

SUBSTANCE ABUSE AMONG YOUTH: KNOWLEDGE, ATTITUDE AND OPINION

*A Dissertation Submitted to the University of Kerala in the
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DECLARATION

I, **NITHIN J M** do hereby declare that the Dissertation Titled **SUBSTANCE ABUSE AMONG YOUTH: KNOWLEDGE, ATTITUDE AND OPINION** is based on the original work carried out by me and submitted to the University of Kerala during the year 2021-2023 towards partial fulfillment of the requirements for the Master of Arts Degree Examination in Sociology. It has not been submitted for the award of any degree, diploma, fellowship, or other similar title of recognition before any University or anywhere else.

Thiruvananthapuram

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CERTIFICATION OF APPROVAL

This is to certify that this dissertation entitled **SUBSTANCE ABUSE AMONG YOUTH: KNOWLEDGE, ATTITUDE, AND OPINION** is a record of genuine work done by Ms. LAKSHMY P Fourth semester Master of Sociology student of this college under my supervision and guidance and that it is hereby approved for submission.

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ABSTRACT

Substance abuse among young individuals is a growing and critical concern on a global scale. This issue is particularly pronounced in India, where a significant portion of the youth population faces vulnerabilities associated with substance misuse. To address this pressing challenge, it is imperative to gain insights into the perceptions, attitudes, and viewpoints of young people concerning substance abuse. This research initiative aims to provide a comprehensive understanding of these perspectives, with a specific focus on youth.

The problem at hand is multifaceted, with implications at both the individual and societal levels. Understanding how young people perceive substance abuse, their attitudes towards it, and the factors influencing their decisions is essential for the development of effective prevention and intervention strategies. Such strategies can be tailored to resonate with the youth population and address the unique challenges they face.

The research is quantitative and used a questionnaire to collect information. The findings of this research suggests development of targeted educational programs, awareness campaigns, and support systems to mitigate the impact of substance misuse on this vulnerable population and society as a whole. The goal is to foster healthier choices among young people and enhance their overall well-being while addressing the broader societal challenges posed by substance abuse.

TABLE OF CONTENTS

ABSTRACT

ii

CHAPTERS	TITLE	PAGE NUMBER
I	INTRODUCTION	1
II	LITERATURE REVIEW	5
III	RESEARCH METHODOLOGY	32
V	DATA ANALYSIS AND INTERPRETATION	34
VI	FINDINGS, CONCLUSION AND SUGGESTIONS	52
	BIBLIOGRAPHY	58
	APPENDIX-I	
	QUESTIONNAIRE	61

CHAPTER I

INTRODUCTION

1.1 INTRODUCTION

Substance abuse refers to the harmful or dangerous use of various substances, such as alcohol and illicit drugs, which have a profound impact on cognitive functions and mental well-being. Engaging in the consumption of these substances can result in the development of a complex condition known as dependence syndrome. This syndrome encompasses a wide spectrum of changes that occur within an individual's behavior, cognitive processes, and physical state. These changes become evident following repetitive substance consumption and are characterized by a compelling desire for the substance, struggles with controlling consumption, persisting in its use despite adverse consequences, placing substance use above other responsibilities, acquiring tolerance, and, in certain instances, undergoing physical withdrawal manifestations.

In the context of India, the challenge of psychoactive substance abuse looms large, exerting significant repercussions on both individual lives and the broader societal framework. Notably, the ramifications of substance abuse, particularly alcohol consumption, extend beyond the realm of disease prevalence. They encompass a broader landscape, contributing to a heightened prevalence of injuries and an array of other health-related issues.

The multifaceted nature of substance abuse requires a comprehensive understanding of its impacts on the individual and society. Addressing this issue necessitates targeted interventions that encompass not only medical and psychological considerations but also social, economic, and educational dimensions. By fostering awareness, enhancing support systems, and implementing preventive measures, it is possible to mitigate the far-reaching consequences of substance abuse and pave the way for a healthier and more resilient society.

Substance abuse, a pressing concern within various demographic segments, is particularly pronounced among college students. This group, in the throes of academic and social transitions, faces unique challenges that can contribute to the initiation and escalation of substance use.

For college students, substance abuse encompasses the hazardous consumption of substances like alcohol, prescription medications, and illicit drugs, which can detrimentally impact their

cognitive functions and overall well-being. The college environment, characterized by newfound independence and exposure to peer influences, can foster experimentation and heightened risk-taking behaviors. This, in turn, can lead to the development of a dependence syndrome – a complex interplay of behavioral, cognitive, and physiological changes arising from repeated substance use.

Within this context, college students grappling with substance abuse may exhibit a heightened craving for the substance, encounter difficulties in regulating its consumption, persist in usage despite negative outcomes, neglect other responsibilities in favor of substance use, experience an increase in tolerance levels, and even undergo distressing physical withdrawal symptoms.

India, with its burgeoning youth population, is witnessing a concerning prevalence of substance abuse among college students. This issue reverberates across campuses, affecting not only individual academic performances and mental well-being but also casting a shadow on societal progress as a whole. The repercussions extend beyond academic pursuits, influencing relationships, career trajectories, and prospects.

The nexus between substance abuse and college life underscores the urgency for tailored interventions and preventive strategies. Educational institutions play a pivotal role in equipping students with knowledge about the risks associated with substance abuse, providing counseling services, and creating supportive environments that foster healthy coping mechanisms. By addressing substance abuse among college students comprehensively, society can empower its future leaders to make informed decisions, promote well-being, and contribute positively to the nation's development.

Prevalence of substance abuse in Kerala

Kerala holds the top position in alcohol consumption within the country, with approximately 20-30% of the population engaging in alcohol use. This trend of alcohol consumption has seen a steady increase from 1980 to 2010. Notably, the age at which individuals start drinking has progressively decreased from 19 years to 13 years.

Several factors contribute to the extent and patterns of consumption. The use of tobacco is a significant avoidable cause of premature death and illness on a global scale. In India, nearly 1 million deaths each year are attributed to tobacco use.

Tobacco usage, encompassing smoking and chewing, has been deeply ingrained in the communal lifestyle of Kerala for centuries. Specifically, smoking and snuff consumption are

primarily observed among males, while chewing tobacco is prevalent among both men and women.

With Kerala witnessing an upward trajectory in substance abuse, this study aims to delve into the understanding, attitude, and viewpoints of adolescents concerning substance abuse. The ultimate goal is to raise awareness among them about the importance of maintaining good health.

1.2 STATEMENT OF THE PROBLEM

The problem at hand involves the escalating prevalence of alcohol and substance usage among young individuals worldwide. Research indicates that substance misuse is swiftly emerging as a significant health concern for teenagers and young adults. In India, there is a notable rise in the number of individuals struggling with drug addiction. Furthermore, the country possesses a substantial proportion of vulnerable youth, with 40% falling below 18 years of age. According to the United Nations Conventions on Narcotic Drugs and Psychotropic Substances held in 1961, 1971, and 1988, it is approximated that nearly half of the male students have experimented with gateway drugs by the time they reach the ninth grade in India. The prevalence of gateway drug usage is higher in West Bengal and Andhra Pradesh, where about 60% of teens have engaged, in comparison to Uttar Pradesh and Haryana, where the numbers are around 35%. Smokeless tobacco in the form of gutka is frequently consumed by youngsters in specific states. Each year, around 55,000 children, mostly from disadvantaged backgrounds characterized by weak social support, broken families, and exposure to deprivation and discrimination, take up smoking. This risky behavior often originates during childhood and adolescence, given that over 70% of adult smokers claim to have commenced daily smoking before the age of 18. This research endeavor aims to comprehend the perceptions, attitudes, and opinions of youth regarding substance abuse.

1.3 SIGNIFICANCE OF THE STUDY

Studying substance abuse among youth holds significant sociological importance due to its profound impact on individuals, families, communities, and society as a whole. This area of research addresses critical sociological considerations, including the health and well-being of young people, the influence of peer groups and social networks, the role of family dynamics, and its effects on educational attainment. Additionally, it sheds light on the economic and legal consequences, intersections with the criminal justice system, and how it is linked to social inequality and marginalization. Sociological exploration also delves into media and cultural

influences, informing public policy and interventions that can target risk factors and systemic issues contributing to substance abuse. Ultimately, understanding youth substance abuse is vital not only for the present but also for shaping a healthier and more equitable society in the future.

By delving into the knowledge, attitudes, and opinions that youth hold regarding substance abuse, this study can contribute to mitigating the prevalence of substance abuse among this age group. One of the key ways this can be achieved is through awareness programs that effectively communicate the harmful effects of substance abuse. Armed with insights into how young individuals perceive and approach this issue, targeted interventions can be designed to provide accurate information, dispel misconceptions, and encourage healthier decision-making.

In essence, the significance of this study lies in its potential to pave the way for tailored interventions that tackle substance abuse among adolescents, ultimately contributing to improved well-being, reduced risky behaviors, and enhanced public health outcomes.

CHAPTER II

LITERATURE REVIEW

The following is the related literature that the researcher has taken the initiative in providing the basic information on the related research topic. The review of literature had been reviewed from various perspectives such as Primary and secondary data, Reports, Articles, Magazines/Journals, Internet data/websites, and various write-ups on the twin problems of dependence on drugs and alcohol.

Madan (1969) has stated that alcoholism and drug addiction are harmful not only to the individual but also to his family and society at large. There is a well-known proverb “Once a drinker always a drinker”. The truth is that all hard drinkers start with moderate drinking and gradually increase the quantity to become addicts.

Hiramani and Sharma (1988) have given three interpretations for the use of drugs: One school interprets it as ‘anti-social behavior’ calling for suppressive measures against the users branded as ‘deviants’; the other school views the issue as one of ‘personal maladjustment of troubled individuals’ requiring medical or psychiatric treatment; and the third school considers the use of drugs as the end-product of functioning of social and cultural sub-systems that produce status problems and interest conflicts.

Macionis (2001) states that re-socialization means radically changing an inmate’s personality through carefully controlling the environment. Re-socialization is a two-part process. First, the staff breaks down the new inmate’s existing identity, using what Goffman describes as “abasements, degradations, humiliations, and profanations of self.” In the second part of the resocialization process, the staff tries to build a new self in the inmate through a system of rewards and punishments. Re-socialization can bring about considerable change in an inmate, but total institutions affect different people in different ways. While some inmates are considered ‘rehabilitated’ or recovered, others may change little.

Rao (2004) views socialization as a process whereby an individual becomes a functioning member of society. The individual becomes socialized by learning the rules and practices of social groups. Through this process, the individual develops a personality of his own. Peter

Worsley explains socialization as the process of “transmission of culture, the process whereby men learn the rules and practices of social groups”.

Ahuja (2003) has illustrated the following nature and impact of abusable drugs. The abusable drugs may be divided into six categories: alcohol, sedatives, stimulants, narcotics, hallucinogens, and nicotine. Alcohol is used by some people as a normal, pleasant, and sociable activity, while others take it as a spur that enables them to work. It also acts as a sedative that calms down nerves or a kind of anesthetic that reduces the pain of living. Alcohol relieves tension and lessens aggressive inhibition. It also impairs judgment and creates confusion.

Alcoholism Anonymous (1976) states “Once an alcoholic, always an alcoholic”. Commencing to drink after a period of sobriety, we are in a short time as bad as ever. If we are planning to stop drinking, there must be no reservation of any kind or any lurking notion that someday we will be immune to alcohol.

Palen (1979) states that the use of drugs is seen as a social problem because it tends to prevent people from leading responsible, self-controlled life. Those drugs which are thought to produce the greatest physiological and psychological damage and dependency are viewed most harshly. Although the term addiction is still commonly used, the World Health Organization (WHO) in 1969 suggested that a better description would be physical and psychological dependence. Today, as a rule, the term addiction is used to refer to compulsive usage resulting in physical dependence.

Ranganathan (1992) denotes that, Addiction is a ‘family disease’ in every sense of the term. Treatment professionals should recognize that addiction cannot be treated in isolation; improving the patient’s relationship with their wife and other family members is an essential element in treatment. L.J. Andrews and L.B. Novick and Associates (1995), developed the concept of addiction that it is an incurable but treatable illness affecting the body, mind, and spirit.

Agrawal (1995) has highlighted that Opium or afim can rightly be called the ‘King of Narcotics’. Perhaps no other narcotic enjoys so much popularity as opium. Strong addictive drugs such as heroin are synthesized from it. Opium comes from the poppy plant known botanically as *papaver somniferum*. The word papaver is a Greek word, meaning ‘poppy’.

Somniferum is a 'Latin' word, meaning 'I bring sleep'. Since opium does put one to sleep, its name is quite apt.

It is observed that more leisure time is needed for ex-addicted persons. After leaving drugs, they have to be kept in different types of entertainment programs like T.V. programs, games and sports and audiovisual activities, etc. (Modi, 1997).

The phenotypic approach in Grover's (1939) writing shows that drugs are used to defend against aggressive and sadistic impulses. Crowley (1972) indicates that drug-addicted persons want to continue drugs to drive pleasure and mainly to avoid the pain from withdrawal.

Singh, et. al (1978) attempted to indicate that the family environment plays a great role in drug abuse behavior. The study reveals that drug-addicted persons, in general, hailed from families where at least one or two persons are affected by chain-smoking or drug abuse. Khan (1985) illustrates that several research findings referred to earlier bring out differing views on drug users. Some report that drug users are creative (Buckman, 1971) while others infer that they are under-achievers. Likewise, while some observe that they are adequately integrated into the social group, others observe that they are some sort of 'drop-outs' (James, 1969). In other words, drug users are outstanding and also not outstanding.

To prevent the problem of drug abuse, some scholars want to reduce the traditional methods of treatment of drug-addicted persons. They emphasized the psychotherapeutic approach, personality development, and process of adaptation and adjustment to the environment of the drug abusers (Jayachandran, 1990). Prashant (1993) writes that the worst aspect of the drug trade is that it affects the vulnerable the most. The youth, who are struggling for an independent identity and who have the innate curiosity and urging for experimentation so essential for going ahead in the world, fall easy prey to drug abuse.

Riehm (1996) indicates that HIV is spread from IDUs to the general population through unprotected sexual contact. Virtually all studies of risk behavior among IDUs in both developed and developing countries find that IDUs are sexually active; have both injecting and noninjecting partners, and use condoms infrequently. While most studies show that there is a stronger association between injecting behavior and HIV seropositivity, some do indicate that sexual behavior contributes to HIV risk among IDUs.

Panda, Chatterjee, Abdul- Quader (2002) observe that besides sharing of injecting equipment, HIV is also transmitted and acquired through unprotected sexual intercourse. Ahuja (2003) writes that an alcoholic is different from an 'occasional drinker'. Any person who takes alcohol is a 'drinker', while a 'compulsive drinker' who cannot live without taking alcohol is called an 'alcoholic'. Drug users, who take drugs to seek instant remedies to their depression, frustration, and anger, suffer physically, economically, emotionally as well as socially.

Ahuja (2003) states that a drug is a chemical substance associated with distinct physical and/or psychological effects. It alters a person's normal bodily processes or functions. But this definition is too broad. In the medical sense, a drug is a substance prescribed by a physician or manufactured expressly to treat and prevent disease and ailment by its chemical nature and its effect on the structure and functions of a living organism. In the psychological and sociological contexts, a drug is a term for the habit-forming substance which directly affects the brain or nervous system. More precisely, it refers to "any chemical substance which affects bodily function, mood, perception, or consciousness which has potential for misuse, and which may be harmful to the individual or the society". In terms of this definition, the frequent use of drugs is considered so dangerous and sometimes even immoral and anti-social that it arouses a variety of indignant and hostile sentiments on the part of the general public.

Drug injection itself does not cause HIV infection. It is only through sharing of needles and syringes, and other injection works that the person is infected with HIV. Another possibility is through unprotected sex (Lisam, 2004). Poverty, social disintegration, lack of perspectives access to education, health and leisure services and youth employment opportunities put young people at high risk of developing drug abuse problem (Pruthi, 2006:2). In fact, needle sharing by IDUs is the major cause of HIV transmission by blood transmission. By needle sharing it occurs because an IDU will draw blood into the syringe to be sure that the needle has penetrated in a vein (Ahluwalia, 2009:9).

Alcoholics and those who frequently drink large volumes of liquor suffer deeper brain damage, which is irreversible (Bartimole, 1987). The liver is the largest gland in the body, weighing from forty to ounces. It secretes bile, stores up glycogen, and purifies the blood that passes through it. The liver cells are very sensitive and damage to them brings serious consequences to health (Gold, 1988).

Culture provides a means of social control. Often, primitive cultures depend on taboo and fear of the super-natural as a means of control. Modern, secular cultures find the problem of social control more difficult and must depend increasingly upon legal codes, police power and court procedures rather than upon family and neighbourhood opinion. This shows the tendency of the cultures to grow more complex and institute more formal and specialized agencies for performing the functions traditionally discharged by the family and the neighbourhood (Warsi, 1988).

Sain (1991:48) illustrate that ethyl alcohol, popularly known as alcohol, is the third socially accepted drug. Its status is legal for adults but adolescents also consume it. According to latest statistics, Indians spend about Rs. 12,000 crores annually on liquor. He also stated that alcohol is absorbed into the blood-stream via stomach and takes effect within 5-10 minutes. Effects vary according to individual health, weight and sex but, as a rough measure, three single whiskies drunk in one hour might result in 0.05% alcohol content rise in the blood. This would lift spirits and lessen inhibitions (a single whisky is equivalent to one glass of wine or half a pint of beer). Women get drunk more easily than men because they have less water per body weight. They also stay drunk longer if they are on the pills but get drunk slower during menstruation. Hang-overs are actually the body's response of shock at being subjected to a substantial dose of a poisonous substance.

Kachroo and Kachroo (1997) are of the opinion that sociologically, dependence on alcohol is seen as a social problem and as a form of deviance. Alcohol abuse is one of the most destructive and widespread drug-linked forms of deviance in the industrialized world.

Kundra (1997) indicates that several states in India have enforced total prohibition, but they have not succeeded in eradicating this evil. Many persons use illicit liquor and ruin themselves and their families as well. Co-operation of the people is very necessary for removing this evil. Law alone cannot impose prohibition. The people must be educated. In short, the government can remove this evil with the active co-operation of the people.

K. Singh (2001) shows that alcoholism is another important factor which creates criminals and delinquents. In family, the use of alcohol leads to quarrel between parents. It creates ill treatment amongst family members. Consequently, a proper care of children is not taken. Kumar (2001) illustrates that the use of liquor and other intoxicants is harmful to very

progressive and growing individuals and society. It is harmful in as much as it impoverishes intellectually and morally softens and spiritually deteriorates the person addicted to liquor.

Virk (2002) writes that no social function or party is considered a success unless expensive brands of whisky, scotch, and beer flow freely and the most respectable and responsible guests are seen drinking even during day time. High school girls and boys celebrate their birthdays and valentine day with champagne. Bean, 2002; indicates that crime is one of the (if not major) attendant problems of drug abuse. It is the so-called secondary criminality that is important, especially where drug use is linked to property crime.

Alcohol is known to damage cells, activates chemical carcinogens, causes nutritional deficiencies, and decreases body ability to fight cancer and other ailments. An important disadvantage of consuming alcohol is that it suppresses the immune system which is of immense important for an HIV infected person (Ahluwalia, 2009:143-144).

The creation account clearly reveals the responsibility of stewards given to human beings and Christians are called to join hands with forces that work for the maintenance of life on earthen life in man. Life has many facets and dimensions, where the divine dimension forms the basis of all that is to come. Following this, it should be the concern of every Christian to set right human life in its natural God-given direction. Accordingly, one has to identify the forces that misguided human life (Metropolitan, 1983). The importance and relevance of a voluntary community-based drug prevention programme is that it can reinforce the value system of the individual, impart cohesion, insight and understanding to the family and create awareness and concern in the community towards the problem of drug abuse (Qureshi, 1986).

Through the study of some researchers (Coggans et al. 1991) it is clear that the impact of school-based drug education can play a great role in the drug related behaviour or drug related attitudes. These perceptions of drug education effectiveness are highly positive to develop more anti-drug attitudes and to know more about drugs of the students. They also say that school is a system which helps in achieving the success of health education. In their view, school policy is very important in relation to drug and AIDS education. Thus, it is essential to note that drug education in school curriculum is connected with increases in drug related knowledge.

Bharat, (1994) writes that the HRD (Human Development Report of 1994) prepared by the United Nations Development Programme has said, "Narcotic drugs have become one of the

biggest items of international trade, with the total volume of drug trafficking estimated at around 500 billion dollars a year”.

Banerjee (1995) denotes that the intravenous drug users (IVDUS) constitute the largest population in Manipur in our country, which can be painfully termed as Intravenous Killer Virus Spreader group (IVKVS Group). Most of the victims are young age group. Paul (1996) nevertheless says that all things considered, the prevalence rate of alcohol and other psychoactive drugs in the country (India) is hardly comparable to that in the West. He also stressed that, alcohol is very much a drug; but in view of its prevalence and implications, it is often kept separate from other drugs.

It may be noted that AIDS and drug addiction are biopsychosocial diseases. Jones points out that both AIDS and alcohol and drugs are influenced by physical, psychological behaviour, and environmental conditions. Injecting Drug Abusers (IVDAs) are one of the highest high risk groups in India for the contraction of AIDS and are potentially the bridge of infectivity to the non-injecting drug abusing heterosexual persons in the country (Thomas, 1997:69).

Kakar (1988) states that as the Supreme Court rules that ‘all persons who are likely to be affected have a right to participate in the banning of a harmful drug.’ This right could be exercised, the Court rules, ‘by directing the Drug Control of India to hold public hearings in different parts of the country.

Shah (1999) points out that the new academic session in colleges and universities opens vistas to thousands of students to the ready world of drugs and alcohol. Many of these students are drawn into this whirlpool for reasons as ‘experimentation’ to ‘kicks’ to project ‘manly’ images. Hawkins (2009) is of the view that sexual addiction may be the most secretive addiction. Many are willing to admit to abusing alcohol or drugs before admitting to their sexual cravings, which they perceive as shameful. Sexual addiction is a hidden addiction, (p.128). We cannot talk about sexual addiction without talking about cross addiction – the process where by an individual is afflicted with more than one addiction. Sexual addicts are likely to be addicted to drugs, alcohol or both. They might also be addicted to television and accumulation and be severely codependent. They might also have a co-occurring disorder, such as clinical depression. Some hypothesize that when people give up one addiction, they’re likely to develop another. Although little evidence supports this theory, much evidence supports the existence of

cross addictions. When dealing with any particular addiction, clinicians should look closely for other hidden addictions as well.

In spite of its harmful effects, alcohol plays a strong and central role in our culture. Alcohol is a part of our youth and adult culture, and it's even a staple in retirement culture. Dr. Donald Goodwin has written extensively about problem drinking and alcoholism. In his research he found that problem drinking appeared to be caused by psychological, emotional, or social problems, while alcoholism was more closely connected to hereditary factors. Goodwin's study provides compelling evidence that most alcoholics do not drink addictively because they are depressed, lonely, immature, or dissatisfied. They drink addictively because they have a hereditary predisposition to alcoholism (Hawkins, 2009:86-88).

Parents and guardians need to be aware of the power they have to influence the development of their kids throughout the teenage years. Parents should not be afraid to talk directly with their kids about drug use, even if they have had problems with drugs or alcohol themselves. Parents should give clear, no-use messages about drugs and alcohol. It is important for kids and teens to understand that the rules and expectations set by parents are based on parental love and concern for their well-being (Jha, 2010).

The Nagas belonged to a Mongolian stock, dividing themselves into so many tribes. They inhabit a long strip of steeply ridged and wild forested country between the Brahmaputra valley of Assam and the boarder of Myanmar (Burma). They differ much from the rest of the Indians in their origin, culture and their appearance too. Their main subsistence is Agriculture. Nagaland became the 16th state of the union Government of India in 1960. But there are still many more tribes living in Burma, Manipur, Arunachal and Assam and their willingness to live together with their fellowmen under one Govt. has been felt (Bendangangshi, 1993).

Nuh (1997) has stated that there can be many theories about the origination of the word 'Naga.' Originally, the Nagas did not call themselves by that name and they did not have any generic term for the whole nation. It was other people who gave them the same name "Naga" and had been used for many centuries. As early as 150 A.D, Claudius Ptolemy, the Greek scholar, in his Geographia referred to Nagaland as 'Nagalogoi', which means 'the realm of the naked.' But whatever the origin may be, the Nagas today simply accept with pride the fact that they belong to an old independent race known as the Naga. Nagas are hardworking people by nature.

They are simple, cheerful, colourful, humorous, and courteous and hospital people. Nagas is a warlike race, feared by people. Yet, they are known by their inherited identity of honesty, faithfulness, maturity, courage and sociability. History unveil that the Nagas are from a higher civilization which flourished somewhere in south East of Asia from time immemorial, from where they are believed to have come to the present hills in North-East India. Before the advent of Christianity, the Nagas were animistically religious. This was probably simply due to the environment in which they have been living prior to the coming of Christianity. The manliest game was “head hunting”.

Longchar (1999) is of the opinion of alcohol consumption that many young people say they personally drink alcohol ‘for taste’, ‘to feel good’, ‘to relax’, and for special occasions’. Some others say they drink ‘to rebel’, ‘to experiment’, ‘to get drunk’ or ‘out of curiosity’.

The word ‘addiction’ (from Latin, meaning given over to a master, enslaved) was applied early to drug – using behaviors, including smoking. Interestingly, the term addiction has also involved a loss of plasticity. People who seemed inordinately involved with gambling or card playing were also described as being ‘addicted’. Dimapur the gateway of Nagaland, is the commercial 14 center of the state and it is situated at an altitude of 195 metres above sea level. It has the highest percentage of drug addicts after Manipur in the North – East. Drug addiction is seen at a menacingly high rate, with at least 10 percent of the population affected of which 86 percent is of below the age of 30 years. One reason why majority of the drug users are also concentrated in Dimapur could be because of the close proximity to Assam (Chishi, 2003).

According to N-NAGA DAO (2003), the onslaught of Drug Addiction and HIV/AIDS pandemic in our Naga Society was enormous. The impact of these twin pandemic has rudely affected the Nagas in all spheres of life which makes us to slowly admit that there’s a real problem already deep rooted in our society which was of course, unimaginable a decade ago. Longchar (2006) writes that sorcery, or the use of drugs, is listed along with drunkenness as a sin in the Bible. Revelation 2:8 speaks of those who will be in hell, and says of them; “the cowardly, unbelieving, abominable, murderers, sexually immoral, sorcerers (drug users), idolaters, and all liars shall have their part in the lake which burns with fire and brimstone, which is the second death”.

Recovery from addiction is one of the pressing needs of our society, because the problem of addiction is exploding everywhere and creates untold damage to all it touches. No longer can

this addiction be considered as the problem of the user alone as it even damages everyone within the addict's sphere of influence. It therefore becomes the problem of the family, society, and the Church (Maram, 2007).

Sussman, Steve and Ames, Susan L, (2001: 57) are of the view that drug use generally is more prevalent among males than females. Men are often taught to deal with problems by engaging in goal attainment (instrumental orientation), rather than by talking about difficulties (expressive, nurturing or nurture –seeking orientation). Women, on the other hand, might be more likely to seek out social support.

Ghosal (2003) devoted that the spurt in heroin addiction in the North Eastern States is said to have started in early 1984 in Manipur. Prior to that morphine addiction was common. In the case of women addicts most of them come from poor families.

The Introduction of the Narcotic Drugs and Psychotropic Substances (NDPS) Act in 1985 was India's response to the global 'war on drugs' and had a major impact on the patterns and manner in which drugs were used in India. It replaced earlier statutes on drug use and introduced a harsh penal regime for trafficking, possession, use and consumption of drugs in accordance with international conventions to which India was a signatory (The Law Collective, 2003:72). According to Nagaland State AIDS Control Society (2004), the first HIV case in Nagaland was detected in the year 1990 by Indian Council of Medical Research (ICMR) among the IDUs. In the same year ICMR estimated 2,500 IDUs in Nagaland with 50% of HIV prevalence among them.

Sharma, R. N. (2005), illustrates that the excessive drinking robs man of his sense of discrimination; he is unable to distinguish between good and bad, right and wrong. Lal, (2005) indicates that the constitution of India under Article 47, enjoins that the state shall endeavour to bring about prohibition of the consumption, except for medical purposes, of intoxicating drinks and of drugs which are injurious to health.

Rao (2007) indicates that AIDS is associated with social stigma; AIDS is a disease with a difference. AIDS affected persons are subject to prejudice and discrimination. Those who are the victims of the disease are treated as "untouchable". They are branded as people with immoral character. Sharma, Y.K (2007) writes that the World Health Organization (WHO) has

defined alcoholics as “excessive drinkers whose dependence on alcohol has attained such a degree that they show noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations and their smooth, social and economic functioning or show the prodromal (beginning) signs of such developments”.

It can also be said that alcoholism involves sin, since it has destructive consequences of hindering a person from abundant living and true happiness. It also detracts from his/her relationship with God, his family and his community (Clinebell). It is to be noted that until a person takes the first drink, s/he is as safe from alcoholic addiction as Adam and Eve were safe from death before they ate of the fruit of the tree of knowledge of good and evil (Dunn, 1974).

It can be stated that whether a person is genetically or bio-chemically predisposed to addiction or alcoholism is a controversy that has been debated for years within the scientific community. One school of thought advocates the Disease Concept, which embraces the notion that addiction is an inherited disease, and that the individual is permanently ill at a genetic level, even with those experiencing long periods of sobriety.

Another philosophy argues that addiction is a dual problem consisting of a physical and mental dependency on chemicals, compounded by a pre-existing mental disorder (i.e., clinical depression, bipolar disorder, or some other mental illness), and that the mental disorder needs to be treated first as the primary cause of the addiction. This treatment philosophy is commonly referred to as Dual Diagnosis. A third philosophy subscribes to the idea that chemical dependency leads to "chemical imbalances" in the neurological system, which would be a substance induced imbalance.

Alcohol is associated with a tremendously wide range of problems that are physical, psychological, social, criminal, and economic, and many occur in people who are not heavy drinkers. A difficulty with what might be called the treatment response is that many of those suffering from alcohol related problems (including relations and friends of those drinking excessively) never come forward for help. By the time many people do seek help the problems are so serious that little can be done (Paton, 1990).

Choudhury (2004) writes that in India in the period around 2000 B.C. three kinds of drinker were known at the time of manu, namely Quouni prepared from molasses, madu from the sweet flowers of bassia, latifolia and paisthi from rice and barley cakes.

Narain (2004): in most society drug use is viewed at odds with expected behaviour by women, and drug-using women are likely to experience even greater stigmatization compared with their male counterparts. Frequently women drug users exchange sex for drugs or money to sustain their drug habit or livelihood for themselves and their children (Panda Etal. 2001).

Savitri (1985) observed various student groups in Tamil Nadu to find out the psychological factors relating to drug addiction during the 1979-1983 periods and found that the students of non-professional colleges were more into drug use than others. She related this phenomenon to the finding that they have more leisure hours and that they did not use them any better way. Parental attitudes were also greatly responsible for the rise in the number of addicts. A majority of the addicts were found to have hailed from families having problems. It was observed that 35 percent of the students used amphetamines due to anxiety during examination.

There is paucity of statistical data and relevant information regarding drug use/abuse in the context of A.P. But as per the survey conducted by the society for promotion of Youth and Masses, 18 percent of the people in northeast India were found to be drug abusers, a majority of them belonging to the 21-30 age group. The survey also indicated that drug abusers are prone to sexual promiscuity and its percentage is 42.82 (Staff Reporter, 1993, June 27 Patterns of Drug Use: Banerjee (1963) studied 1,132 students of Calcutta University and found that 26 percent of the students had used tobacco. Mohan and Arora (1976) showed a prevalence rate of 32.7 percent among Delhi students with tobacco abuse rated as the highest, followed by alcohol, tranquillizers, amphetamines, opium, and barbiturates.

Mohan et al. (1977), studying 576 students to assess the prevalence rate and pattern of drug abuse among the students of Delhi University, defined drug abuse as a “state of inability to do without drugs arising from repeated administration of drugs, on a periodic or continuous basis”, experimental user as “using one or more substances once a month or less often”, regular user as, “those taking one or more drugs at least once a week or more often”, and addiction as “inability to stay without using one or more drugs”. The study showed the prevalence of drug abuse as 32.2 percent. The prevalence was higher among males and students staying in hostels.

The study also revealed that experimentation was the major cause of drug abuse. Tobacco and alcohol were found to be the most frequently used drugs in the study, followed by cannabis, amphetamines, barbiturates, antidepressants, and tranquilizers.

Singh and Singh (1980), in a study conducted on 520 students of Punjabi University and its affiliated colleges at Patiala, found that alcohol was the most preferred drug by students, (27.30%), followed by tobacco (24.61%). Of the other drugs, cannabis, amphetamines, tranquilizers, and sedatives were used by a great number of students. The study also indicated that the onset of drug use amongst students was mostly in the mid-teens. However, in the case of alcohol, and somewhat in cannabis, early onset was reported. Age at the onset of drug use was generally above 15 years. There was a significant sex difference too, with more males having used more types of drugs than the females. Tranquilizers and sedatives were found to be used by females more in comparison to males. A probable reason could be the constraints the society places on males and/or females.

Franke and Anda (2011) stated that of all drug use, drinking seems to start early and increase in huge increments over the years. Another research by Columbia University's Centre on Addiction and Substance Abuse (CASA, white paper, 2004), found that more than two thirds of youth who start drinking before the age 15 are 75 times more likely to use any illicit drugs, they are also more than 22 times likely to use marijuana, and are more than 50 times likely to use cocaine than youths who never drank.

A study by WHO (2006) confirmed that AU was predominantly more a male phenomenon (23.7%) than a female (1.5%) one. A collaborative study by WHO on unrecorded consumption, estimated that 30 percentage of adult males and 1 percentage adult females drink alcohol (Benegal et al. 2003). The National Household Survey (NHS), 2001 reported that 74.1 percentage of males were life-time abstainers and 21.4 percentage only had used alcohol the previous month. There were marked differences between the states with Gujarat (where prohibition was enforced) reporting 07 percent prevalence of current alcohol users, while it was 75 percentage in Arunachal Pradesh (Benegal et al. 2005).

Examining the frequency of AU, it was found (WHO, 2006) that 36.2 percent of alcohol users consume it at least 3-4 times a week or more often. Most drinkers in the rural area either drink every day or nearly every day. The percentage of drinkers who used alcohol 3-4 times a week

or more was highest in the rural areas (44.43%) when compared to samples taken from other areas (Medhi et al. 2006).

The per capita consumption of pure alcohol (calculation based on reported alcohol sales and production) which amounted to 2.1 litres in 2003 is low compared to many other countries. However, in India, about 40-50 percentage of alcohol consumed is undocumented and is not part of the alcohol sales figures. It is also considered that the per capita consumption is likely to be much higher, at about 4 litres (Benegal et al. 2003). Though it is lesser than the per capita consumption in the developed countries, when examined in the light of the fact that more than half of adult Indian males and a majority of women abstain from drinking alcohol, the per capita consumption would necessarily increase further (Parry, 2000). Across South East region of India, about one third of the population use alcohol. If this aspect also is considered, alcohol consumption per drinker is worked out as 13 to 14 litres of absolute alcohol per annum-which is similar to other heavy drinking countries (WHO, 2006).

Desai (2005), while summing up the early studies on epidemiology of AU or abuse in India, stated that 21.6 to 58.4 percent of students never used alcohol. It implies that there is a chance of 41.6 percent use among students. The causes of AU are complex and multi-factorial and have bio-psychological components. These include genetic, neurobiology, behaviour conditioning factors, psychodynamic factors, family dynamics and socio-cultural factors.

Ramana Kumar (2001) explored on the tendency of TU found in the country in recent years and found that cigarette manufacturers have targeted their products at those in the impressionable age group, and those more vulnerable to peer pressure (Stigler et.al. 2006).

To determine the prevalence and predictors of smoking in urban India, Venkat Narayan, et al. (1996) made a cross sectional study of 13,558 men and women aged 25-64 years in Delhi between 1985 and 1986 period. The subjects were either currently smoking and/or had smoked 100 cigarettes or beedis or chuttas in their lifetime and were defined as „smokers“. The result showed that 45 percent (95% confidence interval 43.8 to 46.2) of men and 7 percent (6.4 to 7.6) of women were smokers.

Education was the strongest predictor of smoking, and men with no education were 1.8 (1.5 to 2.0) times more likely to be smokers than those with college education, and women with no education were 3.7 (2.9 to 4.8) times more likely to smoke. Among smokers, 52.6 percent of

men and 4.9 percent of women smoked only cigarettes, while the others also smoked beedi or chutta. In comparison with cigarette smokers, those smoking beedi or chutta were more likely to be older and married, have lower education, had manual occupations and incomes, and body mass index, and not drink alcohol or take part in leisure exercise.

Arunachal Pradesh is placed as one of the liquor drinking states in India as per National Sample Survey Office (NSSO) 2011-12. The NSSO's consumption data splits per capita weekly consumption of alcohol into four categories – toddy, country liquor, beer and foreign/ refined liquor or wine. According to it, the average rural Indian drinks 220 ml across different types of alcohol in a week, or 11.4 litres in a year. In comparison to this the consumption in A. P is 749 ml country liquor and 346 ml beer or IMFL. Toddy is the most popular drink for rural India followed by country liquor. The average urban Indian, meanwhile, drinks 96 ml per week or 5 litres in a year, country liquor being most popular. The biggest toddy and country liquor-drinking states are Dadra & Nagar Haveli, Arunachal Pradesh and Andaman & Nicobar Islands (Rukmini 2014).

A study conducted by Regional Medical Research Centre (Director 2013) to survey the prevalence and patterns of tobacco and other substance uses in North Eastern states, found that prevalence of substance use in Arunachal was 27.9% tobacco (21.9% chewers and 10.2% smokers), 26.0% alcohol and 3.9% opium. Over all, substance use among males was higher (40.1% tobacco, 33.8% alcohol and 7.2% opium) than females (15.1% tobacco, 17.8% alcohol and 0.4% opium). Regarding the Pattern of substance use across various levels of education revealed that it was high in graduate and above (47.6% tobacco, 57.1% alcohol and 4.8% opium) followed by illiterates (32% tobacco, 28.2% alcohol and 4.3% opium) and matriculates (24.7% tobacco, 30.1% alcohol and 5.5% opium).

An article published by an anonymous author (2010), gives a certain information regarding the high prevalence of AU and TU habits among the college students in the north-eastern states of India. The data gathered between October 2008 and February 2009, from 457 college students of 15 colleges in Shillong was titled „Substance use and risky sexual behaviour among the middle and late adolescent migrant college students in Shillong: A study in North-east, India“. It found that 45.3 percent college students are drug users in the North East, and the types of drugs used are alcohol (29.1%), smoking (34.4%), chewing betel nut and tobacco (27-1%), chewing tobacco or gutka (19.3%), zarda (14.4%), and drugs (.7%).

A study undertaken by Sinha et al. (2003), to gather baseline information about the prevalence of TU among school children in the eight north eastern states found that use of tobacco in different forms, including smoking, was very high in all eight states of North East India. The prevalence of daily smoking ranged from 25.9% (Mizoram) to 12.8% (Arunachal Pradesh) and of smokeless tobacco use from 57.8% (Mizoram) to 10.7% (Assam). Daily smoking among men and women was similar in five states but not in Arunachal Pradesh (men 15.0%, women 4.0%), Nagaland (men 18.7%, 5.0%), and Tripura (men 18.6%, women 0.4%). In four states cigarette was the most prevalent form of smoking (range 41% to 55%) whereas in other four states it was bidi (range 34% to 53%). Although the number of women was small, cigarettes smoking was reported more among women than men in four states: Assam, Arunachal Pradesh, Manipur, and Nagaland. Over 50% of current smokeless tobacco users reported using betel quid in six states, except Mizoram (20%) and Sikkim (16%).

Berman and Snyder (2012) claim that although tobacco companies have long argued that their marketing efforts have no impact on the initiation of TU among young people, the evidences show that the tobacco companies have failed to tell the truth. The Surgeon General's Report (SGR) found that evidence consistently and coherently point to the intentional marketing of tobacco products to youth, as being a cause of young people's TU. In short, a robust body of scientific evidence establishes that tobacco industry marketing causes youth to use tobacco.

In a study by Stigler et al. (2006) to learn why urban Indian VIth graders may be using more tobacco than urban Indian VIIIth graders, a cross-sectional survey of students was conducted in the summer of 2004. The study aimed at (1) examining the relationship between 15 psychosocial risk factors and the current use of any tobacco, by grade; and (2) to examine differences in psychosocial risk factors, by grade. It considered past 30-day use of any tobacco, including chewing tobacco (like gutkha, and Khaini), bidis, or cigarettes and found the strongest correlation between social susceptibility to and social norms about use. Exposure to tobacco advertising was a strong correlate of TU for VIth graders, but not for VIIIth graders (Ramana Kumar, 2001). The study concluded that the "risk profile" of 6th graders suggested that they would be vulnerable to use and to begin using tobacco, as well as to outside influence that may encourage the usage.

Surgeon General Report (Berman & Snyder 2012) also found that youth of lower SES (socioeconomic status) have a higher prevalence of cigarette smoking than youth of a higher SES. The gradient among young adults is especially strong and mirrors other analyses of young

adult data that suggest that the prevalence of current cigarette smoking for non-college-educated young adults is twice as high as that for their college-educated counterparts. The prevalence of cigarette smoking is highest among lower socioeconomic status youth.

Ihezue (1988), in his survey of Nigerian undergraduate medical students classified alcohol and drug users as frequent users, casual users, and non-users. The study concluded that the place of residence and family structures recorded no significant contribution to the development of substance abuse. Male sex, poor performance and examination, drug taking among close friends and peers, and a family background of lower socioeconomic status emerged as sociodemographic factors correlating positively with incidences of substance abuse.

Kalpen et al. (1984) surveyed seventh-grade students in eighteen junior high schools to test a longitudinal model that incorporated indicators of self-derogation, peer influence, social control, and early substance use. The research revealed that self-derogation predicted drug use and peer pressure increased it whereas social control reduced it.

According to Lal (2005), the reasons for drinking at a young age are experimentation or novelty seeking, peer pressure, family problems, low self-esteem, aggression, parents or siblings using alcohol, anxiety, and depression.

Ramana Kumar (2001) explored how the tendency of TU found in the country in recent years and came up with the findings that in recent years, cigarette manufacturers have targeted their products at those in the impressionable age group, and those more vulnerable to peer pressure. Swaim (1991) found a correlation between childhood risk factors and alcohol abuse. Childhood personality manifesting the "difficult child" syndrome and psychopathological features of hyperactivity and anti-social traits were predictive of later substance abuse, especially when these traits persist into adolescence. Key interpersonal risk factors included family mismanagement, parental substance use, low academic performance and commitment, as well as association with substance-using peers.

Chitnis (1974), in a survey conducted on 1235 students and 14 case studies, indicates that curiosity and boredom are major factors that have prompted students to try drugs. The influence of the peer group (Muttagi 1978), the desire to belong to the crowds, and the desire to heighten their sensation of colors and sound, are some of the factors mentioned by the respondents. A few students said that they turned to drugs to escape the harsh realities of their lives.

A peripheral survey on the “Assessment of Drug Abuse, Drug Users and Drug prevention services in Shillong, Guwahati, Dimapur, and Imphal” conducted by the Ministry of Welfare, Government of India (1989), showed that the reasons for taking drugs vary from place to place and person to person among the youth in the North East Region.

Bjarnason et al. (2005) developed and tested with hierarchical linear modeling of data from Icelandic schools and students a multi-level Durkheimian theory of familial and religious influence on adolescent AU. On the individual level, traditional family structure, parental monitoring, parental support, religious participation, and perceptions of divine support and social constraint were associated with less AU.

Influenced by Flay (1999), Daurah (2004) opined that „the general cultural environment in which adolescents mature, the more immediate social situation in which adolescents find themselves day to day and intrapersonal differences among adolescents“ are the starting points for the personal, social, and cultural-environmental streams of influences. Stressing the importance of social factors as causes of deviancy and holding society responsible for the behaviour of the individual, social theories assert that although humans may have freewill, it gets neutralized in society, and finally behaviour emerges as a product of that society. The proponents argue that fluctuations in rates of deviance occur as a result of substantial changes in basic social, economic, and political conditions (Mc Caghy et al. 2003).

Venkat Narayan et al. (1996) found that there are two subpopulations of smokers in urban India, and suggested that the preventive strategy required for each might be different. The educated, white collar cigarette smoker in India might respond to measures that make non-smoking fashionable, while the less educated, low-income people who smoke beedi or chutta may need strategies aimed at socio-economic improvement.

The World Health Organization defines violence as “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in, or has a high likelihood of resulting in, injury, death, psychological harm, or deprivation” [1]. Youth that involved in the alcohol consumption often has problems with the social integration, are more prone to fighting and are more often resisted to participate in healthier activities. It is stated that, the youth has a higher risk of being involved in illegal activities and participating in unprotected sex [2]. By referring to Siemieniako & Kubacki [28],

part of the growing problem with increasing alcohol consumption among women might lead to unfeminine and immoral behaviors. World Health Organization [3] stated that alcohol uses are risk factors for both being victimized and performing youth violence. Youth violence can be in many forms. These include bullying, gang violence, sexual aggression and assaults. Youth violence normally occurs on the streets, bars and nightclubs.

Comprehensive community intervention approaches may have considerable potential to reduce college-age drinking problems, especially given the success of these programs in reducing alcohol related problems and in preventing health-compromising behaviours among youth. (J. Stud. Alcohol, Supplement No. 14: 226-240, 2002) (4) This shocking result was revealed in a study done by National Drug Dependence Treatment Centre and the All-India Institute of Medical Sciences where a total of 119 children were covered examining their pattern, profile and substance use. Alcohol, tobacco and inhalants are common initial substances of abuse and have been described as „gateway substances“. These substances are easily available to the children, according to the revelations in the research.

According to the National Institute of Alcohol Abuse and Alcoholism's Underage Drinking Research Initiative (NIAAA-UDRI) approximately 5,000 young adults under the age of 21 die due to underage drinking.

1. 1,900 died from vehicular crashes or accidents
2. 1,600 died as a result of homicide
3. 300 died from suicide
4. remaining people died from other injuries, such as burns, falls, and drowning

The information on tobacco and alcohol use among school students from rural Kerala is limited. A study conducted among high school students in the northern district of Kannur in Kerala reported 8.5% prevalence of smokeless tobacco use, whereas the prevalence of any type of tobacco use reported in the rural areas of Central Kerala was 7.5% [22, 23].

Very few studies were published from Kerala regarding alcohol consumption among adolescents. A recent study conducted in Ernakulam in Kerala among school students reported 15% prevalence in the 12–19-year-age group.

Gupta (2006) observed an inverse association of educational status with TU (smoking and other forms) in the western Indian State of Rajasthan. The greatest tobacco consumption was observed among the illiterate and low educational status subjects (nil, 1- 5, 6-10, >10 year of formal education) as compared to more literate in men. In the illiterate subjects the odds ratios

(OR) and 95 per cent confidence intervals (CI) for smoking or TU as compared to the highest educational groups in rural as well as larger urban studies.

Crawford (2001) concluded in his study that family and peers, school, television and movies were the primary sources for both pro and anti-smoking messages and that lack of a clear, consistent anti-smoking message leaves teens vulnerable to the influences of pro-smoking messages from a variety of sources. Interventions need to be culture- and gender-specific. Family-based interventions appear to be needed and efficacious, but resource intensive. Building self-esteem may prove to be a promising Intervention.

The Global Youth Tobacco Survey (GYTS) (2000-2004), the first national survey of tobacco uses among adolescents in India⁵, reported the prevalence of ever use of tobacco in any form to be 25.1 per cent, with current cigarette smoking being 17.5 per cent and current use of smokeless tobacco (SMT) to be 14.6 per cent in the age group of 13-15 yr. In replications of the GYTS in 2006 and 2009, about 14 per cent (13.7% in 2006 and 14.6% in 2009) of students aged 13-15 yr. reported using tobacco (smoking and/or SMT). Two school surveys from Kerala, one an exclusive rural survey reported eight per cent prevalence and the second from northern Kerala 26 reported the prevalence of tobacco smoking and chewing to be 9.8 and 2.2 per cent, respectively in students between 13 and 17 yr.

In studies from India, the mean age of initiation to tobacco varied between eight and 15 years. Across studies worldwide, using different measures of current smoking status, smoking has been found to increase with age. The prevalence of smoking increases in all countries, from around five per cent at 11 yr. to 10-25 per cent at 15 yr. Most studies from India report a male predominance (10-30 vs. 1-3%), in contrast to most Western studies and a few Indian studies which have reported a female predominance or equal prevalence.

Adolescents have one of the highest productive ages with a lot of energy, which needs to be channeled in the right direction. India has the largest youth population in the world (UN report) and there has been an increase in the Asian drug supply in recent years due to the availability of friendship and relatives network (Akhatar and South, 2000) as well as easy access to these illegal substances. This is a major concern for the country.

Vasters, & Pillon, (2011) considering all age groups, substance abuse has been increasing among adolescents the most Adolescents are considered to be highly susceptible to substance

abuse and associated risky behaviours. Furthermore, adolescents' increased prevalence of using substances at an early age is mainly due to their exploratory characters. According to Yuen, & Toumbourou, (2011), the possible impact of their family's functioning (e.g., dysfunctional family) (as well as their lack of motivation for enhancing their cognitive and psycho-social skills due to peer pressure (Vasters, & Pillon, 2011). Although substance abuse may be used as a remedy to alleviate emotional stress, it has also been known to jeopardize family relationships.

It is estimated that between a third and 50% of young people try illegal drugs at some stage in their lives. The 'drug problem' has been described as a poverty or social exclusion problem (Pearson (1999), Seddon, 2000) and there is a strong correlation between heroin, crack and income (Maulana AzAD Library, AligARh Muslim University, 31) and unemployment (Buchanan (2006)). Where addicts steal to support their 'habit' (Goldstein (1985)). Some studies suggest an increase in drug use among young Asians (Patel, 2000).

Haladu (2003) explained the term drug abuse as excessive and persistent self administration of drug without regard to the medically or culturally accepted patterns. (Dusenbury & Botvin, 1990). There are two problems associated with using the DSMIV criteria for adolescents. First, due to the rapid developmental changes that adolescents are undergoing, they are at greater risk than adults for developing a substance-abuse problem quickly. Second, using the DSM-IV criteria, some research results have confirmed the usefulness of dependence as a construct, but that when applied to adolescents, tolerance, withdrawal, and medical problems present differently than they do in adults (Martin, Kaczynski, Bukstein & Moss, 1995).

A Drug refers to a substance that could bring about a change in the biological function through its chemical actions (Okoye, 2001). It is also considered as a substance that modifies perceptions, cognition, mood, behavior and general body function (Balogun, 2006). Several school-going adolescents experience mental health problems, either Maulana Azad Library, Aligarh Muslim University 32 temporarily or for a long period of time. Some become insane, maladjusted to school situation and eventually drop out of school. (NAFDAC, 2004)

The consequences of substance abuse range from disrupting family relationships to marginalization, criminal activity, school failure, vocational issues and failure to reach normal adolescent milestones. These teens are supposed to be the future leaders of the country when

they don't even have a plan for the future. According to several other studies, students and easy virtue youth in the community are addicted to cannabis and other stimulants such as amphetamines and marijuana.

According to Hawkins, Catalano, and Miller (1992), adolescents who use substances on a regular basis will experience problems and dysfunction. Most scholars agree that an adolescent may show signs of a substance abuse problem when they use substances on themselves, others, or their property. When the use has adverse health consequences, destroys relationships, causes accidents, blackouts, fights, or becomes the cause of arrest, these events suggest that substance use has moved on to abuse, whether or not it is physical dependence.

Poudel (2016) in his paper "Psychosocial Problems among Individuals with Substance Use Disorders in Drug Rehabilitation Centers, Nepal" explains that substance use has many negative short-term and long-term effects. Not only do people with substance use disorders suffer from physical and psychological problems, but they also lose the ability to communicate with family, friends and society. The purpose of this study is to study the psychological problems and factors associated with substance use disorders.

Bhatt (1998) in his paper entitled "Domestic Violence and Substance abuse" explains about how substance abuse and domestic violence is directly related to each other, he elaborated that substance abuser creates familial disruption in bonding and relationships. He has also discussed through the research that many substances abuser Maulana Azad Library, Aligarh Muslim University 44 has been indulges in the crimes of domestic violence, intimate partner violence assault etc. From the researches it has been proved that substance abuse is one of the reasons for the crimes against women not only in underdeveloped or developing nation but also in developed nations.

Paglia and Room's (1999) paper critically reviews all the evaluative literature on programs and other interventions designed to prevent substance abuse problems among youth. It focuses on the patterns and trends in youthful drug abuse and evidence on type of harms. It recommended that the programs should be designed on the basis of an assessment of the dimensions of drug related harm and measurement of changes in it. It also concentrates on school-based drug education programs and on "natural experiments" and other quasi experimental designs which are cost-effective analysis, to explain to the youth about the need of harm reduction initiatives.

From the developmental point of view, Burrow (2011) wrote in his paper, understanding adolescent substance abuse: prevalence, risk factors and clinical consequences, “Adolescence is a transitional period in a person’s life”. During this time, an adolescent may try new things, become more independent, and engage in some risky behaviors that can have a negative impact on their personality.

According to Scharlieb (1919) and Sibly (1919), “Adolescence” is the period during which the individual is “approaching the adult type” (i.e., puberty has been reached) and “adolescence” corresponds to the second half of that developmental period, and may extend up to 25 years”.

SUBSTANCE ABUSE AMONG YOUTH

A retrospective study conducted by Singh M. et al. (2017) on “Substance Abuse in Children and Adolescents” found that substance abuse is widespread among children and young people. The age at which substance use begins is decreasing. The theme of the study was to determine the socio demographic profile of children and young people diagnosed with substance addiction and to evaluate the pattern of substance vulnerability.

A study by Seema Toshniwal (2017) on "Addiction as a system failure: drug abuse in Vadodara's youth" reveals that adolescence is a phase that typically occurs between puberty and adulthood. It offers opportunities for growth in skills, personality, self-confidence and relationships, but at the same time there are boundless threats. Substance abuse is one of these threats and it is an emerging reality that has various social, cultural, biology, environment and financial dimensions. This theme is a strategy to identify the sources of knowledge, reasons and prevalence of substance abuse among Vadodara youth.

Many unhealthy behaviours start during adolescence and are one of the most important public health challenges. Substance abuse affects individuals, families, and communities as a whole, and its consequences are increasing, leading to costly social, physical, and psychological health complications In “Intervention for Adolescent’s Substance Abuse: an Overview”, Jai K.Das et al. (2016).

Dhanush Chandra Pathak (2016) interpreted on “demographic prevalence of drug abuse in youth cases from the Surkhet District of Nepal”. The theme of the study was to recognize the

demographic prevalence of substance abuse among youths in Surkhet District. Debajani Nayak (2016) explained that Substance abuse among young people has turned out to be a global challenge and also a significant public wellbeing demeanour. The pervasiveness proportion of substance abuse is highest among young adults. There is a necessity for intrusions for the predicament of substance abuse. Health edification is an imperative stratagem for those groups to prevent and regulate substance abuse. Parents, educators, and peer groups have a vital role to counsel and educate the youth if they are hooked on substances.

Charis Theou et al (2015) elucidated the acquaintance and novelty of the efficacy of a cognizance program on substance abuse and its consequences among the PU College students. Puberty is an unstable period wherein they love to do possessions as they wish and to some degree that gives them an excitement without cognition so they need to be steered.

A cross-sectional analysis on substance abuse on familiarity and insolence among dormitory students at Shaheb bahesti university of medical sciences (2015) showed that the majority of the students in this theme had a smoker associate, which had a significant impact on the prevalence rate of substance abuse.

H. Elizabet(2015) Explains Tobacco Addiction Among Women Tobacco users and the accused in this theme are all between the ages of 13-45, and the verdicts of this theme show that the defendants' use of tobacco is closely linked to their physical and psychological addiction.

Yogeswar Puri Goswami et al (2015) examined that youth is a phase of scuffle for identity and it is evident by seditious, exploration seeking behaviour and antagonistic defense. The forthcoming inhabitants are at excessive jeopardy for early initiation to substances and other psychoactive substances. Therefore, a quasiexperimental study to evaluate the efficiency of structured training programmes was used to evaluate acquaintance of adolescents regarding substance use.

Gopiram (2014) reviewed the psychosocial characteristics of substance abuse among adolescents and young adults; a comparative study of users and non-users and found that the majority of users initiate the substance abuse. TufeelAhad Baba (2013) reviewed an epidemiological study on substance use among college students in the north Indian state of Kashmir valley and found that the overall prevalence of substance abuse among the college students was.

Richard Kipkemboi Chechanga (2013) examined drug abuse among youths in Kenya and established that drug abuse among the youngsters was intensified by notwithstanding the regulatory mechanisms that have been dwelling on it. The researcher endorses that the parents should deter and alert on the peril of substance abuse. Mattias, Gunnarsson (2012) examines the possible factors related to use of substances, with specific focus on psychological factors associated with increased risk of using illicit drugs. The findings from this thesis emphasize the fact that several psychological factors are associated with substance use in adolescence.

World Drug Report (2012) report by United Nations Office on Drugs and Crime provides an overview of recent scenarios and circumstances of substances in our society, its production, consumption, abuse and upshot in our society, as well as its consequences of diseases generated by substance accidents due to substance uses.

Asmara Ahmed Malik et al (2012) interpreted on “knowledge and awareness of harmful effects of substance abuse among users and non-users; a cross-sectional analysis from Bari Imam”. Bosco Kasundu et al (2012) elucidated on “Factor contributing to drug abuse among the youth in Kenya: The paper examines factor contributing drug abuse among youth in the Bamburi location. The theme recognized the nature and amount of substance abuse and sources of facts and cognizance associated predicaments among the youngsters on substance abuse.

Mahanta P (2011) studied substance abuse and its medical-legal implications. Drug abuse and addiction ‘represent different aspects of the same disease process’. Over a long period of time, this dependency leads to corporal punishment, social isolation and association with those who have been abused. Sidhu (2011) examined ‘An Epidemiological Survey of Alcohol and Drug Addiction in a Village of District Sangrur in Punjab’. The study reveals that substance abuse is common in rural areas and that the majority of people are illiterate. Kumar (2011) examined the impact of alcohol and drug addiction on family members in a rural Punjab. This study focused on patients of alcohol and substance addiction and the subjects were selected from the rural population and all the patients were men.

WHO (2010) First global report on substance use disorders discloses that many individuals agonize from alcohol disorders compared to substance use disarray and both sorts are more habitual in men than women.

Singh (2010), “Drug Abuse among Rural Youngsters in Punjab”, The theme was partly descriptive and partly explorative and focused on the male 20-25 years of age group. The main consequences of abuse among young people were negative impact on their health, lack of social status and broken families. The theme argues that the problem of craving is multi-faceted and the solution to the problem does not fall into either the legitimate or the well-being arena. The aim of the theme was to explore the factors that lead to substance abuse, the characteristics that lead to the prolongation of the substance and to analyse the implications of addiction on the users. The theme also revealed that peer group stimulus, the impact of family history, and the vulnerability to substances are the main reasons why young people engage in substance abuse. Angus Bancroft (2009) explicated in the article “Drugs, Intoxication and Society”, deliberates the discrepancies between categories of substances that are defined as medicines, foods and intoxicants. J Okoza, Oyaziwo et al (2009) examined the types of drugs abused by the students of Ambrose Ali University. The context exposed that the most frequent substances abused by the students were alcohol, kolanut, tobacco, cannabis Librium, valium, dexamphetamine, mandrax, Chinese capsule and cocaine.

Ahmad Nadeem et al (2009) explicated in the article, “Substance Abuse in India”, reveals that substance abuse in youngsters has attained grander proportions. They ascribe this to the fluctuating cultural values, cumulative economic pressure and deteriorating helpful ties in the family and humanoid presences.

Gandhi (2009) Elucidated on socio-demographic profile of persons attending deaddiction center, Anand nagar, Raipur. The main aim of the theme was to identify the socio-demographic profile of subjects and suggest exhortation in a cross-sectional analysis. The main purpose of the topic Drug Abuse: Trends & Issues in the April 2007 edition is to elucidate the misuse of medical drugs. These substances are often used to create extreme pleasures and to relieve stress or to escape from reality.

Rotimi Alagbe (2004) elucidated in their article “Dangers of Drug Abuse among Youths in Nigeria” reveals that young people in any societal environment inhabits a subtle and sensitive situation within the inhabitants’ structure for numerous whys and wherefores. There are quite a lot of factors, which can impact the abuse of substances among young individuals.

Arun K. Sen (1999) explained in his empirical theme “Drug abuse and Youth: A Psychological Study”, scrutinizes the sources of substance abuse and its consequences on the demeanour of the individuals. He demonstrates his apprehension about the widespread abuse of substances as it poses a menace to the globe and also noticed that intravenous substance abusers are a perilous group infected with HIV.

CHAPTER III

RESEARCH METHODOLOGY

TITLE

SUBSTANCE ABUSE AMONG YOUTH: KNOWLEDGE, ATTITUDE AND OPINION

OBJECTIVES

General Objective

- To assess the knowledge, attitude, and opinion of substance abuse among college students.

Specific Objectives

- To assess the knowledge regarding substance abuse among college students
- To understand the attitude regarding substance abuse among college students
- To seek the college student's opinion regarding substance abuse
- To find out the Association between knowledge of substance abuse with selected demographic variables of college students.
- To provide college students with an awareness of health care.

RESEARCH DESIGN

A cross-sectional design was used in the study

3.5 OPERATIONAL DEFINITIONS

- Assess: In this study, it refers to the gathering of information regarding substance abuse.
- Knowledge: In this study, it refers to the awareness of substance abuse, its types, effects, and expected healthy practices.
- Substance abuse: It is also known as 'drug abuse'. In this study, it refers to a patterned use of a substance (drug) that the user consumes in amounts or with methods neither approved nor supervised by medical professionals.
- college students: In this study, it refers to a young aged group between 18 to 30 years old.

PILOT STUDY

A Pilot study will be conducted to assess the feasibility of the study

] PRETEST

Before starting the actual field investigation, a pretest was conducted. This helped to modify the questions in order to make the questionnaire more precise and focused.

SAMPLING

Convenient sampling a non-probability sampling technique was used in the study

SAMPLE SIZE

Sixty college students from a College formed the sample of the study.

UNIVERSE

The universe of the study was college students from Thiruvananthapuram district.

UNIT

A single student from a college

TOOL

A questionnaire was used to collect the data.

ANALYTIC STRATEGY

Descriptive statistics was used to analyse the data. The filled-in questionnaire was subsequently coded and presented in tabular form. The quantitative data obtained was presented in percentages. Frequency tables and charts are used.

ETHICAL ISSUES

Informed consent

LIMITATIONS OF THE STUDY

The tool that was used to assess the knowledge, attitude, and opinion of substance abuse among youth was not standardized.

CHAPTERIV

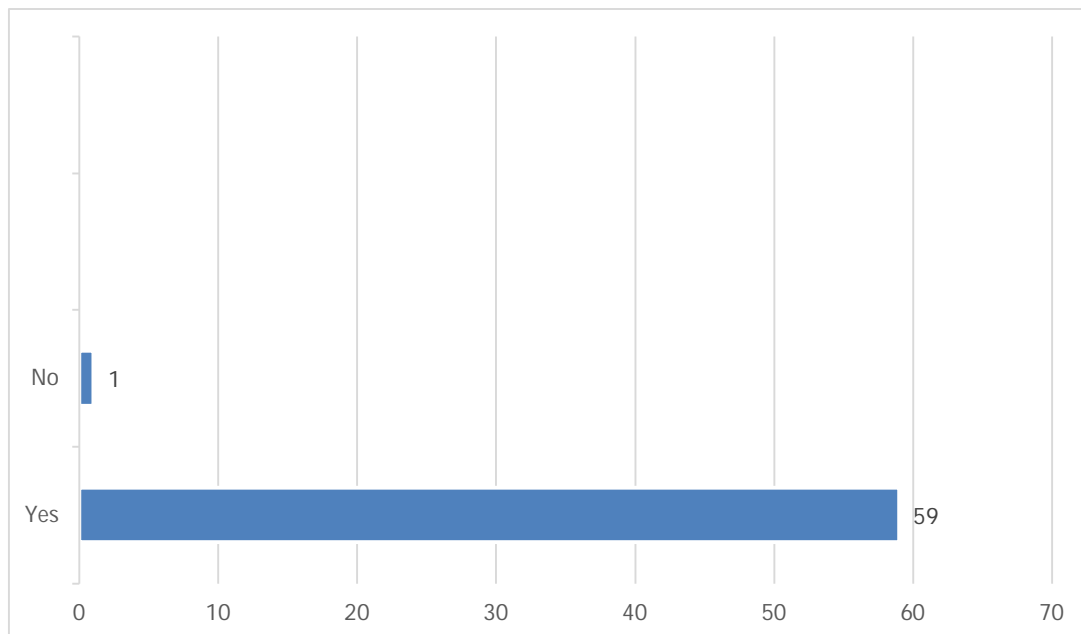
DATA ANALYSIS AND INTERPRETATION

The present chapter deals with the analysis and interpretation of the collected data.

Knowledge of any Substance	Frequency	Percent
Yes	59	98.3
No	1	1.7
Total	60	100.0

Table 1 Have you had any knowledge of any substances

Figure 1. Knowledge about Substance Abuse

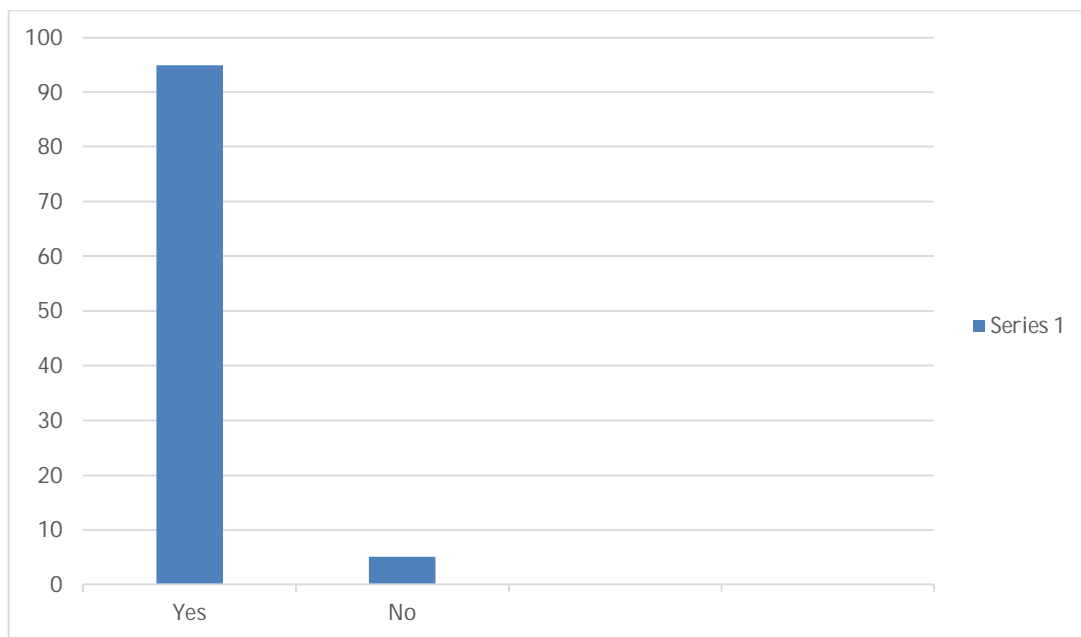


The data shows that a significant majority, specifically 98.3% of the respondents, have knowledge about these substances, while only .7% are unaware of them. This high percentage suggests that the study's sample is well representative of the population, as a substantial number of respondents are informed about the different substances. Thus, the study is conducted by taking a good sample of respondents

Table 2 Ever used any substance

Use of Substances	Frequency	Percent
Yes	57	95.0
No	3	5.0
Total	60	100.0

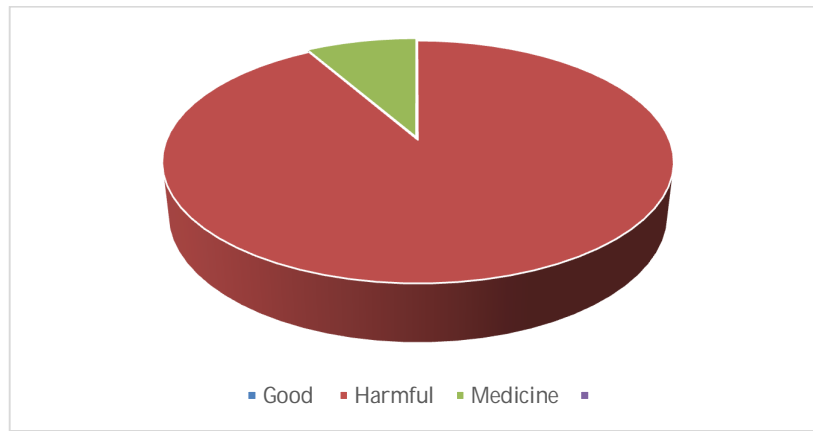
Figure 2. Usage of Substances



It is evident that 95% of the respondents have refrained from using any form of substances. Conversely, a minor fraction, comprising just 5% of the respondents, have acknowledged using substances on one or two occasions. This distribution indicates that despite possessing knowledge about these substances, only a limited 5% have engaged in occasional usage.

Opinion about Use of Substances	Frequency	Percent
Good	0	0
Harmful	55	91.7
Medicine	5	8.3
Total	60	100

Figure 3. Opinions about the usage of substances

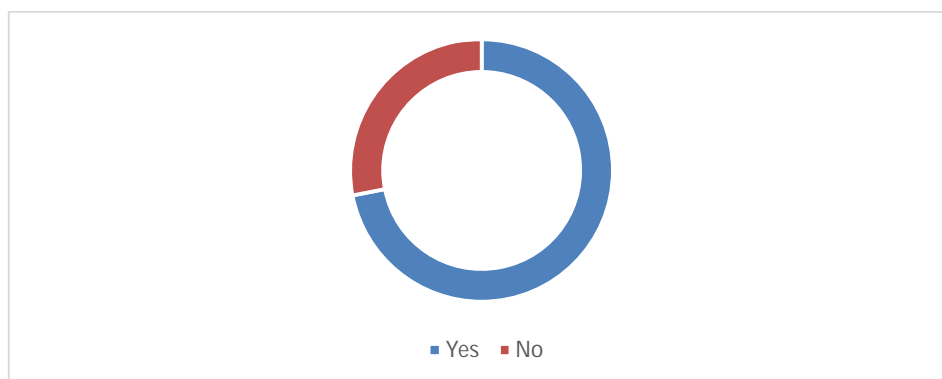


When queried about their perspectives regarding the utilization of substances, 0% of the participants expressed a positive viewpoint regarding the usage of substances. The usage being perceived as negative was reported by more respondents, with a significant 91.7% emphasizing its harm. 8.3% hold the perspective that the substance is employed for medical purposes. However, the prevailing sentiment among the majority of respondents is that substance usage carries inherent harm.

Table 4 Desire to try any substances just once in your lifetime

Desire for using substance	Frequency	Percent
Yes	20	33.3
No	40	66.7
Total	60	100

Figure 4. Desire for using substance



According to the provided data, it is evident that a significant portion of the respondents, specifically 33.3%, expressed curiosity or openness to trying a substance on a single occasion within their lifetime. This inclination might stem from a variety of factors, including a sense of adventure, peer influence, or cultural curiosity. On the other hand, the majority, constituting 66.7% of the respondents, displayed a resolute stance against any form of substance experimentation, demonstrating a strong commitment to maintaining a substance-free lifestyle. This prevailing sentiment might be attributed to health concerns, personal values, or a heightened awareness of the potential risks associated with substance use.

Table 5 Favors of banning smoking inside enclosed public places like schools, shops, restaurants, movie theatres, etc.

Opinion	Frequency	Percent
Yes	60	100
No	0	0

The data presented above reflect unanimous agreement among all respondents, with a full 100% expressing their strong endorsement for the prohibition of smoking within enclosed public spaces. This collective stance encompasses a wide array of settings, educational institutions, shops, restaurants, and cinema theatres. In essence, every participant in the study aligns with the perspective that smoking should be unequivocally banned in public areas.

Table 6. During 30 days, did you see or hear any anti-tobacco media messages on television, radio, internet, billboards, posters, newspapers, magazines, or movies

	Frequency	Percent	Valid percent
Yes	60	100	100
No	0	0	0

The table clearly illustrates that during the preceding 30 days, the entirety of the respondents have been exposed to anti-tobacco media message through various channels, including television radio, internet, billboards, posters, newspaper, magazines, and movies. In essence, every respondent encountered these anti-tobacco messages with in the specified timeframe, understanding the consistent exposure of individuals to such messages in the media. This

persistent and widespread exposure highlights the regularity with which people come into contact with anti-tobacco content through these communication avenues.

Table 7. During the past 30 days did you hear or see any anti-tobacco messages at any events or any other social gathering

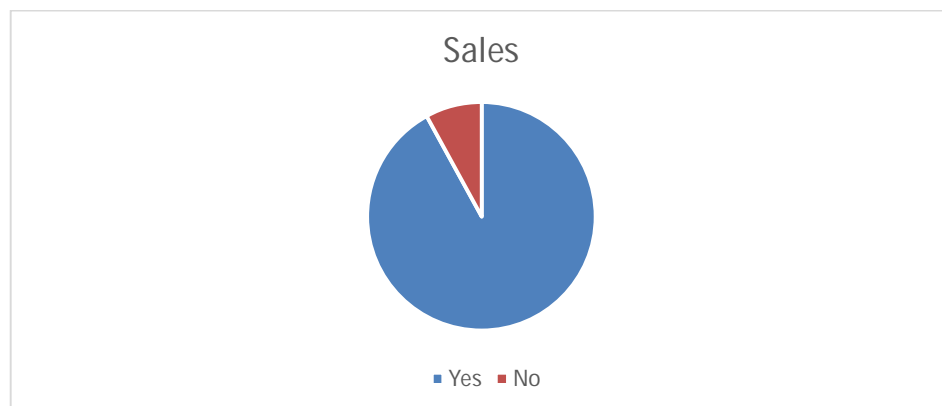
<i>anti-tobacco messages</i>	Frequency	Percent	Valid percent
Yes	60	100.0	100.0

The data indicates that within the past 30 days, every single respondent has reported encountering anti-tobacco messages at a range of occasions, community gatherings, and social events. The consistent presence of these anti-tobacco messages across various events, where groups of people convene, may suggest a trend. However, it's important to note that while all respondents experienced these messages, their level of agreement with the underlying message itself isn't explicitly confirmed solely by this observation. Other factors, such as individual perceptions and attitudes, should be considered for a more comprehensive understanding.

Table 8. During the past 12 months where have you taught in any of your classes about the dangers of substance abuse

	Frequency	Percent	Valid percent
Yes	57	95.0	95.0
No	3	5.0	5.0
Total	60	100.0	100.0

Figure 5 During the past 12 months where have you taught in any of your classes about the dangers of substance abuse



Based on the provided information, it is evident that over the course of the last 12 months, a significant portion of the respondents (95%) received education in their classes regarding the risks associated with substance abuse. A minor segment of the respondents (5%) did not participate in these educational sessions. Consequently, a substantial majority of the respondents have been exposed to these awareness classes, indicating a widespread distribution of such educational efforts.

Table 9 If one of your best friend offered a tobacco product, would you use it?

	Frequency	Percent	Valid percent
Yes	1	1.7	1.7
No	59	98.3	98.3

Figure 6 If one of your best friends offered a tobacco product, would you use it?



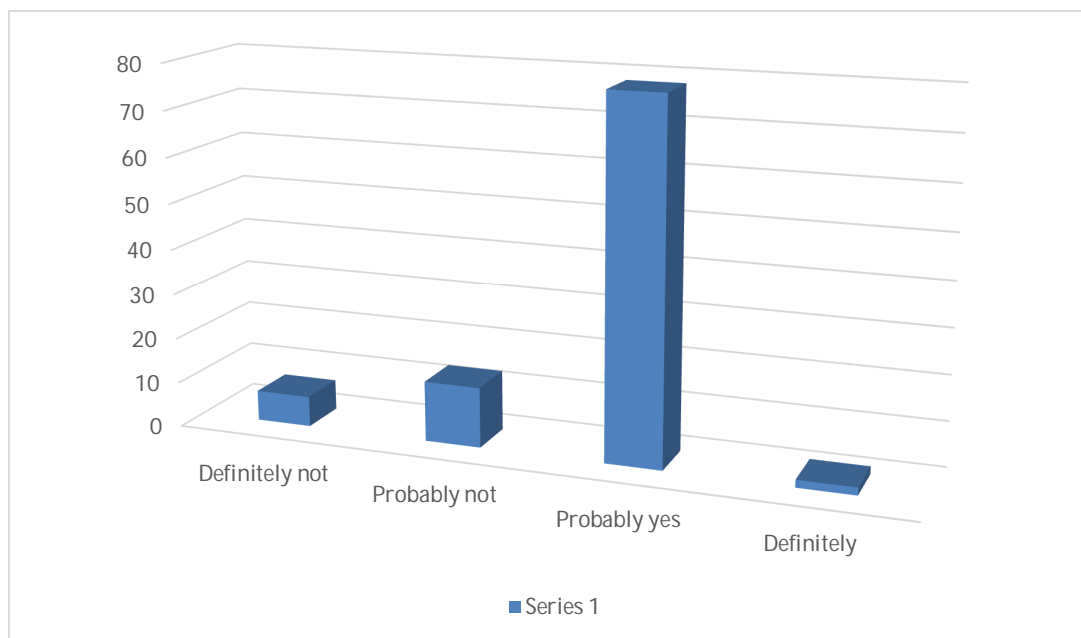
Out of a total of 60 participants, a remarkable 98.3% of them, constituting 59 students, firmly declined the proposition. This overwhelming majority expressed a clear aversion to engaging with tobacco products under such circumstances. However, it is worth noting that a single student, comprising a mere 1.7% of the respondents, did express willingness to accept the offer. While the prevailing sentiment among the surveyed students is decisively against tobacco usage within the context of friendship, the presence of this isolated response suggests a diversity of perspectives within the group.

Table 10

Once someone has started smoking tobacco do you think it would be difficult for them to quit?

<i>difficult for them to quit</i>	Frequency	Percent	Valid Percent	Cumulative Percent
Definitely not	4	6.7	6.7	6.7
Probably not	8	13.6	13.6	20
Probably yes	47	78.3	78.3	98.3
Definitely	1	1.7	78.3	100
Total	60	100	100	

Figure 7 Figure 7 Once someone has started smoking tobacco do you think it would be difficult for them to quit?

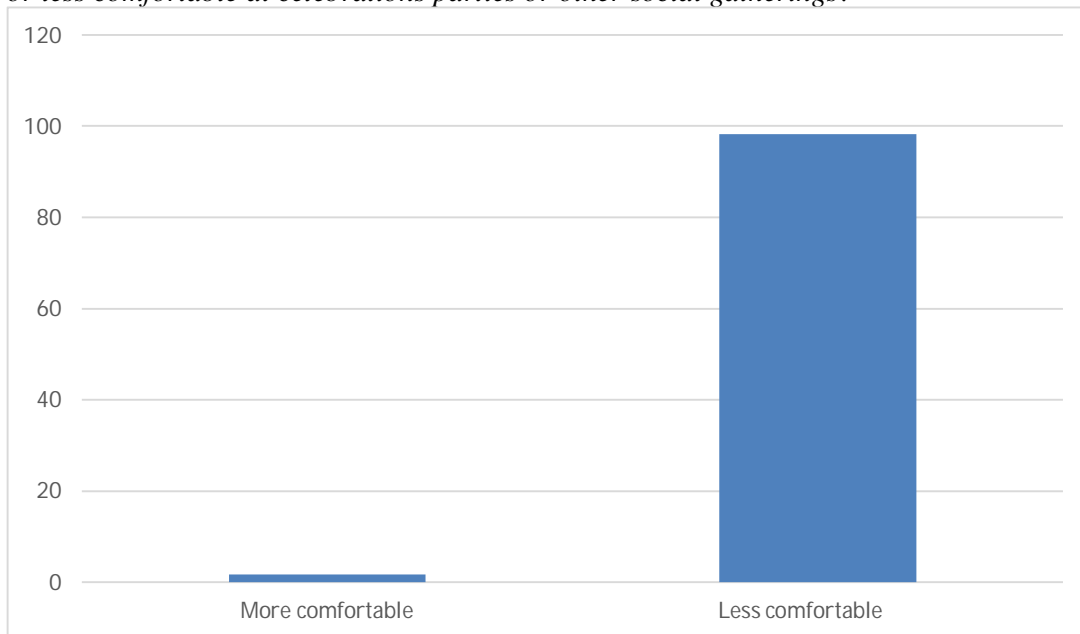


The data presented above reveals varying perspectives on the difficulty of quitting smoking tobacco once initiated. Among the respondents, 6.7% are confident that quitting would pose no significant challenge, while 13.3% hold the belief that it might not be overly difficult. In contrast, an overwhelming 78.3% of participants are inclined to think that quitting is likely to be a formidable task. The remaining 1.7% of respondents firmly assert that quitting is undeniably difficult once begun. Consequently, a prevailing majority of individuals share the view that quitting smoking tobacco is probably a challenging endeavor.

Table 11 Do you think smoking tobacco or any substance helps people feel more comfortable or less comfortable at celebrations parties or in other social gatherings?

more comfortable or less comfortable at celebrations parties	Frequency	Percent	Valid Percent	Cumulative Percent
More comfortable	1	1.7	1.7	1.7
Less comfortable	59	98.3	98.3	100
Total	60	100	100	

Figure 8 Do you think smoking tobacco or any substance helps people feel more comfortable or less comfortable at celebrations parties or other social gatherings?

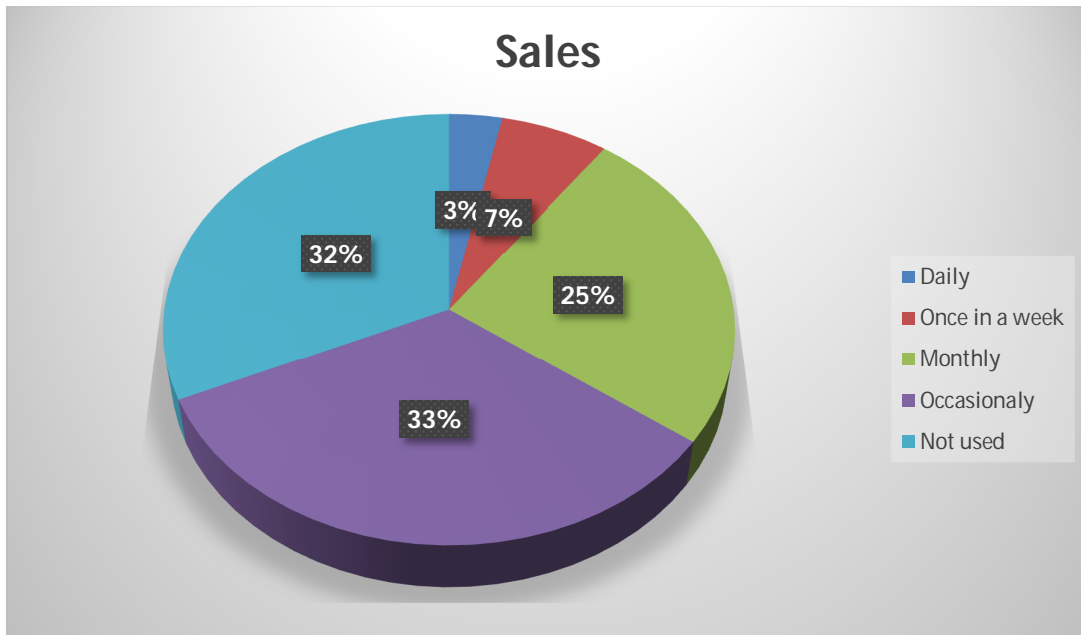


Based on the provided information, it becomes evident that merely 1.7% of the surveyed participants believe that smoking tobacco or engaging in substance use contributes to enhanced comfort during celebrations, parties, or other social gatherings. Contrarily, a significant majority of 98.3% are of the opinion that such behaviours lead to reduced comfort levels. Consequently, the prevailing viewpoint among respondents is that individuals who partake in substance use or smoking tend to experience diminished comfort within public settings.

Table 12 Frequency of use of drugs

Frequency of use of drugs	Frequency	Percent	Valid percent	Cumulative Percent
Daily	2	3.3	3.3	3.3
Once in a week	4	6.7	6.7	10
Monthly	15	25	25	35
Occasionally	20	33.3	33.3	68.3
Not used	19	31.7	31.7	100
Total	60	100	100	

Figure 9 Frequency of use of drugs



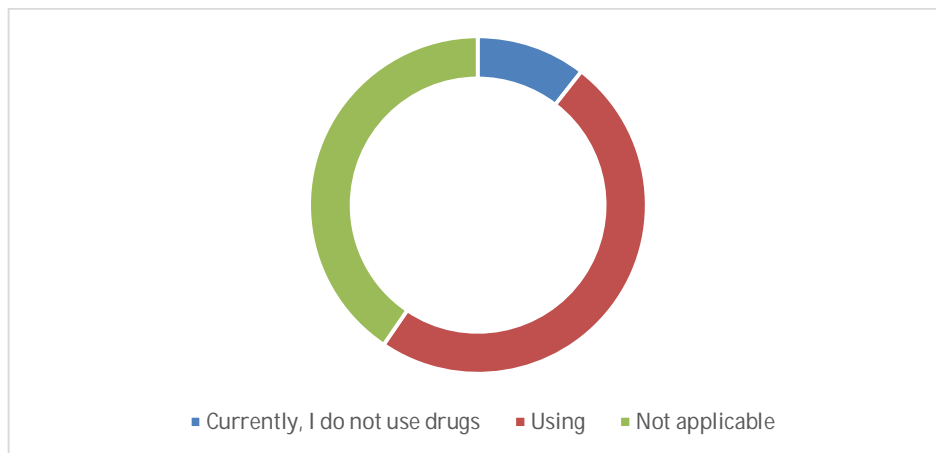
The above data showing the frequency of drug use. A small fraction, constituting 2% of the participants, reported daily drug usage, suggesting a subset of individuals who may be engaged in consistent consumption. Around 6.7% indicated indulging in drug use once a week, indicating a moderate level of regularity. Interestingly, a quarter of the students, or 25%,

reported using drugs occasionally, hinting at a larger portion of the cohort who engage in sporadic consumption. The data also revealed that a significant portion, comprising 33.3% of the students, partook in drug use within social circles or with friends, highlighting the social aspect of this behavior. Encouragingly, a notable 31.7% of participants abstained from drug use altogether, illustrating a substantial proportion of the college population who choose not to engage in such activities. This intricate distribution underscores the multifaceted nature of drug usage patterns among college students, suggesting a need for comprehensive approaches to address varying levels of engagement and potential influences.

Table 13 Are you using any drug currently

<i>Are you using any drug currently</i>	Frequency	Percent
Currently, I do not use drugs	18	30
Others	23	38.3
Not applicable	19	31.7
Total	60	100

Figure 10 Are you using any drug currently



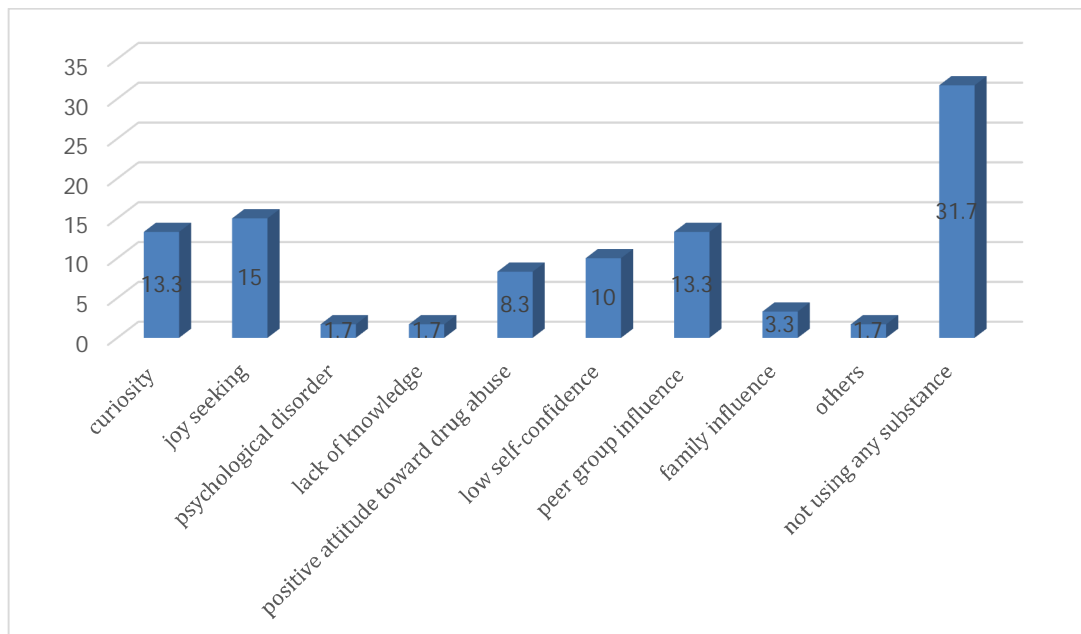
Out of the total participants, 18 students (30%) have made the conscious decision to abstain from using any drugs. On the other hand, 23 students (38.33%) have acknowledged their current use of substances. Strikingly, 19 students (31.67%) deemed the question not applicable to them, which might suggest a variation in individual circumstances or personal choices. This

data highlights the diverse perspectives and behaviors among the student population, reflecting the complex nature of substance usage trends within this group.

Table 14 Why did you start using drugs?

	Frequency	Percent
Curiosity	8	13.3
Joy seeking	9	15
Psychological disorder	1	1.7
Lack of knowledge	1	1.7
Positive attitude toward drug abuse	5	8.3
Low self-confidence	6	10
Peer group influence	8	13.3
Family influence	2	3.3
Others	1	1.7
Not using any substance	19	31.7
Total	60	100

Figure 11 Why did you start using drugs?



Among the respondents, eight students confessed to their initial curiosity driving them towards drug experimentation. For nine students, the pursuit of joy and a desire for novel experiences played a pivotal role in their decision to use drugs. Interestingly, one person attributed their drug use to a psychological disorder, underscoring the complex relationship between mental health and substance use. Another student cited a lack of knowledge as the catalyst for their

involvement. Five participants admitted to having a positive attitude towards drug abuse, a perspective that influenced their choice to partake. Additionally, six individuals mentioned grappling with low self-confidence, which led them to seek solace in drugs. The potent influence of peer groups was evident, as eight students began using substances due to the sway of their social circles. Family influence accounted for two cases, while one student pointed to the impact of movies. Notably, a substantial cohort of 19 students stood apart, having refrained from any form of substance use. This diverse array of motivations paints a complex picture of the factors driving drug initiation, highlighting the significance of a holistic approach to understanding and addressing substance use behaviors.

Table 15 How do you use the drug?

<i>How do you use the drug?</i>	Frequency	Percent
Sniff	1	1.7
Smoke	11	18.3
Oral	30	8.3
Injection	0	0
Not applicable	19	31.7
Total	60	100

Figure 12 How do you use the drug?

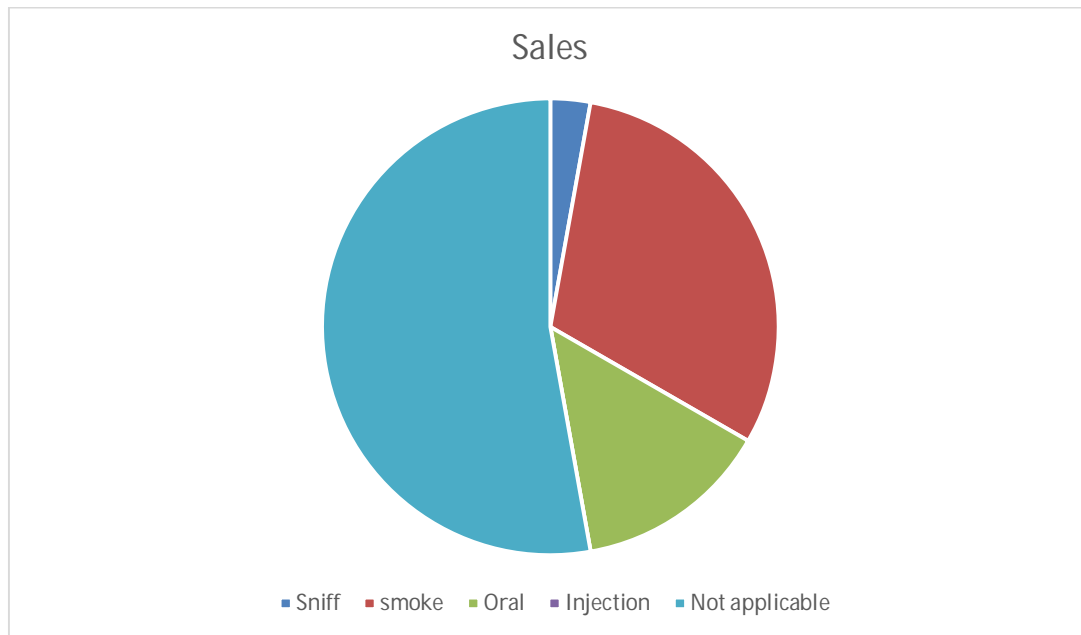
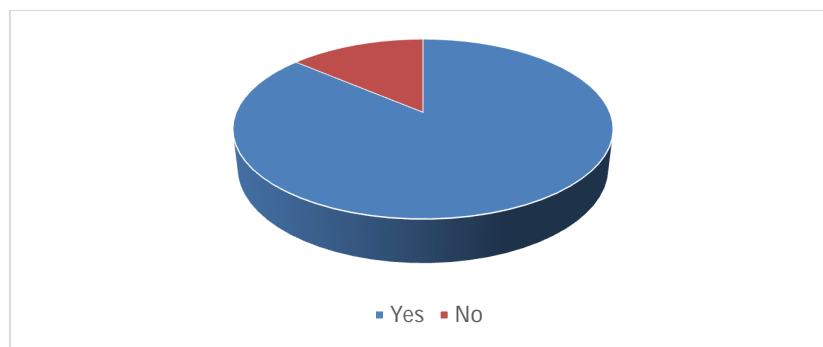


Table 16 Family members using any kind of substances

<i>Family members using any kind of substances</i>	Frequency	Percent
Yes	12	20
No	48	80
Total	60	100

Figure 13 Family members using any kind of substances



The question posed was whether any family members were engaged in using substances. Out of the participants, 12 students acknowledged that there were indeed family members who partook in some form of substance use. On the contrary, a significant majority of 48 students responded in the negative, indicating that the majority of families in this sample were not associated with substance use. This divergence in responses sheds light on the varying experiences and backgrounds of these students, underlining the diversity that exists within their family structures and lifestyles. The survey results hint at the complex interplay of factors that contribute to familial relationships and individual behaviors, prompting further exploration into the implications and influences surrounding substance use within family units.

Table 17 Do you love to be with your peer group/relative when they are using any substances?

	Frequency	Percent
Yes	52	86.7
No	8	13.3
Total	60	100

Figure 14 Do you love to be with your peer group/relative when they are using any substances?

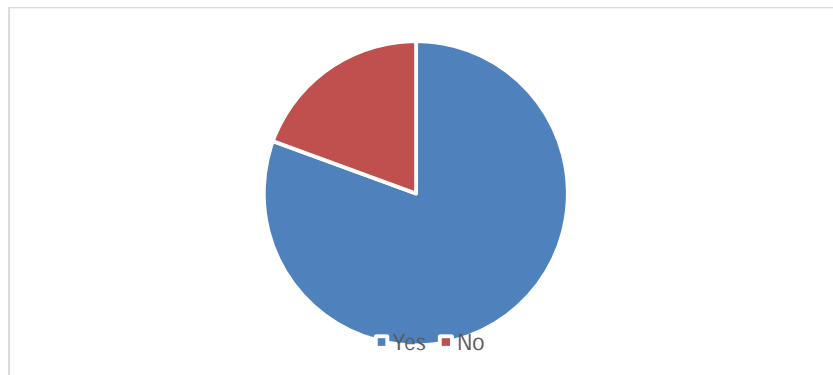


Table 18 usage of substances can create psychological changes within you

psychological changes	Frequency	Percent
Yes	4	6.7
No	56	93.3
Total	60	100

Figure 15 usage of substances can create psychological changes within you

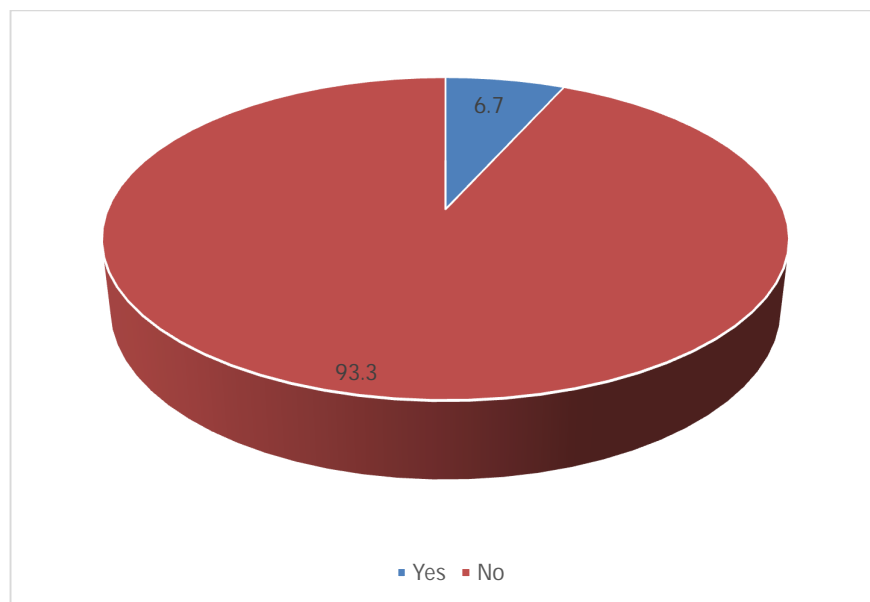
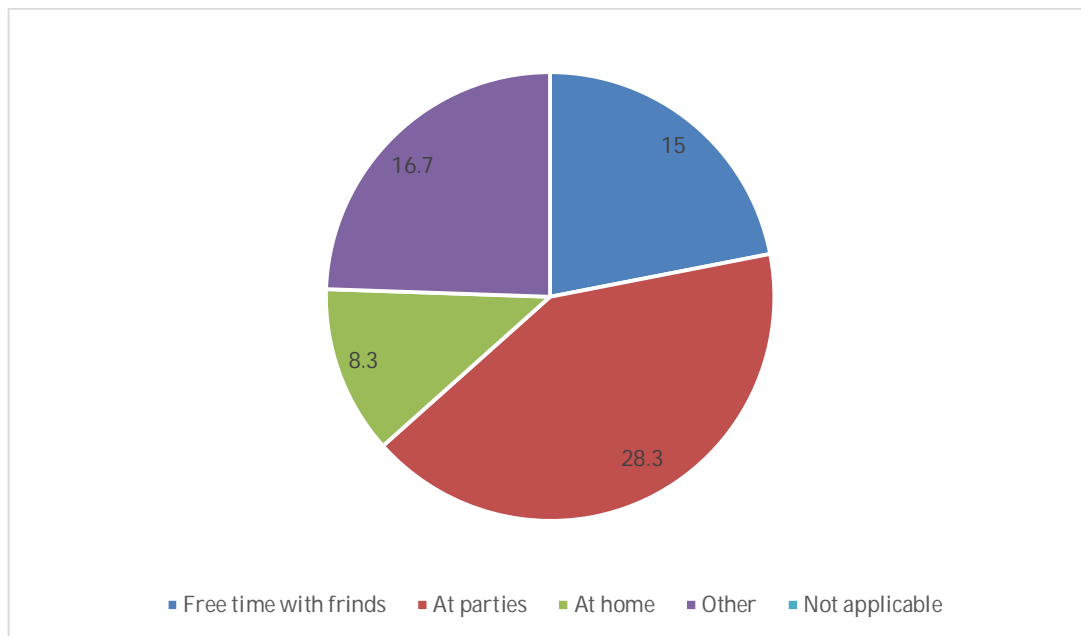


Table 19 Occasions in which respondents use drugs.

Occasions	Frequency	Percent
Free time with friends	9	15
At parties	17	28.3
At home	5	8.3
others	10	16.7
Not applicable	19	31.7
Total	60	100

Figure 16 Occasions in which respondents use drugs



Substance use among individuals, especially youth, can occur in various settings and occasions.

Here's an elaboration on the occasions of substance use you mentioned:

Free Time with Friends: Many young people (15%) experiment with substances during their leisure time when they hang out with friends. This can happen at parks, cafes, or any place where they socialize. Peer influence plays a significant role in this scenario, as individuals may feel pressure to join in or simply want to fit in with their group.

At Parties: Parties, whether they are social gatherings, birthdays, or celebrations, are common occasions for substance use (23.3%). Alcohol, drugs, and other substances may be readily

available at such events, and the festive atmosphere can lower inhibitions, making individuals more likely to use substances.

At Home: Substance use at home can occur for various reasons(8.3%). Some individuals may use substances in the privacy of their own homes due to convenience or to avoid social consequences. Others might have easy access to substances due to family members who also use, or they may use substances to cope with stress or emotional issues.

Other Occasions: Substance use can happen in a wide range of other settings and occasions. This might include using drugs or alcohol as a form of self-medication for physical or emotional pain, using substances while engaged in hobbies or activities, or during vacations or trips.

Not Applicable: Some individuals may not engage in substance use at all, and this category would apply to them. This could be due to personal choices, cultural or religious beliefs, health concerns, or a lack of interest.

Table 20 Did your friends use any substances?

<i>friends use any substances</i>	Frequency	Percent
Yes	48	80
No	12	20
Total	60	100

Figure 17 Did your friends use any substances?

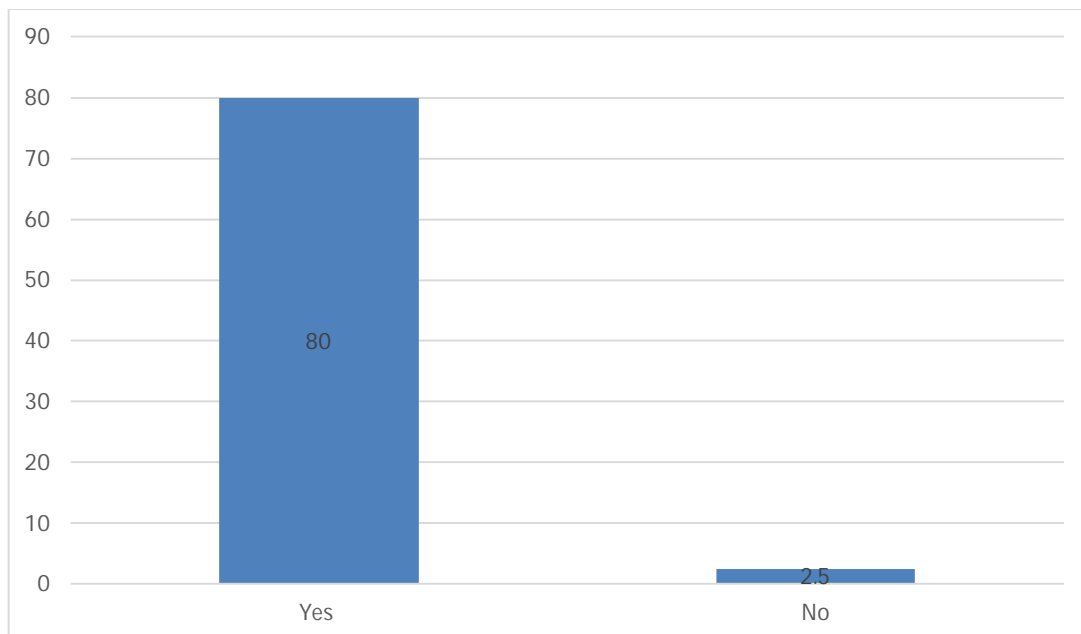


Table 21 Did you attend any sessions which provide knowledge of the use and abuse of substances

	Frequency	Percent
Yes	52	86.7
No	8	13.3
Total	60	100

Figure 18 Did you attend any sessions which provide knowledge of the use and abuse of substances

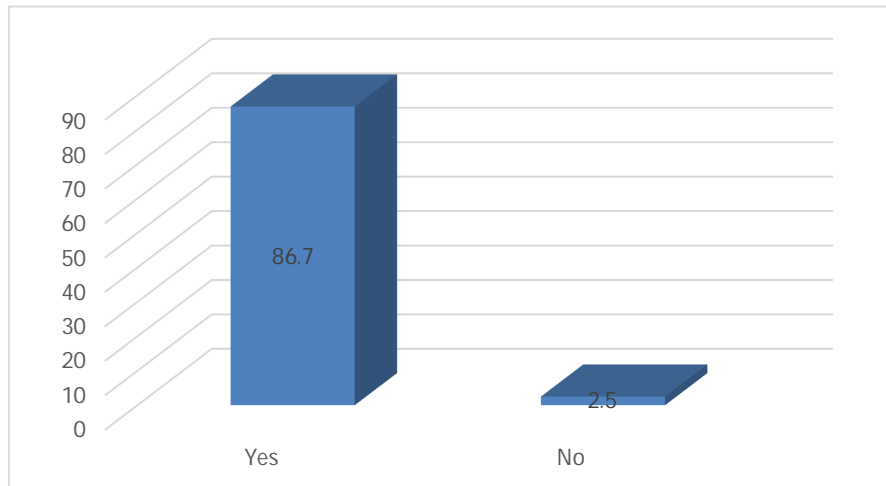
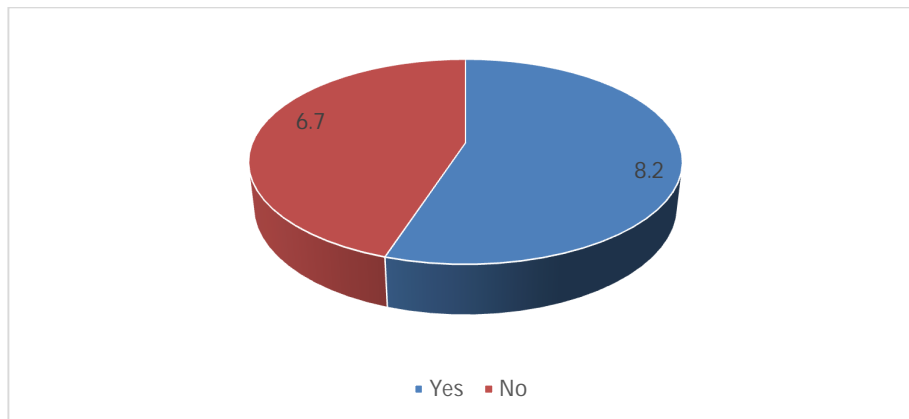


Table 22 Whether the drugs cause addiction?

<i>drugs cause addiction</i>	Frequency	Percent
Yes	56	93.3
No	4	6.7
Total	60	100

Figure 19 Whether the drugs cause addiction?



Ninety-three point three percent of people agree that drug use can lead to addiction. This consensus is deeply rooted in a wealth of scientific research and studies. A substantial body of scientific research, conducted over many years, consistently demonstrates that certain drugs can induce addiction. Neuroscience and pharmacology studies reveal how these substances affect the brain's reward system. By stimulating the release of dopamine, drugs create pleasurable sensations. Repeated exposure can lead to neuroadaptations that heighten addiction vulnerability.

CHAPTER V

FINDING, CONCLUSION AND SUGGESTION

FINDINGS

- A very high number of the respondents (98.3%) are aware about the existence of different substances and thus the study is conducted taking a good sample of respondents.
- 95% of the respondents have used any kind of substances.
- Majority of the respondents are of the opinion that substance usage is harmful.
- A majority of the respondents (66.7%) are not ready to use substances or they do not desire to use even one time.
- All of the respondents support the view of banning of smoking in public places.
- 100% of the respondents see or hear some anti-tobacco media messages on television, radio, internet, billboards, posters, newspapers, magazines or movies during the past 30 days.
- 100% of the respondents, during the past 30 days they see or hear some anti-tobacco messages at sports events, fairs, concerts or community events or social gatherings.
- 95% of the respondents were taught in their classes about the dangers of substance use.
- A majority of the respondents indicates a possibility to use a tobacco product in situation where someone close to them offers.
- Majority are of the opinion that it is probably difficult.
- Majority of the respondents feel that people who use substances or smoke are less comfortable in public.
- The study shows that even though the respondents reported they do not use drugs
- for the initial question, this data shows that only 5.0% do not use drugs at all.
- low self-confidence.
- The study shows that majority number of respondents goes for smoking.
- Majority of the respondents did not learn the behavior from their parents.
- Majority Dislike Some Aspects of Substance Use: A notable observation from the survey is that a majority of the respondents express dissatisfaction or dislike for certain aspects of substance use. This suggests that, despite engaging in substance use, individuals often encounter negative experiences or consequences associated with it. These negative aspects might include health issues, social consequences, financial

burdens, or legal troubles. It's crucial to explore these dislikes further to understand the specific challenges individuals face as a result of their substance use.

- **Limited Awareness of Psychological Changes:** Another noteworthy finding is that most people do not believe that substance usage leads to psychological changes. This suggests a lack of awareness among respondents regarding the potential psychological impacts of substance use. It's important to recognize that various substances can have profound effects on an individual's mental health, including mood swings, anxiety, depression, and even the development of substance use disorders. Addressing this gap in awareness is vital for education and prevention efforts, as understanding the psychological risks associated with substance use is crucial in making informed choices about consumption. 36.7% of the respondents use the drugs in some other occasions other than free time
- According to the survey, a substantial 80% of the respondents believe that their friends do not use any substances. This finding suggests that there might be a prevailing perception of low substance use within their social circles. This perception could influence the respondents' own attitudes and behaviors towards substance use, potentially leading to a false sense of security or less concern about the issue. However, it's important to remember that individuals may not always be fully aware of their friends' behaviors, and some substance use can be hidden or occasional.
- **Limited Participation in Substance Education:** The survey indicates that a significant majority, approximately 87%, of the respondents have not attended any sessions or programs that provide knowledge about the use and abuse of substances. This finding underscores a potential gap in education and awareness regarding substance use and its associated risks. Lack of access to educational resources can hinder individuals' ability to make informed decisions about substance use and may contribute to a lack of awareness about the potential consequences. 93.3% of the respondents opine that drugs cause's addiction.
- 43.3% of the respondents opine that constipation is the main symptom of complication of addictive drugs.
- 33.3% of the respondents opine that the complication of renal damage and failure caused stimulations.
- 33.3% of the respondents opine that renal damage and failure is the long-term complication of drug use

- 30% of the respondents opine that lack of amusement facilities is the main factor which create a tendency towards illegal drug use.
- 95% of the respondents opine that they are favor of burning smoking inside enclosed public places such as schools, shops, restaurants, shopping malls, movie theatres.
- A diverse range of motivations including curiosity (8.7%), joy-seeking (9.8%), mental health factors (0.5%), peer influence (8.7%), and personal attitudes (4.3%) drove students towards drug experimentation while abstaining students (37.4%) highlighted the complexity of substance initiation drivers.
- 30% of participants chose to abstain from drugs, 38.33% currently use substances, and 31.67% found the question not applicable, showcasing varied perspectives and behaviors within the student population, underscoring the complexity of substance usage trends.

CONCLUSION

The survey results provide a comprehensive picture of attitudes, behaviors, and awareness related to substance use and addiction among the respondents. Here are some key conclusions based on the findings:

High Awareness of Substances: An overwhelming majority of respondents (98.3%) are aware of the existence of various substances. This indicates a well-informed sample, which is essential for conducting meaningful research on substance use and its associated factors.

Substance Use Prevalence: A significant portion (95%) of the respondents have used some form of substances. This highlights the prevalence of substance use among the surveyed population.

Concern About Substance Usage: Most respondents express the opinion that substance usage is harmful, underscoring a general awareness of the potential risks associated with substance use.

Mixed Attitudes Towards Substance Use: While a majority (66.7%) of respondents are not interested in using substances, a diverse range of motivations and influences, including curiosity, peer pressure, and personal attitudes, drive some individuals to experiment with

drugs. This suggests that substance initiation drivers are multifaceted and not uniform among the surveyed population.

Support for Tobacco Control Measures: The unanimous support (100%) for the banning of smoking in public places reflects a strong consensus on public health measures to reduce tobacco use and exposure to secondhand smoke.

Education and Media Messaging: A significant number of respondents have been exposed to anti-tobacco media messages, received education about the dangers of substance use, and attended sessions on substance knowledge. However, there remains room for improvement in substance education to enhance awareness.

Complexity of Substance Use Trends: The survey reveals a complex landscape of substance use behaviors, with varying levels of usage and motivations among respondents. This complexity underscores the need for tailored prevention and intervention strategies.

Limited Awareness of Addiction Symptoms: While most respondents believe that drugs cause addiction, there is a lack of awareness regarding the specific symptoms and complications associated with addiction. This suggests an opportunity for education on the topic.

Peer Influence and Social Perceptions: Respondents' beliefs about their friends' substance use and their own attitudes toward substance use are influenced by their social circles. This highlights the role of peer influence and social perceptions in substance-related behaviors.

Openness to Change: The survey findings provide valuable insights that can inform educational programs, prevention efforts, and policy measures aimed at reducing substance use and promoting healthier behaviors. It also underscores the importance of addressing the complexity of factors that drive substance initiation and use.

In conclusion, this survey sheds light on the nature of substance use and attitudes among the respondents. It emphasizes the importance of continued education, targeted interventions, and public health measures to address substance-related issues and promote healthier choices among individuals and communities.

SUGGESTIONS

Based on the survey findings, several suggestions can be made to address the various aspects of substance use, awareness, and attitudes among the surveyed population:

Enhanced Substance Education Programs: Given that a significant portion of respondents have not attended any sessions or programs on substance knowledge, there is a clear need for more comprehensive and accessible substance education initiatives. Schools, community organizations, and healthcare providers can collaborate to provide informative sessions that cover the risks and consequences of substance use.

Promotion of Anti-Substance Messaging: Since all respondents reported exposure to anti-tobacco media messages and messages at events, this suggests that such messaging is effective. Expanding and diversifying these campaigns to cover a broader range of substances can help reinforce the message of the harms associated with substance use.

Inclusive Peer Support: Recognizing the influence of peers on substance use decisions, peer support and mentorship programs can be implemented. Peers can play a vital role in promoting healthy behaviors and encouraging friends to make informed choices regarding substance use.

Mental Health Awareness: Given that a minority of respondents cited mental health factors as a motivation for substance use, it's important to enhance awareness about the relationship between mental health and substance use. Initiatives that address mental health issues and provide healthier coping mechanisms can be beneficial.

Comprehensive Addiction Education: While most respondents understand that drugs cause addiction, there appears to be limited awareness of addiction symptoms and complications. Education efforts should not only emphasize the causes of addiction but also delve into the signs, symptoms, and long-term consequences.

Support for Abstinence: A significant portion of respondents expressed a desire not to use substances or to use them sparingly. These individuals should be supported in their choices, and programs promoting abstinence can be expanded.

Social Norms and Public Perceptions: Promote a societal shift towards more discomfort with public substance use. Public awareness campaigns can help shift social norms, making it less acceptable to use substances in public spaces.

Parental Involvement: Since the majority of respondents did not learn substance use behaviors from their parents, there is an opportunity for parents to become more involved in educating their children about the risks of substance use. Parental guidance and conversations can have a significant impact on youth decision-making.

Research on Complex Drivers: Recognize that substance initiation drivers are multifaceted. Conduct further research to better understand the complexities of these drivers and tailor interventions accordingly.

Ongoing Surveys and Assessments: Continue conducting surveys and assessments to monitor changes in attitudes and behaviors related to substance use. Regular data collection can inform the development of effective prevention and intervention strategies.

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APPENDIX 1

QUESTIONNAIRE

SUBSTANCE ABUSE AMONG YOUTH: KNOWLEDGE, ATTITUDE AND OPINION

Socio-demographic Profile

Name (Optional):

Age:

I agree to participate in the research study. I understand the purpose and nature of this study and I am participating voluntarily. I understand that I can withdraw from the study at any time, without any penalty or consequences.

Yes No

1. Have you had any knowledge of any substances?
Yes
No
2. Have you ever used any substances?
Yes
No
3. What is your opinion about the usage of substances?
 - Good
 - Bad
 - Harmful
 - Medicine
4. Have you had any desire to try any substances just once in your lifetime?
Yes
No

If yes, at what age you used drugs for the 1st time?

5. How often do you use drugs?
 - Daily
 - Once a week
 - Monthly
 - Occasionally
 - Not at all

6. What drug do you use currently?

Yes

No

7. On what occasions do you use drugs?

Before exams

Before doing sports

free times

At parties

At home

Others (Please write down)

8. Why did you start using drugs?

- curiosity
- Joy-seeking
- Psychological disorder
- Lack of knowledge about complications of drugs
- Positive attitude toward drug abuse
- Low self-confidence
- Peer group influence
- family influence
- others
- Not using any substance

9. How do you use the drug?

- Sniff (via nose)
- Smoke
- Oral
- Injection
- Others
- Not applicable

10. Does anyone in your family use any kind of substances?

Yes

No

11. Has a friend, relative, or anyone else ever encouraged you to use substances?

Yes

No

12. Do you love to be with your peer group/relatives when they are using any substances?

Yes

No

13. Did you ever think, the usage of substances can create psychological changes within you?

Yes

No

14. Did your friends use any substances?

Yes

No

15. Did you attend any sessions which provide knowledge of the use and abuse of substances?

Yes

No

16. Which of the drugs causes addiction? Do you know any other drugs?

If yes, name them

17. Which of the following signs or symptoms are complications of addictive drugs?

- Myosis
- Dry mouth
- Constipation
- Mydriasis
- Renal damage and failure
- Diarrhoea
- Brain damage
- Seeing unreal images that others can't see
- Hearing unreal sounds that others can't hear
- others (Please write it down)

18. Which one of the following complications is caused by stimulants

- Myosis
- Dry mouth
- Mydriasis
- Renal damage and failure
- Diarrheal
- Brain damage
- Seeing unreal images that others can't see
- Hearing unreal sounds that others can't hear
- Others (Please write it down)

19. Which of the following is the short-term complication of drug abuse? Anxiety and depression Euphoria and happiness Improved memory and learning ability

Aggressiveness Raised self-confidence Pessimism Personality disorder Sleep disorder
Forgetfulness Dependence to drugs Others (please write down)

20. Which of the following are the long-term complications of drug use

Anxiety and depression
Euphoria and happiness
Improved memory and learning ability
Aggression
Raised self-confidence
Pessimism
Personality disorder
Sleep disorder
Forgetfulness
Dependence on drugs
Others (Please write down)

21. What form of drugs is available?

(Please write down)

22. What is your idea about the role of each of the following factors in a tendency toward illegal drug use? Based on the importance of each factor, please score from 1 to 5. 1 (least important) to 5 (most important)

- curiosity
- Joy-seeking
- Somatic diseases
- Psychiatric disorder
- Lack of knowledge about complications of drugs
- Positive attitude toward drug abuse
- Low self-confidence
- To eliminate shyness
- Lack of amusement facilities
- Disability in resolving routine problems
- Crowded family Having strict parents
- Presence of an addicted person in the family
- Friends offer Family disputes
- Access to drugs
- Lack of access to consultation centers
- Low cost of drugs
- Having free time
- Presence of an addicted person in a residential/educational place
- Others (Please write down)

23. What physical or psychological changes occur after drug use?

Agree
no comment
disagree

In my opinion, drug use causes

- Transient euphoria
 - Improved memory and learning ability
 - Depression
 - Improvement in some somatic diseases
 - Increase in self-confidence
 - Even with using drugs for the first time, there is a chance of becoming addicted
24. Source of knowledge regarding the harm of substance use
- Media
 - Family
 - Friend
 - Teacher
 - Doctor
 - Others(specify)
25. Have you ever tried or experimented with cigarette smoking, even one or two puffs?
Yes No
26. Do you think the smoke from other people's tobacco smoking is harmful to you?
- yes
no
27. Are you in Favor of banning smoking inside enclosed public places such as schools, shops, restaurants, shopping malls, movie theatres)?
Yes
No
28. Are you in Favor of banning smoking at outdoor public places such as playgrounds, sidewalks, entrances to buildings, parks, beaches)?
Yes
No
29. During the past 30 days, did you see or hear any anti-tobacco media messages on television, radio, the internet, billboards, posters, newspapers, magazines, or movies?
Yes
No
30. During the past 30 days did you hear or see any anti-tobacco messages at any events or any other social gathering?
I did not go to sports events, fairs, concerts, community events, or social gatherings in the past 30 days
- Yes
No
31. During the past 12 months, were you taught in any of your classes about the dangers of substance (e.g., tobacco, smoking, etc) use?
Yes
No

32. If one of your best friends offered you a tobacco product, would you use it?

Yes

No

33. Once someone has started smoking tobacco, do you think it would be difficult for them to quit?

Definitely not

Probably not

Probably yes

Definitely yes

34. Do you think smoking tobacco/or any substance helps people feel more comfortable or less comfortable at celebrations, parties, or other social gatherings?

More comfortable

Less comfortable

No difference whether smoking or not

Thank you for participating in the study!