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YOUTH AND SUBSTANCE ABUSE: A SOCIAL WORK STUDY IN KALABURAGI CITY OF KARNATAKA

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ABSTRACT

The paper is outcome of an empirical attempt to study the youth in urban slums and substance abuse with special reference to Kalaburagi city of Karnataka state. It examines the psychosocial profile, substance use pattern and self-esteem among youth victims in urban slum. It also explore the relation of increasing phenomenon of addiction with several related factors such as; economic depression, poverty, unemployment, migration, family disharmony and violence including physical, emotional and sexual abuse. It has been conducted in Kalaburagi city in the slum of Indira Nagar. It was adopted descriptive research design employing qualitative methodologies along with

quantitative techniques. Semi-structured interview schedule and Rosenberg Self-esteem Scale and Substance Involvement Screening Test (ASSIST) were used to collect the data. Samples 30 youth were studied by adopting Snow Ball sampling method. It is found that a majority of them more than four-fifth belong to the Hindu religion; more than three-fifth is illiterates and one-seventh is working as labor in construction work. The common substances used are; 90% Tobacco, 86.7% Alcohol, 13.3% Cannabis and 30% Inhalants. With reference to self-esteem three-fifth youth have low self-esteem. This paper suggests the interventions to prevent the incidences of substance abuse and their rehabilitation process.

KEYWORDS: Youth, Substance Use, Slum, Self-Esteem, Interventions.

INTRODUCTION :

Substance abuse is one of the top problems confronting the nation today especially among the



youth. Incidences of drug and alcohol abuse and related anti-social behaviour have tremendously increased in recent years. This has become a matter of concern to the government, parents, teachers, non-governmental organizations and all the stake holders of development. It affects the nation as a whole-both in the urban and rural areas. The problem cuts across class. It is not only in slums or low income areas but also where people are poor and unhappy and with families living under better conditions (rich and calmer) where children are better controlled.

Substance abuse is a major problem in the world today that has social, economic, medical and legal implications. As such, some of the drugs filter into the local market (Kimllu, 2005). Alcohol and illegal substance abuse causes serious problems affecting the psychological and physical health of youth. The United Nations Office on Drugs and Crime (2012) estimates that in 15.5-38.6 million people were drug users in 2010 worldwide. According to World Health Organization (2011) young people between the age of 15 and 29 die due to alcohol-related causes are 3, 20,000 every year. Overall, harmful alcohol use results in 2.5 million deaths each year that arises from unintentional and intentional injuries.

In a number of studies on substance abuse in the developing countries has been characterized by the use of low-priced and accessible drugs, such as cannabis, alcohol, and tobacco, and volatiles, such as glue (cited in Sherman and others 2005). Most of the drug addicts nearly 80% get addicted before the age of 30 years (Rao and Vasudevan, 1980).

Many adolescents and youth are likely to adopt behaviors that are very common among adults sometime during their transition to full adulthood, without the knowledge of undesirable health consequences. There are evidences that young people smokes whose parent's also smoke (Conrad et al. 1992).

A study by Winger and others (2004) explore various physiological effects such as accelerated heartbeat, speeding in the peripheral circulation of the blood, alteration of blood pressure, breathing rate and other body functions normally decline. Drugs abuse affect the brain and results in major decline in the functions. Drugs affect the concentration, which is drastically reduced and boredom sets in much faster than for non-drugs and substance abusers. The students lose interest in schooling as well as in extracurricular activities. Due to this, absenteeism in school is at increase. Most of the psychoactive drugs affect the decision making process, creative thinking and the development of life and social skills. They also interfere with the awareness of an individual's unique potential and interest and affect career development (KYALO, 2010).

Self-esteem is defined as the positive or negative attitude about self. Self-esteem is viewed as a feeling of self-appreciation. Low self-esteem has many different manifestations. Withdrawal, depression and lack of self-confidence are symptoms of low self-esteem. Many adolescents express anger and frustration because they do not complete certain tasks easily or efficiently. When these feelings are turned inward they reinforce feeling of low self-esteem. Education is meant to overcome social exclusion of disadvantaged group and it is a tool to reduce inequalities in the society. Scheduled tribes face many barriers in attaining education. Studies have shown that social support is positively related to self-esteem of student and self-esteem is positively associated with academic outcomes (Uday and others, 2013).

STATEMENT OF THE PROBLEM:

Youths are the backbone of any society. They are the future of nation. Their proper productive human resource has something to do with their succeeding stages of life. Youth is a period often confront with deviant behavior in individual's life. At this stage youths are capable to understand ideas of others, learn by establishing the relationships, construct the purpose of the life, and begin to take decisions. If the youths deviate due to substances, their future will be in dark. We cannot expect responsible citizens from a section of youth victims of substance abuse. Hence, a study on substance abuse among the youth has something to do with optimum utilization of their productive human resources. Social Work profession,

being development centered profession has a big deal in this regard.

OPERATIONAL DEFINITION:

1.Youth: The United Nations, for statistical purposes, defines 'youth', as those persons between the ages of 15 and 24 years.

2.Substance use: Substance abuse refers to chronic or habitual use of any chemical substance to alter states of body or mind, other than medically warranted purposes leading to effects that are detrimental to the individual's physical or mental health or the welfare of others (Drug Addiction and Drug Abuse, 2008).

3.Substance abuse: ICD-10 defines substance abuse as a disorder due to psychoactive substance use. The identification of the disorder is based on the following measures of which three or more criteria occur within 12 months for the diagnosis; acute need of intoxication, harmful use of substances; signifying strong desire to take drugs with difficulties in controlling its use and persisting the use despite of the consequences, withdrawal symptoms after the use, increasing tolerance to consume substances, the misuse directs the abuser's life and the misuse continues despite of the harmful effects (World Health Organization, 2007).

4.Risk factors: are characteristics within the individual or conditions in the family, school or community that increase the likelihood someone will engage in unhealthy behavior such as: the use of alcohol, tobacco and other drugs, violence, suicide, or early sexual activity (Alaska Division of Behavioral Health, 2011).

5.Protective factors: are characteristics within the individual or conditions in the family, school or community that help someone coping successfully with life challenges. When people can successfully negotiate their problems and deal with pre-existing risk factors, they are less likely to engage in unhealthy behavior (Alaska Division of Behavioral Health, 2011).

RISK AND PROTECTIVE FACTORS FOR USE AND ABUSE OF SUBSTANCE:

The factors of family cause drug abuse of the youth. Parents' behavior, relationship between parents and the family atmosphere and, family's economic standing contributes significantly on the incidences of substances. In Glynn's explores, parent's substance was most influential factor in affecting a child's substance abuse. This was explained using Bandura's social learning theory; modeling the parent's behavior of substance use if the adolescent identified with that of parent.

Acuda (1982) reveals the substance abuse problems in Kenya for the first time. It is noted that formerly, the psychoactive substances that were commonly abused in Kenya were alcohol and Khat, but over the years there have been an upsurge in use and abuse of a variety other substances like tobacco, cannabis sativa, and volatile substances. He also found that among the youth; between 50 percent and 60 percent consume alcohol regularly. Nadeem and others (2009) depict that the changing cultural values, increasing economy stress and dwindling supportive bonds are leading to initiation of substance use.

Peer substance use has consistently been found to be among the strongest predictors of substance use among youth. Associating with deviant peers and perceiving approval of drug-using behaviour among peers are also important risk factors. School-related factors such as academic failure, beginning in late elementary school are related to substance use, as is lack of commitment to school and low bonding with other students and teachers (Canadian Centre on Substance Abuse, 2007).

Risk and Protective Factors for Substance Abuse among Youth

Risk Factors	Protective Factors
Individual	Individual
<ul style="list-style-type: none"> • Emotional problems in childhood • Conduct disorder • Favorable attitudes towards substance use • Rebelliousness • Early substance use • Antisocial behavior 	<ul style="list-style-type: none"> • Academic achievement/intellectual development • High self-esteem • Emotional self-regulation • Good coping and problem solving skills • Engagement with peers and adults
Family	Family
<ul style="list-style-type: none"> • Parental substance use • Lack of adult supervision • Poor attachment with parents 	<ul style="list-style-type: none"> • Parental monitoring • Supportive relationships with family members • Clear expectations for behavior and values
School and community	School and community
<ul style="list-style-type: none"> • School failure • Low commitment to school • Not college bound • Aggression towards peers • Associating with drug-using peers • Favorable norms towards substance use • Accessibility and availability of substances 	<ul style="list-style-type: none"> • Presence of mentors and support for development of skills and interests • Opportunities for engagement within school and community • Positive norms • Clear expectations for behavior • Physical and psychological safety

Source: NRC and IOM (2009)

In order to fill up the research lacunas identified over in-depth survey of available literature following objectives have been formulated;

1. To identify the socio demographic profile, substance use pattern and self-esteem among substance using youths select slum of Kalaburagi city;
2. To explore the substance use pattern among youths; and
3. To suggest Social Work intervention for the prevention and rehabilitation of Youth victims of substances.

In order to satisfy objectives, it was adopted exploratory research design. The study area is youths between the age group of 15 to 24 who are leaving in slum of Indira Nagar of Kalaburagi City. Adopting participatory approach the researcher has been visiting the community every evening. Total sample of 30 youth victim of substances selected adopting snow ball sampling method. The primary data has been collected directly from the youth by using semi-structured interview schedule, Rosen Berge’s self-esteem scale, and Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). The data collected according to above procedures was subjected to processing. It was analysed using the software Statistical Package for the Social Sciences version 20 for Windows.

RESULTS AND DISCUSSION:

It is found that out of 30 substance abused youth majority of them 83% belong to Hindu religion. A significant per cent of them 60% are educated up to secondary education. Many of them 43% are working in construction work. It is apparent that the educational background and working conditions have something to with the adopting the substances among the youth in slum (see table 1).

Table-1: Socio-demographic details of the respondents

Variable	Category	User	
		N=30	Percent
Religion	Hindu	25	83.3
	Muslim	4	13.3
	Christian	1	3.3
	Total	30	100.0
Educational status	1 to 10 th	18	60.0
	PUC	9	30.0
	No education	3	10.0
	Total	30	100.0
What kind of work do you primarily do	Construction work	13	43.3
	Hotel supplier	10	33.3
	Working in Bar	5	16.7
	No work	2	6.7
	Total	30	100.0

With reference to incidences of substances and need assessment of intervention with youth, the tool ASSIST scale of World Health Organisation was used. It is found that majority of them use Tobacco 96 percent; Alcohol 53 percent; Cannabis 10 percent; Inhalants 26 percent, Sleeping Pills 6.67 percent and other Substances 30 percent (see table-2). It is clear that youth are more vulnerable to consumption of different forms of Tobacco followed by alcoholism. Majority of the youth require intervention to overcome from the incidences of consumption of tobacco.

Table-2: Classification of ASSIST for intervention

Substance	Intervention level	N=30	%	χ^2	df	Sig level
Tobacco	4-16 receive brief intervention	29	96.67	.443	1	1.000
	27+ more intensive treatment	1	33.33			***
Alcohol	0-10 no intervention	13	43.33	1.154	2	.562
	11-26 receive brief intervention	16	53.33			***
	27 and more intensive treatment	1	3.33			
Cannabis	0-3 no intervention	27	90.0	1.429	1	.534
	4-26 receive brief intervention	3	10.0			***
Ampheta mine	0-3 no intervention	30	100.0	1.00	1	0.000 ***
Inhalants	0-3 no intervention	28	70.0	2.336	2	0.000
	4-26 receive brief intervention	2	26.67			***
Sleeping pills	0-3 no intervention	28	93.33	.918	1	1.000
	4-26 receive brief intervention	3	6.67			***
Other substance use	0-3 no intervention	19	66.33	.927	2	.629
	4-26 receive brief intervention	9	30.0			***
	27+ more intensive treatment	2	6.67			

*** Significant at 0.001 level, NS= Not significant

The self-esteem of the youth victims of substances was explored. It was adopted Rosenberg self-esteem scale to measure the same. The findings reveal that a majority 70 percent of the youths are found to have low self-esteem. When it is cross tabulated with the age cohorts of the youth, it is found there is a significant association between the age of the youth and their self esteem.

Table-3: Self-Esteem of the respondents

Rosen Classification	Frequency	Percent	χ^2	Df	Significant level
15 and below low self esteem	21	70.0	15.277	29	.000
16 and above high self esteem	9	30.0			
Total	30	100.0			

*Significant at 0.001

CONCLUSIONS:

The study reveals that low esteem is resulting into increased substance use among youth in the select slum of Kalaburagi city. Youth is phase of exploring self and rebellion and they go on taking the risks in the form of adopting substances. It is the age when the majority of youth start to use of substances like inhalants and tobacco and later progress to alcohol, ganja, cocaine and other drugs. One of the study found that youth often believe that drug use improves their coping with personal difficulties and quarrels with parents and peers (O’Malley et al., 1998). Youth require some sort of intervention in order to prevent and rehabilitate. There is a need to enhance their self esteem. In this context, social work profession has a great deal. The group of youth victim of substances is treated as a therapeutic group and group work interventions can be made in order to enhance their self esteem and make them to help in this regard to help themselves. In view of above following suggestions are made;

- Local governments need to create an appropriate and effective substance use prevention programme.
- Universities and colleges teachers need identify the youth with substance background and refer for counselling.
- There is a need to impart awareness regarding substance use by using IEC materials.
- There is a need to appoint a psychiatric social worker for effective implementation of substance abuse prevention programme.
- Family can play a major role in changing behavior of the youth by adopting the principle of unlearning.
- An inclusive curriculum on substance use and its impact is introduced in secondary schools so that they can prevent it at the stages of adolescent.

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