

## **Review of Literature on The Study of Administration of Drug De-Addiction and Rehabilitation Centres in Manipur, India**

Avakuo Vemai, Research Scholar, Department of Political Science, SunRise University, Alwar, Rajasthan (India)

Dr. Madhu, Assistant Professor, Department of Political Science, SunRise University, Alwar, Rajasthan (India)

Email: [Vemaivemai4@gmail.com](mailto:Vemaivemai4@gmail.com)

### **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.

**Keywords: REVIEW OF LITERATURE, DRUG, ADDICTION, MANIPUR**

### **Introduction:**

Manipur is one of the States in India which has highest incidence of people affected by psychoactive substance use and having a porous international border makes the State extremely vulnerable to the menace of drug use and related issues. Many report indicates the increase of use of multiple psychoactive substances amongst the young age group of women and children as early as 12 years in the last two decades. A report of the survey called 'Magnitude of Substance Use in India, 2019' revealed the alarming degree of psychoactive substance use in Manipur as shown below:

Sl. No.	Substance	Current Use%	Dependent %	Quantum of Work %
1	Alcohol	22.4	3.8	9
2	Cannabis	3.74	0.33	0.88
3	Opioids	14.22	1.80	4
4	Sedatives	7.73	0.77	1.76
5	ATS	4.86	0.46	1.76

This has made the State Government's stand to make Manipur free from illegal use of all psychoactive substances even more resolute and it has framed 'The Manipur State Policy on Psychoactive Substances, 2019' to give proper guidance to all stakeholders in the State to promote collected collective initiatives to address the issues. The Policy strives to tackle all aspects of psychoactive substance use in the State. The Government believes in addressing the problem of psychoactive substance use in its totality. This includes creating awareness, early identification, treatment and rehabilitation and sustained follow up care. Further, Government is of the view that psychoactive substance use is a psycho-socio-medical problem which can be best addressed through community based intervention. Needless to mention, treatment and rehabilitation of psychoactive substance addicts forms a significant part of the Government's mission. As such, a provision has been made in clause 11.11 of the Manipur State Policy on Psychoactive Substances, 2019 for establishment of adequate number of treatment centers or strengthen to ensure proper treatment of psychoactive substance users. It is estimated that there are more than 1.2 lakhs substance dependent persons using one of the psychoactive substances in the State. The total capacity of all the 27 (twenty seven) Integrated Rehabilitation Centre for Addicts (IRCAs) in the state is 510 per

batch. Considering that these centres can conduct 8 (eight) batches of treatment in a year, the total treatment capacity will be 4,080 (four thousand and eighty) only as against the requirement of 1.2 lakhs. Thus, there is urgent need to streamline, strengthen and regulate the non-funded de-addiction centres to enhance - 2 - the treatment capacity of the State. Such treatment and de-addiction centres registered under this guideline will be known as "Treatment & Rehabilitation of Users for Social Transformation (TRUST) Centre".

#### REVIEW OF LITERATURE

Mason<sup>35</sup> made some efforts to include the mother in his treatment of young male addicts. He found that the response of the addict indicated a marked preference for the mother. Some of the mothers sabotaged the efforts of clinical staff. One mother insisted that she is the only one who knows that her son needs her. Most of the letters written by these mothers to their sons were effusive and infantilizing, they also evinced ambivalence since they contained hostile remarks. Mason felt that efforts at reaching the mothers involved were unrewarding, most of them refused treatment. He also depicts these mothers as hostile, controlling, unhappy and guilt-ridden.

Rosenfield<sup>36</sup> has also studied the family of drug addicts. The typical family is not very cohesive. She too describes the mother of such addicts as an immature parent, who vacillates between possessiveness and frank rejection due to broken homes, divorce or desertion. The father, again is a remote, detached figure. The male offspring in this family does not receive validation of himself as an individual and a man. The same family picture can be found in most cases of delinquency but Rosenfeld believes it is more marked in regard to drug addicts.

Fort<sup>37</sup> whose psychiatric experience includes direct treatment activity with drug addicts agrees with the observation that the young male addicts character is essentially oral and narcissitic. He found strong ambivalence towards the mother and usually other females. Heroin served their need of taking away sexual urgency thereby removing a challenge to manliness. Despite this, Fort views the male addict as someone who constantly needs association with females.

Smart<sup>38</sup> studied a sample of about 12000 Canadian students and learned that most children relied on the news media for drug information. This source was more important than friends, family, church, school and their own experiences. (We would guess that these Canadian students were not as experienced with illicit drugs as are metropolitan United States students). Drug users (of alcohol, marijuana, LSD etc.) differed considerably in their information sources preferences from nonusers, the former depending more on their own experience and their friends than the latter. Nonusers relied more on school and church than drug users. For users, school as a source was described as influential by only 9% and for nonusers by only 16%; this was in spite of the fact that the survey was conducted during a period when drug education was systematically engaged in by the schools these youngsters were attending.

Mohan and Arora<sup>39</sup> studied the students from various colleges of Delhi University and reported that the drug addiction rate was (24.7%). Tobacco was the highest (19.76%) followed by alcohol (19.58%), tranquillizers (6.58%), amphetamines (4.23%), barbiturates (1.17%).

Sethi and Trivedi<sup>40</sup> in a field survey studied the population of 2415 individuals. Out of them only 2010 were above the age of 10 years who were considered in the study. 21.4% drug abusers were found in their study. Alcohol was found to be the commonest among drug users followed by cannabis. Maximum drug abusers (35.8%) were found in the age group of 35-44 years followed by the group with age 25-34 (16.5%) and 65 and above (15.8%).

Chakraborty<sup>41</sup> et al. studied drug abuse among medical students of Calcutta University. The study revealed that 44.9% of the students were using dependence producing drugs. Majority of them were using it experimentally and only 3.2% were regular users. The drugs most commonly used were alcohol, cannabis and barbiturates. Curiosity was the most common reason for drug abuse. Only 17% of the first year students were drug abusers while almost 50% of the final year students were taking drugs.

Singh and Singh<sup>42</sup> conducted a study among 520 students of Punjab University in order to determine the extent of drug abuse among them, its frequency, age time of onset and the various social causative factors of drug abuse. The drugs included in the study were alcohol, tobacco, cannabis, amphetamines, tranquillizers, sedatives and opium. They found that alcohol was the most commonly used drug, followed by tobacco. Drug abuse was found more prevalent among older age group students, males, and among those who were living away from homes.

Ponundurai<sup>43</sup> et al. revealed that to assess factors pertaining to alcohol and drug abuse among internees with the help of youth survey questionnaire developed by WHO, found that 22.67% of males indulged in alcohol abuse at least once a month. Correspondingly cannabis was the most commonly abused drug by 9.33% of the male internees followed by sedative and tranquillizers. The common causes advanced for such drug abuse were : to be sociable, for enjoyment, curiosity, relief from psychological stress, etc.

Gupta and Narang,<sup>44</sup> Gupta and Singh studied drug abuse among 250 rickshaw pullers in Industrial town of Ludhiana. It was found that tobacco (92%) and Alcohol (76%) were mainly used by them, whereas cannabis (16%) and opium (2.4%) were the substances most commonly used for sometime by the rickshaw pullers.

Griffin<sup>45</sup> studied the socio-demographic characteristic of males and female, cocaine users, in order to know the drug effects depressive symptoms and psychiatric diagnosis between the sexes and found that female cocaine users were initiated into drug abuse at much younger age than the males. The guilt relieving property of cocaine might have made cocaine use among females higher. Men were found to be less depressed, and their use of the drug was mostly as part of an anti-social behaviour.

Srivastva's study<sup>46</sup> revealed that stress adverse life conditions, broken homes are some of the factors responsible for drug addiction and alcoholism. Drug addiction has a ruinous effect on health. It causes reduction in the immune response, affects the nervous system, cause damage to the brain, lungs, heart and to a great extent chromosome break up also occurs. The study highlighted that there is a significant relationship between drug addiction and AIDS. The potential for the rapid spread of Human Immune Deficiency Virus (HIV) among the intervention drug abusers exist because such drug abusers commonly share drug injection equipments.

Sharma<sup>47</sup> studied drug addiction among adolescents in Manipur and found that 1% population of adolescents used drugs and depressants. Unsatisfactory home, health and emotional adjustment, nuclear type of family, addicted working parents, hostile parental attitude, strict parental control, non-creative action and high income emerged as important contributors to the incidence of drug addiction.

Arora's<sup>48</sup> study highlighted that extramarital relationship, unfulfilled ambitions, excessive leisure and money, lack of a male child, alienation, anxiety, bereavement, weak personality and neglect of basic needs were the main factors associated with drug addiction.

Sreekumar<sup>49</sup> studied the factors influencing drug addiction and alcoholism on college students in Kerala and found that male, urban and professional students were more addicted than their female counterparts.

Srinivasamurthy<sup>50</sup> have observed that prevention and treatment of diseases, and rehabilitation linked with social, psychological and cultural variables in recent years has changed the health scenario. Fatal diseases are being prevented to a large extent. Life expectancy has increased from 32 to 59 years. However, longevity has led to increase in ageing-related degenerative diseases.

Shailja and Sunanda's<sup>51</sup> study revealed that alcohol addicts hold low theoretical values, low positive attitude towards self, low environmental mastery and health status. The drug addicts scored significantly lower on measures of integration, autonomy, environmental mastery and mental health status.

Gupta's<sup>52</sup> study explored that students are lured into drugs by the dream that intoxicants would help them to a world of fantasy free from pain and tension.

The study conducted by Kumar<sup>53</sup> pointed out that drug culture that was generally prevalent in college campuses till the early eighties has now shifted to the city slums in recent years. He also revealed that 50% of the drug addicts interviewed had sex almost daily, though only 23.3% of them were married and living with their partners, while 46.6% of the men confessed to patronizing prostitutes and many claimed to have casual sex partners, 60% of them were found never having used condoms. And that was because they were either unconcerned or ignorant about the way the HIV spreads. The study also indicated that only 10% addicts earned Rs. 12000 and above while 53.3% were totally dependent on the others, 23.3% of them were daily wage earners and the rest did odd jobs.

Kaplan<sup>54</sup> conducted on a survey on seventh grade students in 18 Junior High School in order to test a longitudinal model that incorporated indicators of self-derogation, peer influence, social control and early substance use. The findings revealed that self-derogation predicted drug use through two different routes. First, it led to a loss of motivation and second, peer group networks had a direct and indirect influence on the drug taking habit.

Ahmed et al.<sup>55</sup> studied the prevalence of drug abuse among Aligarh Muslim University students. In their study, out of 260 students, 7.7% students admitted to have taken hard drugs like alcohol (3.1%), cannabis (0.8%), sedatives (0.8%) and tranquillizers (3.1%). They have found the significance of difference between male and female students, so far as addiction of hard drugs is concerned. They also reported that out of the total sample 69 students (M=45 and F=24) i.e. 26.5% were found to have taken soft drugs which included bidi / cigarette and Hukka or hubble-bubble (tobacco).

Gakhar and Saini<sup>56</sup> studied the difference among 20 drug users and 20 non drug users each on the basis of their personal and family variables. It was found that most of the drug users belonged to the nuclear family, studied upto secondary level, and their parents showed normal interest while non-users belonged to average size family and whose parents showed keen interest towards their studies / career. A majority of grandparents were hostile and so were parents and siblings in case of drug users while among non-drug users, a majority of grand parents had harmonious relationship and so were parents and siblings.

Narayan<sup>57</sup>, R.S., and Rajendran, R., study revealed that the use of tobacco, alcohol, other drugs and harmful substances. Quite often start during adolescence, persists into adulthood and adversely affect the health of the youth. Alcohol and drugs may increase risk-taking behavior such as dangerous driving, unprotected sexual relations, accidental injury and violence. Because of the use of impure drugs, overdose is a constant risk. Sharing needles used to inject some drugs increases the risk of contracting HIV/AIDS. The study also revealed that heroin users scored high on neuroticism, and low on intelligence, emotional stability, ego strength and low self sentiment integration.

Smart<sup>58</sup> conducted a survey about drug abuse on 1184 students of 7<sup>th</sup> and 13<sup>th</sup> grade in Ontario. The results indicated that about 33% intervened in friends illegal drugs use and drinking while about 50% intervened in smoking.

Paul<sup>59</sup> made an attempt to investigate the dependence of drug abuse over the industrial workers in Manipur. The study concluded that they spend a large share of their income on intoxicants due to work pressure, enjoyment, curiosity and ill-health.

Campe and Parson's<sup>60</sup> study explored that drug ecstasy has risen among college students inspite of the awareness of its hazardous effects on its users.

Keeping in view the above mentioned studies, related to drug abuse, it can be concluded that none of the studies is available on the administration of the Drug de-addiction and rehabilitation centres in Manipur state. This helped the researcher to select a suitable problem for the study.

The review brings to light the fact that the studies conducted so far have established a high prevalence rate of drug abuse among certain high risk groups, like students of school/college/medical, unemployed, psychiatric patient and hospital. But the incidence rates vary so much and the definition of drug abuse are so different in different researchers that no generalization can be made. Also some characteristics have been studied like personality traits, income levels, family history etc. but many aspects still remain to be investigated.

Many of the studies have been conducted on very small population. There do not appear to be any studies of drug addicts, their detoxification process and rehabilitation of drug addicts. It's a small effort towards this gigantic problem.

The existing studies in India do not cover all different states or regions in India to obtain a reliable index of drug abuse in the country. The methodologies used by different researchers are different and thus most studies are not comparable. Another interesting feature of these studies is that most of them have tried to obtain information on socio-demographic factors of the drug addicts also that of the population, which the researchers have studied to ascertain the various drugs that have been consumed by them. Many studies on drug abuse have included tobacco, coffee, tea to which a very large number of persons are addicted, but these addictions are socially acceptable addictions.

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