

Original Paper

Impacts of Drug Addiction on Adolescents in Bangladesh: An Empirical Study

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Abstract

Drug addiction is turning into a national problem from the social problem. It creates many other problems. This study will be conducted to identify the core cause of drug addiction in adolescents in Bangladesh. To conduct this research, a questionnaire survey and case study was conducted among 30 teenagers, including 25 boys and 5 Girls whose age limit were between 18 to 30. The case study tried to bring out the core factor responsible for the drug addiction of adolescents and the questionnaire survey showed the people's perception toward drug addiction. Research findings suggested that the influence of peer groups, weak family bonding, affluence and shortage of money are the key factors for the drug addiction of adolescents in Bangladesh. Data were collected from the National Institute of Mental Health (NIMH), Sher-E-Bangla Nagar, Dhaka.

Keywords

drug addiction, adolescents, social problem, Bangladesh

1. Introduction

Drugs were used by primitive people in religious rituals to combat or naturalize various taboos. Throughout the ages significant number of substances were used to treat disease but only a few of these substances had direct influences on the symptoms of disease. The American Indians extracted drugs like medicine from dessert plants, to enable them to communicate with their dead ancestors. Continued study and refinement of this product give medical science a great variety of drugs and medicines unfortunately many of these substances have dangerous and damaging effects on the body when used indiscriminately. As there is the increased use of such drugs by medical professionals there is a growing tendency for people in general to use drugs without a prescription or medical purpose.

Medical use of drugs has always existed in Bangladesh as elsewhere but the present form of drug dependence among the youth of the country was little known to people before 1960. The abuse of heroin

was first detected in Dhaka in 1984. In the economically deprived community cannabis, depressants and opiates were found to be the agents of choice & among more affluent young people cannabis, LSD and depressants were used extensively.

In 1994 the Bangladesh Government banned the consumption of opium and closed the opium veneering in the country. Bangladesh experienced a dramatic change in this field during the last decade. Early identification of the cause of drug addiction might help develop a program for the reduction and prevention of the problem in the country. According to Family Health International around 50 Lac people of Bangladesh are drug addicted. The World Health Organization (WHO) estimates that about 50 crore people in the world are affected by the abuse of drugs. When a man is affected by drugs he cannot come out from this practice. He lost his control over himself.

The present study has been undertaken to investigate drug addiction among adolescents in Bangladesh. A total of 30 addicts have been sampled from the National Institute of Mental Health (NIMH) in which boys and girls come from different districts of the country. Those adolescents are students, service holders, businessmen, vehicle drivers, rickshaw pullers, farmers, day labourers and unemployed; and their ages range from 13 to 19 years. A purposive sampling procedure has been followed to sample out the subjects (addicts). Questionnaires have been used to gather information about the addicts and these questionnaires have been prepared by the researcher. While doing so, help has been taken from questionnaires. The subjects have been interviewed with questionnaires to get information about addicts. Adolescence is a period of critical development in the brain and body. Developmental changes in the brain lead to adolescents exhibiting heightened impulsiveness, which can lead to risky behaviours that may have long-term consequences. In particular, the use of both licit and illicit substances in adolescence can produce both acute and enduring effects on brain function and behaviour. Of great concern is the fact that the prevalence of substance use disorders as an adult is greater if substance use is initiated during adolescence, however, other issues can persist into adulthood both related and unrelated to continued use. Alcohol, cannabis, and nicotine are among the most commonly used substances in adolescents, in part due to their availability, perceived lack of risk, and use in social settings.

The most common drugs used in Bangladesh are stimulant drugs. More and more people are beginning to use them- middle-aged people, old people, house wires, young girls, university students, even high school students (especially English medium students). These teens are ignorant about drugs. Some of them cannot tell the difference between stimulants and marijuana. At first, they put the drugs into the drink. They do not even know which drugs are dangerous. It is easy for teenagers to get drugs. They can shy them from friends who do not think it is wrong to sell them, or they can get them from foreigners. They buy drugs called “Speed, tiger, Yaba” they know it is a type of Drink to tablet which give refreshment to study and mind, which they do not think is dangerous. They do not realize that it is dangerous. There is a larger number of young using drugs. According to the police, in the last 3 or 2 years many more teens have been arrested for using drugs than ever before.

Nowadays nearly ten per cent of outpatients in our hospitals are cases of drug addiction involving heroin, ganja and phenyl. These are generally youths and young men between 15-30 years of age and come from all strata of the society. But there are adolescents below 15 years of age and men and women over 30. Hospital surveys show that the average age of drug addicts is 22. The addicts are students, professionals, businessmen, labourers, rickshaw pullers and from other professions. Students are most affected and drugs have caused a deterioration in standards of education students have also given up going to schools and colleges. These addicts are turning to various criminal activities, to procure drugs.

The most common drugs used in Bangladesh are stimulant drugs. These teens are ignorant about drugs. Some of them cannot tell the difference between stimulants and marijuana. At first, they put the drugs into drinks. They do not even know which drugs are dangerous. It is easy for teenagers to get the drugs. They can buy them from friends who do not think it is wrong to sell them, or they can get them from foreigners. They buy drugs called "Speed, tiger, yaba" they know it's a type of Drink or tablet which gives refreshment to study and mind, which they do not think is dangerous. They do not realize that it is dangerous. There is a larger number of young using drugs.

Drug addiction has grabbed not only the youth but it has grabbed the social leaders. In the present situation, we need to strengthen family and social values and religious ethics to maintain a stable and drug-free society. We believe that there is a lot to do to stop this social malaise now before another dangerous symptom appears which AIDS is. After doing all these we can get our drug-free Bangladesh. Children are the beloved of their parents. Suspicions of one's child engaged in immoral and criminal activities are a source of the utmost heartache for the parents. Yet for this very reason, children must be kept under close observation. Behavioural and emotional changes are common in adolescents and young men. However long-standing changes and rapid shifts in mood need specialist doctors' attention and investigation. Heroin addicts live in a dream world, unconnected with realism and the environment around them. They lose attentiveness, live alone, and are irritated by interference and contact with non-addicts or other addicts. They rub their eyes and legs and lose their appetite rapidly.

2. Factors Affecting Drug and Substance Abuse

Peer pressure is one of the key factors affecting drug and substance abuse. World Drug Report indicated that drug users seek approval from their peers to join their habit as a way of seeking acceptance. The majority of the students in universities and colleges are surrounded by their peers who are experimenting for recreational purposes. This factor is further fueled by the desire to experience something unique. Students in universities are normally in the process of exploring different aspects of their lives in a new environment, it is common for them to dig deep into drug and substance experimentation. Being away from their friends and families creates a need to fit in with the majority of them feeling the best way to fit in is to be like the rest of the students, attend parties organized in school, and get drunk and high. The lack of guardian monitoring and supervision provides unlimited freedom to most university students to act or behave as they please, making them vulnerable to trying out drugs. Drug and substance abuse was

more prevalent among students in the third year and fourth years as compared to those in the first and second years. This was because the majority of the first-year students lacked exposure to freedom and drug and substance abuse and were aware they were in a Christian University environment.

Upbringing plays a major role in drug and substance use and abuse. The more members of a household who engage in drug and substance abuse, the greater the chances that the younger members of that family students will engage in drug and substance abuse. Parents are not only role models for their children's behaviour, but also older siblings have an impact on their younger siblings by involving them in drug and substance abuse activities such as getting them alcohol, beer or a pack of cigarettes. According to a study done in a Christian university, the majority of the respondents involved in drug use and substance abuse had witnessed their father's using alcohol and abusing other drugs implying that parents' drug use and substance abuse was also a major influential factor in drugs and substance abuse in their children especially as they are experiencing their youth. It also indicated that parents are neglecting their responsibilities in raising the youth leaving them to influence their characters and behaviours through the media.

Having trouble in school, exams and lack of tuition fees have been proven to cause stress to university and college students. Students believe that the best way to relieve stress and forget negative thoughts is to use drugs and substances. University students who try to balance between course workload and part-time jobs are most likely to rely on drugs as a coping mechanism. Despite the course work overload, part-time jobs, attachments, internships, and practicums long hours, it has been noted that the majority of the students in the health and science schools have more pessimistic attitudes leading them to be prone and vulnerable to drug and substance abuse. Anxiety and uncertainties of becoming adults among the majority of the students in higher learning institutions were also found to be a leading cause of the youth engaging in drug and substance abuse. This was due to the everyday challenges faced in life and the problems that come with it such as new responsibilities and financial freedom. Loneliness because of abandonment either by a parent, girlfriend, boyfriend or friend brought about drug and substance abuse as a means to escape the constant pain and hurt of being abandoned. Students still dealing with child trauma such as neglect, and physical, sexual and emotional abuse are most likely to engage in drug and substance abuse.

3. Effect of Drug and Substance Abuse

Drug abuse is a growing social problem which endangers abuser's health and productivity. Every abused drug influences the abuser in the short term or long term. A user's mental abilities such as judgment are severely impaired by the use of drugs in addition to the exposure of the user to addiction and diseases. Drugs and substance abuse can alter a person's thinking and judgment, leading to health risks, including addiction, drugged driving, and infectious diseases.

Alcohol abuse and addiction can also lead to destructive behavior such as driving under the influence of alcohol and domestic violence. The side effects of alcohol abuse include a hangover, in which headaches,

nausea, and vomiting continue after a drinker is no longer intoxicated or experiencing the alcohol high. Weight gain and high blood pressure can result from repeated overconsumption of alcohol, and long-term overconsumption of alcohol can raise the risk of depression, liver damage, cancer, depression of the immune system, and reduced sexual performance. Alcohol use can also have serious consequences for expecting and breastfeeding mothers and their babies, including fetal alcohol syndrome.

Drugs can disrupt a person's ability to think and communicate rationally, or even to recognize reality, sometimes resulting in bizarre or dangerous behaviour. Hallucinogens and dissociative drugs which have street names like acid, angel dust, and vitamin K, distort the way a user perceives time, motion, colors, sounds and self. Ayahuasca is a hallucinogenic tea made in the Amazon from a DMT-containing plant (*Psychotria viridis*) along with another vine that prevents the natural breakdown of DMT in the digestive system, thereby enhancing serotonergic activity. Ayahuasca causes emotions to swing wildly and real-world sensations to appear unreal, sometimes frightening. Dissociative drugs like Phencyclidine (PCP) ketamine, dextromethorphan, and *Salvia divinorum* may make a user feel out of control and disconnected from their body and environment.

Marijuana is also called weed, herb, pot, grass, bud, ganja and Mary Jane. Marijuana is made from the hemp plant, *Cannabis sativa*. Marijuana impairs short-term memory and judgment and distorts perception; it can impair performance in school or at work and make it dangerous to drive. It also affects brain systems that are still maturing through young adulthood, so regular use by teens may have negative and long-lasting effects on their cognitive development, putting them at a competitive disadvantage and possibly interfering with their well-being in other ways. Also, contrary to popular belief, marijuana can be addictive, and its use during adolescence may make other forms of addiction more likely. Short-term effects include enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory and anxiety.

4. Literature Review

A drug is a chemical substance used in the treatment, cure, prevention or diagnosis of disease or used otherwise to enhance physical or mental well-being. In the United States, the Federal Food, Drug and Cosmetic Act's definition of the drug includes. Articles intended for use in diagnosis, cure, mitigation, treatment or prevention of disease in men or other animals. Articles (other than food) intended to affect the structure or any function of the body of man on another animal. The menace of drug misuse and abuse is increasing globally day by day and Hyderabad being one of the large cities of Pakistan is experiencing this practice widely. Psychoactive drugs, sedatives, hypnotics, antibiotics, multivitamins, laxatives, heavy tonics, steroids, antacids, cough syrups analgesics etc., are commonly misused and abused in our society. Among these, psychoactive agents and antibiotics are the most frequently misused and abused drugs. Psychoactive agents have great potential for physiological and psychological addiction; hence the users continuously use them to cope the situation of anxiety, insomnia, depression and pain. It has been

observed that repeated use of such agents creates tolerance, which leads to frequent increases in the dose of the drug.

On the other hand, misuse of antibiotics leads to microbial resistance ultimately leading to decreased efficiency of the drug in a particular family or community. Self-medication and over-medication have become the norm; self-medication is risky highly unsafe and at times dangerous too leading to misuse and abuse as well. Non-medically qualified people are not able to judge the correct use of medication or determine the dose, nor are they aware of the risks involved in drug misuse and abuse. This is because all the drugs which are available in the market have great potential to be misused and abused.

Drug use and abuse are serious problems in the world. At present, people are taking drugs all over the world without thinking about the severe effects. Drug use is becoming a major issue all over the world, following the introduction of heroin and related substances. Almost every day one can hardly miss news or information on drug abuse, drug trafficking, or people caught in some kind of drug business, both at national and international levels. Many people use the terms 'drug use' 'substance abuse' and 'drug abuse' interchangeably. However, the term 'drug' is mainly used to refer to medicine, while substance abuse may include chemicals other than drugs, i.e., gasoline, cleaning fluids, glue, and other chemicals (Hendrikz, 1986)

There is a common misconception that drug abuse has to do primarily with illegal drugs such as cocaine, marijuana, and heroin; or with illicit use of prescriptions and medication. Many types of drugs may be abused. For example, chloroquine and aspirin are drugs which are commonly abused and they may be fatal. Chloroquine is at times used by girls for abortion. Some people are said to combine aspirin and alcohol for a stronger drink. Also, youths abuse substances such as gasoline, cleaning fluids, glue and other chemicals. Therefore, not all abused chemicals are drugs (Possi, 1996).

Drug abuse is defined as the use of a mood-altering drug to change the way one feels. Drugs may be abused by inhaling, sniffing, swallowing, or injecting into oneself. The drug may be legal or illegal, all the same, it may be used for legitimate or medical reasons (Van Cleve, et al., 1978). Young people abuse drugs due to complex social and peer group influence, frustration, depression, curiosity, and sub-cultural and psychological environments that induce the youths to take drugs. The effects of drug abuse are felt on many levels: personal, friends, family and societal.

Drug addiction leads to the disintegration of family lies. The drug addicts in a threat to the family because of the hostile behavior of the drug abuser the family is at risk. Normal activities of the family are disrupted due to the antisocial activities of the abuser. The drug addict youth drop out from school/college or university education. The service holder loses his job because of irregularities. Social isolation and alienation are very common. A family of the drug addict became isolated from the community the drug abuser swallows the lion's share of the family income because of buying drugs (Shazzad, et al., 2013). Hasam and Mushahid (2017) explore the causes of drug addiction in the urban life of Sylhet City in Bangladesh and suggest that a man can become addicted to drugs by the influence of frustration and peer groups not influenced by parental drug addiction.

Hossain and Mamun (2006) observed that drug addicts are involved in various social offences such as stealing, hijacking, pickpocketing etc. and also indulge in unethical and immoral activities for collecting money to procure drugs. Zaman et al. (2013) carried out a cross-sectional study among 120 students of National Ideal School in Dhaka City Bangladesh and suggested that secondary school students have poor knowledge about the effects of drug abuse. Azad et al., (2010) surveyed the students of different public and private universities in Bangladesh and found that smoking is associated with overall poor health and a variety of short-term adverse health effects among the students and may also be a marker for underlying mental health problems, such as depression among adolescents. They also found that causes like- peer pressure; attractive advertising, desire to look mature etc. encourage young people to smoke.

Akhter (2012) found that approximately 17% of the female residential students of Dhaka University are substance abusers. She also observed that substance abuse is significantly associated with disturbed family peace, lack of attention from the parents and a wide array of frustration regarding studies and the future. Sani (2010) says that the students mainly took drugs to have fun or just for the sake of curiosity through their treatment-taking attitude was at a very low stage. Some previous studies have shown that students of different educational institutions are going to be addicted. Thus, the present study attempts to get an idea of drug addiction in the undergraduate students of Bangladesh.

In the Department of Narcotic Control's (DNC) 2014 annual report, the most recent one available, they estimated that 88% of drug users were aged below 40 (Thompson, 2017). A study in Sylhet city, released this year, found 55% of drug users were aged 22-29. The study also says that there are around six million drug users in Bangladesh who spend over Tk700m every day on illegal narcotics (Ahad et al., 2017). According to a World Health Organization (WHO) survey, most users are young, ranging in age from 18 to 30 years. A separate study conducted by the Journal of Health, Population and Nutrition (JHPN) of the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, B) showed that in the capital, 79.4% of the drug addicts are male and 20.6% female.

The JHPN study found that 64.8% of the drug users in the country are not married, while 56.1% are either students or unemployed. So, the trend of drug addiction is getting more severe day by day among the youth. It has been alarming news that the number of drug takers from the educated portion is not a mere little. The recently released report of the Department of Narcotic Control (DNC) says that the number of Yaba takers is 2,00,000 in the whole country where 90,000 are from students, 40% are students of different private universities and born from highly educated and rich families. A new dimension is added to the trend of taking drugs and the members of the rich families are getting addicted more than before (DNC, 2016). Lock, J. (2001) said that the human mind is initially white paper, void of all characters without any ideas from the environment where children learn how to use drugs and other antisocial behaviour. He also said that human beings are born as a tabula rasa – a blank tablet and then shaped by the environment through learning what it is in the environment. Meanwhile, in Searching for the causes of addiction, the available literature reveals that the environment of the addicts had a strong contribution

to making them addicts. Legacy from family members, ease of availability of drug materials, and frustration lead them towards addiction. (Benegal et al., 1998).

Bangladesh has been used as the silk route of global drug smuggling for decades and the flow of Yaba, which comes from Myanmar, is floating the youths in the river of addiction. There is some evidence that simply providing information about the dangers of drinking, smoking and drug use may increase predisposition to drug use in some circumstances (Stuart, 1974; Botvin, 1999, 2000). Hossain and Mamun found in their study that 67.30% of respondents became addicted because of the influence of their peer groups, and 57.69% of respondents mentioned that curiosity is the second reason for being addicted. From the study, it is quite evident that frustration (16.54%), unemployment (5.77%), failure in love (11.54%) and family conflict (20.19%) were also influential causes of drug addiction (Hossain et al., 2006). Huq and Enamul (1985) found in their study that 50% of addicts took their first drug through drug user friends and under pressure, 20% out of frustration and 15% out of curiosity. Uddin, Md. Jalal (2008) says that failure in love, disappointment, family disorder and social and family-related matters are highly responsible for addiction.

Saha and Sudhir Kumar (1991) saw that environmental influence, frustration, ignorance, curiosity, recreation, failure in love, the influence of peer groups and sorrow were the causes of drug addiction. Shawkatuzzaman and Syed (2003) saw geographical location, pressure of peer group, curiosity, frustration, ignorance etc. as the causes of drug addiction. Begum, Hamida Akhtar (1991) found in her study that pressure of peer group (73.55%), frustration (18.62%) etc. were the causes of drug addiction. Mannan and Bashira found in their study that disorganization of the family (35%), the influence of peer group (35%) and affluence of money (20%) were the causes of drug addiction.

Sarker and Hossain (1999, p. 212) found in their study that curiosity (70%) was one of the causes of drug addiction. Hossain, Md. Anwar says that the disorganization of the family, the influence of peer groups, the influence of slums, poverty etc. were the causes of drug addiction. The influence of peer drinking was the cause of adolescent drinking. Mariam and Iobidze saw that in Asian Countries, Juvenile crime and delinquency were largely urban phenomena. (Ying-chich Chuang et al., 2009) Aware of these statistics the members of the group intended that the literature search be as inclusive as possible to explore the causes and perspectives of Drug addiction among the Youths. These contents focus on some general causes of the increased rates of addiction among the young generation. This literature did not differentiate between the causes for which the young generation takes drugs and how general people opine about the causes of drug addiction. This crucial gap will be addressed by our research which may shape society's thinking about the addicted.

In Bangladesh, there are many border-crossing points from where every day millions of cash are being exchanged for drugs. Narcotic abuse is a serious, but treatable disorder. When the problem is not treated, people who abuse narcotics usually suffer significant mental and physical problems. The sooner treatment begins, the more favourable the outcome. If anyone suspects he has a problem with narcotic abuse, he should contact a doctor immediately (Rahman, 1990; Henry, 1999). Drugs are chemical agent

that affects the function of living things. Some, including antibiotics, stimulants, tranquillizers, antidepressants, analgesics, narcotics, and hormones, have generalized effects. Others, including laxatives, heart stimulants, anticoagulants, diuretics, and antihistamines, act on specific systems.

In popular language, alcohol is classed among the stimulants; and opium and tobacco among the narcotics; which are substances whose ultimate effect upon the animal system is to produce torpor and insensibility; but taken in small quantities they are at first exhilarate. And since alcohol does the same, most medical writers, at the present day, classify it among narcotics. Statutory classification of a drug as a narcotic often increases the penalties for violation of drug control statutes. For example, although federal law classifies both cocaine and amphetamines as Schedule II drugs, the penalty for possession of cocaine is greater than the penalty for possession of amphetamines because cocaine, unlike amphetamines, is classified as a narcotic. (Tau & Nicholas, 2015)

5. Theoretical Framework on Drug Addiction

5.1 Theory X and Theory Y by McGregor

Douglas McGregor explained the nature of human beings by a theory named X and Y theory. This viewpoint requires some thought on the perception of human nature. There are two sets of assumptions in this theory. Theory X and Theory Y are theories of human work motivation and management. They were created by Douglas McGregor while he was working at the MIT Sloan School of Management in the 1950s and developed further in the 1960s. McGregor's work was rooted in motivation theory alongside the works of Abraham Maslow, who created the hierarchy of needs. The two theories proposed by McGregor describe contrasting models of workforce motivation applied by managers in human resource management, organizational behaviour, organizational communication and organizational development. Theory X explains the importance of heightened supervision, external rewards, and penalties, while Theory Y highlights the motivating role of job satisfaction and encourages workers to approach tasks without direct supervision. Management use of Theory X and Theory Y can affect employee motivation and productivity in different ways, and managers may choose to implement strategies from both theories into their practices.

6. Maslow's Hierarchy of Needs Theory

Maslow argued that survival needs must be satisfied before the individual can satisfy the higher needs. The higher up the hierarchy, the more difficult it is to satisfy the needs associated with that stage, because of the interpersonal and environmental barriers that inevitably frustrate us. Higher needs become increasingly psychological and long-term rather than physiological and short-term, as in the lower survival-related needs. Hierarchy of needs theory is one of the most widely mentioned theories of motivation the hierarchy of needs theory put forth by psychologist Abraham Maslow. Maslow saw human needs in the form of a hierarchy, ascending from the lowest to the highest; and he concluded that, when one set of needs is satisfied, this kind of need ceases to be a motivator.

7. Need for Self-Actualization

Maslow regards this as the highest need in his hierarchy. It is the desire to become what one is capable of becoming –to maximize one’s potential and to accomplish something. Maslow said of self-actualization that it may be loosely described as the full use and exploitation of talents, capabilities, potentialities, etc. Such people seem to be fulfilling themselves and to be doing the best that they are capable of doing. They are people who have developed or are developing to the full stature of which they are capable. As each individual is unique, the motivation for self-actualization leads people in different directions (Kenrick et al., 2010). For some people, self-actualization can be achieved through creating works of art or literature, for others through sports, in the classroom, or within a corporate setting. Maslow (1962) believed self-actualization could be measured through the concept of peak experiences. This occurs when a person experiences the world totally for what it is, and there are feelings of euphoria, joy, and wonder. It is important to note that self-actualization is a continual process of becoming rather than a perfect state one reaches of a ‘happy ever after’ (Hoffman, 1988).

The growth of self-actualization (Maslow, 1962) refers to the need for personal growth and discovery that is present throughout a person’s life. For Maslow, a person is always ‘becoming’ and never remains static in these terms. In self-actualization, a person comes to find a meaning in life that is important to them. From this theory, it can be said from the discussion above that human beings are not motivated until they require a new need. These needs are hierarchical. Generally, they try to reach the highest pick of the hierarchy. In case they fail, they feel frustrated and depressed. Then they want to have something that can relieve their frustration. Thus, they take drugs as an option to be tension-free. Besides, as they are social beings, they need to belong, to be accepted by others. As a part of their belongings in society, they love to spend time with their surrounding people. As a result, they become easily influenced by their peer groups and thus learn how to pass the time by taking drugs in the society. It is seen in the rich family. On the other hand, young people belonging to the poor class in society, have to face hardship to meet physiological needs. Thus, frustration rises among them and they take drugs intending to relieve this frustration. Maslow noted that the order of needs might be flexible based on external circumstances or individual differences. For example, he notes that for some individuals, the need for self-esteem is more important than the need for love. For others, the need for creative fulfilment may supersede even the most basic needs. Maslow (1987) also pointed out that most behaviour is multi-motivated and noted that “any behaviour tends to be determined by several or all of the basic needs simultaneously rather than by only one of them” (p. 71).

8. Research Methodology and Data Collection

This study consists of both quantitative and qualitative. A questionnaire and case study both has been used in this study. In the analysis part collected data has been processed through statistics and numerical way.

During research of social study, it is difficult to undertake research through either quantitative or qualitative methods to find proper data. Rather, the combination of quantitative and qualitative methods may enhance the accuracy of data. Methods of research include Questionnaire Surveys. They allow the researcher to become familiar with the required data within its natural setting and to understand the content and the context of the issue. To increase the richness and accuracy of data, as well as the transferability of the findings, case studies of those who are addicted to drugs will be carried out.

In contrast, a questionnaire Survey has been carried out to collect the perspectives of adolescents, particularly addicts. In our societies, people who are not addicted may have different perspectives on the causes and nature of drug addiction in adolescents.

9. Study Population

To know the people's perceptions, 30 questionnaires and several numbers of case studies will be conducted. In the questionnaire survey, the respondents have been taken from addicts and patients from the National Institute of Mental Health (NIMH). And, at the time of conducting case studies, respondents were chosen randomly from Trauma Centre and Drug Addiction Rehabilitation Centre in Dhaka.

Expressive statistics have been presented in a pie chart with the percentages for easy understanding. Also, data has been analyzed with sufficient judgment. The difference in people's perceptions has been presented through a coloured pie chart and the reason behind that difference has been given with proper logic along with data analysis.

10. Data Analysis

Respondents were asked some structured and unstructured questions. Numbers of required data were collected from the thirty respondents who were from the National Institute of Mental Health (NIMH), Sher-E-Bangla Nagar, Dhaka. These research findings will suggest that the influence of peer groups, weak family bonding, affluence and shortage of money are the key factors for the drug addiction of adolescents in Bangladesh. In this section there are some important information regarding the research has been given with suitable figures and charts.

Gender of respondents:

Among 30 of the respondents, there were 25 boys and 5 girls who gave their views on the research topic through the questionnaire survey. Researchers adopted their views and comments in the data presentation and analysis section of the research paper by need.

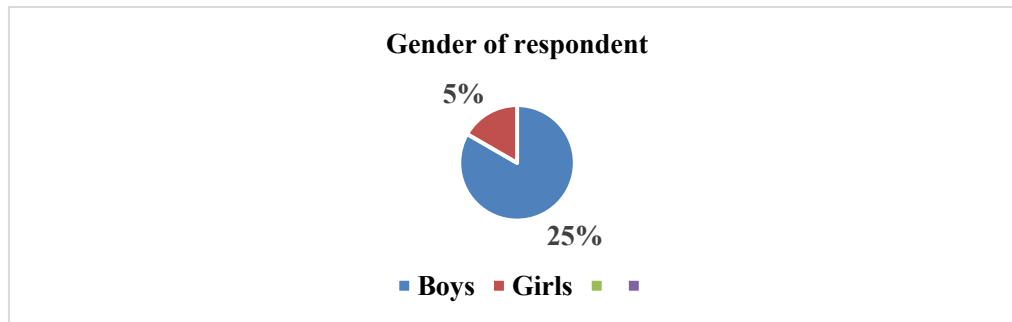


Figure 1. Gender of Respondents

Respondents' priority for the age range of adolescents: Respondents were asked about the average age of adolescents. As adolescents point toward the range of 18 to 30. So, they were given four options to choose the average age of drug addiction. Among those, age limit option (a) was 18 to 20, option (b) was 21 to 23, option (c) was 24 to 27 and option (d) was 27 to 30.

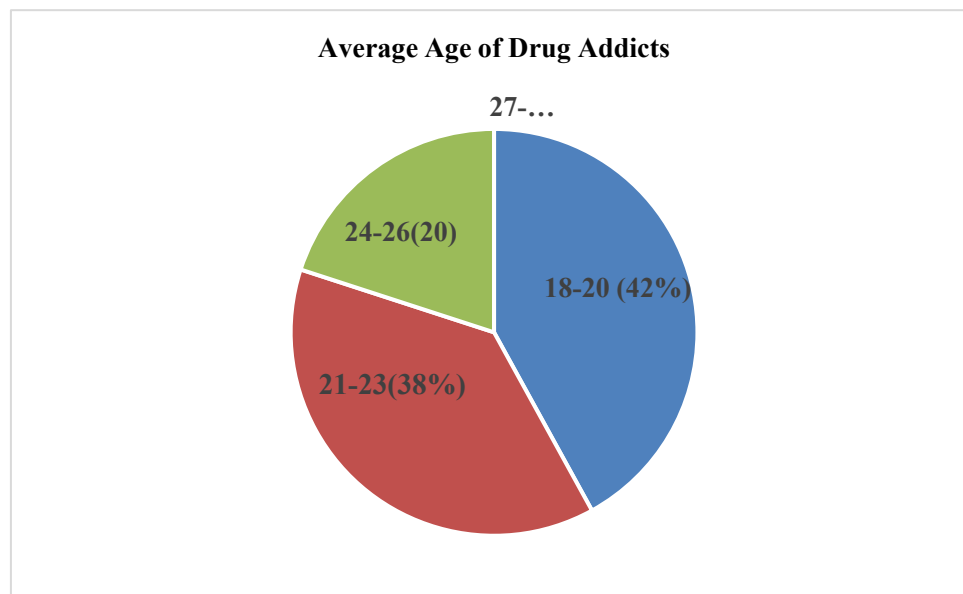


Figure 2. Average Age of Adolescent Drug Addiction

According to the respondent's view, 42% of the respondents chose option (a) which indicates the age of 18 to 20. the age of 21 to 23 is chosen mostly. Secondly, there are 38% of the respondents chosen option (b). On the contrary, no one chose the option of 27 to 30 and only 20% of them chose the option of 24 to 26. So, this figure indicates that 80% of the respondents said that at the age of 18 to 23 start taking drugs. A complementary question was asked regarding their choice of this option and why they think this range of adolescents is highly involved in drug addiction.

11. Family Status of Drug Addicts

As stated by the respondents there is a higher possibility for upper-class society to be involved in drug addiction. Their surroundings and environment tend to be aligned with the culture of drug addiction. And then the lower class, whereas the middle-class adolescents have a minor chance to be involved in drug addiction.

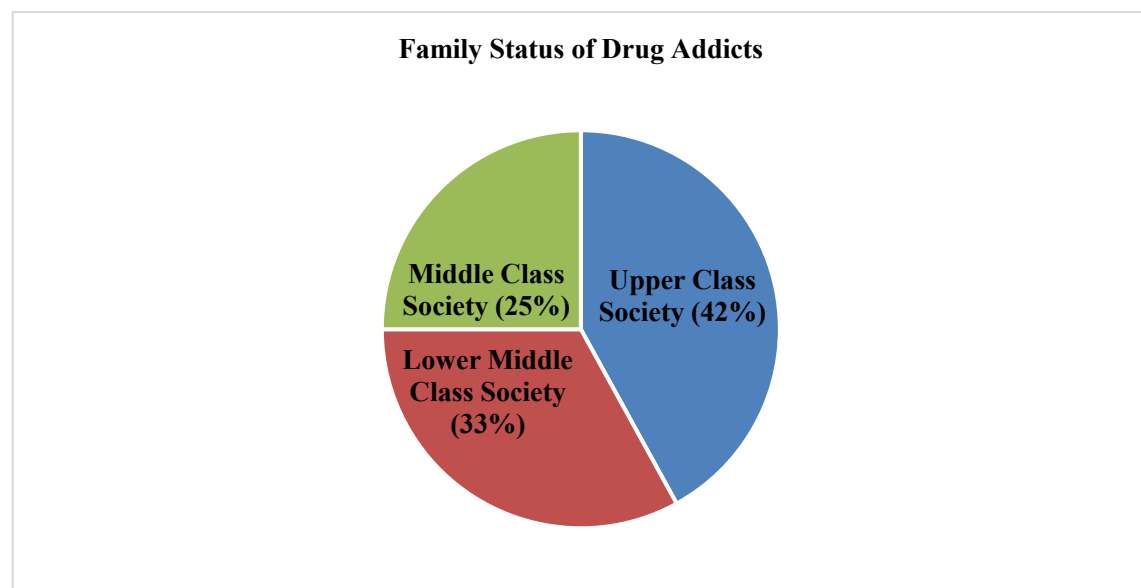


Figure 3. Family Status of Adolescent Drug Addicts

There are 42% of the respondents chose upper-class society, whereas 33% of them said about lower classes' involvement in drug addiction. However, only 25% of respondents said that middle-class adolescents are highly engaged in drug addiction. Then again respondents were asked a complimentary question to know why they think so.

Those said that upper-class adolescents are mostly involved in drug addiction, they argued that adolescents of this class are modernized and always try to follow Western culture, their parents don't pay enough time for them and they tend to have weak family bonding, they have more money by comparing with their demand, they have the affordability of consuming drugs, their parents always remain busy to themselves and they don't have enough time to regulate and monitor their children etc.

12. The Factor Responsible for Drug Addiction

There are lots of factors which are responsible for the drug addiction. However, the researchers gave them some options. These are weak family bonding, peer groups, affluence of money, loneliness and others. Respondents gave their opinions toward weak family bonding and peer groups. This figure depicts the factors responsible for leading adolescents to drug addiction in our society and country as well. They were questioned to blame the most responsible factor for drug addiction of adolescents, 38 of whom

blamed weak family bonding for adolescents to take drugs in the country. Then, the peer group was identified by 31 respondents. Whereas affluence of money and loneliness were also mentioned.

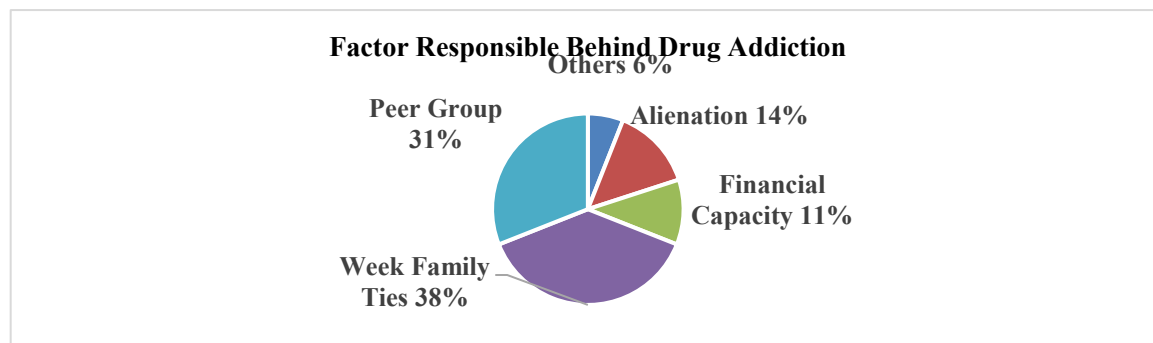


Figure 5. Factors Responsible Behind Drug Addiction

Nowadays, to cope with globalization the culture of our country and context is changing. Parents are losing their control over adolescents. As well as both father and mother tend to join their job so they rarely give their time to the children. So adolescents used to get freedom from an early age when they shouldn't have this. They failed to use their freedom in the right way because of their lack of experience. On the other hand, the nature of young age is to create new friendships as it opens a new chapter of their life. They used to learn many new things from their various friend at this stage. They used to spend their leisure time with their friend whom they found homogeneous. And then once these friends start to influence them. This can be either positive or negative way. In case they get involved with bad and immoral friends then its result goes to the negative way. A maximum number of adolescents are involved in drug addiction by the negative influence of peer groups. The point to be noted is that when young kids, don't get enough time from their family members they used to get in touch with friends whom they didn't know previously. For this reason, the maximum number of them preferred weak family bonding to peer groups as a responsible factor behind drug addiction. Then loneliness comes as a third factor, though weak family bonding leads to the peer group and the absence of the peer group makes the young lad alone, which is worked as another responsible factor in drug addiction of adolescents.

13. Conclusion

This potential research project aims to demonstrate how the influence of peer groups and weak parental roles leads to adolescent drug addiction. Drug addiction is not a personal problem of addicts rather it is a social problem which is turning into a national problem. Being a social problem, it creates many other problems, like social inequality, increasing juvenile crime, financial crisis, unemployment etc. It is our moral responsibility to destroy this social hazard. Based on the present study the government, society, parents, addicts as well and policymakers should take proper steps to combat this problem collectively. The formal and informal organization of the society has to play a direct and indirect role regarding this

problem. They both are complimentary to each other. Family, religious associations, schools, colleges and the community are the key organizations to play a role in the process of stopping drug addiction in adolescents.

The main elements in combating drug addiction include measures to control the availability and use of drugs, treatment of withdrawal symptoms, and restoration of social moral and religious values. To prevent re-addiction in patients, innovative treatment containing medical, social and religious aspects must be put in place. Easy availability of treatment will ensure the elimination of this socially and physically dreaded disease. Research papers showed that the influence of peer groups and weak parental roles leads to the young generation to the drug addiction. Drug addiction is not a personal problem of addicts rather it is a social problem which is turning into a national problem. Being a social problem, it also creates many other problems. Such as social inequality, increasing juvenile crime, financial crisis, unemployment etc. It is our moral responsibility to destroy this social hazard. Based on the present study the government, society, parents, addicts as well and policymakers should take proper steps to combat this problem collectively. The formal and informal organization of the society has to play a direct and indirect role regarding this problem. They both are complimentary to each other. Family, religious associations, schools, colleges and the community are the key organizations to play a role in the process of stopping drug addiction in the young generation.

14. Recommendations

To prevent the problem of drug addiction the government, parents and society have to take action collectively. No one can be individually successful in the combat with this problem. A participatory role can minimize this problem.

15. Role of Government

- The government can add drug-related lessons to the textbook of national curricula.
- The government can regulate drug-related businesses strictly.
- The government can consult with an international organization and can take help.
- Drug abuse prevention programs can be implemented in schools and colleges.
- Rehabilitation programs should be introduced by the government.
- Drug control units should be open under the Ministry of Health.
- National policy and drug-related laws should be adopted.
- Introducing community police in hazardous areas to control drug-related businesses and activities.
- Special forces can be made to prevent drug-related activities and to implement laws.

16. Role of the Family

- Parents and elder members must be connected with the young members in the virtual and real world.
- Addressing young members' demands positively.
- Regular monitoring of parents and elder members to the young.
- The family has to provide knowledge of the harmful consequences of drug addiction to their young member.
- After involving drugs, the family have to take proper treatment via different types of medical processes.
- Adoption of religious knowledge and practice by family.
- Parents should be aware of the friend circle of their children.

17. Role of Society

- There needs to be awareness in the society about negative aspects of drug addiction.
- Society has to create self-consciousness among young manpower of the country regarding drug addiction.
- Those people who come back from addiction can play a proper role by tutoring others as a living example.
- Social media can play a proper role by creating events, pages etc. against drug addiction.
- Social and humanitarian organizations can run various types of campaign programs.
- International projects can be run through non-government organizations.
- Society has to ensure a healthy environment for the young generation.
- Increasing the social responsibility of the elders of the society.
- It is the responsibility of the Physicians, Paramedical staff, community health workers, pharmacists, drug controlling authorities, personnel of pharmaceutical sales/ marketing and all health-related people to play their role from their side to minimize drug abuse and misuse in our society.
- Physicians and other healthcare-related people should be provided with educational training and awareness camps as per WHO guidelines to improve their prescription writing skills to eradicate prescription errors. A computerized physician order entry system should be introduced.

Proper strategies be employed to avoid heavy OPDs and busy Pharmacies. An optimum time must be utilized by the prescriber/doctor for proper consultation, as per instruction of WHO or the nature of the disease, i.e. history, diagnosis and counselling. However, at pharmacies, it is necessary to dispense medicines properly to ensure the rational use of drugs and also to encounter the problems of drug misuse and abuse.

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