CHAPTER - VII

☐ DISCUSSION
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Some of the conclusions are stated as follows:

The present investigation into the problems of drug abuse among the youths of Manipur has been undertaken with a view to examining the various dimensions of the problem and finding out ways and means of curving away these problems to save the lives of the youths, in particular, from sinking under pressure of the menace of drug abuse.

1. The fourteen De-addiction Centres in Manipur, as listed in the previous Chapter, formed the main sources for collecting information with regard to the relevant data of the addicts, awareness - building, motivation, preventing education and treatment of drug addicts and their rehabilitation and societal recognition. For cross examination of the problem and comparison of our findings with those of others, and also understanding the various counter measures taken by the Government, the society, the society in general, and the community based social service organizations in particular,
secondary data in the form of published reports of the Government, national and international agencies, have been referred to. The results emerged from the statistical data and factual information of 3 years as processed in the earlier chapters, are very encouraging.

2. The scope of the study comprised of all the addicts who got admitted in the 14 De-addiction Centres in a period of 3 years (1993 - 1996) for treatment of drug addiction. The batch and year-wise distribution of addicts were:

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of batch</th>
<th>No. of addicts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>16</td>
<td>100</td>
</tr>
<tr>
<td>1994</td>
<td>30</td>
<td>250</td>
</tr>
<tr>
<td>1996</td>
<td>36</td>
<td>265</td>
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</tbody>
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3. Analysis of figures have revealed that the drug monster is fastly and tightly gripping young persons in particular of the age group, 15 to 25 years (86.50 %). This is a school or College going age. It has been observed that the prevalence rate of initiation into drugs at 15 to 25
years is higher than that of any other still higher or lower age group. This observation is in conformity with that of Mohan et al. (1978). They studied drug abuse School students in Delhi. They reported that 34.2 per cent of the student population of the age group, 15 to 20 had taken different types of drugs.

The age group, 15 to 20 or 25 years constitutes a very important stage of life known as the youth which forms the main human resource and potential of a country. Unfortunately, it appears that drugs are welcomed by the youths—the School and College going persons on the pretext of cultural movements. Ill disposed school boys and girls bored by school and home environment, seek pleasure and excitement in drugs. Tortured and remorseful working children and some extrovert young persons find thrill and adventure in consuming drugs.

In our study, peer group pressure emerges as the most important factor in taking to drugs for the first time. Some other youngsters take to drugs under pressure of curiosity and spirit of experimentation, family problem, frustration or out of employment.
Since Manipur is now a transit point for drug trafficking from Myanmar areas, she has also become a place of drug consumption. Available figures indicate that, drug abuse among the youths in particular, is on the rise.

Derivatives of narcotic drugs, heroin (No. 4) and other synthetic drugs are easily available in Manipur. This is evidenced from the drug smuggling arrest records. As the drugs are easily available, even the casual experimenter becomes a victim of drug.

In our investigation, a few peculiar cases of addiction has been detected at the age group of 50 to 60 years. Although the prevalence rate of addict at this age group was not high but the fact remains that drug addiction is not a monopoly of the youths, rather it extends to elder adults as well. This occurrence of drug addict after the age of 50 years, is a noteworthy feature in the history of drug addiction in Manipur.
It is of interest to note that in the case of addiction in the old age, it is not a fresh start. According to our cultural heritage, ageing population is not considered a problem. They have already completed their parental responsibilities, they have achieved their worldly goals; their needs are supposed to be minimised and controlled now. Simple and light food flavoured with reverence, love and affection are their basic needs. In the traditional joint family system, they occupy the topmost chair, they are fed first, the rest of the family members follow their words as orders which cannot be violated. But now-a-days, the set up of the family is fastly changing due to several economic and social pressures. From the analysis of case studies of aged group, it has come to light that the old men are treated no better than servants and worn out, useless machines to be dumped in a corner of the room because of diminished tolerance of the younger generation on one hand, and physical, mental and economic weaknesses of the old person, on the other. So, they are denied with the basic needs to linger on the thread of their life. Their very existence is at stake at the hands of not only of the daughter-in-laws but also of the sons. Under all these circumstances, the old persons seek shelter in drugs, according to the various theories of drug addiction. In this context, Basen (1977)
has said that while the aged comprise approximately 10.5 per cent of our population at this time, 25 per cent of them use the prescription of drugs. Both the vast amount of drugs used by the elderly and their taking of various drugs simultaneously contribute significantly to the chances of abuse of drugs.

Cuttman (1977) also reported that for his sample of 47 aged, 13.6 per cent used prescribed sedative or tranquillizer medications on a daily basis, 5.8 per cent used analgesics regularly, 1.1 per cent were on anti-depression medications, 2.7 per cent were on unspecified 'nervous system' drugs, and 9.6 per cent used other drugs. The important finding was that approximately 40 per cent of those surveyed felt that they were dependent on their drugs. And once the habit of consuming drugs becomes deep rooted, it continues till death. From this, it is concluded that addiction to drugs in the old age is circumstantial to the family problem, apart from other reasons.

4. Most addicts got themselves initiated into drugs at social parties (5.3 %). Other preferred places included hotel/tea shops (18.84%), neighbouring places (11.46%), home (7.18%), and religious places (7.18%).
The sources of initiation included stranger, neighbour, relative, friend and any other sources, but the most effective source sprang from friends (81.54%).

The study brings out that our potent youths in particular, are now much more affected by drugs than the elders, if the youths who occupy half the population of the country, are affected by drugs at their productive stage, the State or the nation will also be affected in its growth and development.

As the problem of drug abuse has assumed a gigantic proportion among the youths now, a time has come that remedial measures are taken up to solve the problem before it is too late.

5. As regards the prevalence rate of drug addiction among the males and females, the males exceeded (84.17%) the females (15.83%). But this aspect is not a consolation to us, for the simple reason that conservatism in relation to family is still prevalent to a great extent in Manipuri society. This is to say that on account of this outlook, there is a tendency to
hide and suppress women's unpleasant facts. In this context, a generalisation is drawn to the effect that the very low prevalence of female addicts in the 14 De-addiction Centres in Manipur, during the course of the present study, is not necessarily a reflection on the negligible prevalence rate of female addicts in the general population. It is possible that if more and more females enter the fields traditionally a preserve of the males, they may become exposed to the same influences and suffer from similar aspirations and frustrations as are relevant to males. Then the females in Manipur, like in many other countries, may be at a high risk of drug abuse like their counterparts - males. From this point of view, it is concluded that the problem of drug abuse may not be of males only but also of females, dwelling both in the urban as well as rural areas. The possibility of this is supported by the fact that the traditional use of bhang, charas, opium, alcohol during many ceremonial occasions is not yet completely abandoned.

Analysis attempted also shows that the problem of psychotropic drug consumption is more in urban dwellers (94.06%) than that of the rural dwellers (02.22%) and urban small town (03.72%). This finding may tempt someone to conclude that drug abuse is confined mostly to the urban
areas. But this will not be true. One can also see that during the last decade or so, the rural dwellers are having an easy access to the urban environment, so much so that they are interacting with as many urban dwellers as possible to better of their social status, and so on. Consequently, it is likely that the rural and urban small town dwellers may not have easy escape from drug habit.

6. Once a person has got the taste of the drug, it becomes difficult on his or her part to forget the taste. He or she takes the drug for the second or third time. Later the person turns into a drug addict. The addict does not remain satisfied with one type of drug. He or she introduces multiple drugs in his or her body, through swallowing, smoking or chasing, injecting or any other mode. This is followed by the development of ill effects on his or her body. The addict would either remain hiding or like to get rid of the drug habit. In the later case, he or she goes to a De-addiction Centre for treatment.

Analysis of results indicate that majority of the addicts (45.24 %) approached the De-addiction Centres only when more than three years had elapsed since they had started
taking drugs. It is likely that a relationship exists between the duration of drug abuse and the keenness to go to a re-addiction Centre. In any case, an addict realises that the after effect of drug abuse is pernicious and is manifested in various dimensions (Table No. 27).

7. Whereas among the students, the critical years are 15 to 25 years, among the unemployed they may extend upto 30 to 35 years and among the employed they may extend even beyond that. Among the students and unemployed, group pressure is a major factor in drug addiction (63.25%), and this factor continues to operate among the employed whether self employed, or in service, business or farming (34.79%). Unusual reasons like the stresses and strains of work environment, business associates, etc., also influence persons to take to drugs.

9. The study brings out that there is no significant relationship between the levels of education and the drug related personal characteristics. The prevailing system of formal education is not strong enough to help eradicate the drug abuse problems in the state. As the peer group pressure formed the single largest factor responsible for initiation
into drugs at an age when the young persons were in Schools or Colleges, or should have been there, it can be concluded that the available resources are inadequate, direction and effort on the part of the authorities, to organise constructive group activities for them, both in educational institutions and the community are far from satisfaction. The mushroom-like growth of Schools and Colleges in Manipur, with inadequate infrastructure, insufficient qualified teaching staff, poor laboratory and library facilities, has diverse effects on teaching-learning process and in giving quality education. Added to this, the political and law and order situation presently prevailing in Manipur reflect on the behaviour of the young persons. Unjudicious actions of the political leaders, administrators, sometimes bring ruinous effects on the lives of the prospective young adults, who, in turn may take up anti-social activities, including drug abuse.

It has been found that even the better educated persons attended social parties and other places frequently and more conveniently. From some such places, many of them got hooked to drugs. The better educated ones have wide avenues of human interaction as compared to the lesser educated or the illiterates.
But the present finding that with the increase in the educational level, the percentage of addicts who approached the De-addiction Centres for treatment went down, would imply that the educationally weaker sections of the people or, so to say, the illiterates, are more prone to become drug addicts whereas, the better educated, and perhaps, well-to-do persons are likely to visit other private clinics for treatment owing to social stigma associated in drug addiction.

As compared to the better educated addicts, the lesser educated or illiterates were found to be more prone to being introduced to drugs at home and neighbouring places by their relatives and friends. This has happened so among the illiterates on account of their long devastating effects and ignorance about drug.

Among the illiterates, the expression of pride as self perception on drug habit is more so than that of the more educated persons among whom the expression of shame, guilt and hatred as the self perception on drug abuse was more.
9. An analysis of data reveals that a relationship exists between the age at initiation into drugs and the marital status of addicts. A large number of addicts (43.69%) were found not to have been married. The married, divorced and widowed addicts constituted 35.92 per cent, 9.32 per cent and 4.86 per cent respectively.

In our society, marriage within a particular age is still considered as the most important social recognition. Separation and divorce are largely unacceptable. A person after marriage has greater responsibilities for and obligation to the family. Representation of lesser percentage of married addicts in our study tells that through marriage a person gets an opportunity of interacting with large sections of the people in the society, and so the impact of marriage is likely to fall on the self perception of shame, hatred or guilt feeling towards the habit of drug abuse.

The study also brings out that proportion of married addicts who became victims of the early onset of the habit of drug was smaller than that of the unmarried. This leads one to conclude that either the chances of getting married are
reduced for those persons who took to drugs early in life or, the married addicts hook to drugs at a later stage in life on account of many unhappy developments in later life.

10. Another important finding of the present study is that drug addiction crosses the barriers of religious affiliations. In other words, religion has no bearing on the drug related personal characteristics of addicts. Religion, as a socio-cultural and environmental factor, cannot exert influence on the young persons in particular, from controlling and rectifying their deviant behaviour pertaining to drug abuse. This finding is supported by the fact that percentage of the motivated youths was almost the same among all religious communities under study, at the time the addicts entered the re-addiction Centres for treatment. The age at initiation, the place of initiation into drugs, the reasons for the first taste of drugs, the influences that led young persons to the process of drug addiction, the self perceptions that the addicts, from different religious communities had, on their habit of drug abuse - were found to be similar in all religious affiliations. This means that our youths, irrespective of caste or creed to which they belonged, are almost equally exposed to the risk of drug abuse.
From the above consideration, it is inferred that some sort of a drug sub-culture has evolved among young addicts. And this sub-culture thrives some kind of prestige values, norms and traditions which surmount all considerations of communities or religious affiliations. In any case, the most affected groups are the youths which would form the cream of the society.

II. Unfortunately the menace of drug abuse is also the problem of the youths belonging to the economically and educationally backward group of people. Majority of the addicts were found to be educated upto 12th standard (31.16%) or less than that, were unemployed or earning very meagre income in a day or month, but were spending above Rs.30/- per day on the maintenance of their habit of drug abuse. When the source of expenditure of the addicts is not the family, then they resort to some anti-social activities or illegal acts, only to procure the drugs. This observation is in agreement with that of Nemisharan Mittal (1990), who stated: "In case a drug addict's habit is costing him $20 a day he must start out to steal at least $100 worth of goods, knowing that the dealer to whom he has to sell off the stolen goods will give him not more than one-fifth of the true value of his booty. If the addict is a woman, she is almost invariably driven to prostitution and pushing drugs to play for her own supply".
12. Despite this position, the manifestations of the menace of drug abuse show the effect of widespread poverty as well as the effect of an affluence society as the West. A good number of young persons coming out of the higher income group of families, in their pursuits of materialism and pleasure-producing means, resort to drug-taking habit as much as the young persons coming out of the lower income group do for fear of facing harsh realities of life (Table No. 49). Thus, on closer examination of the relationship between the income levels and socio-cultural variables relevant to the study, viz., age at initiation into drugs, source or place of initiation, reasons for taking to drugs for the first time, self-perception, etc., it is found that significant variations do not exist between these factors.

So, the contention that drug abuse or addiction is confined to the economically backward, socially handicapped, weaker and disadvantaged group of people is not necessarily true. Drug abuse does not discriminate the rich or the poor.

13. The family is regarded as a social institution. It gives direction and control over the issues or problems of its members. But unfortunately, due to drastic changes taking place in the whole society to-day, the structure and
composition of the family have also changed. There are now the joint family, the nuclear family and extended family. The traditional joint family system is not working well now-days. The members in the joint family have varying aspirations; they develop different work habits, different life styles, and ultimately these lead to the breakdown of the traditional control mechanisms within the family. When young persons are not able to get congenial atmosphere in the family they fail to get security, protection and peace of mind. Many young persons coming out of such families show deviant behaviour. It is not difficult for such youngsters to hook to drugs.

A positive point about the nuclear family is that it has a reduced number of members in the family, and the expectation of it is that it should have a calmer atmosphere, and more bonds of affection among the members. If this is so, it should exercise a profound influence over the conduct and behaviour of its members, especially to the young ones. But in spite of all these expectations from a nuclear family, many young persons coming out of the nuclear families, have been found to have abused drugs for one kind of reason or the other.
In our examination of the relationship between family variable and other drug related personal characteristics of addicts, it has been found that young members of age group, 15 to 20 years and 20 to 25 years belonging to the nuclear families were abusing drugs to the tune of 43.6 per cent and 24.3 per cent of the respective age groups. On the other side, these percentages are higher in the case of members of the joint family of the age group 15 to 20 years and 20 to 30 years (53.2% for the age group, 15 to 20 years, and 30.3% for the age group, 20 to 30 years of the joint family).

The present finding that the prevalence rate of drug addict among the members of the nuclear families is lesser than that of the addicts of the joint families contradicts the finding of Correrata et al. (1983) who reported that the likelihood of taking to drugs was more in nuclear families than the joint families.

Whereas in our finding, the likelihood of taking to drugs was more in joint families, it may, however be concluded that irrespective of the nature of the family (joint or nuclear), this nature has no significant relationship with the age of initiation into drug, source of initiation into
drugs and the reasons for the first intake of drugs. The family is not able to give full proof protection, prevention, etc., to their children from their abstinence of drug abuse. Drug addiction is a malady of the whole family (joint or nuclear) or the group to which the addicts belong.

Drug abuse or addiction is to be viewed now as a multi-factoral and multi-faceted problem. Any action or programme launched towards bringing solution to the problem will have to be based on socio-logical, psychological and medical dimensions. Although the management affair of the addicts has traditionally been the responsibility of the family to which the addicts belong, this social institution alone cannot bring the desired results.

The prevention, control and eradication of drug abuse will require a multipronged approach towards the reduction of both, supply and demand and curing of addicts.

1. Aspects on prevention and control:

There are different measures for drug prevention and control. Some of the measures should include education,
information, personal development, health education and community oriented programmes based on socio-cultural background.

1. Education to the young growing youths, especially school children: School curriculum should include various aspects of drug abuse.

2. Drug awareness to the common people is to be created through Mass Media, essay competition on drugs, rally, poster campaign, etc.

3. Control measure should include - checking the flow of drug routes; by legislation, the honesty and sincerity of the security personnel; sealing off the drug routes under strict vigilance of the security personnel posted at Manipur - Myanmar border.

II. Aspects on treatment, cure:

1. Segregation of drug addicts in the Rehabilitation Centres.
2. Treatment of addicts by the Doctors (Medical) psychological treatment by the psychiatrists, sociologists; Counselling by the Counsellors.

3. Play therapy; providing recreational facilities for the addicts in constructive activities; extending love, affection and sympathy by the parents (by visiting the De-addiction Centres).

4. Rehabilitation by giving jobs and employment.

The traditional approach to prevention of drug abuse is to educate the young people in particular, and public in general concerning the hazardous effects and high personal costs of the abuse of drugs. Anything of this kind can be implemented through school curriculum, mass media, essay competitions, debates, symposia, rally, poster campaigns, etc.

For successful implementation of the educational programmes, it is necessary to make a distinction between education supplying correct information and that which relishes on scare tactics. There should not be any loophole in the educational programme. It should contain short term perspective
which can easily be relished by the youth in educational institutions and outside. The informational material has to be carefully prepared and diffused in keeping with the specific features of the target group, the factors connected with drug abuse and types of drugs being abused. At the same time, the conditions and circumstances under which the young persons become vulnerable to drug abuse are to be thoroughly examined.

It is believed that educational measures will be highly effective if taken at the right time when the addict is an occasional or casual abuser. True that at this critical stage, educational interventions can have a wonderful role in alerting the people about the pitfalls in experimenting with drugs, and so also in making them overcome the thirst for the drugs.

Mere propaganda on the ill effects of drug abuse may not do. It may happen that any indiscriminate supply of information about the properties of addictive drugs only, in people, especially the younger persons, more curious and even encourage experimentation. In the like manner, it will become meaningless to communicate with the rural labourer,
tribal people, slum dwellers, industrial workers, etc., on the adverse effects of drug abuse without investigating their real life situations. Educational work for such groups, if launched in association with them within the realm of their welfare and well being will be very effective. For this, it will be necessary to bring co-ordination among various departments concerned with health education, community development, mass media, social welfare, etc. From all these considerations, it is necessary that the information of drug abuse be carefully prepared in such a way that it helps all round development of the person.

Control measures:

Drug trade is internationalised. It involves highly sophisticated and well organized syndicates. It may be an illusion to believe that the traditionally operative criminal justice system can lead to any meaningful curtailment of drug trafficking and drug supply. Whether one should deny or not, the sincerity of purpose or genuineness of effort on the part of a Government and its law enforcement agencies, is a different matter altogether, but the fact remains that any Government is afraid of drug mafias as they are so powerful and have more money than any body else in the world. They catch the
poor people who have become either small time carriers of drugs or addicted to drugs. They are not blamed openly for if someone blames them their support for the Government will cease. The Government catches hold of the drug carriers and forces them in the jail. But the real culprits get respect in the societal politics.

The above is one side of the moon. The other side is that in any case, the problem of drug abuse has to be tackled by reducing both, the supply and demand for drugs. And for this the law should come to operate effectively. The main objective of any legislation is to instil fear of punishment in the mind of the person so as to pull him out of the faulty condition. Few sadders and drug abusers may, however, feel this like an encroachment on their personal liberties.

To evade any adverse effects that the drug control necessarily bring on the individual, society, economy and well being of the State, it is necessary that the State lays down proper norms for checking and controlling the individual liberties vis-à-vis arresting and punishing the real culprits—smugglers, traffickers and looters of the society.
It was during the British rule in India that several legislations and Acts were introduced in India to check and control the growth of opium, ganja, coca and hemp and its derivatives and other dangerous drugs. The Opium Act, 1878 and the Dangerous Drug Act, 1930 were promulgated in India. After India's independence, these Acts were made applicable to the entire country. But later on, these acts have been found not strong enough to meet the challenges posed by the drug mafias.

India felt the need to promulgate a law to exercise proper control over psychotropic substances in the manner as envisaged in the Convention of Psychotropic Substances, 1971 to which India is a signatory. After several attempts a new Act called the Narcotic Drugs and Psychotropic Substances Act was passed in 1985. This repealed the previous three Acts. This is a comprehensive legislation, dealing with aspects of prohibition, control regulation and penalties for different offences pertaining to narcotic drugs, etc. It prescribes minimum punishment for major offences as 10 years which may extend to 20 years with fine exceeding Rs.2 lakhs. Section 71 of the Act provides establishment of centres for identification, treatment, etc., of the addicts. The Government may
also establish such centres. But it is not mandatory provision. This may be amended to enforce compulsory establishment of these centres. Amendments to the provision may also be made for transfer of the addicts for treatment to these centres. At the same time, Section 27 of the Act should be made non-bailable by prescribing sentences more than one year.

The subject of narcotic drugs is now distributed as per the India's Constitution, both in the Central list and the State list. The Centre has now promulgated the Prevention of Illicit Traffic in Narcotic and Psychotropic Substances, Ordinance of July 4, 1988. According to this, any one financing any activity either by or through any person for acts enumerated in the Ordinance will come under the purview of the preventive detention law, extending 2 or 3 years.

Since the matter relating to legislation on the subject is distributed between the Centre and the State, each State in India is also now enacting laws on the subject. But the efficiency of the laws enacted shall have to be measured in terms of action taken under the relevant provisions of the Ordinance or Act. Experience on drug abuse indicates that law enforcement cannot prevent it unless the community is involved and the enforcers are sincere in their purpose.
Aspects on treatment, etc.

As the above cited Act also empowers the Court to release an addict for undergoing medical treatment for dedication or detoxification from a hospital or an institution recognized by the Government, an addict has, therefore, the privilege to get himself or herself medically treated. But the thing is, addiction cannot be treated medically alone because the environmental factors which induced youngsters to take to drugs in the first place would still exist, and after treatment, the ex-addict would go back to the same source of addiction. Here, the other professional groups like psychiatrists, psychologists, counsellors, educators, etc., who are concerned with alcoholism and drug abuse, have a crucial role to play in the prevention of fresh or relapsed or ex-addicts. Among these groups, the role to be played by the teachers is of paramount importance.

With sincere efforts, the teacher can prevent spreading of the malady for which a healthy and coercive environment is to be provided in the educational institution. This calls for an urgent need to train the teachers first on addiction and re-addiction. Any student who has fallen a prey to drugs should not be singled out before others who have not taken the
drugs. Special care and love shall have to be given to those students who have recently succeeded in shunting off the drug habits. Such students should be engaged in healthy pursuits and should also be guided to develop their independent views against drug abuse. Approaches advocated by UNESCO for the drug prevention, treatment strategies can be applied in the case of drug addicts of Manipur.

Some of the concrete steps which can be taken up for the cure of drug addicts/abusers are put below:

1. **To develop the will power of the abusers:**

The most important step to cure the drug abuser is the user's decision to quit drug completely and never to take it again. Even though the decision is taken, they fail to keep it up. So the counsellors, parents and the social workers are to keep a close vigil and take care to help their wards to develop their will power.
2. To create proper environment for the addicts to forget their problems and to get relaxation:

The addicts are to be kept in a controlled environment. They must be kept in a drug free environment such as Hospital or Rehabilitation Centre where they can relax and get treatment under strict supervision of expert Doctors. All the instruments used in drugging must be kept away from the ex-addicts lest the very sight of them can create a hypnotic effect of procuring the drugs.

3. Play therapy and meditation:

While playing, a person laughs heartily and forgets his worries, anxieties and tensions. Not only this, one can derive benefit from regular exercise, walking, jogging and these activities help one to remove toxics from the body too. It is, therefore, desirable that treatment centres and Rehabilitation centres provide ample scope for these activities. The addicts are to be helped by the experts to take part in these activities regularly. Meditation in the morning and in the evening at a specific time every day should form part of their daily routine.
Wholesome food:

Regular exercise, meditation, play and games are to be accompanied with food of quality and quantity. It is found that in most of the De-addiction Centres, balanced diet is not given to the inmates. Parents and organizers of these centres should collaborate to give enough quantities of green and leafy vegetables, milk, fruit, cereals to the addicts. With proper balanced diet, the addicts can recoup their lost health.

Counselling:

Proper counselling by the Counsellors regularly, will help to prevent any feeling that may cause the relapsed ones to use drug again. Extension lectures by the experts, educationists are very essential to build up their morale. Indeed, through counselling, addicts can be helped to realise that drug elevates their mind for a short while, but soon drug drags them down to hell.

The addicts are to be engaged in various healthy activities so that they are kept busy. In any case they should not be left lonely. In that case, they feel very much in-
secure. They should be encouraged to take up various hobbies such as painting, gardening, reading newspapers and magazines, viewing T.V., participating in the cultural programmes, visiting interesting places and relatives and friends who are near and dear to them. All these will help the addicts to lead a normal life free from drugs.

It is necessary to have a job for every cured addict. The ex-addicts can become social workers to prevent others from falling into drug puzzle. They can also work as crusaders against drugs. In this connection it has been found that some ex-addicts have established drug de-addiction centres. These people need to give encouragement.

Improvement of the conditions in the Rehabilitation Centres in Manipur:

Almost all the Rehabilitation Centres in Manipur are not upto the standard. Some of the Centres have been established for name sake only to get money from funding agencies. For want of proper supervision, care and treatment, most addicts are left to themselves. The Doctors and Counsellors do not visit the centres for many days for not getting their
remuneration. As such, many ex-addicts fall into prey of the drugs once again. Most of the organizers and NGOs are not committed to solve the drug problems, rather they are interested in getting money.

It is, therefore, necessary that State Government should run one Rehabilitation Centre in every District of Manipur by providing the required facilities in those centres.

The present Rehabilitation Centres are to be geared up to provide the required infrastructure and other facilities to help the addicts to become good citizens of the nation.

In fine, one may say that youngsters in Manipur are illusioned in the dream world of drug. They are having the most painful, depressing and confusing experiences now.

We cannot remain ignorant when our youths are succumbing day by day on this account of drug abuse. All persons in the different capacities - parents, teachers, doctors, counsellors, funding agencies, Government, Police and administrators are to join hands to cure, rehabilitate, and control the drug abusers/addicts.