Rethinking the Issues on Addiction Research: An Empirical Study on Drug Abuse and Addiction with Special Reference to Darjeeling District

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Abstract: Research in addiction field is very significant nowadays due to its dynamicity and exposure. The current study on drug abuse and addiction has been done in the region of Darjeeling district, West Bengal. The study mainly focused on the section of youth of the area as the category is more affected with the behaviour. The work has been done comparatively with the existing scholarship and the data that has been collected from the field empirically. Objectives of the study based on the factors that were treated as vital issues in guiding youth towards drug abuse and addiction in existing research. An attempt has been made to assess the applicability of those factors in the lives of the respondents of the study and also, focused to analyze the factors minutely and their contribution in the behaviour of drug abuse and addiction from socio-economic perspective. The paper is based on the phenomenological experiences of the respondents that are detailed through thick description technique of ethnomethodology. The findings of the present study show a difference with the existing academic research on drug addiction.

Keywords: Addiction, Drug, Religion, Religiosity, Socialization,

Introduction

Research is a systematic study that helps in identifying the related issues that are directly or indirectly associated with a recognized social problem in social sciences. Research means, searching again and again on a particular topic from same or different perspectives which will help in revealing dynamicity of the topic and interpret meanings that are nearer to the truth. In this study an attempt has been made to locate the major changes that are brought in the concerned field of drug abuse and addiction, and also, to convey the insights of the existing scholarship on the issue.

The study has been done in the region of Darjeeling district of the state West Bengal empirically. Rationale of selecting the region as a field due to its strategic significance

and non-availability of research on the issue in the particular area. The region is vibrant on the behaviour relating to drug abuse and addiction. The study is based its data collection from rehabilitation centres and non-rehabilitation centres (local drug hubs of the district). The data represents a comparative analyses of different variables in tabular form.

The present research is truly an endeavour that seeks to unravel undermining issues related to the topic and also, attempted to focus on the perspectives that are neglected or misinterpreted in relation to the contemporary society's situation and applicability.

The work is based on the phenomenological analyses of the experiences of the respondents which detailed and discussed through 'Thick Description' of ethnomethodology to represent the actual scenario of the contemporary times. The paper presents information on socio-economic background of the total respondents that were collected from the field (Darjeeling district) and also for the discussion of the undermining facts relating to the study. A total of forty respondents were considered for the study and detailed information about their behavior is discussed in this paper.

The findings of the study signify that the existing scholarship on the issue has been misinterpreted and established linkages between drug abuse and addiction with factors that associates to the basic background of the respondents. An attempt has been made to assess the factors minutely in support of the theories that are relevant and sufficient to establish the arguments of the study. The study bears its discussion comparatively with existing research along with the arguments of the present study. The arguments mainly carried out on the religion and religiosity, community background of the respondents and lastly on socialization of the respondents and tried to convey and settle the discussion that how these factors could be the vital factors or not that leads individual towards drug abuse and addiction behaviour.

Socio-Economic Background

Assessment of socio-economic background of the respondents helps in identifying the basic associating reasons of the problem empirically. The paper furnishes the socio-economic and cultural background of the respondents and their families. Data has been represented in a tabular form which is followed by an interpretation. The intention of presenting the socio-economic profile of the respondents and their families is to show the section of society on whom the research was being carried out and also, to assess the linkages that lead someone towards drug abuse and addiction based on factors relating to the socio-economic information of the respondents.

The region and locality of the respondents are highlighted in the first table. In table no. 1, three variables have been set for the analysis that are- the hills and plains region of the district, rehabilitation and non-rehabilitation centres (local drug hubs) and, urban and

rural areas of the district. Equal numbers of respondents were taken from each location to assess the comparative presence of patterns and magnitude of drug abuse behavior in the district as the region already has so much difference geographically and strategically.

Table 1: Distribution of the Respondents By Region and Locality

SL. NO.	VARIABLES	REHABILITATION CENTRE		PERCENT	NON-REHABILITATION CENTRE		PERCENT	TOTAL (%)
		URBAN (%)	RURAL(%)		URBAN (%)	RURAL (%)		
1.	HILLS	05(12.50)	05(12.50)	25	05(12.50)	05(12.50)	25	20(50)
2.	PLAINS	05(12.50)	05(12.50)	25	05(12.50)	05(12.50)	25	20(50)
	GRAND TOTAL	10(25)	10(25)	50	10(25)	10(25)	50	40(100)

Source: Field survey

Table number 2, shows the age and sex distribution of the respondents. In this table, we are not intending to enquire about the age of initiation of addicts into drug abuse or in the addiction world rather we are focusing on displaying the current age group of the respondents who are already in addiction. Sex-wise ten girls from the rehabilitation centre and ten girls from the non-rehabilitation centre were taken as samples for the analyses of the study and the same number of boys were taken as the sample from the rehabilitation and non-rehabilitation centre for the study.

As we can see in the table, the age group of 10-20 constitutes 55% of the total respondents and is a major segment followed by the age group of 21-30 which is 35% of the total respondents. Three respondents were found who belong to the age group of below 10 years which shows a decline in the age group for engagement in drug-related activities in the concerned region under study.

The problem of drug abuse and addiction nowadays is becoming a problem for the young as it is disseminating so fast amongst such age groups through different channels of communication. The middle-aged and old people are less in number compared to the young. Three respondents were found in the first category of the table which is below the age of 10 years and at this age, they are very active in drug consumption. Usually, they take *solution* (a mixture of whitener powder and liquid) and dendrite (glue) in the daylight but with their differential group, they consume natural and synthetic drugs as well. To manage money for consumption they do work of every kind as per their convenience like, sometimes they beg money for food and ultimately buy substances, collect garbage from their surroundings, pick-pocket and sometimes play the role of a watcher for other addicts and pass information to the addicts if someone comes (locals or police). Age has become just a number for them.

Table 2: Distribution of the Respondents By age And Sex

SL. NO.	AGE GROUP IN YEARS	REHABILITATION CENTRE		TOTAL WITH PERCENT	NON-REHABILITATION CENTRE		TOTAL WITH PERCENT	GRAND TOTAL WITH (%)
		M (%)	F (%)		M (%)	F (%)		
1.	<10	00	00	00	2(5)	1(2.50)	7.50	3(7.50)
2.	10-20	3(7.50)	7(17.50)	10(25)	7(17.25)	5(12.50)	12(30)	22(55)
3.	21-30	6(15)	3(7.50)	09(22.50)	1(2.50)	4(10)	05(12.50)	14(35)
4.	31 AND ABOVE	1(2.50)	00	01(2.50)	00	00	00	1(2.50)
	GRAND TOTAL	10(25)	10(25)	50	10(25)	10(25)	50	40(100)

Source: Field survey

Table 3: Community-Wise Distribution of the Respondents

SL. NO.	RELIGION GROUPS	REHABILITATION CENTRE		PERCENT	NON-REHABILITATION CENTRE		PERCENT	TOTAL
		M (%)	F (%)		M (%)	F (%)		
1.	BENGALI	04(10)	03(7.50)	07(17.50)	02(5)	03(7.50)	05(12.50)	12(30)
2.	NEPALI	03(7.50)	05(12.50)	20	03(7.50)	03(7.50)	15	14(35)
3.	RAJBONSHI	01(2.50)	00	01(2.50)	01(2.50)	00	01(2.50)	2(5)
4.	MUSLIM	01(2.50)	02(5)	7.50	04(10)	02(5)	15	9(22.50)
5.	OTHERS	01(2.50)	00	01(2.50)	00	02(5)	2(5)	03(7.50)
	GRAND TOTAL	10(25)	10(25)	50	10(25)	10(25)	50	40(100)

Source: Field survey

Table 3 shows the community distribution of the respondents based on communicative language. The Darjeeling district is inhabited by mixed communities and they have their own languages. In the concerned region under study, the dominant communicative languages are Bengali, Nepali, and Hindi but most of the communities have their own lingual origin. An attempt has been made to identify the community background of the respondents based on the dominant language instead of the mother tongue of the respondents like, in Nepali communities Lepcha, and Limbu have their dialects but in broad structure, they all communicate in the Nepali language, therefore, in this study, they are considered and counted in Nepali community. Respondents from the Muslim community are taken up separately because either they communicate in Hindi, Rajbonshi, and a mixed language of Bengali, Bihari, and *Odiya-* that is a language of the Orissa people. The third category of the table 'OTHERS' includes the mother tongue of the Bihari, Santhals, and Marwari.

In the table, the Bengali and Nepali community constitute the majority that is 30% and 35% of the total respondents respectively. Rajbonshi and Other categories are the minimum of the total respondents that is 5% and 7.5% respectively. Showing this percentage of the respondents do not signify the fact that dominant groups are linked more with drug abuse and related activities compared to the rest of the categories but it portrays the community background of the respondents only.

Table 4: Distribution of the Respondents By Family Type

SL. NO.	VARIABLES	REHABILITATION CENTRE		PERCENT	NON-REHABILITATION CENTRE		PERCENT	TOTAL (%)
		URBAN	RURAL		URBAN	RURAL		
1.	NUCLEAR	16(40)	01(2.50)	42.50	17(42.50)	02(5)	47.50	36(90)
2.	JOINT	01(2.50)	02(5)	7.50	00	01(2.50)	2.50	04(10)
	GRAND TOTAL	17(42.50)	03(7.50)	50	17(42.50)	03(7.50)	50	40(100)

Source: Field survey

Table number 4 highlights the family type of the respondents. The table shows that the respondents belong majorly to the nuclear family structure which is 90% of the total population. An increase in nuclear family structure in contemporary society can be seen in both urban and rural societies, and joint family for urban and rural areas constitutes 10% of the total respondents.

Considering this variable, the current research shows that in some way or the other young population is experiencing their lives under less supervision due to the fewer members in the family compared to the joint family supervision. Working parents (both) rely on several institutions to provide their children proper guidance due to shortage of time and in some cases, it paved the way for the young generation to experience freedom as their parents are unable to pay attention and take of them. Un-attachment to family ties, feelings of alienation, and unworthiness are some of the negative emotional feelings that can grow and lead young to taste the experience of illegal activities.

Respondents' religious affiliations and backgrounds have been shown in table number 5. As already mentioned that Darjeeling district is inhabited by mixed communities which means people have mixed religious affiliations too. Amongst all the respondents Hindu religious group represents the majority which is 42.50%, which is followed by Muslims and Christians constituting 22.50% respectively out of the total respondents. Only one respondent is affiliated with the Sikh religious group and a migrant from Punjab for job purposes and now, settled in the region under study.

Table 5: Categorization of the Respondents By their Religion

SL. NO.	RELIGIOUS GROUPS	REHABILITATION CENTRE		PERCENT	NON-REHABILITATION CENTRE		PERCENT	TOTAL
		M (%)	F (%)		M (%)	F (%)		
1.	HINDU	04(10)	05(12.50)	22.50	04(10)	04(10)	20	17(42.50)
2.	MUSLIM	01(2.50)	02(5)	7.50	04(10)	02(5)	15	9(22.50)
3.	CHRISTIAN	04(10)	01(2.50)	12.50	01(2.50)	03(7.50)	10	9(22.50)
4.	BUDDHIST	01(2.50)	02(5)	7.50	01(2.50)	00	2.50	04(10)
5.	SIKH	00	00	00	00	01(2.50)	2.50	01(2.50)
	GRAND TOTAL	10(25)	10(25)	50	10(25)	10(25)	50	40(100)

Source: Field survey

Respondents are distributed based on their religious affiliation only to portray their primordial ties to religion but not to link drug abuse and addiction with the religion of a particular group of the population. The current research finds that drug abusers in addiction claim to have no religious identity because, in a social setting, they are identified as addicts only.

Table 6: Classification of the Respondents By Religiosity

SL. NO.	RELIGIOSITY	REHABILITATION CENTRE		PERCENT	NON-REHABILITATION CENTRE		PERCENT	TOTAL
		M (%)	F (%)		M (%)	F (%)		
1.	HIGH	00	00	00	00	00	00	00
2.	MODERATE	00	04(10)	10	02(5)	03(7.50)	12.50	09(22.50)
3.	LEAST	10(25)	06(15)	40	08(20)	07(17.50)	37.50	31(77.50)
	GRAND TOTAL	10(25)	10(25)	50	10(25)	10(25)	50	40(100)

Source: Field survey

Religion and religiosity are the two sides of a single coin. Respondents' degree of religiosity has been displayed in table number 6. This variable has been considered in the current research to examine the relationship between religion and religiosity with drug abuse and addiction. Although every respondent is affiliated with a particular religious group the table shows a major category of respondents have least religiosity and the proportion is 77.50% of the total respondents. None of the respondents replied that they are highly religious and have high religiosity in their respective religions.

The quantitative representation of respondents in tabular form reflected respondents' degree of religiosity to their religion which is not necessarily signifying

that they are atheists but when they have been asked qualitatively whether they have faith in the almighty or not. then, most of the respondents simply replied that they have faith in religion but they are not in a position to maintain religious activities in daily life. Almost all the addicts mentioned irrespective of their religious affiliation that, they are a believer of lord Shiva as the name supports their consumption of the drug (marijuana) and temples of lord Shiva provides a space for marijuana consumption and the ground for acceptance of such activity in the temple area is, lord Shiva himself who was the biggest marijuana smoker in Hindu religion and the addicts (natural drug) are the representative of the lord.

Therefore, the current study finds that the drug addicts operate irrespective of the communal and religious identities of the addicts. Addiction culture pivots around addicts, not their religion or religiosity.

The educational background of the respondents has been reflected in table number 7. 'Education is very important to be a responsible citizen of the nation' that is being said always by the parents of the families and obviously to live a good life by getting a reputed job but here, we are trying to envisage the possible linkages of the educational background of the addicts with drug abuse and addiction.

The table shows a clear division of educational background between rehabilitation and non-rehabilitation centres in the concerned study. In rehabilitation centre addicts are majorly from college-going students which are 27.50% out of the total respondents from rehabilitation centre followed by 15% higher secondary school students. On the other hand, non-rehabilitation centre respondents who are doing M. Phil and Ph.D. constitutes 5% of the total respondents. In this section non-rehabilitation respondents have an educational background from every category of distribution. One thing can be said that addicts nowadays mostly come from schools and colleges or in other words, it can be said that school and college students are the ones most targeted in the contemporary situation.

The political economy of the drug trade, access to technological resources at an early age, and the impact of social networking sites along with student identity enable them to enquire about recent trends in the name of culture and encourage them to participate in illegal activities in the name of consumerism of modern culture.

Tables 8 and 9 show the occupational and income structure of respondents. Assessing and explaining the occupation and income of the respondents together will help us in identifying the sources of income of addicts who are in an occupation and also those who do not have any particular occupation. Normally, occupation and the amount of income show the source of bread and butter earning of any individual but drug addicts usually earn or manage money only to stay in their lost world by consuming desired substances. The observations of the current scholar were something different

Table 7: Assessment of the Respondents by Education

SL. NO.	EDUCATIONAL BACKGROUND	REHABILITATION CENTRE		PERCENT	NON-REHABILITATION CENTRE		PERCENT	TOTAL (%)
		M (%)	F (%)		M (%)	F (%)		
1.	ILLITERATE	00	00	00	02(5)	01(2.50)	7.50	03(7.50)
2.	PRIMARY (CLASS I-IV)	00	00	00	01(2.50)	00	2.50	1(2.50)
3.	UPPER PRIMARY (V-VIII)	00	00	00	01(2.50)	01(2.50)	5	2(5)
4.	SECONDARY LEVEL	00	00	00	02(5)	02(5)	10	4(10)
5.	HIGHER SECONDARY LEVEL	04(10)	02(5)	15	01(2.50)	02(5)	7.50	9(22.50)
6.	GRADUATION	04(10)	07(17.50)	27.50	01(2.50)	03(7.50)	10	15(37.50)
7.	POST-GRADUATION	02(5)	01(2.50)	7.50	01(2.50)	00	2.50	4(10)
8.	M.PHIL & PHD	00	00	00	01(2.50)	01(2.50)	5	2(5)
	GRAND TOTAL	10(25)	10(25)	50	10(25)	10(25)	50	40(100)

Source: Field survey

Table 8: Distribution of the Respondents by their Occupation

SL. NO.	OCCUPATIONS	REHABILITATION CENTRE		TOTAL NUMBER WITH %	NON-REHABILITATION CENTRE		TOTAL NUMBER WITH %	GRAND TOTAL (%)
		M (%)	F (%)		M (%)	F (%)		
1.	GOVERNMENT EMPLOYEE	00	01(2.50)	01(2.50)	00	00	00	01(2.50)
2.	INFORMAL WORKER	02(5)	01(2.50)	03(7.50)	00	00	00	03(7.50)
3.	PETTY BUSINESSMEN	00	00	00	01(2.50)	00	01(2.50)	01(2.50)
4.	DRUG TRADER	02(5)	02(5)	04(10)	03(7.50)	02(5)	05(12.50)	09(22.50)
5.	OTHERS	00	00	00	01(2.50)	04(10)	05(12.50)	05(12.50)
6.	UNEMPLOYED (INCLUDING STUDENT)	06(15)	06(15)	12(30)	05(12.50)	04(10)	09(22.50)	21(52.50)
	GRAND TOTAL	10(25)	10(25)	20(50)	10(25)	10(25)	20(50)	40(100)

Source: Field survey

from the existing scholarship (Choudhury, 2003; Kar, 2007; Bagchi and Dey, 1997) on addiction which is that no occupational structure and amount of income generated by a specific occupation can justify the actual earnings and expenditure for an addict.

In drug addiction addicts are bound to manage money for their desired substances if the psychological and physical dependency on the drug comes in. Particular occupation helps to get money from a particular source but in the addiction world dependent addicts eventually become unproductive in their specific occupation as they start to lose work capability and strength with time because their concerns always poke them to have more and more drugs repeatedly instead of focusing on their concerned job. Therefore, addicts need to have different sources to manage money for their substances. Hence, they start looking for petty illegal jobs to have instant money by taking full risks on their future and lives only to fulfill drug urges. Based on this the actual earnings from an occupation and the expenditure of an addict are hard to justify.

One of the respondents from the region shared her experience with drug management for consumption. Mousumi (pseudonym) is a resident of Siliguri and a school-going girl who has been addicted to drugs for two years. She shared some sources of management to procure drugs daily. Mousumi has no source of income as she is a school-going student even then she used to spend one thousand rupees per day (approximately) on drugs. She belongs to a lower-middle-class family as her father is a toto (electric passenger vehicle) driver and her mother is a housemaid. Mousumi attached herself to substances with her neighborhood friends in her locality only but gradually she also got attached to outside friends for the consumption of substances. She started with marijuana and then shifted to synthetic.

For the management of money for her drugs she initially used to steal money from her father's pocket, and borrow money from her friends, instead of paying tuition fees to the teacher she bought substances et cetera. In due course when her tolerance developed, she needed more money on a daily basis as her doses of drugs per day increased too. Hence, one of Mousumi's friends suggested that she can do what her other friends are doing for money, that is working as a part time sex worker. For the first time Mousumi used her body (for sexual purposes) for a couple of hours in exchange for three thousand rupees. She has stepped into the world of prostitution as a part-timer just to sustain her addiction. In the daylight, she is a school student but at night she is a deep-down addict in part-time sex work.

This type of respondents creates a dilemma for scholars in a way that, in which social category they will come under whether employed or unemployed category for the analyses.

The occupational table displays that only one addict is a government servant and the rest of the addicts are associated with different occupational identities. The

occupational categorization of 'others' include vehicle drivers, railways or cinema ticket black marketeers, pimps, prostitutes, et cetera which are temporary in nature.

Most of the respondents belong to unemployed (including students) who constitute 52.50% of the total respondents and drug traders are showing the second highest which is 22.50% of the total respondents. Only 12.50 % belong to organized sectors which justifies the existing scholarship explanation which is, addicts are irregular in nature and irresponsible in a committed task. Hence, they are unable to maintain a scheduled job with their illegal drug activities (Bagchi and Dey, 1997). A majority of respondents are earning or managing minimum rupees 5000 per month although occupational profile suggested that, students and unemployed respondents are constituting the majority. Hence, the question becomes relevant that wherefrom they are getting this amount of money?

Both tables reveal comparative data between addicts of rehabilitation and non-rehabilitation centres in respect of their occupation and income. The occupational table shows that addicts from rehabilitation centre are engaged in recognized mainstream jobs like, government service and informal organizations but addicts from the non-rehabilitation center are mostly engaged in the 'others' category which is 12.50%. A significant number of the total respondents are continuing the drug trade which is 22.50% to sustain their addiction behavior.

Information on the income of addicts is not matching the information provided on their occupation. Hence, it is more likely to be said that, most of the respondents whether from rehabilitation or non-rehabilitation centres are engaged in some sort of illegal activities to continue their drug abuse as most of the addicts mislead people by providing wrong information on their earnings concerning the occupation they are related to.

The family occupation of the respondents is shown in table no. 10. Parents of the addicts are engaged in different occupations and most of the addicts have a sound family occupational background amongst which 37.50% are in different departments of government services and businessmen constitute 17.50% of the total respondents. Only one parent of an addict is attached to the drug trade and other parents are engaged with the other occupational categories that are shown in the table. The table shows a clear occupational difference between addicts of rehabilitation centre with non-rehabilitation centre (local drug hub) addicts in a way that high-profile occupations are mostly occupied by the parents of rehabilitation centre addicts. Hence, we can easily assume there must be a clear division in the family income of these two groups of addicts. Parents are also found attached to wage labor and drug trade occupational category only from the non-rehabilitation group which signifies that, addicts from rehabilitation centres are more affluent in some respect than local drug hub addicts.

Table 9: Classification of The Respondents by their Monthly Income

SL. NO.	INCOME	REHABILITATION CENTRE		TOTAL NUMBER WITH %	NON-REHABILITATION CENTRE		TOTAL NUMBER WITH %	GRAND TOTAL (%)
		M (%)	F (%)		M (%)	F (%)		
1.	1001-2000	01(2.50)	00	01(2.50)	01(2.50)	02(05)	03(7.50)	04(10)
2.	2001 -5000	04(10)	02(05)	06(15)	02(05)	02(05)	04(10)	10(25)
3.	5001 -10000	01(2.50)	04(10)	05(12.50)	02(05)	01(2.50)	03(7.50)	08(20)
4.	10001- 15000	00	00	00	00	00	00	00
5.	15001-20000	00	00	00	00	00	00	00
6.	20001-25000	02(05)	00	02(05)	00	03(7.50)	03(7.50)	05(12.50)
7.	25001-30000	00	01(2.50)	01(2.50)	01(2.50)	00	01(2.50)	02(05)
8.	30000 ABOVE	02(05)	03(7.50)	05(12.50)	04(10)	02(05)	06(15)	11(27.50)
	GRAND TOTAL	10(25)	10(25)	20(50)	10(25)	10(25)	20(50)	40(100)

Source: Field survey

Table 10: Distribution of the Respondents by their Family Occupation

SL. NO.	OCCUPATIONS	REHABILITATION CENTRE		PERCENT	NON-REHABILITATION CENTRE		PERCENT	TOTAL
		M (%)	F (%)		M (%)	F (%)		
1.	GOVERNMENT EMPLOYEE	05(12.50)	06(15)	27.50	03(7.50)	01(2.50)	10	15(37.50)
2.	INFORMAL EMPLOYEE	02(5)	00	5	00	03(7.50)	7.50	5(12.50)
3.	WAGE LABOUR	00	00	00	01(2.50)	01(2.50)	2.50	02(5)
4.	BUSINESSMEN	02(5)	03(7.50)	12.50	02(5)	00	5	07(17.50)
5.	SHOP KEEPER	00	00	00	02(5)	04(10)	15	06(15)
6.	DRUG TRADER	00	00	00	01(2.50)	00	2.50	01(2.50)
7.	OTHERS	01(2.50)	01(2.50)	5	01(2.50)	01(2.50)	5	04(10)
	GRAND TOTAL	10(25)	10(25)	50	10(25)	10(25)	50	40(100)

Source: Field survey

*OTHERS- includes construction contractors, distributors of different goods like ITC products, lottery, and plant nursery owners et cetera.

*INFORMAL ORGANIZATIONS- includes a scheduled job in different finance corporations, salesman, different managers and attendants in informal sectors et cetera.

Analyses of the family monthly income of the respondents in table number 11 shows a clear comparative existence between the rehabilitation and local drug hub addicts. For rehabilitation addicts' family, income starts from rupees 40,000 while in the case of addicts from local drug hubs, their family income can be found in all categories in the table distribution. Only 7.50 percent of family income crosses rupees 50000 and above and the same number of respondents' family income is found in the category of rupees 40000 to 50000 from families of local drug addicts.

Table number 12 showcases the marital status of the respondents from rehabilitation centres as well as from local drug hubs. Amongst all the respondents only 12.50 percent are married from both areas of analyses. Local hub addicts are showing 7.50 percent as married and 5 percent from rehabilitation centre addicts. A total of 10 percent of the addicts are divorced or separated from both units of analysis that is rehab and non-rehab. 7.50 percent of addicts from rehab are found to be divorced or separated whereas for non-rehab addicts they constitute 2.50 percent.

Table 11: Display of the Respondents by their Family Monthly Income

SL. NO.	INCOME	REHABILITATION CENTRE		PERCENT	NON-REHABILITATION CENTRE		PERCENT	TOTAL
		M (%)	F (%)		M (%)	F (%)		
1.	10001-20000	00	00	00	01(2.50)	01(2.50)	5	2(5)
2.	20001 -30000	00	00	00	02(5)	02(5)	10	04(10)
3.	30001 -40000	00	00	00	03(7.50)	05(12.50)	20	08(20)
4.	40000-50000	03(7.50)	02(5)	12.50	01(2.50)	02(5)	7.50	08(20)
5.	50000 ABOVE	07(17.50)	08(20)	37.50	03(7.50)	00	7.50	18(45)
	GRAND TOTAL	10(25)	10(25)	50	10(25)	10(25)	50	40(100)

Source: Field survey

Table 12: Marital Status of the Respondents

SL. NO	STATUS	REHABILITATION CENTRE		PERCENT	NON-REHABILITATION CENTRE		PERCENT	TOTAL
		M (%)	F (%)		M (%)	F (%)		
1.	MARRIED	01(2.50)	01(2.50)	05	01(2.50)	02(5)	7.50	05(12.50)
2.	UNMARRIED	08(20)	07(17.50)	37.50	09(22.50)	07(17.50)	40	31(77.50)
3.	DIVORCED/ SEPARATED	01(2.50)	02(5)	7.50	00	01(2.50)	2.50	04(10)
	GRAND TOTAL	10(25)	10(25)	50	10(25)	10(25)	50	40(100)

Source: Field survey

Discussions on Empirical Data

Most of the social science disciplines have their research based on empiricism (information on the concerned research topic collected from the field) and the approach may be qualitative or quantitative, or both. Usually, the researcher uses empirical data to link and prove or test the hypothesis of the study. Thus, empirical data in tabular form represent the vital linkages of the family background of the respondents with the concerned topic of research. Social science disciplines that study Behavior, relation, and interaction of humans always have space to enquire on a single topic longitudinally as human behavior is continuously changing with time, physical space, and development.

In existing scholarship on drug abuse and addiction, many studies took place and have linked their study findings with the family background of the respondents. Scholars who did their work on addiction (Kar,2007; Choudhury, 2003) have found a direct relationship between the family background of the respondents with drug abuse and addiction but the current study finds no significant relationship between the family background of the respondents and drug-related activities but it reflects and informs a general background of the respondents that on whom the study is being conducted. We will discuss the aforementioned statement in detail below.

Religion and Religiosity

In West Bengal, addiction research was done by doctoral scholars (Choudhury, 2003; Kar, 2007) and they linked the basic background of respondents with drug addiction in a way that, religion and religiosity of respondents are very important factors which countenance drug addiction problem. Choudhury in his work 'Drug Addiction among the Youth in Calcutta' mentioned that theist individuals are prone to drug abuse and addiction as in the Hindu Religion God (lord Shiva) and Goddess (*Sasan Kali*) are associated with substances, hence those occasions and other practices like Holi, charak et cetera are reinforcing drug abuse and addiction in large scale. So, theists become attracted to those practices as they are theists and maintain those practices in their everyday life and that has been substantiated by numerical data of the respondents in his study. He did his study in Kolkata and a major category of respondents belonged to the Hindu religion but he did not explain the same for Muslims or other communities who associate with other religious practices and whose religion has no association with substances even then they got attached with drug abuse and addiction.

The current study suggests that there is no direct relation found between the religious identity of an addict and drug abuse. Addicts only make use of religious occasions and spaces to carry out their drug-related activities smoothly. A major section of the respondents from the current study said that the 'drug itself has some festive ingredients to celebrate and can create an ambience of an occasion'.

Community Background

Furthermore, the other scholars linked another variable that worked as an influential factor for drug abuse and addiction which is the communal background of respondents. Jogot, 2014, in their study 'Drug Addiction in Calcutta: An Appraisal' envisaged relations between drug dealers, peddlers, agents, pushers of drug and addicts as well and mentioned drug dealers, peddlers, and agents are mostly from Muslim communities but the community distribution of the respondents in their study shows only 14% Muslim out of total respondents. No other information is quantitatively shown by the authors on dealers, peddlers, or agents in their study. Data and their discussion for the community is not matched at all, hence this statement will easily misguide forthcoming scholars who will be in addiction research because it is very confusing as they did not explain the reasons for attachment in drug-related activities (dealing, peddling, supplying et cetera) are mostly done by the Muslim communities.

The current study in the Darjeeling district on drug addiction found that the community background of respondents represents the total number of respondents from a single community. The Darjeeling district is inhabited by mixed communities and the concerned problem of drug addiction has no communal background in its existence. One of the respondents mentioned that addiction has its grip on every community and drug addiction depends on the contemporary youth culture of the area instead of community culture. In a post-modern era, many factors are associated with the growing problem of drug abuse and addiction and significantly, a cosmopolitan way of life is one of them. In the Darjeeling district, cosmopolitan life encourages a secular lifestyle and culture where people are less bothered with communal affiliations.

Socialization

For any kind of research in social sciences information on respondents' family structure, education, occupation, and income show the background that where and what kind of family they belong to. With that information, one can easily assume what resources the respondent may have been entitled to. Similarly, by collecting data on the aforementioned areas of family background several studies on addiction (Choudhury, 2004; Sarkar, 2001) discusses the socialization of the respondents. Scholars normally assume about the socialization of the respondents only by looking at the information on family structure, education, occupation, and income, and linking the current situation of the respondent. Choudhury and Kar have discussed and blamed socialization as one of the key factors that lead an individual towards drug abuse and addiction. Scholars found that broken family structure, less education, low-status occupation, and low income will put the burden on parents to provide proper socialization to their offspring, and procuring drugs is possible for those who get poor socialization from

their respective families. Based on quantitative data on above mentioned areas they justified the relationship between socialization and drug.

So, it can be said based on the above findings of scholars that, respondents from affluent families in respect of education, occupation, and income are less prone to drug abuse and addiction as they get a very good family socialization. On the contrary, there are renowned scholars (Charles et al. 1999) who found in their study, availability and easy access to different resources make individual curious to taste new things during their teenage and drug is one of them. For the affluent class, technological advancement, access to social media, party culture, and most importantly 'wannabe culture' of the young play key roles to advance them toward drug culture.

Critical observation of the current scholar for this study says socialization is something necessarily imparted by the parents and guardians to the new generation irrespective of family structure, education, occupation, and income. Every family gives learning to their child to be in the mainstream and to become a responsible citizen of the nation even if the family has some bad association (criminal background, addict member in the family or low education or income or status).

Moreover, family socialization is a mainstream process that never guides anyone to the illegal activities of the dark world. It may be possible that lack of supervision of the parents gives their child a free hand to enjoy freedom in the name of modern culture, trends, wannabe culture, alienation, non-attachment to family relations et cetera which lead individuals to break mainstream boundaries.

The above mentioned discussion on 'socialization' could be understood properly in light of relevant theories and its linkage with the concerned issue.

Firstly, Social Learning Theory, by Albert Bandura is considered the leading proponent of learning. It focuses on the idea that people can learn by observing the behavior of others but often that learning remains a part of their cognition and may not be shown in their performance. This may or may not result in a behavior change. Drug abuse is altogether a learned phenomenon. It comes under social learning because the behavior is completely learned by observing others. Hence, it depends on the individual what to learn and what not to. Lack of supervision provides an opportunity for the individual to observe and experience negative activities and subsequently to choose the path they will follow in their own lives.

Another important theory is the Self-Control Theory by Walter C. Reckless who pointed out that, the concept of 'Self' is a key factor in delinquent behavior. In the creation of 'self' positive and negative buffers are playing vital roles in individual choice. If the self is strong then it makes a strong buffer which is positive to law-abiding activities and if the self is weak then it creates a negative buffer which is favorable to the delinquent behavior. So, it depends on the rational choice of the individual in the life course whether the individual shifts himself on which side of life.

Once individuals get attached to the illegal activity of the drug (consumption and related activities) they automatically relate themselves with differential association to sustain their behavior where anticipatory socialization starts as they aspire to stay outside of mainstream rules and regulations.

There are so many factors that are responsible of making this behaviour as a social problem in societies all over the World. Hence, different causes deserve an attention with which youth of contemporary indulging themselves in such illegal behaviour.

Conclusion

The study concludes that, human behaviour is tend to be changed from time to time, space to space and situation to situation which signify the dynamicity of human behaviour and the relevant factors that changes the behaviour. Emergence and development of the region and mentality of people based on technological innovations and opportunities put people in a constant change. The findings of the present study denote that the factors that associated with the issue and played a vital contribution in leading individuals towards drug abuse and addiction behaviour are no longer treated as vital reinforcing factors in countenancing the behaviour for the region under study in contemporary times.

Conflict of interests: The authors declares that, there is no conflict of interests.

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