

**SUBSTANCE ABUSE AMONG YOUTH AT LAWNGTLAI,
CHANDMARY COMMUNITY**

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CERTIFICATE

This is to certify that the research in “**Quality of life among elderly**” submitted by Marina Mangthameni for the partial fulfilment of the Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for any award for any degree in this or any other university or institution of learning.

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DECLARATION

I hereby declare that the research work presented in the project entitled “quality of life among elderly” has been carried out by me, submitted for the partial fulfillment of the requirement for the award of Bachelor of Social Work. The dissertation is an authentic piece of work carried out under supervision of Vanlalmangaihi, HATIM

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CHAPTER-I

INTRODUCTION

Substance abuse also known as drug abuse, is a pattern use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder. Substance abuse occurs when a person uses drugs or alcohol despite negative consequences in their lives. Types of substance abuse are Stimulant abuse which include illegal drug such as cocaine and methamphetamine, as well as legal substances such as Nicotine and Caffeine. Depressant abuse includes opiates such as Heroin, Morphine, and Opium as well as sedative hypnotic medication such as Xanax, Ativan and Valium. Psychedelic abuse includes using indole psychedelics such as LSD and Psilocybin mushrooms and Mescaline, Marijuana and alcohol abuse.

The epidemic of substance abuse in youth generation has assumed alarming dimension in Mizoram. Drug abuse is now a major problem among youth with the initial drug of abuse being heroin (locally known as No.4). Report of Mizoram State Aids Control Society (MSACS) revalidation, March 2013 which said there are about 10750 regular injecting drug users in Mizoram and there are more than 63 substance abusers in Lunglawn community who are mostly indulge in heroin along with alcohol.

One of the causes of substance abuse is low life skills of person who find hard to face realities of life and lack of ability for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life especially who are brought up from a broken family and low educational level of the parents and the findings of Babayi that showed students whose parents had a higher academic level had better information about drug abuse which shows the crucial role parents play in forming a proper insight toward drug abuse and in turn in the formation of drug abuse preventive behaviors in their children and dropouts has less life skills knowledge at baseline and majority of substance abusers are school dropouts which shows the importance of life skill education for students to prevent them from substance abuse or abstaining themselves from substance abuse.

Conducting life skill education among youth leads to the prevention of substance abuse by organizing training program based on the ten core life skill in consonance with the frame-work suggested by the World Health Organization such as self-awareness, empathy, effective communication, interpersonal relationship, creative thinking, critical thinking, decision making, problem solving, coping with emotions, coping with stress which helps youth and adolescence to cope up with everyday life challenges and input mental wellbeing to get rid of substance abuse.

International level

In 1987 the General Assembly decided to observe 26 June as the International Day against drug abuse and illicit trafficking. UN Secretary-General Ban Ki-Moon, June 2011 “Unless we reduce demand for illicit drugs, we can never fully tackle cultivation, production or trafficking. Governments have a responsibility to counteract both drug trafficking and drug abuse, but communities can also make a major contribution. Families, schools and civil society can do their part to rid their communities of drugs. Businesses can help provide legitimate livelihoods. The media can raise awareness about the dangers of narcotics”.

In 2017, an estimated 271 million people, or 5.5 per cent of the global population aged 15-64, had used drugs in the previous year. While this is similar to the 2016 estimate, a longer-term view reveals that the number of people who use drugs is now 30 per cent higher than it was in 2009. Although that increase was in part due to a 10 per cent growth in the global population aged 15-64, data now shows a higher prevalence of the use of opioids in Africa, Asia, Europe and North America and the use of cannabis in North America, South America and Asia compared with 2009.

National level

National Institute on drug abuse- The mission of the National Institute on Drug Abuse (NIDA) is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health. In this regard, NIDA addresses the most fundamental and essential questions about drug abuse from detecting and responding to emerging drug abuse trends and understanding how drugs work in the brain and body, to developing and testing new approaches to treatment and prevention. NIDA also supports research training, career development, public education, public private-partnerships and research dissemination efforts.

Drug abuse in India- India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day. According to a UN report, one million heroin addicts are registered in India, and unofficially there are as many as five million. What started off as casual use among a minuscule population of high-income group youth in the metro has permeated to all sections of society. Inhalation of heroin alone has given way to intravenous drug use, that too in combination with other sedatives and painkillers. This has increased the intensity of the effect, hastened the process of addiction and complicated the process of recovery. Cannabis, heroin and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India. Cannabis products, often called charas, bhang, or ganja are abused throughout the country because it has attained some amount of religious sanctity because of its association with some Hindu deities.

Statement of the problem

The study focuses on the understanding of the profile of drug abusers at Lawngtlai, Chandmary community. Substance abuse is present across the society and it adversely affect the smooth functioning of the community, family and personal life.

Substance abuse can also have high impact to the users in many ways, illicit drug can also lead to problems with the law and also purchasing drugs can lead to financial problems and also to social and emotional problems that effects the relationship with family and friends.

This paper aims at identifying the effects of substance abuse on health as well as the reasons of substance abuse. Since there is no specific study on the topic of substance abuse in Lawngtlai community which focuses on the reason of indulge in drugs and alcohol and the effect of substance abuse in health was studied.

Objectives of the study

1. To study the profile of drug abusers at Lawngtlai, Chandmary community.
2. To identify the effects of substance abuse on health.
3. To identify the reasons of substance abuse.

CHAPTER-2

REVIEW OF LITERATURE

Liddle and Dakof's (1995) comprehensive review of the status of family-based treatment for drug abuse concluded that this modality offered a “promising, but not definitive” approach to treating drug abuse among adolescents and adults. Less than a decade later, significant progress can be seen in the treatment of drug abuse problems using family-based approaches, particularly with adolescents. Family-based treatments are currently recognized as among the most effective approaches for adolescent drug abuse. Family-based treatment of adult drug abuse problems has also advanced in important ways with the recent systematic application and testing of engagement techniques and behavioural couples therapy approaches. The current review characterizes and discusses the developmental status of this subspecialty and outlines areas in which continued research attention is needed.

Jarret M. Burns and Edward W. Boyer an article published in *The Lancet* in May 2007 highlighted a major growing health problem in the United States: abuse of pharmaceutical drugs. Experts ascribe the rise in the abuse of prescription drugs to the increased availability of these drugs, growing social acceptance of sedatives, painkillers, and anti-anxiety medications; and the perception, especially among young people, that pharmaceutical drugs are safe.

Abuse of over the counter (OTC) antitussive preparations is a continuing problem in the United States and throughout the world. In 2008, the Substance Abuse and Mental Health Services Administration released the Annual National Survey on Drug Use and Health report, which revealed that in 2006 around 3.1 million people in the United States aged 12–25 stated that they had used OTC cough and cold medicine to “get high.”

Glenda Kaufman Kantor and Murray A. Straus (1989) This study examines the question of whether drug and alcohol use by victims constitutes a risk factor increasing the chances of their being assaulted by their partners. Data from a subsample of the 1985 National Family Violence Survey consisting of the 2,033 female respondents who were currently married or living in a male-female couple relationship are used as the basis of the analysis. The logistic analysis revealed that, of the ten variables in the model, the most important for distinguishing abused from nonabused women are husband's drug use, a history of paternal violence in womens' family or origin, husband's drunkenness, low income, and wife's drunkenness. Women who abuse alcohol are more likely to be victims of minor marital violence, but female substance abuse of any tpie is *not* a significant factor in severe violence.

NZ Weinberg, E. Rahdert, JD. Collier (1998) To review and synthesize the recent scientific literature on adolescent substance abuse, covering natural history, epidemiology,

etiologic, comorbidity, assessment, treatment, and prevention, and to highlight areas for future research. There has been a sharp recent resurgence in adolescent drug use. Biological factors, including genetic and temperament characteristics, as well as family environment factors, are emerging as important etiological variables. Comorbidity with other psychiatric disorders, particularly with conduct disorder, is frequent and complicates treatment. New assessment instruments are available for clinical and research use. Among treatment modalities, family-based interventions have received the most study.

Ken C. Winters, Andria M. Botzet, Tamara Fahnhorst (2011) Alcohol and other drug use among adolescents has been a public health problem for decades. Although some substance use may be developmentally routine, a concerning number of adolescents meet criteria for a substance use disorder and could greatly benefit from a quality treatment experience. However, parents and health care providers want evidence of the efficacy of adolescent-specific treatment programs. This review summarizes four factors surrounding the efficacy of current adolescent treatment programs: 1) adolescent-specific treatment services; 2) the variety of therapeutic modalities; 3) relapse and recovery rates; and 4) the need for evidence-based, quality assessments and research. Current adolescent treatment efforts are summarized, and the recent literature regarding the efficacy of adolescent treatment and recovery rates is discussed.

Yie-Chu Foo, Cai-Lian Tam, Teck-Heang Lee (2012) The study design of interview and semi-structured questionnaires were used. Seven participants from a rehabilitation centre were recruited and interviewed individually. This study revealed that family factors (such as family economic standing) and peer influence played an important role in an individual's drug abuse habits. Other factors such as curiosity, tension release and betrayal of spouse also contributed to participant's drug abuse. The study also found that a person's drug abuse is usually caused by a combination of several factors instead of just one sole factor.

CHAPTER-3

METHODOLOGY

In this chapter the description of methodology is presented. This chapter deals with the methodological aspect such as objectives, research design, sampling, method of data collection and data processing and analysis.

1.Universe of the study:

The universe of the study is substance abuser in Lawngtlai, Chandmary community. The unit of the study is substance abusers at Lawngtlai, Chandmary community.

2. Research design:

The present study is Descriptive research design as there is no research conducted in areas of substance abuse in Lawngtlai, Chandmary community. There is a need to explain the situation of substance abuser.

3. Sampling:

The respondents are selected from Lawngtlai, Chandmary as it is where the researcher went for fieldwork. Convenience sampling is employed for the selection of sample. The strata are the six Y.L.A section of the community. The total number of respondents are 20 from six sections of Young Lai Association (YLA).

4. Data collection:

Data was collected quantitative method. Quantitative data was collected using self-administered questionnaire.

5. Data processing:

The quantitative data collected were processed with the help of Microsoft excel and SPSS. Quantitative data are analyzed with the help of simple percentages and average.

CHAPTER-4

RESULTS AND DISCUSSION

1. Structural bases of respondents: To understand the structural bases of respondents, profile of respondents and family particular are analyzed.

1.1. Profile of respondents: To study the profile of respondents in the present study, age of respondents, occupation, educational qualification and religions are analyses.

1.1.1 Age of respondents: All of the respondents are youth and the age of respondents in the present study is categorized into 18-20 and 21-24 years. The pattern of the age of respondents shows that 21-24 years is the largest comprising 85% while 18-20 years are only 15%. Hence the youth who indulge in substance abuse are lesser among the lower age group.

1.1.2 Occupation: Respondents occupation in the present study is categorized into government servant, manual labor and others. Majority of the respondents are self-employed (80%) which consist of other form of employment such as self-employed, drivers, and teachers in private school. Other respondents were government servant (10%) and manual labor (10%).

1.1.3 Educational qualification: The educational present study state that educational qualification of respondents is categorized into middle school, high school, higher secondary, college and above. The pattern of educational qualification in the present study shows that high school (45%) is the largest followed by middle (25%), higher secondary (25%) and college and above (5%). High school got the highest percentage because most of the respondent's dropout from school because of substance abuse or something.

1.1.4 Religion: The religion in the present study is classified into Christian, Buddhist, Hindu and others. All of the respondents were Christian because it is the largest religion in Mizoram.

TABLE 1

	Profile of respondents	Number of respondents	
Sl. No	Particular	N=20	Percentage
I	Age of respondents		
1	18-20	3	15
2	21-24	17	85
II	Respondents' occupation		
1	Government servant	2	10
2	Business	0	0
3	Labor	2	10
4	Self- employed	16	80
III	Educational qualification		
1	Middle	5	25
2	High school	9	45
3	Higher secondary	5	25
4	College and above	1	5
IV	Religion		
1	Christian	20	100
2	Buddhist		0
3	Hindu		0
4	Others		0

1.2 Family particular: To study family particular in the present study types of family, forms of family, socio-economic status and source of family income are analyzed.

1.2.1 Type of family: In the present study, type of family is categorized into nuclear family and joint family. In the present study most of the respondents belong to nuclear family (55%) and the rest belongs to joint family (45%). Mizo society have a tradition where the newly married couple are let to separate from their home early to start a family.

1.2.2 Forms of family: Forms of family in the present study is classified into ordinary, divorce and remarriage after divorce. Forms of family is studied to understand the family background. Among the forms of family ordinary is the largest comprising to 80% and followed by divorce comprising of 20%. There is no status of remarriage after divorce among the respondents.

1.2.3 Socio-economic status: The socio-economic status of respondents in the present study is categorized into NON-NFSA, BPL and APL. The pattern of socio-economic status shows that half of the respondents belong to Below Poverty Line (BPL) comprising of 50%

and the other half comprising 50% belong to Above Poverty Line (APL). There is no socio-economic status of NON-NFSA among the respondents.

1.2.4 Source of family income: Source of family income in the present study is classified into government servant, business, labour, peasant and others. Among the classification of family income government servant (35%) and business (35%) comprise the highest followed by labour (30%) and there are no others such as farmers, self-employed, etc.

TABLE 2

		Number of respondents	
Sl. No	Particular	N=20	Percentage
I	Type of family		
1	Nuclear family	11	55
2	Joint family	9	45
II	Forms of family		
1	Ordinary	16	80
2	divorce	4	20
3	Remarriage after divorce	0	0
III	Socio-economic status		
1	NON-NFSA	0	0
2	BPL	10	50
3	APL	10	50
IV	Source of family income		
1	Government servant	7	35
2	Business	7	35
3	Labor	6	30
4	Peasant	0	0
5	Others	0	0

2. Substance abuse: To understand the life of youth substance abuser, the present study analyses usage of substance, different type of substance, reasons of substance use and effects of substance abuse on health.

2.1 Usage of substance: The usage of substance abuse is categorized in consume it by eating and drinking, by injecting and by inhaling. Among the respondents, most of them consumed it by eating and drinking comprising 65% followed by consumed it by injecting comprise of 35%. There is no person among the respondents who consumed it by inhaling.

Sl. no	Particular	Number of Respondents (n=20)	
		Yes	No
1	Consume by eating and drinking	15 (75)	5 (25)
2	By injecting	9 (45)	11 (55)
3	By inhaling	0	20 (100)

3.2 Different types of substance: The types of substance abused as observed in the present study are Alcohol, Grape wine, Beer, Heroin, Parvon, Proxyvon, No 4, Meth, Spas molar, Cough syrup, Dendrite and other. Among the types of substance Alcohol (15%) and Heroin(35%) are regularly abused where the frequency of abuse is rated as sometimes on Beer(40%), Cough syrup(25%), Dendrite (25%), and Grape wine(20%). Majority of the respondents in the present study declare they have never use Parvon(85%), Proxyvon(95%), Meth(100%), Spas molar(100%), and others(90%).

Sl. no	Particular	Number of respondents (N=20)		
		Always	Sometimes	Never
1	Alcohol	3 (15)	14 (70)	3 (15)
2	Grape wine	0	4 (20)	16 (80)
3	Beer	1 (5)	8 (40)	11 (55)
4	Heroin	7 (35)	1 (5)	12 (60)
5	Parvon	1 (5)	2 (10)	17 (85)

6	Proxyvon	1 (5)	0	19 (95)
7	No 4	7 (35)	1 (5)	12 (60)
8	Meth	0	0	20 (100)
9	Spas molar	0	0	20 (100)
10	Cough Syrup	0	5 (25)	15 (75)
11	Dendrite	0	5 (25)	15 (75)
12	Other	0	2 (10)	18 (90)

2.3 Reason of substance use: Reason of substance abuse by the respondents in the present study is categorized into peer pressure, temptation, family relation, ignorance, seeking for pleasure, coping mechanism, employment. Main reason of substance abuse in the present study is due to seeking for pleasure (65%) and peer pressure (25%) where majority of the respondents their reason of substance abuse is not cause by family relation (80%), ignorance (90%) and family relation (80%) and some of the respondents abuse substance partly reason from temptation (25%). There is no reason of substance abuse in coping mechanism among the respondents.

Sl. no	Particular	Number of respondents(N=20)		
		Main reason	Partly	Not the reason
1	Peer pressure	5 (25)	4 (20)	11 (55)
2	Temptation	0	5 (25)	15 (75)
3	Family relation	2 (10)	2 (10)	16 (80)
4	Ignorance	0	2 (10)	18 (90)
5	Seeking for pleasure	13 (65)	3 (15)	4 (20)
6	Coping mechanism	1 (5)	2 (10)	17 (85)
7	Employment	0	0	20 (100)

2.4 Effects of substance abuse on health: The effects of substance abuse in the present study are classified into digestive problems, loss of sense of smell, heart disease, dizziness, abdominal pain, insomnia, withdrawal, buerger disease, pneumonia, hepatitis, seizure, fatigue. The main effects of substance abuse among the respondents are fatigue (50%) and insomnia (50%). Among the respondents, there is not much effects on digestive problem (85%), dizziness (75%), abdominal pain (80%), withdrawal (90%), buerger disease (80%), pneumonia (95%), hepatitis (90%). There is no effect on loss of sense of smell, heart disease and seizure among the students.

Sl. no	Effects	Number of respondents (N=20)	
		Yes	No
1	Digestive problem	3 (15)	17 (85)
2	Loss of sense of smell	0	20 (100)
3	Heart disease	0	20 (100)
	Dizziness	5 (25)	15 (75)
5	Abdominal pain	4 (20)	16 (80)
6	Insomnia	10 (50)	10 (50)
7	Withdrawal	2 (10)	18 (90)
8	Buerger Disease	4 (20)	16 (80)
9	Pneumonia	1 (5)	19 (95)
10	Hepatitis	2 (10)	18 (90)

11	Seizure	0	20 (100)
12	Fatigue	10 (50)	10 (50)

CHAPTER-5

CONCLUSION

5.1 Major findings:

The study indicates that the majority of the respondents in Lawngtlai, Chandmary is 21-24 years of age. The primary occupation of the respondents is self-employed and the educational qualification is relatively high belonging to high school. All of the respondents were Christian.

Majority of the respondent's family belong to nuclear family. The socio-economic status of the respondent's family is classified into three category, NON-NFSA, BPL, APL where majority of the respondents belong to BPL and APL. The majority of the respondent's family were ordinary and most of the family engage in government servant and business.

The majority of the usage of substance among the respondents is by eating and drinking. Most of the respondents indulge in heroin followed by alcohol. The reason of substance use among the respondents were classified in peer pressure, temptation, family relation, ignorance, seeking for pleasure, coping mechanism, employment.

From the present study the main reason of substance abuse seems to be seeking for pleasure. Most of the respondents suffer from insomnia and fatigue followed by dizziness, abdominal pain and digestive problem.

5.2 Conclusion

The study attempts to understand the relationship of substance abuse and life skills education among youth. From the present study all substance abusers are Mizo who brought up from stable family with stable source of income. School dropout is prevalent among youth substance abusers due to their early age of engage in substance abuse. Youth substance abuse is not mainly due to family influence besides it is due to desire and eagerness to experience new things and to have feeling of acceptance among friends as well. Youth substance abusers did not much involve in community activities as they face stigmatization which hesitate them to participate though they try their best to work for the community. Surprisingly, they did not have inferiority complex towards their family which shows that community can be a large obstacle and hindrance for the youth for development. The study proved that the level of life skill is low among youth substance abusers who find hard to cope with difficult situation, challenges and stress of everyday life with lack of inadaptability and positive behavior.

Most young adults indulge in substance abuse due to the low level of life skills who find hard to face realities of life and lack of ability for adaptive and positive behavior that enable them to deal effectively with the demands and challenges of everyday life. The study finds the importance of effective and good parenting style for rearing a child as most of substance abusers are brought up from stable family with stable source of income who do not involve in substance abuse which proved youth substance abuse is not mainly due to family influence and poverty. The study also proved the findings of Babayi (2009) that showed students whose parents had a higher academic level had better information about drug abuse which shows the crucial role parents play in forming a proper insight toward drug abuse and in turn in the formation of drug abuse preventive behaviors in their children and dropouts has less life skills knowledge at baseline and majority of substance abusers are school dropouts which shows the importance of life skill education for students to prevent them from substance abuse or abstaining themselves from substance abuse. The attitude and interaction pattern by the community towards youth substance abusers could lead so far to become a large obstacle and hindrance of youth to attain what they capable of.

APPENDICES

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SUBSTANCE ABUSE AMONG YOUTH AT LAWNGTLAI, CHANDMARY

I	Respondent profile	
	Age	
	Occupation	
	Educational qualification	1.Primary 2.Middle 3.High school 4.Higher secondary 5.College and above
	Religion	1.Christian 2.Buddhist 3.Hindu 4.Others
	Type of family	1.Nuclear family 2.Joint family
	Form of family	1.Ordinary 2.Divorce 3.Remarriage after divorce
	Socio-economic status	1.AAY 2.BPL 3.APL
	Source of family income	1.Government servant 2.Business 3.Labour 4.Peasant 5.Others
	Educational profile	Student/School dropout

COMMUNITY

II. Usage of substance

Sl. No.	Usage	Tick on the appropriate box
1	I consume it by eating and drinking	
2	By injecting	
3	By inhaling	

III . Different type of substances:

Sl. No.	Substances	Sometimes	Often	Never
1	Alcohol			
2	Grape wine			
3	Beer			
4	Heroin			
5	Parvon			
6	Proxyvon			
7	No 4			
8	Meth			
9	Spasmolar			
10	Cough syrup			
11	Dendrite			
12	Other			

V.Reason for indulging:

Sl, No.	Reasons	Main reason	Partly	Not the reason
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1	Friends invitation			
2	Temptation			
3	Emotion			
4	Unaware of its bad effects			
5	Seeking for pleasure			
6	To socialise			
7	Employment			

VI. Effect of substance abuse:

Sl. no	Effects	Yes	No
1	Digestive problem		
2	Loss of sense of smell		
3	Heart disease		
4	Dizziness		
5	Abdominal pain		
6	Insomnia		
7	Withdrawal		
8	Buerger Disease		
9	Pneumonia		
10	Hepatitis		
11	Seizure		
12	Fatigue		