CHAPTER - 1

INTRODUCTION & METHODOLOGY
CHAPTER - 1
A - INTRODUCTION

The sole purpose of this research is to establish the fact that substance abuse leads to Mental Illness. Throughout the entire process of assembling the material for this research work, it has come to my knowledge that substance abuse and mental illness are most likely to be interrelated. On the one hand, substance abuse acts as the trigger for the dormant mental illness of a person, and on the other hand mental illness draws an individual towards substance abuse. One way or the other, this phenomenon is an outcome of the insecurities that society throws towards a person. The hectic lifestyle of the modern day demands that in order to live a decent life one needs to be financially and intellectually sound, otherwise we do not exist. To cope with this trend one has to be self-sufficient, and to keep up with the pace of such hectic lifestyle in its entirety, very often drugs become the only choice or factor to transcend into the make believe social life. Drugs, thus becomes the escape, and more so in a poor state like Manipur.

The IT boom that has swept the entire world into one big global family has become more of a curse than being a blessing as the youths today have the ability to know the various trends and developments, while the urge to live a fuller life requires a healthy and sound environment, Manipur has none. There are no outlets to release the tensions that have been brewing from the past four to five decades in the strife stricken state of Manipur. There are uncountable numbers of the so called revolutionary groups which harass the already politically victimized people in the form of terror and extortion, and almost a war zone which adds to the woe of the civilians. There is a ban on liquor, ban on screening movies, other than Manipuri, no particular place where friends can meet up or hold a social gathering at free will. Under such circumstances, drugs become the only solace.

As it is, people tend to have nervous breakdown with no employment of any kind at hand, no industries, no resources and to add to the anguish, indulging in drugs has engulfed the majority of youth in Manipur which eventually affects the social, moral, mental, physical and spiritual functioning and wellbeing of the person. Drugs have an unending number of associated problems, and this research aims at understanding its correlation with mental illness, which is further explored.
Theoretical Background of Substance Abuse

Substance Abuse is characterized by repeated use of a substance or substances in situations where use leads to—or contributes to—markedly negative outcomes. Defining substance abuse can be difficult. "Substance" refers to the spectrum of drugs that can be potentially abused, such as illegal drugs (marijuana, heroin), licit drugs (alcohol, tobacco), and prescription drugs. "Abuse" refers to the use of a substance when it is not medically indicated or when its use exceeds socially accepted levels. Technically, substance abuse is one in a spectrum of substance use disorders outlined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. Hazardous use or harmful use of any Substance (Narcotics or Non-Narcotic drugs) is called substance abuse.

Abuse refers to a maladaptive pattern of substance use not amounting to dependence, but leading to harmful consequences. The continuum of substance-related disorders begins with substance use, intoxication and withdrawal, followed by substance abuse, and then dependence. This progression marks an escalation in the use of substances that leads to numerous medical, social and psychological difficulties. Numerous medical problems have been linked to use of substances. Repeated misuse of substances can lead to numerous other psychiatric disorders such as mood and anxiety disorders, sleep disorders, sexual dysfunction, delirium, dementia, amnestic disorder and psychosis. (US History Encyclopedia)

The overindulgence in and dependence on a stimulant, depressant, or other chemical substance leading to effects that are detrimental to the individual's physical or mental health or the welfare of others is called substance abuse. Substance abuse is generally seen as an early form of a disease characterized by dependence criteria. This terminology has often led to confusion, both within the medical community and with the general public. However, it can be generalized to say that it is the overindulgence in and dependence on a drug or other chemical leading to effects that are detrimental to the individual's physical and mental health and/or the welfare of others.
Substance abuse may lead to addiction or substance dependence. Medically, physiological dependence requires the development of tolerance leading to withdrawal symptoms. Both abuse and dependence are distinct from addiction, which involves a compulsion to continue using the substance, despite the negative consequences, and may or may not involve chemical dependency. Dependence almost always implies abuse, but abuse frequently occurs without dependence, particularly when an individual first begins to abuse a substance. Dependence involves physiological processes, while substance abuse reflects a complex interaction between the individual, the abused substance, and society.

The fourth edition of the “Diagnostic and Statistical Manual of Mental Disorders” (DSM-IV)3 issued by the American Psychiatric Association, defines substance abuse as a “maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household).

- Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use); Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct); and/or Continued substance use, despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, and/or physical fights).”
THE PSYCHIC, TOXIC AND WITHDRAWAL SYMPTOMS OF SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Substance</th>
<th>Pleasurable effect</th>
<th>Toxic and adverse effects</th>
<th>Withdrawal symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Sense of warmth relief of tension, mild euphoria, loquacity, increased sociability.</td>
<td>Slurred speech. Inco-ordination, unsteady gait, impairment of attention and memory, stupor and coma, Hallucinations and psychosis.</td>
<td>Tremors, delirium, hallucinations, sweating, insomnia, seizures.</td>
</tr>
<tr>
<td>Opioids</td>
<td>Intense pleasure, feeling of relaxation, analgesia, euphoria.</td>
<td>Apathy, dysphoria, anorexia, agitation, slurred speech, drowsiness and coma, lack of sexual desire.</td>
<td>Craving, nausea, vomiting, muscular aches, lacrimation, rhinorrhoea, piloerection, fever, sweating, insomnia, yawning.</td>
</tr>
<tr>
<td>Cannabis</td>
<td>Exaggeration of pre-existing mood, increased enjoyment of aesthetic experience, distortion of time and space, increased appetite, euphoria.</td>
<td>Reddening of eyes, dryness of mouth, tachycardia, frightening, hallucinations, psychotic symptoms.</td>
<td>Anxiety, irritability, disturbed sleep, tremors, perspiration, muscle pain, seizures.</td>
</tr>
<tr>
<td>Cocaine</td>
<td>Excitement, feeling of well-being, euphoria, reduced hunger and reduced need for sleep, relief from fatigue.</td>
<td>Tremors, tachycardia, perspiration and chills, nausea, vomiting, weight loss, agitation, confusion, seizures, paranoid psychotic symptoms.</td>
<td>Dysphoria, fatigue, craving, vivid and unpleasant dreams, desire to sleep and hypersonnia, anergia.</td>
</tr>
</tbody>
</table>
### Other stimulants (amphetamines, etc.)

<table>
<thead>
<tr>
<th>Effect</th>
<th>Other Stimulants</th>
<th>Caffeine</th>
<th>Nicotine</th>
<th>Volatile Solvents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Euphoria, overactivity and over talkativeness, reduced hunger and reduced need for sleep, alertness.</td>
<td>Euphoria, over- activity and over talkativeness, reduced hunger and reduced need for sleep, alertness.</td>
<td>Mental alertness. energy, mild euphoria.</td>
<td>Improvement of mood and cognition, relief of anxiety.</td>
<td>Euphoria, exhilaration.</td>
</tr>
<tr>
<td>Insomnia, dryness of nose and lips, sweating, high pulse rate, pyrexia, delirium, mood changes, paranoid symptoms.</td>
<td>Insomnia, dryness of nose and lips, sweating, high pulse rate, pyrexia, delirium, mood changes, paranoid symptoms.</td>
<td>Anxiety, sleep disturbances, mood changes, high pulse rate, gastric distress, diarrhoea, perspiration.</td>
<td>Nausea, salivation. weakness, abdominal pain. headache, cold sweat, sensory disturbances, amblyopia.</td>
<td>Blurring of vision, slurring of speech, incoordination, disorientation, ataxia, hallucinations, altered body perception, encephalopathy.</td>
</tr>
<tr>
<td>Dysphoria, fatigue, vivid and unpleasant dreams, hypersomnia, agitation or psychomotor retardation.</td>
<td>Dysphoria, fatigue, vivid and unpleasant dreams, hypersomnia, agitation or psychomotor retardation.</td>
<td>Headache, Drowsiness, fatigue, yawning, craving, impaired psychomotor performance.</td>
<td>Dysphoria, irritability, lack of concentration, restlessness.</td>
<td>Rare.</td>
</tr>
</tbody>
</table>

**Source:** VMD Namboodiri. Concise book of Psychiatry, 2nd Edition 2005

Most of the supplies of heroin coming from Burma/Myanmar into the northeastern states of Mizoram, Nagaland, Arunachal Pradesh and most importantly Manipur are said to be organized by half a dozen of syndicates, which is supported various powerful ultra groups of the strife-torn country.

Today four major supply complexes of illicit opiate traffic recorded are:

(a) The French connection:
   - Turkey, France, Western Europe, South America, Canada and U.S.A.

(b) The Golden Triangle:
   - Remote border area of Burma/Myanmar, Thailand and Laos.

(c) The Golden Crescent:
   - Pakistan, Iran and Afghanistan.

(d) Mexico and other West Coast areas.
Mental Illness

Mental illness is a psychological or behavioral pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture. Mental disorder / illness has been characterized as a clinically significant behavioral or psychological pattern that occurs in and individual and else usually associated with distress, disability or increased risk of suffering. Mental illness is a term that describes a broad range of mental and emotional condition. Mental illness also refers to mental impairment and its different from mental impairments such as organic brain damage and learning disabilities. Any of various conditions characterized by impairment of an individual’s normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma. Also called emotional illness, mental disease; also called mental disorder.

Types of Mental Illness/Disorder

- Dissociative disorders. Mood disorder (unusually intense sustained sadness, melancholy, despair).
- Anxiety disorders (phobia, social anxiety, panic disorders, agoraphobia, obsessive compulsive disorder, post-traumatic stress disorder).
- Psychotic disorders (schizophrenia, delusional disorder, schizoaffective disorders / abnormally rigid and maladaptive).
- Eating disorders (Bulimia, Anorexia).
- Developmental disorders.
- Personality disorders (Paranoid personality disorders, schizoid personality disorders, schizotypal personality disorders, borderline personality disorders, Histrionic personality disorders, narcissistic personality disorders, avoidant personality disorders, obsessive compulsive personality disorders).
- Sleeping disorders (insomnia).
- Bipolar disorders (abnormally high or pressured mood stress known mania / hypomania, alternating with ( normal or depressed mood).
There is no single accepted or consistent cause of a mental disorder. The terms psychiatric disability is used when mental illness significantly interferes with performance of major life activities such as learning, working and communicating with other. Someone can experience mental illness over many years that types, intensity and duration of symptoms may vary from person to person.

Substance abuse can trigger mental health problems, particularly in young addicts and those who already have mental illness. Many drugs, including those legitimately prescribed to treat other conditions may interact with the drugs used to treat mental illness, making them less effective and perhaps precipitating a crisis. A far greater risk comes from 'street' drugs purchased illegally and without control.

Concurrent disorders/dual diagnosis

The term 'concurrent disorders' also known as 'dual diagnosis' refers to the combination of mental illness and substance use disorder. The issue of substance abuse is complex because the substance itself is not the problem so much as a person’s relation to it: drinking a glass of wine or taking a painkiller on occasion can be beneficial or at least non-problematic. It is when the substance used creates life problems or becomes compulsive that it becomes an identifiable disorder- it is a matter of degree.

Concurrent disorder is much more widespread than many people realize: study show that over 50 percent of persons with mental illness abuse illegal drugs or alcohol, compared to 50 percent of general population. The relationship can be complex. Mental health problems can be a risk factor for substance use problems, and substance abuse can be a risk factor for mental illness. In the first case, a person may self-medicate with alcohol or drugs to temporarily relieve symptoms (e.g. Insomnia, anxiety, racing thought pattern, etc.) of depression, anxiety disorder or mental illness. In the second case substance misuse or withdrawal can induce or worsen psychiatric symptoms such as depressions, hallucinations or paranoid thought patterns. There are also common risk factors for mental illness and substance abuse: poverty or unstable income, problems at work or at school, lack of decent housing, family history, past trauma or abuse, and biological or genetic factors.
**Impact of Concurrent Disorder**

The combinations of these life issues, mental illness, and substance abuse has a devastating effect as each contributes to the occurrence of the others in a vicious cycle. Person with concurrent disorders tend to become marginalized members of society often homeless and penniless.

At the same time, persons with concurrent disorders are more likely to come to the attention of police because of poverty, homelessness and behavioral issues. The substance abuse is often much more visible and identifiable, and may mask the presence of mental illness. Because the substance being abused may be illegal, or the behavior resulting from concurrent disorders may be illegal and attributed to substance abuse, a person with concurrent disorder is more likely to receive criminal sanctions than treatment. Once the person has been categorized as a criminal in this way, law enforcement and the criminal justice system are more likely to look at the criminality of behavior rather than consider the possibility of mental illness as a contributing factor. In this way, persons with concurrent disorders may be labeled as ‘bad’ (criminals) and requiring punishment rather than ‘ill’ (suffering from disorders) and requiring treatment.

**Treatment of concurrent disorders**

Person with mental illness have some access to treatment if they are willing and able to seek help. There are also a wide range of treatment and support options for people with substance use problems. Access to treatment for persons with concurrent disorders is much more complicated, both in terms of diagnosis and effective treatment. Concurrent disorders may be misdiagnosed as a single disorder due to the commonality of symptoms between mental illness and substance abuse.

Even a correct diagnosis of concurrent disorders may present hurdle for treatment. Treatment programs for mental illness may refuse admission to a person with active drug or alcoholic problem, and vice versa. At the same time, the treatment for one may not be appropriate in relation to the other: for example, a confrontational approach sometimes used in substance abuse treatment can be traumatic for a person with mental illness.
This can leave a person with concurrent disorders out in the cold if specific concurrent disorder treatment is not readily available, and there are still relatively few such specialized programs.

For police officers, who come into contact with persons with mental illness and substance abuse disorders, it is important to recognize that a person may have a mental illness as well as substance use disorder, that the person needs treatment rather than punishment, and the accessing appropriate treatment for concurrent disorder is a challenge for those who need it. Increase awareness about concurrent disorders and the unique challenges in recognizing, diagnosing and treating them – as well as the multitude of problems faced by those suffering from them – is a first step to better and more appropriate responses and support. To probe further, Police Officers from the Jail Department have been contacted to know their opinions on rehabilitation treatment of Mentally Ill Convicts. It was important to know their preferences on punishments / detention versus rehabilitation. Data was collected from Jail inmates too.

**Substance Abuse leading to Mental Illness**

Researchers estimate that individuals with mental illness and those with severe mental illness, abuse alcohol or drugs. Those suffering from mental illness and substance abuse are often overwhelmed by the challenges they face. Managing either disorder requires commitment, focus, and a supportive environment. Trying to manage both disorders is a huge challenge because substance abuse and mental illness feed off each other to undermine treatment and recovery.

Most individuals with co-occurring disorders "self-medicate" their painful moods and feelings with substances, but these very substances make their symptoms worse over time. This creates a vicious downward spiral into chaos and pain as symptoms become more severe, fuelling more intense cravings and substance abuse, causing increasingly unstable emotions, leading to even more desperate substance abuse, ultimately resulting in hospitalization, jail, homelessness, and even death by accidental overdose or suicide.
Mental health is a condition of psychological maturity, a relatively constant and enduring function of personality. It is a condition of personal and social functioning with a maximum effectiveness and satisfaction. Mental health involves positive feelings and attitudes towards self and others.

**Five behavior patterns that a mentally healthy person may evidence:**

1. Sense of responsibility: The person who is mentally healthy has a sense of responsibility and is sensitive to the needs of others and attempts to satisfy those needs for the welfare of others.

2. A sense of self-reliance: the mentally healthy person has confidence in his judgment and abilities and views setback as problems to be solved rather than an occasion for the display of anger and emotional outburst.

3. Sense of direction: the mentally healthy person has a clear concept of his life goals, he directs his efforts energy and creativeness towards attainment of this goals.

4. A set of personal values: the mentally healthy individual has a philosophy of life that is based on countries, beliefs and goals that contribute to his happiness and the happiness of those around him. His philosophy of life will tend to increase his social status and contribution to the society.

5. A sense of individuality: the mentally healthy individual recognizes himself as a person who is separate and distinct from others. He endeavors to develop attitudes and patterns of behavior that neither blind conformity to the demands and desires of others nor a rebellious detachment and isolation from others.
Review of Literature

VMD Namboodiri in his book, ‘concise book of psychiatry (2005)’, has given a table on the psychic, toxic adverse effect and withdrawal system of substance abuse. He has also mentioned the pleasurable effect of the drug. The drugs covered in this table are Alcohol, Opioids, Sedatives and hypnotics, cannabis, cocaine, amphetamines, caffeine, nicotine and volatile solvents. His table gives a very clean picture of drugs and its effects.

Beena Menon (1989) in the book ‘Drugs and Evil of Addiction’ has listed information on the place where drugs are manufactured and its route of supply of drugs, the places which constitutes the French connection, the golden triangle, the golden crescent where supply of drugs come from has been brought into light.

S.S Chauhan (1986) in his book ‘Mental Hygiene, A Science of Adjustment’ has mentioned various aspect of mental health. He has further described five behavior patterns that a mentally healthy person may evidence i.e., sense of responsibility, a sense of self reliance, sense of direction, A set of personal values and sense of individuality.

SatishAnand (1990) in his book ‘Dictionary of Drugs’ have given definitions of various terms which has direct link in this study, the definitions that came into use are Amphetamines, Barbiturate, benzodiazepine, Cocaine, Cannabis, Hallucinogens, Opioids, Nicotine, Morphine, Sedative drugs, Psychotropic drugs, Drug addiction, antagonist drugs, drug intravenous injection, hypnotic drugs, narcosis, narcotic drug, tolerance, Tranquilizer and withdrawal symptoms; adaptations from Zuckerman D. Debenham and Moore (1993) in their resource manual ‘People with Mental Illness’ has given various type of mental illness and its symptoms; the website www.bdu.edu/cprs/reas, gives the description and explanations on concurrent disorders of dual diagnosis, Impact concurrent disorder and treatment of concurrent disorder and treatment of concurrent disorders, which is very much related to the study.

Kohli (1997) mentioned that drug abuse has taken root in Manipur mainly because of easy availability even in cigarette stalls or Paan Shops on page in his book ‘Drug Abuse and Prevention’;
‘Drug Epidemic Among Young Indians’ by Tribhuwan Kapur (1985)\textsuperscript{13} asserts that drug abuse leads to handicap and drain of wealth indicating very clearly the negative impact of drug abuse on life; Satish Anand (1990)\textsuperscript{14} He further explains addiction as ‘psychic’ which indicates direct link between drugs and mental health (by WHO) in his book ‘Dictionary of Drugs’.

Tribhuwan Kapur (1985)\textsuperscript{15} has also listed various physical hazards of drug addiction; on lungs, teeth, spine & muscles, ears, hair, skin, kidneys & heart, genes and immunities etc. in his book ‘Drug Epidemic Among Young Indians’.

Wallace Wallin (1999)\textsuperscript{16} in his book ‘Personality maladjustment and mental hygiene ‘ mentions ‘Narcotic States’, which is disassociation of mental and physical (motor) due to drugs; Leech and Jordan (1967)\textsuperscript{17} in ‘Drugs for young people’ states some painful withdrawal symptom of drugs(Heroin);

Robert W Fergusson (1995)\textsuperscript{18} mentions various prominent reasons of drug abuse and also has included nature of life and spiritual factor along with other reasons in his book ‘Drug abuse control’.

Khomdon (2004)\textsuperscript{19} in his book ‘HIV/AIDS and You’ has explained in details the substances Opiates, Heroin and its effects (both, long & short term) with precision.

MN Karna (1992)\textsuperscript{20} in ‘Research Study on Drug Abuse’ sponsored by Ministry of Social Welfare discusses / suggests and put forward the findings of his study which is very much similar and relevant to the findings of this current research.

Michael Geldon / Dennis Gath and Richard Mayan (1989)\textsuperscript{21} explains the relationship between drug abuse and Mental Illness, and the adverse effects of drugs on mental health, they have also given substances and the organic mental disorders caused by them in their book ‘Oxford textbook of psychiatry’.

Anil Aggrawal (1989)\textsuperscript{22} has given likely conditions that can be caused by drugs and the symptoms that an addict might suffer in his publication ‘The Narcotic
Drugs', followed by Bhim Sain (1991)\textsuperscript{23} stating similar withdrawal symptoms which can be life threatening in his book ‘Drug Addiction and Obscenity’.

Solomon Keely (1982)\textsuperscript{24} in his book ‘Perspectives in alcohol and Drug Abuse’ presents the possible hazards of multiple drug use, brain dysfunction and neuro psychological impairment of polydrug using individuals, which is a serious concern; ICD 10, WHO (1992)\textsuperscript{25} ‘Classifications of Mental and Behavioral Disorder’ gave definitions and differences between Neurosis Psychosis mental conditions caused by drug abuse.

Earlier studies, Dinesh Deman’s “Sociology of mental illness”, Jaipur (1992)\textsuperscript{26} have proved that alcohol/drug use causes mental illness. Derived from table 4.1 10 percent male drug users developing mental illness and 13 percent male developing mental illness due to use of alcohol. In 1978, WHO entered into a long term collaborative project with alcohol, drug abuse and mental health administration (ADAMHA) in the USA, aiming to facilitate further improvements in the classifications and diagnosis of mental disorders, alcohol and drug related problems.

All the above review clearly draws some direct link between substance abuse and mental illness, which is the sole purpose of this research. It also indicates the various causes and the ill effects of drug abuse and the resulting physical and mental illness to the person; his or her family and the society at large. The review also states the route of supply (the easy availability of drugs), the adverse effects (pleasurable and toxic) of drug use, the types of drugs and mental illnesses, the signs and symptoms of drug abuse and the approach of treatment etc. The proposed study will compare the findings and try to explore the linkage between drug abuse and mental illness.

**Significance of the Study**

The present study is an attempt to understand how substance abuse leads to mental illness, how mental illness affects the productivity of the youth how it affects the persons and also the family/the hardships the family has to face financially, psychologically and spiritually etc., and how the illness affects the state and nation at
large. Youths of Manipur living in the high risk zone the golden triangle Laos, Vietnam & Myanmar and border of a country where most of the trafficking occurs or route of trafficking, how can social work intervention help in treatment, rehabilitation and prevention of mental ill and substance abuse. In what way the work done by professional social workers, application of social work theories/methods, techniques, tools is affecting or has any positive impact.

There is a higher prevalence of substance abuse among those who seek help for another psychiatric disorder. Conversely patients with substance abuse disorders are at greater risk for developing other mental disorders.

Abuse of substances leads to harmful consequences socially like failure to fulfill obligations at home, work or school, a person’s life is threatened when used in potentially hazardous situations, creating legal, or interpersonal problems. Episode of depressive disorder may happen due to drinking.

It is believed that the proposed study will bring unexplored findings and give social mental health settings, social agencies, therapists and individuals, a chance to explore and go into the depth of the particular issue and arrive at the latest and most effective ways of prevention, treatment and rehabilitation. The findings of the study will facilitate Government, NGO, Professionals, academicians, research scholars, and social work students to understand the phenomenon of substance abuse and mental illness. The fact that substance abuse may and can lead to mental illness has been established by the study of case history of people in mental health settings and institutions and various researches. Most of the patients or inmates in mental health settings, have had abused some kind of drugs, on the other hand certain drugs may be physically addictive, other drugs may lead to psychological addiction if people have craving for the desired effect of the drug. The person comes to rely on the drug to supply good feelings, such as relaxation, self-confidence, self-esteem, freedom from anxiety etc. The need for the drug is then not just a casual desire, but rather a powerful compulsion. Addiction has been acknowledged as a threefold disease by W.H.O. (Physical, Mental and Spiritual).
This research is carried out keeping in mind that a large number of young people have fallen prey to addiction (substance abuse) and developed mental illness; percentage of which is high in Manipur.

**Possible Contribution to Social Work Profession**

This study will further enrich the knowledge and experience of social workers, social works students, social agencies and professionals. This will be of great help and a learning experience to young and aspiring social workers. During the course of study it was believed there shall be new findings as has been done in earlier studies. Since (this study targets an area where similar study, a study of substance abuse leading to Mental Illness among the youth of Manipur and social work intervention, has not been carried out from a social work perspective, comprehensive inquiry into the phenomenon of social work intervention in prevention, treatment rehabilitation of substance abusers.

It will go a long way in understanding a variety of conceptual and methodological improvement over the earlier studies. It is believed that the study will bring unexplored findings to the forefront and give social workers a chance to explore and go into the depth of the particular issue.

**Ethical issues and concern**

Informed consent: The researcher explained the purpose of the research, the risks and benefits of the study and assured that confidentiality will be maintained, consent was obtained, prior to collecting data from respondents, their family and guardian. Since the subject was very sensitive the identity of the respondents, informers and the sources were kept anonymous. All the information obtained from the respondents, family, guardian, social agency personnel, doctors, psychiatrists voluntary and professional social workers, primary and secondary or co-lateral sources were assured confidentiality. All the formal permissions were obtained from Government and NGO’s and Social agencies before-hand and they were informed the academic purpose and efficacy and that the data of the research would be exclusively used purely for research purpose.
B - METHODOLOGY

Introduction

Youths of Manipur live in a high risk zone, near the golden triangle Laos, Vietnam & Myanmar and border of a country where most of the trafficking occurs or is the main route of trafficking, drug abuse has become rampant and has affected youth of Manipur to a great extent, hampering all walks of life may it be socio-economic, physical, mental, moral and spiritual. The need of some kind of action to curb the problem has gradually emerged and many studies have proved the problem. This research is also an effort to understand how social work intervention can help in treatment, rehabilitation and prevention of mental illness and substance abuse. In what way the work done by professional social workers, through application of social work theories/methods, techniques, tools is affecting or has any positive impact.

The topic “A study of substance abuse leading to mental illness, amongst the youth and social work intervention with special reference to Manipur state (India)” has been consciously picked to particularly point out the main problem areas i.e. drugs, mental illness and youth in Manipur as an attempt to bring some kind of awareness through the findings of this research.

The researcher has tried to present a scientific description of a variety of facts pertaining to “A STUDY OF SUBSTANCE ABUSE LEADING TO MENTAL ILLNESS, AMONGST THE YOUTH AND SOCIAL WORK INTERVENTION WITH SPECIAL REFERENCE TO MANIPUR STATE (INDIA)” the socio-economic background, nature of drugs and mental illness, perception, and opinion about a variety of aspects, including the influence of drugs on mental health.
Objectives of the study

1. To study the socio economic profile of substance abusers.
2. To explore into the phenomenon of substance abuse, nature, origin and phases of addiction, causative factors and various other aspects.
3. To examine how and which substance abuse causes mental illness / impact of substance on mental health.
5. To give some suggestions on the basis of major findings and conclusions of the study.

Basic Assumptions

In order to carry out the research, certain assumptions were made to bring out the best results. Those basic assumptions are listed below:

1. Substance abuse (addiction) leads to mental illness.
2. Mental illness cannot be treated but only controlled.
3. Substance abuse is an alarming problem among youth in their very productive age.
4. Addiction is a threat to the society and is a social problem.
5. The psycho-social, economic, physical and spiritual aspects of a person are affected due to substance abuse (addiction).

Hypothesis:

To go into the depth of the issues some major hypotheses were formulated and tested, those hypotheses were as follows:

H 1: Socioeconomic profile, environmental condition, family disharmony, curiosity, peer pressure and other reasons leads to substance abuse.
H 2: Easy availability of drugs and illicit drug trafficking leads to higher cases of substance abuse.
H 3: A person having family history of mental illness is more vulnerable to mental illness.
H 4: Substance abuse (addiction among the youth) triggers or leads to Mental illness.
Basic research questions:

1. Does the socio economic profile: family history, economic status, social status, class and culture lead to substance abuse? Is family history a major factor in mental illness?
2. Does easy availability of drugs, insurgency, militancy and political issues influence addiction? Which substance is a higher threat?
3. What are the phases of addiction? Which drugs (substance) is most widely used?
4. Does the drug trafficking has any linkage with substance abuse? Under what circumstances does one abuse substance?
5. What is the association between substance abuse and mental illness?
6. Does substance abuse trigger Mental illness? If yes why & how? Why don’t all substance abusers develop mental illness?
7. Does tolerance level of a person matter in developing mental illness?
8. What is the difference between voluntary and professional social work approach in terms of dealing with substance abuse and mental illness?
9. In what way and how social work intervention facilitate prevention treatment and rehabilitation of drug abuser and mental ill patients?
10. What is the role of voluntary and professional social workers in prevention treatment and rehabilitation?

Operational Definitions

1. **Youth** - Person whose age group falls from 13-35 in Manipur (Male & Female)
2. **Golden triangle** - Burma, Thailand and Laos, the place where poppy cultivation and production of heroin is reportedly done.
3. **Social Agencies** - Rehabilitation center, Halfway home, Hospitals, Prison, NGO’s exclusively in the area of substance abuse and mental illness:
   a) **Rehabilitation center** - A place where drugs / alcohol addicts are detoxified and treated to rehabilitate them back to the mainstream society.
   b) **Half way home** - A place where treated mentally ill persons are kept after their discharge from mental hospitals / asylums to prepare them to get back to the mainstream society.
c) **Mental health settings** – Halfway homes, hospitals, rehabilitation centers especially dealing with mentally ill.

d) **Drop In Centre (DIC)**—An open door service located at high risk zones providing facilities for drug addicts. Addicts are provided free Syringes and Condoms, First-Aid for overdose of drugs and counseling services.

4 **Substance** - Alcohol and all types of mood or mind altering drugs (heroin, cocaine, brown sugar, opioids, morphine, codeine, ganja, charas, barbiturates, amphetamine, tranquilizers, sedatives, hypnotics, hallucinogens, stimulants, LSD, solvents, designer drugs etc.)

5 **Substance abuser**—‘Abuse’ refers to the use of a substance when it is not medically indicated or when its use exceeds socially accepted levels. Technically, substance abuse is one in a spectrum of substance use disorders outlined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. In order to meet diagnostic criteria, an individual, over the course of one year, must experience one or more of the following: significant impairment in the fulfillment of role obligations due to use of a substance, continued use of a substance in dangerous situations, recurrent substance-related legal problems, or continued use of a particular substance despite having continued social or interpersonal problems caused or compounded by the use of the substance.

6 **Drug**—in a pharmacological sense the word has been generally used to describe any substance that modifies the activity of any living tissues (animal or plant) in a way (toxic, beneficial or otherwise). In lay circles the term is restricted to mean only the active ingredients (presumably beneficial) of a medicine, or even to drugs of dependence.

7 **Drug Addiction**—it was defined by a WHO expert committee in 1957 as: "A state of periodic or chronic intoxication produced by repeated consumption of drug (natural or synthetic). Its characteristics include: 1) An overwhelming desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychic and generally a physical dependence on the effects of the drug; (4) Detrimental effect on individual and on society.

8 **Detoxification**—Drug metabolism usually causes attenuation or loss of pharmacological activity, in which case it may be described as detoxification.
9 **Antagonist Drug**—the term used for a drug that counteracts or prevents the action of another drug or endogenous body chemical. There are generally regarded to be three kinds of antagonist action: 1) Chemical 2) Physiological 3) Pharmacological.

10 **Narcotic Drug**—a drug that produces narcosis.

11 **Sedative drugs**—refer to the drugs which are used to sedate, that is to calm, anxious and restless patients without making them sleep. Sedatives taken at bed time may, however, encourage sleep without causing it.

12 **Psychotropic drugs**—Drugs which are used in the treatment of medical disturbances, and that gives rise to acute reactions which have been resembling those occurring in mental diseases. The term has been derived from Greek words meaning ‘mind turning’. The subclasses of psychotropic drugs have been lithium salts, tranquilizers and neuroleptic, thymoleptic, psychostimulant and psychotomimetic drugs.

13 **Detoxification**—Drug metabolism usually causes attenuation or loss of pharmacological activity, in which case it may be described as detoxification.

14 **Tolerance**—a term which is applied usually to clinically used drugs when larger and large doses have to be given to produce the desired effect.

15 **Mental illness**—All types of neurotic and psychotic disorders or psychiatric illness (stress, depression, sleep disorder, mood disorder, delusion, bi-polar disorder, somatoform disorder, obsessive compulsive disorder, behavioral syndrome, violent behavior, irrelevant talking, hallucination, schizophrenia et al.

16 **Substance induced mental illness**—Mental illness due to misuse of substances.

17 **Tranquilizer**—drugs having sedative and anti-anxiety actions for use in anxiety neurosis. e.g. chlordiazepoxide, Diazepam.

18 **Withdrawal symptoms**—the term used for a group of abnormal signs and symptoms that arise when a drug upon which an individual has been physically dependent has been withdrawn. The syndrome has been characteristic fo a particular class of drug (alcohol, sedatives, hypnotic, opiates and opioids.
19 Social work Intervention – Application of social approaches, methods, tools, techniques and strategies used in dealing with substance abuser and mentally ill.

20 Professional social worker – A professionally trained social worker (Bachelor of Social work / Master of social work qualified ) employed by social agency, to deal and handle the cases of substance abuser and mental illness referred to their agencies and irrespective of their designation in the agency.

21 Voluntary social worker – Any person, irrespective of his qualification, employed by social agency to offer his services voluntarily in dealing and handling the cases of substance abuse and mentally ill.

Some prominent drugs used by the drug abusers

Amphetamine – A sympathomimetic that has very marked stimulant action on the central nervous system. It elevates the fatigue and produces a feeling of mental alertness and well-being. The drug has been used in the treatment of narcolepsy, mild depressive neuroses, and obesity. It is administered by mouth; side-effect include insomnia and restlessness. Tolerance of amphetamine develops rapidly, and prolonged use may lead to dependence.

Barbiturates—the term used for a group of drugs that have been derivatives of barbituric acid (malonyl urea), so called because it was first prepared on St. Barbara’s Day in 1863.

Benzodiazephine receptors: the term used for high- affinity benzo-diazephine binding sites that when bound to a clinically used benzodiazephine (e.g. diazepam) produces the characteristic pharmacological action of such drugs.

Cocaine—it is an alkaloid which is obtained from the leaves of the shrubs Erythroxyloncocaandtruxillense which have been indigenous in Bolivia and Peru, and cultivated in Java. Cocaine has been the prototype local anesthetic drug, although it has been now been virtually obsolete for this purpose due to its dependence- producing liability and other unwanted effects. Cocaine also
blocks the re-uptake or noradrenalin (uptake 1, see neuronal uptake of noradrenalin) and could be used in pharmacological experiments for this purpose. The names of synthetic localanesthetic drugs have been usually given the same ending, i.e., ‘aine’; thus, procaine, lignocaine, benzocain, cinchocine, (dibucaine), etc.

**Cannabis**—A generis term which is employed for various preparations of the leaves, flowers resin of Cannabis sativa (Indian hemp). The preparations have been including marijuana, bhang, ganja, charas, hashish, dagga and kabak, which has been used for their euphoria effects.

**Hallucinogens**—Drugs that are able to produce acute hallucinations and psychotic reactions. Many have been naturally occurring and are having a long tradition of use for quasi-medical, religious and social purposes. Some are having a limited use in psychiatric medicine. Some of them are having a widespread non-medical (and usually illegal) use. Alternative names for the lass have been hallucinogens.

**Opioid**—refers to an analgesic drug having pharmacological similarities to opium (Morphine). Includes both synthetic morphine-like drugs (e.g. buprenorphine) and endogenous peptides (e.g., met-enkephalin). More specifically, it refers to any directly acting opioid receptor agonist, not from opium, that is stereo-specifically antagonized by nalozone. And opioid peptide has been an opioid drug that has been a polypeptide. Met-enkephalinhas been an example. (the suffix ‘-oid’ comes from a Greek word meaning like, or having the form of.)

**Nicotine**—it is the main alkaloid which occurs in tobacco leaves. Nicotine has been pharmacologically important, especially from the historical point of view, because it has been prototype drug used to definer nicotinic cholinooceptors. Nicotine has been considered the main active principle of tobacco smoke and of chewing tobacco. It has been mainly responsible for the pleasurable effects of tobacco use and for dependence on it.

**Morphine**—the main alkaloid of opium poppy Papaversomniferum, and the prototype narcotic analgesic drug. In 1803, a German pharmacist, Serturner,
was able to isolate the main alkaloid from opium and called it morphia, after Morpheus, the Greek god of dreams. The name morphine has now been used in accordance with the convention that the name of alkaloids end in ‘-ine’.

**Major Variables**

Some of the key variables are listed below by which the study had been carried out, they are as follows:

<table>
<thead>
<tr>
<th>Independent</th>
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<tbody>
<tr>
<td>Age</td>
<td>Substance abuse</td>
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<td>Sex</td>
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<td>Education</td>
<td>Mental Illness</td>
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<td>Socio Economic conditions</td>
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<td>Family history.</td>
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<td>Use of drugs (types &amp; frequency)</td>
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<td>Easy availability of drugs</td>
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<td>Drug trafficking</td>
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**The Research Design**

The Study is partially explorative and partially descriptive in nature as the researcher has made some efforts to explore some facts especially about substance abuse amongst the youth and its association with mental illness. The study is partially descriptive in nature because the researcher has also analyzed and presented scientific description about the fact pertaining to various other factors related to substance abuse and mental illness.
The Scope of the Study, Universe and Sampling

Area of the Study

The study was restricted to the geographical limits of Imphal, the capital of Manipur, Churachandpur town and specially the border area namely Moreh town (also in Manipur) lying between India and Myanmar as it is this place where most of the illicit drug trafficking takes place right under the nose of the detaining BSF and other Indian paramilitary forces. The researcher obtained most of the relevant data from Jails / Prisons, Rehabilitation centers and other social agencies based at the aforesaid areas which are metropolitan in nature as various people from different parts of India, Myanmar and other Asian countries get settled there on the pretext of trade and other businesses.

The Time frame

The study was carried out during the years 2009-2012.

The Universe

For the proposed study, the researcher has obtained the list of social agencies from local NGOs estimated at 30 in number, out of which 15 NGOs were particularly chosen for more accuracy and reasons relating to mentally ill and substance abuse. Each social agency has an intake capacity of 25 to 30 substance abuse and mental patients whose normal stay period is 3 to 6 months. In the initial enquiry it is revealed that on an average each agency regularly deals with 15 to 20 mental ill persons in a span of one year. Relying upon this data, 220 respondents were approached out of the estimated population of substance abuser suffering from mental illness which was around 600.
Sampling Method and Selection of Sample

Sample Size

Krejcie and Morgan, formula of calculating sample size was carried out. Sample Size:
As per table value M- 600 S = 234, Since the estimated population size is M- 600, the researcher selected samples. Total substance abuse and mental ill cases S- 234 (App. 240). However, the number of sample size is listed below.

1. Substance abuse and mental ill cases (male/female): 220
2. Professional social workers and Voluntary social workers : 47

Sampling method and selection of Sample

The researcher adopted disproportionate stratified random sampling method of probability sampling.

- Social Agencies were classified into different strata, like Rehabilitation center, Halfway home, Hospitals, Prison, NGOs etc.
- Initially, 8 samples were selected randomly from the list of substance abuse and mental ill patients from each agency irrespective of their size of population, likewise 30 x 8 total 240 samples were selected.
- Finally the researcher could get total 220 respondents, since some cases dropped out due to their severe illness, non availability, and not in a position to respond.
- Likewise, 15 professional Social Workers (MSWs) from Social Workers Association of Manipur working both in government as well as non-governmental organizations of Manipur.
- Professional Social Workers (MSWs and PhD. Degree holders, faculty) from Manipur College of Social Work (BSW) and Indira Gandhi National Tribal University Manipur (MSW).
- 20 Voluntary Social Workers from various Drug rehabilitation Centers and Halfway Home for the Mentally Ill.
- Officials of Sajiwa Central Jail Manipur (SP / DSP / Assistant Jailor).
Method of Data Collection

1. Primary Method
   - Substance abusers (drug addicts) suffering from mental illness.
   - Staff members of Mental health settings, like hospital, rehabilitation centers, half way homes, Jails / Prison and Transgender.
   - Social workers. (Professional and non-Professional), family, spouse, relative & friends) (if available).

2. Secondary method
   - Case history, Case records, Annual Reports and other registers from organizations covered under the study.

Tools and process of data collection

Interview schedule

A structured interview schedule was used as a primary tool for data collection.

- Interviews of persons who are substance abusers and suffering from mental illness due to substance abuse. (If they have an insight into the illness and don’t mind disclosing them) or family members, staying and taking care of these patients.
- Interviews of therapists, doctors, social workers, Prison / Correctional institution officials, Trans - genders, family, spouse, and close friends. Interview guideline was used while conducting interviews.
- Observation – researcher also observed the conditions, situations and the state of Mental patients, substance abusers, their living conditions and response.

Pre-testing

Sample questions were prepared keeping in mind the sensitivity of the topic and the objectives of the research and making sure that there are no questions which may bring discomfort to respondents. It was also tested
whether the question asked will be answered, and which questions would draw maximum answers.

There were various changes made initially, suggestions were also taken from the respondents and professional. After coming up with a set of questions touching the areas of research, initially 20 sample cases were selected for pretesting.

The interviews were conducted in such a way that the identity of the respondents was not mandatory. The agencies and respondents were informed that formal consent was obtained and they were convinced that the data will be purely used for educational and research purpose, and that professional and ethical confidentiality will be insured.

Data Processing

The collected data was processed with the help of computer and SPSS package. Some statistical tools like measure of central tendency, measure of dispersion, correlation were used.

Statistical test $X^2$ – square test was used to draw conclusions and inferences. $X^2$ is a statistical tool which is applied for testing hypothesis and is also a tool of identifying, association and interdependence between two variables.

Null hypothesis- when a statistical test is to be applied to the comparison of two or more groups of samples in which the values exhibit random variation, the general principle has been to assume, in the first instance that the differences between the groups have been attributable entirely to random variation. This is termed as null hypothesis.

Limitations of the Study:

Since the study involves getting data from respondents who belong to the stratum of the society who have problems with drug addiction, and most of them either stay at rehabilitation centers or reside at red light areas, it was a daunting task for a woman to collect information for the study. The researcher was greeted with utmost hostility and suspicion at the first instant but gradually got acceptance after long persuasions that the information to be
collected was for research study and that anonymity will be kept. The study also required visiting Mental wards, Central prison, Transgender joints (beauty parlors) etc; and to collect information of the family history both from family members of the respondents and from the respondents themselves was really challenging.

The visits at various rehabilitation centers were not always received with warm welcome from neither the staff nor the clients. There was an absurd instance where the head of a well-known rehabilitation center of Imphal asked the researcher to bring along the PhD. registration certificate complete with an application from the research guide, MSW certificates, College ID and other proving that the study was a genuine one. The irony of the fact was that the head of the rehab. Center did know the identity of the researcher very well. One can really imagine how the researcher must have been greeted in the town of Moreh and Churachandpur which lies at the border of the state and adjoining the country of Myanmar (keeping aside the lingual, traditional and cultural barrier).

The law and order situation of the state of Manipur (which needs no special mention as it is well known ) was also a major contributing factor adding woe to the plight of the researcher along with financial constraints. The frequent agitations, bandhs and strikes called by innumerable organizations and underground outfits also added longevity and authenticity to the study if one was to look at the optimistic side of life. The researcher was audience to the strikes and riots at the town of Moreh on every visit. What was supposed to be a week’s visit often ended up in a month’s. The following points will well explain the limitations faced by the researcher in carrying out the study.

- The taboo related to the topic was a major hindering factor in collecting the necessary information as most of the clients, especially the females would not disclose their status at first instant.

- The visits to Mental wards, DICs (Drop In Centers) and rehabilitations required a lengthy explanations in convincing both the clients (their parents and their families) and the officials about the study.
• During visits to highly sensitive or red light areas by a woman researcher, to gather opinions and information there was always the need of a guide whom the population of that particular area put their trust upon. And to find a guide was an equally hectic task as getting there.

• Approval from officials of the various governmental organizations like Mental Hospital or the Central Jail required a lot of patience and paperwork.

• The law and order situation and the insurgency problem of the state was also a huge contributing factor in hindering the smooth pace of the study.

• The study was conducted without any scholarship to aid the research both financially and morally.

However, in spite of the above stated limitations, the researcher could overcome all these difficulties and succeeded in collection of the factual data required for the study.
References


2. U.S History of encyclopedia

3. DSM-4 American Psychiatric association

4. VMD Namboodiri. op.cit.


7. VMD Namboodiri.op.cit

8. Beena Menon. op.cit

9. S.S.Chauhan.op.cit. pg. 14


11. Zuckerman D. Debenhamand Moore 1993


14. SatishAnand.op.cit pg. 83

15. Tribhuban Kapur.op.cit. pg 79


