

# **Do You Want To Be**

**A**

**Smoker**

**Alcoholic**

**Drug addict?**

**OR**

**Would you like to be**

**Healthy, Active ?**  
**and Alive •**

**Remember**

*The choice is only Yours!*

## WHAT EVERYONE SHOULD KNOW ?

"Perhaps the greatest feature which distinguishes man from other animals is his desire to take medicine." Sir William Oster said. In the majority of occasions man takes it on the advice of a physician. But, from time immemorial, there are people who take drugs on their own, mainly for pleasure or to avoid or decrease pain, discomfort or frustration. Drug abuse is the product of an extra-ordinary complex interaction between man (the host) and his community (the environment). Drug abuse by students in secondary schools, colleges and universities is a more serious problem, because these students form the core from which the leadership in all walks of life will eventually emerge. In fact, it is the abuse of drugs by students that is largely responsible for widespread attention which the problem has begun to receive at present.

## REASONS FOR USING DRUGS

Curiosity satisfaction	To escape harsh relationships
Boredom	To stay awake late at night
Influence of friends	To elevate the mood
To belong to the 'in' groups	To sleep well
To heighten sensation	Lack of family control

## DRUGS DIFFERENT NAMES

Amphetamines  
 Dexedrins, Methedrine  
 'peppills, purple hearts, speed etc.  
 Barbiturates  
 Landrax, Seconal, Sedatives etc.  
 Cannabis type, Marijuana, Goof balls, Ganja, Grass, Hashish, Pot, Shit,  
 Heras, Cocaine, Pethidine, Opiate type, Opium, Morphine, Heroin,  
 Hallucinogen, Mescaline, LSD, Acid,  
 Pain killers, Aspirin, Anacin, APC, Codeine etc.  
 Estimated number of Drug Addicts 2 Lakhs  
 Annual Rate of Increase 15,000."

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 BANGALORE - 560 001



# Smoking, Alcohol and Drugs

## Definition

Drugs and Alcohol which are used to escape from a particular situation are referred to as a form of "Chemical Escapism." However, young people first start smoking and the proof of this as being socially (if not biologically) addictive is seen in the next "phase" when smokers turn to drugs and/or alcohol.

## POISONS IN TOBACCO

### 1. SMOKING

Cigarettes contain tobacco which has an alkaloid which is called nicotine. It is a poison and is used widely as an ingredient in insecticides. In cigarettes, it is found to act as a stimulant. Habitual and frequent smoking is harmful to the body.

Besides the poison Nicotine there is Carbon Monoxide present at a concentration 400 times the amount considered safe and hydrogen cyanide 160 times. Cigarette smoke also contains a radio active compound plutonium 210. (One drop or 70 mgs of nicotine will cause the death of a man in a few minutes).

### A MAN-MADE MONSTER

It was Cristopher Columbus (1451—1506), Italian Navigator, who first saw some Cuban natives smoking their pipes. However, in those civilizations the practice was perhaps confined to socio-cultural rituals and sometimes it was used to ward off certain illnesses.

In the 16th century, Jean Nicot, the French Ambassador to Lisbon, sent ground tobacco powder to the Queen of France for the treatment of her migraine. And the active ingredient of tobacco, 'Nicotine,' is known after him.

It was during the Mughal times that 'Hooka' and 'Chilum' became the chief status of high society and



8. Commit yourself to God, every day and whenever you feel the craving to smoke.
9. Sleep a full night's sleep.

## 2. ALCOHOLISM

### Definition

Since we are speaking of alcohol and alcoholism, it would be well to start off, by defining alcohol and alcoholism.

By pharmacological definition, alcohol is a drug and may be classified as a sedative, tranquilizer, hypnotic or anaesthetic, is the only drug whose self-induced intoxication is socially acceptable.

Persons with *alcoholism* are those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance, or an interference with their bodily and mental health, their inter-personal relations, and their smooth social functioning, or who show the early signs of such development.

Consumption of alcohol is divided into 'use' and 'abuse.' The former includes social drinking, not amounting to medical, neuropsychiatric and psychosocial complications. The latter is conceptualised as non-dependant and dependant abuse.

Non-dependant abuse refers to the state wherein the individual although not dependant on alcohol may come under medical care owing to medical, neuropsychiatric or psychosocial complications resultant from his alcohol consumption.

Dependance is used in two contexts, Psychological dependance, expressed in simplest terms is when the individual requires progressively larger quantities of alcohol to produce a given physiological effect (tolerance) and or develops characteristic *withdrawal symptoms* when acutely abstinent from alcohol.

Behaviour therapy techniques (relaxation, aversion therapy, assertive training etc.) when used as an adjunct

to other therapies such as Alcoholics Anonymous works well for some alcoholics.

## ALCOHOLIC CONTENT

The following alcoholic drinks are produced in the country : Beer 3-4% ; Gin, Rum, Whisky, 40% Arrack 35% ; Toddy 6-8% ; Illicit home made brews 45-70%. Among students prevalence of Alcohol was 9-15.4% in 1977. It has risen considerably.

Alcohol is rapidly absorbed from the stomach and small intestine. Within 2-3 minutes of consumption, it can be detected in the blood. The maximum concentration is usually reached about one hour after consumption. The presence of food in the stomach inhibits the absorption of alcohol because of dilution.

Alcohol has a marked effect on the central nervous system. It is not a 'stimulant,' as long believed, but a primary and continuous depressant. Alcohol produces psychic dependence of varying degrees from mild to strong. Physical dependence develops slowly.

According to current concepts, alcoholism is considered a disease and alcohol a 'disease agent' which causes acute and chronic intoxication, cirrhosis of the liver, toxic psychosis, gastritis, pancreatitis, cardiomyopathy and peripheral neuropathy. Also evidence is mounting that it is related to cancer of the mouth, pharynx, larynx and oesophagus.

*Further, alcohol is an important and etiologic factor in suicide, automobile and other accidents, and injuries and deaths due to violence. The health problems for which alcohol is responsible are only part of the total social damage which includes family disorganization, crime and loss of productivity.*

## THE SIGNS

The key to determining whether or not a person is alcoholic according to Alcoholics Anonymous (A. A.), is not the quantity or quality or frequency of drinking but what alcohol does to the individual when he drinks.

If a person experiences a marked personality change when he drinks, it is significant. Or if he cannot control the amount once he starts. Other significant signs of alcoholism are memory lapses while drinking, intense craving for more drinks, decline in health due to drinking, a tendency to hide the amount or frequency, drinking due to shyness or insecurity, escape drinking, deterioration in family relations. Hence an alcoholic is one who cannot do without a drink every day.

According to the latest scientific investigation in this subject there is evidence suggesting that the true alcoholic has a body chemistry different from that of a normal person.

*When he takes alcohol he experiences a feeling of well-being.* The distinction between alcoholics and non-alcoholics is that drinking does not provide that sense of relief from these feelings that it does for an alcoholic.

Once alcohol is ingested into the body of an alcoholic another difference in body chemistry manifests: the inability of the liver to metabolise alcohol properly. The alcohol, after about half an hour in the alcoholic's system will have been entirely converted to a chemical constituent acetaldehyde in the blood stream which produces a toxic reaction in the form of physical and mental discomfort. Peculiarly, if the alcoholic takes another drink at this point, those negative symptoms vanish and the glow of well-being returns.

"Alcoholism is a disease which tells you that you don't have a disease." Over years or even a few months of alcoholic drinking a person can become so habituated to transcending his life conditions with alcohol that he has taught himself unconsciously to deny categorically that alcohol is in any way bad for him.

## **TREATMENT — CURATIVE**

Treatment of this disease consists foremost of convincing the alcoholic to stop drinking and stay stopped for life. The illness is thus far medically incurable in that there is no drug or therapy which can correct the enzymatic and metabolic conditions. Instances of very



heavy drinkers returning to normal drinking exist but cases of true alcoholics becoming social drinkers are nil so far.

Psychological and spiritual counselling seem to be a must for the alcoholic to ensure that he never again picks up the first drink and sets off the deadly cycle. In this respect will-power is limited. Will-power may work for some time, even for years, but if the will-power deserts the alcoholic for even 5 minutes in an emotional or life crisis he can again start his fatal descent for the passage of time does not heal the body conditions which make a person sensitive to alcohol.

In India alcoholism is on the increase. For every 10 alcoholic men there is one alcoholic woman. As the country becomes more westernized, technological and business oriented, more Indians are trying alcohol for the first time. Therefore more will fall into the 10-17 percent who develop a drinking problem.

Alcoholics Anonymous with branches for the wives and children of alcoholics and Family Counselling is of utmost importance in treating alcoholics or drug addicts. The key to cure lies in a combination treatment of the addict himself and his whole environment.

## **PREVENTIVE MEASURES**

### **ALCOHOL EDUCATION**

Alcohol education covers a wide range of topics, from the use of alcohol and its effect on the body, to preventive education on the disease of alcoholism. It attempts to integrate this knowledge into the fabric of the classroom. To be most effective, alcohol education begins in school and continues through college.

### **SUGGESTED GENERAL OBJECTIVES**

1. To present objective, scientific information concerning alcohol, its use, mis-use and non-use, and to develop an awareness of the resulting effects on individuals and society.
2. To help the student understand that there are cultural conflicts regarding the use of alcoholic

beverages because of different religious, racial and social backgrounds of people in each community.

3. To encourage young people to seek information so that they may determine their own feelings and attitudes about drinking.
4. To develop an understanding of the extent to which the use of alcohol as a beverage has produced major problems in social life, economic life, and personal relations.
5. To develop in students a sense of responsibility for one's own welfare and that of others in regard to the use of alcohol.
6. To foster an understanding of the nature and extent of alcoholism as a treatable disease.
7. To make young people aware of the agencies and organizations in their communities which provide assistance to those with alcohol problems.

### **3. DRUGS OF ABUSE AND THEIR EFFECTS**

Substances with abuse potential range from simple kitchen spices through common flowers to highly sophisticated drugs. All these substances may be divided into 5 categories.

- (1) Narcotics      (2) Sedatives      (3) Tranquilizers  
(4) Stimulants and      (5) Hallucinogens.

Medically defined, narcotics are drugs which produce insensibility or stupor due to their depressing effect on the central nervous system.

Included in this definition are opium, opium derivatives (morphine, codeine, heroin) and synthetic opiates (methadone and meperidine). All other drugs susceptible to abuse are non-narcotics.

Many of these drugs have important legitimate applications. Narcotic, sedatives, tranquilizing and stimulating drugs are essential to the practice of modern medicine and research.

To the abuser, these drugs produce a change in his emotional responses or reactions. The abuser may feel



intoxicated, relaxed, happy or detached from a world that is painful, hostile or unacceptable to him.

With repeated use, many drugs cause physical dependence. This is an adaptation whereby the body learns to live with the drug, tolerate ever-increasing doses and reacts with certain withdrawal symptoms when deprived of it.

Withdrawal symptoms disappear as the body once again adjusts to being without the drug or if the drug is re-introduced. Tolerance represents the body's ability to adapt to the presence of a foreign substance. Tolerance does not develop for all drugs or all individuals, but with drugs such as morphine, addicts have been known to build up great tolerance very quickly. The abuser is enslaved by his habit of psychic or psychological dependence present in most cases of drug abuse. The abuser feels he cannot function normally without the drug. It helps him to escape from reality from his problems and frustrations. The drug seems to provide the answer to everything including disenchantment and boredom.

## **ADDICTION**

Has been defined as a state of periodic or chronic intoxication produced by the repeated consumption of a drug and involves tolerance, psychological dependence, physical dependence and an overwhelming compulsion to continue using the drug with detrimental effects.

## **HABITUATION**

Is the condition resulting from repeated consumption, with some psychological dependence, but no physical dependence or compulsion.

## **DRUG DEPENDENCE**

Is a more general term and is described as a state arising from repeated administration of a drug on a continuous basis (eg. Drug dependence of the morphine or barbiturate type).

## **DEPRESSANTS OR SEDATIVES**

Include a variety of old and new drugs. The most common are the barbiturates.

## **TRANQUILIZERS**

Can be used to counteract tension and anxiety without producing sleep or significantly impairing mental and physical function. Major tranquilizers are those with anti-psychotic activity.

Minor tranquilizers are used in the treatment of emotional disorders characterized by anxiety and tension. Many are used as muscle relaxants.

## **STIMULANTS**

These drugs directly stimulate the central nervous system. Examples are caffeine (coffee, tea, cola etc.) Amphetamine is also potent. Cocaine is a dangerous stimulant.

## **HALLUCINOGENS**

Distortions of perception, dream images and hallucinations are characteristic effects of a group of drugs called hallucinogens, psychotomimetics, dysteptsics or psychedelics. They include mescaline and LSD. (Lysergicacid Diethylamide).

They have no general clinical medical use but are being used as drugs of abuse.

## **MARIHUANA (CANNABIS)**

There is no medical use for marihuana.

## **ABUSE**

It may be smoked, sniffed or ingested and the mental effects are euphoria, exaltation and a dreamy sensation. Senses are distorted. Sometimes panic and fear are experienced. Hallucinations may develop with large doses. In the company of others the marihuana

user talks and laughs easily. When alone he may be drowsy and quiet. Ability to perform normal tasks like car driving are seriously impaired.

Though marihuana may not produce physical dependence it is socially addictive and though considered a soft drug leads invariably to hard drugs and their addiction. Young people who may try marihuana for 'kicks' or just out of curiosity often find themselves led to serious addiction in the course of time.

The danger of Mescaline and L.S.D. cannot be over emphasized. They even damage and alter the chromosomes and children born to a couple where either used these drugs may develop abnormality even after discontinuation of the drug.

Drug abuse is and has always been very much a problem in India -- not merely confined to the West. The history of drug dependence in India is not very different from the rest of the world. The intoxicating properties of Alcohol, referred to as som-ras in earlier Indian Text (Vedas) 1300—1000 B.C. and those of cannabis were probably known here more than 2000 years ago. The distinctive features of their use in India were their association with social and religious activities. The use of opium probably dates back to 16 - 17th century, coinciding with the coming of the Europeans to India. Till about 1947 opium and cannabis were available at licenced shops.

Most students start off with hashish and charas, and then go on to L. S. D. Cocaine, Barbiturates, Mandrax, Valium and Amphetamines in the belief that the latter facilitate better mental performance.

A recent survey in Bombay reveals that of the 4,000 students questioned, 320 were on hard drugs. The most commonly abused drug was cannabis followed by amphetamines, barbiturates, LSD, opium, heroin, cocaine and morphine.

In general, the following drugs are used by Indian students :

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Alcohol, Amphetamines, Barbiturates, Cannabis, Opium, Tobacco, Hypnotics, and Opiates.

Tobacco, alcohol, amphetamines, barbiturates, cannabis, LSD, opium, cocaine, pethidine, painkillers, tranquillizers.

Barbiturates, Methaqualone, Amphetamines, Cannabis, LSD.

Mandrax, Dexadrine, Opium, Pot, LSD, Bhang.

In four major government hospitals in Delhi—which treated only 50 patients in 1982 — almost 3,000 addicts came for treatment last year and 1,000 of them had to be refused admission because of lack of beds.

Three government hospitals in Bombay treated 2,500 addicts last year. However, only 1,000 could be admitted for treatment.

In Varanasi University 35 percent boys and 15.35 percent girls have tasted opium, liquor, hemp, ganja, bhang, cocaine, heroin, LSD, etc. Drug addiction in girls is increasing (I. C. M. R.)

While in Calcutta an estimated 200 addicts sought treatment, reports from the neighbouring north-eastern states is perhaps the most worrying. In the state of Manipur alone, 256 people, many of them girls in their teens, had to undergo intensive treatment for smack addiction last year. (Smack or brown sugar is unrefined heroin).

The problem has spread even to the southern states and hospitals in Madras and Bangalore have treated over 200 addicts in the past year.

But these figures are only the tip of the iceberg because researchers estimate that only one out of every 10 addicts come for treatment. Police intelligence puts the number of addicts in the country at a conservative lakh which is increasing at the rate of 15,000 every year and psychiatrists are already talking of a heroin plague sweeping the country.

#### 4. PERCENTAGE PREVALENCE RATE OF DIFFERENT DRUGS AT VARIOUS CENTRES

(Mohan, 1981) <sup>15</sup>

Drug	Bombay	Madras	Delhi	Jaipur	Hydera- bad	Vara- nasi	Saugar
Alcohol	15.1	9.5	12.2	9.8	11.8	10.4	9.3
Tobacco	8.1	15.2	10.00	9.2	8.1	15.1	10.9
Painkillers	12.6	1.2	20.9	2.3	5.2	13.8	15.2
Cannabis	0.4	1.5	1.3	0.9	1.0	10.9	8.4
Opium	0.4	0.03	0.5	0.2	0.1	0.9	0.3
Tranquillisers	1.0	1.0	2.9	1.2	1.6	2.5	1.2
Barbiturates	0.6	1.4	0.6	0.4	0.5	1.8	0.5
Amphetamines	0.2	0.4	0.3	0.5	0.7	1.3	0.1
LSD	0.07	0.4	0.2	0.2	0.1	0.9	0.2
Cocaine	0.05	—	0.03	0.09	0.1	0.6	0.1
Pethidine	0.05	0.08	0.2	0.2	0.1	0.9	0.1
Total No.	4151	3580	3991	4081	2097	3852	4415

#### HOSTELS AND LEISURE HOURS

88 per cent of student addicts in Madras study in colleges which have attached hostels. This obviously means that greater care should be taken by hostel wardens and college authorities to ensure that the spare time of students is gainfully employed.

Drug addiction is more frequent among those students who have idle time and spare money. The survey reveals that 54 per cent of the addicts get more than 15 hours of leisure time per week and that 30 per cent even have 40 hours of leisure time per week. The survey estimates that, on an average, students get between 600 to 1000 hours of free time every year, not counting the two months of vacation. The survey suggests that parents, academic authorities and the government should take note of this and try to see that this time is more usefully spent, perhaps by way of social work or compulsory sports.

#### MOVIES

The survey also revealed that the majority of student drug addicts were hooked on movies. About 70 per cent of them saw at least one movie a week. Perhaps the current wave of sex and violence in cinema has influenced the addict. As one student addict put it, "Though movies as a mass media are not distinctly

propagating addiction, the general trend of movies during the recent decade is defiance of authority, glorification of delinquency and permissiveness in sex, pornography and blue films have become a matter of fact routine among a number of students who consider drugs as a lesser evil or no evil at all."

The survey has also come up with case studies of two students addicts one from a poor family where the boy was systematically punished for not doing well; the other from an affluent family where the father was preoccupied with business and the mother with social activities. This shows that money or the lack of it is no guarantee against addiction.

Since prevention is far better than cure, the responsibility clearly rests with the parents. With the advent of part-time parent and nuclear families, many parents do not communicate enough to remain in touch with the children's life and activities outside the home. Also parents find it hard to believe that their children could be taking drugs and close their eyes to various changes of character and behaviour apparent in the drug addict. By the time they accept the truth, it is often too late to cure the young man or woman and a perfectly good family's happiness or peace is shattered by accusations of guilt, resentment and often hatred. The addict often does not wish to be cured, and bears hatred and resentment towards his family and so all channels of communication are effectively closed.

Dr. Alan De Souza, a well known psychiatrist in Bombay has this to say about drug dependence. "The psychological make-up of the would-be drug dependent is also very important. Early parental over indulgence and pampering or conversely parents who are rejecting and depriving sow the seeds of drug dependency straight from the cradle.

The adolescent years are indeed also very important. During this period the adolescent passes through a difficult phase. He is hardly understood and is neither accepted as a child or as an adult. It worries him and may cause him to withdraw or seek an outlet in drugs. With the first upsurges of sex, he necessarily is looking



for "kicks." Here we have the early beginning of a drug dependence.

Each repeated frustration serves to convince the drug dependent that this world is a difficult place to live in, and he chooses to take a chemical vacation the moment things don't suit him. The comfort involved serves to condition him. Once tolerance develops, the need to increase the dose occurs. The cost involved in this whole affair causes him to steal and cheat and the drug dependent slowly slips down the social ladder. The cumulative effect of the drug is often one of physical deterioration which occurs slowly. The drug dependent often mixes with the outcasts of society, whom he finds are the only people who will accept him. *Hence the need for the family to support and love him.*

## 5. TREATMENT

The treatment consists in hospitalisation and sealing of all the parts of entry of the drug. This operation is a formidable task. The drug dependent is cunning, and knows how to deceive. Invariably he manages to obtain his drug surreptitiously and thus defeats the purpose of treatment. Evidence of the withdrawal syndrome is an indication that the patient is not obtaining the drug. Unfortunately some drugs do not produce a withdrawal syndrome. However close observation of the drug dependent during the withdrawal phase shows him to be restless, sleepless and suffering from loss of appetite. These symptoms are enough to prove that he is off his drug.

The withdrawal symptoms are covered up, by the administration of a blanket of tranquillisers and hypnotics. The general nutrition of the patient requires attention. Vitamins galore must be the order of the day, as these patients are generally severely depleted of vitamins and nutrients, as they usually restrict their food intake while taking a drug which satisfies them completely.

## ROLE OF THE FAMILY

The real treatment starts after the withdrawal phase, when psychotherapy individually or in a group

aid in rebuilding the personality of the drug dependent. The family members should be taken into confidence, for without their aid nothing may be achieved. The family members contribute in no small measure to creating and perpetuating the drug dependent.

In spite of every effort on the part of the therapist a bulk of therapy comes to no avail as mentioned already. Nevertheless an air of optimism should prevail, and efforts to rehabilitate the drug dependent should continue.

### CLASS ACTIVITY

#### I. Discuss :

- i. Cigarette smoking is associated by young people with glamour and sophistication.
- ii. 'Drugs are not potentially harmful.'
- iii. 'Alcohol need not be a part of socializing.'

#### II. Questionnaire :

- i. Smoking
- ii. Alcoholism
- iii. Are you an Alcoholic ?
- iv. Drug Addiction
- v. Sheela's Dilemma

#### II. i. SMOKING

Did you ever try smoking ?

If yes, what did you feel ?

1. Do you smoke now ?
2. How many cigarettes a day ?
3. Can you give us 2 reasons for smoking ?
  1. -----
  2. -----
4. Would you like to give it up ?
5. Do you need help to give it up ?
6. State any good effects of smoking ?
  1. -----
  2. -----

7. State any bad effects of smoking ?
  1. -----
  2. -----
8. Can you suggest measures to reduce Cigarette Smoking ?

-----  
 -----  
 -----

## ii. ALCOHOLISM

1. Who can become an alcoholic ?
  - a. only the poor and uneducated
  - b. rich and powerful
  - c. those who are weak minded
  - d. anyone can become an alcoholic
2. What is alcoholism ?
  - a. Pastime      b. a chronic illness
  - c. abuse of alcohol
3. When does a person get drunk ?
  - a. It depends on the individual
  - b. more than one drink
  - c. It depends on the situation
  - d. All three reasons.
4. What are the short term effects of alcohol ?
  - a. makes you more appealing and attractive Yes|No
  - b. gives pleasure and relaxation Yes|No
  - c. removes inhibitions Yes|No
  - d. makes you think clearly Yes|No
  - e. As alcohol continues to bathe the brain think-ink slows down speech and reasoning Yes|No
5. Are there long term effects of alcoholism
  - a. emotional      b. physical      c. spiritual





2. Is drinking making your home life unhappy ?  
Yes|No
3. Do you drink because you are shy with people ?  
Yes|No
4. Is drinking affecting your reputation ?  
Yes|No
5. Have you ever felt remorse after drinking ?  
Yes|No
6. Have you got into financial difficulties as a result of drinking ?  
Yes|No
8. Has your ambition decreased since drinking ?  
Yes|No
9. Do you crave a drink at a definite time daily ?  
Yes|No
10. Does drinking cause you to have difficulty in sleeping ?  
Yes|No
11. Has your efficiency decreased since drinking ?  
Yes|No
12. Is drinking jeopardizing your job or business ?  
Yes|No
13. Do you drink to escape from worries or trouble ?  
Yes|No
14. Do you drink alone ?  
Yes|No
15. Have you ever had a complete loss of memory as a result of drinking ?  
Yes|No
16. Has your physician ever treated you for drinking ?  
Yes|No
17. Do you drink to build up your self-confidence ?  
Yes|No

If you have answered YES to any one of the questions, there is a definite warning that you may be an alcoholic.

If you have answered YES to any two, the chances are that you are an alcoholic.

If you have answered YES to three or more, you are definitely an alcoholic.

#### iv. DRUG ADDICTION

1. Drugs are used by drug dependents as a means to escape from reality — I agree
  - a. Completely
  - b. Partly
  - c. don't agree

2. Drug dependents are those who takes drugs
  - a. continuously
  - b. only sometimes
  - c. for medical reasons
  - d. can't live without them
  - e. to forget
3. Drug dependency produces physical dependency  
*True|False*
4. The characteristics of the drug dependents are
  - a. dull, depressed and frightened
  - b. cheerful, active and gay
  - c. talkative and confident.
5. The reasons for drug dependency are : Rank in order of importance.
  - a. peer group influence
  - b. Lack of strong personality
  - c. Lack of friends
  - d. Poor family life
  - e. To overcome depression
  - f. Because its modern
6. Do you feel that by not discussing the drugs and drug addiction at home, elders are helping the young people to get into drug addiction ?
  - a. strongly
  - b. not at all
  - c. to a certain extent
7. Drug addiction is----- (Tick most appropriate one)
  - a. just a personal problem
  - b. a disease
  - c. living in a different world
  - d. a social problem
8. The predominant feelings in a drug addict are ----- (under influence of the drugs)  
 Rank if possible.
 

a. anger	d. despair
b. frustration	e. rejection
c. excitement	f. cheerfulness



9. Name of some of the drugs you are aware of :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

10. What would you as a student do to help a student you know is a drug addict ?

1. \_\_\_\_\_
2. \_\_\_\_\_

11. What do you think of the importance of the following when you work with a drug dependent ?

- |                               |                    |
|-------------------------------|--------------------|
| a. Religion                   | d. Healthy habits  |
| b. Personal Contact           | e. Mass media      |
| c. Respect for the individual | f. Parents' help   |
|                               | g. Help of teacher |

#### **v. SHEELA'S DILEMA**

Rupa is twenty years old. She is an intelligent and energetic girl studying in a reputed college. After her P. U. C. she wanted to do medicine but she could not get into any of the medical colleges, so she settled for the B.Sc. course.

When Rupa thinks of her childhood she has unpleasant memories because when she was ten years old her parents were separated for several years. She stayed with her mother then. Fortunately the parents came together recently and they are living together with her younger brother and sister.

In College Rupa had a friend named Sheela but they had some misunderstanding and therefore, Rupa has no close friends to confide in.

Sheela has observed that Rupa is very irregular at classes and moves with a new set of friends. She has

also discovered that Rupa is being lured away by boys who give her drugs. This makes it easy for the boys to take Rupa out even at night as she stays as a paying guest.

Sheela does not like Rupa being exploited like this. Several students in the college laugh at Rupa and she feels rejected. Though Sheela wants to help Rupa she is reluctant to do so because her attempts in the past failed. She feels that she should not bother about Rupa but mind her own business. But a voice from within whispers that she should help Rupa.

### WHAT SHOULD SHEELA DO ?

Discuss in Groups.

Group Reports Read & Consensus Taken.

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### AVAILABLE FROM CREST

- |   |            |
|---|------------|
| <input type="checkbox"/> 'Family Life & Value Education'  |            |
| Excellent Textbook for College & High School Students<br>with Class Activities & Questionnaires (322 pages) | Rs. 35.00  |
| <input type="checkbox"/> 'Teenager's Guide' — Love, Sex & Marriage  |            |
| Illustrated (129 pages)   | Rs. 25.00  |
| <input type="checkbox"/> 'Anita's Journey Into Life'  |            |
| An Educational Colouring Book on Facts of Life etc.   | Rs. 5.00   |
| <input type="checkbox"/> 'Women's Health' — Booklet   | Rs. 2.00   |
| <input type="checkbox"/> 'Respect For Life' — Booklet   | Rs. 5.00   |
| <input type="checkbox"/> 'Human Sexuality & Sex Education'  |            |
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