

DIROSAT

Journal of Education, Social Sciences & Humanities

Journal website: <https://dirosat.com/>

ISSN : 2985-5497 (Online)

DOI: <https://doi.org/10.58355/dirosat.v2i2.91>

Vol. 2 No. 3 (2024)


pp. 148-166

Research Article

Causes and Consequences of Drug Addiction among Male Adolescents: A Case Study in Chapainawabganj

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Received : May 17, 2024

Revised : June 12, 2024

Accepted : June 27, 2024

Available online : July 17, 2024

How to Cite: Safayet Hossen, Bristy Khatun, Md. Sael Ali, Parosha Jaha Shatul, & Md Amirul Islam. (2024). Causes and Consequences of Drug Addiction among Male Adolescents: A Case Study in Chapainawabganj. *DIROSAT: Journal of Education, Social Sciences & Humanities*, 2(3), 148-166. <https://doi.org/10.58355/dirosat.v2i3.91>

Abstract. The teenage (adolescent) period of life is considered very crucial in a person's life, as it is the time when a lot of physical as well as psychological changes occur. Drug addiction among male adolescents is one of the most concerning problems in Bangladesh. The aim of this study was to investigate the condition of drug-addicted male adolescents in *Shibganj* municipality, *Chapinawabganj*

district. This research was conducted through the techniques of social surveys and used quantitative data. This study selected 50 respondents through the snowball sampling method, and the data were classified and analyzed through SPSS software. 4% of male adolescents started taking drugs at the age of 12–13, 46% of male adolescents started taking drugs at the age of 14–15, 42% started taking drugs at the age of 16–17, and the rest of the 4% started taking drugs at the age of 18–19. The male adolescents' respondents mostly take weed, and this rate is 84%. About 30% of adolescents are involved in crime for arranging money for drugs. The most important thing was that drug addiction affected their study. 34% of male adolescents are indifferent to the study, 22% drop out, 5% study break, and 18% drop out of school because of drug addiction. Therefore, all stakeholders, including guardians, teachers, education institute authorities, law makers and law-enforcing agencies, researchers, civil society, NGO's, and the state, must come forward together to prevent drug addiction among adolescents.

Keywords: Drug, Addictions, Adolescents, Male, Bangladesh

INTRODUCTION

Bangladesh is one of the least developed countries in the world. Although there are many social problems, drug addiction is one of the major national issues. It has spread all over the world. The present condition of drug addicts is very deplorable. Drug addiction directly influences the economic and social aspects of a country. The adolescents are mostly addicted to drugs. Drug addiction is commonly defined as the habitual and uncontrollable use of drugs. In *Shibganj* municipality of *Chapainawabganj* district, it is increasing day by day. In Bangladesh, there are millions of drug addicts.

Drug addiction makes people unproductive. It has mental, health, and social effects on drug users lives. Not only drug users but also family members suffer because of drug addiction. Drug-addicted people create social chaos. The families of drug abusers face economic crises and other problems. Drug-addicted people are involved in crime. So I would like to do research on the causes and consequences of drug addiction among the male adolescents in *Shibganj* municipality of *Chapainawabganj* district. A drug is any substance that causes a change in an organism's physiology or psychology when consumed (Meyer et al. 2022; Muller and Schumann 2011; Andreassi 2010; Lea and Webley 2006; Nestler et al. 1993).

A drug is something, often an illegal substance that causes addiction, habituation, or a marked change in consciousness (Benjamin and Chidi 2014; Fraser et al. 2014; Limentani 1968). In pharmacology, a drug is a chemical substance, typically of known structure, that, when administered to a living organism, produces biological effects (Satoskar and Bhandarkar 2020; Rang 2017; Ariens 2012; Clark 2012). Drug addiction is a disease that negatively affects a person's brain and behavior (Grant et al. 2010; Koob and Le 2008). A person can become obsessed with any legal or illegal drug. Some people can get addicted to certain drugs. This addiction gradually starts developing when the individual continues to consume the drug despite the impairment it causes. In a general sense, drug addiction refers to taking drugs that cause a significant negative change in the physical and mental state of people (DiClemente 2018; Zou et al. 2017). It creates dependency on the drug, and the amount of time spent taking the drug gradually increases. Whoever takes three times more

drugs in a week is considered to have drug addiction. The World Health Organization (WHO) defines adolescents as those people between 10 and 19 years of age (Sawyer et al. 2018) . Bangladesh is beset with thousands of problems. Drug addiction is one of their most acute problems. Youth are the future of any country.

In Bangladesh, there are about 8 million drug users, and most of them are young. The age range is 12 to 26. It is increasing day by day. Most drug-addicted people live below the poverty line. Most of the users are jobless and marginalized. Every year around the world, 2 million people die of drug addiction. Drug addiction doesn't harm individual addicts alone; it affects their families and society as a whole. It also begets moral degradation, generating different social crimes. The causes of drug addiction among male adolescents in Bangladesh may include peer pressure, family problems, poverty, a lack of education, and the availability of drugs. The consequences of drug addiction among male adolescents in Bangladesh may include academic failure, unemployment, and crime, health problems such as HIV and hepatitis, and social stigmatization. Drug addiction may also lead to other high-risk behaviors, such as unsafe sex, which can further compound health risks. Additionally, drug addiction may perpetuate a cycle of poverty and further marginalize individuals and communities.

The drug addiction among adolescents is widespread in *Shibganj* municipality of *Chapainawabganj* district. It is high time to take the necessary steps to control drug addiction among adolescents. This study focuses on identifying the root causes of drug use among male adolescents. A huge number of male adolescents are addicted to drugs. As a result, they may face a loss of future opportunity, dropping out of school, and a deterioration of their relationship with family. This study also aims to assess the socio-economic condition of male adolescents who are addicted to drugs. To determine the socioeconomic status of male teenagers, the reasons for drug usage, and the impact of drug addiction on both the community and one's own health.

LITERATURE REVIEW

As far as we have gone, there has not been any research conducted specifically relating to the causes and consequences of drug addiction among male adolescents in *Shibganj* municipality of *Chapainawabganj* district. Drug refers to a medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body. Generally people use drug in order to treat or prevent an illness or disease or ailment but in my research drug use as a chemical substance that people don't take for illness but they take it because of their addiction. Drug use can refer to any use of a drug, but more often it refers to an occasional or recreational use of drugs. In this case, acute or immediate effects and toxicities can be significant. If the drug used is an illegal one, then there is the legal transgression to be concerned with too. Also, there is the danger of continued use of drugs to where they become a more serious problem. Drug is a chemical substance of synthetic semi-synthetic or natural origin intended for diagnostic, therapeutic or palliative use or for modifying physiological functions of man and animal (World Health Organisation, 1988).

Addiction is a chronic medical illness that attacks the brain, damaging key parts of the cerebral cortex and limbic system. Drug addiction is a disease that

negatively affects a person's brain and behaviour. A person can become obsessed with any legal and illegal drugs. Some people can get addicted to certain drug. This addiction gradually starts developing when the individual continues to consume the drug despite the impairment it causes. In general sense, Drug addiction refers to taking drugs causes a significant negative change in the physical and mental state of people. It creates dependency on the drug and the amount of taking the drug gradually increase. If the drug addiction persons don't take drug, they will feel physical and mental illness. When a person fully addicts in drug and the amount of taking drugs increase day by day and it became the basis of his mental and physical dependence (Harold C. Urschel 2009).

Drug addiction is a psychiatric disorder that affects human behavior. The environment also plays an important role in getting addicted to drugs. Sometimes people get drug addicted due to their ancestors' behavior. But human beings never get drug addicted until they wish (Wong et al. 2011). There are some reasons that lead youth to drug addiction. Emotional feelings are one of them. Adolescents may experience stress, mental trauma, relationship issues, broken families, failing exams, and many other causes. Psychological factors can also lead to drug addiction. Most of the time, psychological factors are not considered a serious problem in our country. But it may lead to adolescence in some serious cases. Adolescents may have feelings of inadequacy toward themselves or the world. So they use drugs to boost their confidence, self-esteem, and ability to make sense of things. Adolescents feel more depression when they are constantly blamed by their parents, relatives, government, and friends. There are many cases where people commit suicide because of their parents, relatives, and neighbors' comments (Omar, 2009)

Humans are social beings. They cannot live alone. People live together in society in accordance with agreements that establish moral, political, and social rules. Society influences people to behave according to its rules. So drug addicts may influence other people to take drugs. Human beings are born with the tendency to pursue pleasure, which is tempered by formal and normative structures that shape behavior (Coser 1982; Nagasawa et al. 2000). Social learning theory emphasizes social influences of behaviour and argues that drug use is not inborn but socially learned (Akers, 1998) *Sexual activity is part and parcel of human life. Many people use methamphetamine (MA) to increase sexual activity. There is strong evidence that methamphetamine (MA) enhances sexual activity. The use of methamphetamine (MA) is associated with the release of neurotransmitters in the brain, which increase sexual desire and reduce sexual inhibitions. The effects of methamphetamine (MA) generate a special disinhibition for sex. It also may lead to deficits in impulse control and impaired decision-making, causing users to prefer immediate reward at the expense of severe future consequences. It increases sexual impulsivity, which can lead to unsafe sex. Its use is associated with feelings of sensuality, emotional closeness, sexual arousal, and reduced sexual inhibitions. The use of ecstasy is also linked to a high level of impulsivity, impaired decision-making, and risky sex. Methamphetamine (MA) leads people to unprotect sex, which causes many sexual diseases, including HIV. In truth, the consequences of drug addiction affect physical, mental, social, and spiritual health, often severely. This risk is even greater for people who exchange drugs based on sex. So*

it has become the leading drug of abuse all over the world, especially among the young (Diaz et al. 2005). Drug peddlers started smuggling *phensedyl* into Bangladesh after manufacturing it in factories along the Indian border in the early 1980s. Myanmar is manufacturing crystal meth, targeting the markets in Bangladesh, Laos, India, Malaysia, Indonesia, and Thailand in Southeast Asia.

Drugs mainly enter Bangladesh from Myanmar via land and sea routes, as they did beforehand. Bangladesh is in a risky position geographically. Bangladesh and India connect through 30 bordering districts. Drugs also come from India without any difficulty, as Bangladesh shares a border with India on three sides. In the US, the largest national economy of the world, 75 percent of high school students have reportedly used illegal drugs, drunken alcohol or smoked tobacco and opioids claim 40,000 deaths each year from overdose. Drug addicts are young people aged between 16 and 35. The trend of drug consumption is higher in youth and teenagers, their age spanning between 15 and 30 years. They come from all strata of the society. The average age of the drug addicts is 22. Students are mostly falling victims to drug addiction, which eventually lowers their standards of education and attendance at school and college (Department of Narcotic Control report, 2020 stated by the daily star August 14, 2020).

Drug addiction people easily involved in crime because drug use make them act irrationally. They need money to buy drug. They get involved in the violence that surrounds the business of producing and dealing in drugs. Drug addiction effects on family dynamics. It also cost relationship with others. Drug addicted people always give priority drugs than human beings. So there is less emotional feelings in drug addicted people. Human beings socially attached to the society but drug addiction people have no emotional mercy to others. Drug addiction has both mental and physical impact on their life. Sometimes they behave like insane. Their health broken down and they have no physical power to do heavy work (Barnard; 2006). There are many popular drugs which is abused. These are is cocaine, ethanol, heroine etc. These types of drugs are very dangerous for human. These drugs affect almost every system of the organism of human body. Liver cirrhosis is deadly disease. Over 50% of liver cirrhosis causes of taking alcohol. Liver cancer also occurs because of drug abuse. Drugs addiction also decreases immune system of human body (Ammerman et al. 1999).

METHODOLOGY

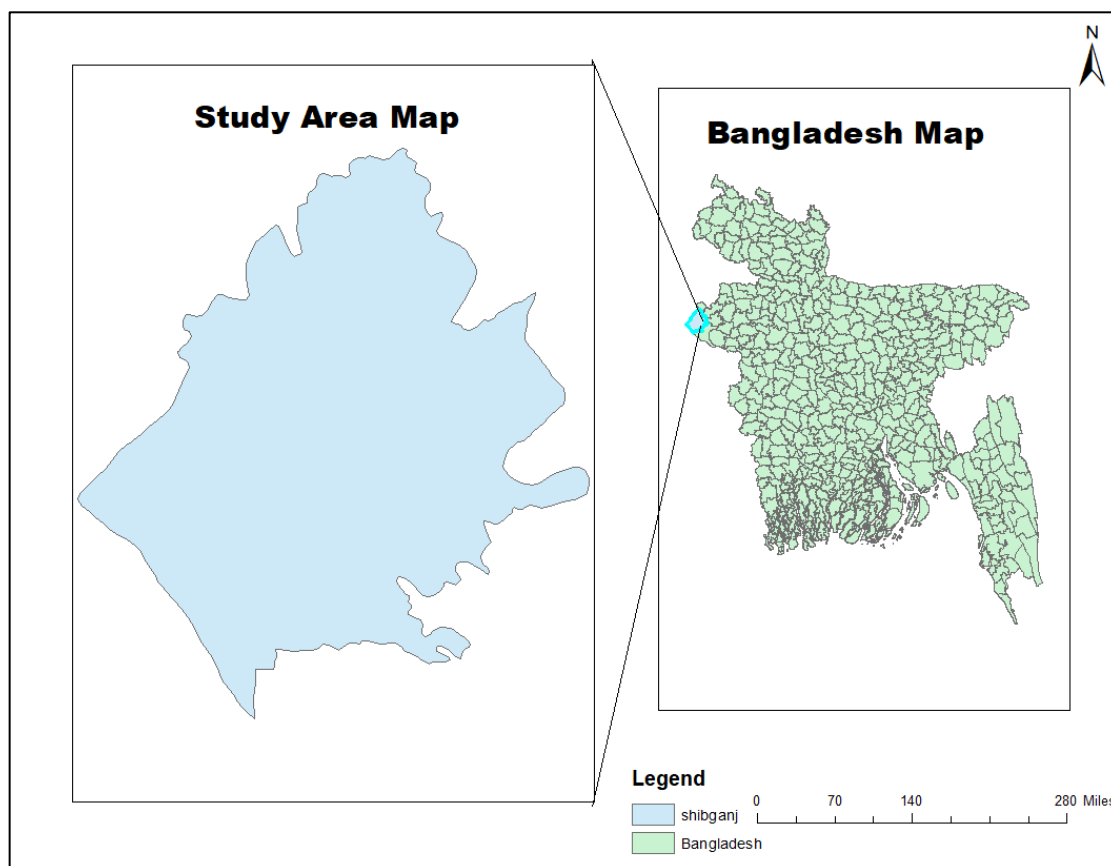
It is the philosophy of research to systemically solve the problem. This study has been conducted using the quantitative method. Quantitative data has been collected through a questionnaire survey and interview schedule as the primary source of data collection. A literature review has been done as a second source of data collection.

1.1. Area of the Research

When someone decides to do research on a social problem, his first task is to select a research area to conduct the research. So We have chosen my own

municipality, which is named *Shibganj* (Fig 1) Municipality and is located in *Shibganj* Upazila of *Chapainawabganj* district.

Fig.1. Case study area *Shibganj* Upazila of *Chapainawabganj* district of Bangladesh.



1.2. Sampling Techniques

For statistical analysis, it is important to know the sampling frame and sampling technique involved because the entire analysis depends on them, and the use of inappropriate techniques might result in a wrong and misleading conclusion. As far as I know, only 10–15 drug-addicted male adolescents have been studied in this study, which used snowball sampling. Through snowball sampling, respondents were selected randomly.

1.3. Determination of sample size

We have selected purposively 50 people who were addicted to drugs.

1.4. Data Collection and analysis method

For this research, I have collected data from both primary and secondary sources. The data has been analyzed using statistical packages for social science (SPSS) software.

RESULT AND DISCUSSION

After collecting primary data, efforts are made with a view to processing it. In any social research, it is very important to analyze the data. In my research, tabulation and charting have been done based on different characteristics, and the next frequency distribution and percentage have been analyzed by various statistical methods. In this study, SPSS software, MS Word, MS Excel, and MS PowerPoint are used for data entry, processing, presentation, and analysis.

Table.1. Occupation of the father of the respondents

Occupation	Respondents	Percentage
Job	11	22
Business	14	28
Day Labour	22	44
Immigrant	3	6

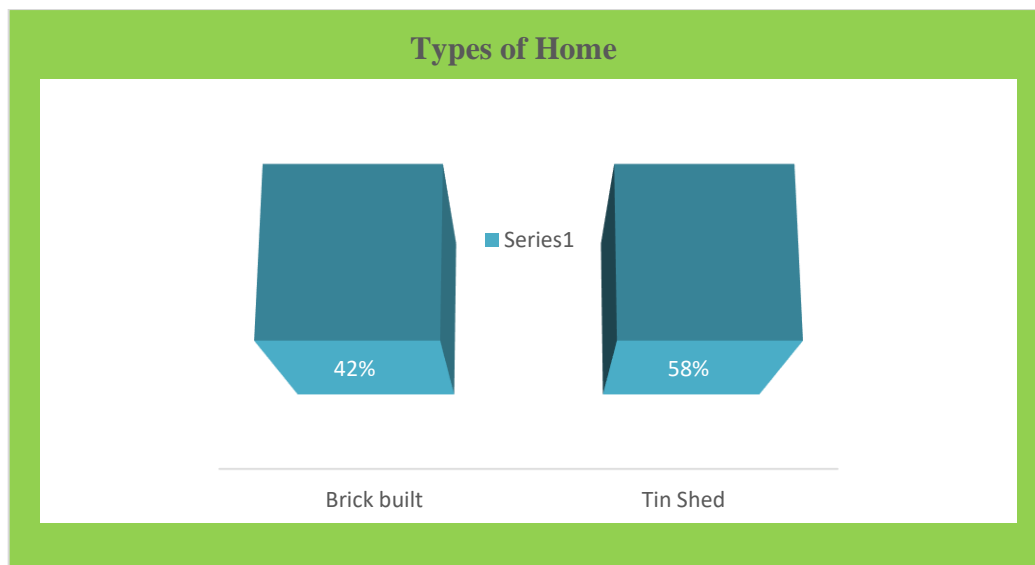
The table above shows the occupation of the guardian of the respondents (Table 1) in the study area. Here, 22% of respondents' guardian occupation is a job, 28%'s' guardian occupation is business, 44%'s' guardian is day labor, and the rest of the 6%'s' guardian occupation is immigrant.

Table.2. Education qualification of the respondents

Education	Respondents	Percentage
5-8	10	20
9	4	8
10	14	28
11	11	22
12	11	22

The above table shows the frequency of education qualifications of the respondents (Table 2) in the study area. Here, 20% of respondent's education qualification is in between 5-8 classes; 8% of respondents education qualification is class 9, 28% respondents education qualification is class 10, 22% respondents education qualification is class 11, and the rest of the 22% respondent's education qualification is class 12.

Fig.2. Types of Home of the respondents



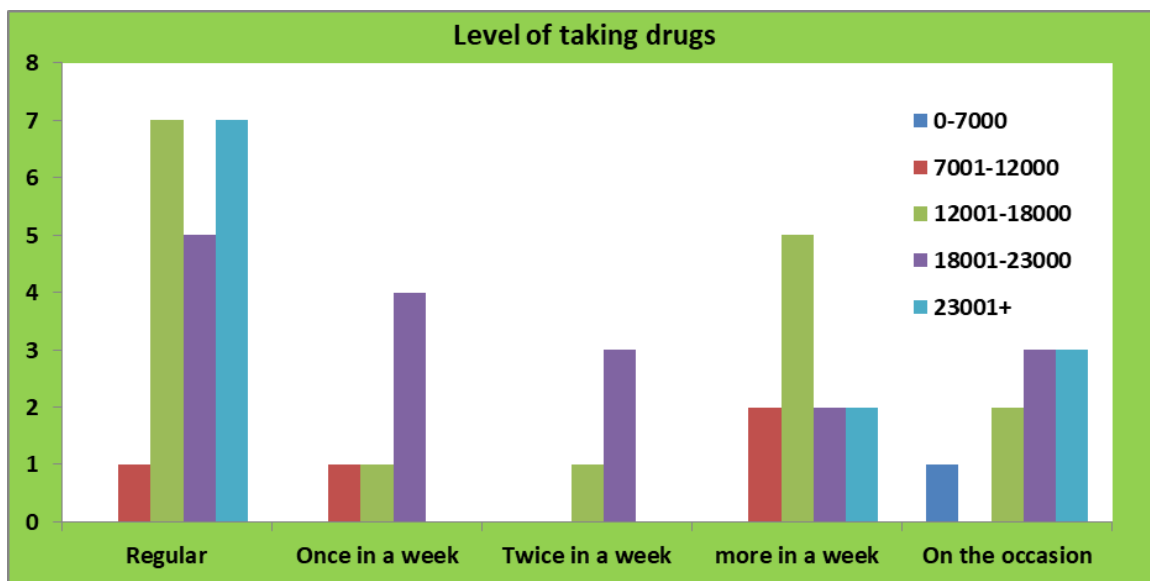
The above diagram (Fig 2) shows the types of homes of the respondents in the study area. Here, 42% of respondents homes are brick built, and the rest of the 58% of respondent's homes are tin sheds.

Table.3. Monthly income of family of the respondents

Monthly Income	Respondents	Percentage
0-7000	1	2
7001-12000	4	8
12001-18000	16	32
18001-23000	17	34
23001 or more	12	24

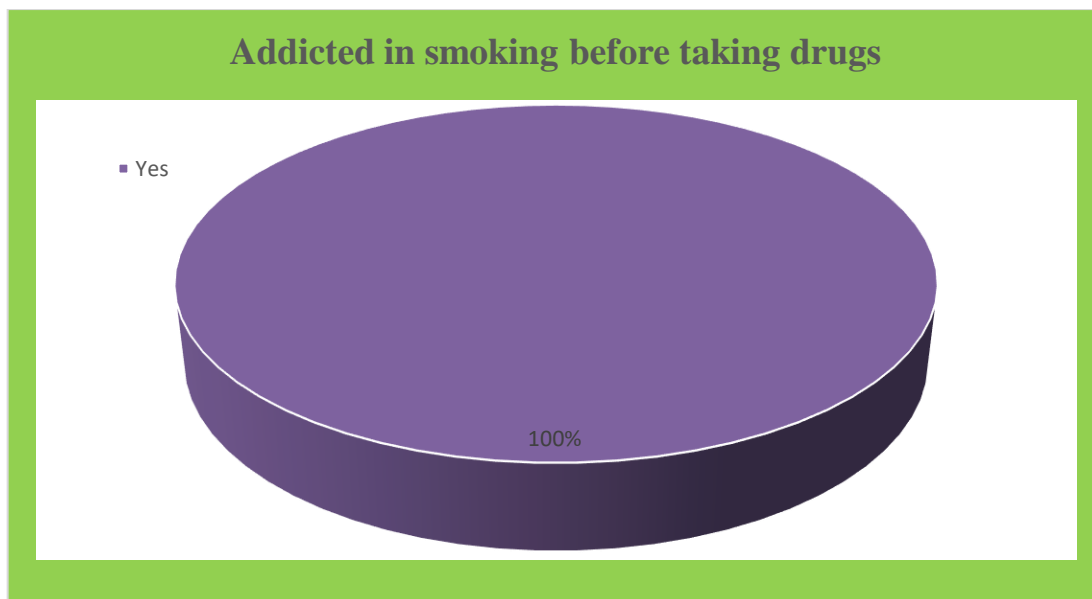
From the table, we know about the monthly income of the drug-addicted male adolescent's family (Table 3). In the above table, 2% of the respondent's family monthly income is 0-7,000 Taka, 8% of the respondent's family monthly income is 7001-12000 Takas, 32% of the respondent's family monthly income is 12001-18000 taka, 34% of the respondent's family monthly income is 18001-23000 taka, and the rest of the 24% family monthly income is 23001 or more.

Fig.3. Relationship between monthly income of family of the respondents and level of taking drugs of the respondents



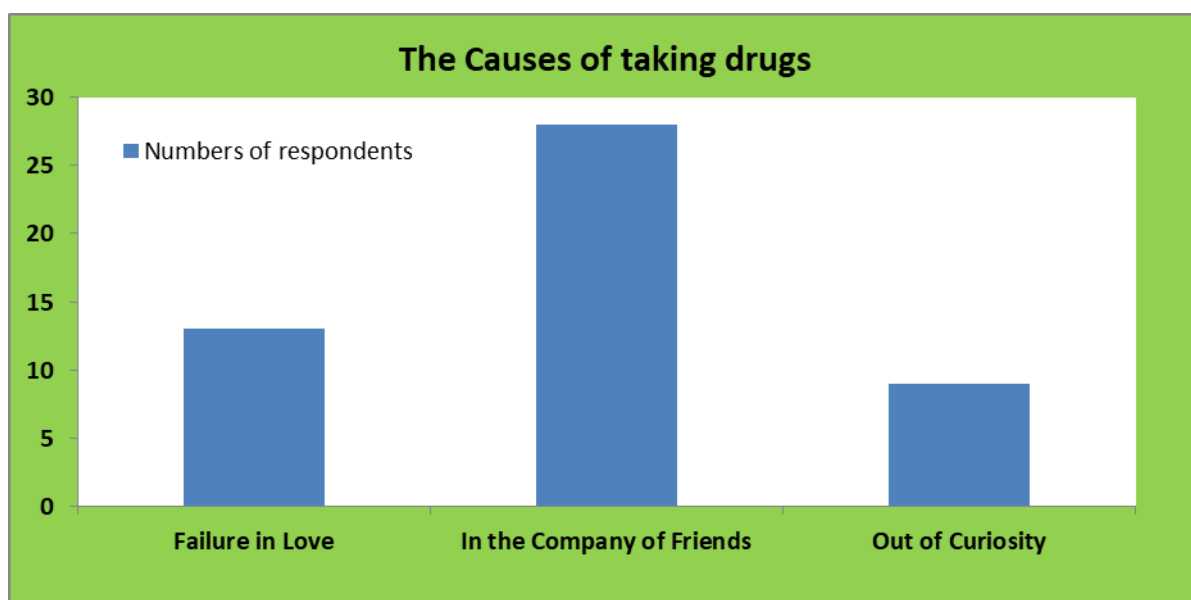
The above chart (Fig 3) shows the relationship between monthly income and the level of drug use. Here, the lowest family income is between 0 and 7,000 taka. There was only one respondent in that category. He takes drugs on occasion. When the family income is between 7001 and 12000 taka at that time, the respondents take drugs, respectively: 1 respondent regularly, 1 respondent once a week, and 2 respondents once or twice a month. When the family income is between \$11,000 and \$18,000 at that time, the respondents take drugs, respectively: 7 respondents take them regularly, 1 respondent takes them once a week, 1 respondent takes them twice a week, 5 respondents take them once or twice a month, and 2 respondents take them on occasion. When the monthly family income is between 18001 and 23000, the respondents take drugs, respectively: 5 respondents take them regularly, 4 respondents take them once a week, 3 respondents take them twice a week, and 2 respondents take them on occasion. When the family income is between 23001 and more at that time, the respondents take drugs, respectively: 7 respondents take regular, 2 respondents take once or twice in a month, and 3 respondents take on occasion. *Here we can notice that family income influences the level of drug use. When the family income is higher, the level of taking drugs is higher; on the other hand, when the family income is lower, the level of taking drugs is lower.*

Fig.4. Addicted in smoking before taking drugs of the respondents



The above chart shows the addiction to smoking before taking drugs (Fig 4) in the study area. This study shows 100% of male adolescents are addicted to smoking before they start taking drugs.

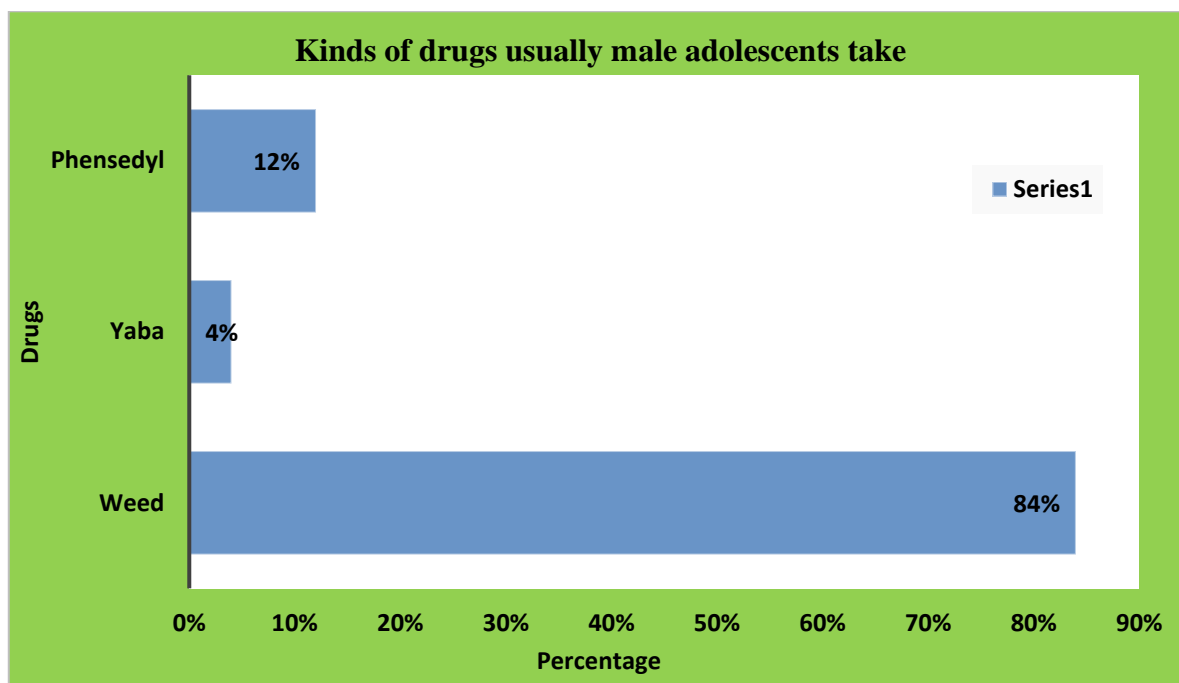
Fig.5. The Causes of taking drugs



According to the chart (Fig 5), we can know the cause of drug use among the male adolescents in the study area. According to the collected data and the above chart, 26% of respondents started taking drugs due to failure in love, 56% of

respondents started taking drugs in the company of friends, and the rest of 18% of respondents tried out of curiosity.

Fig.6. Kinds of drugs usually male adolescents take



The above chart (Fig 6) shows the types of drugs that male adolescents usually take. According to the collected data in the study area, here, 84% of respondents usually take weed, 12% take phenol, and the rest of the 4% take yaba.

Table.4. How respondents like taking drugs

How like taking drugs	Number of respondents	Percentage
Group	50	100
Alone	0	0
Total	50	100

The above table shows the frequency of how the adolescents like taking drugs (Table 4). Here 100% respondents in study area like taking drugs in a group. According to the findings (Fig 7), we can know the types of drug addiction among the male adolescents in study area 40% respondents take regular drugs, 12% respondents take once in a week, 8% respondents take twice in a week, 12% responders takes drug once or twice in a month and rest of 18% respondents takes drugs on the occasion.

Fig.7. Level of taking drugs.

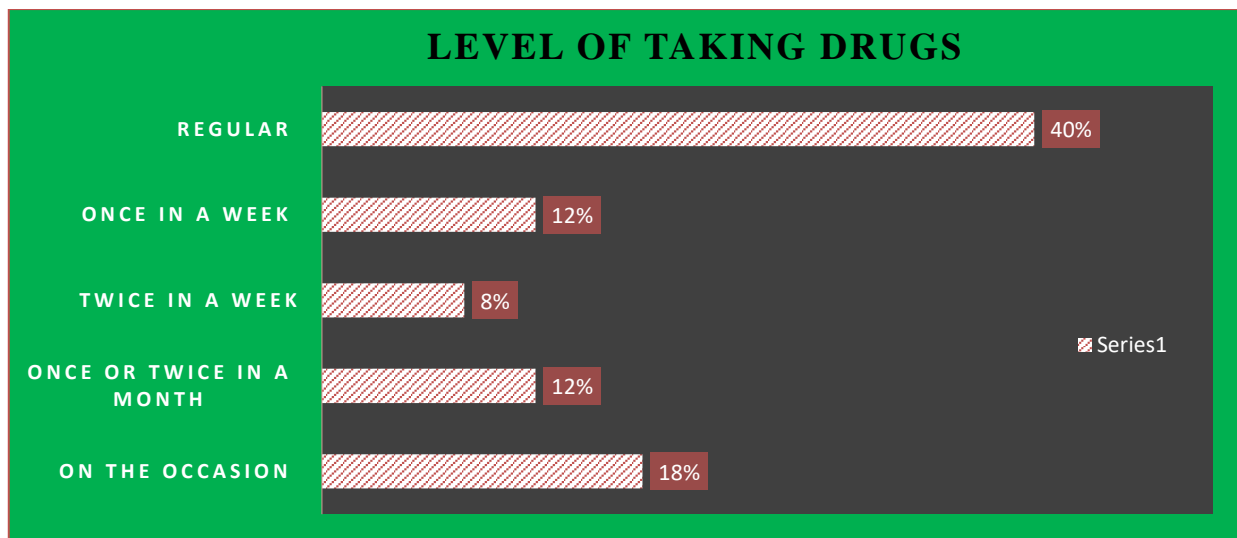


Table.5. Daily cost of taking drugs of respondents

Cost of taking drugs	respondents	Percentage
0-20	2	4
21-40	3	6
41-60	5	10
61-80	13	26
81-100	16	32
101 or more	11	22

The above table shows the amount of money a respondent spends on drugs in a day (Table 5). Here, 4% of respondents spend 0–20 taka in a day (average) for taking drugs, 6% spend 21–40 taka in a day (average) for taking drugs, 10% spend 41–60 taka in a day (average) for taking drugs, 26% spend 61–80 taka in a day (average) for taking drugs, 32% spend 81–100 taka in a day (average) for taking drugs, and the rest of the 22% spend more than 101 taka in a day (average) for taking drugs.

Table.6. Relationship between level of taking drugs and daily cost of taking drugs

Level of taking drugs	Daily cost of taking drugs (Taka)						Total
	0-20	21-40	41-60	61-80	81-100	101 or more	
Regular	0	1	2	4	6	7	20
Once in a week	0	0	0	3	1	2	6
Twice in a week	0	0	0	1	3	0	4
Once /twice in a month	1	1	1	3	3	2	11
On the occasion	1	1	2	2	3	0	9

The above table and chart show the cross-tabulation of the level of taking drugs and the daily cost of taking drugs (Table 6). When respondents take drugs regularly, the cost is, respectively, 21–40 taka for one respondent, 41–60 taka for two respondents, 61–80 taka for four respondents, 81–100 taka for six respondents, and 101 or more taka for seven respondents. When respondents take drugs once or twice in a week, the cost is, respectively, 61–80 taka for 4 respondents, 81–100 taka for 4 respondents, and 101 or more taka for 2 respondents. When respondents take drugs once or twice in a month, the cost is, respectively, 0–20 taka for 1 respondent, 21–40 taka for 1 respondent, 41–60 taka for 1 respondent, 61–80 taka for 3 respondents, 81–100 taka for 3 respondents, and 101 or more taka for 2 respondents. When respondents take drugs on occasion, the cost is 0–20 taka for 1 respondent, 21–40 taka for 1 respondent, 41–60 taka for 2 respondents, 61–80 taka for 2 respondents and 81–100 taka for 3 respondents. *Here we can notice that when the level of taking drugs increases, the cost for taking drugs is high, and when the level of taking drugs decreases, the cost for taking drugs is low.*

Table.7. Source of money for taking drugs

Source of money	respondents	Percentage
Parents	31	62
Personal income	19	38

The above table shows the source of money for taking drugs (Table 7). Here, 62% of respondents get money for taking drugs from their parents, and the rest, 38%, buy drugs from their own earnings.

Table.8. Involved in crime among the respondents

Involved in crime	respondents	Percentage
Yes	15	30
No	35	70

The above table shows the number of respondents involved in crime for arranging money to buy drugs (Table 8). Here, 70% of respondents are not involved in crime, but 30% are involved in crime for arranging money to buy drugs.

Table.9. Types of criminal activists that respondents are involved

Types of Crime Involvement	Number of respondents	Percentage
Steal	12	24
Mugged	2	4
Drug delivery	1	2
Not involved	35	70

The table shows the number of respondents involved in different types of crime (Table 9), such as arranging money to buy drugs. Here, 24% of respondents are involved in theft for arranging money for drugs, 4% are involved in muddling for arranging money for drugs, 2% are involved in drug delivery for arranging money for drugs, and the rest of the 70% are not involved in any crime for arranging money for buying drugs.

Table.10. Types of health loss that respondents face

Types	Respondents	Percentage
Weight loss	5	10
No loss of weight	45	90

According to the table, we can see the number of respondents who face health losses from taking drugs (Table 10). Here, 10% of respondents face weight loss due to taking drugs, and the rest of the 90% do not face weight loss due to drug addiction.

Table.11. Changes in behaviour due to taking drugs

Changes in Behaviour	Number of Respondents	Percentage
Yes	20	40
No	30	60

The above table shows the extent to which respondents face any changes in their behavior due to taking drugs (Table 11). Here, 40% of respondents are facing changes in their behavior, and the rest of the 60% are not facing any changes in their behavior.

Table.12. Types of changes in behaviour of the respondents

Types of Change in Behaviour	Respondents	Percentage
Irritable Temper	13	26
Indifference in Work	4	8
Anorexia	2	4
Headache	1	2
No changes	30	60

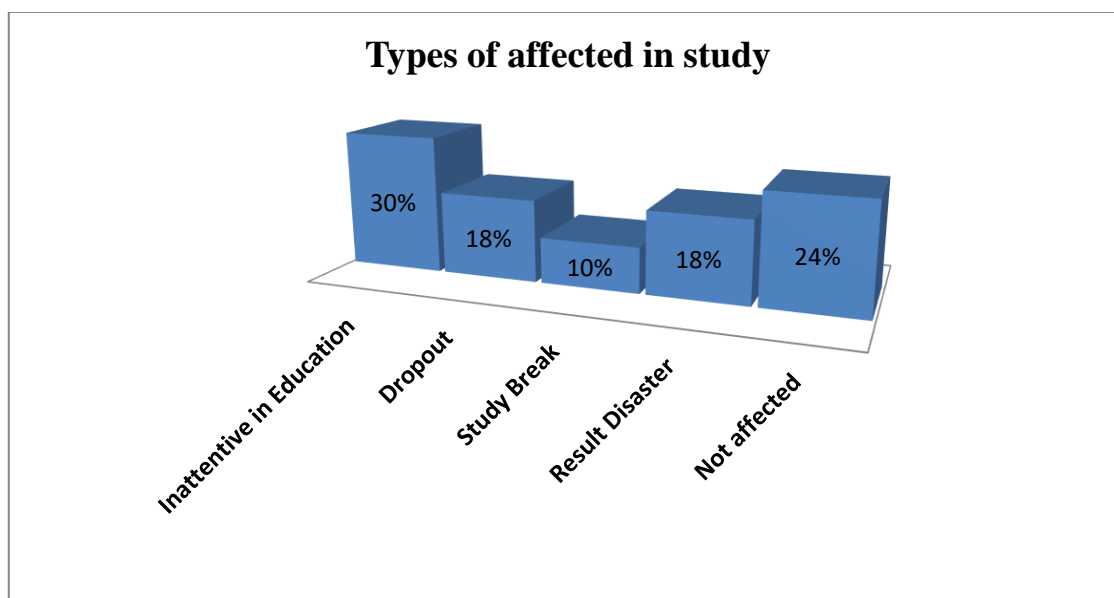
The above table shows the extent to which respondents face any changes in their behavior due to taking drugs (Table 12). Here, 26% of respondents face an irritable temper due to taking drugs, 8% face indifference at work due to taking drugs, 4% of respondents face anorexia due to taking drugs, 2% of respondents face headaches due to taking drugs, and the rest of the 60% of respondents have not faced any changes in their behavior due to taking drugs.

Table. 13. Drug addiction affects study of the respondents

Drug addiction affect study	Respondents	Percentage
Yes	38	76
No	12	24

Above the table, we can see the number of respondents affected by drug addiction in their study (Table 13). Here, 76% of respondents were affected by drug addiction in their study, and the rest of the 24% were not affected by drug addiction in their study.

Fig.8. Different types of affection in study by drug addiction



According to the table, we can see the number of respondents (Fig 8) affected by drug addiction in their study. Here, 30% of respondents were inattentive to their study because of drug addiction, 18% dropped out of study because of drug addiction, 10% were given study breaks because of drug addiction, 18% faced disasters because of drug addiction, and the rest of 24% were not affected by drug addiction in their study.

Table.14. Relationship deteriorated with family as a result of taking drugs

Relationship deteriorated with family	Respondents	Percentage
Yes	33	66
No	17	34
Total	50	100

The above table shows the number of respondents whose relationships deteriorated as a result of taking drugs (Table 14). Here, 66% of respondents face relationship deterioration with family because of taking drugs, and the rest of the 34% of respondents do not face relationship deterioration with family because of taking drugs.

Table.15. Respondents tried to give up drugs

Tried to give up	Number of respondents	Percentage
Yes	49	98
No	1	2
Total	50	100

The table above shows the frequency with which respondents tried to give up drug addiction (Table 15) in the study area. Here, 98% of the of the respondents want to give up drugs, and the rest of the 2% don't want to give up drugs.

Table.16. Reason of not being able to quit drugs

Reason of not being able to quit drugs	respondents	Percentage
To overcome depression	2	4
Can't live without drugs	17	34
Feeling sick without taking drugs	6	12
Habit	24	48
Not wanted quit drugs	1	2

The table above shows the reason for not being able to take drugs (Table 16). Here, 4% of respondents cannot quit drugs because it helps them to overcome depression; 34% cannot live without taking drugs; 12% feel physically ill if they don't take drugs; 48% are used to drugs; and the rest of the 2% don't want to quit drugs because it gives them pleasure.

Recommendations

Drug addiction is a crucial problem in our country, and the abuse of drugs among adolescents cannot be ignored. Adolescents are the future of a nation. So to protect adolescents from drug addiction, we should take some necessary steps.

- In the development of adolescents, family plays a vital role. So all the family members should be conscious and make their adolescents aware of the dangers of drugs.
- Peer groups have a great influence on adolescents. So adolescents should be careful when selecting peer groups and friends. And also, families should notice with whom their adolescents meet and make friends.

- Religious and moral values can discourage people from taking or giving up drugs.
- In educational institutions, teachers should tell adolescents about the dangers of taking drugs.
- In many cases, family conflict influences adolescents to take drugs, so family members should not open up or disclose their conflict in front of adolescents.
- In the age of internet and technology, adolescents are often involved in emotional relationships, which later become the causes of taking drugs, so families should be careful and notice the activity of adolescents.
- Many adolescents stop going to school for many reasons. The schooling of every adolescent should be ensured.
- The availability of drugs should be banned.
- The sources from which adolescents buy drugs should be banned or destroyed.
- If the adolescents want to give up drugs, the necessary environment should be ensured.
- The government should take the necessary steps to prevent drug addiction.
- The law enforcement authorities should prevent the supply and buying of drugs.
- NGOs and civil society should take the necessary steps to stop drug addiction among adolescents and provide treatment to recover from drug addiction.

CONCLUSION

On the basis of the above discussion, it can be said that this study tried to highlight the present situation of drug addiction among the male adolescents in *Shibganj Municipality of Chapainawabganj District*. This study also tried to find out the root causes of drug addiction and the consequences of drug addiction. Adolescents are the future of a nation. Drug addiction among adolescents is a serious problem that requires solutions as soon as possible. The drug addiction among adolescents is increasing day by day. It is time to control it; otherwise, it will be out of control. The family members, community, and society should be conscious of drug addiction and prevent their adolescents from taking drugs. The religious institute should also play a vital role in controlling drug addiction among adolescents. The government and NGOs should take the necessary steps to prevent children from drug addiction through a rehabilitation program. It is our duty to protect adolescents from this harmful habit.

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