

## **Study on The Impact of Drug Abuse Among Youths in Manipur, India**

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### **Abstract**

Considering the present Scenario of the issues relating drugs, it is the high time that we have a state drug policy and for the sustainability of the program. We need to look after the programmes again run by the centers under the funding of central Government through the concern department of state. At the same time, the people from various sectors should involve to reduce the problems relating to drugs. It is not only the duties and responsibilities of the various NGOs who are responding in the issues. The main goal of rehabilitation centre's – "A sustainable whole person recovery for a good society".

**Keywords: YOUTH, DRUG, ABUSE, ADDICTION, MANIPUR**

### **Introduction:**

Drug addiction or abuse is a global problem. No Country is free it Hundreds and Thousands of young men and girls are today victims of the evils and curs of drugs addiction. The worst form of drug addiction or abuse is "Heroin addiction". There are innumerable causes for drug addiction". Some of them are Socio-economic condition and environment, psycho physical behavior problem including frustration, indiscipline acts, personality disintegration, low mentality, handicapped, anxiety, tension, conflicts, psycho neuroses etc. Using of drugs after starts out of Curiosity or to have pleasant enjoyment. People are generally induced to drug addiction through their friends or peer groups. Often these are initially taken to overcome boredom, depression and fatigue. Parental negligence, frustration in life, broken family unemployment may also lead to the initial use of drugs and thereafter its easy availability makes the user dependent on its. The world Health Organization Expert committee (1969) defines, "Drug addiction as a state of periodic or chronic intoxication produced by repeated consumption of a natural or synthetic drug."

Alcohol abuse is a major cause for concern for India. Research findings show that the number of alcohol users in the country is on the rise and the number of persons requiring help is quite large. Available evidence reveals that about 19.8 percent of the total population of Manipur consume alcohol, which is one of the most commonly used substances in Manipur. Alcohol addiction is widespread in both urban and rural areas of Manipur even though manufacturing and sale of liquor is banned in the state since 1991. Interestingly, the prohibition of alcohol is found to be less successful in reducing the consumption of alcohol in the state, and all forms of alcohol viz, country made liquors (**atingba, asaba**) and foreign made liquors are available in the state. It is observed that the consumption of liquor generally begins around the age of 15. The reasons are many. Initially, they tend to hide from the parents about their drinking habits. It is observed that those who belong to younger age groups especially adolescents mainly consume the locally made liquor known as **yu**, which is cheaper and available in most of the localities.

**Justification of the study:** Drug addiction is one of the phenomenons of human pollution in society which is an alarming situation in the state of Manipur. Not only the young boys and girls, many matured persons, distinguish persons, social status groups in the adult members of the society had also been found addicted day-by-day. Due to drug addiction and alcohol many precious lives of young and adults have been killed during last three decades and the Victims of HIV/AIDS have been increasing in an alarming rate in the state. Many innocent wives, children and persons are becoming living death. For controlling this situation many social activists, social reformers, and NGOs have made various attempts to eradicate the problem. They also established camps and Centers for drug de-addiction in the state. But it is very late to realize by the public in general that how far the drug de-addiction and rehabilitation Centers have taken steps to eradicate/control, and provided treatment to drug

addicts effectively or not. Considering this view points, the investigator of the proposed study would like to make a humble attempt to investigate the situation and working nature of the drug de-addiction and rehabilitation Centers of Manipur and how far they are contributed to the reduction of drug related problems in the state. In Manipur, drug use issues emerge out since early 1980. Mass arrest of drug users and incarcerate them as the best tool in the response to drug use prevention and intervention. State is very close to drug production site i.e. Golden Triangle. Not only Manipur become a major drug routes but also a transit point that are transported to the rest of the world. Drug route associated with wide roped spread drug use. No direct supervision to the NGOs who are running centers along with non availability of drug policy as well as lack of state monitoring as cited below to bring about an understanding while imitating different steps for streamlining drug use responses and develop effective and update approaches to treatment, uniformly and consistent use of standard of services.

There are 20 Drug treatment centers in Manipur (Social Welfare Director) currently running drug treatment with the support from MOSJE. And many more NGOs are also implementing 100 programs in the state which is supported by Manipur state AIDS control society. After 19/20 years of service delivery to prevent and control drug use, still we experienced unsatisfactory results contrary to the expected outcome 13 Narcotics Anonymous meetings congregates about 250-300 manage users daily on an average to manage drug free lives through sharing personal experiences and caring among peers. Maximum number of the meeting attendees is the products from treatment centers. However, if we consider un-reach population and those drop out population, we presumably understand that there is a large gap not only in treatment slot and service provision but also the system itself. But from 2001 onwards, Regional Resource Training Centre North East was given staffs of the NGOs who are working in the drug program. Most of the rehabilitation centers working efficiently and effectively in their respective field and at one time in these 20 centers about 400 clients are given treatment. The recovery rate of this client is 45% to 50% considering the range of 3 to 4 years period. At the same time there are various self help groups formed which helps in sustaining physically mentally and financially. It is high time to look after that whether the rehabilitation centre's are doing honestly or not for the welfare of society. And to find out the strong and weak points of the two rehabilitation centres, which will help to find out the remedial measures for further improvements.

### Review of literature

Some of the related studies are given below: (1) Joyce Ditzler (1976): Rehabilitation for alcoholics in New York City. The findings were: (i) Nurses played important role in finding and treating the alcoholic persons. (ii) The detoxification unit is disrupted by staff resistance and patient manipulation. (iii) The need of coordination among the nurses to identify the problem of patient. (iv) The recovery of alcoholism is ongoing process. (2) Lemercinier and Houtart (1977): Rehabilitation of prostitutes and drug Addicts. The Main findings: (i) with spread of urbanization, the problem of drug and prostitution increases in Vietnam, (ii) Drugs affected all the sections of social groups. (iii) There was a great impact in the problems of drugs in the Vietnam because of re-education to 10,000 women at 92 centers. (iii) Complete cure of drugs was possible due to professional education was given to them, which help them to normalize. (iv) Lastly due the success of re-education centres, there was great demand of such education in Vietnam. (v) Women were able to manage their family from the money that they earn from the centers. (3) Farrell and Gerada (1997): Drug Misusers: Whose business it is? shared care work well, but, Drug misusers still need specialist services. The findings: (i) There was increasing of illicit drug dependence in Britain, but, Britain manages to contain HIV through provision of community services and promotion of needle exchanges. (ii) Britain has maintained one the lowest HIV sero-prevalence rate among the injecting drug users globally. (iii) There is also importance of primary care services for those who uses the drugs wrongly. (iv) There is also importance of motivational interviewing, relapse prevention, detoxification, health promotion and residential rehabilitation. (4) Fleming (1998): Providing services for drug misusers: What lessons from America. The findings (1)

New York has the largest number of intravenous drug users in the USA. (ii) There is high prevalence of infection from human immune deficiency virus (HIV) among the group. (iii) The increase of adolescent drug users in USA and there is need for services for tackling the problems. (iv) The behavioral therapy was so helpful to control the problem. (v) The drug users were no mixed with drug users and they have promise not use the drug again in front of children. (v) There is also significance of community service for the controlling the problems of drug addiction.

### **Alcohol abuser in Manipur**

There exists limited income earning opportunities for those dropouts after failing in matriculation examination, which possibly explains the rising alcoholism among the adolescents in the state. Moreover, in many places where Scheduled Caste and Scheduled Tribes of Manipur are inhabited, alcohol is customarily included in all the social functions, such as ceremonies related to birth, marriage, death, etc. Some of the Scheduled Caste villages' viz. **Sekmai, Andro, Phayeng** are very popular for their local brews. In fact, it is so embedded in their custom that the owner of the house where the ceremony is being held has to stock alcohol for any function, which will be served to the male visitors during the ceremony. As it is customary, taking alcohol is not considered as bad or harmful by many communities. In fact, taking a small peg is considered not only healthy but also manly. **According to NCD, 37.5% of Men and 0, 9% of female consume alcohol in Manipur.** As the consumption of alcohol became so widespread, women in Manipur mobilized themselves into what is popularly known as the **nisha bandh** movement or night patrollers in 1975. It was a movement against the sale and consumption of intoxicants especially liquor. However, the movement lost its relevance after the declaration of Manipur as a dry state by the state government in 1991, and later transformed into a more popular movement called **meira paibi** movement (**women torch bearers**). Despite these changes, there is hardly any visible decline in the consumption of liquor in the state.

In the psychological and sociological contexts, drug is a term for habit forming substance which directly affects the brain or nervous system. More precisely, it refers to "any chemical substance which affects bodily function, mood, perception, or consciousness which has potential for misuse, and which may be harmful to the individual or the society". The frequent use of drug is considered so dangerous and sometimes even immoral, risky and anti-social. Drug abuse is the use of illicit drug or misuse of legitimate drug resulting into physical or psychological harm. Drugs under international control include amphetamine-type stimulants, cannabis, coca/cocaine, hallucinogens, opiates and hypnotic sedatives, all of which have immediate physical effects. Drugs can severely hinder psychological and emotional development, particularly in young people. Manipur borders Myanmar (Burma), one of the world's largest producers of illicit opium. During 1970-1980, drugs such as morphine, heroin or No. 4, poldrom, mandrake, hypogen, etc. were widely available and consumed in Manipur. These drugs were available in cheap rates during this period and led to its extensive consumption. The use of drugs was found popular among the youths as it was considered as fashionable and initially drug was used by the sons of the rich family, mostly belonging to urban areas. However it slowly spread as wildfire to youths belonging to common populace. Early 1980s witnessed a large number of drug users being diagnosed with HIV. In 1990, it was estimated that there were 15,000 to 20,000 injecting drug users (IDUs) in Manipur. In 2001, Imphal alone accounted for 14,000 IDUs, of which 5-10 percent is estimated to be women. Another estimate in 2009 by the Social Awareness and Service Organisation (SASO), a local NGO, shows that there are 34,500 IDUs in Manipur, almost half of them are living in Imphal. It is

also mentioned that IDUs are critical to the spread of HIV/AIDS (Acquired Immunodeficiency Syndrome).

The risky habit of sharing needles and other injecting paraphernalia has been acknowledged as the most efficient, fastest and convincing way of transmitting HIV/AIDS. As a result, Manipur has become one of the six high-HIV prevalent states in the country. Findings of a Rapid Situation Assessment of Drug use done under the auspices of United Nations Drug Control Program (UNDCP) and Ministry of Social Justice and Empowerment (MSJE) show that out of 308 drug users from Imphal East and Imphal West districts, which is about 62 percent, started using drugs in the age group of 15-19 years, 21 percent in the age group of 20-24 years, 12 percent under 15 years. It means that a large number of people started consuming drugs when they were in the adolescence stage. Increasing cases of infections have been observed among people that had previously been seen as 'low-risk', such as housewives and children. Recent estimates suggest that Manipur with hardly 0.2 percent of India's population contributes nearly 11.4 percent of India's total HIV positive cases. The pattern of drug abuse changed by early 1990s with the arrival of pharmaceutical products such as phenshydyl, corex, parvon spas, spasmo proxyvon (SP), diazepam, valium and nitrosun 10 (N10). Using dendrite and correction fluids like erax-ex by beginner abusers are also widespread. These are cheaply available and school going teenagers commonly used these products. Peer pressure, weak parental control, imitation, emotional stress, lack of discussion on sex, the easy availability of the drugs and the ineffectiveness of the laws on drug trafficking are reasons for young people depending on these substances. Slowly, drug users resorted to crimes to finance their drug requirements. Stealing from family, friends, neighbours and locality became regular features. Street crimes, fights and cases of overdose and deaths are reported often. Of course, there are many unreported cases also. There were even cases of innocent children being kidnapped for ransom to fund their financial needs for drugs. Young people take drugs or abuse substances for many reasons. The degrading and all round system failure affecting every aspect of the society arising out of misgovernance, corruption, and lack of opportunity for progress aggravates this menace in Manipur. **May be they do so in order to cope with the frustration in life due to poverty, unemployment, broken family, unrest of mind and for self-amusement or for satisfying company of friends.** Many youths also indulge in unwanted activities to gain acceptance and popularity among the peers. The question that arises is, since it would be impractical to expect them to dissociate from their peers, how they can be protected from being negatively influence

Adolescents have huge potential to bring about a change in the society since they are vibrant, enthusiastic, resilient with full of energy and filled with curiosity and creativity. They need proper guidance from parents, community members and teachers. On the one hand, socioeconomic problems, political chaos in the state and loosening of the social control of community members over adolescents and on the other hand adolescents' attraction to fun and pleasure and easy life without working hard has worsen the situation in the state. Often, they imitate others by taking drugs, alcohol without thinking of the consequences. Elders need to understand the need and desire of the adolescents and help them resist from taking harmful things or involving in unwanted activities. Though, normally, the problems of alcoholism & drug abuse are considered as an individual problem, however as the number of adolescents indulging in such unwanted behavior has increased tremendously in Manipur over the years, it no longer remain as an isolated individual concern but there is possibility that the problem is rooted in society. Hence, in order to reduce the prevailing menace in



the state, it is imperative to look at the functioning of our social institutions and find out the reasons that are pushing youths in the wrong direction.

#### REFERENCE

1. CADA, (2010) : Health For Future, Coalition Against Drugs & Alcohol, Keishampat,
2. Debases Bagchi, (2005) : Gyan Publishing House New Delhi.
3. DES, (2002) : Statistical Handbook, of Manipur, The 20th December.
4. Giri Raj Shaj (1998): Encyclopedia of Narcotic Drugs & Psychotropic substances, in three volumes. Gyan Publishing House New Delhi.
5. Jayanta Kumar A, (2010): Challenges and Gaps of present Drug program Drugs and Development “April 4-5, Youth Hostel, Imphal USER Manipur
6. Narcotic Drugs & Substance Abuse, in 3 volumes
7. Ninlikanta, R.K., (2011): Formulation of State Drug Policy, 19 the January. 2011, State Guest House, Sanjenthong Imphal.
8. The annual report of the two rehabilitation centres-2012.
9. Website of Ministry of social Justice and Empowerments, New Delhi, India: [www.socialjustice.nic.in/](http://www.socialjustice.nic.in/)
- 10.

