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Substance Use in Adolescents at Sundernagri Slums in Delhi - Concerns of the Community Youth

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Abstract:

In recent years substance use has increased greatly throughout the world. In particular, adolescence is the critical period when the first initiation of substance use takes place. Substance use is an important concern affecting slum population particularly adolescents and youth. Slum area, resettlement colonies are more prone to such problems and youths residing in these places are vulnerable for substance abuse. Those who suffer most in this battle for survival are the children or adolescents who are exposed to most adverse situations during their tender formative years.

A workshop was conducted for the youth and adolescents in a predominantly slum population at Sundernagri, Delhi to explore and understand the concerns of youth regarding the nature and social factors of substance use in their locality and strategies that they could adopt to build a better community around them.

The youth shared issues like poor education, lack of recreational facilities, poor socio economic condition, poor employment and social opportunities, familial conflicts, easy availability of substance etc. to be contributing greatly to this problem.

There is an urgent need to develop protective factors within the community to tackle the issue of substance use and criminal behaviour.

Keywords: youth, substance use, protective factors

1. Introduction

Drug use and dependence are major public health problems globally, while tobacco, cannabis, alcohol are the most commonly used drugs in India. As per the findings of a national survey in India, there are 62.5 million users of opioids (Ray et al, 2004, National Survey, 2004). According to the World Health Organization (WHO) substance abuse is defined as, "Persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice." [WHO Report, 1994]

The miasma of urban slums makes adolescents vulnerable to this multi-dimensional problem. Recently, substance abuse has been increasing among children and adolescents as sizeable proportions of adolescents in many states of India experiment with drugs quite early in life.

Substance abuse is a growing problem in India. Earlier considered to be a problem of street children, working children and trafficked children, it has now become a widespread phenomenon affecting all segments of the society. Substance abuse especially among adolescents has become an issue of concern throughout the world (UNDCP, World Drug Report, 1997). Adolescents start on drugs for several reasons, from curiosity, recreation for pleasure, and as a need to cope with stress (Naskar et al, 2004). Particularly alarming is the fact that the age of initiation in substance abuse is progressively falling (UNDP Report, 1997).

Slum areas, mainly comprise of migrants who came to big cities in search of a livelihood. On their arrival in the city, they find themselves in an unmanageable and complex situation. Slums lack basic amenities and facilities, health care, education and recreational facilities. Those who suffer most in this battle for survival are the children or adolescents who are exposed to most adverse situations during their tender formative years. This leads to intake of substance use.

Adolescence is the critical period when the first initiation of substance use takes place. Encouragement by peer groups, the lure of popularity, and early availability of many such substances make an adolescent an easy prey. In India, approximately 5500 adolescents practice substance use daily, some as early as when they are ten years old. (Patel DR et al, 1999)

2. Setting

Sundernagri is an area situated on the outskirts of northeast Delhi. The population of the area is around one lakh and the main population lives in the slums and small clusters. The community is extremely poor, with an average monthly income ranging from as low as Rs.1000/- to Rs.10,000/-. The condition of the housing stock is poor as well. A significant proportion of the homes are single

storey huts built using temporary roofing materials like tarpaulin and plastic. Open, overflowing sewers and dysfunctional public toilets present a general picture of the state of infrastructure.

Twenty five years ago, when people started settling in Sundernagri, the area was "Plain and dry land with a few hundreds of 'kachha' houses. There were no roads, no schools, no dispensary or anything that is seen today. People did not have proper jobs. Sundernagri is located in the eastern part of Delhi in the border of Uttar Pradesh close to a small colony exclusively meant for leprosy rehabilitated people, known as Leprosy Colony. Living conditions and civic facilities in Sundernagri are more or less same as in other slums and resettlement colonies in Delhi. Sundernagri is divided into ten blocks, out of which four blocks are fully slum settlements. The population of the slums would be approximately 100,000.

The people are basically the migrants hailing from rural areas of Uttar Pradesh, Bihar, Rajasthan, and Madhya Pradesh. It is basically a heterogeneous community with multi-cultural, multi-religious and multi-lingual characteristic features. Most of the people are daily wage earners, street vendors, rag-pickers, rickshaw pullers and semi-skilled labourers. Sundernagri slum remains isolated and cut off from the mainstream of society which has resulted in the high incidence of poverty, ignorance, illiteracy, unemployment and deplorable socioeconomic conditions.

Health and health-needs of the people are precarious. The intensity of the precipitating factors like drug abuse, squalor lanes, accumulation of waste, lack of ventilation, lack of sewage-drainage systems, ignorance about reproductive health, lack of personal hygiene, use of contaminated water, congested living space etc. give credence to the poor health status of the people. Several Nongovernmental organizations work in the Sundernagri area and they have several programmes for upliftment of all sections of society.

'Chetanalaya' is one of the main NGOs working in the area and has been associated with the people of Sundernagri through various relief, education and rehabilitation works done in the area. Chetanalaya had conducted several programmes, health camps, etc. in the area besides running education centers and a couple of skill development courses.

3. Method

Forty youth comprising of 28 boys and 12 girls were identified as the sensitive and concerned youth of Sundernagri slums by the local NGO, Chetanalaya from amongst the local youth of Sundernagri. These youth were made to come together for a workshop that was conducted by the Psychiatric Social Workers as part of the community outreach programme of the hospital, IHBAS in Delhi. The staff of an NGO, Chetanalaya were the facilitators of the workshop.

The workshop was mainly interactive in nature and was held in the afternoon for three hours. The Workshop addressed various issues like adolescent issues and crises, substance abuse in adolescents, high risk and anti social behaviours among the youth. The participants were asked to identify as per their understanding, the reasons for the same, the social factors responsible for substance use/ abuse in their community, the extent of the problems and what in their opinions, were the positive or protective factors that needed to be adopted to counter the increasing problems.

The youth belonged to the same locality, were aged between 16-19 years. Nearly 80% of the participants belonged to the family income range of Rs.8,000/- to 10,000/-. Two thirds of the boys and half of the girls who were the participants had a family member with a substance abuse problem, predominantly in the father, followed by the older brother. 70% of the participants had had their education up to 8th Standard, 20 % with education level up to 5th standard and 10% had no formal education at all.

4. Results

The youth identified some factors responsible for the substance abuse problem like unemployment, family conflict, easy availability of substances, peer pressure, and associated behavior like criminal activities in the locality, pick pocketing, theft, etc. It was reported that most of the users had initiated substance use due to peer influence, curiosity and sense of feeling grown up. The feel good factors and increased socialization were the main reasons for maintenance.

A significantly higher proportion of substance abusers were found to be belonging to joint family structure, had parental abuse status at their homes, poor employment opportunities, illiteracy, and were school-drop outs.

The youth also discussed that tobacco, beedi, cigarette, supari, gutkha, pan, pan masala, solvents, alcohol, cannabis, opium, heroin, cocaine, LSD, etc. were the main substances used by the youths.

Amidst all these antisocial behaviours and predominant substance use in the community, there were several youth who were aware of the consequences of harmful substance use and refrained from getting into this. They showed an increased involvement in the way their community was getting eroded by various negative factors and elements and wished to be partners with professionals to create more positive and protective factors to tackle the negative forces within their community.

The youth reported that their strong source of social support included friends, parents, siblings, and other adults and professionals. They were assisted by tertiary supports like the nearby schools, teachers, and counselors who help adolescents strive towards goals and self worth. Youth programmes organized by the local NGOs encouraged these youth to participate in various activities and organizations, which not only promoted their self-esteem but also increased the sense of involvement among these youth.

In the present discussion, it was clear that difficulties and stress leads to distress which caused increased risk of drug abuse in the absence of social attachment, development and poor coping strategies.

5. Discussion

Several psychosocial factors have been associated with substance abuse. Particularly, peer pressure, media portrayal of substance-use by celebrities, [Malhotra et al, 2007] lucrative advertisements, attractive packaging and expectations of joy are commonly associated

with harmful use of substances by the young [Kangule et al, 2011]. In general, it is widely accepted that peers, social environment, family and subjective factors play a vital role in substance abuse behaviors among the young.

There are a few studies that looked into the factors associated with initiation and maintenance of substance abuse among the young in India. The limited data indicates two things consistently. Firstly, awareness about the harmful effects of substance abuse alone is not sufficient to contain the substance behaviors. [Jayant et al, 1991] Secondly, peer influence was consistently identified as a source of encouragement for initiation as well as maintenance of substance use [Chowdhury, 1992]. It is also understood that the initial reasons for substance abuse among the adolescents was peer pressure, but it was duly attributed to many reasons such as sources of enjoyment (e.g. partying, celebrating festivals) as well as to escape stress related to love failures, parental pressure (particularly from fathers) and family problems, etc. Both peer and family played a vital role in the initiation and continuation of substance abuse. [Kangule et al, 2011] Studies from the West found that the most popular functions for the use of substances were to relax, become intoxicated, keep awake at night while socializing, enhance an activity and alleviate depressed mood. [Boys A et al, 2001] Nevertheless, peer behaviors and attitudes were found to be very influential on socially impermissible behaviors as substance abuse [Kelly, 2011].

Overall, the review of studies indicates that the age of onset of substance abuse is adolescence. There are both personal and social factors responsible for substance use in which peer influence plays a major role.

6. Conclusion

Young population uses substance for various psychosocial reasons, despite knowing the harmful effects of substance. These findings have specific implications for preventive program. Such programs need to address issues such as resisting peer pressure, finding healthy avenues to feel good about self, family history of substance and family values related to substance use behaviors. There should be consistent, regular reminders on the negative impact of substances on health. Many initiate and continue to use substances despite being cognizant about the harmful effects of substances. However, much of this knowledge comes from the studies focusing on the substance users only.

Since individual values and perceptions were also found to be the reasons for both users and non-users for initiating and not-initiating substances, respectively, individual-focused prevention programs may be considered while working with adolescents. Hence, there is need for developing peer group-based interactive and interesting activities which can be organized in the evening hours /after school timings for the adolescents for channelizing their energy in a direction.

Youth need to be provided with opportunities to speak about their culture, and encourage their voices to be a part of community formation. Youth led media and awareness campaigns focusing on burning issues, support the involvement of young men in preventing gender-based violence through their participation and leadership in trainings and awareness programs go a long way in promoting positive youth culture in the community.

7. Implications for Mental Health Professionals

Mental health professionals have a key role in aiding & helping youth, in guiding them appropriately in their times of need and help deal with their psychosocial problems so that they can adequately equip themselves to make choices for their own futures. If young people take ownership of their ideas, information, & knowledge, then we will see change being effected worldwide & a new community will be born having lower rates of infant mortality, less poverty and overall better mental health, building a better future for tomorrow.

8. References

1. Ray R, Mondal A, Gupta K, Chatterjee A, Bajaj P. (2004) The Extent, Pattern and Trends of Drug abuse in India: National survey,. New Delhi, India: United Nations office on drugs and crimes and ministry of social justice and Empowerment, Government of India.
2. Ganguly k. Pattern and process of drug and alcohol use in India. (2008), ICMR Bulletin. 38 (1-3), 1-8.
3. UNDCP World Drug Report. (1997) New York, Oxford University Press Inc.
4. Patel DR, Greydanus DE. (1999) Substance Abuse: A Pediatric Concern. Indian Journal of Pediatrics; 66:557-67
5. Naskar NN, Roy M, Bhattacharya S K. (2004), A study of some socioeconomic factors on drug abuse among the undergraduate medical students in Calcutta. Indian J Community Med, 29-71.
6. Malhotra C, Sharma N, Saxena R, Ingle GK. (2007), Drug use among juveniles in conflict with the law. Indian Journal of Pediatrics, 74:353-6.
7. Kangule D, Darbastwar M, Kokiwar P.(2011), A cross sectional study of prevalence of substance use and its determinants among male tribal youths. International Journal of Pharma and Biomedical Sciences, 2:61-4. Available from <http://www.pharmainterscience.com/Docs/IJPBS>
8. Jayant K, Notani PN, Gulati SS, Gadre VV. (1991), Tobacco usage in school children in Bombay, India. A study of knowledge, attitude and practice. Indian J Cancer, 28:139-47.
9. Chowdhury AN, Sen P. (1992), Initiation of heroin abuse: The role of peers. Indian J Psychiatry, 34:34-5.
10. Boys A, Marsden J, Strang J. (2001), Understanding reasons for drug use amongst young people: A Functional perspective. Health Education Research, 16:457-69. [Pub Med]
11. Kelly AB, O'Flaherty M, Toumbourou JW, Connor JP, Hemphill SA, Catalano RF. (2011), Gender differences in the impact of families on alcohol use: A lagged longitudinal study of early adolescents. Addiction, 106:1427-36.
12. WHO. Lexicon of alcohol and drug terms. (1994), World Health Organization; Geneva.
13. Lisa S, Himanshu PA, Patel DR, Greydanus DE.(2008), Substance abuse: A pediatric concern. Indian Journal of Pediatrics 1999; Om PP. Substance abuse among adolescents in urban slums of Sambalpur. Indian Journal of Community Medicine 33:265-7.