

Drug Abuse among Youth in NCR Delhi: A Psychological Interventional Study in Relation to Selected Neurotic tendencies

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ABSTRACT

This study explores drug abuse among youths in relation to neurotic tendency in the context of the National Capital Territory (NCR) of Delhi. It examines the association between substance use and neurotic tendency aspects such as impulsivity, depression, anxiety and stress and also analyzes patterns of co morbidity between substance use disorders and mental health problems, thereby highlighting the complex and bidirectional relationship between neurotics tendency and drug addiction. Using NCR Delhi as the study area, the findings reveal a significant relationship between drug abuse and neurotics' tendency, indicating that substance use is closely associated with higher levels of depression, anxiety, stress and impulsivity which led to different emotional cum behavioral disorders among youth. The study underscores the need for integrated and coordinated efforts among policymakers, drug de-addiction and rehabilitation centers, psychopathologists, school administrators, and non-governmental organizations to work collaboratively in developing preventive, therapeutic, and rehabilitative strategies, and to create a supportive and healthy psychosocial environment for young individuals affected by substance abuse.

Keywords: Drug Abuse, Youth, Psychological Intervention, Neurotic

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INTRODUCTION

Adolescence is a prime time for drug usage because the brain is still maturing throughout this time, according to the World Drug Report 2024. Although the percentage of 18–24-year-olds seeking drug-related treatment varies by location, it is generally lower than that of older age groups (World Drug Report, 2024). In India, substance abuse among young people is a developing public health issue. A multi centric study done by Venkatesh et al.,(2024) , across 15 states in India, involving 1630 young individuals (10–24 years) attending primary health centers, reported a 32.8% prevalence of substance use. The most commonly used substances were tobacco (26.4%), alcohol (26.1%), and cannabis (9.5%). The National Family Health Survey (NFHS-5), which was carried out in India between 2019 and 21, found that 0.3% of women between the ages of 15 and 19 consume alcohol, with the prevalence being slightly higher in rural areas (0.3%) compared to urban areas (0.2%). Male alcohol consumption is higher in rural areas (2.2%) compared to urban areas (1.4%). Tobacco use is

reported by 1.0% of women between the ages of 15 and 19. In comparison to urban regions (0.5%), the frequency is higher in rural areas (1.2%). Males in this age group smoke at a rate of about 6.5%, with rural men smoking more frequently (7.5%) than urban men (4.2%). Mugari (2024) revealed peer pressure, broken homes, poor parental care, and poverty as the main causes of psychoactive substance abuse among the youth. The main consequences of abusing psychoactive substances were thought to be the emergence of health issues, violent conduct, lack of regard for the old, and teenage pregnancies.

Malik et al. (2024) explores the prevalence, causes, and consequences of drug use among adolescents in Jharkhand's educational institutions. Substance use has a wide range of effects on students' academic performance, mental health, and social development. Some of the main causes of this trend include peer pressure, family dynamics, socioeconomic stress, and the availability of substances. Khan (2026) indicated that unemployment, financial hardship and low

education significantly predicted drug use, whereas moderate depression, anxiety and stress exacerbated it. Banisaeed (2024) identified a number of psychological and social factors that contribute to the use and addiction to drugs. These were found to include: a weak religious conscience; a love of tradition; a love of excitement; a lack of maturity in personality; disruptions in the relationship between teenagers and parents; a desire to lessen stress and anxiety; parents' obsession with children; and excessive cruelty to children. Chunqiu (2024) reveal that peer pressure is one of the main causes of drug abuse among teenagers. Family conflict and parental drug usage are also significant family dynamics. Two ways that a person's socioeconomic status affects drug use are stress and a lack of resources.

Over the last few decades, the words drugs, drug use, drug abuse and drug addiction are being heard a lot. Today almost every society is facing problem of the drug abuse by a large number of youths. The increasing prevalence of drug use has contributed to the emergence of a distinct social phenomenon commonly referred to as drug culture. Although drug consumption may initially appear to be an individual behavioural choice, its wider socio-cultural and generational consequences make drug misuse and abuse a serious concern in contemporary society. Drug abuse not only affects individual health and behaviour but also influences social values, family structures, and community well-being.

In contemporary society, the term drug carries two contrasting connotations. On the positive side, drugs play a crucial role in medicine; when properly prescribed, regulated, and used under professional supervision, they contribute significantly to the prevention, treatment, and cure of numerous diseases. Conversely, the term also has a negative implication, associated not merely with the natural or synthetic composition of chemical substances, but with their self-destructive patterns of misuse and the socially harmful consequences that arise from abuse. Thus, while drugs possess undeniable therapeutic value, their non-medical and uncontrolled use poses serious psychological, social, and cultural challenges.

It is also true that substance abuse does more damage to the psyche than the body and to the society, but still very little attention is paid for the de-addiction of drug dependency. Drug dependency or substance dependency is a way of life a way to deal with difficulties coming in the way of life and to one's life smoothing without any pain. It can provide escape from tension, fear, anger, feeling of inadequacy or from daily insults of the poverty and deprivation of a dear one and oppression.(Gupta, 1987).

PSYCHOACTIVE EFFECTS OF DRUGS

Scientific evidences reveal that drug users do not belong to a different species and may not be regarded as sub-humans or of some different race. But surely there are lot of evidences which have revealed that the drugs have made a bigger and a prominent dent on the mental faculty of the abusers, causing them to be morally and socially degenerated. Mental degeneration manifests itself in the unusually abnormal behavior of an abuser who disregards the norms, culture and traditions of the society. He abandons respect or regard for others, or cares for the feelings of people. Physical degeneration manifests itself in the emancipation symptoms of the addict. Drug abusers not only faces emotional distress but these emotional distresses lead to a number of psycho neurotic problems which is not only harmful to them but also for the society. The abusers or addicts are more susceptible to various physiological problems but may also lead to various auto-infection and auto-immune diseases of which AIDS is the biggest and most deadly one. As a result of it, the life expectancy of drug abusers is quite low. Moreover this addiction not only led to physiological distress which directly or indirectly lead to various psychological associated problems as some of the studies related to the psychoactive effects of drugs conducted by Akhori & Kumar (2021) revealed that depressive symptoms were strongly associated with high neuroticism, maladaptive temperament traits (low sociability, warmth, vigor and tolerance), and conflict-oriented family environments. Depressed patients showed low extraversion, openness, agreeableness, and conscientiousness. The study also highlights that temperament, personality traits, and adverse family environment jointly contribute to the maintenance of depressive symptoms. The study conducted by Ruxandra (2003) depicted that personality trait such as impulsivity, anxiety, low self-esteem, and hedonism as vulnerability factors interacting with family dysfunction, poor communication, and socio-economic deprivation. Adolescents emerge as a high-risk group, and prolonged drug use is shown to cause significant personality deterioration and criminal involvement, underscoring the need for psychotherapy-based interventions. Another study conducted by Arghabaei, et al., (2018) revealed that negative affect significantly mediated the relationship between family emotional climate and drug use tendency. The findings also support family-focused interventions and preventive education in educational institutions. The study conducted by Singh, & Gupta, (2017) indicated that alcohol, cannabis, and opiates are the most prevalent substances of abuse in India, with rising trends in poly substance and prescription drug use. The study also highlighted significant biological, psychological, and socio-cultural risk factors and noted that women face greater barriers to accessing treatment. Another study conducted by Sarkar et al.,(2016)

revealed that drug abuse significantly contributes to domestic violence, caregiver stress, psychopathology in spouses, and behavioral disturbances in children, while also highlighting the development of co dependence. The study conducted by Nikmanesh, et al., (2015) depicted that there is a statistically significant positive correlation between both loneliness ($r=0.088$) and emotion regulation difficulty ($r=0.086$) with drug abuse. Regression analysis showed that loneliness predicted 0.6% and emotion regulation difficulty predicted 0.5% of the variance in drug abuse ($p \leq 0.05$). The study also highlights that loneliness and deficits in emotion regulation are significant risk factors for substance use, recommending that university planners implement targeted preventive programs focusing on these psychological variables. Another study conducted by Mattoo, et al., (2013) revealed that 95–100% of caregivers reported moderate to severe burden, with significant disruption in family routine, finances, interactions, and leisure. The study conducted by Gupta, et al., (2013) on the different types of drug abuse found that the reason for the drug abuse among adolescents was to get relief from psychological stress, easy availability and peer influence. Keeping in view all the studies an attempt has been made in the study to conduct a study on drug abusers and its impact on the neurotic tendency.

DRUG ABUSE AND NEUROTICISM

To Freud's classical dictum, "Anxiety is the central problem in neurosis", most modern observers would add, "Neurosis is the central problem in society". This neurosis problem, although very limited in extent yet it had affect for the rest of the population. The use of drugs has recently added further to the neurosis and it is generally considered that drug abusers are neurotic. Neuroticism is defined empirically as those personality characteristics which actually differ significantly between clinically judged neurotics and normals. So, with the problem of drug abuse, do the drug abusers or addicts undergo some neuroticism or not is the point to be made clear. Rosenberg (1969) in a study on fifty drug addicts, under the age of 31 found them having higher anxiety and neuroticism than others who were non users. Most of the addicts had a personality. Dorus et al., (1980) studied the relationship of drug use and depression on 432 subjects. At the beginning 46% of subjects reported moderate range of depression on the Hamilton Scale. After 8 months, depression scores came down significantly but it was not related to type or length of treatment. Joe et al., (1991) studied 71 males and 39 females Mexican Americans (aged 13-17 years) for psychological distress in relation to the drug abuse. It was reported that females had significantly more symptoms of distress than males. Simons et al., (1991)

studied 61 families which included a 7th grade test for examining depression on adolescent substance use.

Clinical studies with major personality dimensions show that neurotics do not differ from normal on one dimension only as someone has supposed but on many personality dimensions. Neurotic trend is, thus, a complex form of deviation involving both innate and environmentally determined inadequacies. Catell and Schier (1961) emphasize that research also shows that half of the differences between neurotics and normal can be accounted for as differences in anxiety level. Thus, anxiety does have a major role in neuroticism, as Freud said, but it is by no means the whole of it. Neuroticism and anxiety are distinct phenomenon. Neurotics do not always and necessarily show high anxiety but normal's can be highly anxious also. In the present study, the neuroticism has been used to convey the recognition that neurosis can vary in degree among normal's as well as abnormal.

DRUG ABUSE AND PERSONALITY

Drug abuse cause such irreparable damage to the individual that one's personality undergoes a complete change: Drugs may cause psychological or physical dependence or both. Physical dependence occurs when the drug alters the biological state of the body so that continuous use of drug is necessary. Psychological dependence occurs when a person feels a compelling desire to use a drug and cannot reduce either the frequency or doses. It is to maintain a feeling of well being. Dependence can be located at any place along a continuum from mild desire to an all consuming craving for the substance.

The drugs act differently on the different personalities depending upon the biological dispositions, psychosocial characteristics and skills for coping with problems.

In regard to biological differences, some theorists hold that drug addiction involves a "deficiency disease" in brain function and those suffering this deficiency turn to drugs as a form of self medication (Funner, 1978). Thus, one issue which has long plagued researchers is whether the psychopathological behavior of drug addicts develops because of a biological pre-disposition or the disorder before the drug use. Studies show that adolescents use drugs manifest more psychopathology than non-users. The users' symptoms often include depression, immaturity, self-alienation, poor relations with others in ego structure and functioning, poor impulse control and of helplessness. But whether biological composition has contributed to such characteristics and thus has encouraged overuse of drugs is not yet known. Wig (1969) also reported from the Indian sample about psychopathic personality of those persons who were drug-abusers. Sixty six percent of the

cases were poorly adjusted to their life situations and some of them showed frank psychopathic traits like lying, cheating, aggression and sexual deviations. Cohen et al., (1971) compared the personality characteristics of 80 psychedelic abusers and a control group. They found that the control group tended to be more self-sufficient and assertive, whereas the drug users tended to be more dependent, passively hostile and suffering from identity problems. Funk (1973) in a study of inter-personal characteristics of any drug abusers reported that loneliness, anxiety, affection, frustration, punishment and guilt were found to be present in some form and to some degree in every case. Singh and Chopra (1979) in a study on 60 University students found that abusers of drugs had lower ego strength and higher level of anxiety. Jindal (1988) in her study found the drug addicts to be reserved, de-attached, less intelligent affected by feelings and emotionally less stable.

Objectives of the Study

- 1) To identify youths who are drug addicts and non-drug addicts in NCR Delhi.
- 2) To examine the dimensions of neurotic tendency among drug abusers and non-drug abusers.
- 3) To compare the neurotic tendency dimensions among male and female drug abusers and non drug abusers.
- 4) To study the differences in neurotic tendency dimensions among male and female drug abusers and non drug abusers.
- 5) To examine the interactional effect of sex and drug abuse on neurotic tendency.
- 6) To suggest educational implications and interventional measures based on the findings of the study with reference to neurotic tendencies related to drug addiction.

Hypotheses of the Study

- 1) There will be no significant difference in the neurotic tendency between drug abusers and non-drug abusers.
- 2) There will be no significant difference in the neurotic tendency dimensions between male and female respondents in relation to drug abuse.
- 3) There will be no significant difference in neurotic tendency dimensions among male and female drug abusers and non-drug abusers.
- 4) There will be no significant interactional effect of sex and drug abuse on neurotic tendency.

METHODOLOGY AND PROCEDURE

a. Nature of the Research

The present investigation was conducted to examine drug addiction among youth in relation to certain neurotic tendencies. The

study adopted a descriptive survey research design, as it aimed to describe and analyze the neurotic tendency of drug addicted youths of NCR Delhi.

b. Sampling:

The present study examined drug abuse among youths in relation to neurotic tendencies. For this purpose, a self-developed Neurotic Tendency Questionnaire was administered to both drug abusers and non-drug abusers. The sample was drawn from various colleges of the National Capital Territory of Delhi.

Considering the sensitive nature of the population and the diversity of the respondents, the snowball sampling technique was employed for sample selection. The final sample comprised 100 participants, including both drug abusers and non-drug abusers. Among the drug abusers, 34 were male and 16 were female, while the non-drug abuser group consisted of 25 male and 25 female students.

c. Variables Studied:

- a) Dependent Variable: -
Neuroticism
- b) Independent variables:
 - (i) Drug abusers: Drug Abusers and Non-Drug Abusers
 - (ii) Sex: Male & Female

d. Description of the Tool used for the study

The study employed a self-constructed Neuroticism Scale developed to assess the various dimensions of neuroticism. The final tool comprised four factors, namely impulsivity, depression, anxiety, and stress which were considered relevant for the investigation. Prior to the final data collection, the tool was standardized by establishing its validity and reliability to ensure accuracy and consistency of measurement.

FINDINGS OF THE STUDY

To test the hypotheses of the study, Two-Way Analysis of Variance (ANOVA) was employed as the statistical technique. Neurotic tendency is generally associated with psychological maladjustment and emotional instability rather than being limited to abnormal or delinquent individuals. In the present study, Two-Way ANOVA was applied to examine the effects of drug use and sex on the different factors of neuroticism among drug abusers and non-drug abusers. The analysis enabled the researcher to determine both the independent and interactional effects of drugs and sex on neuroticism, and the results obtained from the analysis are presented below.

TABLE1.1: Showing the mean scores on the Neuroticism of the Drug Abuser and Non Drug Abuser Males and Females

	Males (A1)	Females (A2)
Drug Abusers (B1)	n ₁ =38 M ₁ =51.60	n ₂ =12 M ₂ =53.05
Non Drug Abusers (B2)	n ₂ =25 M ₂ = 44.20	n ₄ =25 M ₄ = 45.33

TABLE 1.2: Summary of ANOVA of Scores of neuroticism in relation to Sex and Drug Abuse (N=100)

Source of Variations	df	SS	MS	F-Ratio	Significance Level
Sex (A)	1	1.67	1.67	.33	N.S
Drug (B)	1	57.16	57.16	23.24	p<.01*
Sex X Drug (AxB)	1	0.02	0.02	0.00	N.S
Within	96	38.95	2.46		

*signifies F-ratio is significant at .01 level.

N.S signifies F-ratio is not significant at .05 level.

INTERPRETATION

1. F-ratio for the sex is less than the table value at 1/96 df against .05 level. So it is not significant at .05 level. Hence, null hypothesis cannot be rejected. It means that the college Males and the Females do not differ significantly in neurotic behavior. Hence, the sex as a single main variable does not effect on neuroticism of college students.
2. Accordingly to table 1.2, F-ratio for the drug exceeds the table value at 1/96 df against .01 level. So, null hypothesis is rejected. It means that the drug abusers and non drug abusers differ significantly in the neuroticism. Hence, drug abuse

as a single main variable showed significant difference on the neuroticism of college students. The means reveal that the drug abusers mean score is 52.33 in comparison to the non drug abusers whose mean score is 49.77. It shows that the drug abusers have higher neurotic trends than the non abusers.

3. F-ratio for interaction of sex and drugs is also less than the table value at 1/96 df against .05 level. It means that null hypothesis cannot be rejected. It shows that sex and drug abuse together do not have significant interactional effect on the neuroticism of the college students. Hence, drug abuse is independent of sex of college students in relation to the neuroticism

FINDINGS BASED ON THE NEUROTIC TENDENCY DIMENSION

ANOVA on the Factor 'IMPULSIVITY' Neuroticism

TABLE – 1.2: Showing the number of the cases and the mean scores on the factor “I” of the neuroticism of the drug abuser and non drug abuser Males and Females.

	Males (A1)	Females (A2)
Drug Abusers (B1)	n ₁ =38 M ₁ =12.33	N ₂ =12 M ₂ =12.05

Non Drug Abusers (B2)	N ₃ =25 M ₃ = 10.47	n ₄ =25 M ₄ = 10.42
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Table 1.3: Showing summary of ANOVA on the factor 'I' of neuroticism of the drug abuser and non drug abusers.

Source of Variations	df	SS	MS	F-Ratio	Significance Level
Sex (A)	1	.03	.03	.08	N.S
Drug (B)	1	3.05	3.05	7.82	p<.01*
Sex X Drug (AxB)	1	0.01	0.01	0.02	N.S
within	96	37.11	0.39		

*signifies F-ratio is significant at .01 level.

N.S. signifies F-ratio is not significant at .05 level.

INTERPRETATION

1.The F-ratio for the sex is less than the table value at 1/96 df against .05 level as in table 1.3. The null hypothesis cannot be rejected. It means that sex of the college Males and Females as a single main variable does not have any significant effect on the factor 'I' of neuroticism. Hence sex as a single main variable does not effect the factor 'I' of neuroticism of college students.

2. The F-ratio for drug exceeds the table value at 1/96 df against .01 level. The null hypothesis is rejected. It means drug abusers and the non drug abusers differ significantly on the factor 'I' neuroticism. Hence the

drug abuse as a single main variable showed significant difference on the factor 'I' of neuroticism of college students.

The means reveal that the drug abusers have a higher means of (M=12.19) in comparison to non drug abusers, whose means are 10.45.It means that drug abusers are tender minded, protected having emotional instability in comparison to the non drug abusers tough mindedness.

The F-ratio for interaction of the sex and drugs together is less than the table value at 1/99 df against .05 level. It means the null hypothesis cannot be rejected. It shows that the sex and the drug abuse together do not have any significant interactive effect on the factor 'I' of neuroticism. Hence, drug abuse is independent of sex of the college students in relation to the factor 'I' of neuroticism.

ANOVA for the Factor 'Depression' of Neuroticism

Table 1.4: Showing Mean scores on the factor 'D' of Neuroticism of Drug abuser and Non- drug Abuser Males and Females

	Males (A1)	Females (A2)
Drug Abusers (B1)	n ₁ =38 M ₁ =13.56	n ₂ =12 M ₂ =13.25
Non Drug Abusers (B2)	n ₃ =25 M ₃ = 9.48	n ₄ =25 M ₄ = 9.04

Table 1.5: Showing the summary of ANOVA on the factor ‘D’ of neuroticism in relation to sex and drug abuse.

Source of Variations	df	SS	MS	F-Ratio	Significance Level
Sex (A)	1	.14	.14	.30	N.S
Drug (B)	1	17.18	17.18	36.55	p<.01*
Sex X Drug (AxB)	1	0.01	0.01	0.02	N.S
Within	96	45.13	0.47		

*signifies F-ratio is significant at .01 level.

N.S. signifies F-ratio is not significant at .05 level.

INTERPRETATION

The F- ratio of the sex is less than the table value at 1/96 df against 05 level as in table 1.4. The null hypothesis cannot be rejected. It means that sex of the college Males and Females as a single variable does not make a significant effect on the factor ‘D’ of neuroticism. Hence sex as a single variable does not make a significant effect on the factor ‘D’ of neuroticism. Hence sex as a single main variable does not effect the factor ‘D’ of neuroticism of college students.

The F ratio for drug exceeds the table value at 1/96 df against .01 level and hence it is significant. The null hypothesis is rejected. It means that the drug abusers

and the non drug abusers differ significantly on the factor ‘D’ neuroticism among college students.

The means reveals that the drug abusers have higher means of 13.42 in comparison to the non drug abusers whose means are 9.26 it means that the drug abusers are depressive, serious and having inhibited tendency as compared to non drug abusers who are cheerful, happy go lucky etc.

The F ratio for interaction of the sex and drugs together is less than the table value at 1/96 df against .05 level and hence not significant. Therefore, the null hypothesis cannot be rejected. It shows drugs and the sex together do not have significant interactional effect on the factor 'F' of the neuroticism. Hence, drug abuse is independent of sex of the college students in relation to their factor 'F' of neuroticism.

ANOVA for Factor 'S' Neuroticism

Table 1.6: Showing mean Scores on the Factor “S” of Neuroticism of Drug Abuser and Non Drug Abuser Males and Females (N=100)

	Males (A1)	Females (A2)
Drug Abusers (B1)	n ₁ =38 M ₁ =10.74	n ₂ =12 M ₂ =10.45
Non Drug Abusers (B2)	n ₃ =25 M ₃ = 13.59	n ₄ =25 M ₄ = 12.66

Table 1.7: Showing the summary of ANOVA on the factor ‘Stress’ of neuroticism in relation to sex and drug abuse.

Source of Variations	df	SS	MS	F-Ratio	Significance Level
Sex (A)	1	0.38	0.38	0.95	N.S
Drug (B)	1	6.40	6.40	16.00	p<.01*
Sex X Drug (AxB)	1	0.10	0.10	0.25	N.S
Within	96	38.05	0.40		

Signifies F-ratio is significant at .01 level.

N.S. signifies F-ratio is not significant at .05 level.

INTERPRETATION

1. The F-ratio for the sex is less than the table value at 1/96 df against .05 level as in table 1.7 and hence it is not significant. The null hypothesis cannot be rejected. It means that sex of the college male and females as a single main variable does not have any significant effect on the factor 'S' of neuroticism. Hence, sex as a single main variable does not have significant effect on the factor 'S' of neuroticism of college students.
2. The F-ratio for the drug exceeds the table value at 1/96 df against 01 level. The null hypothesis is rejected. It means drug abusers and the non drug abusers differ significantly on the factor. 'S' of

neuroticism. Hence the drug abuse as a single main variable showed significant difference on the factor 'S' of neuroticism of college students.

The means reveal that the drug abusers have a lower mean score of 10.60 in comparison to non drug abusers whose mean scores are 13.13. It means the drug abusers are dominant, assertive, and aggressive.

The F-ratio for the interaction the sex and the drugs together is less than the table value at 1/96 df against .05 level. The null hypothesis not rejected. It shows that drugs and the sex together do not have significant interactional effect on the factor 'S' of the neuroticism of the college students. So drug abuse is independent of the sex of the college students in relation to the factor 'E' of neuroticism.

Table 1.7: Showing the Mean Scores on the Factor 'Anxiety' of Neuroticism of Drug Abuser and Non Drug Abuser Males and Females (N=100)

	Males (A1)	Females (A2)
Drug Abusers (B1)	n ₁ =38 M ₁ =14.77	n ₂ =12 M ₂ =17
Non Drug Abusers (B2)	n ₃ =25 M ₃ = 10.67	n ₄ =25 M ₄ = 12.85

Table 1.8: Showing summary of ANOVA on the factor 'Anxiety' of neuroticism in relation to the sex and the drug abusers.

Source of Variations	df	SS	MS	F-Ratio	Significance Level
Sex (A)	1	4.86	4.86	9.91	p<.01*
Drug (B)	1	17.02	17.02	34.73	p<.01*
Sex X Drug (AxB)	1	0.00	0.00	0.00	N.S
Within	96	46.83	0.49		

* signifies F-ratio is significant at .01 level.

N.S. signifies F-ratio is not significant at .05 level.

INTERPRETATION

The F-ratio for sex exceeds the table value at 1/96 df against .01 level. The null hypothesis is rejected. It means that sex of the college Males and Females differ significantly on the factor 'A' of neuroticism. Hence, the sex of the college Males and the Females effect the factor 'A' on neuroticism. The mean scores of the Males are 12.72 in comparison to Females' mean scores of 14.92. This means that males show a lack of anxiety in comparison to their female counterparts.

The F-ratio for drug exceeds the table value at 1/99 df against .01 level. The null hypothesis is rejected. It means that the drug abuse make a significant effect on factor 'A'.

The means reveal that the drug abusers have a higher means of 15.89 in comparison to non drug abusers whose mean is 11.76. It shows that drug abusers are having feeling of anxiety, dread, guilt, inferiority, frustration and loneliness. The drug abusers can get easily upset, tense, excitable, restless irritable, emotionally immature and unstable with low frustration tolerance. These are the common signs found in the drug abusers of the present study.

The F-ratio for the interaction the sex and the drugs together is less than the table value at 1/96 df against .05 level. The null hypothesis not rejected. It shows that drugs and the sex together do not have significant interactional effect on the factor 'A' of the neuroticism of the college students. So drug abuse is independent of the sex of the college students in relation to the factor 'A' of neuroticism.

Conclusions of the study

(i) General Conclusions

Drug abuse as a single main variable showed significant difference on the neuroticism scores. The drug abusers were having higher scores on the neuroticism scale reflecting greater neurotic trends in them in comparison to the non drug abusers. The drug abuse made a significant effect on all factors of neurotic tendency i.e., 'Impulsivity', 'Depression', 'Stress' and 'Anxiety' showing that the drug abusers are sensitive, depressed, aggressive and have greater anxiety. Sex as a single main variable did not show any significant difference on the neuroticism of the college Males and the Females as a whole. But on the factor 'Anxiety', the sex showed significant differences where Females were found to have more anxiety than the Males. On the other factors except anxiety of neurotic tendency, sex had no effect.

(ii) Specific Conclusions

The results of the present study also showed that the drug abusers are having high scores on total neuroticism scale as well as on its individual four components i.e., 'I', 'D', 'S' and 'A'. It reflects greater neurotic trends in drug abusers as compared to non drug abusers. It shows that due to some abnormal traits in them, they are more neurotic because a person of normal behavior can minimize the effect of every sort of upheaval in life due to balanced and normal state of mind which is not possible in the case of neurotics due to their mental makeup. So, any small disturbance in the life of the neurotics can boom into big clouds just because of their own state of mind. It is this state of mind which perhaps compels them to control their emotions through other ways and the drugs may be a major source of relief to such a troubled mind.

Similarly, the drug abusers show higher scores on the individual components of neuroticism. The higher scores on the component 'I' shows them to be tender-minded, sensitive, and fastidious. An individual's position on this dimension seems to be largely a product of the environment i.e., it has little genetic

determination. It is true in the case of the drug abusers because gene, but no drug abuser becomes a drug abuser because it is so in one's he becomes so due to the environmental conditions. Moreover, the drug abusers tend to be sentimental, kindly, sometimes artistically and otherwise "cultured" but somewhat affected, and imaginative even to the point of being fanciful. When high on drugs they are very kind and have a high rate of imagination which floats them into their unreal world where there is joy or their desired fulfilment which they cannot have in their real life time. It has also been observed that the drug abusers act on their own behalf, which they do so on the basis of sensitive intuition which is often "idealistic" and impractical.

The person with a high score on the component 'D' shows subduedness and pessimism. In the present study, the drug abusers have higher scores on this component which means that they are depressive and pessimistic. The depression and pessimisms give rise to frustration in them and to kill the frustration they take the help of drugs. They withdrew from others and are incommunicative smug exclusive, retiring and introspective. The association of depression (an element of introversion) with neurosis confirms a long held clinical opinion that introverts tend to be more neurosis prone which is true in case of the drug abusers. This is again to be stressed here that depression component is almost completely unfixed genetically or hereditarily in any given person.

The drug abusers are having lower scores on the factor 'S' of neuroticism which means that they are dominant, assertive, ascendant, aggressive and competitive even pugnacious. A drug abuser due to the use of the drugs becomes independent minded, wilful, stubborn and self assured often to the point of boastful and haughty. He/she goes for the drugs being relatively insensitive to social approval or disapproval of his/her behavior.

For the factor 'A' of the neuroticism, the drug abusers have high scores in relation to the non drug abusers. It means that the drug abusers are having the feelings of anxiety, dread, guilt, inferiority, frustration and loneliness. The anxiety is not only associated with neurosis but with lot of character disorders and maladjustment. It is due to such reasons that the drug abusers tend to be easily upset, tense, excitable, restless, irritable, emotionally unstable and immature with very low frustration tolerance. The non drug abusers who are on the opposite pole of this scale have greater emotional maturity and stability making them to rationalize a situation and find its solution because there tend to be less frustration in them.

These results find support from the studies conducted earlier by Wogan and Elliot (1972), Funk (1973), Wells and Stacey (1976), Zupletalak et al., (1978), Joe et al.,

(1991), Dorus et al., (1980), Simmons (1991), Kilbey and Andreski (1992) etc.

However, sex as a single main variable did not show any significant difference on total scores of neuroticism as well as on the three components of neuroticism except 'Anxiety'. It means that Males and the Females do not differ in neuroticism. The studies conducted by Wells and Stacey (1976), Simmons (1991), Kilbey and Andreski et al (1992) etc., also did not find any such differences.

IMPLICATIONS OF THE STUDY

People around the world are becoming increasingly concerned about the escalating drug related problems that we face today. In India, medico- religious use of cannabis, bhang and opium has been prevalent since ancient times. These and other intoxicants have been widely used by the working classes in certain types of occupations. But in the past few decades, we have witnessed a dramatic change in the patterns of non medicinal drug use among the school and college going students in the cities. It has also been witnessed with concern that a growing number of females are turning to drugs these days, which was not found a decade ago. The implication of this change is clearly to be noted by each and everyone alike the youths and other vulnerable population are completely exposed to this menace. The youths are the hopes and the parents of tomorrow. Attitudes and beliefs formed at a young age influence subsequent behaviour and messages passed on to others making everyone diseased by this spreading menace. So, the present study was undertaken to understand the implications of drug abuse among college youths and to suggest preventive measures to control this menace.

It has been observed by the findings that the drug abuse had a significant adverse effect on the neurotic tendency among drug abusers. It means that the drug abusers feel something missing about themselves due to which they opted for the drugs. Had it not been something wrong with the poor neurotic condition of drug abusers, they probably would not have gone for the drug abuse. So, the implication for it is that the behaviour of the drug abusers should be understood thoroughly to know the causes for him or her opting for the drugs. For it, the educationists can play a major role. The education in schools and colleges should be such that no one may develop the adverse thinking about his or her self-image. The drug abusers should be dealt at psychological level by understanding the needs and the problems of such persons. Besides, the schools/colleges should try to cultivate the higher values about self in each and every student. The moment it is done, the problem of lower self concepts among the students will be over and the drug abuse will be concerned by them.

The other implication of this study is about the neurotic tendency which has been found greater among the drug abusers. It has been observed that higher neurotic and psychotic trend among the drug abuser are due to the fact that they are very tender-minded, easy to be frustrated, more depressed and having greater anxiety as compared to others. The schools/ colleges can be vital importance in reducing the neurotic trend among the highly prone students. These students generally suffer from some deficiency and maladjustment due to family, peers or siblings, or some previous shocks. All these can be remedied by the teacher if he/she is oriented to study these aspects in a student. Students should be provided individual counseling in order to know about his/her difficulties and the parents should be taken into confidence in such cases. Both parents and the teachers can play an important role to mould the life of a drug abuser.

The findings also indicated that the drug abusers have a personality associated factors which is different in certain aspects to that of non-drug abusers. The drug abusers have been observed as reserved, emotionally less stable, evader of rules, shy, self reliant, forthright, indiscipline, aggressiveness, lively, imaginative, troubled, submissiveness, self sufficient, worried etc. It is needed that such students are identified by the teachers so that they may not get themselves entrapped with the drugs. In place of disrupted activities, the schools/colleges should try to involve these youths in the meaningful activities that can compete successfully with the lure of drugs. These should meet the needs of the students by utilizing and channelizing their energies into constructive pursuits. These alternatives can be recreational, vocational, creative or contemplative.

So, the present study has implications for parents, teachers, administrators, counselors and community at large that the drug abusers need to be dealt with love and understanding. For the proper development of their personality and to keep them away from drugs steps should be taken at the earliest stage at home, at school and in the community.

Integrated Implications for Drug Abuse Intervention

The combined research supports a thorough, personality-informed model:

- Early screening of neuroticism and related traits in schools and colleges.
- Personality-targeted prevention programs for high risk youth.
- Structured psychosocial treatments customized for emotional vulnerability profiles.
- Involvement of families and changes to the environment.

- Flexible harm reduction strategies to reduce negative consequences.
- Digital and community-based extensions to enhance reach and sustainability.

Thus, drug users show significantly higher neuroticism especially anxiety, depression, stress and emotional instability interventions should not just focus on detoxification. They must also tackle underlying personality weaknesses and emotional instability to ensure long-term recovery.

INTERVENTIONAL STRATEGIES FOR DRUG ABUSERS

Personality and evidence-based interventions for drug abusers increasingly support a multimodal, risk-tailored approach that combines early prevention, structured psychosocial treatment, and harm-reduction strategies. Evidence from behavioral science, particularly the Five Factor Model developed by Paul Costa and Robert McCrae, shows that high neuroticism (emotional instability, anxiety, guilt proneness) significantly predicts substance use initiation, severity, and relapse (Terracciano et al., 2008; Sutin et al., 2013). These findings support Hans Eysenck's personality theory and Edward Khantzian's Self-Medication Hypothesis, which suggest that emotionally vulnerable individuals use substances to manage distress. Moreover some preventive interventions like:

1. Personality-Targeted Prevention

Prevention Programme, developed by Patricia Conrod will be helpful in coping with drug abusers who score high in hopelessness, anxiety sensitivity, impulsivity, or sensation seeking.

2. Psychosocial Interventions

Systematic reviews show that psychosocial interventions lead to small to moderate but meaningful improvements in abstinence, frequency of use, and self-efficacy (Dutra et al., 2008; Magill & Ray, 2009). The use of some psychosocial intervention improves the neurotic tendency among drug abuse some effective techniques are:

(i) Cognitive Behaviour Therapy (CBT)

Originally developed by Aaron T. Beck, CBT integrates cognitive restructuring, coping-skills training, and relapse prevention. Meta-analyses confirm lasting effects across alcohol and drug use disorders, especially when combined with medication where needed (McHugh et al., 2010). CBT is particularly effective for individuals high in neuroticism, as it addresses anxiety, depressive thoughts, and emotional deregulation.

(ii) Motivational Interviewing (MI)

Developed by William R. Miller and Stephen Rollnick, MI boosts readiness for change and reduces uncertainty,

proving effective across substance use populations (Lundahl et al., 2010).

(iii) Contingency Management (CM)

Based on behavioral reinforcement principles, CM consistently outperforms standard treatment for stimulant and opioid use disorders, leading to better rates of abstinence and treatment retention (Prendergast et al., 2006; De Crescenzo et al., 2018).

Community Reinforcement Approach (CRA)

Developed by Nathan H. Azrin and colleagues, CRA combines behavioral skills training with environmental incentives. It has shown strong evidence for treating cocaine and opioid dependence (Meyers & Smith, 1995).

(iv) Family-Based Interventions

Particularly important in collectivistic contexts like India, family therapy improves communication, reduces relapse, and addresses environmental triggers (Sarkar et al., 2015; Mattoo et al., 2013).

(v) Digital Interventions

Recent reviews show growing support for digital interventions. These include web-based CBT modules, mobile apps, virtual-reality exposure, and game based training for prevention and early intervention (Tait et al., 2013; Kazemi et al., 2017). These tools can be scaled and are particularly helpful in educational and community settings where access to specialists is limited. However, there is still a need to integrate these models and address illicit drugs beyond alcohol.

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