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SOCIO-ECONOMIC IMPACT OF DRUG ABUSE: A SOCIOLOGICAL STUDY

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ABSTRACT

Drug abuse is a rising concern that affects both the social fabric and economic stability of communities. This study was conducted in Bamla village, Bhiwani district (Haryana) with a sample of 27 respondents, using a structured interview schedule to understand the socio-economic impacts of drug abuse.

The results show that peer pressure, unemployment, stress, and media influence are the main social drug factors contributing to drug use, especially among youth. The findings also reveal serious economic consequences, with many respondents spending a large share of their income on drugs, facing job loss, incurring medical expenses, borrowing money, or selling assets to sustain their addiction. Families often reduce spending on essentials like food, health, and education due to drug-related expenses.

The study concludes that drug abuse is both a social issue, shaped by cultural and peer influences, and an economic burden, leading to financial strain and community-level challenges. Addressing this problem requires a comprehensive approach that combines awareness, preventive action, employment opportunities, and accessible rehabilitation services.

Keywords: Drug Abuse, Socio-Economic Impact, Peer Pressure, Unemployment, Financial Strain, Rehabilitation

1. INTRODUCTION

"The persistent or periodic excessive use of a drug, whether legal or illegal, to that extent that it interferes with the physical or mental health of the user, disrupt social functioning, or leads to dependence". (Ram Ahuja 2012)

"Drug abuse is the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs which can lead to dependence syndrome and health problems". (WHO 2014)

Drug abuse refers to the misuse or improper consumption of chemical substances that alter normal bodily functions. (Ajayi & Ayadole, 2003)

1.1. HISTORY OF DRUG ABUSE

The use of cannabis and opium in India has a long history. The Atharva Veda (1500–1000 BCE) mentions cannabis (bhang) as a sacred plant with healing power (Singh & Chopra, 1958). In Ayurveda, cannabis was used for issues like headaches and insomnia, while opium was prescribed for pain relief (Majumdar, 1989). Cannabis also became part of Hindu rituals, especially in the worship of Lord Shiva, and is still consumed as bhang during festivals such as Holi and Maha Shivratri (Desai, 1999). In the medieval period, Mughal courts encouraged opium and cannabis for leisure, and rural areas like Rajasthan developed communal opium traditions tied to work, social life, and celebrations (Richards,

2002; Basu & Misra, 2004). Later, the British East India Company made opium a major export to China while regulating domestic use. The Indian Hemp Drugs Commission (1894) found that moderate cannabis use caused little harm and suggested regulation and taxation instead of banning it.

After independence, the NDPS Act of 1985 restricted narcotics but still allowed traditional practices such as bhang in certain states (Singh, 2000).

Drug abuse today is both a health and social challenge worldwide. Heather and Robertson (1997) note that industrial growth, urban pressures, and lifestyle changes have increased the use of psychoactive substances. McCoy (2003) explains that globalization in the twentieth century turned drugs like opium, heroin, and cocaine into international commodities, linking producers in Asia and Latin America with Western markets. This shift created not only health problems but also crime networks and shadow economies.

In India, drug use has long cultural roots. Richards (2002) points out that cannabis and opium were part of religious and court traditions, shaping attitudes that still influence society. Under colonial rule, the British expanded opium production, making India a key player in the global drug trade (Owen, 1934). In modern times, the concern has moved from cultural use to widespread abuse, especially among youth. Ahuja (2014) emphasizes that unemployment, peer pressure, and weakening social bonds have made drug abuse a serious socio-economic issue, harming families and communities.

Ioan et al. (n.d.) describe drug abuse as a serious global issue influenced by many factors. While biology and psychology play a role, they stress that family, peer groups, and living environment strongly shape both the beginning and continuation of drug use. Beyond health risks, drug abuse also creates major socio-economic challenges by reducing individual productivity, disturbing family life, and slowing social development (Goode, 2011; Jiloha, 2017).

1.2. SOCIAL IMPACTS OF DRUG ABUSE

Chronic drug abuse harms both body and mind, draining personal finances and sometimes pushing individuals into debt or crime to sustain addiction (Basu & Mishra, 2004). It also disrupts family life, often leading to domestic violence, marital problems, and neglect of children (NDDTC-AIIMS, 2019). From a theoretical lens, Social Disorganisation Theory explains that weak community institutions, such as schools and local governance, create conditions where substance abuse can thrive (Shaw & McKay, 1942). At the family level, drug use brings conflict, neglect, and broken relationships, leaving children exposed to trauma and poor educational outcomes (Jiloha, 2017). Communities face increased crime, loss of social trust, and weakening of cultural traditions due to addiction-driven theft, violence, and antisocial behaviour (Kumar, 2013). On a broader scale, healthcare systems are burdened with addiction-related illnesses, including HIV/AIDS and mental health disorders (Mahanta, 2016).

Overall, drug abuse in India is not just a health concern but a deep social problem, demanding awareness programs, community involvement, and effective rehabilitation measures.

1.3. ECONOMIC IMPACT

Drug abuse creates serious economic challenges by draining household income, reducing productivity, and increasing healthcare costs. Families of users often fall into debt as resources are diverted from basic needs to substance purchase (Kumar, 2013).

At the societal level, drug abuse contributes to workplace absenteeism, job loss, and accidents, leading to a decline in national productivity. It also places a heavy financial burden on healthcare and law enforcement systems, which must address drug-related illnesses and crimes (Jiloha, 2017; Mahanta, 2016).

2. REVIEW OF LITERATURE

1) **R. R. Singh (2002)** in Drug Abuse in India explains that drug abuse is not just a personal health issue but a big social and economic problem for the country.

On the social side, Singh shows how addiction breaks family bonds, causes fights, domestic violence, and neglect of children. Addicts often face stigma and isolation, which weakens their place in society. Many also turn to crime—like theft or assault—to fund their habits, which increases social disorder.

On the economic side, drug abuse lowers productivity as many people drop out of school, lose jobs, or cannot work properly. This reduces family income and creates long-term poverty, especially harming children's education and health. The government also spends a lot on police, healthcare, and rehabilitation programs, while diseases like HIV/AIDS and hepatitis linked to drug use put extra pressure on hospitals.

Singh argues that drug abuse holds back India's development, as it reduces human potential, weakens social stability, and wastes resources that could be used for education, jobs, and infrastructure. He says the issue needs a combined response—healthcare, law enforcement, family and community support, and better education and employment opportunities.

2) **The World Health Organization (2005)**, in its review on Substance Abuse and Dependence with a Focus on India, highlights that the consequences of drug use extend well beyond health concerns and create significant social and economic pressures. On the social side, the report points out that substance abuse leads to family breakdown, domestic violence, and neglect of children. Addicted individuals often lose their role within the family and community, which results in isolation and stigma. This marginalization not only affects the user but also their dependents, who may face poverty and exclusion.

Economically, WHO (2005) stresses the heavy losses caused by reduced productivity, school dropouts, and absenteeism at work. Many households in India experience financial instability as a large portion of income is diverted to sustain drug use, leaving less for essential needs like food, education, and healthcare. At the national level, the state spends considerable resources on law enforcement, healthcare for drug-related illnesses (such as HIV/AIDS, hepatitis, and mental health disorders), and rehabilitation programs. These costs reduce funds available for other development priorities.

The report concludes that drug abuse is not just a health challenge but a serious socio-economic obstacle, as it weakens human capital, deepens poverty, and undermines overall development efforts in countries like India.

3) **Chopra (2018)** shows that drug abuse in Punjab has harmed both society and the economy. Families face conflict, violence, neglect, and social stigma, while crime has increased as addicts often resort to theft or smuggling. Economically, youth productivity has declined, especially in agriculture and industry, as many young men fall into addiction. Families sink into debt due to drug expenses, and the state bears heavy costs for healthcare, policing, and rehabilitation. Drug-related diseases like HIV and hepatitis further add to the burden. Overall, drug abuse has become a barrier to Punjab's social stability and economic development.

4) **Jegannathan and Sjoblom (2019)** view substance use as more than an individual health issue, describing it as a social problem with far-reaching economic and community consequences. They explain that addiction often destabilizes families by draining income, causing job loss, and reducing employability, which in turn creates debt, poverty, and disadvantages for children through disrupted education and poor health. At the community level, substance use is closely linked to crime, homelessness, unemployment, and weakened social cohesion, all of which increase government spending on healthcare, law enforcement, rehabilitation, and welfare programs. The authors also stress that drug abuse is closely tied to inequality, as people living in poverty or social exclusion are more vulnerable and at the same time more deeply affected, creating a cycle of marginalization. To break this cycle, they argue for policies that go beyond medical treatment to include social work, poverty reduction, education, and inclusive community development.

5) **The Magnitude of Substance Use in India survey (2019)** shows that drug and alcohol abuse places a huge social and economic burden on the country. Household income is often diverted from essentials like food, education, housing, and healthcare to maintain addiction, while dependence leads to health risks, job loss, and reduced productivity—especially among people in their prime working years. The report highlights alarming figures: over 5.7 crore Indians are alcohol dependent, more than 2% use opioids, 1% misuse sedatives, and nearly 18 lakh children use inhalants, many of whom need urgent help. Yet treatment access is extremely poor, with only one in thirty-eight alcohol-dependent people receiving care, and services for women and rural populations remain especially limited due to stigma and lack of resources. This creates long-term costs for families and society, including disrupted education, poor health, and generational poverty. The survey stresses that substance abuse deepens inequality and calls for comprehensive responses that combine accessible treatment, gender-sensitive services, prevention among youth, and socio-economic support through education, jobs, and social inclusion.

3. METHODOLOGY

3.1. RESEARCH DESIGN

The research followed an analytical and descriptive design, as the purpose was to understand and describe the social factors leading to drug abuse and the resulting economic consequences for individuals, families, and the community.

3.2. STUDY AREA

The field study was carried out in Bamla village, Bhiwani District (Haryana). The village was chosen because it represents a rural setting where drug use is reported to be a growing concern.

As per 2011 census, the population of Bamla village was 10,859 out of which 5,943 were males and 4916 were females. There were 2,143 households in total. Literacy rate was 74.25% overall out of which male literacy was about 85.18% and female literacy was about 61.29%. (Census of India 2011)

3.3. OBJECTIVES OF THE STUDY

1) To analyse the social factors contributing to drug abuse in society.
2) To assess the economic consequences of drug abuse on individuals, families, and communities.

3.4. SAMPLE SELECTION

A total of 27 respondents were selected for the study. The respondents were identified from within the community with the help of local contacts. This sample size was manageable for in-depth interaction and suitable for the qualitative nature of the research.

3.5. TOOL OF DATA COLLECTION

Primary data was collected through a structured interview schedule consisting of 21 questions.

The questions were divided into five sections:

- **Section A:** Personal information (age, gender, education, occupation, family income).
- **Section B:** Drug use Behaviour
- **Section C:** Social factors
- **Section D:** Social and Personal Consequences
- **Section E:** Economic Impacts

The interviews were conducted face-to-face to ensure clarity of responses and to build trust with the participants. This method also allowed the researcher to gather detailed information beyond yes/no answers.

3.6. DATA ANALYSIS

The collected responses were carefully compiled and classified according to the objectives of the study. Simple statistical tools such as percentages and frequency distribution were used to present the findings in an understandable way. Qualitative responses related to social and cultural influences were analysed thematically to highlight patterns and common experiences among the respondents.

4. DATA ANALYSIS AND INTERPRETATION

Table 1 Distribution of age of respondents.

Response	No. of Cases	Percentage (%)
15-20	05	18.52
21-25	11	40.74

26-30	06	22.22
31-35	03	11.11
36 and above	02	7.41
Total	**27**	**100**

The table shows the age-wise distribution of respondents. The largest group is 21–25 years with 11 respondents (40.74%), followed by 26–30 years with 6 respondents (22.22%). A smaller number fall in the 15–20 years group (5 respondents; 18.52%), while 3 respondents (11.11%) are between 31–35 years, and only 2 respondents (7.41%) are aged 36 and above. This indicates that most drug users in the sample are young adults, particularly in their early twenties.

Table 2 Distribution of Gender of Respondents.

Response	No. of Cases	Percentage (%)
Male	26	96.29
Female	01	3.71
Other	00	00
Total	**27**	**100**

In the above table, out of the 27 people interviewed, 26 were male (96.29%) and 1 was female (3.71%); there were no respondents who identified as other.

Table 3 Distribution of Educational Qualification of Respondents.

Response	No. of Cases	Percentage (%)
Primary	5	18.52
Secondary/School	9	33.33
Graduate	12	44.44
Post-graduate	01	3.71
Other	00	00
Total	**27**	**100**

The above table shows the education levels of the 27 people interviewed. The largest group is graduates, with 12 respondents (44.44%). Secondary/school level comes next with 9 respondents (33.33%), followed by primary education with 5 respondents (18.52%). Only 1 respondent (3.71%) had a post-graduate qualification, and none were recorded under "Other."

Table 4 Distribution of Occupation of Respondents.

Response	No. of Cases	Percentage (%)
Student	9	33.33
Employed	03	11.11
Unemployed	13	48.15
Self-employed	02	7.41
Total	**27**	**100**

The above table shows what the 27 people interviewed do for a living. The largest group is unemployed — 13 respondents (48.15%). Students are the next biggest group with 9 respondents (33.33%). Only 3 respondents (11.11%) are employed, and 2 respondents (7.41%) are self-employed.

Table 5 Distribution of Family Monthly Income of Respondents.

Response	No. of Cases	Percentage (%)
Less than 10,000	03	11.11
10001-20000	05	18.52
20001-40000	11	40.74
Above 40000	08	29.63
Total	**27**	**100**

In the above table, most respondents fall in the ₹20,001–40,000 band (11 people, 40.74%), followed by Above ₹40,000 (8 people, 29.63%). Together, 19 of 27 (70.37%) come from families earning ₹20,001 or more, while only 3 (11.11%) are below ₹10,000 — so the sample leans toward middle/higher incomes.

Table 6 Distribution of Type of Drugs Used by Respondents (Tick all that apply).

Response	No. of Cases	Percentage (%)
Alcohol	20	74.07
Tobacco	22	81.48
Cannabis	20	74.07
Opium	21	77.77
Heroine	14	51.85
Painkillers	23	85.18
Synthetic drugs	05	18.52
Other	02	7.41

In the above table, out of 27 respondents, most respondents reported using painkillers (23; 85.18%), tobacco (22; 81.48%), opium (21; 77.77%), and alcohol and cannabis (20 each; 74.07%), while heroin was used by about half (14; 51.85%). Fewer people reported synthetic drugs (5; 18.52%) or other substances (2; 7.41%).

Table 7 Distribution of Frequency of Drugs Used by Respondents.

Response	No. of Cases	Percentage (%)
Daily	03	11.11
Weekly	11	40.74
Monthly	08	29.63
Occasionally	05	18.52
Total	**27**	**100**

The above table shows that the largest share of respondents uses drugs on a weekly basis (40.74%), followed by monthly users (29.63%). A smaller number reported using drugs occasionally (18.52%), while only 3 respondents (11.11%) admitted to daily use. This means most users take drugs regularly but not every day.

Table 8 Distribution of the Age at the Beginning of Drug Use by Respondents.

Response	No. of Cases	Percentage (%)
Below 15	01	3.7
15-20	11	40.74
21-25	10	37.04
After 25	05	18.52
Total	**27**	**100**

The above table shows that most respondents began using drugs at a young age: 11 (40.74%) started between 15–20 years, and 10 (37.04%) between 21–25 years. A smaller group (18.52%) began after 25, while only 1 respondent (3.7%) started below 15. This suggests drug use often begins in late adolescence and early adulthood.

Table 9 Distribution of the Reasons to Start Using Drugs Used by Respondents.

Response	No. of Cases	Percentage (%)
Peer pressure	09	33.33
Curiosity	04	14.82
Stress relief	07	25.93
Family issues	02	7.41
Availability of drugs	03	11.11
Work Pressure	01	3.7
Other	01	3.7
Total	**27**	**100**

The above table shows that the most common reason for starting drug use was peer pressure (9 respondents; 33.33%), followed by stress relief (7 respondents; 25.93%). Some began out of curiosity (4 respondents; 14.82%), while others mentioned availability of drugs (3 respondents; 11.11%) or family issues (2 respondents; 7.41%). Very few cited

work pressures or other reasons (1 respondent each; 3.7%). This indicates that social influence and stress are the main triggers for drug use in the group.

Table 10 Do you Think Peer Pressure Plays a Major Role in Youth Drug Abuse?

Response	No. of Cases	Percentage (%)
Strongly Agree	14	51.85
Agree	08	29.63
Neutral	04	14.82
Disagree	01	3.7
Strongly Disagree	00	00
Total	**27**	**100**

The above table shows that most respondents believe peer pressure is a key factor in youth drug abuse: 14 (51.85%) strongly agreed and 8 (29.63%) agreed. Only 4 (14.82%) were neutral, while 1 respondent (3.7%) disagreed, and none strongly disagreed. This means the majority see peer influence as a major cause of drug use among youth.

Table 11 Is Unemployment a Contributing Factor to Youth Drug Abuse.

Response	No. of Cases	Percentage (%)
Yes	22	81.48
No	02	7.41
Not sure	03	11.11
Total	**27**	**100**

The above table shows that most respondents, 22 out of 27 (81.48%), felt that unemployment contributes to youth drug abuse. Only 2 respondents (7.41%) said it does not, while 3 (11.11%) were unsure. This indicates that lack of jobs is widely seen as a major reason behind drug use among young people.

Table 12 Do you Believe Media (Movies, Songs, social media) Encourages Drug Use?

Response	No. of Cases	Percentage (%)
Yes	21	77.77
No	02	7.41
Sometimes	04	14.82
Total	**27**	**100**

The above table shows that a large majority of respondents, 21 (77.77%), believe media such as movies, songs, and social media encourage drug use. A small number, 2 (7.41%), disagreed, while 4 (14.82%) felt media influences drug use only sometimes. This suggests most participants see media as a strong factor in promoting drug habits.

Table 13 Have you Faced Any of the Following Due to Drug Use (Tick all that apply)?

Response	No. of Cases	Percentage (%)
Health issues	21	77.77
Academic decline	04	14.82
Loss of job	02	7.41
Family Conflict	18	66.66
Social Isolation	17	62.96
Legal Problems	03	11.11
Violence	14	51.85

The above table shows that the most common problems faced by respondents due to drug use were health issues (77.77%), family conflict (66.66%), and social isolation (62.96%). About half also reported involvement in violence (51.85%). Fewer respondents experienced academic decline (14.82%), legal problems (11.11%), or loss of job (7.41%). This indicates that drug use mainly harms health, family relationships, and social life.

Table 14 Has your Family Ever Reacted Negatively to Your Drug Use?

Response	No. of Cases	Percentage (%)
Yes, often	20	74.07
Sometimes	06	22.22

Never	01	3.71
Total	**27**	**100**

The above table shows that most respondents, 20 out of 27 (74.07%), said their family often reacted negatively to their drug use. Another 6 respondents (22.22%) reported occasional negative reactions, while only 1 person (3.71%) said their family never reacted negatively. This suggests that drug use generally creates tension and disapproval within families.

Table 15 Do you Think Drug Abuse Affects Social Relationships and Community Life?

Response	No. of Cases	Percentage (%)
Yes	25	92.59
No	00	00
To some extent	02	7.41
Total	**27**	**100**

The table shows that almost all respondents, 25 out of 27 (92.59%), agreed that drug abuse affects social relationships and community life. Only 2 respondents (7.41%) felt it does so to some extent, and none said it has no effect. This clearly indicates that drug abuse is widely seen as harmful to both personal and community life.

Table 16 Have you Been Involved in Any Illegal Activity to Obtain Drugs or Money.

Response	No. of Cases	Percentage (%)
Yes	15	55.55
No	07	25.93
Prefer not to say	05	18.52
Total	**27**	**100**

The above table shows that more than half of the respondents, 15 (55.55%), admitted being involved in illegal activities to obtain drugs or money. 7 respondents (25.93%) denied such involvement, while 5 (18.52%) preferred not to answer. This suggests that drug abuse often pushes individuals toward unlawful means, though some were unwilling to disclose their experience.

Table 17 What Proportion of Your Monthly Income Is Spent on Drugs?

Response	No. of Cases	Percentage (%)
<10%	03	11.11
10-25%	08	29.63
26-50%	11	40.74
>50%	05	18.52
All of it	00	00
Total	**27**	**100**

The table shows that the largest share of respondents, 11 (40.74%), spend 26–50% of their monthly income on drugs. Another 8 respondents (29.63%) spend 10–25%, while 5 (18.52%) spend more than half of their income. Only 3 respondents (11.11%) spend less than 10%, and none reported spending their entire income. This means drug use takes up a significant portion of earnings for most respondents.

Table 18 Has Drug Use Caused Loss of Employment or Reduced Earnings?

Response	No. of Cases	Percentage (%)
Yes	22	81.48
No	05	18.52
Total	**27**	**100**

The table shows that a large majority, 22 respondents (81.48%), said drug use had caused them loss of employment or reduced their earnings, while only 5 respondents (18.52%) reported no such impact. This indicates that drug use has serious negative effects on the economic stability of most respondents.

Table 19 Have you Borrowed Money or Sold Household Items/Assets to Buy Drugs?

Response	No. of Cases	Percentage (%)
Yes	16	59.26
No	11	40.74
Total	**27**	**100**

The table shows that 16 respondents (59.26%) admitted borrowing money or selling household items to buy drugs, while 11 respondents (40.74%) said they had not. This suggests that drug use often creates financial strain, forcing many users to compromise household resources.

Table 20 Have You or Your Family Incurred Medical Expenses Because of Drug Use?

Response	No. of Cases	Percentage (%)
Yes	21	77.78
No	06	22.22
Total	**27**	**100**

The table shows whether respondents or their families had to spend money on medical treatment because of drug use. Out of 27 individuals, the majority, 21 respondents (77.78%), said "Yes", meaning they had incurred medical expenses due to health problems caused by drugs. On the other hand, only 6 respondents (22.22%) reported "No", indicating that they had not faced such expenses. This suggests that for most respondents, drug use not only harms health but also creates an extra financial burden on the family in the form of medical costs.

Table 21 Has Family Expenditure on Essentials (Food, Education, Health) Reduced Because of Money Spent on Drugs?

Response	No. of Cases	Percentage (%)
Yes	16	59.26
No	06	22.22
To some extent	05	18.52
Total	**27**	**100**

The table shows that 16 respondents (59.26%) said their family's spending on essentials like food, education, and health has reduced due to drug expenses. 6 respondents (22.22%) reported no such effect, while 5 (18.52%) felt it was affected to some extent. This means drug use often diverts money away from basic family needs.

5. CONCLUSION

The findings clearly show that social factors play a significant role in the spread of drug abuse. Peer pressure emerged as the strongest influence, particularly among youth, followed by stress, curiosity, unemployment, and the portrayal of drugs in media. Family environment also mattered, with conflict or neglect increasing vulnerability to drug use. These results confirm that drug abuse is closely linked to the social context in which individuals live and grow.

On the economic side, the study revealed that drug use imposes heavy costs on individuals and families. A large share of respondents reported spending a significant portion of their income on drugs, leading to reduced spending on food, education, and health. Many faced job loss, reduced earnings, and medical expenses, while others borrowed money or sold assets to finance their addiction. These patterns show that drug abuse not only weakens personal financial stability but also disrupts the economic well-being of families and hinders community development.

In conclusion, both objectives are met drug abuse is driven strongly by social influences such as peer pressure, unemployment, and media, while its consequences are deeply economic, straining household budgets, reducing productivity, and creating cycles of poverty and instability. Combating this issue requires a holistic approach that addresses both the social environment and the economic vulnerabilities of individuals and families.

CONFLICT OF INTERESTS

None.

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None.

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