Hisar	Gurugram	Sirsa	Panchkula	Total	%
1	General	58 (72.5%)	58 (72.5%)	62 (77.5%)	54 (67.5%)	42 (52.55)	66 (82.5%)	340	70.83
2	OBC	10 (12.5%)	2 (2.5%)	8 (10%)	12 (15%)	8 (10%)	6 (7.5%)	46	9.58
3	SC	12 (15%)	20 (25%)	10 (12.5%)	14 (17.5%)	30 (37.5%)	8 (10%)	94	19.59
Total		80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	480	100

MARITAL STATUS: The respondents' marital status was examined in terms of five categories: married, single, widowed, divorced, and separated. According to Table 3, 60.41% of respondents were married, followed by 37.5% of respondents who were single. 0.84 percent of respondents was widowers and separated, while 1.25 percent of respondents were divorced. If we break down this data by district, the bulk of married respondents—85% of the 80 respondents—were found in the Sirsa district, followed by Kurukshetra, 70%, Panchkula, 65%, Hisar, and Ambala, respectively. The Ambala district had the highest percentage of unmarried respondents (57.5%), followed by Hisar (52.5%), Gurugram (42.5%), Panchkula (32.5%), and Kurukshetra (27.5%), in that order. In Sirsa, 85% of respondents were married, while in Kurukshetra, 70% were receiving therapy, it was also noted. A 2006 Sandhu study reveals that 42.50 percent of respondents were single and 55.33 percent were married.

TABLE 3: DISTRIBUTION OF THE RESPONDENTS AS PER THEIR MARITAL STATUS

Sr.No	Marital status	Kurukshetra	Ambala	Hisar	Gurugram	Sirsa	Panchkula	Total	
1	Married	56 (70%)	34 (42.5%)	36 (45%)	44 (55%)	68 (85%)	52 (65%)	290	60.41
2	Unmarried	22 (27.5%)	46 (57.5%)	42 (52.5%)	34 (42.5%)	10 (12.5%)	26 (32.5%)	180	37.5
3	Widower	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (2.5%)	2	0.84
4	Divorcee	0 (0%)	0 (0%)	2 (2.5%)	2 (2.5%)	2 (2.5%)	0 (0%)	6	1.25
5	Separated	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2	0.83
	Total	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	480	100

AGE OF INITIATION INTO DRUGS: Age is an important demographic variable. It is of considerable relevance in this study. A study conducted by Ranvinder Singh Sandhu also

revealed that maximum respondents from rural areas belonged to the 18-26 age group and maximum urban respondents fall in 36-44years of age group. Peak age of initiation for alcohol and cigarette was identified between 6th and 9th grades i.e. 12 to 15 years of age. Initiation of marijuana peaked between the 9th and 11th grades i.e. 15 to 18 years of age while other drug initiation peaked between the 10th and 12th grades. It is disturbing to know that many of the respondents got initiated at a young age by the time they would leave school. After 18 years the employment, marriage and other issues become an increasing issue in the family and failure to cope up with these pressures at that age may also make many people prone to drugs.

TABLE 4: DISTRIBUTION OF THE RESPONDENTS AS PER THEIR AGE OF INITIATION INTO DRUGS ABUSE

Sr No	Age of initiating drugs	Kurukshetra	Ambala	Hisar	Gurugram	Sirsa	Panchkula	Total	%
1	12 to 15	18 (22.5%)	34 (42.5%)	30 (37.5%)	24 (30%)	32 (40%)	26 (32.5%)	164	34.2
2	15 to 18	22 (27.5%)	24 (30%)	20 (25%)	14 (17.5%)	20 (25%)	12 (15%)	112	23.3
3	Above 18	40 (50%)	22 (27.5%)	30 (37.5%)	42 (52.5%)	28 (35%)	42 (52.5%)	204	42.5
	Total	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	480	100

Field work: The table above indicates the legal drinking and drugging age. The group of respondents who were above the age of 18 made up the majority (42.5%), followed by those who were between the ages of 12 and 15 (34.2%) and 15 and 18 (23.3%). A district-by-district analysis revealed that Ambala had the highest percentage of respondents in the 12 to 15 age group (42.5%), followed by Sirsa (40%) Hisar (37.5%), and Panchkula (32.5%). The Kurukshetra district was home to at least 22.5 percent of respondents in the 12 to 15 age range.

The proportion of respondents in the 15–18 age groups who responded was highest in Kurukshetra district and lowest in Panchkula district (15%).

TABLE 5: DISTRIBUTION OF THE RESPONDENTS AS PER THE FIRST EFFECT OF DRUG USE ON HEALTH

Sr No	First effect of drug use	Kurukshetra	Ambala	Hisar	Gurugram	Sirsa	Panchkula	Total	%
1	Feeling good	80 (100%)	78 (97.5%)	80 (100%)	78 (97.5%)	76 (95%)	80(100%)	472	98.3
2	Feeling bad	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (2.5%)	0 (0%)	2	0.42
3	No response	0 (0%)	2 (2.5%)	0 (0%)	2 (2.5%)	2 (2.5%)	0 (0%)	6	1.25
	Total	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	80 (100%)	480	100

Field work: According to the aforementioned table, 98.3 percent of drug addicts experience positive impacts of drugs on their bodies and minds. Only 0.42% of people reported negative medication impacts on their bodies and minds. 1.25 percent of respondents did not provide a response.

DRUG ADDICTION CAUSES: Drug misuse typically starts with sporadic use and can progress to regular use. Some persons experience the compulsive, uncontrollable use that characterizes abuse and dependency as a result of alterations in brain metabolism and activity (National Institute on Drug Abuse [NIDA], 2005). The most modern school of thought on the causes of substance misuse, known as biopsychosocial theory, contends that a variety of

environmental, psychological, and genetic elements interact to produce abuse (NIDA, 2003). Some drug users claim that they first started using drugs to experience a rush or satisfy their curiosity about the substance. The initial encounter is seen as fun and enjoyable. Abuse that occurs repeatedly results in tolerance and a future dose escalation. Drug misuse may be influenced by domestic stress brought on by damaged relationships between family members, tight budgets, and adjustment issues.

Conclusion:

The field study's findings were analyzed in light of drug users' socioeconomic and demographic features, as well as their causes, effects, and access to treatment and rehabilitation programmers. While looking at drug misuse from a gender perspective, it was discovered that a maximum percentage, or 80% of drug users are males and 20% are females. There are numerous social, economic, and psychological reasons why women take drugs. In terms of marital status, 27 people were married and 73% were single. Younger generations, who make up the majority of unmarried drug users, have been linked to societal unrest in general and conflict situations in particular. 61 percent of respondents were from nuclear families, and 39 percent were from joint families, when the family was taken into account as a variable. Research has shown that nuclear families are less effective as social control mechanisms and are more susceptible to drug abuse. Most drug users' relationships with their parents were found to be tense; nevertheless, a small number of people reported to have good ties with their parents. They hadn't told their parents about their addiction issues, which is why it happened. In terms of the drug users' occupations, 29 percent were students, 28 percent were businesspeople, 21 percent were drivers, 15 percent were employees, and 7 percent were laborers. The majority of the student population blamed this type of behavior on curiosity, peer pressure, and bad judgment.

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