

A Sociological Study on Drug Addiction and Its Consequences Among the Rural Youths in Manipur.

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Abstract: -Northeastern Indian state of Manipur faces a serious and complex dilemma as a result of drug addiction among rural youth. Manipur is a border state to Myanmar which forms a part of the 'golden triangle' (Myanmar, Thailand and Laos) in terms of geographical location. Being a border state, Manipur has becoming a major transit point for drug trafficking. Drug usage has a devastating physical, psychological, and sociological impact on the vulnerable rural young population and continues to plague the area. Drug addiction has both short-term and immediate negative effects on one's physical and mental health, including an increased risk of overdose, cognitive decline, and mental health disorders. The present study aims to study the consequences of drug addiction among the rural youths in Imphal West, Manipur. The descriptive research design and snow ball sampling method were followed for this study. Statistical tools such as 'Z' test were used to check the level of significant difference between variables. The finding reveals that there is significant difference between various variables. The data were collected from 325 drug addicts. This research has shed light on the various danger of drug addiction among youths who are the future of the nation.

Keywords: Drug addiction, impact, socio-economic conditions, rural youths, Imphal west, health issues

Introduction

Drug addiction is a serious issue that has an impact on people and communities all over the world, including rural areas. Drug addiction can have unique effects in rural communities that are different from those seen in urban ones. The effects of drug abuse on young people in rural areas are particularly worrisome because of the unique barriers they face in terms of access to healthcare, education, and employment opportunities. Young people in rural areas who become addicted to drugs may experience physical and mental health issues, such as an increased risk of overdose, cognitive decline, and mental health disorders. The adverse effects of addiction can be made worse by the fact that mental health and medical care are frequently in short supply in rural areas. Delays in seeking treatment may result from this, worsening the health outcomes.

The social fabric of rural communities can also be significantly impacted by drug addiction. It may result in social exclusion, deteriorating friendships and family ties, and a breakdown in cohesiveness within the community. This may worsen the negative effects of addiction and make it more challenging for people to get the help and resources they require for recovery. (Zimmerman, 2010) reveals that drug addiction can worsen psychological symptoms and magnify the harmful consequences of psychological distress on sexual risk behaviour. This can moderate the link between psychological distress and sexual risk. Throughout adolescence, drug use was linked to psychological anguish and adolescents who used more substances more frequently reported experiencing more psychological distress.

(Khatum & Anwar, 2013) found that drugs are destroying our society, escalating crime, spreading diseases like AIDS, and taking the lives of our children and the future. Not only the youth but the entire society has fallen victim to drug addiction. Drug addicts engage in a variety of antisocial acts to make money, and because of this, their abnormal behaviour disrupts our daily lives and creates barriers to our socioeconomic and cultural development.

(Mn et al., 2013) observed that drug addiction causes a rapid deterioration of family, cultural, moral, and educational values. Addicts lose their ability to work and learn, and their self-respect and they engage in significant or little criminal activity. Abuse of alcohol results in neuro-inflammation, myelin disturbances, and loss of white matter; the developing adolescent brain is more susceptible to brain injury and other long-lasting changes to the brain. (Rudy, 2005) in his analysis found that drugs that promote sleep, reduce pain and anxiety, or combat weariness can also have a significant impact on how people think, act, and behave. Drugs can increase violence, lessen moral restraints and inhibitions, and encourage defiance of social, moral, and legal boundaries. drugs that have an impact on the central nervous system, and promote antisocial behaviour. Crime and drug addiction are directly related to one another. (Shekarchizadeh et al., 2013) reveals that one of the most common health issues linked to drug addiction is oral health issues. There is an increasing body of published research on the impact of the main kinds of illegal drugs on oral health, excluding alcohol consumption and smoking and tobacco usage. Opiates, cannabis, hallucinogens, stimulants of the cocaine- and amphetamine-type, and different club drugs are among these drug types. Drugs' direct contact with oral tissues when smoked or ingested, their biological interaction with the normal physiology of the oral cavity, and their effects on brain function can all lead to oral health complications associated with drug abuse.

Statement Of The Problem

Drug addiction among rural youths is a serious issue in Manipur, not just because of drug trafficking and the state's proximity to Myanmar's international border, but also because narcotics are widely accessible and there are numerous local illegal drug manufacturing facilities. As a result, drug abuse among young people in northeast India, especially in the state of Manipur, took a new direction. Due to the easy availability of drugs, stress resulting from socio-political unrest, and frustration, which lead to a high degree of unemployment, extreme poverty, and broken families, which has been cited as one of the main causes of drugs, they gradually switch from non-injecting to injecting methods. With these viewpoints in mind, the researcher was motivated to investigate the psychological, physical, and social effects of drug addiction on rural youth in Manipur. To understand the causes and impact of health due to drug addiction, the present study is taken up in five villages (Samurou, Wangoi, Langthabal, Sangaiparou, Patsoi, Ghari) of Imphal West district, Manipur, with the objectives to study the socio-economic conditions of the respondents in the research area, to find out the causes of drug addiction among rural youths and to identify the various health issues due to the drug addiction.

Methodology

The study has adopted a descriptive research design. A total of 325 respondents were selected through the snowball sampling method. The data were collected from the rural youth (i.e., ages between 15-29) from five villages for the research study. A well-structured interview schedule was used to gather the information and necessary data and classified for analysis.

Results And Discussion

Table: 1 Distribution of the respondents based on Age

Sl. No.	Age	No. of Respondents (n=325)	Percentage
1	15-19	66	20.3
2	20-24	170	52.3
3	25-29	89	27.4

Sources: Primary data

Table 1 reveals data on the age-wise distribution of respondents. It could be noted that out of 325 respondents, majority of the respondents belong to the age group 20 – 24 (52.3%) and more than one fourth (27.4%) of the respondents from age group of 25 – 29 years, 20.3 per cent of the respondents from age group of 15 – 19.

Table: 2 Distribution of the respondents based on educational qualification

Sl. No.	Education	No. of Respondents (n=325)	Percentage
1	Primary	22	6.8
2	Secondary	167	51.4
3	Higher Secondary	122	37.5
4	Graduate	14	4.3

Sources: Primary data

Table 2 data indicates the distribution of respondents based on educational qualifications. It is inferred from the above table that, more than half (51.4%) of the respondents have completed secondary school, more than one third (37.5%) of them have completed higher secondary education, furthermore 6.8 per cent and 4.3 per cent of them have completed primary school and graduation each respectively.

Table:3 Distribution of the respondents based on Marital status

Sl. No.	Marital Status	No. of Respondents (n=325)	Percentage
1	Married	42	12.9
2	Unmarried	271	83.4
3	Divorced	1	0.3
4	Separated	11	3.4

Sources: Primary data

Table 3 reveals data on the distribution of respondents based on Marital status. It is inferred from the above table that, majority 83.4 percent of them are unmarried, 12.9 percent of them are married and 0.3 percent and 3.4 percent of them are divorced and separated each respectively.

Table: 4 Distribution of the respondents based on Occupation

Sl. No.	Occupation	No. of Respondents (n=325)	Percentage
1	Agriculture	14	4.3
2	Private Sector	19	5.9
3	Labour	94	28.9
4	Unemployed	198	60.9

Sources: Primary data

Table 4 data exhibits the distribution of respondents based on occupation It is inferred from above that, more than one fourth (28.9%) of the respondent's occupation is labourers, 5.9 and 4.3 percent of the respondent's occupation is private sector workers and agriculture respectively. More than half (60.9%) of the respondents are unemployed.

Table: 5 Distribution of the respondents based on Individual Income

Sl. No.	Income	No. of Respondents (n=325)	Percentage
1	Below 5000	29	8.9
2	5000 to 10000	0	0.0
3	10001 to 15000	93	28.6
4	Above 15000	5	1.5
5	None	198	60.9

Sources: Primary data

Table 5 shows data based on the individual income of the respondents. It is inferred from above table that, 8.9 percent of the respondent's monthly income is below 5000, more than one fourth (28.6%) of the them are earning 10001 to 15000, only 1.5 percent of them are earning above 15000 and more than half (60.9%) of them are not earning.

Table: 6 Distribution of the respondents based on Family Type

Sl. No.	Family Type	No. of Respondents (n=325)	Percentage
1	Nuclear	141	43.4
2	Joint	184	56.6

Sources: Primary data

Table 6 data shows the distribution of respondents based on the family type. The above table explained that, more than half (56.6%) of the respondents from joint family and remaining 43.4 percent of them are from nuclear family.

Table: 7 Distribution of respondents' opinions about the impact of drug addiction on the psychological health among the respondents

Sl. No.	Level	No. of Respondents (n=325)	Percentage
1	Low	176	54.2
2	High	149	45.8

Sources: Primary data

Table 7 presents data on the respondents' opinions about the impact of drug addiction on the psychological health of the respondents. It is inferred from the above table that, more than half (54.2%) of the respondents are having low level of psychological impact discrimination and less than half (45.8%) of the addicts are having high level of psychological impact.

Table: 8 Distribution of respondents' opinions about the impact of drug addiction on the physical health among youth drug addicts.

Sl. No.	Level	No. of Respondents (n=325)	Percentage
1	Low	169	52.0
2	High	156	48.0

Sources: Primary data

Table 8 Shows Respondents' opinions about the impact of drug addiction on the psychological health of the respondents. The above table explained that, more than half (52.0%) of the respondents having low level of physical impact and remaining 48.0 percent of the addicts are having high level of physical impact.

Table 9 Distribution of respondents' based on the level of Social Relation of the Respondents

Sl. No.	Level	No. of Respondents (n=325)	Percentage
1	Low	180	55.4
2	High	145	44.6

Sources: Primary data

Table 9 data shows the Distribution of respondents based on the social relationship of the respondents. The above table explained that, more than half (55.4%) of the respondents having low level of social relation and less than half (44.6%) of the respondents are having high level of social relation.

Table: 10 Distribution of respondent's level of discrimination faced by addicts

Sl. No.	Level	No. of Respondents (n=325)	Percentage
1	Low	169	52.0
2	High	156	48.0

Sources: Primary data

It is inferred from the above table that, more than half (52.0%) of the respondents faced low level of discrimination and remaining 48.0 percent of the addicts faced high level of discrimination.

Table 11'Z' Test between Joint and Nuclear family of the respondents with regard to their Impact on Psychological Health

Sl. No.	Psychological Impact	Mean	Standard Deviation	Statistical Inference
1	Family Type			Z = 5.189
	Nuclear	25.992	4.989	P < 0.01
2	Joint	23.402	4.009	Highly Significant

Sources: Primary data

The researcher applied 'Z' test for analyse the difference between nuclear and joint family of the respondents with regard to their impact on psychological health. The result shows that, the Z value is 5.189 and p value is lesser than 0.01 percent level and the mean value explained that, nuclear family (M=25.992) respondents are having high level of psychological health impact than the joint family (M=23.402) respondents. So, there is highly significant difference between nuclear and joint family of the respondents with regard to their impact on psychological health.

Table no. 12'Z' Test between Joint and Nuclear family of the respondents with regard to their Impact on Physical Health

Sl. No.	Physical Impact	Mean	Standard Deviation	Statistical Inference
1	Family Type			Z = 6.100
	Nuclear	32.276	5.832	P < 0.01
2	Joint	28.369	5.636	Highly Significant

Sources: Primary data

The researcher applied 'Z' test for analyse the difference between nuclear and joint family of the respondents with regard to their impact on physical health. The result shows that, the Z value is 6.100 and p value is lesser than 0.01 percent level and the mean value explained that, nuclear family (M=32.276) respondents are having high level of physical health impact than the joint family (M=28.369) respondents. So, there is highly significant difference between nuclear and joint family of the respondents with regard to their impact on physical health.

Conclusion

According to this report, drug addiction has grown to be a serious issue with multiple effects on young people in rural areas. The present study demonstrated the various consequences of drug addiction in Manipur such as psychological impact, physical impact and social relation of the drug addicts. The study finds that the respondents also faced discrimination in the society. Drug usage has numerous negative effects not just for the individual, but also for society as a whole. Drug addiction, in all its forms, has wreaked havoc on these young individuals, eroding their physical, mental, and social well-being. Underneath the seeming complexity of society ills lies a mechanism that combines tolerance, dependence, and addiction. Reward, motivation, learning, inhibitory control, and executive function are all examples of cognitive functions that require a variety of brain regions. Addictive substances hijack the reward route meant for natural reinforces, causing acute and persistent harm to individuals and society. Addressing the issue of drug addiction among rural youths requires a comprehensive approach. Prevention efforts must be intensified through education, community outreach, and awareness campaigns. Additionally, enhancing access to healthcare, counseling services, and rehabilitation centers in rural areas is crucial to supporting those already grappling with addiction.

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