

Stigma, Marginalisation and Social Exclusion of Drug Addicts: A Sociological Study of Lamka Town, Manipur

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Abstract: *Drug addiction is not merely an individual health problem; it is also a social issue shaped by stigma, family relationships, economic vulnerability, and unequal access to support. This study examines the experiences of stigma, marginalisation, and social exclusion among people affected by drug use in Lamka Town, Churachandpur district, Manipur. Drawing on social exclusion theory, labelling theory, and structural inequality theory, this study adopts a qualitative approach based on interviews with 35 people affected by drug use and 10 family-member informants. The findings indicated that 30 of the 35 participants affected by drug use (85.7%) reported experiencing social stigma, while 14 (40%) reported rejection by their families. Interviews with family members revealed financial difficulties, emotional distress, family conflict, and concerns about social reputation. Participants also described economic hardship, experiences with rehabilitation facilities, and the importance of emotional and religious support. These findings demonstrate how negative social labels and limited support can deepen the marginalisation of people affected by drug use. The study argues for community awareness, accessible counselling, supportive rehabilitation services, and opportunities for social reintegration.*

Keywords: Drug Addiction, Stigma, Social Exclusion, Labelling, Marginalisation, Lamka, Manipur

1. INTRODUCTION

Drug addiction is a social and public health issue that can have adverse effects on individual lives and society. Drug addiction not only brings about psychological and medical problems but also results in family disharmony, poverty, and unemployment, since those affected are often stigmatised, discriminated against, and isolated instead of being supported.

Irresponsibility, antisocial behaviours, and the danger that they pose to the community are some of the primary sources of stigma that cause family members, employers, and neighbours to shun and condemn drug addicts. The respondents came from Lamka town, Churachandpur district, Manipur, and shared their experiences regarding lost family ties, poverty, and social isolation related to drug addiction issues in the community. The respondents' views provided insight into the social problems drug addicts face in Manipur, such as stigma, family disharmony, and social exclusion.

The study focused on the views of the respondents on financial problems, available treatment options, religion as a form of treatment, and rehabilitation, among other social problems affecting the lives of drug addicts and their families in the community. It is important to note that the conclusions and inferences made were based on the views expressed by the respondents and not by the general population of Manipur who are affected by drug addiction.

2. REVIEW OF LITERATURE

2.1 Stigma and Drug Addiction

Goffman (1963) argued that stigma is an undesirable attribute that provokes negative assumptions and stereotyping among people. When it comes to drug addiction, stigma makes family members and society view the addict as inferior and vulnerable, isolating them. Room (2005) added that stigma is associated with social inequality, in which poverty plays a critical role. Financial instability can hinder treatment among drug addicts, resulting in adverse effects such as unemployment.

2.2 Stigma, Labelling, and Social Exclusion

Labelling Theory (Becker, 1963) explains how society uses labels to identify individuals based on their actions. The theory also explains how such labelling leads to stereotyping and discrimination against those who do not conform to societal norms and regulations. Labelling addicts as junkies can lead to exclusion and rejection by family members, friends, and employment opportunities. Social exclusion is a process that involves denial of access to resources, services, and opportunities, which causes

marginalisation. Drug addicts, for instance, often face barriers to accessing proper treatment, are socially excluded from participating in community events, such as family functions, and are denied employment opportunities. Room (2005) argued that stigma is closely related to inequality and social exclusion, explaining why those affected by drug addiction face adverse social problems.

2.3 Structural Inequality

Poverty, unemployment, and a lack of proper health care and social services are structural inequalities that contribute to the development of various social problems among drug addicts. According to the WHO (2001), drug-related difficulties often cause adverse financial impacts on families. This leads to hardship and affects the overall well-being of addicts, making it difficult for them to seek treatment.

Rehabilitation requires not only treatment but also the support of family members and friends, as well as access to other social services to help them regain control of their lives. Literature review indicates that social problems, such as stigma, poverty, and social exclusion, are closely associated with drug addiction and need to be addressed. However, the effect of these problems on the family relationships of respondents in Lamka Town, Churachandpur District, Manipur is not clearly understood.

3. THEORETICAL FRAMEWORK

Labelling theory (Becker, 1963) will be used to understand how communities view drug addicts and how such views affect the social status and lifestyle of those affected by drug addiction. The theory will also help expound on the effects of social exclusion and discrimination among drug addicts and their families. According to Becker (1963), a label placed on an individual often stays with them, thus affecting how they perceive themselves and how society views them.

On the other hand, social exclusion theory will be used to explain how drug addicts are prevented from enjoying their right to lead a normal life due to social exclusion. This theory will help demonstrate how those affected by drug addiction face barriers to accessing various services, such as employment and health care (Room, 2005). In contrast, structural inequality theory will help illustrate the effect of poverty and unemployment on the lives of drug addicts and their families (WHO, 2001). These theories are critical in understanding the social problems affecting drug addicts in Manipur.

4. RESEARCH METHODOLOGY

4.1 Research Design

The study used a qualitative research design to understand the experiences of those affected by drug addiction and their family members in Lamka town, Churachandpur district, Manipur. Interviews were conducted to gain an in-depth understanding of the social problems that affect the community. Descriptive statistics will be used to summarise the study's findings. Because no inferential statistical analysis will be performed, the statistics will only provide background information and an overview of the study.

4.2 Sampling and Participants

Purposive sampling was used to select participants. In this study, 35 respondents were selected from Lamka town in the Churachandpur district. The sample size comprised 30 male and 05 female drug addicts, and 10 family members of the addicts. The respondents' views provided insight into the general social problems affecting those addicted to drugs. It is important to note that the study's conclusion and recommendations are based on sample data and not the larger population of Manipur's affected by drug addiction.

Table 1. Makeup of Study Sample

Category	Number	Percentage
Men affected by drug use	30	66.7
Women affected by drug use	5	11.1
Family member informants	10	22.2
Total	45	100

Table 1 presents the composition of the study sample. Of the 45 participants and informants, 35 were affected by drug use, while 10 were family member informants. Men constituted the largest group affected by drug use. A smaller number of women means that gender-based comparisons, particularly those involving women, must be interpreted cautiously.

4.3 Age Distribution

The age distribution of the 35 participants affected by drug use is shown in Table 2.

Table 2. Age Distribution of Participants Affected by Drug Use

Age group (Years)	Women (N)	Men (N)	Total (N)	Total Percentage
18-20	1	7	8	22.8
21-23	1	4	5	14.3
24-26	3	12	15	42.9
27-29	0	5	5	14.3
30-32	0	2	2	5.7
Total	5	30	35	100

Table 2 shows that the largest age group was 24–26 years, comprising 15 participants (42.9%). Eight participants (22.8%) were aged 18–20, while five participants (14.3%) each were in the 21–23 and 27–29 age groups, and two participants (5.7%) were in the 30–32 category.

These figures show that most participants were in the 18–32 age range. However, the table only describes the age composition of the sample. This does not establish that people in a particular age group are more likely to experience drug use or social exclusion in a wider population.

4.4 Data Collection and Analysis

Interviews focused on participants' experiences of social stigma, family acceptance or rejection, economic difficulties, emotional distress, community perceptions, and rehabilitation. Family-member interviews explored household pressures and perceptions of drug use. Accounts relating to support and rehabilitation were also considered when the participants had relevant experiences.

During my fieldwork, the participants conveyed to me that the social response to drug use often influenced their daily lives and relationships. I examined these accounts thematically, identifying recurring issues and comparing individual experiences with the perspectives shared by family informants. Descriptive statistics were calculated from the reported responses and are presented in the tables.

The analysis combines numerical summaries with qualitative interpretations. The numbers indicate the frequency of selected responses within the sample, while the interview accounts provide the context for understanding these responses. This study does not claim that the reported experiences are universal.

4.5 Ethical Considerations

The study addressed sensitive experiences involving drug use, family conflict, and social stigma. Participants' accounts were treated with care, and confidentiality was an important consideration. Personal experiences are presented without identifying details that could unnecessarily expose individuals to further judgement. The findings are intended to improve sociological understanding rather than to assign blame to participants or their families.

5. FINDINGS AND DISCUSSION

5.1 Social Stigma Experienced by Participants

The findings indicated that social stigma was commonly experienced by participants affected by drug use. As shown in Table 3, 30 (85.7%) of the 35 participants reported experiencing social stigma.

Table 3. Reported Social Stigma

Gender	Yes	No	Total	Stigma (%)
Men	27	3	30	90
Women	3	2	5	60
Total	30	5	35	85.7

Among the men, 27 of 30 (90.0%) reported stigma, compared to three of the five women (60.0%). However, the small number of female participants means that this difference should be interpreted cautiously rather than as evidence that men experience greater stigma in Lamka.

During my fieldwork, the participants conveyed that people affected by drug use were often judged by their substance use rather than understood in relation to their personal circumstances. This reflects Goffman's (1963) concept of stigma, in which a discrediting characteristic becomes the basis for social judgement. Similarly, labelling theory explains how repeated identification with drug use can overshadow an individual's other identities and personal efforts.

Such labels may lead families and community members to expect irresponsible or harmful behaviour, overlooking attempts to seek help or change. Although the consequences of drug use should not be ignored, accountability and support may coexist. Fear of humiliation and rejection may discourage individuals from approaching relatives, healthcare providers, and rehabilitation services. Therefore, stigma becomes an additional barrier to assistance and social reintegration.

5.2 Family Rejection and Household Relationships

Families can provide essential emotional and practical support, but drug-related difficulties may create financial pressure, conflict, and concerns about safety and reputation.

Table 4. Family Rejection

Gender	Yes	No	Total	Rejection %
Men	11	19	30	36.7
Women	3	2	5	60
Total	14	21	35	40

Fourteen (40.0%) participants reported family rejection (Table 4). This included 11 men (36.7%) and three women (60.0%). Given the small number of women interviewed, gender differences should be treated as descriptive. Most participants did not report family rejection, demonstrating that their families were not uniformly hostile or supportive.

Participants' accounts revealed that family relationships could involve both care and conflict. Families might want their relatives to recover while simultaneously experiencing exhaustion, disappointment, and financial difficulties. Under these circumstances, rejection can further weaken the support available to individuals.

One woman described the emotional distress associated with her husband's drug use and the breakdown of their marriage. Subsequently, the patient turned to alcohol and developed problematic alcohol consumption. Her experience illustrates how substance-related difficulties can affect the emotional well-being of family members, although it does not establish that marital breakdown necessarily causes alcohol misuse.

This account highlights the importance of supporting family members and individuals affected by drug use. Family counselling and improved communication could help households manage conflict and support recovery without relying exclusively on blame or punishment.

5.3 Family Members' Experiences of Financial and Emotional Pressure

Interviews with 10 family-member informants provided further insight into the household consequences of drug use.

Table 5. Experiences of Family Informants

Reported Experience	Number	Percentage
Financial difficulties, emotional distress and family conflict	5	50
Emotional distress and family conflict	2	20
Concern about family shame and social danger; emphasis on parental prevention	3	30
Total	10	100

Five informants (50.0%) reported that financial hardship, emotional trauma, and family conflicts arose. Two (20.0%) participants noted emotional trauma and conflicts, whereas three (30%) expressed concern over family shame

and the threat to society brought about by drug addiction. The latter group emphasised the involvement of parents in the prevention of children from engaging in substance abuse.

During my fieldwork interaction, the families expressed their views on the impact of drug use among their relatives. Family members stated that the financial burden could have a detrimental effect on the entire family. On the other hand, emotional trauma or family conflicts can have adverse effects on the parent-child relationship and the general well-being of the family. The notion of family shame suggests that community expectations can influence the familial approach to substance use by affecting the sense of honour and dignity. In causing a feeling of shame, relatives may seek to cover up the addiction or face their own stigma. Parents' concerns reflect the notion that parental guidance plays a role in drug use prevention.

While parental supervision remains an issue in preventing substance use, it must not overemphasise the neglect of socio-economic factors like poverty and lack of access to proper care. Parents may feel as if they have failed, but they also need support to deal with such issues. Families are stakeholders in the management of substance use problems, and they should be supported without being blamed or shamed. This approach can help eliminate the stigma associated with drug addiction and promote appropriate care.

5.4 Economic Vulnerability and Everyday Survival

Economic hardship was the prevalent theme identified in the narratives of the participants. One participant stated that he used to collect discarded plastic bottles and recyclable materials for income to buy alcohol and drugs. This does not imply that all participants were poor or unemployed.

The influence of economic resources on access to treatment, accommodation, and employment is explained by Structural Inequality Theory. The effect of stigma on employment opportunities and social reintegration is also discussed. Poverty and drug problems can be a self-perpetuating cycle triggered by economic stress and insecure employment.

5.5 Religious Support and Community Relationships

One participant stated that he had received compassion and encouragement from a religious preacher or evangelist. Religious beliefs and practices provide a support system that offers social reintegration. Religious organisations can provide effective social work intervention because of their reach and influence in the community.

However, such interventions should supplement clinical social work interventions. Alcohol and drug counselling, therapy, and treatment should be offered. The dignity of the person should be respected, and their right to refuse help should be upheld.

5.6 Rehabilitation and Institutional Support

Participants who reported attending rehabilitation facilities stated that there was a lack of compassion and patronising attitudes from rehabilitation counsellors. This is reflective of poor patient-counsellor rapport and not an intrinsic failure of the rehabilitation system. One of the

counsellors interviewed noted that the community perceived rehabilitation centres as enterprises that existed to make profits.

By implication, rehabilitation centres need to invest in building trust and rapport with the community to enhance treatment adherence and retention. Continued support, including family counselling, healthcare, skill acquisition, and employment support, is critical to ensuring the social reintegration of patients.

5.7 Interpreting Stigma and Social Exclusion

The study establishes a connection between social exclusion, stigma, familial disapproval, economic hardship, and psychological distress. Labelling theory and social exclusion theory present an adequate framework for understanding the social consequences of substance abuse.

Labelling theory explains how a person's identity is constructed by social elements. On the other hand, social exclusion theory describes a state of social deprivation resulting from a lack of access to resources and opportunities. While some participants reported experiencing stigma, family rejection, and social isolation, others reported less experience.

The study's findings are based on a small sample size recruited using a purposive approach. This limits the extent to which the results can be generalised to the entire substance-abusing population in Lamka. The qualitative nature of this study does not allow causal inferences to be made.

6. CONCLUSION

To facilitate drug users' reintegration into mainstream society, it is essential to organise community screenings to change negative attitudes and reduce social stigma. Creating job opportunities might also be beneficial for people with addiction problems, as they help re-establish their position in society and solve their financial issues. Family counselling should also be considered as a useful support for families of people with substance abuse problems to cope with their emotional distress. Community health workers, social workers, and healthcare providers should be available for affected people and their families. Maintaining social connections, family support, job opportunities, and an opportunity to receive high-quality treatment might improve the quality of life of people with substance abuse problems and their families.

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