SUBSTANCE ABUSE AMONG YOUTH IN LUNGLAWN COMMUNITY

Submitted in partial fulfillment of Bachelor of Social Work V semester

Submitted by

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CERTIFICATE

This is to certify that the project title '*Substance Abuse among Youth at Lunglawn Community*' submitted by Lalruatliana Hmar, Department of Social Work, Higher and Technical Institute, Mizoram for the award of Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for the award of any degree in this or any other Universities or Institute of learning.

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LALRUATLIANA HMAR

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SUBSTANCE ABUSE AMONG YOUTH IN LUNGLAWN COMMUNITY

Interview Schedule

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HATIM

1. Education qualification
    a. Below HSLC ☐
    b. HSLC ☐
    c. HSSLC ☐
    d. Under graduate ☐
    e. Post graduate ☐
2. Marital status
    a. Single ☐
    b. Married ☐
    c. In a relationship ☐
3. Types of tobacco
        i. Cigarette ☐
        ii. Zozial ☐
        iii. Biri ☐
4. At what age you start consuming tobacco
    a. Below 15 ☐
    b. 16-18 ☐
    c. 19-21 ☐
    d. 22-24 ☐
    e. Above 24 ☐
5. Which location do you prefer while consuming tobacco?
    a. Isolated area ☐

b. With friends ☐
c. Alone ☐
d. Bathroom ☐
e. others ☐

6. What time do you consume tobacco?
   a. Before breakfast ☐
   b. After breakfast ☐
   c. After lunch ☐
   d. After supper ☐
7. How much do you consume per hour?
   a. 1 ☐
   b. 2 ☐
   c. Above 3 ☐
8. How much do you consume per day?
   a. Once ☐
   b. 2-5 times ☐
   c. Whole packet ☐
   d. 2 packet ☐
   e. Above 2 packet ☐
9. Why do you consume tobacco?
   a. Curiosity ☐
   b. Peer pressure ☐
   c. Bad guy vibes ☐
   d. misbehavior ☐
   e. others ☐
10. What kind of problem do you face?
    a. Health problem
       i. Breathing problem ☐
       ii. Heart disease ☐
       iii. Stroke ☐
       iv. Diabetes ☐
       v. Dental problem ☐
       vi. Fertility problem ☐
    b. Social problem ☐

i. Social stigma ☐
ii. Social isolation ☐
iii. Excess mortality ☐
iv. Peer group discrimination ☐

c. Economic
i. Financial problem ☐
ii. Medical treatment ☐

11. What kind of challenges do you face?
a. Loss of appetite ☐
b. insomnia ☐

CHAPTER 1

INTRODUCTION

Tobacco is the common name of several plants in the genus Nicotiana of the family Solanaceae, and the general term for any product prepared from the cured leaves of these plants. Dried tobacco leaves are mainly used for smoking in cigarettes and cigars, as well as pipes. They can also be consumed as snuff, chewing tobacco, dipping tobacco, and snus.

Tobacco contains the highly addictive stimulant alkaloid nicotine as well as harmala alkaloids. Tobacco use is a cause or risk factor for many deadly diseases, especially those affecting the heart, liver, and lungs, as well as many cancers. In 2008, the . World Health Organization named tobacco use as the world's single greatest preventable cause of death.

The English word *tobacco* originates from the Spanish word "tabaco". The precise origin of this word is disputed, but it is generally thought to have derived, at least in part, from Taíno, the Arawakan language of the Caribbean. In Taíno, it was said to mean either a roll of tobacco leaves (according to Bartolomé de las Casas, 1552), or to *tabago*, a kind of L-shaped pipe used for sniffing tobacco smoke (according to Oviedo, with the leaves themselves being referred to as *cohiba*).

Tobacco comes from plants that are native to the Americans around Peru and Ecuador, where it has been found since prehistoric times. It was brought back to Europe by early explorers where it was adopted by society and re-exported to the rest of the world as European colonization took place. Smoking tobacco in pipes of one sort or other gave way to homemade and then manufactured cigarettes, especially during the First World War. Smoking rates increased dramatically during the 20th century in developed countries until recently and rates increasing in underdeveloped countries. An epidemic of smoking-related diseases has followed the prevalence of smoking. The first epidemiological studies showing an association between smoking and lung cancer were published in 1950.

There are ten distinct tobacco types grown in 15 states of the country which include cigarette (Fluid cured virginia, burley, oriental) and non-cigarette types (Bidi, chewing, hookah, natu, cheroot, cigar and Harvel de baixo rio grande). India is the second largest producer and third largest consumer of tobacco.

1.1 OBJECTIVES OF THE STUDY

1. To study the types and patterns of tobacco consumption.
2. To identify the problems and challenges faced by tobacco users in Lunglawn Community.

1.2

Statement of the Problem:

The main objectives of the study was to identify the nature of consumption among youth in Lunglawn Community. This study focuses specifically on substance abuse among youth in Lunglawn Community particularly tobacco product. Tobacco has a negative effect on people worldwide, so youth in Lunglawn community faced various problems such as health, social and economic problem. Therefore the social condition of youth in Lunglawn is inferior because of consuming tobacco.

CHAPTER 2

REVIEW OF LITERATURE

HK Chaturvedi, RK Phukan, K Zoramtharga, NC Hazarika and J Mahanta (1998),"Tobacco use in Mizoram, India: sociodemographic difference in pattern". A study on tobacco use was carried out in Aizawl district of Mizoram, India to access the prevalence and pattern of tobacco use. An area served by two Sub-Health Centers representing town and village population were selected for a household survey. 375 people (age 10 years and above) were interviewed about their habits of taking tobacco. Use of tobacco was high among males (56.6%) and females (45.7%), but the high prevalence of smoking among males (42.3%) and chewing among females (27.9%) indicates the existence of sex differences in tobacco use pattern. Age and occupation had significant association with tobacco use but influence of education was very low and its association was not significant. Mean age for start of tobacco chewing and smoking for males and females varied significantly. Though there are some limitations to this study, these findings revealed differential patterns of tobacco use which is valuable information for prevention effort.

Jesper Reibel (2003) ,"Tobacco and Oral Diseases". It is well known that smoking contributes to the development of lung cancer and cardiovascular disease, and there is weightly evidence that it has a considerable influence on oral health. Smoking has many negative effects on the mouth, including staining of teeth and dental restorations, reduction on the ability to smell, and the development of oral disease such as smoker's palate, smoker's melanosis, coated tongue, and periodontal disease, implant failure, oral precancer and cancer. Dentists have an important role to play in preventing the harmful effects of smoking in the mouth, and consequently smoking counseling should be as much a part of the dentist's jib as plaque control and dietary advice

World Health Organization (2004),"WHO framework convention on tobacco control". In accordance with World Health Assembly resolution WHA56. 1 on the WHO Framework Convention on Tobacco Control (WHO FCTC), awareness raising and sub-regional consultations to move the process forward have been organized by the different Who regions. The resolution stressed the important role that WHO as an interim secretariat needs to play in raising awareness, building capacity and providing technical support to WHO Member States in order to facilitate rapid entry into force of the Convention. The workshops are expected to promote and assist countries in preparing for the entry into force and implementation of the Convention. In other words, build capacity of countries to prepare for its implementation. WHO, in collaboration with the Ministry of Health, Nepal, convened the First sub-regional Awareness and Capacity Building Workshop on the WHO Framework Convention on Tobacco Control in Kathmandu on 18^{th}-19^{th} March, 2004.

Jill M Williams & Douglas Ziedonis (2004),"Addressing tobacco Among Individual with a Mental Health Illness or an Addiction". Tobacco dependence among individual with a mental illness or an addiction is a tremendous problem that goes largely ignored. Studies of genetics, neuroimaging, and nicotinic receptors support a neurobiological link between tobacco use and alcohol dependence, drug dependence, schizophrenia, depression, attention deficit hyperactivity disorder (ADHD). This paper summarizes the recent literature on this topic and discusses how treatment for tobacco can no longer be ignored in mental health and addiction treatment settings. More research is needed as well as a national organized effort to address tobacco in this large segment of smokers.

Jan Bergstrom (2004),"Tobacco and chronic destructive periodontal disease". Tobacco smoking is the main factor associated with chronic destructive periodontal disease. No other known factor can match the strength of smoking is causing harm to the periodontium. The typical characteristic of smoking associated periodontal disease is the destruction of the supporting tissues of the teeth, with the ensuing clinical symptoms of the bone loss, attachment loss, pocket formation and eventually tooth loss. Smoking, thus considerably increases the risk of destructive periodontal disease. For a smoker exposed to heavy long life smoking, the risk of attracting destructive disease is equivalent to that of attracting lung cancer .The outcome of periodontal treatment is less favorable or even unfavorable in smoker. Periodontal disease should be regarded as a systemic disease in the same way as heart disease or lung disease. Thus, chronic destructive periodontal disease in smokers is initiated and driven by smoking. Its progression may or may not be amplified by unavoidable microbial colonization.

Rup Kumar Phukan, Eric Zomawia, Kanwar Narain, Nakul Chandra Hazarika, Jagadish Mahanta (2005),"Tobacco use and stomach cancer in Mizoram, India". The incidence of stomach cancer in India is lower than that of any country around the world. However, in Mizoram, one of the north-eastern state of India, a very high age-adjusted incidence of stomach cancer is recorded. A hospital-based case-control study was carried out to identify the influence of tobacco use on the risk of developing stomach cancer in Mizoram. Among the cases, the risk of stomach cancer was significantly elevated among current smokers [odds ratio (OR), 2.3;95% confidence interval (95%CI), 1.4-804] but not among ex-smokers. Higher risks were seen for zozial (a local cigarette) smokers (OR, 2.3; 95%CI,1.3-9.3). The increased risk was apparent among subjects who had smoked for 30 years. The increased risk was significant with 2-fold increase in risk among the subjects who smoked for 11pack- years. Tuiber (tobacco smoke-infused water), used mainly in Mizoram, was seemed to increased the risk of stomach cancer among current users in both univariate and multivariate models. Tobacco use in any form increased the risk of stomach cancer in Mizoram independently after adjusting for confounding variables.

Nora Wiium, Leif E Aaro and Jorn Hetland (2009),"Psychological reactance and adolescents attitudes toward tobacco control measures". The theory of psychological reactance predicts that, to the extent that smoking control measures are perceived as threatening the individual's freedom to choose among behavioral alternatives, they may be met with resistance. Principal components analyses revealed that a distinction should be made between attitudes toward weak and attitudes towards strong smoking control measures. Attitudes towards strong measures were particularly negative among regular smokers. Among regular smokers, dispositional reactance was found to be significantly associated with attitudes towards strong tobacco control measures. Processes of psychological reactance deserve attention when designing smoking control programs.

Jagdish Kaur and DC Jain (2011),"Tobacco control in India: implementation and challenges". Tobacco use is a major public health challenge in India with 275 million adults consuming different tobacco products. Government of India has taken initiatives for tobacco control in the country. Besides enacting comprehensive tobacco control legislation (COTPA, 2003), India was among the few countries to ratify WHO the Framework Convention on Tobacco Control (WHO FCTC) in 2004. The National Tobacco Control Programme was piloted during the 11th Five Year Plan which is under implementation in 42 districts of 21 states in the country. The advocacy for tobacco control by civil society and community led initiatives has acted in synergy with tobacco control policies of the Government. Although

different levels of success have been achieved by the states, non prioritization of tobacco control at the sub national level still exists and effective implementation of control policies remains largely a challenge.

Amedeo Minichino, Francesco Saverio Bersani, Wanda Karharina Calo and Francesco Spagnoli (2013) ,"Smoking behavior and Mental Health disorders-mutual influences and implication for therapy". Tobacco use is strongly associated with a variety of psychiatric disorders. Smokers are more likely than non-smokers to meet current criteria for mental health conditions, such as mood disorders, anxiety disorders and psychosis. Evidence also suggest that smokers with psychiatric disorders may have more difficulty quitting, offering at least a partial explanation for why smoking rates are higher in this population. The mechanisms linking mental health condition and cigarette smoking are complex and likely differ across each of the various disorders. The most commonly held view is that patients with mental health conditions smoke in an effort to regulate the symptoms associated with their disorder. However some recent evidence suggests that quitting smoking may actually improve mental health symptoms.

Douglas Ziedonis, Smita Das and Celine Larkin (2022),"Tobacco use disorder and treatment: new challenges and opportunities". Tobacco use remains a global problem, and option for consumers have increased with the development and marketing of e-cigarettes and other new nicotine and tobacco products, such as "heat-not-burn" tobacco and dissolvable tobacco. The increased access to these new products is juxtaposed with expanding public health and clinical intervention options, including mobile technologies and social media. Best outcomes occur when medications are integrated with behavioral therapies and community-based intervention. Addressing tobacco in mental health settings requires training and technical assistance to remove old cultural barriers that restricted interventions. Future innovations are likely to be related to pharmacogenomics and new technologies that are human, home and community-facing.

Neal L Benowitz and Evangelia Liakoni (2022),"Tobacco use disorder and cardiovascular health". This narrative review examines the impact of cigarette smoking and the use of other tobacco and nicotine products on cardiovascular disease. Smoking increase the incidence of both acute and chronic cardiovascular disease, and the harmful effects are substantially and relatively quickly reversible after quitting. Recommended cessation treatment includes

offering pharmacotherapy, counseling which should emphasize the rapid risk reduction that occurs after quitting and adequate follow-up contacts. Although most research on cardiovascular disease in relation to tobacco use has focused upon smoking, we also review available data related to other combustible tobacco products, smokeless tobacco, electronic nicotine delivery systems and second hand smoke.

CHAPTER 3
METHODOLOGY

In this chapter, the methodology of the study is presented. The success of the study completely depends on the methods and techniques adopted in the present study. The chapter deals with the methodological aspects such as research design, sampling, sample size of data collection, processing and analysis.

3.1 Research Design

The study is descriptive in each design it is based on Primary Data. The primary data was collected through quantitative method.

3.1.1 Sampling

The study employed convenience sampling. The sampling size is 10.

3.1.2 Data collection, Processing and Analysis

The study based on data collected through quantitative method. Structure interview schedule was administered to collected information on i e, the profile of the respondents, nature & types of respondents and problems & challenges.

The study is based on the primary data collected through quantitative method. The quantitative data was process using microsoft exel (Ms Excel) it was analyzed using SPSS and presented in the form of frequency percentage and average.

CHAPTER IV

RESULTS AND DISCUSSION

This chapter presents the result and discussion of the study which were dived into different section such as the profile of the respondents, types & nature of consumption and Problems & challenges of individual consuming tobacco products.

SI.No.			Frequency	Percent
1	**Gender**	Male	8	80.0
		Female	2	20.0
2	**qualification**	Hsslc	2	20.0
		under graduate	8	80.0
3	**maritalstatus**	Single	5	50.0
		Married	2	20.0
		in a relationship	3	30.0

4.1 Profile of Respondents:

To study the profile of respondents the variables taken for study are gender, qualification and marital status.

4.1.1 Gender:

The gender of the respondents is categorized into male and female. The majority of the respondents (80%) are male and (20%) are female.

4.1.2 Education Qualification:

The majority of the respondents 80% are under graduate and 20% are currently studying HSSLC.

4.1.3 Marital Status:

The respondents marital status are classified into single, married and in a relationship. The majority of the respondents (50%) are single,(20%) married and (30%)are in a relationship.

1	**types of tobacco**	Cigarette	7	70.0
		Zozial	3	30.0
2	**age of consuming tobacco**	10	2	20.0
		15	6	60.0
		20	2	20.0
3	**preferlocation**	isolated area	2	20.0
		with friends	7	70.0
		Bathroom	1	10.0
4	**prefertime**	after breakfast	5	50.0
		after lunch	1	10.0
		after supper	4	40.0
5	**consumeperhour**	1	1	10.0
		2	6	60.0
		above3	3	30.0
6	**consumeperday**	Once	2	20.0
		2-5 times	5	50.0

		whole packet	1	10.0
		above 2 packet	2	20.0

4.2 Nature and types of tobacco consumption:

To study the types and consume of tobacco different variables are taken from the respondents consuming tobacco products.

4.2.1 Types of Tobacco:

Types of tobacco are classified into cigarette and zozial. The majority of the respondents (70%) consume cigarette and (30%) consume zozial.

4.2.2 Age of Consuming Tobacco:

The majority of the respondents (60%) started consuming tobacco at age of 15, (20%) at the age of 10 and also (20%) at the age of 20.

4.2.3 Prefer Location of Consuming Tobacco:

The majority of the respondents 70% preferred consuming tobacco with friends, 20% at isolated areas and 10% at bathroom.

4.2.4 Prefer time:

The majority of the respondents (50%) preferred consuming tobacco after breakfast,(40%) after supper and (10%)after lunch.

4.2.5 Tobacco Consume per hour:

Tobacco consume are mostly smoke form such as cigarette and zozial. The majority of the respondents (60%) intake 2 times per hour, (30 %) consume 3 or more times and (10%) consume once per hour.

4.2.6 Tobacco Consume per day:

Here tobacco products are cigarette and zozial. The majority of the respondents (50%) consumed tobacco 2-5 times a day,(20%) consumed once a day, also (20%) consumed 2 packets a day and (10%) consumed whole packet a day.

1	**reasonconsumingtobacco**	Curiousity	2	20.0
		peer pleasure	1	10.0
		bad guy vibes	2	20.0
		Misbehavior	1	10.0
2		Other	4	40.0
	healthproblem	breathing problem	9	90.0
		dental problem	1	10.0
3	**socialproblem**	social stigma	2	20.0
		social isoliation	6	60.0
		excess mortality	1	10.0
		peer group discrimination	1	10.0
4	**economicproblem**	financial problem	9	90.0
		medical treatment	1	10.0
5	**challengesfaces**	loss of appetite	4	40.0
		Insomnia	5	50.0
		Other	1	10.0

4.3 Reasons, Problems and Challenges:

Many of the respondents have reasons for consuming tobacco and many faced problem and challenges because of consuming tobacco.

4.3.1 Reasons For Consuming Tobacco:

The majority of the respondents (40%) choose to keep quiet or their reasons are not included in the questionnaire, (20%) because of curiosity, also (20%) because of bad guy vibes, 10% because of peer pressure and another (10%) because of misbehavior.

4.3.2 Health Problem:

The majority of the respondents (90%) had breathing problem due to consumption of tobacco and (10%) had dental problem.

4.3.3 Social Problem:

The majority of the respondents (60%)had social isolation problem,(20%) had social stigma, (10%) excess mortality and (10%) had problem with peer groups.

4.3.4 Economic Problem:

The majority of the respondents (90%) faced financial problem because of consuming tobacco, (10%) faced medical treatment issues.

4.3.5 Challenges faced by individual consuming tobacco:

The majority of the respondents (50%) faced insomnia due to consumption of tobacco, (40%) faced loss of appetite and (10%) challenges faced are not included in the questionnaire.

Chapter 5
Conclusion

This chapter presents the conclusion from the study which was divided into three sections: major findings, conclusion and suggestion.

5.1 Major findings:

The majority of the respondents are male. Most of the respondents are under graduate so it is safe to say that half of them are unmarried.

As most of them are male, they started consuming tobacco at a very young age mostly because of curiosity and mental disorder. The majority of the respondents consume cigarette which is more harmful as compared to zozial. The respondents intake of tobacco is fewer as compared to chain-smokers, so the chances are that are still able to quit smoking. More than half of the respondents only consume tobacco when they have an interaction with friends or peer group.

An interesting remark is that almost all of them don't have dental issues instead they all faced dyspnea and anorexia which is prevalent. Today's generation struggle with tobacco consumption at public places which often result in social isolation.

5.2 Conclusion:

The study highlight on how consumption of tobacco has negative impact particularly in 'youth'. The fact that tobacco product is harmful for not only human beings but also environment. It erupt confusion specifically among Mizo youth because consumption of tobacco is part of our culture, so the consequences appear to be almost invisible for the youth.

5.3 Suggestion:

Further research is required in this field because the future of the youth or next generation life greatly depends upon it which can result in long and healthy life. Different Churches and NGO's like YMA should take remedial action or measures as it involves the well-being of youth in Mizoram.