Psychopathology in Drug and Alcohol Abuse Among Adolescents
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ABSTRACT
The present study steps forward in the field of psychopathology among adolescents. It is related to drug and alcohol abuse in adolescents. According to the World Health Organization (WHO), substance abuse is persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice (WHO, 1999). Drug abuse is a complex phenomenon, which has various social, cultural, biological, geographical, historical and economic aspects. Alcohol impairs both mental and motor functions including hand-eye coordination (National Institute on Alcohol Abuse and Alcoholism, 1994). It is particularly harmful since youth can consume large amounts of alcohol quickly. It is a theoretical paper. The objective of this study is to evaluate the role of psychopathology in drug and alcohol abuse among adolescents. This is done through analysis of various studies and articles on present study. There are many ways to prevent drug and alcohol abuse among adolescents. These may be categorised into three programs like family, school and community. Besides it some rehabilitation strategies and method may help to control substance abuse. There are some suggestions included in this study, these are as to contact a mental health professional, identify and alleviate problems, encourage new friendships, encourage the development of new interests, build confidence, develop overall responsibility and self-discipline, establish communication, don’t be manipulated, eliminate inappropriate models, treat emotional problems, and set rules and consequences for behaviour.

INTRODUCTION
The epidemic of substance abuse in young generation has assumed alarming dimensions in India. Changing cultural values, increasing economic stress and dwindling supportive bonds are leading to initiation into substance use. According to the World Health Organization (WHO), substance abuse is persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice.
The picture is grim if the world statistics on the drugs scenario is taken into account. With a turnover of around $500 billion, it is the third largest business in the world, next to petroleum and arms trade. About 190 million people all over the world consume one drug or the other (Miller and Sanchez, 1993).

Drug addiction causes immense human distress and the illegal production and distribution of drugs have spawned crime and violence worldwide. June 26 is celebrated as International Day against Drug Abuse and Illicit Trafficking every year. It is an exercise undertaken by the world community to sensitize the people in general and the youth in particular, to the menace of drugs. Today, there is no part of the world that is free from the curse of drug trafficking and drug addiction. Millions of drug addicts, all over the world, are leading miserable lives, between life and death. What started off as casual use among a minuscule population of high-income group youth in the metro has permeated to all sections of society. Inhalation of heroin alone has given way to intravenous drug use, that too in combination with other sedatives and painkillers. This has increased the intensity of the effect, hastened the process of addiction and complicated the process of recovery.

Drug abuse is a complex phenomenon, which has various social, cultural, biological, geographical, historical and economic aspects. The disintegration of the old joint family system, absence of parental love and care in modern families where both parents are working, decline of old religious and moral values etc lead to a rise in the number of drug addicts who take drugs to escape hard realities of life. Drug use, misuse or abuse is also primarily due to the nature of the drug abused, the personality of the individual and the addict's immediate environment. The processes of industrialization, urbanization and migration have led to loosening of the traditional methods of social control rendering an individual vulnerable to the stresses and strains of modern life.

Drug abuse has led to a detrimental impact on the society. It has led to increase in the crime rate. Addicts resort to crime to pay for their drugs. Drugs remove inhibition and impair judgment egging one on to commit offences. Incidences of teasing, group clashes, assault and impulsive murders increase with drug abuse. Apart from affecting the financial stability, addiction increases conflicts and causes untold emotional pain for every member of the family. Adolescent drug abuse is one of the major areas of concern in adolescent and young people’s behaviour. It is estimated that, in India, by the time most boys reach the ninth grade, about 50 per cent of them have tried at least one of the substance of abuse nature (Ramachandran, 1991). In last three decades, many epidemiological surveys have been carried out in India to assess the prevalence of substance abuse.

**REVIEW OF LITERATURE**

There are some of the current studies related to drug and alcohol abuses given below.

Anderson (1996) has studied *the Decisions about substance abuse among adolescents in juvenile detention*. Observations and individual interviews corroborated the dynamic interactive dialogue occurring among the teens during group discussions. The young women described the situations and problems that led to substance abuse and their subsequent detention. The sharing of life experiences provided an opportunity to reinforce resolutions to change and plans to abstain from troublesome behaviours in the future.
Clark and Bukstein (1998) examined Psychopathology in Adolescent. Adolescents who abuse or are dependent on alcohol often have coexisting mental disorders. These disorders may both precipitate alcohol use disorders and result from them. In addition, both types of disorders may arise independently in adolescents at high risk. Mental disorders that commonly co-occur with alcohol use disorders in adolescents include antisocial disorders, mood disorders, and anxiety disorders. Treatment programs for adolescents with alcohol use disorders should seek not only to eliminate alcohol and other drug use but also to improve the symptoms of other mental disorders.

Wu, et al. (2008) examined non-prescribed use of pain relievers among adolescents in the United States. Among all non-prescribed users, 52% reported having used hydrocodone products (Vicodin, Lortab, Lorcet, and Lorcet Plus, and hydrocodone), 50% had used propoxyphene (Darvocet or Darvon) or codeine (Tylenol with codeine), and 24% had used oxycodone products (OxyContin, Percocet, Percodan, and Tylox). Approximately one quarter (26%) of all non-prescribed users had never used other non-prescribed or illicit drugs. There were gender variations in correlates of non-prescribed use. Use of non-prescribed pain relievers occurs early in adolescence. Research is needed to understand whether early use of non-prescribed pain relievers is related to later drug use.

Martins, et al. (2008) examined the correlates of extra-medical use of Oxy-contin versus other analgesic opioids among the US general population. Those with past-year analgesic disorder who used Oxy-contin were more likely to be younger, sell illegal drugs (OR=2.5[1.5,4.2]), and use illegal drugs than those who used other opioids. Past-month Oxy-contin users were more likely than past-month other opioid users to buy analgesics from drug dealers/other strangers and obtain opioid analgesics from multiple sources. Our findings point out differences between Oxy-contin and other opioid users that might help prevention specialists and assist efforts to curb opioid analgesics diversion.

Perron, et al. (2008) examined the victimization among adolescents. Victimization is regarded as a significant public health issue, especially among adolescents in urban areas. Fifty-four per cent of the subjects reported lifetime victimization. Severity of victimization was associated with depression, generalized anxiety disorder, traumatic stress disorder, and conduct disorder, although the effect sizes were relatively small. Lifetime victimization exhibited a relationship of small to moderate strength with high-risk behaviours (i.e., illegal activity, gang membership, multiple sex partners and unprotected sex). Service implications and recommendations for future research are provided.

Arias, et al. (2009) studied eating disorder symptoms and alcohol use among adolescents in substance abuse treatment. It is reported that 26.4% of the participants had at least one emergency department (ED) symptom, with the highest number of symptoms occurring in females. The number of ED symptoms was associated with increases in the number of times that they became intoxicated in the year before entering treatment, the number of alcohol-related social problems, and the number of alcohol-related physical symptoms after taking into consideration the effects of age and gender. The prevalence of symptoms of EDs is high in adolescents with Alcohol and other substance use disorders (AOSUD), with the number of ED symptoms correlating with increased alcohol consumption. Further studies on the course and treatment of adolescents with AOSUDs and symptoms of EDs are warranted.
Rudatsikira, et al. (2009) examined the prevalence and predictors of illicit drug use among school-going adolescents in Harare, Zimbabwe. Nine per cent of the subjects (13.4% males and 4.9% females) reported having ever used marijuana or glue. Males were more likely to have used marijuana or glue than females (OR-2.70; 95% CI [1.47, 4.96]). Marijuana or glue use was positively associated with cigarette smoking (OR -11.17; 95% CI [4.29, 29.08]), alcohol drinking (OR-7.00; 95% CI [3.39, 14.47]) and sexual intercourse (OR-5.17; 95% CI [2.59, 10.29]). Parental supervision was a protective factor for marijuana or glue use (OR _ 0.31; 95% CI [0.16, 0.61]). Public health intervention aimed to prevent marijuana or glue use among adolescents should be designed with the understanding that illicit drug use may be associated with other behaviours such as teenage sexual activity, cigarette smoking and alcohol use.

McCormick, et al. (2009) examined and studied the case histories in pharmaceutical risk management. These case histories and subsequent discussions provide invaluable real-world examples and illustrate both the promise of risk management programs in providing a path to market and/or for keeping on the market drugs with serious potential risks. They also illustrate the limitations of such programs in actually controlling unintended consequences, as well as the challenge of finding the right balance of reducing risks without posing undue barriers to patient access.

Dios, et al. (2010) have examined marijuana use subtypes in a community sample of young adult women. Based on fit criteria, a three-class solution was selected. Class I (37%) an unaffected/mild group was characterized by very low endorsement rates of abuse and dependence criteria. This class was also found to have significantly lower rates of other substance use problems. Class II (41.6%) moderate problem users showed moderate endorsement rates of abuse and dependence criteria. Class III (21.4%) severe problem users showed the greatest levels of abuse and dependence, with 90% meeting DSM criteria for abuse and 100% meeting diagnostic criteria for marijuana dependence. Class III also showed the greatest levels of other substance use problems. Three distinct marijuana abuse and dependence subtypes were derived using latent class analysis. Findings may have implications for the development of more targeted treatment and prevention interventions for young women struggling with varying degrees of marijuana abuse and dependence.

Peters and Hughes (2010) examined the daily marijuana users with past alcohol problems increase alcohol consumption during marijuana abstinence. Drug abuse treatment programs typically recommend complete abstinence because of a fear that clients who stop use of one drug will substitute another. Increases in marijuana withdrawal discomfort scores and alcohol craving scores from baseline to marijuana abstinence significantly and positively correlated with increases in alcohol use. Increases in cigarettes, caffeine, and non-marijuana illicit drugs did not occur. This study provides empirical validation of drug substitution in a subgroup of daily marijuana users, but results need to be replicated in individuals who seek treatment for marijuana problems.

**DRUG AND ALCOHOL ABUSE**

Things have changed dramatically. The drug user or addict in our day was seen as a degenerate. Today, drug use cuts across all socioeconomic levels. It is even seen on TV and in movies as something done at social gatherings or parties. Negative effects are minimized. Attitudes and values of the adolescent and preadolescent have shifted away from authority figures and toward more leisure-seeking, big-money, fast-living people-toward sex, drugs, alcohol, and money. Drugs are
available everywhere, from the highest socioeconomic levels to the lowest, from the best schools to the poorest schools. Recent surveys by national organizations related to drug abuse and alcoholism show:

1. The average age of first drug use is 13. The average age of first alcohol use is 12.
2. Over 50% of high-school seniors have tried drugs. Over 33% have tried a drug other than marijuana.
3. Nearly 33% of all high-school seniors claim that most of their friends get drunk at least once a week.
4. Nearly one in 16 has tried cocaine or its powerful, addictive derivative, crack.
5. High-school senior girls ingest more stimulants and tranquillizers than boys. Girls almost match the boys’ use of alcohol, marijuana, and other drugs.
6. Approximately 33% of fourth-graders reported peer pressure to try alcohol and marijuana.
7. There are many theories on the causes of substance abuse. They range from a genetic basis to personality characteristics. Drug or alcohol abuse in children usually seems to be a symptom of confusion, unhappiness, or alienation.

Causes of Drug and Alcohol Abuse

There are some of the following causes of drug abuse among teenagers:

1. **Prescription:** It was found at one of the most frequent causes of drug abuse, particularly in adolescence. The term abuse of prescription drugs is clearly defined as a state in which, prescription drugs are not used in a way the doctor recommends the patient. It means the person taking higher doses of the drug and even though his illness is cured. Drugs that are common in such cases include all types of pain relievers, drugs for anxiety or sleep disorders, and drugs for the outbreak of stimulating activities. It was found that most teenagers use these drugs with a thought that they are safer than using illicit drugs.

2. **Absence of Communication:** A powerful causes of alcohol and drug abuse among adolescents is an area that fits in the statement, probably on the side of parents. Most teenagers can have this idea that their parents cannot care to abuse drugs. So this highlights the importance of communication between parents and children. It is likely that, knowing the specific hazards and health concerns of drug abuse, is to help teens avoid the habit.

3. **Supervision:** Continuing this data on drug abuse among teenagers, it comes to parental supervision which can either save teenagers from getting into the grips of drug abuse or saving them from it. Parents must give importance to the fact that their children are still in their teens. This happens to be an age, where they stay the most vulnerable to get involved in all the undesirable things in their lives.

4. **Easily Available:** The fact remains that teenagers get to learn most of the things from their parents. Also, most parents unknowingly let their kids have access to alcohol, cigarettes, and even prescription medications, when they are not at home. Even in this way, teenagers may use this carelessness of their parents as an opportunity to at least try using all such stuffs.

5. **Stress Causing Factors:** Broken relationships, issues in the family, stress caused due to peer pressure, studies load, etc., are some of the common factors which trigger stress in teenagers’ life. These may also be the causes which drive them to resort to the use of drugs.
6. **Lack of Self-discipline**: Children who lack self-discipline often show a lack of internal control and responsibility. They have a self-centered, pleasurable approach to the environment, and feel little personal or social responsibility. These youngsters are often impulsive, act before they think, and have difficulty adhering to duties and responsibilities imposed by others.

7. **Lack of Motivation**: Some teenagers appear to lack interest in activities, things, and events. They are disinterested in school and do not have any hobbies. They live day to day and moment to moment. They show little or no interest in personal achievement or success, or put no value on them. They don’t plan ahead or show any concern for future events or consequences they may experience.

8. **Unhappiness, Dissatisfaction, Depression, Anxiety and Boredom**: These are frequent symptoms in teenagers who have a negative picture of themselves and see others as better than they are. They generally lack confidence in their abilities. They are unhappy in their home setting and often feel alienated and not part of their family unit.

9. **Socialization Problems**: Teens with socialization problems usually maintain friendships on a superficial level or else do not have many friends. Often they do not have a close friend and feel isolated from their peers. They have trouble with authority, difficulties at home, and conflicts with family members. They are easily influenced by peers.

These characteristics are typical, but not conclusive. Adolescents who abuse drugs or alcohol have different personality characteristics and different reasons for using them. Below are some of the most frequent reasons for this behaviour.

1. **Experimentation**: Almost all teenagers try alcohol or drugs. If the child is only experimenting, this behaviour will be seen very infrequently or observed a few times, then discontinued. Experimentation is the first stage in the four steps toward substance dependency. It is usually followed by occasional use, which is less than once a week, then regular use, where the child is actively involved with drinking or drugs. The final stage is dependence.

2. **Peer Pressure**: All the teenager’s friends are involved with drugs or alcohol. He may not be able to go against the influence or pressure of the peer group.

3. **Rebellion**: Sometimes drug or alcohol use is based on the child’s tendency to rebel against parental or societal values.

4. **Confidence Problems**: Teenagers with negative self-concept are often insecure and lack confidence. This may be the basis of some drug and alcohol usage.

5. **To Promote and Enhance Social Interaction**: Some teenagers who have difficulty interacting with age-mates or with the opposite sex feel that using drugs or alcohol releases inhibitions and make it easier for them to relate to peers.

6. **To Mask Depressive Feelings**: Some teenagers use drugs or alcohol as self-medication. Their emotional difficulties center on depression, hopelessness, and unhappiness. These substances seem to help alleviate the symptoms.

7. **Preference**: Some teens are involved because drinking or using drugs makes them feel good and they enjoy the pleasurable feeling of getting high.
Signs and Symptoms of Substance Abuse

There are many symptoms of substance abuse. The list that follows is not conclusive. If your child shows one or two of the symptoms, it doesn’t mean he is using drugs or alcohol. Be concerned when you observe a cluster of symptoms. Look first for symptoms you can see. Often, appearance is affected by the use of drugs or alcohol.

1. **Seeing the Child Drunk:** The child is drunk frequently. Alcohol or medications disappear from the home. You find hidden drugs or alcohol. You discover store-bought drug paraphernalia (packets of rolling paper, various types of pipes, syringes). You frequently find household items that may be used as drug paraphernalia (plastic bags, baggies, lock-type pouches, aluminum-foil strips, small bottles, boxes, razor blades, weighing scales, kitchen spoons, and bottle caps burnt black on the bottom).

2. **Loss of Interest:** Loss of ambition, of interest in hobbies, sports, or activities. There is overall deterioration of morals or values.

3. **Physical Changes:** Deterioration in health and/or physical appearance. Appetite swings, either a loss or an increase. Bloodshot eyes, hyperactivity, frequent colds or nosebleeds.

4. **Personality Changes:** The child doesn’t seem to like himself. Mood swings, Violent or destructive behaviour. Severe depression. Threats of suicide or actual attempts. Running away from home or threats to run away.

5. **Loss of Interest in School:** Grades start to drop. Missing school.

6. **Secretive Behaviour:** The door to his room is locked. Very private phone calls. Chronic tardiness (late for school, dates, activities).

7. **Avoidance of others:** Avoiding family functions, neighbors, or old friends. Hanging out with older children. Verbal and/or physical abuse of parents or siblings. Changes in friends or hangouts.

8. **Money Problems:** Money disappearing from the house. Vague money needs. Sudden expenses. The child has money but you don’t know where it is coming from.

9. **Chronic Lying:** Frequent alibis, excuses, and justifications (Teachers don’t like me. Everybody is picking on me. You don’t understand me.). Inability to keep promises. Excuses, such as: Everyone smokes (or drinks).

10. **Trouble with Police:** Police involvement of any kind. Driving-under-the-influence citations. Automobile or motorcycle accidents.

**PREVENTION PLANNING**

Some of the preventive planning are given below:

(A) **Family Programs:** Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information (Ashery et al. 1998). Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement (Kosterman et al. 1997). Parental
monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behaviour; and moderate, consistent discipline that enforces defined family rules (Kosterman et al. 2001). Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances (Bauman et al. 2001). Brief, family-focused interventions for the general population can positively change specific parenting behaviour that can reduce later risks of drug abuse (Spoth et al. 2002b).

(B) School Programs: Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behaviour, poor social skills, and academic difficulties (Webster-Stratton 1998; Webster-Stratton et al. 2001). Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills (Ialongo et al. 2001; Conduct Problems Prevention Work Group 2002b): self-control; emotional awareness; communication; social problem-solving; and academic support, especially in reading. Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills (Botvin et al. 1995; Scheier et al. 1999): study habits and academic support; communication; peer relationships; self-efficacy and assertiveness; drug resistance skills; enforcement of antidrug attitudes; and strengthening of personal commitments against drug abuse.

(C) Community Programs: Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community (Botvin et al. 1995; Dishion et al. 2002). Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone (Battistich et al. 1997). Community prevention programs reaching populations in multiple settings; for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting (Chou et al. 1998).

Prevention Program Delivery

When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention (Spoth et al. 2002b), which include: Structure (how the program is organized and constructed); Content (the information, skills, and strategies of the program); and Delivery (how the program is adapted, implemented, and evaluated). Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school (Scheier et al. 1999). Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behaviour. Such techniques help to
foster students’ positive behaviour, achievement, academic motivation, and school bonding (Ialongo et al. 2001). Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills (Botvin et al. 1995). Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to $10 in treatment for alcohol or other substance abuse can be seen (Pentz 1998; Hawkins 1999; Aos et al. 2001; Spoth et al. 2002a).

Common Programs

There are following ways to deliver prevention programs:

A. At Elementary School Level: This is the basic level in school. There some of many ways are mentioned below.

1. Caring School Community Program: This is a universal family-plus-school program to reduce risk and bolster protective factors among elementary school children. The program focuses on strengthening students’ sense of community, or connection, to school (Battistich et al. 1997; U.S. Department of Education 2001).

2. Classroom-Centered (CC) and Family-School Partnership (FSP) Intervention: The CC and FSP interventions are multi-component, universal first-grade interventions to reduce later onset of violence and aggressive behaviour and to improve academic performance. The CC intervention combines two effective classroom programs, the Good Behaviour Game and Mastery Learning, and includes classroom management and organizational strategies, as well as reading and mathematics curricula (Ialongo et al. 2001).

3. Promoting Alternative Thinking Strategies (PATHS): PATHS is a comprehensive program for promoting emotional health and social competencies and reducing aggression and behaviour problems in elementary school children, while enhancing the educational process in the classroom (Greenberg and Kusche, 1998).


B. At Middle School: There are given following ways:

1. Guiding Good Choices (GGC): This curriculum was first researched as part of the Seattle Social Development Project at the University of Washington to educate parents on how to reduce risk factors and strengthen bonding in their families (Hawkins et al. 1999; Kosterman et al. 1997; U.S. Department of Education 2001; Spoth et al. 2002b).

2. Life Skills Training (LST) Program: LST is designed to address a wide range of risk and protective factors by teaching general personal and social skills, along with drug resistance skills and normative education. This universal program consists of a 3-year prevention curriculum for students in middle or junior high school (Botvin et al. 1995, 1997, 2003; U.S. Department of Education 2001).
3. **Lions-Quest Skills for Adolescence (SFA):** SFA is a commercially available, universal, life skills education program in use in schools nationwide. A rigorous school-based trial of SFA funded by a NIDA research grant compared the effectiveness of SFA delivered in sixth grade with standard drug prevention programs in preventing or delaying the onset of students’ tobacco, alcohol, and illegal substance use through middle school. (Eisen et al. 2002; U.S. Department of Education 2001).

4. **Project ALERT:** This drug prevention curriculum is a 2-year, universal program for middle school students that reduces the onset and regular use of substances among youth. The 14-lesson program is designed to prevent drug use initiation and the transition to regular use (U.S. Department of Education 2001).

5. **Project STAR:** Project STAR is a comprehensive drug abuse prevention community program with components for schools, parents, community organizations, and health policymakers. An additional component targets mass media to encourage publicizing positive efforts for drug prevention (Chou et al. 1998; U.S. Department of Education 2001).

6. **The Strengthening Families Program: For Parents and Youth 10–14 (SFP 10–4):** This program offers seven sessions, each attended by youth and their parents. Program implementation and evaluation have been conducted through partnerships that include state university researchers, Cooperative Extension System staff, local schools, and community implementers (Spoth, Redmond, and Shin 2000, 2001).

C. **At High School:** Followings may be useful in high school:

1. **Life Skills Training: Booster Program** The 3-year LST universal classroom program contains 15 booster sessions during the first year, 10 during the second, and 5 during the third year.

2. **Lions-Quest Skills for Adolescence:** See description above for background and contact information (Eisen 2002; U.S. Department of Education 2001).

3. **Project ALERT Plus:** An enhanced version of Project ALERT has been added as a high school component and is being tested in 45 rural communities.

**TREATMENTS FOR DRUG AND ALCOHOL ABUSE ADDICTION**

Dependent persons are more susceptible to various physical and mental disorders that are associated with toxic side effects of drugs and addiction. Overall, the results of drug abuse and/or drug abuse in several strange behaviours that disturb the relationship between the individual and the family members, colleagues and society. The three common consequences of addiction are increasingly addicted to drugs until it becomes fatal, caught in the act of drug abuse and go to jail and, finally, to get proper treatment. In general, efforts of addicts to quit by themselves are not sustainable. While treatment of addiction is not so simple, a person can fully recover from addiction. The main goal of treatment is to help the addict to quit compulsive drug research and follow a lifestyle without drugs. It also focuses on improving communication, family dynamics and development of social behaviour of the individual in order to interact with people. The treatment approach begins with the identification of biological and environmental factors that contribute to disease development. Drug addiction is a chronic disorder and cannot be treated within a short duration. It requires a long-term care and
regular monitoring. The best treatment programs encompass a combination of medications, counseling and therapies. Management of withdrawal symptoms by using medications is the first step to treat drug addiction. Some common medications include antidepressants, anti-anxiety substances and mood stabilizers. These medications help to retain the normal function of the brain and prevent relapse and drug cravings during the treatment procedure.

In addition, motivational and behavioural therapies are the base for the treatment of drug addiction and/or substance abuse. These therapies are delivered by the professional counselors who motivate the drug addicts and bring long-term growth opportunities. The counselors may provide strategies to adopt a healthy lifestyle, avoid drugs, prevent relapse and the ways on how to cope with drug cravings. They also make the drug addicts aware about their responsibilities and support them to live an optimistic life. The treatment of drug addiction may vary depending upon the type of drugs (nicotine, alcohol, morphine, etc), severity of the condition, patient’s needs and previous treatment approaches (if any). As per the personal needs of an individual, the physician may prescribe certain doses of these medications. According to the researches, both individual and group therapies are effective in treating drug addiction. Such therapies along with the medical treatments are offered in drug rehabilitation centers. Another necessary aspect for the recovery of an addicted individual is an active involvement of the family members.

Drug Addiction Rehabilitation Programs Effectiveness: If you aspire or desire to use again and again a drug, then it does not matter if the substance behind that drug is legal or illegal, what you need is substance abuse rehabilitation. This means that you have a substance abuse problem, so you should take it seriously and get immediate treatment in a rehab clinic and as long as is necessary because it takes time and strength. There are several ways you can get substance abuse rehabilitation: rehabilitation clinics, home sober, health centers, local support groups etc. Your body is affected by this drug at two levels: physical and psychological. If you do not check into rehabilitation to recover from this addiction once you have admitted to have one, this addiction tends to become chronic. This means that you can fall again and again into the abyss and finally you might never return. This can occur even after a long and effective treatment. During the rehabilitation program not only will you take medication, what you’re supposed to do is learn to live with your disease at your best. Thus, you may not lose the competition against your temptation and lose your rehabilitation addiction.

**Drug Addiction Rehabilitation Treatment**

The treatment is focused on two phases: that of physical healing through detoxification or withdrawal therapy and a psychological support which prevents relapse. The approach of the professionals depends on the substance which provoked the addiction and the particular side effects. Pharmacotherapies proved to be very efficient in drug addiction rehab for at least three purposes: the effective treatment of rehabilitation, the maintenance (usually used for a longer time) and the interruption of the physical as well as psychological dependence. There are three ways of approaching a medical treatment during a drug addiction rehabilitation connected to the symptoms of the patients and the side effects (on the Central Nervous System-CNS, and not only): CNS depressants — minor to severe side effects, affecting blood pressure, heart rate, body temperature, and even threatening life; CNS stimulants — depression, suicidal thoughts, paranoia, psychosis; Opioids — minor to
severe side effects (rapid pulse, high blood pressure, pains, tremors, vomiting, diarrhea etc); a most recently approved drug in U.S. that cures heroin addiction is buprenorphine (a milder opioid). The detoxification is both completed and followed by the psychological treatment which is also an important stage of drug addiction rehabilitation. It means counseling, therapy sessions accomplished through individual, group or family meetings.

**Drug Treatment requires Specialized Attention**

Drugs are a menace to our society. Almost everybody who has himself suffered from this problem or somebody near and dear to him has suffered from this menace knows quite well that drug addiction is one problem that can potentially destroy the entire lives of the people. The recovery from drug addiction can really take a long time and in many cases it requires more than just a treatment. The first thing that really needs to be taken into consideration is that the drug treatment is not like any other treatment. This treatment really needs to be carried out in the most professional as well as a caring manner. The first thing that the patient seeking drug treatment needs to focus on is to choose the right drug treatment centre. In majority of the cases of the patients suffering from drug problems there is also an associated mental health problem. Thus the patient as well as his family members needs to make sure that the drug treatment rehab that they are choosing is well equipped with all the facilities that are needed to tackle this problem. The drug treatment facility should have the requisite number of professionals as well as the medical experts who are well qualified to carry out the treatment of the patient. Another aspect of the drug treatment is that the family members of the patient suffering from drug problem also need to be counseled properly and adequately so that they can help the patient in fighting this problem.

**Science-based Strategies**

There are some of them given below:

1. **Health Education Curriculum Analysis Tool (HECAT):** The Health Education Curriculum Analysis Tool (HECAT) can help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula based on the National Health Education Standards and CDC’s Characteristics of Effective Health Education Curricula. The HECAT can be customized to meet local community needs and conform to the curriculum requirements of the state or school district.

2. **Registries of Programs Effective in Reducing Youth Risk Behaviours:** Various federal agencies have identified youth-related programs that they consider worthy of recommendation based on expert opinion or a review of design and research evidence. These programs focus on different health topics, risk behaviours, and settings including alcohol and other drug use.

3. **School Connectedness: Strategies for Increasing Protective Factors among Youth:** Students who feel connected to school believe that adults and peers in the school care about their learning as well as about them as individuals. When students feel connected to school, they are less likely to engage in a variety of risk behaviours, including alcohol and drug use. Connected students are also more likely to have higher grades and test scores, have better school attendance, and stay in school longer. This document provides school administrators and teachers with strategies they can use to enhance school connectedness among students.
Recommendations for Dealing with Drug and Alcohol Abuse

These are the following suggestions to deal with.

1. **Contact a Mental Health Professional:** If you suspect substance abuse in your child, contact a mental health professional who specializes in this area. Not all mental health professionals have this expertise, so be sure you contact one who has the right training and experience. Most communities have substance abuse centers that offer treatment or can provide you with additional information.

2. **Identify and Alleviate Problems:** Problems may be related to school, family, or peers, as well as to the child himself. If there is marital conflict in the home, discipline problems with the child, school failure, or socialization problems, try to resolve these.

3. **Encourage New Friendships:** This is more difficult to do with an adolescent than a younger child, but try to help him establish new friendships. Don’t put down, criticize, or talk negatively about his current friends, because when you do that, the child feels you are talking about him. At times it may be appropriate to restrict friendships. Rather than restricting, however, it is better to encourage new friendships.

4. **Encourage the Development of New Interests:** Provide opportunities for the child to develop hobbies, interests, and activities.

5. **Build Confidence:** Accentuate positive attributes and look for areas in the child’s life that may produce a lack of confidence. Do things to counteract the latter and enhance a positive self-image.

6. **Develop Overall Responsibility and Self-Discipline:** Many children are unmotivated and show problems with responsibility. They don’t weigh consequences; this may be part of the problem with substance abuse. Try to develop overall responsibility in areas revolving around the home (chores, keeping their room clean) and with school.

7. **Establish Communication:** Most adolescents tend to withdraw from their families and do not communicate as much with their parents at this age. Many times when professionals talk to adolescents about drugs or alcohol and try to make a point, children see this as a lecture or some type of reprimand. Try to establish an open line of communication with your child. Talk to her about her interests, likes, and dislikes. At times, the goal of communication is not to gather information, but to interact and exchange information in a positive manner.

8. **Don’t be Manipulated:** Many substance abusers are skilled at manipulation. Don’t overextend your trust and allow yourself to be manipulated. Establish rules and consequences to follow. Do things to help you build trust in the youngster.

9. **Eliminate Inappropriate Models:** If you suspect drug or alcohol abuse in your child, be sure you aren’t modeling similar behaviours for him. The models for this behaviour may be occurring in your home, with his peers, on television, or in the movies.

10. **Treat Emotional Problems:** If your child experiences emotional difficulties (depression, unhappiness, anxiety), see an appropriate mental health professional.

11. **Set Rules and Consequences for Behaviour:** Avoid protecting the child from consequences or rescuing him. Establish definite rules and consequences. Certain events should follow consistently if the child shows specific behaviours, especially continued drug or alcohol abuse.
CONCLUSION

Present study focused mainly psychopathology in drug and alcohol abuse among adolescents. This study evaluated different causes of drug and alcohol abuse among adolescents. It also discussed present scenario and symptoms of drug and alcohol abuse. Thereafter it has mentioned preventive ways and different strategies to handle substance abuse in adolescents. At last there are some recommendations made to alleviate substance abuse. Some of them are like as to contact a mental health professional, identify and alleviate problems, encourage new friendships, encourage the development of new interests, build confidence, develop overall responsibility and self-discipline, establish communication, eliminate inappropriate models, treat emotional problems, and set rules and consequences for behaviour.

REFERENCES


