AWARENESS AND IMPACT OF DRUG CONSUMPTION AMONG PEOPLE'S LIVING IN DHARMAPURI DISTRICT IN TAMILNADU

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Abstract

Drug use is one of the country's greatest expensive health issues, costing $109.8 billion in 1995 unaided (Harwood, Fountain, and Livermore, 1998). In adding to the financial costs, drug use also obtains a human cost with 1000 of lives being injured and forever changed by drug use and habit. Research over the past two decades has tried to switch how drug abuse begins and how it developments. . At a very basic level this happens because the person worried feels a desperate need to deal with stress, to get a passing high or to just 'fit in' with his or her nobles, as happens in the case of youngsters. June 26 is celebrated as International Day against Medication Abuse and Unlawful Trafficking every year. 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. Drugs may be agreed for a limited duration, or on a regular basis for continuing sicknesses. The Study is confined to the factors considered by the drug user while making their drug abuse. My objectives on to analyze the Awareness of impact factors influencing among the people. The abuse of alcohol and drugs has resulted in significant morbidity and mortality among adolescents worldwide. Many of these youth will lose their lives to drugs and alcohol and a significant number are likely to grow up to become problem drug users.

Keywords: Awareness, Drug Abuse, psychological issues.

Introduction

Drug use is one of the country's greatest expensive health issues, costing $109.8 billion in 1995 unaided (Harwood, Fountain, and Livermore, 1998). In adding to the financial costs, drug use also obtains a human cost with 1000 of lives being injured and forever changed by drug use and habit. Anticipation and treatment research, as well as medical experience, have shown that it is often possible to mediate successfully in habit. Though such interventions must be grounded solidly in research and must also provide long-term behavioral and sometimes pharmacological support to ultimately achieve abstinence. As part of these research-based interferences, the National Institute on Drug Abuse (NIDA) is backing the development of new classes of medicines to treat painkiller habit. These medications include immunotherapies and sustained-release formulations. The availability of these medicines will raise a host of issues. Some of these issues will marry outdated injection concerns, such as founding and concentrated care safety, ensuring effectiveness, and backing and issuing the

medicines, with old-style drug abuse action issues, such as safeguarding patient devotion to treatment, using these treatments in a variety of locations, and dealing with coercive legal methods that are sometimes used to "inspire" action beginning. In addition, less old-style issues may also be raised, such as who should be vaccinated or treated with a depot medicine and when, and who will decide.

The Risk Factors and Protective Factors

Research over the past two decades has tried to switch how drug abuse begins and how it developments. Many issues can add to a person's danger for medication misuse. Danger factors can increase a person's chances for medicine misuse, while defensive factors can reduce the danger. however, that most persons at risk for drug abuse do not start using medications or become hooked. Also, a danger factor for one person may not be for additional. Danger and defensive factors can move children at different stages of their lives. At each stage, dangers occur that can be changed through anticipation involvement. Early childhood dangers, such as violent behavior, can be changed or prohibited with family, school, and community involvements that focus on helping children develop suitable, confident performances. If not spoken, adverse behaviors can lead to more risks, such as theoretical failure and social problems, which put children at further risk for later medication abuse.

Principle of effective treatments

- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is appropriate for everyone.
- Treatment needs to be readily available
- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.
- Remaining in treatment for an adequate period of time is critical
- Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
- Many drug-addicted individuals also have other mental disorders
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.

Drug Abuse in India

There are several reasons why drug tradition soon gets changed to drug abuse. At a very basic level this happens because the person worried feels a desperate need to deal with stress, to get a passing high or to just 'fit in' with his or her nobles, as happens in the case of youngsters. It soon reaches a stage where

this need becomes much more than other wants in life and the person begins to believe their endurance depends on those drugs.

The History of Indian Drug Abuse

June 26 is celebrated as International Day against Medication Abuse and Unlawful Trafficking every year. It is an exercise undertaken by the world civic to sensitize the people in general and the youth in specific, to the danger of drugs. The picture is grim if the world statistics on the drugs situation is booked into account. With a turnover of around $500 billion, it is the third largest commercial in the world, next to firewood and arms employment. About 190 million people all over the world drink one drug or the other. Drug addiction causes huge human distress and the illegal construction and circulation of drugs have spawned crime and violence worldwide. Today, there is no part of the world that is free from the expletive of drug trading and drug addiction. Millions of drug addicts, all over the world, are leading depressed lives, between life and death.

Review of literature

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 which enables them to work. It also acts as a sedative which calms down nerves or a kind of an anesthetic which reduces the pain of living. Alcohol relieves tension and lessens aggressive inhibition. It also impairs judgment and creates confusion.

Kane (1962) states that in 1950, the expert committee on drugs liable to produce addiction which is a sub-division of the United Nations World Health Organization (WHO) defines drug addiction as drug addiction as a state of periodic or chronic drunkenness, disadvantageous to the individual and to humanity; produced by the repeated feeding of a drug either natural or mock.

Ranganathan (1992) denotes that, Addiction is a 'family disease' in every sense of the term. Treatment professionals should recognizes that addiction cannot be treated in isolation; improving patient's relationship with 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 incurable but treatable illness affecting the body, mind, and spirit.

R R Jha et.al (2015) conducted a pre-experimental study on lifetime use of alcohol in high school students of Bhubaneswar. Data was analyzed for 863 students aged 12-17 years with a participation of 58.8% boys and 41.2% girls. Among all 8.2% had taken whiskey at least once in their lifetime. 43.6% were current drug users. Knowledge about harmful effect of alcohol was adequate. Need of crucial intervention at middle and high school level to prevent the alcohol related disorders among young adults.

Murutala Ishola et.al (2015) conducted a survey on impact of substance abuse on academic performance among adolescence students of colleges of education in Kwara state Nigeria. The study comprises a sample of 150 adolescent students randomly selected. There was

a significant difference between academic performance of and students who abuse drugs therefore t=2.661, p=0.009 at 0,05 level of significance. The male adolescent substance abusers were affected in academic performance than females.

Statement of the Problem

After collecting reviews from national and international the problem was been identified that a drug is any material that, when absorbed into the body of a living creature, alters normal bodily function. In pharmacology, a drug of a chemical material used in the treatment, anticipation, or analyzes or used to otherwise improves physical or psychological well-being. Drugs may be agreed for a limited duration, or on a regular basis for continuing sicknesses. Entertaining drugs are chemical substances that affect the central nervous system, such as opioids or hallucinogens. They may be used for supposed helpful effects on awareness, realization, personality, and performance. Some drugs can cause addiction and habituation. Many natural materials such as cocktails, wine, and some bourgeons, blur the line between food and drugs, as when consumed they disturb the operative of both mind and body. This Study would be help to study the Awareness and Impact of Drug consumption in peoples.

Scope of the Study

The Study is confined to the factors considered by the drug user while making their drug abuse. Their level of Awareness and Impact towards drug user in public in the Dharmapuri at various types of factors available is considered for the study.

Research Objectives of the study

1. To identify the socio economic profile of the drug consumption people living using in Dharmapuri District.
2. To analyze the Awareness of impact factors influencing among the people.
3. To examine the perception and attitude of the Drug consumers.

Methodology

The Study is adobed by descriptive method. The study first and leading depends on primary and secondary data.

Study Area

Survey is conducted in Dharmapuri district in Tamil Nadu. Dharmapuri is one of the leading job seekers in the rural area in the city. It is mainly based on the farmer field and department store in the rural and city side area. It has diversified economic base anchor by the business man, textile industry, health care tourism and financial services. Other significant industry includes petro chemicals, textiles and appeal.

Sampling Size and Design

The primary data has been collected through survey method using questionnaire. Survey is conducted using a well-structured questionnaire. Stratified Random Sampling is practised for generate data. Questionnaires were circulated to the 170 respondents only across the Dharmapuri district. From the respondents only 150 completed questionnaire were completed. During the scrutiny of the questionnaires 20 of them found to be unusual due to insufficient information.150 questionnaires only used for the study. Hence, the sample size is 150.

Data analysis and interpretation

S. No	Age	Frequency	Percentage	Cumulative Percentage
1	Less than 18	4	2.7	2.7
2	18-25 Years	80	53.3	56
3	26-30 Years	44	29.3	85.3
4	31-35 Years	10	6.7	92
5	36 And Above	12	8	100
	Total	**150**	**100**	

Age of the respondents

Age is an important factor for the drug consumption to desire their preference decision making process and criteria of returns. Many studies have proved that age has the significant influence over the pattern of awareness and impact in the present research. The researcher categorized four important age group classifications less than 18 years, 18-25 years, 26-30 years 31-35 Years and above 36 years.

Source: primary data

From the above table it is found that the sample unit comprises a maximum of 53.3% of users are in the age group of 18-25 years, followed by 2.7% of the user in age group of less than 18 years, 29.3% in the age group of 26-30 years, 6.7% in the age group of 31-35Years and a maximum of 8.0% of the drug user is in the group of above 36 years. In fact, the sample unit dominated by drug user in age group 18-25 years

Loss of Relationship in their life

Relationship is the main source of loss and it is also a major factor that influences the type of drug abuse selected by user. In order to study drug consumption impact on the drug user it is classified as agree, strongly agree, neutral, disagree and strongly disagree. The frequency distribution for above classification is presented in the following table.

After consumption of drugs Respondents feel loss of relationship in their life?

S. No	Relationship	Frequency	Valid Percent	Cumulative Percent
1	Strongly Agree	38	25.3	25.3
2	Agree	65	43.3	68.7
3	Neutral	23	15.3	84
4	Disagree	19	12.7	96.7
5	Strongly Disagree	5	3.3	100
	Total	**150**	**100**	

Source: primary data

It is observed from the above table that 25.3% of the respondents contribute in the loss of relationship in strongly agree, it constitutes 43.3% of user in agree, it constitutes15.3% of user in Neutral, it constitutes 12.7% user in Disagree and 3.3% of drug user in strongly disagree. In fact, the sample units dominated by drug consumption in loss of relationship in agree.

Cross Table Analysis:

		Respondents feel Mental Disorder?					Total
		Always	Often	Sometimes	Never	Not at all	
Occupation	Student	12	6	5	13	0	36
	Daily Wager	5	10	11	5	0	31
	Employee	6	32	25	7	1	71
	Business Man	1	2	5	0	1	9
	Unemployed	0	0	3	0	0	3
Total		24	50	49	25	2	150

	Daily Wager	5	10	11	5	0	31
Occupation	Employee	6	32	25	7	1	71
	Business Man	1	2				
	Unemployed	0	0				
Total		24	5(				)

Count		After consumption of drug did you feel Physical Disorder?					Total
		Always	Often	Sometimes	Never	Not At All	
Age	Less 18Years	0	0	3	1	0	4
	18-25 Years	4	33	29	10	4	80
	26-30 Years	5	15	23	1	0	44
	31-35 Years	0	5	5	0	0	10
	36 And Above	0	7	4	1	0	12
Total		9	60	64	13	4	150

From this table, the crosstab analysis, it is found in the data. The course of the respondents and occupation. The total no. of drug user in the course of the respondents is students have 36 users, Daily wager have 31, employee have 71, business man have 9 and unemployed have 3. The total no. of respondents is 150. The user who responder is always is: students are 12, daily wager are 5, employee are 6, business man are 1 other unemployed are nil and the total no. of user are 24. The respondents are is often: the students are 6, daily wager are 10, the employee are 32, the business man are 2, unemployed are nil and the total no. of users are 50. The user who responder is Sometimes : the students are 5, daily wager are 11, employee are 25, business man are 5, unemployed are 3 and the total users is 49. The user who responder is never is: the students are 13, the daily wagers are 5, the employee is 7, the business man are nil, unemployed are nil and the total no. of users is 25. The user who responder is not at all is: the students are nil, the gaily wager are nil, the employee are 1, the business man are 1, unemployed arenil and total no. users is 2.

hi-square Analysis:

Ho: Null Hypothesis

There is no significance difference between age of respondents and did respondents of mental disorder

H1: Alternatives hypothesis

There is significance difference between age of respondents and did respondents of mental disorder

Age * After consumption of drug did you feel Physical Disorder? Cross tabulation

Source: primary data

From this table, the crosstab analysis, it is found in the data. The course age of the respondents and physical disorder. The total no. of drug user in the course of the age respondents is less 18 years have 4 users, 18-25 years have 80, 26-30 years have 44, 31-35 years have10 and above 36 have 12. The total no. of respondents is 150. The user who responder is always is: less 18 years are nil, 18-25 years are 4, 26-30 years are 5, 31-35 years are nil and above 36 are nil and the total no. of user are 9. The respondents are is often: the 18-25 years are nil, 26-30 years are 33, the 26-30 years are 15, the 26-30 years are 5, above 36 are 7and the total no. of users are 60. The user who responder is Sometimes: the less 18 years are 3, 18-25 years are 29, 26-30 years are 23,

Statistics	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.183(a)	16	.259
Likelihood Ratio	24.278	16	.084
Linear-by-Linear Association	2.924	1	.087
N of Valid Cases	150		

31-35 years are 5, above 36 years are 4 and the total users is 64. The user who responder is never is: the less 18 years are 1, the 18-25 years are 10, the 26-30 years is 1, the 31-35 years are nil, above 36 years are 1 and the total no. of users is 13. The user who responder is not at all is: the less 18years are nil, 18-25 years are 4, the 26-30 years are nil, the 31-35 years are nil, above 36 years are nil and total no. users is 4.

Chi-square tests for Age of the respondents and Physical Disorder

From the above table chi square value analysis table value 5% value is 3.94 and calculated value is 0.087, so the Null hypothesis is accepted. There is no significance difference between Age and respondents of mental disorder.

Findings

From the above table it is found that the sample unit comprises a maximum of 2.7% of drug user are in the age group of less than 18 years, followed by 53.3% of the user in age group of 18-25 years, 29.3% in the age group of 26-30 years, 6.7% in the age group of 31-35Years and a maximum of 8.0% of the drug user is in the group of above 36 years. In fact, the sample unit dominated by drug user in age group 18-25 years.

It is observed from the above table that 25.3% of the respondents contribute in the loss of relationship in strongly agree, it constitutes 43.3% of user in agree, it constitutes15.3% of user in Neutral, it constitutes 12.7% user in Disagree and 3.3% of drug user in strongly disagree. In fact, the sample units dominated by drug consumption in loss of relationship in agree.

It is observed from the above table that 16% of the respondents contribute in the mental disorder in always, it constitutes 33.3% of user in often, it constitutes 32.7% of user in sometimes, it constitutes 16.7% user in never and 1.3% of drug user in not at all. In fact, the sample units dominated by drug consumption in mental disorder in often value.

It is observed from the above table that 14% of the respondents contribute in the drug consumption after your behavioral changes in always, it constitutes 29.3% of user in often, it constitutes 42.7% of user in sometimes, it constitutes 11.3% user in never and 2.7% of drug user in not at all. In fact, the sample units dominated by after consumption the alcohol you noticed in behavioral changes in sometimes value.

It is observed from the above table that 14.7% of the respondents contribute in the drug consumption awareness in always, it constitutes 35.3% of user in often, it constitutes 36% of user in sometimes, it constitutes 10% user in never and 4% of drug user in not at all. In fact, the sample units dominated by drug consumption awareness in sometimes value.

The influencing factors conclusions are as below:

Drug consumption, return is the identified predominant factors of safety in mutual fund investment. Predominant factors of the returns factor of mutual fund are secured income, regular income, and innovative income.

Suggestions:

- The prevalence of illicit **drug** use among members of the general population and the work force has been decreasing, but continues to affect a sizable proportion of the population, especially young adults.
- Heavy alcohol use has been relatively stable over the past several years; rates of heavy drinking have been notably high among young adult men, especially those in the military and among workers in such industries as construction, transportation, and wholesale goods.
- Cigarette smoking has been declining during the past decade for those 18 and older, but has been relatively stable for youth ages less than 18 years.
- Illicit **drug** use is more common among unemployed than employed persons, and weekly alcohol use is highest among young employed workers.
- Don't drink the drug, it is many more impact and after you will be death in the regular using the drug.

Conclusion:

The abuse of alcohol and drugs has resulted in significant morbidity and mortality among adolescents worldwide. Many of these youth will lose their lives to drugs and alcohol and a significant number are likely to grow up to become problem drug users. Although, the substance abuse problem is complex and large in magnitude, there is a substantial amount of evidence-based research available to physicians, community leaders and schools to implement interventions that can decrease adolescent substance abuse rates. Because this issue is not peculiar to any one community or culture, we recognize that individual interventions may not be universally effective. Therefore, we emphasize the NIDA strategy of targeting modifiable risk factors and enhancing protective factors through family, school and community prevention programmers, as a generalized framework for healthcare and community activists to use when researching programmers and strategies best suited for their own community.

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