

A STUDY ON SUBSTANCE ABUSE AMONG THE YOUTH IN UMPHYRNAI VILLAGE, EAST KHASI HILLS DISTRICT, MEGHALAYA

Abstract

Substance abuse is the excessive use of a substance, particularly alcohol or a drug. This is a curse which is quite rampant in substance, particularly alcohol or a drug. This is a curse which is quite rampant in society, and many young people are becoming victims of it. This research is basically a study on substance abuse among the youth in Umphyrnai village, East Khasi Hills district, Meghalaya. This article has the following objectives: 1) to examine the socio-economic status of the youth who are involved in substance abuse; 2) to explore the internal and external factors that lead to substance abuse among the youth; and 3) to understand the perception of the youth towards consuming substance abuse. This study employed primary data collection using an interview schedule, observation, and focus group discussions. A sample size of 50 boys (age group of 15–25 years) was chosen using the Snowball Sampling technique. The data collection was conducted using a questionnaire, which had 41 questions related to specific objectives of the study. The collected data was analysed and interpreted with the help of SPSS. The study revealed that the vast majority of respondents are very much aware of the negative consequences of smoking and drinking and believe that these habits adversely affect their physical, mental, and social lives. Substance abuse results in poor self-image, interferes with daily routine, and leads to huge financial loss.

Keywords: Substance abuse, Alcoholism, Tobacco Consumption, Meghalaya, Youth, East Khasi Hills

Authors

Kynsaibor Kharkongor

District Resource Person of Link Worker Scheme, EJHD under Meghalaya AIDS Control Society,
kkynsai07@gmail.com

Aju Kurian

Don Bosco, Park Circus
Kolkata
ajuinc81@gmail.com

I. INTRODUCTION

Drug abuse, also known as substance abuse, is a disease that is characterized by a destructive pattern of drug or medication use, whether it be illicit or legal. The person's brain and behaviour being damaged to the point where they are unable to control their drug use, interfering with their ability to function. The misuse of psychoactive substances, such as alcohol and illegal drugs, is referred to as substance abuse by the World Health Organization (WHO). The repeated use of psychoactive substances can result in dependence syndrome, a collection of behavioural, cognitive, and physiological phenomena that typically include a strong desire to use the substance, difficulty in controlling use, persistence in use despite negative effects, giving drug use priority over other activities and obligations, increased tolerance, and occasionally a physical withdrawal state. The simplest definition of substance abuse is a pattern of harmful substance use for mood-altering purposes. Alcohol, other drugs (legal or not), and some substances that aren't even drugs can all be considered "substances" (McLellan, 2017). According to medical definitions, substance abuse is the excessive use of a substance, particularly alcohol or a drug (Shiel, 2018). Alcohol, cocaine, and tobacco are some of the drugs that are most frequently used.

In developing nations like India, there is a rising trend for the abuse of psychoactive substances, which has a significant impact on the social, cultural, economic, and health of the individual and the community. There are 2 billion drinkers, 1.3 billion smokers, and 185 million drug users worldwide (WHO 2002). Apart from tobacco, alcohol accounted for the majority of substance use (21.4%), followed by cannabis (3.0%) and opioids (0.7 percent). According to the ICD-10, between 17 and 26% of alcohol consumers met the criteria for the diagnosis of dependence, which translates to an average prevalence of around 4%. The prevalence of alcohol use varied significantly across Indian states, from a low of 7% in Gujarat, which is officially in a state of Prohibition, to a high of 75% in the north-eastern state of Arunachal Pradesh. Males were more likely than females to use tobacco, with a prevalence of 55.8%, with use peaking in the age range of 41 to 50 (Singh, et al, 2014).

1. Alcoholism among Indian youths: India, which was once thought to be one of the nations with an abstinence heritage, is now a thing of the past. Nowadays, drinking alcohol is recognized as a casual behaviour and as a social pastime. According to a national assessment on substance misuse, alcohol intake was more common among men in India (21%), compared to women (2%). Although this is a smaller number than global figures, 50% of them are hazardous drinkers, and 15% are dependent drinkers. Spirit makes up 95% of the alcohol used in India, and Indians are known for drinking hard and frequently, which is seriously harmful to their health.

Compared to non-college adolescents, college students have a higher prevalence of alcohol consumption and alcohol use disorders. Students go through a period of intellectual, emotional, and social vulnerability while in college. They are in a new setting with a lot of peer pressure and frequently aggressive alcohol promotion.

2. Use of tobacco among Indian youths: Indian youth use tobacco in a variety of ways in their country. One way to utilize tobacco is to smoke cigarettes and beedis, which is tobacco, wrapped in dried leaves of particular trees. Chewing pan, gutkha, or pan masala (a mixture of lime, areca nut bits, tobacco, and spices wrapped in betel leaf), is one method of using smokeless tobacco (scented tobacco mixed with lime and areca nut, in

powder form). In terms of both absolute numbers and percentages, India is among the nations with the highest tobacco consumption. India is one of the few nations in the world with high rates of both smoking and use of smokeless tobacco, and it is distinguished by dual tobacco usage, which accounts for a sizable percentage of the tobacco market. The prevalence of tobacco usage in India was calculated using data from the second round of the National Family Health Survey (NFHS II, 1998–1999) to be 37% among those aged 15 and over. According to the poll, the proportion of people who now smoke rose from 13.7% in 2006 to 14.6% in 2009.

- 3. Effects of alcoholism:** One of the top five most addictive substances is alcohol. Even while many people use alcohol as a "pick-me-up," alcohol actually causes the brain to become depressed. Alcohol lowers inhibitions, slurs speech, impairs coordination and muscle control, and chronic usage can result in alcoholism. Additionally, it slows down information transmission via the brain's sensitive neurotransmitters.

Alcohol withdrawal can result in tremor, seizures, hallucinations, a racing heartbeat, and anxiety. In its most extreme form, withdrawal mixed with undernourishment can result in a potentially fatal disease known as Delirium Tremens (DTs). In the United States, alcohol misuse is the primary factor causing liver failure. The drug can lead to the enlargement of stomach, oesophagus, pancreas, and even causes heart cancer. Officials link alcohol misuse to roughly half of all fatal motor vehicle accidents in addition to its direct health impacts. \$150 billion was projected to be the overall economic cost of alcohol consumption in 1992. Additionally, it increases dopamine production, fooling the brain into believing it is genuinely feeling wonderful. It can also lead to brain tissue shrinkage and disturbance.

- 4. Effects of tobacco consumption:** People use tobacco for a variety of reasons, such as enjoyment, increased alertness and performance, depression treatment, reduced appetite, and weight management. Nicotine is the main addictive component of cigarettes. However, thousands of other compounds included in cigarette smoke are equally harmful to the health of both smokers and those in their immediate vicinity. Heart disease, lung cancer, emphysema, peptic ulcer disease, and stroke are all risks in addition to large number of deaths. Each year, smoking is responsible for over 500,000 fatalities. The estimated \$100 billion in annual costs associated with tobacco usage are primarily related to direct and indirect health care expenses.

II. REVIEW OF LITERATURE

According to Edwards and Grant (1976), alcoholism is a complex disorder with physical, psychological, and social components that has detrimental repercussions on the alcoholic's physical and mental health as well as the family and society as a whole.

Mohan and Arora (1976) conducted a survey in Delhi University, it was found that tobacco abuse was highest, followed by alcohol, tranquilizers, amphetamines, opium, and barbiturates.

Hawkins, et al, (1997) reported that the age and alcohol has been remained associated. Early the age of alcohol consumption as well as addiction is likely to have greater the impact of the same. Early the age of alcohol addiction more the long-lasting effects are

also been observed. The authors have stated that a potentially powerful predictor of progression to alcohol-related harm is age at first use. The study results suggested for promoting preventive policy against alcohol and other drug addiction. The policy needs to pay attention towards how the young people can be kept away from alcohol addiction and other drug addiction.

Subramanian, et.al, (2005) analyzed the Indian National Family Health Survey for 1998 and 1999. The study found that those from backward communities, such as schedule castes and tribes, were more likely to drink alcohol than people from other caste groups. This clearly indicates that how lower socio economic and schedule caste and tribes are regular users of alcohol consumption in India. Further authors have stated that men with no education were more likely to report alcohol use than those with higher education. The study clearly indicated that class, caste, gender and education are associated with alcohol consumption but reveals little in terms of alcohol related problems.

WHO (2005) stated that influence of alcohol use on sexual behaviour has the potential to increase harms and has serious implications for the health of population with the advent of HIV infection. Alcohol consumption has close association with unsafe sex, risky sexual behaviour and unprotected sex which increases the risk of spreading sexually transmitted infections (STIs), including HIV infection that contribute to the global burden of diseases.

In a study conducted in Jaipur on adolescents in classes 9 to 12, aged between 13 and 18, Singh et al. (2006) found that boys were more likely than girls to smoke. Adolescents whose families smoke and use tobacco were more likely to smoke and use tobacco

Muralidhar & Nikkrtha (2007) stated that alcohol and drug cause devastating impact on one's quality of life. The impact is felt on health, psychological and social functioning. Substance dependence causes several health problems. It impairs the person's psychological functioning by causing memory deficits, difficulties in attention and concentration. It also affects a person's family and work functioning. The chronic nature of the illness makes the recovery process slow and painful.

Senegal, et.al (2007) analyzed 658 injury cases reported to the Emergency Department (ED) of the largest and most reputed general hospital in Bangalore. The study indicated that a high proportion of injuries were found to be alcohol related.

Youth in India report: Situation and needs 2006 - 2007 (2008) - The report revealed that youth in Maharashtra felt that television and films influenced their friend's or their own behaviours. The review is very significant because it indicates that how television and films as a media influence youth's behaviour in terms of alcohol consumption. Nowadays in India an important indicator of health risk is the alcohol consumption pattern that is frequent and heavy drinking. The review is very significant because it indicates that how films influence to have alcohol consumption among the youth. Movies as a media have greater impact on alcohol consumption practices than any other media.

According to Prasad (2009), more males than women consume alcohol in India. Commercially made alcohol is now widely available at liquor stores across urban areas. Studies show that areas with easy access to alcohol experience greater levels of drinking.

Miller, et, al (2012) reported that relative to other alcohol-negative people aged 18 and older, heavy drinkers have an estimated relative risk of hospitalized injury.

III. STATEMENT OF THE PROBLEM

As previously stated, one of the threats to society is substance abuse. This article explores the causes of substance abuse as well as how young people are seen in society. Youth should be encouraged and directed to develop their capacities because they are an integral part of society and because their holistic development leads to the development of individuals, societies, and nations. However, the youth of today are involved in such activities (abuse of drugs), which makes them a vulnerable and risky group in society. Alcohol, tobacco, and other substances that the youth are addicted to have an impact on their physical and mental well-being as well as their social standing.

IV. NEED FOR THE STUDY

This study gives insights into the effects of youth smoking and alcoholism. Abuse of substances has an impact on one's family, society, and overall health. Alcohol has a negative impact on the body's health, particularly the liver, pancreas, heart, and brain. It also lowers quality of life. It causes family conflict, financial or economic difficulties, and child abuse. Alcohol consumption causes issues with one's physical or mental health (Littrell, et al, 2014). Lung cancer is the offshoot of smoking. It has an impact on the reproductive system, fertility, and the mouth, throat, stomach, bones, and lungs (Shiple, et al 2008). Addiction to drugs like alcohol and cigarettes has a significant effect on their families. It causes people to neglect carrying out their daily responsibilities, such as working, providing for their families, and participating in the community. According to the World Bank in 2000, domestic violence and drug abuse are frequently linked. Some men will physically, verbally, and psychologically abuse their families, which can result in harm and occasionally even death to family members. Abusing substances has serious physical and mental consequences.

V. RESEARCH QUESTIONS

1. What makes the youth to consume?
2. Are the youth aware the impact of substance abuse?
3. What is the perception of parents towards their sons on substance abuse?

VI. OBJECTIVES OF THE STUDY

1. To study the socio-economic status of the youth who are involve in substance abuse
2. To explore the internal and external factors of substance abuse among the youth
3. To understand the perception of the youth towards consuming substance

VII. THEORETICAL FRAMEWORK

1. **Stanley hall theory of adolescents (1904) (Arnett, 2006)-** According to G.S. Hall “adolescence is a period of storm and stress. He believed that a tendency toward storm and stress in adolescence was universal and biologically based”. He viewed adolescence and its accompanying storm and stress as lasting through the early twenties. He views

three aspects;

- **Conflict with parent:** a propensity to disobey, resist, question their parents and Conflict with parents is especially common during adolescence.
- **Mood disruptions:** Compared to children or adults, adolescents frequently exhibit higher emotional turbulence. They experience more mood extremes and mood swings between the two extremes. Additionally, they go through more frequent spells of depression.
- **Risk behaviours:** Propensity for reckless, norm breaking and antisocial behaviour that carries the potential for harm to themselves and or the people around them.

This theory relates with how young people experience in their life. When adolescents have conflict or misunderstanding with parents, they tend to seek external pleasure and engage in substance abuse by drinking and smoking. Similarly, when their mood swings, there are chances where they get into substances through peer pressure and lead them into risk behavior which leads to problem in the family as well as in the society.

2. **Social learning theory (Bandura,1977):** This theory was developed in 1963. According to Albert Bandura and Walters' theories, social learning occurs when individuals observe, copy, and model one another. The theory, which takes into account attention, memory, and motivation, has frequently been referred to as a link between behaviourist and cognitive learning theories. This hypothesis contends that developing an addiction might result from observing others engaged in addictive behaviour. When we see how other people behave and respond to addictive drugs (or behaviours), we might want to act in the same way. For instance, let's say we saw a frantic, furious parent arrive home from work, have a few drinks, and then settle down and become amiable. We observed that alcohol is a good way of coping with stress. So, when youth or adolescents are associating with people who enjoy life with alcohol or smoking, they may learn and follow what others are doing.
3. **System theory (Boulding, 1956)** – Ludwig von Bertalanffy created this theory in 1968, and it emphasizes the significance of groups and their effect upon individuals. We are all part of a complex web of social systems. Among these layered social systems are households, businesses, communities, societies, cultures, etc. This theory contends that it is only by taking into account these group impacts that we can comprehend individual behaviour. According to this idea of systems, a person's use of or addiction to substances may be brought on by a more extensive social system.

VIII. RESEARCH DESIGN

The researcher adopted a descriptive research design for the research. The researcher attempts to describe the respondents' Socio-economic factor, influencing factor of the respondents and the perception of the parents towards their sons. This study employs primary data collection using Interview schedule, observation and focused group discussions.

1. **Sample:** Snowball Sampling was technique was employed to get the sample. The study was carried out with 50 respondents (boys) out of 250 population in the age group of 15-25 years in at Umphyrnai village, under Mawryngkneng Block, East Khasi Hills District,

Shillong, Meghalaya.

2. **Tools used:** The main tool used for data collection was a questionnaire, which consisted of 41 questions related to specific objectives of the study. The tool focused on the personal details, influencing factor of youth towards substance abuse, whether the youth aware about the impact of substance abuse and the perception of parents towards their sons on substance abuse.
3. **Data Analysis:** The collected data will be analyzed and interpreted with the help of software called SPSS (Statistical Package for Social Science). The data is portrayed by constructing Tables and charts. Each question and its variables are represented by constructing a Table. In the case of charts, it is represented by bar graphs.
4. **Field of Study:** Meghalaya, a state of India, located in the north eastern part of the country. It is bounded by the Indian state of Assam to the north and northeast and by Bangladesh to the south and southwest. The state capital is the hill town of Shillong, located in east-central Meghalaya. As per the Census 2011, Meghalaya has population of 23.19 Lakhs of which 1,176,087 were males and 1,142,735 were females. There are 11 Districts in Meghalaya and the area (filed) of study is in Umphyrnai village which falls under East Khasi Hills District. According to 2001 census, East Khasi Hills had a population of 660,923 of which males were 333,553 and remaining 327,370 were females. The literacy rate of the district was 76.07 percent as per 2001 Census.

According to Census 2011 information the location code or village code of Umphyrnai village is 278375. Umphyrnai village is located in Mawryngkneng Tehsil of East Khasi Hills district in Meghalaya, India. It is situated 35km away from sub-district headquarter Mawryngkneng and 15km away from district headquarter Shillong. Umphyrnai has a total population of 2,997 peoples, among them 1461 (49%) are male and 1536 (51%) are female. 1% of the whole population are from the general caste and 99% are schedule tribes. There are about 502 houses in Umphyrnai village. Mawryngkneng is nearest town to Umphyrnai. As of 2011 census, there are 1051 females per 1000 males in the village. Total 1948 people in the village are literate, among them 916 are male and 1032 are female.

IX. DATA ANALYSIS AND INTERPRETATION

1. Demography of the respondents

- **Age Group:** that 36.0 percent of the respondents are in the age group of 15-18, 34.4 percent of the respondents are in the age group of 19-21 and 30.0 percent of the respondents are in the age group of 22-25.
- **Marital status:** All respondents were unmarried
- **Number of Members in the Family of the Respondents:** 4.0 percent of the respondents belong to the family which consists of 2-3 members, 36.0 percent of the respondents belong to the family which consists of 3-4 members and 60.0 percent of the respondents belong to the family which consists of 4 members and above.
- **Religion:** 100 percent of the respondents are Christians.
- **Educational qualification:** 46.0 percent of the respondents completed Undergraduate,

26.0 percent of the respondents completed Higher Secondary, 6.0 percent of the respondents completed Post Graduate and 22.0 percent of the respondents completed 10th standard.

- Family type: All 100 percent of the respondents lives in nuclear family.
- Family Occupation of the Respondents: 56.0 percent of the families are in agriculture occupation; 40.0 percent of the families are in business and 4.0 percent of the families are in government service.
- Employment Status of Respondents: 94.0 percent of the respondents are unemployed and majority of them are still studying and 6.0 percent of the respondents are employed.
- Monthly income of the family: 18.0 percent of the respondents belongs to the family which earns Rs-3000-Rs-5999/- per month, 58.0 percent of the respondents belongs to the family which earns Rs-6000-Rs-8999/- per month and 24.0 percent of the respondents belongs the family which earns Rs-9000/- and above.

2. Exploring the internal and external factors of substance abuse among the youth

- **Respondents Drinking and Smoking status:** Every problem has to be understood from the family background and their practices in which a researcher investigated about the parents of the respondents. It is the right way to first know the respondents whether they are indulging in smoking and drinking or not instead of asking direct question to them. 100 percent of the respondents are involved in smoking and drinking. It was also noticed from the analysis that 42.0 percent of the respondents have been drinking and smoking for the past 1 year, 28.0 percent of the respondents have been drinking and smoking for the past 2 years and 30.0 percent of the respondents have been drinking and smoking for more than 3 years.

Table 1: Status of Respondents Parents of Consuming Substances

Whether parents are consuming substances or not	Frequency	Percentage
No	3	6.0
Yes	47	94.0
Total	50	100.0

Table 1 shows that 6.0 percent of the respondents belongs to the family where their parents are not consuming substance abuse i.e., smoking and drinking whereas 94.0 percent of the respondents belongs to the family where their parents are into substance abuse.

Table 2: Kinds of Substances Parents of the respondents are Consuming

Kinds of substances	Frequency	Percentage
Alcohol	12	24.0
Smoking	15	30.0
Tobacco	20	40.0
Total	50	100.0

To simply know whether the parents are into substances is not sufficient. It is

needed to know what kind of substances they are consuming. Table 2 shows that 24.0 percent of the respondents belongs to the family where their parents are drinking alcohol, 30.0 percent of the respondents belongs to the family where their parents are smoking, 40.0 percent of the respondents belongs to the family where their parents are consuming tobacco and 6.0 percent of the respondents belongs to the family where their parents are neither drinking or smoking.

Table 3: Consuming of Substance Abuse for the First Time

Consuming of substance abuse for the first time	Frequency	Percentage
Influence by friends	44	88.0
Personal interest	6	12.0
Total	50	100.0

After knowing that the respondents are into smoking and drinking, it is also necessary to know how they consumed it for the first time Table 3 shows that 88.0 percent of the respondents began to drink and smoke through the influence of their friends and 12.0 percent of the respondents started smoking and drinking by their own personal interest.

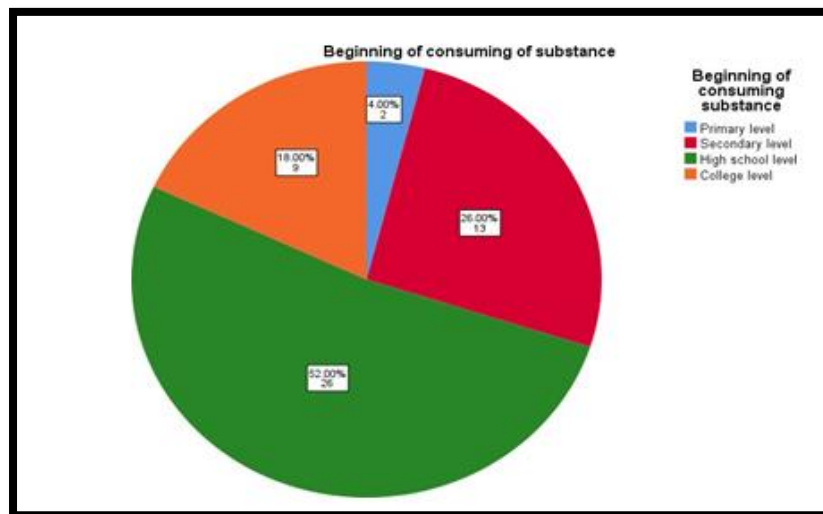


Figure 1: Beginning of Consuming Substances

A researcher had also interacted with the respondents to know when did they began to smoke and drink. Figure 1 depicts that 18.0 percent of the respondents started to smoke and drink when they were in college level, 52.0 percent of the respondents started to smoke and drink when they were in high school, 4.0 percent of the respondents started to smoke and drink when they were in primary level and 26.0 percent of the respondents started to smoke and drink when they were in secondary level.

Table 4: Frequency of Using Substances

Frequent of using substances	Frequency	Percentage
Daily	16	32.0
Weekly once	34	68.0
Total	50	100.0

When the respondents are found indulged in substances, a researcher had also enquired how frequently they smoke and drink. Table 4 shows that 32.0 percent of the respondents smoke and drink on a daily basis whereas 68.0 percent of the respondents are smoking and drinking once in a week.

Table 5: Type of Tobacco Smoked by the respondents first time

Type of tobacco first smoked	Frequency	Percentage
Biri	26	52.0
Cigarette	24	48.0
Total	50	100.0

Basically, in a study area, bidi and cigarette are mostly consumed by the people. In this regard, researcher had also enquired which kind of tobacco that the respondents preferred to smoke at first. Table 5 shows that 52.0 percent of the respondents smoked biri at first and 48.0 percent of the respondents smoked cigarette at first.

Table 6: Whether they like the Taste of Alcohol and Tobacco at first

Whether they like the taste at first	Frequency	Percentage
No	6	12.0
Somewhat yes	30	60.0
Yes	14	28.0
Total	50	100.0

Normally when it is tried for the first time, people would feel how it is tasted. Therefore, a researcher tried to get the opinion of the respondents when they tried to smoke and drink for the first time. Table 6 shows that 12.0 percent of the respondents did not like the taste of tobacco and alcohol at first, 60.0 percent of the respondents are somehow like the taste and 28.0 percent of the respondents like the taste since the beginning.

Table 7: Whether Parents are Aware of Smoking and Drinking Habit

Whether parents are aware of smoking and drinking habit	Frequency	Percentage
No	13	26.0
Yes	37	74.0
Total	50	100.0

During the interaction with the respondents, a researcher would like to know whether the parents of the respondents are aware or not aware of the habit that their sons are indulging in. Table No: 7 presents Whether Parents are Aware of Smoking and Drinking Habit. Table 7 shows that 26.0 percent of the parents of the respondents are not aware that their sons are smoking and drinking whereas 74.0 percent of the parents of the respondents are aware that their sons are smoking and drinking.

Table 8: Response of the Parents

Response of the parents	Frequency	Percentage
They like it	13	26.0
They do not like it	37	74.0
Total	50	100.0

The above table shows whether the parents of the respondents likes or dislikes when their sons are into substance. Table 8 shows that the 26.0 percent of the respondents did not give answer to the question and 74.4 percent of the respondents said that their parents do not like when they are smoking and drinking.

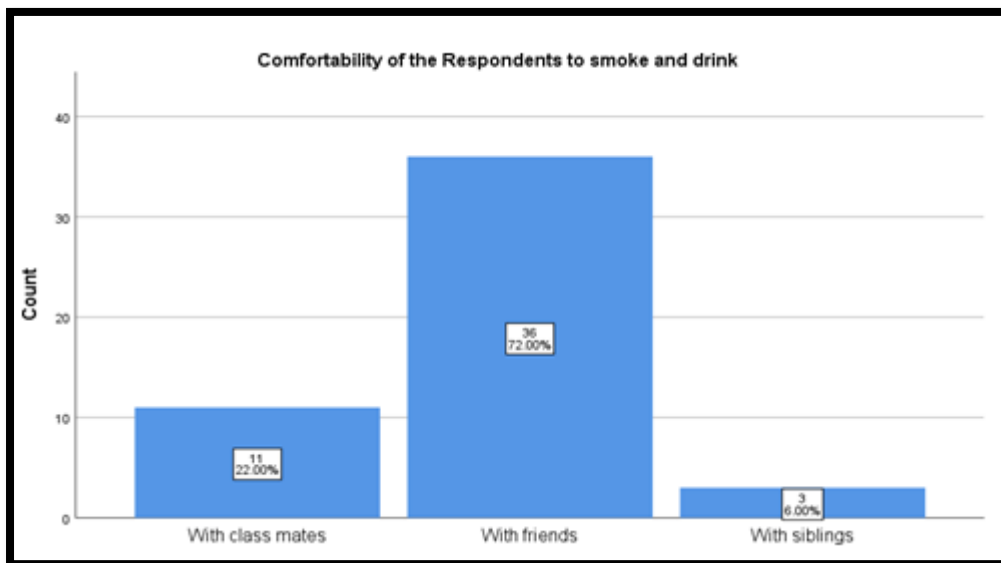


Figure 2: Comfortability of the Respondents to Smoke and Drin

Everyone needs a company in whatever things they are associated with. In this regard, researcher had interacted with the respondents to know with whom they are comfortable to smoke and drink. Figure 2 highlights that 22.0 percent of the respondents are comfortable to smoke and drink with their classmates, 72.0 percent of the respondents is comfortable with their friends, and 6.0 percent of the respondents are comfortable with their siblings.

Table 9: Place of Smoking and Drinking of the Respondents

Place of smoking and drinking	Frequency	Percentage
Friend's house	46	92.0
Home	3	6.0
Tourist spot	1	2.0
Total	50	100.0

The place of smoking and drinking is important for the youth as it is an offensive in public place and it also show a bad example to the youngster, drinking in particular. So, in this regard, researcher tried to get the information about the place where the respondents use to smoke and drink. Table 9 shows that 92.0 percent of the respondents used to drink and smoke in their friend's house, 6.0 percent of the respondents in their own house and 2.0 percent of the respondent in tourist spot.

Table 10: Factors that leads to Smoking and Drinking

Factors	Frequency	Percentage
Climatic condition	1	2.0
Friend's influence	39	78.0
Relationship problem	9	18.0
Tradition	1	2.0
Total	50	100.0

The table above would highlight the important part of the study. The reasons for this table are to know what are the factors that lead the youth to drink and smoke. Table 10 shows that 2.0 percent of the respondents are smoking and drinking due to climatic condition, 78.0 percent of the respondents are smoking and drinking due to friend's influence, 18.0 percent of the respondents are smoking and drinking due to relationship problem and 2.0 percent of the respondents are smoking and drinking due to tradition.

Table 11: Indulgence in Substance Abuse

Indulgence in substance abuse	Frequency	Percentage
By observing others	27	54.0
Peer relationship	23	46.0
Total	50	100.0

The table above would show how the respondents indulge in substances either by observing others or through peer relationship. Table 11 also shows that 54.0 percent of the respondents indulge in smoking and drinking by observing others and 46.0 percent of the respondents indulge in smoking and drinking due to peer relationship.

Table 12: Consequences of Smoking and Drinking

Results of smoking and drinking	Frequency	Percentage
Disciplinary problems	7	14.0
Failure in subjects	6	12.0
Lack of attention and focus on studies	29	58.0
Shortage of attendance	8	16.0
Total	50	100.0

During the interaction with the respondents, researcher had also enquired what are the results after consuming tobacco and liquor are. Table 12 shows that 14.0 percent report that it leads to disciplinary problem, 12.0 percent to failure in subjects, 58.0 percent leads to lack of attention and focus on studies and 16.0 percent of the respondents reported that it leads to shortage of attendance.

Consumption of tobacco and liquor in particular leads to unwanted behaviour. In this regard, a researcher tried to get the outcome of consumption of tobacco and liquor which leads to different disruption. Figure 3 reveals that 82.0 percent of the respondents who are smoking and drinking creates disruption among their classmates, 4.0 percent of the respondents who are smoking and drinking creates disruption with the college authorities, 2.0 percent of the respondents who are smoking and drinking creates disruption with other students and 12.0 percent of the respondents who are smoking and drinking creates disruption with the teachers.

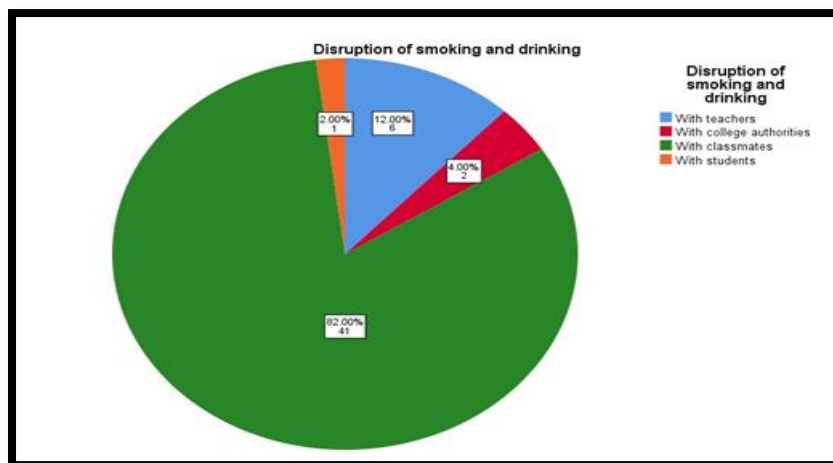


Figure 3: Disruption of Smoking and Drinking

Table 13: Awareness about the Ill Effects of Tobacco and Alcohol

Awareness about the ill effects	Frequency	Percentage
Yes	50	100.0

The table above show whether the respondents are aware or not aware about the ill effects of tobacco and alcohol. Table 13 show that all 100 percent of respondents are aware about the ill effects of tobacco and alcohol.

Table 14: Knowledge about the Ill Effects

Knowledge about the ill effects	Frequency	Percentage
Asthma	2	4.0
Lung cancer	27	54.0
TB	21	42.0
Total	50	100.0

As consumption of cigarette and liquor leads to many kinds of consequences. In this regard, researcher had tried to know to what extent the respondents know about the ill effects and what kind of illness. Table 14 shows that 4.2 percent of the respondents are aware that smoking and drinking are the ill effects which may leads to asthma, 54.0 percent of the respondents are aware that smoking and drinking may leads to lung cancer and 42.2 percent of the respondents are aware that smoking and drinking may leads to tuberculosis.

Table 15: Whether they have attended any Anti-Tobacco Programme

Whether they have attended any anti tobacco programme	Frequency	Percentage
No	50	100.0

Through investigation, the table below would show whether the respondents have attended any anti-tobacco programme or not. Table 15 shows that 100 percent of the respondents have not attended any anti-tobacco programme.

To understand the perception of the youth towards consuming substance abuse

Table 16: Whether Smoking and Drinking Habit Affect their Social Life

Whether smoking and drinking habit affect social life	Frequency	Percentage
Agree	36	72.0
Disagree	4	8.0
Strongly agree	10	20.0
Total	50	100.0

The researcher had also enquired whether the habits of the respondents affect or not affect their social life. Table 16 shows that 72.0 percent of the respondents agree that smoking and drinking habit affects their social life, 8.0 percent of the respondents disagree that smoking and drinking habit affects their social life and 20.0 percent of the respondents are strongly agree that smoking and drinking habit affects their social life.

Table 17: Results of Consumption of Tobacco and Alcohol

Results of consumption of tobacco and alcohol	Frequency	Percentage
Ignored by friends	3	6.0
Increase in expenditure	18	36.0
Looking down by those in authority	3	6.0
Poor self-image	26	52.0
Total	50	100.0

Through investigation the researcher had gathered information about the results of consumption of Tobacco and Alcohol. Table 17 shows the result that 6.0 percent of the respondents who are smoking and drinking are ignored by their friends, 36.0 percent of the respondents results in increasing expenditure, 6.0 percent of the respondents are looking down by those in authority and 52.0 percent of the respondents results in poor self-image.

In the following table, a researcher tried to understand whether the habits of the respondents affect the relationship with others or not. Table 18 shows that 16.0 percent of the respondents who are smoking and drinking do not affect their relationship with others, 48.0 percent of the respondents who are smoking and smoking are not really affect their relationship with others and 36.0 percent of the respondents who are smoking and drinking affects their relationship with others.

Table 18: Whether their Habit Affects the Relationship with others

Whether their habit affects the relationship with others	Frequency	Percentage
No	8	16.0
Not really	24	48.0
Yes	18	36.0
Total	50	100.0

Table 19: Whether a health is a worry in their life

Whether health is a worry in their life	Frequency	Percentage
A little of the time	17	34.0
Most of the time	2	4.0
None of the time	17	34.0
Some of the time	14	28.0
Total	50	100.0

Health is wealth as it is well known by all. In this regard, a researcher had tried to get the opinion of the respondents as they are consuming substances and whether health is a worry for them or not. Table 19 shows that 34.0 percent of the respondents have a little of the time worry about their health, 4.0 percent of the respondents are most of the

time worry about their health, 34.0 percent of the respondents have no worries about their health and 28.0 percent of the respondents are only sometimes worry about their health.

Table 20: Health faced by respondents issue due to Smoking and Drinking habit

Whether they have faced any health issues	Frequency	Percentage
No	26	52.0
Yes	24	48.0
Total	50	100.0

As consumption of various kinds of substances are injurious to health. Therefore, in this regard, a researcher interacted with the respondents whether they have faced any health issue or not. Table 20 shows that 52.0 percent of the respondents have not faced any health issue due to smoking and drinking habit and 48.0 percent of the respondents have faced health issue due to smoking and drinking habit.

Table 21: Health Issues that affected them

Health issues that affected them	Frequency	Percentage
Mental disorder	26	52.0
Mental and behavioural disorder	24	48.0
Total	50	100.0

The table above would show the health issues that affected the respondents. Table No 21 shows that 52.0 percent of the respondents have not faced any health issue and 48.0 percent of the respondents have faced mental and behavioural disorder due to smoking and drinking.

Table 22: Duration of Suffering

Duration on of suffering	Frequency	Percentage
Do not face	26	52.0
2-5 months	19	38.0
6-12 months	5	10.0
Total	50	100.0

After knowing that the respondents are facing health issue due to consumption of tobacco and liquor, a researcher had also enquired how long they had been suffering. Table No: 23 shows that 52.0 percent of the respondents have not faced any health issue, 38.0 percent of the respondents have suffered mental and behavioural disorder for 2-5 months and 10.0 percent of the respondents have suffered for 6-12 months due to smoking and drinking.

Table 23: Reaction of the Parents when they Smoke and Drink

Reaction of the parents when they smoke and drink	Frequency	Percentage
Angry	11	22.0
Indifferent	5	10.0
Sad	34	68.0

Total	50	100.0
-------	----	-------

When the respondents are smoking and drinking, their parents do not like them. Therefore, a researcher enquired from the respondents what kind of reaction of the parents towards their sons. Table 25 shows that 22.0 percent of the parents of the respondents are angry when their sons are smoking and drinking, 10.0 percent of the parents of the respondents are reacting indifferent when their sons are smoking and drinking and 68.0 percent of the parents of the respondents are sad when their sons are smoking and drinking.

Table 24: Whether Smoking and Drinking Affects their Daily Routine

Whether smoking and drinking affects their daily routine	Frequency	Percentage
Agree	30	60.0
Disagree	5	10.0
Neutral	2	4.0
Strongly agree	13	26.0
Total	50	100.0

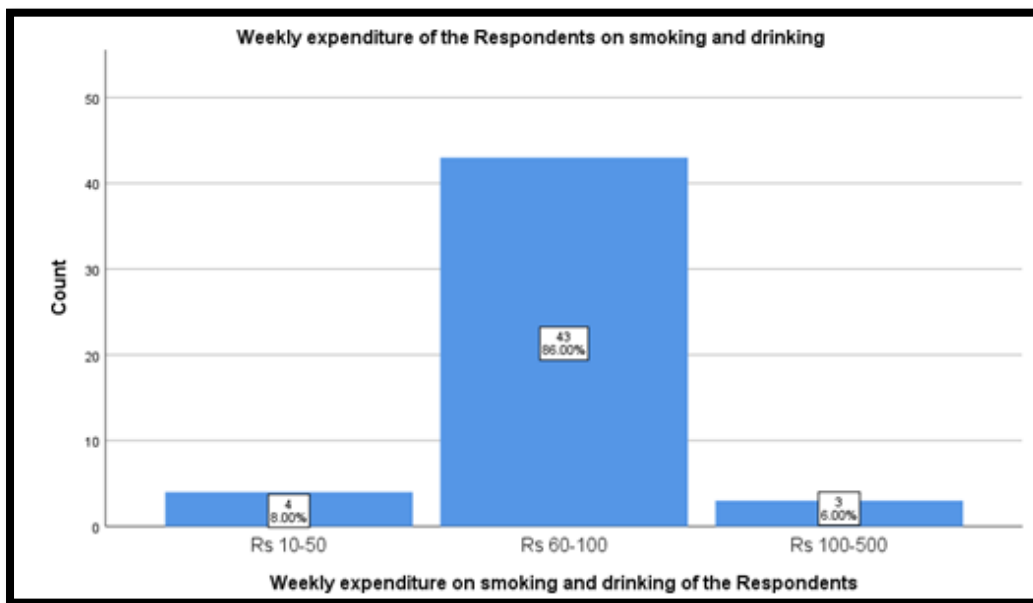


Figure 4: Weekly Expenditure on Smoking and Drinking

During the interaction with the respondents, a researcher had also enquired about their expenditure on smoking and drinking on a weekly basis Figure 4 reveals that 8.0 percent of the respondents are spending 10-50 rupees weekly in smoking and drinking, 6.0 percent of the respondents are spending 100-500 rupees weekly in smoking and drinking and 86.0 percent of the respondents are spending 60-100 rupees weekly in smoking and drinking.

The table 24 would show what are the responses and opinions of the respondents when it was investigated to them whether their smoking and drinking habit affects their

daily routine or not. Table 24 shows that 60.0 percent of the respondents agree that smoking and drinking affects their daily routine, 10.0 percent of the respondents disagree that smoking and drinking affects their daily routine, 4.0 percent of the respondents are neutral and 26.0 percent of the respondents strongly agreed that smoking and drinking affects their daily routine.

Table 25: Whether Smoking and Drinking Habit Affects the Financial Status

Whether smoking and drinking affects the financial status	Frequency	Percent
Yes	50	100.0

The researcher had also enquired information from the respondents whether their smoking and drinking habits affects their financial status or not. Table 25 shows that 100 percent of the respondents agree that smoking and drinking affects their financial status.

X. MAJOR FINDINGS

1. Exploring the internal and external factors of substance abuse among the youth

- The study reveals that 100 percent of the respondents are in smoking and drinking.
- 28.0 percent of the respondents have been smoking and drinking for the past 2 years and 30.0 percent of the respondents have been drinking and smoking for more than 3 years.
- 94.0 percent of the respondents belongs to the family where their parents are consuming substance.
- The study shows that shows that 24.0 percent of the respondents belongs to the family where their parents are drinking alcohol, 30.0 percent of the respondents belongs to the family where their parents are smoking and 40.0 percent of the respondents belongs to the family where their parents are consuming tobacco.
- It was found out that 88.0 percent of the respondents began to drink and smoke through the influence of their friends and the vast majority 52.0 percent of the respondents started to smoke and drink when they were in high school.
- The study shows that that 32.0 percent of the respondents smoke and drink on a daily basis whereas 68.0 percent of the respondents are smoking and drinking once in a week.
- 74.0 percent of the parents of the respondents are aware that their sons are smoking and drinking and 74.4 percent of the respondents said that their parents do not like when they are smoking and drinking.
- It was found out that 72.0 percent of the respondents are comfortable to smoke and drink with their friends and 92.0percent of the respondents used to drink and smoke in the friend's house.
- The study reveals that the vast majority 78.0 percent of the respondents are smoking and drinking due to friend's influence, 18.0 percent of the respondents are smoking and drinking due to relationship problem.
- The study inferred that 58.0 percent of the respondents who are smoking and drinking leads to lack of attention and focus on studies.
- It was also found that 82.0 percent of the respondents who are smoking and drinking creates disruption among their classmates.

- The study reveals that 100 percent of respondents are aware about the ill effects of tobacco and alcohol.

2. Understanding the perception of the youth towards consuming substance abuse

- The study reveals the vast majorities 72.0 percent of the respondents agree that smoking and drinking habit affects their social life.
- 52.0 percent of the respondents who are smoking and drinking results in poor self-image.
- It was found out that 48.0 percent of the respondents have face health issue due to smoking and drinking habit and 48.0 percent of the respondents have faced mental and behavioral disorder due to smoking and drinking.
- The study also found out that 34.0 percent of the respondents have no worries about their health.
- 68.0 percent of the parents of the respondents are sad when their sons are smoking and drinking.
- The study is also inferred that 60.0 percent of the respondents agree that smoking and drinking affect their daily routine
- It was also found out that 100 percent of the respondents agrees that smoking and drinking affect their financial status.

XI. CONCLUSION

Youth are defined as those aged 15 to 29 according to the National Youth Policy (2014). This age- group constitutes 27.5% of India's population. The study was conducted for the youth (boys) in the age group of 15-25 years who are involved in substance abuse. As per the study, it is seen that the vast majority 36.0 percent of the respondents who are young are in the age group of 15-18 who are into substance abuse. The respondents were all unmarried since the study was specifically conducted for the youth. The family size in Meghalaya and particularly in the study area is very big as it is believed that children are the gift of God and it is entirely different as compared to the other states of India. Therefore, it was observed that the majority 60.0 percent of the respondents belong to the large family which consists of 4 members and above. Coming to educational qualification of the respondents, it is revealed that the majority 46.0 percent of the respondents completed Undergraduate and 94.0 percent of the respondents are unemployed. This could be a question as to why the youth are jobless even after completing their education. One uniqueness of the study area is that only nuclear family exists in which joined family and extended family are never practiced and moreover matrilineal system is very much practiced in the society which gives strong support in the management of the family. The main occupation of the family of the respondents are mainly agriculture as Meghalaya has predominantly an agrarian economy with a significant commercial forestry industry. Therefore, the vast majority 56.0 percent of the families of the respondents are engaged in agriculture. Since agriculture is their main occupation where the income is not stable, it is seen that the vast majority 58.0 percent of the respondents belongs to the family which earns Rs-6000-Rs-8999/- per month.

Since the purpose of the study is targeted for the youth with substance abuse, it was seen that all the respondents whom the researcher had interacted are involve in smoking and

drinking. The duration of smoking and drinking of the respondents differs from one to another. Some of them have been smoking and drinking for the past 2 years while some for more than 3 years. During the investigation, it was found that 94.0 percent of the respondents belongs to the family where their parents are consuming substance like smoking, drinking and chewing tobacco in which it could be easily understood that there is a possibility where their sons would follow or getting into the same habit. From the study it is revealed that peer influence are the main factors which leads the respondents into substances as they can encourage their friends to use cigarette and alcohol or tease them for being afraid to try them, which can lead to the initiation of drinking and smoking. As per the findings, it is seen that 72.0 percent of the respondents are comfortable to smoke and drink with their friends and 92.0 percent of the respondents use to drink and smoke in their friends' house in which we can understand that friends plays an important role among the youth where they feel free to share anything among the friends circle. Majority of the parents of the respondents are aware that their sons are into substances and they do not like when they are smoking and drinking. Here a question would arise as to why the parents cannot handle the habit of their sons in directing them to the right path. The frequency of smoking and drinking of the respondents also differs from one to another as the study shows that that 32.0 percent of the respondents smoke and drink on a daily basis whereas 68.0 percent of the respondents are smoking and drinking once in a week. Relationship problem could also be one of the factors which drives the youth to get involve into substances where they may think that those substances would solve their problems and make them to forget what had happened in the past. In this regard, the study shows that 18.0 percent of the respondents are smoking and drinking due to relationship problem. Smoking and drinking have a negative outcome towards the youth which affect many ways and thus this study inferred that 58.0 percent of the respondents who are smoking and drinking leads to lack of attention and lack of focus in their studies. This is easily understood and it is obvious when a person is drunk, there is lack of consciousness and particularly those who are addicted they tend to have more attention to substances they are into. Furthermore, it is found that 82.0 percent of the respondents who are smoking and drinking creates disruption among their classmates. This kind of disruption could be their aggressive behaviour towards their classmates, unnecessary arguments, fights and getting angry easily with their classmates or friends. The researcher during the investigation had also enquired whether they are aware or unaware about the ill effects of the substances they are using and it was found that all the respondents are aware about the ill effects since all the respondents are educated where they would have come across health education since their school level.

An individual cannot live alone. He or she has to be with the society and interact with it. Social life plays an important part in the growth and development of an individual be it mentally, physically, spiritually, culturally and economically. As humans, social interaction is essential to every aspect of our health. Human beings are social animals, and the tenor of someone's social life is one of the most important influences on their mental and physical health. Having a social life increases the knowledge and helps an individual become worldlier. In this aspect, the study shows that majority 72.0 percent of the respondents agree that smoking and drinking habit affects their social life. This result could be in the form of social distancing, judgments, hatred from the people around the society or it could be the respondents themselves are not interested in social life where most of the time they would prefer to be within their comfort zone among their peers. When they are smoking and drinking, they would be isolating themselves in a private place and most importantly when

they get drunk, they may feel shy to come in public, afraid of the village authority and so on so forth. This is how there is less engagement of the respondents with social life. Human being as a social animal, he cannot escape from the society. Every act would be seen by all. The study shows that the majority 52.0 percent of the respondents who are involve in smoking and drinking results in poor self-image.

To support the findings in this regard, we could understand that when a person is drunk, there is a possibility of misbehaviour or engage in anti-social activity. Here, the society would have different kind of bad perception and the reputation of the respondents would go down (poor self-image). Consumption of cigarettes and alcohol is injurious to health. According to World Health Organization (WHO), health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The study shows that 48.0 percent of the respondents have face health issue due to smoking and drinking habit and they are facing mental and behavioural disorder. As discussed earlier, smoking and drinking leads to various kinds of consequences where a person after drinking and smoking will have less conscious and their behaviour turns differently which may create lots of distraction to their own family members, neighbours and society as a whole. Addiction to substances is harmful for the overall aspects of life. The study found that 34.0 percent of the respondents has no worries about their health as they may often ignore other areas of life to fulfill or support their desires no matter how much it will affect them in the future or career without any bother. During the investigation, it was informed that the parents of the respondents are sad and behave differently towards their sons when they are smoking and drinking. Parents as the caretaker of the family and their sons would definitely feel sad seeing their sons drinking where it gives a bad image to the whole family. The study is also inferred that 60.0 percent of the respondents agree that smoking and drinking affects their daily routine. Irregularity to school or college, incomplete of tasks and assignments given by the teachers, irregular to work and duties assigned to them could be the major effect. Coming to financial, the study reveals that 100 percent of the respondents agrees that smoking and drinking affects their financial status. This could also be in many ways. Excessive expenditure in smoking and drinking affects their financial which makes them to give more priority to buy cigarettes and alcohol rather than other basic requirements. High demand from the parents would be asked by their sons in purchasing what they want. This way it would affect the financial status of the parents as well. Consumption of substances leads to destruction of oneself, lack of development in all spheres of life such as mentally, spiritually, economically, family and society as a whole. In conclusion, it is necessary to outlaw alcohol and cigarettes. These two drugs shouldn't be causing deaths in people. They shouldn't be wasting their lives and spending a lot of money on drinking and smoking.

XII. SUGGESTIONS

Drinking alcohol and smoking together make health issues worse. Liver and lung cancer risk is increased by routine drinking and smoking. Overindulging in alcohol can result in decreased productivity, risky behaviour like reckless driving, and even violent behaviour. To reduce stress or deal with issues, some people overindulge in drinking or smoking. Studies have shown that social norms influence behaviour in some ways. People frequently smoke or drink with friends who do so in order to fit in. This is particularly true for men. The issue with smoking is that it becomes a regular part of one's behaviour, which means smoking no longer requires conscious thought. Unfortunately, smoking and drinking tend to

go together. By engaging in such behaviour among friends, one bad habit leads to two, seriously causing physical, emotional, financial social and spiritual damages.

The following are some of the suggestions

1. Empowering the respondents by educating them on the impact of substances like alcohol and tobacco and their effects.
2. To include the opinions and suggestion of activists/ leaders/practitioners for the formulation of new substance policy.
3. As both the parents are working in most of the modern family, they find less time to spend with their children. i.e., the children are lacking the quality in parenting time. Some of the findings of this study prove the above statement. Hence it is recommended that a quality parenting time is the need of the hour for the present youth.
4. Necessary awareness programs should be conducted by the concerned government departments in order to reduce the level of substances of addiction among youth.
5. Government and non-government organization should give more focus on youth development programmes.
6. Civil society, voluntary organizations, NGOs, schools, colleges, youth clubs, and other development organization need to play a collective role to fight against these ill habits.
7. Necessary rehabilitation centres need to be established and also necessary counselling is required for addicted youths.

REFERENCES

- [1] Arnett, J. J. (2006). G. Stanley Hall's adolescence: Brilliance and nonsense. *History of Psychology*, 9(3), 186–197. <https://doi.org/10.1037/1093-4510.9.3.186>
- [2] Bandura, A. (1977). *Social Learning Theory*. New York: General Learning Press.
- [3] Boulding, K. E. (1956). General systems theory: The skeleton of science. *Management Science*, 2(3), 197-208. Doi:10.1287/mnsc.2.3.197.
- [4] Chadda, R. K., & Sengupta, S. N. (2002). Tobacco uses by Indian adolescents. *Tobacco induced diseases*, 1(2),111.
- [5] Hawkins, J. D., Graham, J. W., Maguin, E., Abbott, R., Hill, K. G., & Catalano, R. F. (1997). Exploring the effects of age of alcohol use initiation and psychosocial risk factors on subsequent alcohol misuse. *Journal of studies on alcohol*, 58(3),280-290.
- [6] Muralidhar & Nikkrtha (2007). Working with Substance Dependence: A Social work Perspective, in eds K. Sekar, R. Parthasarathy, D. Muralidhar and M. Chandrasekhar Rao, *Handbook of Psychiatric Social work NIMHAN S Publication*, first edition, Page -101 -108.
- [7] Prasad, R. (2009). Alcohol use on the rise in India. *The Lancet*, 373(9657),17-18.
- [8] International Institute for Population Sciences (IIPS) and Population Council. (2010). *Youth in India: Situation and needs 2006–2007*.
- [9] Miller, T.R., & Spicer, R.S. (2012). Hospital-admitted injury attributable to alcohol. *Alcoholism: clinical and experimental research*, 36(1),104-112.
- [10] Agius, P., Taft, A., Hemphill, S., Toumbourou, J., & McMorris, B. (2013). Excessive alcohol use and its association with risky sexual behaviour: across-sectional analysis of data from Victorian secondary school students. *Australian and New Zealand journal of public health*, 37(1),76-82.
- [11] Nociti Jr, F. H. (2005). bone density around titanium implants may benefit from smoking cessation. a histologic study in rats. *Influência da Inalação da Fumaça de Cigarro e Sua Interrupção Sobre o Periodonto e o Tecido Ósseo ao Redor de Implantes de Titânio. Estudo em Ratos.*,37.

- [12] Mohan, D., & Arora, A. (1976). Prevalence and pattern of drug abuse among Delhi University College students. *Journal of the Indian Medical Association*, 66(2), 28-33.
- [13] McLeod, S. A. (2008). Psychosexual stages. Retrieved from www.simplypsychology.org/psychosexual.html
- [14] Barnes, C. A. (1952). A statistical study of the Freudian theory of levels of psychosexual development. *Genetic Psychology Monographs*.