TO STUDY THE IMPACT OF DRUG ADDICTION AND THEIR LIFESTYLE BELOW THE AGE OF 25 WITH REFERENCE TO POLLACHI TALUK

Dr.B.ROHINI, Assistant Professor, PG Department of Commerce with International Business
Nallumuthu Gounder Mahalingam College, Pollachi

Ms.K.SWATHIKA (21 PI 25), II M.Com IB, Nallumuthu Gounder Mahalingam College, Pollachi

ABSTRACT

Drug addiction has become a worldwide problem and the leading cause of death. The global problem of addiction and drug abuse is responsible for millions of deaths. In recent years, India is seeing a raising trend in drug addiction. Around 13.1 per cent of the people involved in drug and substance abuse in India are below 20 years, which calls for further stepping up community intervention and preventive mechanism targeting adolescents. Children face increased risk of drugs and alcohol abuse due to their poor mental and physicalhealth resulting from violence, exploitation and sexual abuse against them. Nine out of 10 people with drug addiction begin using substances before they are 18 years old. Child trafficking, child labour and exploitation by criminals often result in poor mental and physical health of children, leading to high risk of drugs and alcohol abuse. Involvement of youngsters in crime is mostly due to socio-economic hardship and the lack of opportunities. This paper is made with the effort to the impact of drug addiction and their lifestyle belowthe age of 25 with reference to Pollachi Taluk.

Keywords: Drug addiction, Raising Trend, Alcohol abuse, Issues and challenges.

PREAMBLE OF THE STUDY

The National level survey conducted on drug use in India indicated that prevalence of drug abuse among males in the general population is significant. Drug abuse among women exists. Adolescent drug abuse is another major area of concern because more than half of the person's with substance use disorder are introduced to drugs before the age of 15 years. At present, there exists a significant gap in service delivery. Economic burden disturbed family environment, violence, and psychological problems are other consequences of drug abuse in the family. Partners, children, parents, and friends of someone battling with addiction also experience emotional damage. They may also have to deal with financial, legal, medical, and other consequences. Another economic effect from drug abuse is the lost human productivity, such as lost wages and decreased production that results from illnesses and premature deaths related to drug abuse. Drug addiction can lead to decreased performance or increasedabsence at school and work, changes in friends and social circles, and troubles at home, all of which will be explored further as the social effects of drug abuse in a community. It results inlarge-scale carbon emissions, water depletion, pollution and biodiversity loss. In India an NGO survey revealed that 63.6 % of patients coming in for treatment were introduced to drugs at a young age below 15 years. According to another report 13.1% of the people involved in drug and substance abuse in India, are below 20 years. A survey shows that of all alcohol, cannabis and opium users 21%, 3% and 0.1% are below the age of eighteen. Overall 0.4% and 4.6% of total treatment seekers in various states were children. Around 13.1 per cent of the people involved in drug and substance abuse in India are below 20 years, which calls for further stepping up community intervention and preventive mechanism targeting adolescents. Children face increased risk of drugs and alcohol abuse due to their poor mental and physical health resulting from violence, exploitation and sexual abuse against them. Nine out of 10 people with drug addiction begin using substances before they are 18 years old. Child trafficking, child labour and exploitation by criminals often result in poor mental and physical health of children, leading to high risk of drugs and alcohol abuse. Involvement of children in crime is mostly due to socio-economic hardship and the lack of opportunities

.STATEMENT OF THE PROBLEM

Drug abuse is one of the major problems that are increasing in an alarming rate in India today. About two decades ago incidence of drug trafficking in India was low and abuse was minimal, but today drug has destroyed and killed many people in the society. Below the age of 25, are consuming drugs and getting addicted to it. In view of this, the research is embarked on to highlighting the effect of drug abuse and its addiction in below the age of 25 in the area of Pollachi Taluk in India. It has been observed that drug abuse could be viewed from different perspectives depending on the focus under view. It could be described as a non-medical use of drug which may cause harm to the children, youngsters and the society in general. This research is therefore designed to view immediate causes of health implication ofdrug abuse and addiction among the people are under the age of 25. Also this study will encourage the Pollachi Taluk to establish drug rehabilitation activities with the help of the ministry of health and drug inspection unit (DIU) to care for addicts. A staggering 1.58 crores children aged between 10 and 17 years are addicted to substances in India. This triggered the researcher to make a research on the topic of "TO STDUY THE IMPACT OF DRUG ADDICTION AND THEIR LIFE STYLE BELOW THE AGE OF 25 WITHREFERENCE TO POLLACHI TALUK"

OBJECTIVES

- To Observe the health hazards of drug addict at below the age of 25.
- To Analyze the family and financial related issues of drug addict atbelow the age of 25.
- To Examine the awareness of drug and its cause among children, and youngsters.
- To Know the social behavior of drug addict.

METHODOLOGY

Primary data form the basis for the study. The required data have been collected through questionnaire, during the year of 2022-2023.

SAMPLE

Convenience sampling method has been used to collect data from 35 respondents in Pollachi Taluk.

FRAMEWORK OF ANALYSIS

Simple Percentage Method and Chi-square Method have been used to analyse the datacollected.

ANALYSIS AND INTERPRETATION

Table 1 shows the Personal Profile of the Respondents

S.NO	VARIABLES	NUMBER OF RESPONDENTS	PERCENTAGE
01.	**Gender**	**Number**	**Percentage**
	Male	20	57.1
	Female	15	42.9
	Total	35	100
02.	**Marital status**	**Number**	**Percentage**
	Unmarried	32	91.4
	Married	3	8.6
	Total	35	100

	Area of locality	Number	Percentage
03.	Urban	9	25.7
	Semi-urban	11	31.4
	Rural	15	42.9
	Total	35	100
04.	**Annual income**	**Number**	**Percentage**
	Below 50000	11	31.4
	50001-1ooooo	18	51.4
	100001-200000	3	8.6
	Above 200001	3	8.6
	Total	35	100
05.	**Occupation of the respondents**	**Number**	**Percentage**
	Government employee	6	17.1
	Private employee	13	37.1
	Daily wages	9	25.8
	Business	7	20
	Total	35	100
06.	**Qualification**	**Number**	**Percentage**
	Post graduate	10	28.6
	Under graduate	22	62.9
	High school	2	5.7
	Illiterate	1	2.8
	Total	35	100

The above table 1 shows that, out of 35 respondents, 20(57.1%) of the respondents areMale and remaining 15(42.9%) of the respondents are Female. So, the majority of respondents in Gender are Male.

The marital status of the respondents, out of 35 respondents, 32(91.4%) of the respondents are unmarried and remaining 3(8.6%) of the respondents are married. So, the maximum of respondents are Unmarried.

The respondents whose area of locality is belonging from, out of 35 respondents, 9(25.7%) of the respondents are from urban, 11(31.4%) of the respondents are from semi- urban and remaining 15(42.9%) of the respondents are from rural. So, the maximum of respondents are from rural area.

The annual income of the respondents, out of 35 respondents, 11(31.4%) of therespondents are below Rs. 50000 of the annual income, 18(51.4%) of the respondents are between Rs. 50001-100000 of the annual income, 3(8.6%) of the respondents are between Rs. 100001-200000 of the annual income and remaining 3(8.6) of the respondents are aboveRs. 200001 of the annual income. So, the majority of respondents in their annual income are between Rs. 500001-100000.

The occupation of the respondents, out of 35 respondents, 6(17.1%) of the respondents are government employee, 13(37.1%) of the respondents are private employee, 9(25.8%) of the respondents are working for daily wages and remaining 7(20%) of the respondents are doing business. So, maximum of respondents are private employees.

The qualification of the respondents, out of 35 respondents, 10(28.6%) of the respondents are

doing their post graduate, 22(62.9%) of the respondents are doing their undergraduate, 2(25.8%) of the respondents are doing their high school and remaining 1(2.8%) of the respondents are illiterate. So, the maximum of respondents are doing their under graduate.

Table 2: Cross Tabulation of Chi Square test analysis with Area of Locality and How Often Youngsters Consuming Drug

H_o = There is no association between Area of Locality and How Often Youngsters Consuming Drug

Area of Locality	How often youngsters consuming drug				Total	Chi-Square
	Frequently	Often	Sometimes	Rarely		
Urban	1	2	1	11	15	037(S)
Semi-Urban	1	5	3	2	11	
Rural	2	3	3	1	9	
Total	4	10	7	14	35	

Source: Primary Data S/NS: Significant /Not Significant

Table 2 depicts cross tabulation of area of locality and how often youngsters consuming drug during the study period. From the above table it is found that the calculated value *P* is *.037* which is statistically significant and lesser than the 0.05 level. Hence, the null hypothesis is rejected and alternative hypothesis is accepted. Hence it can be concluded that there is an association between area of locality and how often youngsters consuming drugs.

Table 3: Cross Tabulation of Chi Square test analysis with Area of Locality and Drug Addicts provide nuisance to the public

H_o = There is no association between Area of Locality and How Often Youngsters Consuming Drug

Area of Locality	Drug addicts provide nuisance to the public.					Total	Chi-Square
	Never	Rarely	Some times	Often	Always		
Urban	6	3	1	2	3	15	023(S)
Semi-Urban	2	0	6	3	0	11	
Rural	0	2	3	4	0	9	
Total	8	5	10	9	3	35	

Source: Primary Data S/NS: Significant /Not Significant

Table 3 depicts cross tabulation of area of locality and Drug addicts provide nuisance to the public during the study period. From the above table it is found that the calculated value *P* is *.023* which is statistically significant and lesser than the 0.05 level. Hence, the null hypothesis is rejected and alternative hypothesis is accepted. Hence it can be concluded that there is an association between area of locality and drug addicts provide nuisance to the public.

Table 4: Cross Tabulation of Chi Square test analysis with Annual Income and Drug Addicts Provide Nuisance to the Public

H_o = There is no association between Area of Locality and How Often Youngsters Consuming Drug

AnnualIncome	Drug Addicts Provide Nuisance to the Public.					Total	Chi- Square
	Never	Rarely	Sometimes	Often	Always		
Below Rs50000	1	0	2	0	0	3	.045(S)
50001- 100000	0	1	0	0	2	3	
100001- 200000	4	2	6	4	1	17	
Above 200001	3	2	2	5	0	12	
Total	8	5	10	9	3	35	

Source: Primary Data S/NS: Significant /Not Significant

Table 4 portrays cross tabulation of annual income and Drug Addicts Provide Nuisance to the Public during the study period. From the above table it is found that the calculated value *P* is *.045* which is statistically significant and lesser than the 0.05 level. Hence, the null hypothesis is rejected and alternative hypothesis is accepted. Hence it can be concluded that there is an association between annual income and drug addicts provide nuisance to the public.

Table 5: Cross Tabulation of Chi Square test analysis with Occupation and Solution to Overcome Drug Abuse

H_o = There is no association between Area of Locality and How Often Youngsters Consuming Drug

Occupation	Solution to overcome drug Abuse					Chi-Square
	Providing Counselling	Visiting to Re-habitation	Diverting their mind	Making Happy Environment		
Government Employee	3	1	3	0	7	.137 (NS)
Private Employee	3	2	1	3	9	
Daily Wages	4	3	0	6	13	
Business	2	3	1	0	6	
Total	12	9	5	9	35	

Source: Primary Data S/NS: Significant /Not Significant

Table 5 portrays cross tabulation of Occupation and Solution to overcome drug abuse during the study period. From the above table it is found that the calculated value *P* is *.137* which is statistically insignificant and higher than the 0.05 level. Hence, the null hypothesis is accepted and alternative hypothesis is rejected. Hence it can be concluded that there is no association between occupation and solution to overcome drug Abuse.

FINDINGS OF THE STUDY
Personal Profile
- Maximum of the respondents 20(57.1%) are Male.
- Maximum of the respondents 32(91.4%) are Unmarried.
- Maximum of the respondents 15(42.9%) are from Rural.
- Majority of the respondents 18(51.4%) are between Rs. 50001-100000 of the AnnualIncome.
- Maximum of the respondents 13(37.1%) are Private Employees.
- Majority of the respondents 22(62.9%) are doing their Under Graduate.

Chi Square
- There is an association between area of locality and how often youngsters consuming drugs. Hence,

the null hypothesis is rejected and alternative hypothesis is accepted (*.037).*

☐ There is an association between area of locality and Drug addicts provide nuisance to the public. Hence, the null hypothesis is rejected and alternative hypothesis is accepted (*.023).*

☐ There is an association between annual income and Drug addicts provide nuisance to the public. Hence, the null hypothesis is rejected and alternative hypothesis is accepted (*.045).*

☐ There is no association between Occupation and Solution to overcome drug abuse. Hence, the null hypothesis is accepted and alternative hypothesis is rejected (*.137).*

SUGGESTIONS

➢ Government should bring more awareness programme regarding the impact ofdrug addiction among the youngsters.

➢ Newspaper, Social Media should impulse the adolescents about the drugusage.

➢ Family members should share their sufferings openly to the drug addicts.

➢ NGO should come forward and should conduct counselling programme.

➢ Parents can approach the counselling centers to control or to stop the drugaddiction.

➢ The facility of addiction treatment should be available in all hospitals in thedistrict.

SCOPE FOR FURTHER RESEARCH

Drug addiction is a major threat to the society. Drug abuse is mainly caused in an attempt to overcome from pain in one's life. Education program for parents in school and community settings can be facilitated with an aim of ensuring that message young people receive at school are similar messages to parents. Media campaigns by health services can promote messages about substance misuse and agencies in the local community can provide support to eradicate the habit, this can help the youngsters to overcome from drug addiction.

Drug Usage is a promising field of research. New vitas are open for those who are interested in further probing into the state of Drug addiction. The present study is a glimpse on thestatus of drug addict in Pollachi Taluk, an important constituent of Coimbatore district of Tamilnadu. The researcher has made only a scratch and would feel highly rewarded if the present study forms the basis for the young budding research scholars who wish to take up their research work on life style of drug addict.

REFERENCE

Abasi A, Taziki S, Moradi A. Drug abuse pattern based on demographic factors in self-introducing addicts in Gorgan province, the scientific.

Acker, C. Neuropsychological deficits in alcoholics: the relative contributions of gender and drinking history. British Journal of Addiction 81(3):395–403, 1986.

Alati, R., Al, M.A., Williams, G.M., O'Callaghan, M., Najman, J.M., and Bor, W. In uteroalcohol exposure and prediction of alcohol disorders in early adulthood: a birth cohort study.Archives of General Psychiatry 63(9):1009–1016, 2006

shodh.inflibnet.ac.in:8080/jspui/bitstream/123456789/3998/3/03

nida.nih.gov/publications/drugfacts/understandingdruguseaddiction