

AN IMPACT OF DRUG ABUSE AMONG YOUTHS IN MANIPUR

K. Manitombi Devi, Research Scholar

Regd. No. 99131880006

Department of Education, Calorx Teachers' University, Gujarat

Abstract

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 and distinguish persons of social status groups in the adult members of the society had also been found addicted day by day. Due to drug addiction and alcoholism, many precious life of the young and adult have been killed during last three decades and also the victims of HIV/AIDS have increasing in an alarming rate in the state. Many wives, children and persons have been becoming living death. For controlling these situations many social activists, social reformers and ONGs have made various attempts to eradicate the problems. They also establish many de-addiction centers for drug addition in the state under the funding of central government. Here, the investigator tried to find out strong and weak points of the different de-addiction centers that how far these centers tried to normalize the lives of addicted persons. And it also tried to find out some of the remedial measures to improve the functions of the said centers for the welfare of the state as well as nation.

Key Words: drug addiction, IDU, NGOs, HIV/AIDS, User 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."

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.

Table No.1: Sentinel Surveillance Reports-1986 to 2011:

Number of blood samples screened	Sero-Surveillance	Sentinel Surveillance	Total
		393006	80563
Number of positives	31256	6760	38016
Number of Females	10109		10109
Number of HIV Positive Children	2578 (M-1378 & F-1200)	NA	2578 (M-1378 & F-1200)
Number of AIDS cases	4724	NA	4724
Number of deaths	658	NA	658
Sero-positively rate per 100 samples	8.0	8.4	8.02

Source: Epidemiological analysis of HIV/AIDS in Manipur: Sept. 1986 to Jan, 2011.

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 centres 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 Related 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 it ?. 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 fro 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.

OBJECTIVES OF THE STUDY: The objectives of the study were:

- 1.To Study the management system and staff pattern of the two rehabilitation Centers in Manipur as per norms of Ministry of social justice and empowerments, New Delhi.
- 2.To study the programmes, activities and their effectiveness undertaken by the two rehabilitation Centers in Manipur.
- 3.To give the suggestive measures for further improvement of the two rehabilitation centres in Manipur.

HYPOTHESES of the study: Following hypotheses of the study in declarative form were formulated:

1. The two rehabilitation Centers in Manipur, are running by the competent Committees and qualified staffs with the experience of drugs as per norms of Ministry of Social Justice and Empowerments, New Delhi.
2. The programmes and activities undertaken by the two rehabilitation centers in Manipur are at the satisfactory level.

Methodology of the study: The proposed study is the investigation into the existing conditions of the drug de-addiction and rehabilitation centers in Manipur. The method to be adopted in the study will be "Normative Survey Method". Under this method, the quantitative and qualitative data are also required to collect and dealt with for achieving the objectives of the study.

Population and sample : In the present study two drug de-addiction and rehabilitation centers were covered as sample of the study. There are 20 (twenty) centers in Manipur state under the Ministry of Social Justice and Empowerment, Government of India, (centers for Mental Hygiene). The two Centers are related with the study on the performance & flexibility.

TOOLS USED: The required tools which were used in the study :

1. **OBSERVATION:** The investigator will adopt observation as a tool for surveying the location that enables to assess them whether the centers are located at a proper place and conducive environment.
2. **INTERVIEW:** Interview will be conducted with the Committee members, Head of the Centers, Doctors, Counselors inmates, employees. As a supplementary tool, published and unpublished records, reports, documents and others relevant printed materials will be collected as a primary and secondary sources of data.

Statistical Techniques Used: For the analysis of the collected data of the study, the following Statistical techniques were used, namely: (1) Percentages and (2) Graphical representation.

DELIMITATION: The study was confined to the two de-addiction and rehabilitation centers funded by Ministry of Social Justice and Empowerment, Government of India, and also those centers received financial aids from the Directorate of Social Welfare, Government of Manipur. The study will not cover those rehabilitation centers running primarily for HIV/AIDS patients.

ANALYSIS AND INTERPRETATION:

HYPOTHESIS-1: The two rehabilitation Centers in Manipur, are running by the competent Committees and qualified staffs with the experience of drugs as per norms of Ministry of Social Justice and Empowerments, New Delhi:

(A): The two rehabilitation Centers in Manipur are running by the competent Committees as per norms of Ministry of Social Justice and Empowerments, New Delhi:

(i) : Profile of Shine De-addiction center, Thangmeiband, Imphal West District: Shine De-Addiction cum rehabilitation centre started functioning in 2nd April 1993 under the wide supervision of Smt. A. Memchoubi Devi, President, Integrated Woman and Children Development Centre, Thangmeiband Yumnam Leikai, with the financial assistance from the Ministry of Social Justice and Empowerment, Govt. of India, New Delhi, under the Department of Social Welfare, Government of Manipur. It had registered with the societies registration act XXI of 1860 in the year 1993.

This Center is the 30 bed Institutional based treatment centre for male drug user. It is completing 19 years of services under the implementing agency Integrated Women and Children Development Center with the financial assistance of ministry.

Table No: 2: Showing the names of office bearers of committee, Shine De Addiction Cum rehabilitation centre:

MANAGEMENT COMMITTEE: Shine de-Addiction Cum rehabilitation centre			
Sl. No.	Committee's members	Number	Name of the office bearers
1	President	1	Smt. A. Memchoubi Devi
2	Vice-President	1	Mr. Babuyaima Singh
3	Secretary	1	Miss. Annie Masatabam
4	Treasurer	1	Mr. L. Ibochou Singh
5	Members	5	W. Gita Devi, Miss. Shantibala Devi, Miss. Jaya Devi, Bijen Singh, Miss. Sandhiya Mangsatabam
Total Staff : 9 (nine)			

Source: Annual Report of Shine de-Addiction cum rehabilitation centre-2012.

(ii): Profile of New Life Drug Rehabilitation Center, Churachandpur: The new life rehabilitation centre, Churachandpur started functioning in 4th, April 1993 under the wide supervision of P. Lokendra Singh, President, Centre for Mental Hygiene, with the financial assistance from the Ministry of Social Justice and Empowerment, Govt. of India, New Delhi, under the Department of Social Welfare, Government of Manipur. It had registered with the societies registration act XXI of 1860 in the year 1993.

The Centre is a multi-disciplinary comprehensive service to create a social awareness to fight against the evils of abuse of alcohol and chemical substances by giving health care. Detoxification, Individual counseling, Group Counseling, Input session, Family re-integration, Group therapy etc. during rehabilitation period and followed by after care services for maintaining close contact with individuals and family so as to prevent from relapse by encouraging forming a Self Help Group under the principles of Narcotics Anonymous.

Table No: 3: Showing the names of office bearers of committee, New Life Rehabilitation Centre, Churachandpur

MANAGEMENT COMMITTEE : New Life Rehabilitation Centre, Churachandpur			
Sl. No.	Committee members	Number	Name of the office bearers
1	President	1	P. Lokendra Singh
2	Vice-President	1	N. Sanathoibi Devi
3	Secretary	1	Ch. Pisakmacha Devi
4	Treasurer	1	N. Inoucha Singh
5	Member:	5	W. Ibopisak Singh, O. Shyamanda Singh, L. Ibopisak Singh, Rani R.K, Biju Kamei
Total Staff : 9 (nine)			

Source: Annual Report of New Life Rehabilitation Centre, Churachandpur -2012.

(B): The two rehabilitation Centers in Manipur, are running by qualified staffs with the experience of drugs as per norms of Ministry of Social Justice and Empowerments, New Delhi:

Staffs & Qualifications of: (1) New Life Rehabilitation Centre, Churachandpur and (2) Shine de-Addiction Cum rehabilitation centre, thangmeiband, Imphal.				
Sl	Type of designation	Qualification	Minimum training required	Number
1	Project Director	PG		1
2	Project Co-Ordinator	Graduate	Training on counseling skills	1
3	Counselor	MSW/PG in Sociology	Training programme on counseling skill	2
4	Yoga Therapist	Degree in yoga	Yoga Training for de-addiction	1
5	Health worker	MHW	Health care for HIV/AIDS patients	4
6	Social worker	Graduate	Training on sentinel surveillance for IDUs	2
7	Doctor	MBBS		1
Total Staff: 12 (Twelve)				

Table No:4: Showing that the two Rehabilitation Centers are running by the qualified staff having experiences in the field as the norms of Ministry of Social Justice and Empowerment.

Source: Annual Report of New Life Rehabilitation Centre and Shine De-Addiction Cum Rehabilitation Centre-2012.

Interpretation: From the analysis of table No 2 , 3 and 4 shown above, that the two rehabilitation centers in Manipur are running by the competent committees and qualified staffs having the experiences in the field as norms of Ministry of Social Justice and Empowerment, New Delhi as they are recognized by the Government of Manipur under Department of Social Welfare and registered body under the Society act of XXI of 1860. The centre's are monitored by the social welfare department of the state government for every sixth month and the such report will be submitted to Ministry of Social Justice and Empowerment, New Delhi, So, **the first hypothesis** of the study that **"The two rehabilitation Centers in Manipur, are running by the competent Committees and qualified staffs with the experience of drugs as per norms of Ministry of Social Justice and Empowerments, New Delhi"**. Therefore first hypothesis is accepted here.

HYPOTHESIS-2: The programmes and activities undertaken by the two rehabilitation centers in Manipur are at the satisfactory level:

(A): Main programmes and activities of (i): Shine De-addiction centre, Imphal West District and (ii): New Life Drug Rehabilitation Centre, Churachandpur, are given in the following:

Both the two rehabilitation centre's in Manipur conducts same programme and activities. Those Main activities of the two centres in Manipur are given below:

- Intake interview and counseling
- Detoxification
- Individual and Group Counseling
- Yoga & Meditation as daily routine after detoxification
- Therapeutic duty Assignment
- Re educative session related to addiction, self management skills and behavioral changes
- Art therapy: to assess psychological and mental aspects of the inmates relapse signs and symptoms in forms of art.
- Relapse prevention planning with identification of relapse indicators, situation.
- Recreational facilities TV/Music and games
- Spiritual program, art of living, 6days basic course
- Family therapy with individual.
- Post treatment (After care program with regular follow-up) and
- Community participation awareness.

Table No:5: Year Wise Recovery and Relapse Rate of Shine De-addiction cum Rehabilitation centre, Thangmeiband, Imphal West.

Year	Recovery rate	Relapse rate
April 1993 to March 1994	55%	45%
April 1994 to March 1995	43%	57%
April 1995 to March 1996	54%	46%
April 1996 to March 1997	63%	37%
April 1997 to March 1998	88%	12%
April 1998 to March 1999	71%	29%
April 1999 to March 2000	55%	45%
April 2000 to March 2001	72%	28%
April 2001 to March 2002	65%	35%
April 2002 to March 2003	63%	37%
April 2003 to March 2004	67%	33%
April 2004 to March 2005	52%	48%
April 2005 to March 2006	74%	26%
April 2006 to March 2007	57%	43%
April 2007 to March 2008	58%	42%
April 2008 to March 2009	84%	16%
April 2009 to March 2010	71%	29%
April 2010 to March 2011	77%	23%
Total average	64.94%	35.06%

Table No:6: Year Wise Recovery and Relapse Rate of New Life Drug Rehabilitation Center, Torbung Bangla, Churachandpur.

Year	Recovery Rate	Relapse Rate
April 1993 to March 1994	43%	57%
April 1994 to March 1995	43%	57%
April 1995 to March 1996	41%	59%
April 1996 to March 1997	49%	51%
April 1997 to March 1998	41%	59%
April 1998 to March 1999	41%	59%
April 1999 to March 2000	45%	55%
April 2000 to March 2001	39%	61%
April 2001 to March 2002	52%	48%
April 2002 to March 2003	47%	53%
April 2003 to March 2004	55%	45%
April 2004 to March 2005	51%	49%
April 2005 to March 2006	51%	49%
April 2006 to March 2007	50%	50%
April 2007 to March 2008	60%	40%
April 2008 to March 2009	53%	47%
April 2009 to March 2010	63%	37%
April 2010 to March 2011	64%	36%
Total Average	49.33%	50.67%

Interpretation: With reference to programmes and activities taken by the above two rehabilitation centers in Manipur as well as table no. 5 and 6 that the same activities and programmes are under taken by the said two centers as per norms of Ministry of Social Justice and Empowerment, New Delhi. On other hand, the different levels of satisfactory are found among the two centre's. More satisfactory level is found with SHINE DE-ADDICTION CENTRE, THANGMEIBAND, Imphal West, Manipur that total average of recovery rate is found with 64.94%, whereas, relapse rate is 35.06%. However, Low level of satisfactory is found with New Life Drug Rehabilitation Centre, Torbung Bangla, Churachandpur that total average of recovery rate is 49.33%, whereas relapse rate is 50.67 %. Here, the actual recovery rate is only 1.67%. Therefore, the 2nd hypothesis of the study that **"The programmes and activities undertaken by the two rehabilitation centers in Manipur are at the satisfactory level."** is rejected.

Main findings of the study:

1. The two rehabilitation centers in Manipur are running with the competent committees and qualified staffs having the experiences in the field as per norms of Ministry of Social Justice and Empowerment, New Delhi, they are recognized by the state as well as central Governments. So, **the first hypothesis** of the study that **"The two rehabilitation Centers in Manipur, are running by the competent Committees and qualified staffs with the experience of drugs as per norms of Ministry of Social Justice and Empowerments, New Delhi"**. Therefore, first hypothesis is accepted here.
2. The same activities and programmes are under taken by the said two rehabilitation centers as per the norms of Ministry of Social Justice and Empowerment, New Delhi. However, different levels of satisfactory are found among the two centre's.
 - (a) More satisfactory performance level is found with Shine De-Addiction Centre, Thangmeiband, Imphal West, Manipur, that total average of recovery rate is found with 64.94%, whereas, relapse rate is 35.06% only. Here, the actual recovery rate is 29.88% (64.94% - 35.06%).
 - (b) However, Low level of satisfactory is found with **New Life Drug Rehabilitation Centre, Torbung Bangla, Churachandpur**, that total average of recovery rate is 49.33%, whereas relapse rate is 50.67 %. Here, the actual recovery rate is only 1.67%. Therefore, the **2nd hypothesis** of the study that **"The policies and programmes and activities undertaken by the two rehabilitation centre's are at the satisfactory level"** is rejected.

REMEDIAL MEASURES FOR FURTHER IMPROVEMENT: There were lots of program taken up by the various NGOs relating to drugs till now. We have lots of challenges and gaps in the drug program. In order to run the rehabilitation centre's, we have challenges under three heads:

1. Existing Government and Non-Governmental agencies including health care facilities are insufficient and not users friendly.
2. Inadequate fund from central Government for drug prevention particularly.
3. Non uniformity in the treatment fees, which create a barrier to the access to treatment.
4. No clarity of treatment model and service delivery among the treatment centre's.
5. No proper mechanism for monitoring and evaluation of program and administration.
6. Demand for more treatment slots is more as inadequate space and condition prevent users from treatment as compare to available resources.
7. Service providers are found inconsistent as desire for required experiences and technicality.
8. No well define follow up and after the cure prevention.
9. Basis of recovery rate count was not clear.

10. Negligible female staff is found in the rehabilitation centre's.
11. HIV/AIDS issues were found only in few centre's.
12. Insufficient service available from trained doctors instead of nurses or health workers.
13. The workers monitor the patients and medicate the patients.
14. Several diagnostic tests, which were imposed to patient and then party before admission was, not clearly explain.
15. No differentiation in the treatment process between frequent relapses and new fresher.
16. Minimum standard of services under MSJE not followed uniformly by all the centers.

Conclusion: 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".

References:

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/