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Examining the sociological elements that impact drug addiction and abuse in India

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Abstract

It is widely acknowledged that addiction of all forms is on the rise globally. Addiction to drugs, alcohol, gambling, exercise, romantic relationships, and other things is a multifaceted problem. Addiction is impacted by a variety of elements in addition to its forms. The research claims that a wide range of factors affect addiction and recovery. Numerous research has examined the biological and psycho-social aspects of addiction. Social effects have a significant impact on addiction in addition to biological and psychological ones. Sociological issues make people vulnerable, including the entire society. It is crucial to talk about the sociological factors that contribute to addiction. Sociological factors including culture and ethnicity will be examined and explored in this study. Across the world, drug abuse and addiction are significant and real social and public health issues. There are still gaps in our understanding of the elements that contribute to drug abuse, despite significant advances in this area. Nonetheless, it is generally acknowledged that there are other contributing factors to drug addiction and abuse.

Keywords: Drug abuse, addiction, family, sociological elements, society, India

Introduction

Addiction to drugs and other substances is a major global social and public health issue that has a detrimental effect on people's personal and social lives. Psychoactive medications are chemical compounds that modify nervous system activity, hence affecting perception, mood, or awareness. The disease known as drug abuse is defined by a harmful pattern of substance use that causes serious issues or suffering. Addictive behaviour is a pattern that is frequently repeated and raises the risk of illness or related social or personal issues. It is distinguished by a "loss of control," which is shown by the behaviour continuing in spite of efforts to curtail or halt it. This concept encompasses a wide range of problems, including obsessive sexual behaviour, alcoholism, smoking, eating disorders, and drug addiction. The World Health Organization defines drug addiction as a state of recurrent, chronic intoxication caused by repeated use of a drug (natural or synthetic) that is harmful to both the individual and society. Some characteristics that define it are: an overwhelming need or desire (Compulsion) to keep using the drug and to get it through any means; a propensity to take larger doses; and a psychological, occasionally bodily, reliance on the drug's effects. Drug addiction mixes the drug's pleasant effects in the short term with its disastrous long-term effects. The majority of the time, drug use grows gradually, beginning with the use of alcohol and cigarettes and progressing to the use of marijuana and other illegal drugs, with many social and psychological elements helping to define the patterns and degrees of use. The aetiology of drug abuse and addiction is complex, with sociocultural variables typically exerting an influence on individual traits (genetic and behavioral) that predispose to drug usage. Sociology has tackled addiction from a variety of angles because it views addiction as a complex problem. Addiction is a complicated and intriguing topic because of many underlying elements. Levine (1978) ^[16] defines addiction as "engaging in a behaviour habitually," whereas Shaffer (1997) ^[17] defines it as "giving over" or being "highly devoted" to a person or activity. Addiction was thought to involve powerful, overwhelming cravings four centuries ago; in addition, over the last two centuries, addiction has come to be associated more with sickness (Oxford, 2001) ^[18].

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Addiction was first recognized as a central nervous system imbalance in the 1700s (Meyer, 1996) ^[19]. The term "having neurological underpinnings" is now used to describe addiction (Bechara, 2003; Heather, 1998) ^[2].

Objectives of the Study

1. Recognize the effects of drug addiction on one's social and personal life.
2. To obtain a thorough grasp of the scope of the problem, it is necessary to examine the current situation of drug misuse in India, including its prevalence, trends, and demography.
3. In order to contribute to a society where people who are battling with drug misuse may obtain the care they need and lead healthy, productive lives, we want to increase awareness about drug abuse, lessen stigma around it, and encourage prevention measures, rehabilitation, and support services.

Data Collection Methodology

Secondary sources of data collecting are used to collect the data. Publicly available material from reports, research papers, publications, and the internet makes up the secondary data that was gathered.

What is the Drug Abuse Prevalence in India?

Ministry of Social Justice and Empowerment (MoSJE) performed a study to determine the incidence of drug usage in India. The 2019 report states that 14.6% of people drink. Men are more likely than women to have it. According to statistics, 2.8% of people use cannabis.

The 2019 Report on the scope of substance abuse in India

According to the 2019 Magnitude of Substance Abuse in India report,

1. 72 million cannabis users require treatment.
2. 11 percent of persons who use sedatives require treatment
3. Treatment is required for 60 lakh Opioid users.
4. In India, there are an estimated 16 crore people between the ages of 10 and 75 who drink alcohol.
5. 5.7 crore individuals required alcohol therapy.

What Leads to Substance Abuse?

These are a few reasons why people overuse drugs.

- Addiction in the family history
- Mental illness
- Peer influence
- Absence of involvement with family
- Initial use
- Using substances that are extremely addictive.

What Kinds of Substance Abuse are there?

The following is a list of the eight distinct forms of substance misuse

- Alcohol Beverages.
- Inhalants.
- Cannabis.
- Opioids.
- Sedatives amphetamine.
- Cocaine Energizers.
- Hallucinations.

What Negative Consequences can Drug Abuse Have?

Drug misuse can have either short-term or long-term negative repercussions. It could have an effect that is direct or indirect. The kind of medications taken also affects the results. These are a list of the immediate impacts.

1. Variation in heart rate
2. Variation in blood pressure
3. Heart attack
4. Stroke
5. Insanity
6. Modification of appetite

Following is a list of the long-term impacts

1. Heart conditions
2. lung conditions
3. Cancer
4. HIV/AIDS Hepatitis

Addiction and Society

We are constantly influenced by the society we live in, and we cannot avoid it. We see television advertising on a daily basis, and according to Snyder *et al.* (2006) ^[21], these commercials normalize youth drinking and alcohol consumption. In addition, popular music of some form promotes drug usage illegally and gives rise to a drug culture. Americans are inundated with advertisements every day that tout pharmaceutical cures to nearly every health issue. It's common for people to search for a fast fix for their medical issues. In order to meet these needs, the majority of doctors write prescriptions for addictive medications.

Addiction is unquestionably a social and cultural problem. Ultimately, in order to effectively treat addiction, we must acknowledge the reciprocal relationship between the effects of addiction on society and the individuals affected by it. The social cost of addiction is so great that it affects every member of society. Addiction can lead to a variety of negative outcomes, including losses from productivity decline, property destruction, excessive healthcare expenditures, and crimes. According to the Socio-cultural paradigm, addiction can result from a society's cultural norms as well as from society's and culture's detrimental effects on an individual's conduct. Cultural codes have stronger influence even if many of them are internal. In addition to the previously mentioned commercials, certain television shows also normalize alcoholism. For example, viewers find it amusing when characters are humorously kenneled by inebriation, and they are willing to overlook it. However, in many nations, the authorities either arrest drunk drivers or confiscate their driver's license. when inebriated people are portrayed in sitcoms, comedies, and television movies.

Sociological Influences and Addiction

The literature indicates that a wide range of factors affect addiction and recovery. Numerous research has examined the biological and psycho-social aspects of addiction. Social effects have a significant impact on addiction in addition to biological and psychological ones. The majority of people are susceptible to addiction because of these factors. It is normal for you to feel vulnerable if you are with other vulnerable people. For example, a high rate of alcoholism is typically associated with marginalized social standing. Addiction issues are more common among those who are experiencing invasion and conflict. The stabilization of the

family and the community is altered by these traumatic events. Culture is defined as acquired and shared values, beliefs, and other elements molded by a community. The conduct and social relationships within the community are guided by these values and beliefs. Destructive historical events do, in fact, still have an impact on individuals now. People occasionally struggle to comprehend or accept this reality. The passing down of culture from one generation to the next provides an explanation for this. Take families, for instance. Consider a family's past. One aspect of it is the ongoing subjugation of the family by the society in which they reside. Feelings of fear, loss, pessimism, and wrath can result from oppression. Parents that go through this experience primarily transmit to their children's feelings of loss and helplessness. These children will become parents in the coming years, and they will also impart these emotions. From a sociological angle, addiction is considered a destructive behaviour that impacts not just individuals but also groups and society as a whole. In actuality, understanding and treating addiction requires taking into account the social context in which it arises. Adolescent behavioral choices and health outcomes are influenced by both interpersonal and community factors (McLeroy *et al.*, 1988; Stokols, 1992) ^[22, 23]. "Researchers have identified unique risk and protective factors during young adulthood that predict the likelihood of problem substance use," according to Stone *et al.* (2012) ^[12] and Hawkins *et al.* (1992) ^[25], highlighting the significance of influences. "A positive perception of substance use, early onset of substance use, peer substance use, parental substance dependence, lack of commitment to school, low academic achievement, rebelliousness, rejecting conformity, and male gender are individual risk factors that promote problem substance use" (Stone *et al.*, 2012; Hawkins *et al.*, 1992) ^[12, 25]. Thus, as mitigating or exacerbating factors affecting health behavior's, it is crucial to take into account a child's socioeconomic and built surroundings, social impacts from peer networks, influences of the parent-child connection, and interactions between all of these (Mason *et al.*, 2016) ^[26]. Early career unemployment and school dropout are risk factors for substance abuse as well as use. However, employers, parents, and community organizations can help these young adults find work and continue their education in order to prevent substance use (Stone *et al.*, 2012) ^[12].

Social Constructionist Theories

Fundamentally, cultural practices and beliefs within which the addiction is found, in addition to social elements, also influence the culture-bound phenomenon (Keane, 2002; Rudy, 1986; Schneider, 1978; Wiener, 1981) ^[27, 28, 29, 5]. For instance, Levine (1978) ^[16] claimed that "the rise of the temperance movement reflected a larger cultural revolution that found certain patterns of heavy alcohol use incompatible with heightened levels of self-control, individualism, and accountability to the demands of a capitalist economy." People's ideologies altered as a result of the political, cultural, and economic shifts that brought about modernity, especially with regard to the concept of "addiction." Addiction has deep roots and is widely regarded as reasonable by the general public.

A subset of social constructionists studying addiction concentrate more on ethnography and biography than history. The study conducted by Waldorf *et al.* (1991) ^[30] on cocaine users and quitters revealed a strong correlation

between drug use habits and challenges in quitting with individuals categorized as "stakeholders in conventional life." While those who have something to lose care about it, others who don't have anything to lose often dismiss the harm that drug usage will cause to their lives. In this case, it becomes unclear if addiction is a form of syndrome or if poor judgment just manifests itself in trying conditions. It is impossible to argue that the second scenario cannot be classified as "loss of self-control," even though both scenarios may be true. As a result, in addition to trying to incorporate a learned pattern of behaviour into syndrome, we also need a theoretical framework that prevents all taught behavior's from being reduced to a subjective judgment.

Conclusion

Drug use is a modern societal phenomenon that is evident throughout the world. It is complicated and has causes that are typically hard to pinpoint, which is the primary cause of the poor outcomes of intervention techniques. The aetiology of drug intake is complex, with social variables playing a role in its early stages. Comprehending the social aspect of drug use and addiction, however, establishes the foundation for a suitable sociological approach in interdisciplinary interventions meant to prevent and combat drug use. Over the past 75 years, drug addiction and other mental issues have grown in Australia and other western nations, despite rising income and better physical health. These trends have coincided with societal shifts that impact the environments of children and young people, like the rise in single parents and working mothers, the increase in job insecurity and working hours, the widening wealth and poverty gaps, and cultural shifts (such as the rise in materialism, secularism, and individualism). These trends' co-occurrence raised the idea that it was necessary to look into how drug misuse is influenced by social environments and what strategies are in place to change social environments to make drug abuse less common. There will never be enough evidence-based drug prevention and treatment programs to either prevent or treat every drug issue, despite their potential benefits. Furthermore, according to ecological models of health, such interventions may not always address the more distant causes of drug issues. The prevention of drug problems and other psychological issues is likely to benefit from an approach that prioritizes assisting young people, newborns, and families in raising their children, as well as fostering "healthy" communities.

References

1. Abbott PJ. American Indians and Alaska Native Aboriginal Use of Alcohol in the United States. *Am Indian Alsk Native Ment Health Res.* 1996;7:1-13.
2. Bechara A. Risky Business: Emotion, Decision Making, and Addiction. *J Gambli Stud.* 2003;19:23-51.
3. Bird CE, Rieker PP. *Gender and Health: The Effect of Constrained Choices and Social Policies.* Cambridge: Cambridge University Press; c2008.
4. Copeland J. A Qualitative Study of Barriers to Formal Treatment among Women Who Self-Managed Change in Addictive Behaviours. *J Subst Abuse Treat.* 1997;14:183-190.
5. Wiener C. *The Politics of Alcoholism.* New Brunswick: Transaction Books; c1981.

6. Wirth J, Bodenhausen GV. The Role of Gender in Mental Illness Stigma. *Psychol Sci.* 2009;20:169-173.
7. WHO Expert Committee on Drug Dependence. 32nd Report. Geneva: World Health Organization; c2001.
8. Anderson TL. A cultural-identity theory of drug abuse. In: *Sociology of Crime, Law, and Deviance*. Volume 1:233-62.
9. Wallace JM Jr, Bachman JG. Explaining racial/ethnic differences in adolescent drug use: The impact of background and lifestyle. *Soc Probl.* 1991;38(3):333-357.
10. Boardman JD, Finch BK, Ellison CG, Williams DR, Jackson JS. Neighborhood disadvantage, stress, and drug use among adults. *J Health Soc Behav.* 2001;42:151-165.
11. Krivo LJ, Peterson RD. Extremely disadvantaged neighborhoods and urban crime. *Soc Forces.* 1996;75:619-650.
12. Kirscheman J, Neckerman K. We'd love to hire them but the meaning of race for employers. In: Jencks C, Peterson PA, Editors. *The Urban Underclass*. New York: Brookings; c1991, p. 203-32.
13. Hirschi T. *Causes of Delinquency*. Berkeley: University of California Press; c1969.
14. Vitaro F, Brendgen M, Tremblay RE. Influence of deviant friends on delinquency: Searching for moderator variables. *J Abnorm Child Psychol.* 2000;28:313-325.
15. Svenson R. Gender differences in adolescent drug use: The impact of parental monitoring and peer deviance. *Youth Soc.* 2003;34(3):300-329.
16. Levine H. Addiction as a concept: Historical and contemporary perspectives. *Journal of Addictive Behaviors.* 1978;3(4):1-8.
17. Shaffer HJ. Toward an understanding of addiction: Definitions and implications for policy. *Harvard Review of Psychiatry.* 1997;4(6):267-271.
18. Oxford English Dictionary. *Addiction*, Oxford University Press; c2001.
19. Meyer RE. The disease of addiction: Origins and evolution. *Journal of Substance Abuse Treatment.* 1996;13(2):93-104.
20. Heather N. Psychological theories of addiction. In: *Addiction: Perspectives on Perspectives*. London: Oxford University Press; c1998, p. 62-89.
21. Snyder CR, Lopez SJ, Pedrotti JT. *Positive Psychology: The Scientific and Practical Explorations of Human Strengths*. 1st Ed. Thousand Oaks: Sage Publications; c2006.
22. McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Education Quarterly.* 1988;15(4):351-377.
23. Stokols D. Establishing and maintaining healthy environments: Toward a social ecology of health promotion. *American Psychologist.* 1992;47(1):6-22.
24. Stone AL, Becker LG, Huber AM, Catalano RF. Risk and protective factors of substance use among young adults. *Addictive Behaviors.* 2012;37(7):747-775.
25. Hawkins JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin.* 1992;112(1):64-105.
26. Mason WA, Fleming CB, Ringle JL, Hanson K, Gross TJ, Haggerty KP. Reducing risks for problem behaviors during the transition from high school through emerging adulthood: Evidence of effects across urban, suburban, and rural contexts. *Journal of Youth and Adolescence.* 2016;45(2):360-372.
27. Keane H. Critiques of harm reduction, morality, and the promise of human rights. *International Journal of Drug Policy.* 2002;13(1):47-52.
28. Rudy DR. The social construction of alcohol problems: The case of solitary drinking. *Journal of Drug Issues.* 1986;16(3):341-357.
29. Schneider JW. Deviant drinking as disease: Alcoholism as a social accomplishment. *Social Problems.* 1978;25(4):361-372.
30. Waldorf D, Reinerman C, Murphy S. *Cocaine Changes: The Experience of Using and Quitting*. Philadelphia: Temple University Press; c1991.