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Youth in Danger-A Case Study of New Life Foundation (A De-Addiction Centre)

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Abstract

Youth are the main contributor to the development of any nation. In India, where youth constitute one third of the total population, it is obvious that this young population should be provided with all facilities and support to develop them. Only providing adequate support will not suffice for their development, but appropriate measures should be taken to safeguard them from probable danger. One danger, our young India is exposed to is addiction. It has been identified and well established through various surveys and studies that huge portion our young population are suffering from addiction. Addictions not only affect the individual future, but jeopardize the family, community, society and country as a whole. This case study is of 50 young people suffering from drug addiction admitted in New Life Foundation(a de-addiction centre) for treatment and rehabilitation to show case how the our youth are in danger of addiction. The primary and secondary data were collected and analyzed with the help of frequency and percentage distribution. The study revealed that family crisis, unemployment, peer pressure and inadequate social support have mostly compelled them to face this miserable situation at their early age of life.

Key Words: Addiction, alcohol, drug, rehabilitation, treatment, youth.

Introduction: Youth is the time of life when one is young, but often means the time between childhood and adulthood (maturity). It is also defined as "the appearance, freshness, vigor, spirit, etc., characteristic of one who is young". Its definitions of a specific age range varies, as youth is not defined chronologically as a stage that can be tied to specific age ranges; nor can its end point be linked to specific activities, such as taking unpaid work or having sexual relations. An individual's actual maturity may not correspond to their chronological age, as immature individuals can exist at all ages.

Youth are defined as those aged 15 to 29 in the National Youth Policy (2014). This age-group constitutes 27.5% of India's population. The 2011 Census counted 563 million young people from 10 to 35 years of age.

Youth and Drug Addiction: National Survey (2004), on extent, pattern and trend of drug abuse conducted at the behest of Ministry of Social Justice and Empowerment (MSJE), Government of India and United Nations indicates that among males 12-60 years, drug abuse is quite common in the country. Tobacco was the most frequently used substance (55.8%), followed by alcohol (21.4%), cannabis (3.0%), opiates (0.7%) and sedatives (0.1%). About 15 million persons addicted to alcohol and various kinds of other drugs need urgent attention for their treatment, rehabilitation and reintegration into social mainstream. It was found that the five states reporting the largest numbers of drug users in descending order were Uttar Pradesh, Maharashtra, Punjab, Bihar, and Kerala. Drug abuse is also associated with increased risk of other diseases like HIV and STD's. In India, among Injecting Drug Users (IDUs), HIV seroprevalence is as high as 8.71 percent.

As the drug epidemic continues to painstakingly seep into the country's social and cultural aspects, drug abuse naturally trickles into our younger generation – a generation refusing to be left out.

Making up one-third of the population, 15-29 year-olds carry with them India's future. The youth of our nation will eventually determine the country's moral, political, and social persuasions. Bearing the burden of a densely populated country like India is no small task. And drug abuse does nothing to lighten the load.

The youth of our nation has a massive responsibility. And as India's potential rests delicately in their hands the drug epidemic continues to rage on the sidelines. Just as a single footballer's attitude and actions can hurt his whole team and cause them to lose the match, illicit drugs have the potential to thwart the success of India's future.

One of the most dangerous situations currently youth are exposed to is drug addiction or drug abuse. Drug addiction is a problem that has been increasing immensely among our society today. Addiction can only hinder or restrain us from accomplishing goals or dreams in life. People sometimes feel they are too bright, too powerful, too much in control to become addictive. Addiction can trap anyone. It can lead to harming one's body, causing problems in family structure, and contribute to the delinquency in society. Drug abuse often leads to crime as a result of reduced impulse control, paranoia and negligence. Thus, affects the law and order, economic production and human welfare. Drugs have been used for medical purposes since time immemorial. But these days drugs and narcotics are being used freely by the people all over the world. The abuse of narcotics has caused wide spread concern to all the nations of the world. Today every country in the world is no longer secure from the menace drug abuse. Even in the most powerful country America is in its grip, India is not far behind. It is like curse for developing country like India as it has already existing problems like poverty, unemployment and overpopulation. The number of people using opium, cocaine, charas, sedatives and other narcotics has surpassed all dimensions. Thus the abuse of drugs has become an international problem. In India their number has been increasing at an alarming rate. Its use has gripped many young men and women. It cripples the addict's mental and physical organs and cause a painful for him and his family. Mostly it is the younger generation fall an easy prey to it. The coming generation is thus crippled by the rampant abuse drugs. The addicts become immoral and commit crimes of various so in order to get drugs. They lose their conscience, self-control, will power and memory. They indulge in anti-social activities, which in turn stamp them as out castes in the society. Eventually, the abuse of drugs hast their untimely death if not checked in time. More than 80 per cent heroin addicts in India are in the age – group of 12-25 years. The abuse of drugs has been found mostly in the urban centers of our country. Narcotic and Psychotropic Substances Act 1985 and Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 1988 have been brought into force all over the country to deal with the problem more effectively. The former Act provides for punishment of rigorous imprisonment for 10 years, which may extend to 30 years and also a minimum fine of Rs. 1 lakh. With the death penalty introduced and the forfeiture of assets, it ranks now as one of the very powerful laws and one of the highest deterrents. Even consumption of narcotic drugs is an offence under the Act with punishment ranging from 6 months to 1 year. However, an addict can be given a onetime change by the court to seek treatment. Any society can survive only on certain principles of morality and orderly behavior. This had been stressed by several thinkers. It is not too late to release the seriousness of the problem of drug addiction. This could be the most suitable occasion to quote Aldous Huxley "... pen is mightier than sword. But mightier than the pen or the sword is the pill". Huxley's point emphasizes the possibility of pill, al consuming. Before such a catastrophe overtakes our youth, we must act.

Objectives:

1. To study the socio-economic background of the young people suffering from addiction.
2. To find out the factors responsible for drug addiction in youth.
3. To understand the impact of addiction on the family.
4. To indentify the difficulties faced by NGOs in the treatment and rehabilitation of addicts.
5. To suggest preventive measures to protect the youth from this unwanted and destructive danger.

Materials and Methods: The case study was done on New Life Foundation (a de-addiction centre), an NGO has been involved in treatment and rehabilitation of drug users since its inception in the year 2008. A random sampling technique was used to those patients who were admitted in the Centre and physically available at the time of visit were included. A total of 50 patients in the age group of 15-29 years were interviewed.

To execute the study the both primary and secondary data were collected. To collect primary data interview schedules was administered on the selected patients, staff and governing body members. The secondary data were collected from the data base of the organization/centre. The data so collected from the patients and centre has been fed to the computer and processed by Microsoft Excel to determine the class frequency and percentage of class responses on the variables under the purview

Results and Discussion Brief History of the Organization-New Life Foundation: A NGO working in the field of Drug/Alcohol de-addiction and HIV/AIDS situated at Silchar in Cachar district of Assam, India. It was established in the year 2008 under the able leadership of Kamrul Islam Laskar. The main objective of the organization is to help the suffering drug addicts and alcoholics through proper rehabilitation system where overall development is taken care of through yoga, meditation, re-educative sessions, group discussions, occupational therapy etc. During the establishment of the organization, there was hardly a de-addiction centre function in entire barak valley region of Assam and the increasing number of addicts has made it essentials to start this organization. Over the past few years, the organization has been experiencing the huge increase in the injecting drug users (IDUs) and these users are prone to contamination of HIV/AIDS. To minimize the risk of infected with HIV, the organization has taken activities to generate awareness and prevention of HIV/AIDS among drug users as well as general mass. Based on their past most dangerous experience of increasing number of female drug users, the organization runs a separate female ward. Currently the organization is running on self financing basis from the donations and members contributions only in the absence of any government support. The organization is looking forward to start a Old Age Home and Child Care Centre for street children in near future. In this process, they are trying to collaborate with World Vision, India and receiving funding support from Ministry of Social Justice and Empowerment. They also have been well recognized by the education institution for their learning and training purposes. Since last 3 years, Assam (Central) University has been placing its Social Work students for their field work training.

Current Status

Patients/Inmates	2008	2009	2010	2011	2012	2013	2014	Total
Male	51	109	165	263	508	597	648	2341
Female	0	0	2	4	5	7	11	29
Total	51	109	167	267	513	604	659	2370

Source-Data Base, New Life Foundation

Age group distribution (2008-14)

Age Group	Frequency	Percentage
Below 15 years	119	5
15-29 years	1210	51
30-35 Years	308	13
36-45 Years	448	19
46 years and above	285	12
Total	2370	100

Source-Data Base, New Life Foundation

From the above table of age group distribution, it has been observed that out of the total patients admitted till 2014 since inception 1210 (51%) of them belongs to 15-29 years age group. This clearly indicates the severity of the issue raised here, the youth in danger.

Socio-economic background of the young addicts

Table-1		
Socio-economic background of the young addicts		
Category	Frequency	Percentage
Religion		
Hindu	23	46
Muslim	26	52

Christians	00	00
Others	01	02
Total	50	100
Caste		
General	45	90
SC	02	04
ST	01	02
OBC	01	02
Others	01	02
Total	50	100
Education		
Illiterate	19	38
Primary Educated	11	22
High School	08	16
Higher Secondary	06	12
Graduate	06	12
Total	50	100
Occupation		
Daily Wage Labour	08	16
Cultivation/Agriculture	03	6
Business	06	12
Service	08	16
Unemployed	17	34
Student	08	16
Total	50	100

The Socio-economic background analysis of these sampled 50 young addicts admitted in New Life Foundation clearly establishes the relation between the occupational status and the addiction.

From the above table (Table-1), it can be said that among the young people from the both Hindu (46%) and Muslim (52%) community are equally suffering from addiction with Muslim being at slightly higher side. Caste wise almost all of them (90%) belongs to general caste community and very negligible people from other caste suffers this dangerous social problem. If we check the educational status of these young sufferers, majority (38%) of them are illiterate followed by 22%, 16% 12% of them are educated up to Primary, High School and graduate respectively. The data on occupational status revealed that alarmingly combining unemployed (34%) with student (16%) constitute half of the young people who are in this dangerous situation and rest 50% belongs to daily wage labour (16%), service (16%), business (12%) and agricultural (6%) occupational backgrounds.

Factors responsible for addiction in youth

Table-2		
Factors responsible for addiction in youth		
Category	Frequency	Percentage
Opinions of Workers/staff of the NGO		
Peer Pressure/Pleasure	24	48
Unemployment(frustration)	18	36
Easily accessible	08	16
Total	50	100
Opinions of the Patients/Inmates		
Peer Pressure/Pleasure	15	30
Unemployment(Frustration)	25	52
Easily accessible	10	20
Total	50	100

To find the major factors responsible for addiction in youth, opinions of both the staff/workers of the organization and selected patients/inmates were collected and placed in the table above (Table-2). The analyses of the opinions of both the respondents (staff/workers and the selected patients/inmates) are compared and found that there are wide differences of opinions in defining the factors responsible for addiction in this young generation. Analysis of the data above declares that 46% of the staff/workers opined the peer pressure and pleasure seeking behavior is the root causes of this habit in the young population followed by 36% and 16% of them assigned the frustration resulting from long unemployment and easy access to drugs, alcohols as the others causes respectively.

But the patients/inmates respondents have differences in their opinions with that of the staff/workers in regards to factors responsible for their misery of being addicts at this future building stage of life. The patients/inmates opinions reveals that more than half (52%) of these inmates attributes the frustration out of unemployment as the prime factor behind their addiction. Among the rest, 30% of them expressed that they have attained this habit under peer pressure or for pleasure and 20% opined easy accessibility of alcohol and other addictive substances as the cause of their addiction.

Impact of addiction on the family

Category	Frequency	Percentage
Disrespect to family in the society	48	96
Marital discomfort/disputes	26	52
Mental pressure on parents	48	96
Loss of income	25	50
Separation/divorce	10	20
Risk of adopting the habit by children	46	92

The above table(Table-3) displays the opinions of the inmates about what impact their addictive habit has made on their respective families and it can be observed that a mix of several views have come and most of them listed out more than one impact. This also makes it clear that families have to face several difficulties and hindrances, when young, active, earning members become addicted. Almost all of them (more than 90%) feel that their families receive disrespect in the society, parents remain under mental pressure and there is high chance of adopting this habit by the coming generation. Marital discomfort/disputes and loss income are the other major impact made by their addictive behavior and more than half of them agree to these views. It can also be noted that 20% of them marked addiction as the cause of separation or divorce in the families.

Difficulties faced by the NGOs in the treatment and rehabilitation of addicts: The identify the major difficulties the organization has been facing in running the de-addiction centre for treatment and rehabilitation of patients/inmates, the staff and governing body members were interviewed. Most of them have listed out the following difficulties in running the centre smoothly.

1. Lack of financial support from the Government and Non-Governmental funding agencies.
2. Lack of awareness among the mass people.
3. Resistance from the community.
4. Retention of the patients/inmates for complete treatment and rehabilitation process.
5. Lack of support from the families and communities of the sufferers for their rehabilitation in the society.
6. Leveling them as ill rather than victim.

Conclusion: Total eradication of the evil is the urgent need of the hour, and fight against it must be undertaken on a war-footing and on a number of fronts, public opinion must be created against it and the different media of mass communication pressed into service to combat the evil. In this way the people more particularly the youth, must be made aware of the evil consequences of this habit. They must be made to realize that 'the friends' who initiate them into this evil practice are not their friends but their enemies. Political leaders and powerful members of the society should be sensitized to advocate to the government and policy makers for more intensive services and support to address this

serious issues. Other government departments such as health and education can integrate them to provide adequate support to NGOs working in the field of de-addiction. The drug-addicts need sympathy and an understanding of their problems. They should be treated as essential for successfully tackling the problem. Legal measures are necessary to deal with the rising trend of drug addiction.

Youth development is not an activity that can be performed in isolation by the Ministry of Youth and Sports. One key mechanism for ensuring youth development is that all Ministries work towards mainstreaming youth development and participation in identifying the linkages between Ministry of Youth and Sports and other Ministries.

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