Factors Contributing to Drug Abuse:
The Biological and Nonbiological Perspectives

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Drug abuse is an alarming global problem and a great threat to human beings. Drugs affect individual, family and society of the world, developed and developing. A great number of factors are effective to develop this problem across the globe. This paper is an attempt to highlight the factors of drug abuse. The main purpose of this paper is to present the factors contributing to drug abuse, especially its biological and non-biological perspectives.

1. INTRODUCTION

Global increases in problems of illicit drugs reflect and contribute to international tensions. The origins of some of these tensions are clear: rapid changes in political alignment, reduced family and community cohesiveness, increased unemployment and under employment, economic and social marginalization and increased crime. At a time when dramatic improvements take place in some sectors, e.g. communications and technology, improvement of the quality of life for many people has fallen far short of the potential that exists and the rising expectation of people who know life can be better.

In recent years, the macroeconomic environment has fundamentally changed globally. World trade and investment have expanded and brought to some areas of the

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developed and developing world substantial economic benefits. The macroeconomic environment which has facilitated the growth and development of global legitimate business has also provided the opportunity for drug producers and traffickers to organize themselves on a global scale to produce in developing countries, to distribute and sell in all parts of the world, to move drug cartel members easily from country to country and to place and invest their drug profits in financial centers offering secrecy and attractive investment returns. The same deregulation that has allowed legitimate business to move money around the world electronically with few national controls has also permitted drug producers and traffickers to launder illicit drug profits so that these funds appear to be legitimate. The global changes which have allowed people, goods and money to move from one country to other cheaply and easily have also had other consequences. They have made the differences and inequalities around the world more apparent and more unacceptable. In many cases, the differences between rich and poor grow wider. Moreover, a number of developing countries, especially those in Africa and selected countries in Latin America and Asia, have largely missed out on the benefits of increases in world trade and investment and consequent economic growth. In some cases, this has been the result of political instability, ethnic conflict, natural disasters or mismanagement of the economy.

World economies in combination with other socioeconomic variables are very effective in developing drug problem in the developed and developing societies of the world. Nowadays, drug abuse is a global health and social problem; having broken out of well defined localized addict communities. More than 200 million people recently abuse drugs worldwide. There are many factors are active behind this health, social and economic problem in the world.

However, the dynamics of social, psychological and familial factors in combination play a predominant role in the initiation and continuation of drug abuse (Botvin, Schinke and Orlandi 1989, pp. 62–77). Correlational research has demonstrated that there are a number of precursors to the initiation of substance abuse, many of which relate to the family. Some of these precursors include: relationships with peers who use drugs, psychological development (e.g., conduct
disorders), low academic performance, parental use of drugs and alcohol, inadequate mother-infant bonding and nuturance, sexual and physical abuse in childhood, economic instability, poor family management, (e.g., ineffective monitoring by the parents), antisocial behavior, high levels of stress and conflict, juvenile delinquency, genetic propensity toward substance abuse; low self-esteem, and high sensation-seeking. A significant relationship has been found between the child's early drug use and composite scores reflecting maladjustment, including antisocial behavior, coercive behavior with family members, self-esteem and depression. Attitudes, beliefs, and personality traits showing a lack of social bond between the individual and society are involved in delinquency and drug abuse (Dishion, Patterson, and Reid 1988, pp. 69-93). Research findings suggest a link between certain personality traits, specifically antisocial and neurotic traits and the risk for drug abuse; however adverse outcomes also depend on a variety of developmental and environmental factors (Tarter 1988, pp. 189-196).

In more recent research, even when multiple contributive factors have been considered, the emphasis has commonly been on simple models of predispositional factors and these models have typically concentrated on factors from a single domain (i.e., the biological, the psychological, behavioral or the environmental). As a result, attempts to understand the origins and nature of drug abuse have typically been based on non-systematic models and have, for example, rarely considered the interaction of predispositional and protective factors or the interaction of factors from differing domains.

In addition, factors have typically been assumed to be absolute neither changing nor having different influences over time, across populations and cultures, at different stages of an individual's maturation and development, or at different points of one's drug involvement history (i.e., initiation, escalation, maintenance, relapse). A number of researches on the origins of drug abuse have often been assumed that drug abuse and drug abusers are basically homogenous, giving little attention, for example, to understanding individual differences in drug involvement, to identifying different patterns of drug involvement, or to differences in drug involvement associated with
different drugs. Although etiological research based on multifactorial or multidimensional approaches has made much progress and produced critical information, it is necessary to use biological, socio-cultural, psychological, and developmental perspectives in both - cross sectional and longitudinal studies to study the origins of and pathways to drug abuse and to determine the interactions and cumulative impact of factors from the various domains (genetic, neurobiological, psychological, social and cultural, and environmental factors and processes) on the various potential stages of drug involvement (initiation, escalation, continuation, discontinuation (relapse and recovery of drug abuse and dependence).

2.0 FACTORS CONTRIBUTING TO DRUG ABUSE

Drug use and drug dependence occurs with legal and prescription and nonprescription medication, as well as illegal substances. Drug use can lead to drug dependence or addiction. This may occur through the progression from experimentation with drugs to their occasional use and then to the development of tolerance and physical dependence.

Exact cause of drug abuse and dependence is not known, but still under study. Recent studies on drug abuse demonstrate that the make-up of the individual, the addictiveness of the drug, peer pressure, emotional distress, anxiety, depression, low self-esteem, and environmental stress are all factors that may play a causative role in drug abuse.

However, initial low-level involvement with drugs result from peer pressure, drug availability or other risk factors in an individual's social and family environment. Subsequent escalation to and maintenance of higher levels of drug use is likely to result from biological, psychological or psychiatric characteristics of the individual user. In some cases, vulnerability may be inherited in the form of heightened susceptibility to a certain type of drug. In most cases, escalation will be caused by psychological traits or psychiatric conditions, some of which may also be inherited.
Some scientific research show that characteristics of the individual, rather than of the drug, play a dominant role in vulnerability to drug abuse. The social and psychological maladjustment that characterizes most frequent drug abusers precedes the first drug abuse (Glantz 1992). Although psychoactive drugs do have potent addictive properties, drug dependence does not follow automatically from their use. Most people who experiment with drugs or even use them regularly for a while do not become abusers or develop dependence. For psychologically healthy youths, some experimentation with drugs does not normally have adverse future consequences. For others who already have some emotional or psychological problem, drug use easily becomes part of a broad pattern of self-destructive behavior (Shedler and Block 1990, pp. 612–630).

Risk factors, in addition, that predispose people to drug abuse are a lack of mental or emotional resources against stress, a low tolerance for frustration, and the need for immediate relief of tension or distress. And also, lack of adequate family support, failure of parental supervision, excess unsupervised free time, and a more tolerant societal attitude have contributed to increased drug use among adolescents. In many societies, younger children may first see drugs used by their parents or their friends' parents. These children often grow up in an environment of illicit drug use.

There is also an attitude fostered by television, radio, and magazine advertising, and even somewhat by the medical profession, that medications are available for every problem to make a person feel better. The attitude, unfortunately, is extended by younger people to include illegal drugs. Drug abuse, however, has social, economical, psychological, legal, ethical and religious aspects. No single cause is responsible for this problem in a particular society. Many factors are at work at the same time. Major factors contributing to drug abuse are discussed here in the following way.
2.1 BIOLOGICAL FACTORS OF DRUG ABUSE

2.1.1 Role of Biology and Genetics

People, who use drugs, including alcohol, do so because they like what the drugs do to their brains. All drugs of abuse from alcohol to nicotine to heroin cause series of temporary changes in the brain that produce the "high". One of these changes is the rise in available levels of certain neurotransmitter that some scientists now think is implicated in most of the basic human experiences of pleasure. Pharmacologically drugs of abuse boost dopamine levels. When a person takes a hit of crack cocaine -- or a drug on a cigarette — the drugs cause a spike in dopamine levels in the brain, and a rush of euphoria, or pleasure. While it is not the only chemical involved in drug abuse, experts have come to believe that dopamine is the crucial one (Nora Volkow et al., 1998).

Although the brain of an addict is demonstrably different from the brain of a non-addict, researchers are still searching to see whether the brain of a potential addict has unique characteristics, or whether all the differences are caused by the addiction. The addiction process is a complex interaction between what the drug is doing to the brain, and what the state of the brain was when a person started using drugs.

Addiction to drugs of abuse occurs partly because, over time, the drugs cause long-lasting -- possibly permanent -- changes in the way users' brains experience pleasure and reward. The problem is these drugs are like a sledgehammer in the brain and while the person is feeling this euphoria, other things are happening in the brain. Actually drugs provide a feeling of pleasure for a certain period. When the persons stop using the drug, they cannot feel pleasure -- a state known as a hedonia and may experience very negative feelings such as depression, anxiety, and agitation. Drug abusers compromise their natural pleasure -- reward systems in long -- lasting ways. Chronic use of a drug to stimulate certain neurotransmitters may reduce the brain's natural ability to produce the neurotransmitters without the drug. People who are addicted initially take the drug because it makes them feel good. But over time they take it just to return to feeling "normal." The essence of addiction is that a person has
created an artificial but negative state. The drug abuser (drug dependent) is striving to feel stable, not necessarily high, but the effort becomes futile. After a while the system has become so compromised that a person is taking the drug to return to a normal state. In fact, drug abusers spend most of their time not trying to get some extra bliss, but just trying to feel normal.

2.1.2 Inherited Risk

Genetic predisposition is another likely culprit. The genetic makeup of individuals predisposes them toward drug abuse and alcoholism. A gene or combination of genes influences the specific biological mechanism relevant to substance abuse – such as being able to achieve a certain level of intoxication when using drugs, becoming ill at low doses as opposed to much higher doses, lowering or not lowering anxiety levels when under the influence, or having the capacity to metabolize chemical substances in the body (Goode 1993, p. 65) Researchers have shown relatively conclusively that people with a particular kind of severe, early onset alcoholism are genetically predisposed to it. In some young men, for example, the risk may be as much as 10-fold greater than in people without that genetic predisposition. In general, children of alcoholics are two to four times more likely to become alcoholics or addicts themselves. Studies involving adoption have shown that if a person’s biological parents were alcoholics, a greater risk for alcoholism persists even if non-alcoholics raised the person. Many alcoholics have family histories of alcoholism. Genetics is, as a matter of fact, one of many factors that contribute to chances of becoming an alcoholic.

But, biological explanation of deviant acts like drug abuse lacks consistent evidence that supports the belief that social temperament is related to body type. Actually, biological approach ignores the interactions of individual with environment. Researches show that most people, who have suspect genetic traits are not deviant or drug abuser. Furthermore, the vast majority of deviant people do not have genetic patterns.
2.2 NON-BIOLOGICAL FACTORS OF DRUG ABUSE

In order for better understanding the factors of drug abuse, it is necessary to incorporate non-biological factors as essential ingredients in drug abuse including the appearance of craving, withdrawal, and tolerance effects. Following is a description of these factors contributing to drug abuse.

2.2.1 Cultural

Different cultures regard use, and react to substances in different ways, which in turn influence, the likelihood of drug abuse or addiction. For example, opium was never proscribed or considered a dangerous substance in India, where it was grown and used indigenously, but it quickly became a major social problem in China when it was brought there by the British (Blum et al. 1969). The external introduction of a substance into a culture that does not have established social mechanisms for regulating its use is common in the history of drug abuse. The appearance of widespread abuse of and dependence to a drug (substance) may also take place after indigenous customs regarding its use are overwhelmed by a dominant foreign power. Sometimes a drug takes root as an addictive substance in one culture but not in other cultures that are exposed to it at the same time. Heroin was transported to the United States through European countries no more familiar with opiate use than was the United States (Solomon 1977). Yet heroin abuse, while considered a vicious social menace here, was regarded as purely American disease in those European countries where the raw opium was processed. It is crucial to recognize that in the case of nineteenth-and twentieth century opiate use, addictive patterns of drug use do not depend solely, or even largely, on the amount of the substance in use at a given time and place.

2.2.2 Social

Drug use is closely tied to the social and peer groups a person belongs to. Peer pressure is often used to explain why people, particularly young people, start using drugs. The idea is that young people will not really want to take drugs but that their
friends and people around them will put pressure on them. Whilst this may sometimes happen research has shown that it is not nearly as common as most people think. Most young people use drugs because they have decided that they want to even if they are influenced by what people around them think and do. Jessor and Jessor (1977) and Kandel (1978) have identified the power of peer pressure on the initiation and continuation of drug use among adolescents. Styles of drinking, from moderate to excessive, are strongly influenced by the immediate social group (Cahalan and Room 1974, Clark 1982). Zinberg (1984) has been the main proponent of the view that the way a person uses heroin is likewise a function of group membership – controlled use is supported by knowing controlled users (and also by simultaneously belonging to groups where heroin is not used). At the same time that groups affect patterns of usage, they affect the way drug use is experienced. Drug effects give rise to internal states that the individual seeks to label cognitively, often by noting the reactions of others (Schachter and Singer 1962, pp. 379–399). Becker (1953) described this process in the case of marijuana. Initiates to the fringe groups that used the drug in 1950s had to learn not only how to smoke it but how to recognize and anticipate the drug’s effects. The group process extended to defining for the individual why this intoxicated state was a desirable one. Such learning is present in all types and all stages of drug use. In the case of narcotics, Zinberg (1972) noted that the way withdrawal was experienced – including its degree of severity – varied among military units in Vietnam. Zinberg and Robertson (1972) reported that addicts who had undergone traumatic withdrawal in prison manifested milder symptoms or suppressed them altogether in a therapeutic community whose norms forbade the expression of withdrawal. Similar observations have been made with respect to alcohol withdrawal (Oki 1974, cf. Gilbert 1981).

2.2.3 Situational

A person’s desire for a drug cannot be separated from the situation in which the person takes the drug. Falk (1983) and Falk et al. (1983) argue, primarily on the basis animal experimentation, that an organism’s environment influences drug-taking
behavior more than do the supposedly inherently reinforcing properties of the drug itself. For example, animals who have alcohol dependence induced by intermittent feeding schedules cut their alcohol intake as soon as feeding schedule are normalized (Tang et al. 1982, pp. 155–158). Particularly important to the organism's readiness is the absence of alternative behavioral opportunities. For human subjects the presence of such alternatives ordinarily outweighs even positive mood changes brought on by drugs in motivating decision about continuing drug use (Jahanson and Uhlenhuth 1981, pp. 159–163). The situational basis of narcotic addiction, for example, was made evident by finding that the majority of U.S. servicemen who were addicted in Vietnam did not become readdicted when they used narcotics at home (Robins et al. 1974, Robins et al. 1975).

2.2.4 Ritualistic

The rituals that accompany drug use and addiction (drug dependence) are important elements in continued use, so much so that to eliminate essential rituals can bring about an addiction to lose its appeal. In the case of heroin, powerful parts of the experience are provided by the rite of self-injection and even the overall life style involved in the pursuit and use of the drug. In the early 1960s, when Canadian policies concerning heroin became more stringent and illicit supplies of the drug became scarce, ninety-one Canadian addicts emigrated to Britain to enroll in heroin maintenance programs. Only twenty-five of these addicts found the British system satisfactory and remained. Those who returned to Canada often reported missing the excitement of the street scene. For them the pure heroin administered in a medical setting did not produce the kick got from the adulterated street variety they self-administered (Solomon 1977).

The essential role of ritual was shown in the earliest systematic studies of narcotic addicts. Light and Tottance (1929) reported that addicts could often have their withdrawal symptoms relieved by “the single prick of a needle” or a “hypodermic injection of sterile water.” They noted, paradoxical as it may seem, we believe that the greater the craving of the drug abuser and the severity of the withdrawal symptoms
the better are the chances of substituting a hypodermic injection of sterile water to obtain temporary relief”. Similar findings hold true for nonnarcotic addiction. For example, nicotine administered directly does not have nearly the impact that inhaled nicotine does for habitual smokers (Jarvik 1973) who continue to smoke even when they have achieved their accustomed levels of cellular nicotine via capsule (Jarvik et al. 1970, pp. 574–576).

2.2.5 Developmental

People's reactions to, need for, and style of using a drug change as they progress through the life cycle. The classic form of this phenomenon is “maturing out.” Winick (1962) originally hypothesized that a majority of young drug abuser leave their heroin habits behind when they accept an adult role in life. Waldorf (1983) affirmed the occurrence of substantial natural remission in heroin addiction, emphasizing the different forms it assumes and the different ages when people achieve it. It does appear, however, that heroin use is most often a youthful habit. O'Donnell et al. (1976) found that the greatest continuity in drug use among young men occurs with cigarette smoking. Such findings, together with indications that those seeking treatment for obesity only rarely succeed at losing weight and keeping it off (Schachter and Robin 1974, Stunkard 1958), have suggested that remission may be unlikely for smokers and the obese, perhaps because their self-destructive habits are the ones most expected to take place all through the life cycle rather than just in early adulthood. More recently, Schacher (1982) has found that a majority of those in two community populations who attempted to cease smoking or to lose weight were in remission from these various compulsive behaviors, there may be common remission processes that hold for all of them (Peele 1985, pp. 963–968).

2.2.6 Personality

Personality is based on the individual's distinct and consistent outlooks and actions or overall style of behavior. Inherited or biological traits are not personality traits except in as much as they influence behavior. It is usually believed that
personality defects are contributing factor of drug abuse. To the contrary, drug abuse causes personality defects or abnormality.

The idea that opiate use caused personality defects was challenged as early as the 1920s by Kolb (1962), who found that the personality traits observed among addicts preceded their drug use. Kolb's view was summarized in his statement that "the neurotic and the psychopath receive from narcotics a pleasurable sense of relief from realities of life that normal persons do not receive because life is no special burden to them". Chein et al. (1964) gave this view its most comprehensive expression when they concluded that ghetto adolescent addicts were characterized by low-self esteem, learned incompetence, passivity, a negative outlook, and a history of dependency relationships. A major difficulty in assessing personality correlates of drug dependence (addiction) lies in determining whether the traits found in a group of drug abuser are actually characteristics of a social group (Cahalan and Room 1974). On the other hand, addictive personality traits are obscured by lumping together controlled users of a drug such as heroin and those addicted to it. Similarly, the same traits may go unnoted in addicts whose different ethnic backgrounds or current settings predispose them toward different types of involvements, drug or otherwise (Peele 1983, pp. 963–964). Personality may both predispose people toward the use of some types of drugs rather than others and also affect how deeply they become involved with drugs at all (including whether they become addicted). Lang (1983) claimed that efforts to discover an overall addictive personality type have generally failed. Lang does, however, report some similarities that generalize to abusers of a range of substances. These include placing a low value on achievement, a desire for instant gratification, and habitual feelings of heightened stress. The strongest argument for addictiveness as an individual personality disposition comes from repeated findings that the same individuals become addicted to many things, simultaneously, sequentially, or alternately. There is a high carryover for addiction to one depressant substance to addiction to others, for example, turning from narcotics to alcohol (O'Donnell 1969, Robins et al. 1975). Alcohol, barbiturates, and narcotics show cross-tolerance (addicted users of one substance may substitute another) even though
the drugs do not act the same way neurologically (Kalant 1982, pp. 121), while cocaine and valium abusers have unusually high rates of alcohol abuse and frequently have family histories of alcoholism.

2.2.7 Cognitive

People's expectations and beliefs about drugs, or their mental set, and the beliefs and behavior of those around them that determine this set strongly influence reactions to drugs. These factors can, in fact, entirely reverse what are thought to be the specific pharmacological properties of a drug (Schachter and Singer 1962, pp. 379–399). The efficacy of placebos demonstrates that cognitions can create expected drug effects. Placebo effects can match those of even the most powerful painkillers, such as morphine, although more so for some people than others (Lasanga et al. 1954, pp. 770–779). It is surprising, then, that cognitive sets and settings are strong determinants of drug dependence (addiction), including the experience of craving and withdrawal (Zinberg 1972, pp. 486–488). Zinberg (1974) in a study found that only one of a hundred patients receiving continuous dosages of a narcotic craved the drug after release from the hospital. Lindesmith (1968) noted such patients are seemingly protected from addiction because they do not see themselves as drug abuser. The central role of cognitions and self-labeling in drug dependence (addiction) has been demonstrated in laboratory experiments that balance the effects of expectations against the actual pharmacological effects of alcohol. Male subjects become aggressive and sexually aroused when they incorrectly believe they have been drinking liquor, but not when they actually drink alcohol in a disguised form (Wilson 1981). Similarly, alcoholic subjects lose control of their drinking when they are misinformed that they are drinking alcohol, but not in the disguised alcohol condition (Engle and Williams 1972, pp. 1099–1105). Subjective beliefs by clinical patients about their alcoholism are better predictors of their likelihood of relapse than are assessments of their previous drinking patterns and degree of alcohol dependence (Heather et al. 1983, pp. 11–17). Marlatt (1982) has identified cognitive and emotional factors as the major determinants in relapse in narcotic dependence, alcoholism, smoking, overeating, and gambling.
3.0 FAMILY, HEALTH AND OTHER SOCIOECONOMIC ISSUES

In addition to the factors contributing to drug abuse presented above, some more influential non-biological factors that have been discussed from health, social, economic and cultural point of view are as follows.

3.1 Family Issues Relating to Drug Use through the Life Cycle

Although family is a primary and fundamental unit of social settings, a multiplicity of problems arises from family, and personal and family discomforts contribute to deviant acts like drug abuse (Camerio 1967, p. 49).

The family has a special role in relation to the initiation of the use of psychoactive substances (also referred to as substances or drugs). Some families in certain parts of the world are dependent on production, trafficking and dealing for their economic survival. The relationship between psychoactive substances and families is a cultural, social and economic development issue. A healthy family nurtures the coping skills, respects and supports the development of individual members, and creates an environment where an individual acquires the ability to deal with diverse situations through the different stages of life. In many cultures, the traditional family structure provides moral and behavioral standards for an individual. With rapid socioeconomic changes, the technological revolution, urbanization and international mobility of population, the traditional checks and balances on an individual’s behavior have given way to external influences. In some families, technological innovations such as television or video games provide a substitute for parental time with children.

The increasing generation gap in communication and other difficulties in personal relationships among family members often precipitate drug dependence within a family. The family is the first environment where an individual is influenced by drug use. Parental smoking, drinking or use of other drugs can affect the formation and development of their children (L-N. Hsu 1993, pp. 21–23). Most habits and behaviors, including patterns of drug use, are formed through the influence of families.
Apart from that, most commonly, the events and factors that contribute to substance-related problems are linked with close relationships and the family. The most often cited problems are difficulties in interpersonal relationship with "lovers", followed by nonspecific family problems relating to divorce, parents, children, death and the extended family.

Secondary factors identified in many societies as contributors to drug abuse are related to friends, occupation and other socioeconomic issues. As a matter of fact, family relationships can influence personal choice in drug abuse. The family is the first environment where an individual learns various habits. Supportive families with open communications between parents and children may provide models for positive life skills. To the contrary, families with a multiplicity of socioeconomic problems force the members to resort to the destructive way of life such as drug abuse.

3.2 Financial Condition

In many societies in the world, heroin or opium abusers have higher daily drug expenditures than alcohol abusers. The female drug user is usually associated with a drug-using spouse, sibling or sexual partner, or with a spouse dealing in drugs, and often has an affluent family background or a certain financial independence, if employed. In addition, high levels of unemployment and underemployment and the large number of single women as heads of households are factors that create unstable families. Children must often move out or look for work, cutting short their education and being forced to face the constant dangers of the streets. They are extremely vulnerable to substance abuse, primarily in the form of inhalants, alcohol or cigarettes. A survey carried out recently in India shows that the most common factors associated with maintenance and support of the drug habit were monthly earnings, borrowing money from family and friends, or pocket money provided by parents. In the case of married users, misappropriation or manipulation of household expenses was reported.

As the severity of drug abuse increased, drug abusers (respondents) resorted to desperate measures to support their habit, such as selling family jewellery and ornaments, stealing or begging for money, and some of the drug abusers were forced
into sexual subjugation for drugs or involvement in drug dealing.

3.3 Curiosity

Most young people in the global community are naturally curious and want to experiment with different experiences. For some, drugs are good conversation point, they are interesting to talk about and fascinate everyone. The drugs most commonly are abused by youth. While drug using in low-income abusers (such as student population) in some societies is mostly a solitary habit, for street children it is typically a group phenomenon. The reasons for the abuse also differ. Young people in certain societies typically give evasive answers, such as curiosity and “do not know”, while street children admit using drugs to get high or a “dreamlike state”. Deficiencies in family relationships and school attendance are related to increased drug use in these young populations. In some cases, with a curious attitude, drug abusers start to take drugs for the first time on the considerations “let us try once it” or “try to be smart following the persons who take drugs habitually around us” and thus drug dependence develops among them through several time experiences of drug taking. In general, friends, unemployed, vagabonds, hidden drug selling centers are very conducive to develop drug habit through satisfying the curiosity of drug abusers.

3.4 Enjoyment and Environment

Despite all the concerns about illicit drug use and the attendant lifestyle by young people, it is probably still the case that the lives of most young people are centered on school, home and employment and that most drug use is restricted to the use of tobacco and alcohol. They may adopt the demeanor, fashion and slang of a particular subculture including the occasional or experimental use of illegal drugs without necessarily adopting the lifestyle. Even so, the evidence of drug use within youth culture suggests that the experience of substances is often pleasurable rather than negative and damaging. So probably the main reason why people take drugs is that they enjoy them.
On the other hand, human environment where the people live in directly influences on developing personal and social behavior especially with reference to social interaction and some typical antisocial behavior. Usually depending on learning and experiences of living in a specific environment, a person develops his /her own behavioral pattern which affects his/her life style. But, if the environment can not able to provide available basic necessities for human living, and people experience unequal access to the societal resources, a number of people living in that environment resort to some deviant behaviors like drug abuse either for pleasure or to mitigate stress, frustration caused by their life situations.

Many young people live in communities, which suffer from multiple deprivations, with high unemployment, low quality housing and where the surrounding infrastructure of local services is fractured and poorly resourced. In such communities drug supply and use often thrive as an alternative economy often controlled by powerful criminal groups. As well, many young people with poor job prospects recognize the financial advantages and the status achievable through the business of small-scale supply of drugs.

3.5 Stress, Worry and Sickness

There are levels of stress built into each and every day. Sometimes, the pace of life quickness to the point where it is hard for anyone to catch up. Particularly, children of most societies are not immune to stress and worry. School pressures to succeed in athletics, pressures to please parents, and pressures to be with the “in” crowd are constant. However, many people are prone to drug abuse on the grounds of personal and social tensions or frustrations. Stress and frustration are more or less common to all people and they are experienced as a part of daily existence. Ordinarily, a person experiences frustration when the satisfaction of important motives is thwarted (Sawrey and Telford 1971, pp. 202-209). And frustrated people like drug to escape the feeling of frustration and make cool, relax, and to mitigate psychophysical infliction.

Sickness is one of the important contributing factors of drug initiation and abuse. Because of sickness many of the drug users turns towards drug thinking that
drug may cure their sorrows, anxiety and some psychophysical impairments. One of the misconceptions about modern living is that if an individual is sick, there is a pill or a type of medicine that can “cure” him. In real sense, pills do not provide all of answers. Often, a change in diet, lifestyle, circle of friends, work ethic can make a more positive-and long-lasting difference than any medication. Emotional problems, such as depression and anxiety, are sometimes better addressed through a consistent psychotherapy program than a prescribed course of drug therapy. Psychological problems lead many people to practice self-medication with amphetamines and tranquilizers. Widespread poverty and the relatively high cost of medical services also aggravate problems caused by self-medication.

Drug abuse causes a great variety of severe psychophysical diseases resulting from dependence and withdrawal symptoms. In that case, drug itself works as a vital element for relieving withdrawal symptoms. From sociomedical point of view, drug abuse is a disease. People who are drug abuser (drug dependent) experience psychophysical diseases caused by drug dependency along with craving to increase the extent of drug, and feel more compulsive to take it. And drug at that moment works as a great cure to the exposed symptoms of withdrawal or diseases or make the drug abuser feel normal. Thus the drug abuser takes drugs as medicine for their illness mostly caused by suddenly reduction of doses or stopping of drug taking, or irregularity of drug ingestion, that the abuser regularly took at a specific interval.

4. CONCLUSION

Drug use is engrained in certain cultures and societies on the basis of ancient ceremonial rituals or as a social lubricant within the constraints of cultural norms. The contemporary breakdown of traditional systems, the rapid change in social and economic conditions, the increased availability of drugs and the mobility of the population have made the abuse of psychoactive drugs more prevalent.

In this article, biological factors such as genetic and inherited background play
a vital role as predisposing factor of drug use and abuse. In addition, as nonbiological factors such as personality, situational, cognitive and developmental issues, psychophysical health, recreation, curiosity and peer pressure are more effective in developing drug abuse.

But, as an important institution of the society, family plays a vital role to the development of drug practice among the people, particularly the young generation who are productive human force and asset for the development and progress of the society. Family issues, in fact, can influence personal choice in drug abuse. The family is the first environment where an individual learns various habits. In fact, through the socialization process in family environment, an individual learns a wide range of social behaviors from the parents, guardians and other family members. If learning in that environment is positive and effective for developing behaviors that conform to the values and norms of the larger society, drug behavior may be prevented.

In recent years, drug abuse problem has taken a fatal shape of health, social, economic and political crisis in most of the countries of the world. It is, therefore, necessary to identify the actual factors of drug abuse, and to take realistic and effective measures to cure and prevent the global disease of drug abuse for the well-being and prosperity of all human beings.

Notes

3 http://www.delmar.edu/sossci/rlong/intro/deviance.html [Received, 2000.08.29]
5 See, http://165.112.78.61/Infofax/ecstasy. [Received, 2001.04.10]
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