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**Research Paper** 

# **ROLE OF N.G.O IN DRUG DE- ADDICTION – A SOCIOLOGICAL STUDY**

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#### ABSTRACT

In India the profile of the problems of drug addiction raise some complex question. Most of the studies are based upon a dichotomy which does not explain most of the social dimensions linked with the problem of Drug Addiction. Generally literature tells that either the problem of Drug Addiction is taken to be a medical problem or a semi-socio-economic dimension is added to the whole perception

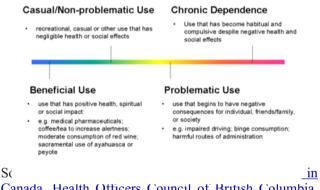
The problem of Drug Addiction has attracted the attention from its days. But in our country this problem has engaged the attention of N.G.O only recently, particularly in the semi-urban and rural areas in India. It is not long back that the drug abuse has assumed a menacing problem from the point of view of organization. The pertinent question arises that how can N.G.O address them to this problem. The response must come from every level and group of society. Since action without attitude is useless, cooperation and coordination is required, so as to achieve the desirable results, the N.G.O needs to develop diversity of treatment resources that can meet the problem and integrated treatment is necessary. **CONCEPT OF DRUGS:** 

Any chemical that alters the physical or mental functioning of an individual is a 'drug'. In other words when any pharmaceutical preparation or naturally occurring substance is used primarily to bring about a change in the existing process of state (Physiological, Psychological or Biochemical) of the body, it can be called a 'drug'.

Psychological dependence is a state characterized by emotional and mental preoccupation with the effects of the drug by a persistent craving for it. With drawls are the features of complaints which the patient develops when the doze of drug is either stopped or increased. In physical dependence the patient's body becomes so used to functioning under the influence of the drug that it is able to function normally only if the drug is present in it.

The intensity and type of with drawls is depending upon the type of drug abused, amount of drug consumption and the duration of abuse. The withdrawals make it difficult for the patient to leave drug and to avoid. These patients have to take drug. Hence, a vicious cycle of drug abuse continues, as the patient is forced to continue drug even when he knows that drugs are burting <u>drug</u> for a non-therapeutic or non-medical effect. Some of the most commonly abused drugs include <u>alcohol</u>, <u>amphetamines</u>, <u>barbiturates</u>, <u>cocaine</u>, <u>methaqualone</u>, <u>opium alkaloids</u>, and minor <u>tranquilizers</u>.

## Spectrum of Psychoactive Substance Use



# Canada, Health Officers Council of British Columbia, 2005

## **Classification of Addictive Drugs:**

Addictive drugs are classified in various ways based on their origions, chemical structures, mechanism of action etc. Following in the classification based upon their effects on the user.

- Narcotic analgesics.
- Stimulants.
- Depressants.
- Hallucinogens.
- Cannabis.

Role of Drug De-Addiction

The problem of Drug Addiction has attracted the attention from its early days. But in our country this problem has engaged the attention of NGO only recently. Particularly in the urban and rural areas in India it is not very long back that the drug abuse has become a menacing problem. The first quastion arises is how on NGO address themealy

continue drug even when he knows that drugs are hurting him. <b>DRUGABUSE</b> Drug abuse has a wide range of definitions related to taking a <u>psychoactive drug</u> or <u>performance enhancing</u>	first question arises is how can NGO address themselves to problem. The response must come from every level and group of society. Since action without attitude is useless, co-operation and co-ordination is required, so as to achieve the desirable results.
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The reservoir and the agent are strong adversaries in the fight and are being tackled by the Enforcement Agencies at National and International levels, but laws seem to be effective only in cases when they are supported by strong social attitudes. The first step is prevention would be early detection for which the role of parents, family and teachers become important and therefore they must equip themselves with the knowledge of the early signs and symptoms of drug abuse.

In case of early detection, it is important to seek early treatment. Information regarding the existence and locations of Detoxification and Counselling Centers is important and can be had if the parents, teachers and religious leaders keep their eyes open to receive the message sent out by the media, the counselling centers and the government agencies.

The second step in prevention of Drug Abuse is to "IMMUNIZE" the host i.e. the vulnerable persons against the disease of Drug Abuse. This immunization can take the shape of building in the young attitude that enables them to say "NO". Good parenting is another way, schools and teachers should supplement parental training and support, increase of skills in the young e.g. leadership and skills that form ethical and moral character.

#### Drug Abuse and Deviant Behaviour

The concept of Drug abuse as deviant behaviour is receiving increasing attention by researchers, the deviant behaviour theory represent the addict as someone who, through a set of circumstances, becomes publically labeled as deviants and is forced by society's reaction into playing a deviant role. The concept of Drug addicts as deviants will become clearer after the study of sociocultural theories of deviant behaviour.

#### Justification of the study

Drug addiction has emerged as one of the greatest concerns of human race. Drug abuse has assumed almost uncontrollable magnitude causing major social and medical problems along with extensive problems for family and the community. This problem cannot be solved through stringent penal laws only but what they need is proper guidance and counseling that how to overcome the addiction of the drugs. That's why selected this area. What we need is to take drastic steps to control this menace. Ministry of Social Justice and Empowerment is working in this direction. The Ministry has opened many centers throughout India and one of them is Drug De Addiction and Rehabilitation Center, Rohtak (Haryana Jagriti Kendra) run by the District. Red Cross Society, Rohtak. It is working like an N.G.O and making people aware of the harmful effects of drugs and HIV/AIDS.

#### **OBJECTIVES OF THE STUDY**

The present study is undertaken with a view to reflect upon various sociological factors that have a great impact on individual (drug addicts)

The main objectives of the study are as:-

To find out the important factors such as family

## Addiction.

• To study the techniques used in Drug De-Addiction.

Delimitation of the study

Keeping the time, energy and money factors in view, the study has been delimited in terms of areas of study. The study has the following limitations:-

The study is delimited to Rohtak (HARYANA).

• It is delimited to Drug De-addiction and Rehabilitation Centre at Rohtak (Haryana Jagriti Kendra). PLAN AND PROCEDURE:

The decision about the methods depends upon the nature of the problem selected and the kind of data necessary for its solution.

In practice, most authors agree on three categories, such as historical, survey and experimental but the final choice of tools rests on the purpose of the study because, "More significant differences also exist with respect to the purpose which the methods are to serve, the mature of the problem for which they are appropriate, and the procedure employed in the conduct of each."

A well thought out plan of action in advance followed by the systematic execution brings out fruit full results. Keeping in view the importance of this idea, procedure adopted to tackle the present problems through investigation was fixed in advance. Every researcher has to take help of some tools for the research work just like the technical person and artist. There exists a vast range of tools and methods a researcher required to make a judicious choice and should select only those which may be suitable to be requirements of his study. Keeping in view the present problem, the investigator chooses the case study method.

In a study, the investigator has to describe the technique used for collecting the data for investigation, the investigator has to describe the reliability and validity of tool used and the method adopted in drawing out the sample of his study. The researcher is required to discuss and explain the procedure of administering the tool and scoring technique.

#### SAMPLING:

Even if a moments, it is feasible t contact each and every element of the population with a narrow range of time, it is not advisable to contact the total population. It has been reported that if a small representative sample can be drawn from the entire population then the parameters are easily represented and estimated by the sample statistics. In this context the data collection has to be restricted to a sample which should be a representative of the whole.

In the present study, case study method was employed wherein purposive sampling technique was used for the collection of data. The data was collected from the Drug De-Addiction Rehabilitation and Aids Awareness Centre, Rohtak.(Haryana Jagriti Kendra).

#### **TOOLS USED:**

For collecting new, unknown data required for the study of any problem, there can be various devices. For each

Golden Resrach THoughts 2	<ul> <li>background, influence of peer group, occupational status.</li> <li>To study the process involved in the drug addiction.</li> <li>To study the role of N.G.O. in treating Drug De-</li> </ul>	gather new facts or to explore new fields. The instruments thus employed as means are called tools. The selection of suitable instruments or tools is suitable for collecting
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various kinds of information for various purposes. The researcher may use one or more of tools in combination for the purposes. The researcher should familiarize themselves with the nature, merits and limitations of these tools and should also attempt to learn how to construct and use them effectively.

Every method has its different techniques for the collection of data. The dat a can be obtained from different direct or indirect sources. The data should be sufficient, reliable and valid. Usually in the survey type of researches the data is collected by employing the tools of questionnaire, interview, checklists, rating scale etc. In the present study case study method was used to determine the role of Drug De-Addiction Rehabilitaion and Aids Awareness Centre, Rohtak (Haryana Jagriti Kendra) in drug de addiction.

#### **ANALYIS AND INTERPRETATION**

As it is already indicated that the present study pertains to the comprehensive understanding of the cases of addiction and de-addiction, therefore the universe of the study includes the reported cases of addicts in the special centre known as Drug De-Addiction Rehabilitation and Aids Awareness Centre, Rohtak.(Haryana Jagriti Kendra) The study was confined to mainly because drug addicts of various addictions including alcohol, belonging to different socio-economic background were available and being resident of Rohtak, the investigator could establish rapport with them quite easily.

A list of all the drug addicts who came for treatment in the centre was made. The number was 150 out of this only those cases were picked up whose families stayed in or around Rohtak, and only with that those addicts were chosen who did not discontinue the treatment but got themselves treated completely. Therefore the procedure of selecting the sample was purposive one. Only those cases were identified which fulfilled the above mentioned criteria. The total number of cases selected for the present study, therefore, was 10.

After the selection of the cases certain guidelines were prepared. This was done keeping in view the main objectives of the study. The method used for the collection of information was case study method. This method was used with a view conduct exhaustive case histories of the patients attempt was made to establish good rapport with the addicts. An effort was also made no to ask any direct questions from the addicts. This was done keeping in view their mental and emotional state of mind.

Most of the addicts reported all the questions in a very informal way without getting upset. But when the families of the addicts were interviewed them there were instances of emotional outbursts by some of the close relatives of the patient. This did not happen in all the cases. Therefore, particular case was taken not to include such questions that put the addicts as well as their families into embarrassment. Instead, questions easily understandable were included. The average time spent in conducting case histories was one to two hours. Nearly Vol.1,Issue.V/Nov 2011;

De-addiction is conducted in District, Rohtak. The present study reveals important factors that are responsible for drug addiction.

In the other words at one stage one factor becomes the dominant one, while the other supports to constitute the whole syndrome. It is obvious that in one case a decisive factor acquires primacy and in the other it goes to secondary level as a supportive factor. At another level in all the cases other peculiarity in visible, that is the factor streams which show that influence on which the addiction stands is seen like a stream in which the flow is from the social to the other factor that means the nature of decisive factor is primarily social from where generates the influence which flow further uncrossing other factors which are the supportive owes but do not have necessarily a basic social essence. But they can be disintegrated fully form the primary factor rather the difference is definite and identifiable in both these categories of factors.

From the above cases it is obvious that there are some factors which are determinant in the drug addiction and these are -

- Improper socialization,
- Family environment,
- Value pattern,

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- Peer group influence,
- Organic imitation,
- Identical influence of work circle,
- Efficiency and enhancement,
- Lack of elderly check,
- Occupational changes,
- Income pattern,
- Interaction with friends and relatives, an
- Level of education.

The role of N.G.O (Haryan Jagriti Kendra, Rohtak) in the field of de-addiction is broadly divided into three phases. The phases programmed to fully utilize the resources of the Haryana Jagriti Kendra, Rohtak to their optimum level. As problem of addiction involves many aspects, the following division was necessitated and comprises of three main phases-

- Awakening of addiction.
- Detoxification.
- Follow-up and reinforcement.

It was found that youths are being entangled in the vicious circle of drugs. Drug addiction is a menace for human society. Peer group plays a vital role in addiction because in the teenage an individual develop a strong sense of loyalty towards group and being a active member of that group an individual cannot deny what the group members are saying. They used to make friends easily, and they are not mature enough to choose good or bad friends. They used to take drugs with their friends. All money used to go into addiction and then they not get the drug they started stealing from the house to procure drugs. Most of the drug addicts threatened their family to commit suicide if they refuse for money. In the modern education system students are more ambitious and if the goal is not achieved they start taking drug to maintain their personality.

one and half month was spent in interviewing all the selected cases. <b>DISCUSSIONAND SUGGESTION</b> The main task of the study is to find out the factors responsible for addiction. The sociological study of Drug	life. If the youths are on right track only then the society and nation will progress. SUGGESTIONS FOR FURTHER STUDY
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A COMPARATIVE STUDY CAN BE CONDUCTED BETWEEN TWO DISTRICTS. A SIMILAR STUDY CAN BE CONDUCTED AT STATE LEVEL. A STUDY CAN BE CONDUCTED ON DRUGADDICTIONAND HIV/AIDS. **BIBLIOGRAPHY** Bennett Gerald (Ed.) Treating Drug Abusers, Routledge London and New York, 1989. Chemical dependency and recovery are family affairs, Johnson Institute, Minnesota, USA, 1979. Hodgson, R. and Miller, P.Self – watching: Addictions, habits, compulsions: What to do about them, New York: Century Publishing Company, 1982. Miller, W.R. (Ed.) The Addictive Behaviours: Treatment of alcoholism, drug abuse, smoking, and obesity, Oxford: Pergamon, 1980. Parochaska, J.O. and Diclemente, C.C. The Trans theoretical Approach: Crossing Traditional Boundries of therapy. Stimson, G.V. and B. Lal, Drug Abuse in Punjab, Data furnished to the National Committee on Drug Addiction. Singh, S. and Chopra, N. Subject variables in ٠ Drug use. Indian Journal of clinical Psychology, P, 149-52. Sethi B.B. and Trivedi, J.K. Current Research in Drug Abuse in India, New Delhi, Gemini, 1981. Encyclopaedia of Mental Disorder, P. 1-7. A Public Health Approach to Drug Control in Canada, Health Officers Council of British Columbia, 2005 Journals and Reports-Annual Report (37th) of the Association for Social Health in India (ASHI), Haryana, 2005-06. P. 01-04. Directory of Open Access Journals, P. 01-02. Gateway Journal – Drug abusers a high risk population for HIV infection. Indian Journal of social works: Special Issue on Drug abuse Tata Institute of Social Work, Bombay. Indian Journal of Community Medicine, P. 493-96. Indian Journal of Medical Sciences, Substance -dependent women attending a de-addiction centre in North India: Socio-demographic and clinic, P. 283-88. Journal of Pharmacology and Experimental Theory. Stress and Cocaine Addiction, P. 785-787. NGOs India: Online Database and Resources of Indian NGOs.

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