

## ADDICTION TO SUBSTANCE ABUSE: SOCIAL CONCERN AND RESPONSE

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### Abstract

*Substance abuse is the illicit use of drugs for purposes other than those of health. Addiction is the stage when abuse of drug develops into substance dependence. Commonly abused substances can be broadly grouped into six categories: narcotics, stimulants, depressants, hallucinogens, cannabinols and inhalants/solvents. Substance abuse is globally accepted as a social problem because it involves large scale illegal drug trafficking, drug addiction as a disease adversely affects the mental and physical health of the individual concerned, and drug abuse leads to several other social issues within the society. The social response to drug abuse as a social problem consists in actions for demand reduction (creating awareness among people to avoid abuse of drugs), supply reduction (controlling the distribution of drugs especially through legislation) and risk reduction (dealing with the adverse effects of drug abuse through treatment and rehabilitation of the addict).*

There are certain situations in society that adversely affect people and they are considered undesirable at the societal level. Every society is concerned about them as social problems and responds to them in various ways. Some of them are natural problems in the sense that they originate from nature itself and human beings have little control over their causes as far as prevention is concerned. For instance people were in utter helplessness when villages and towns were washed away in the tsunami last year. Earthquakes that regularly occur in different parts of the world can raze to ground multi-storeyed structures within seconds. Society responds to such sudden and unanticipated situations with the programmes of relief and rehabilitation. But with accurate forecasting, effective warning and timely evacuation of people, the adverse effects of such natural problems can be controlled.

The other category of social problems is called human-made in so far as they arise out of the action or inaction of human beings. It means that human beings have control over the causes of such problems and can solve or prevent them with human intervention of various degrees. Some of such social problems are created by individuals or sections of the society that resist the value system or violate the normative patterns institutionalised in the society. To that extent they pose a threat to the normal functioning of the society and its institutions. Various kinds of criminal and anti-social activities that adversely affect social institutions and life in the society are among social problems that evoke societal level concerns. Substance abuse is one such social phenomenon that has been globally recognised as a matter of social concern. As a social problem, substance abuse has individual, familial and societal dimensions, and cuts across castes, creeds, generations, civilisations and nations. At the individual level it breeds addiction and at the societal level it leads to criminal and other antisocial activities. This paper discusses substance abuse as a social problem. It deals with the various aspects of substance abuse and addiction to substance abuse, individual and social consequences of substance abuse and the social response to substance abuse in the form of preventive and remedial action at the societal level.<sup>1</sup>

## SUBSTANCE ABUSE

As the term suggests, the issue under discussion is abuse of a certain substance. The substance abused is often termed as drug. So the expression of drug abuse is commonly used in order to refer to the social problem under discussion here.<sup>2</sup> A drug is a pharmaceutical preparation or a substance that appears by itself in nature, which is primarily used to create changes in the existing physiological process or state, which can be psychological, physiological or biochemical. According to the World Health Organisation (WHO), a drug is a substance that when introduced into a living organism, can make a change in the state of equilibrium of that organism or in any of its functions (Chunkapura 1994: 16). Some of the drugs act on the central nervous system and can modify or make changes in the mental activity of the user. Drugs, by nature, are innocuous products or goods considered to be a blessing to modern humanity as they are widely used for medical treatments or for the upkeep of health. Hence we

benefit from drugs when they are used properly and lawfully. It is the improper or illicit use of drugs that causes the problem to the individual concerned and ultimately to the society.

Substance use means the licit use of drugs of various types and potencies for the benefit of individuals and the community at large. Such lawful intake of drugs is warranted by a three-fold objective. First and foremost, innovations and new technologies in modern health care promote a wide use of drugs of various types and potencies for the treatment of illnesses of specific nature. Second, drugs are used as a preventive measure to protect our health from various health hazards. We are always under the threat of epidemics like malaria and contagious diseases. So we take drugs as a measure of protection against potential illnesses. Third, drugs are used to protect and improve the health of the animals that we love. These three objectives justify the use of drugs and from that point of view drugs are considered to be the 'choicest blessing of heaven' on the modern world.

Drug abuse refers to illicit use of drugs for purposes other than medical treatment of illness, prevention of health hazards or upkeep of one's health condition. It is unlawful use of a drug that is not justified by health-needs, or use in a manner that adversely affects the physical or mental functioning of the in-taker. Levinthal (1996: 5-6) makes a distinction between instrumental and recreational use, and between misuse and abuse of drugs. Instrumental use refers to taking drugs for a purpose such as recovery from illness or relief from pain. Recreational use means use of drugs for pleasure feeling or desirable psychological state. Misuse is taking drug in an inappropriate way, such as without prescription or over dose. Drug abuse happens when use of drug produces some form of physical, mental or social impairment, and the primary motivation of the use is recreational. The WHO defines drug abuse as a state of periodic or chronic intoxication detrimental to the individual and to the society, produced by the repeated consumption of a drug that is natural or synthetic (Chunakapura 1994: 16). The drug abuser develops a psychic and often a physical dependence on the effects of the drug he/she consumes. It reaches a stage where the use of drugs is no more a pleasure, but rather a need; and so there always remains a tendency to increase the dose of drugs, as the user's body develops a sense of tolerance towards those drugs. Thus, drug abuse

develops into drug dependence, as the drug becomes a *sine qua non* for the survival of the user.

### Symptoms of Abuse

According to the DSM (Diagnostic and Statistical Manual)-IV of the American Psychiatric Association, substance dependence is a maladaptive pattern of substance abuse leading to clinically significant impairment or distress as manifested by the symptoms of tolerance, withdrawal and several other behavioural problems (American Psychiatric Association 1994). Tolerance is the internal system of the body, which gets used to the substance abused. The effect of the same dose of substance on the body of the abuser gets diminished consecutively and, as a result, the abuser is forced to increase the dose of the substance to get the same amount of effect that he/she experienced on the previous occasion. Withdrawal is a symptom that is externally visible with varying moods and modes, depending on the substances which one abuses. It may be in the form of a simple 'hang over', shivering, stammering, headache etc. In order to withstand or avoid the withdrawal, one may use the same substance again and again.

Following are some other symptoms of substance abuse mentioned by the DSM-IV. (i) The dose of the substance is increased and longer time is used for the intake of the substance. As one develops dependency on drugs, the time, place and frequency of the intake is changed or increased. (ii) The drug-dependent may make constant efforts, in vain, to cut down the dose of drugs or to control his/her dependency. (iii) He/she is forced to spend a lot of time in drug related acts. Often it may be, how or where to get the next dose, its finance etc. (iv) Failure in duties and lack of responsibility, both at home and at the place of work, become usual. The drug-dependent gets little time to attend to his/her duties, as he/she is preoccupied with the next dose of drugs. (v) The habit is continued in spite of the specific problems that have developed; and they are beyond his/her capabilities. The problems are both physical and psychological in nature.

The pleasure experienced through drug abuse is a very temporary one and the experience of elusive charm and all other fun and *escape* gets converted into sufferings and untold agony with the final *resultant* of a craving for the next dose. The most unfortunate truth about drug

abuse is the fact that innocent people are entrapped into becoming victims of this habit without their knowledge. Parents on their part may be overconfident that their children will never use drugs. Quite often youngsters are made addicts without their knowledge just to maintain or sustain the climate suitable for antisocial activities.

### **Substances Abused**

Today more than 150 types of substances or drugs (natural, semi-synthetic and synthetic) are available in the market, promoted under various brands and names. Natural drugs are those that exist in nature as such and human beings can use them without processing. Semi-synthetic drugs are produced in laboratories through chemical processes using natural drugs as raw materials. Synthetic drugs are also produced in laboratories through various processes, but with non-organic materials. According to one classification, based on the pharmacological similarity, the commonly used drugs can be grouped into the following six categories, viz. (i) narcotics, (ii) stimulants, (iii) depressants, (iv) hallucinogens, (v) cannabinols and (vi) inhalants/solvents (Fisher and Harrison 1996).

#### *Narcotics*

These are opium based drugs naturally obtained or synthetic preparations that are artificial substitutes and produce the effects of opium. The most important characteristic of opium is that it has analgesic property (that is, quality of painkiller). The history of opium goes back to thousands of years. In executing capital punishment by crucifixion the Romans, as a gesture of sympathy, served opium-mixed wine so that the culprit could get some relief from the bodily pain. In modern era, after the world wars and industrial revolution, a remarkable growth has been registered in the field of science, particularly in medicine. Opium has had an honourable place in medical treatment as a convincing prescription for many illnesses. Today it is a substance that is commonly abused. The terms, analgesic and opiate are also used to refer to this category of drugs. Heroin, morphine, codeine, buprenorphine, methadone and pentazocine are some of the known drugs in this category.

Opium is obtained from poppy plants that are cultivated all over the world. It is believed that the Arab traders during the 10th century

brought opium for the first time to India and China. There are also synthetic and semi-synthetic preparations of opium. For example, buprenorphine, methadone and pentazocine are synthetic preparations, while heroin, which is popularly known as brown sugar, is a semi-synthetic preparation used to obtain the effects of opium. These drugs are available in different forms and are orally swallowed, injected or inhaled as the case may be.

The short-term immediate effect of the use of narcotics is euphoria, which is a sense of great happiness, a feeling that is artificial and short-lived. It also weakens or sometimes damages the thought process, creating a feeling of drowsiness. What the user gets most is relief from pain. Overdose may cause convulsion, coma and finally death. Continued use of narcotics has long term effects on the individual, manifested in the forms of frequent mood instability, below-normal sexual desire, constipation, respiratory problems and deterioration of health, which may give rise to various opportunistic diseases. The user is prone to infection of killer diseases like hepatitis and particularly HIV/AIDS if he/she is a hardcore intravenous user. Foetal abnormality and menstrual irregularities may be developed in female drug abusers.

### *Stimulants*

These drugs increase the brain activity of the user. They excite and speed up the central nervous system. The common stimulants used are amphetamines, cocaine, caffeine, and nicotine. Cocaine is produced from the leaves of the coca shrub grown in the Central and South America. Nicotine is found in tobacco products, while caffeine is contained in some of the substances of regular use, such as coffee and tea.

As short-term effect, the user gets, immediately after absorbing the drug, a feeling of well being or a pleasant drowsiness that makes him/her happy. As a result he/she gets abundant energy and mental preparedness for activities. Increased energy and activity keep him/her wakeful always. In the long run, damages may occur due to steady, constant and excessive use of such drugs, leading to physical and mental illnesses. Physical tolerance and dependence may occur in due course of time, and major disruptions do occur although rarely.

### *Depressants*

These are also drugs that affect the activity of the brain. They depress or slow down the functions of the central nervous system. Sedatives, barbiturates and benzodiazepines belong to this category of drugs. Alcohol is the well-known and most commonly used depressant. A steady increase has been recorded in the total consumption of alcohol year after year. Alcohol is a 'finely divided spirit' which is obtained either through fermentation or distillation. Among the various types of alcohol, ethyl alcohol (ethanol) is the most commonly used one. Ethyl alcohol is an intoxicating substance that produces physical and psychological changes in the in-taker. All alcoholic beverages contain the same mood changing substance, which is ethyl alcohol, and is found in varying percentages, depending on the manufacturing process. It varies from 6 to 50 per cent in the commonly used beverages – 6-10 in beer, 5-10 (up to 15 when fermented) in toddy, 10-15 in wine and 40-50 in whisky, brandy, rum, etc. In arrack and locally made brew the alcoholic content is 50-65 per cent (T.T. Ranganathan Clinical Research Foundation 1989a: 10).

Alcohol is a depressant without any nutrient in it. When it is consumed in small quantity, it makes the consumer feel happy and relaxed because it depresses the part of the brain that controls inhibitions. When the blood alcohol concentration (BAC) is high, it depresses the central nervous system of the user and leads to many problems that are physical as well as psychological. In course of time the individual develops the tendency of dependency on the drug. Being liquid, alcohol is absorbed directly into the blood without the process of digestion.

The depressant drugs may give immediate relief from tension and anxieties. Many people take alcoholic beverages just to release tension or to forget certain unhappy incidents and get a pleasant feeling for a short period of time. These drugs reduce inhibitions and provide the courage to engage in activities that otherwise they shy away from. The excessive use leads to poor motor coordination, causing accidents in work place and especially while driving motor vehicles. It affects the ability to make correct judgements and leads to slurred speech and sedative mood rather than deep sleep. On a long term basis abuse of these drugs makes the user a depressed person as he/she becomes

unable to perform duties towards self and others, and gets alienated from the society. Physically the person faces chronic fatigue and troubles with the functioning of the internal organs. Tolerance to, and dependence on, drugs do not develop uniformly. In the case of alcohol, the effect depends on the alcoholic content of the beverage, alcoholic experience of the user, his/her body weight, presence of food in the stomach, speed in the intake of alcohol etc. Physical and psychological dependence on the drug also develops in course of time.

### *Hallucinogens*

These are drugs that distort the way we see, hear or feel. They affect the perception, emotions and mental processes of the user. They produce hallucination or perception of something that does not physically exist. The common drugs of this nature are lysergic acid diethylamide (LSD), phencyclidine (PCP), mescaline and psilocybin. LSD was very commonly used during the second half of the past century.

These are mood changing drugs and often the user gets a perverted sense of direction, distance or time with a feeling of being in some other wonder world. The user also gets a feeling of depersonalisation as in the case of the famous 'hippie' movements in the 1960's. It is also reported that the body tolerance to these types of drugs is developed very fast.

### *Cannabinols*

Cannabinols are drugs that are produced from the hemp plant called *cannabis sativa*. The ingredient that produces the intoxicating effect in them is called *delta-9-tetrahydrocannabinol* (THC). Drugs in this category differ according to the percentage of the THC contained in them. The most widely used drug of this type is marijuana. At times the term marijuana is used to refer to all forms of cannabinols. Other cannabis based common drugs include ganja, hashish and bhang. The whole cannabis plant is utilised to produce various types of cannabis-based drugs. Marijuana is prepared from the flowering portion of the upper part of the plant and the leaves adjacent to it. It is smoked after making it into a hand-rolled cigarette. Hashish or charas



is prepared from the dried extracts or fluid of cannabis. The method of using hashish is through smoking or eating it with food. The dried leaves, stem and other parts of the plant are used for producing bhang. The method of intake of bhang is through smoking, drinking with milk or other forms of liquid and by eating after making it into a convenient paste-like-material.

The immediate change noticed in the person who uses cannabis drugs is a feeling of well-being, relaxation and a pleasant drowsiness. But the effects depend very much on his/her mental state at the time of using the drug. If the user is gloomy and 'lifeless', he/she becomes more gloomy after the use, and if he/she is pleasant, he/she tends to be more pleasant and happy. As a result, the user may engage in a 'never-ending talk' and unnecessary laughter. The effects of the drug cripple the user's memory as long as its effects continue in the body and forgetfulness is its necessary outcome. Thus the person becomes unable to perform tasks that require concentration and quick action. He/she may lose the sense of time and motion, which may lead to many fatal accidents. Such people may remain in the work place till late at night without perceiving that the work time is over or get down from a moving vehicle without realising that the vehicle is in motion. One of the important long-term effects on the cannabis addict is the impairment of the cognitive abilities, which forces the individual to alienate himself/herself from the society. Together with it, multi-directional problems arise within the self, such as prolonged anxiety that his/her colleagues and friends are after to destroy him/her, loss of appetite leading to poor food habits, respiratory problems, sleep disturbances etc., making him/her physically sick on a long-term basis. The uncontrollable craving for the drug makes the person mentally ill and the disorder is known as 'ganja psychosis.'

### *Inhalants/Solvents*

Volatile solvents constitute another type of drug abused. These are hydrocarbons and petroleum derivatives. A large number of easily available chemical substances or industrial solvents fall in this category,

such as gasoline, glues, sprays and polish removers. Generally these drugs are inhaled. Licit drugs like muscle relaxants, analgesics, anti-emetics and anti-depressants too have found favour with such drug abusers.

The short-term effect on the user may be a feeling of euphoria, expression of unclear ideas and thoughts, uncontrolled speech, and rarely, sudden death, depending on the dose of the drug. The long-term effects on the user may be development of damages in the brain, which hampers the normal performance of duties. The important internal organs of the body, such as heart, kidney, liver etc. get defunct in the long run.

**Table**  
**Drugs commonly used in India (in percentages)**

Drug	Percentage
Alcohol	43.9
Cannabis based	11.6
Heroin	11.1
Opium	08.6
Opium based	03.7
Propoxyphone	02.6
Others	18.5
Total	100

Source: Siddiqui 2002 : 9

According to the 'National Survey on Extent, Pattern and Trends of Drug Abuse in India', conducted by the Ministry of Social Justice and Empowerment, Government of India and United Nations Office on Drugs and Crime, Regional Office for South Asia, 2002, alcohol comes first in the commonly abused drugs in India, followed by narcotics or opium based substances.

## Factors Leading to Drug Abuse

The basic objective of drug taking is happiness. People resort to drugs in search of greater happiness. It is the common belief that drugs will take us to a utopian world which gives happy moments with a feeling of well being, though temporarily. It may also contribute to happiness negatively by helping one forget the unhappy moments of life or worries. But the fact is that the first dose of drug makes the second dose easier and the third dose a must, and in course of time the user becomes an addict. What are the factors that lead one to drug abuse? The common reasons to start drug abuse especially by teenagers are very temporary and often very casual. They include (i) peer pressure, (ii) curiosity, (iii) ignorance and (iv) unemployment.

An individual may be introduced to drug by peers - friends, schoolmates, neighbours, officemates or people of more or less the same age group. One may yield to the pressure of peers to take drugs just because one has poor self-esteem and wants to build acceptance within the peer group. Or it may be a casual social situation which provides the occasion for an individual to take drugs in order just to keep company with the group or enhance the social relationship or become more sociable etc.

Curiosity is one of the natural qualities of human beings and basic to pursuit of knowledge. People hear from various sources about the effects of drugs and the *happiness* they are considered to offer. In the aggressive drug market all means are used to attract and induce potential users, especially students and youngsters. Naturally one would like to experience for oneself all what one has heard about the drugs and its happiness. The first taste of drugs and the pleasure that follows is very decisive to an individual to continue with it or not. The tendency to continue with it is strong and those who do so end up as drug addicts.

Even in this era of super communication technology, facts about the adverse effects of drugs are still not fully known to common people. Exploiting this ignorance of the people, drug traffickers have always been making continuous clandestine efforts to hide the ill-effects of drugs and projecting them as means of happiness. They persuade potential users to take drugs on an experimental basis and then trap them. Ignorance of the victims about its adverse consequences is tapped

to their advantage. By the time they realise its dangers to health and life, they would have got hooked on to it.

On account of poverty and unemployment in the developing countries like India, large number of people from rural areas are seeking employment opportunities and better living in towns and cities. A villager, who migrates to the town, has to face problems peculiar to the towns, such as isolation and loneliness. Such a situation may take the migrant to the camp of drug abusers where he/she gets a feeling of belongingness and may even find a means of income by indulging in the sale and distribution of illegal drugs.

### SOCIAL CONCERN ON ABUSE

Drug abuse is an individual behaviour, but there is global social concern about it. Societal concern on drug abuse arises from three factors. First, drug abuse involves large scale drug trafficking that has political, economic and social implications. Second, it leads to the situation of drug addiction, which is a disease that adversely affects the normal functioning of the individual concerned. Third, drug addiction creates social problems within the society.

### Drug Trafficking

On account of the increasing use of drugs, drug trafficking has become a global phenomenon. It is the illegal transport of drugs between places in the same country or between countries, violating the drug laws and policies of the countries, and international conventions on drugs. Quite often it is associated with criminal activities, terrorism etc. Illegal drug trafficking is a clandestine business, operated by well-trained and well-protected professional criminals who have a very efficient network system of distribution, with the most modern technologies and devices. Today drug trafficking is considered to be the second largest business in the world after arms trade. Several factors have contributed to the roaring business of drug-trafficking. Some of them are the (i) growing demand for drugs, (ii) political linkage of drug traders, (iii) easy availability of drugs, (iv) ineffective laws against drug trafficking and (v) geographical position of a country.

In spite of the concerted actions taken by the government and non-government organisations against the deadly drug habit, the number of drug abusers is on the increase. As far as alcohol is concerned, its consumption has become part of the socio-cultural life of an increasing number of people. In such a situation any talk on demand-reduction may sound insensible to the people concerned. To an addict, drug is an essential commodity. As per simple economics, when the supply of drug is reduced, its price will go up but the demand will remain unchanged, as the demand is inelastic. So the addicts become links in the chain of traffickers to procure their share of drugs and so the distribution is facilitated to that extent. The drug mafia have their own strategies, even of using force, to carry on with their business. They have also targeted the student community with novel methods of distribution, like 'carrot and stick' or compulsion with threat to life.

The nexus between traders in drug and liquor, and political leaders, existing in many countries, provides a situation that is conducive to drug trafficking. Political leaders in several countries depend heavily on drug traffickers and liquor barons to obtain finance or to apply clandestine force on opponents. In return the leaders protect the drug mafia, who have realised only too well the wielding power of unaccounted money and its far reaching influence. Thus, illicit drug distribution is abetted by leaders who control the government. In such a socio-political set up, where the drug mafia and the liquor syndicate wield their power, anyone working for the elimination of drug abuse or demand-reduction of drug may have to pass through experiences of even threat to life.

All types of drugs and liquor are now easily available to the users. Semi-synthetic drugs are produced in chemical factories through different processes. Although they are largely manufactured in the advanced countries on account of the sophisticated technical know-how required for it, the demand for such preparations exists all over the world. Thus drug trafficking becomes a need and a profitable business.

The laws to control illegal drug trafficking vary from country to country. They also differ on how strictly the laws against drug trafficking are enforced. Malaysia gives very harsh punishments to drug related offences. In Singapore violation of the laws on drug

trafficking attracts capital punishment if the quantity involved is above 30 grams. Colombia has very strict laws against drug trafficking, but dependence of the politicians on the well-armed mafia group makes their enforcement difficult. Pakistan is soft on drug traffickers if the product is for export purpose. In India possessing ganja is an offence while in England it is not and there is a clamour in U.K. to declare it a legal drug. Hence certain countries directly or indirectly encourage the production and distribution of certain drugs, thus making trafficking easier.

The geographical position of a country in the world can be a factor that determines the extent of drug trafficking. India is in between the big drug-producing countries popularly known as the 'Golden Triangle' (Thailand, Laos and Myanmar) and the 'Golden Crescent' (Afghanistan, Pakistan and Iran). Hence India serves as the 'Broad International High Way' to illicit drug traffickers. Narcotic Bureau officials say that "whenever a country becomes the transit point, local availability of the drug goes up significantly" (Datta 2005: 92). Thus India's geographical position in the world is an added factor that contributes to drug trafficking and drug availability in India.

### Drug Addiction as Disease

Drugs have positive value when they are used as per the directions of a physician. But consumption of drugs for other purposes, especially to derive pleasure by altering or changing one's moods, is substance or drug abuse. Frequent abuse of drugs leads to addiction. Addiction in itself is an innocuous phenomenon because most people can be considered to be addicted to certain activities such as reading, watching TV, involving in sports and games, public speaking, social work etc. But to get addicted to mood-altering substances is detrimental to the life of the individual, family and society in general.

According to the WHO definition of drug addiction, a person becomes an addict when (i) he/she has the compulsive desire to continue taking the drug, (ii) he/she is prepared to get it by any method, (iii) he/she increases the dose in such a way that he/she becomes psychologically and physically dependent on its effect, and (iv) his/her physical and/or mental faculties are affected due to taking the drug (Chunakapura 1994: 9-10). Drug addiction is caused by factors that are generally external to the individual concerned. A sensible

person is not likely to start with drug chemicals if he/she is convinced of the possibility of becoming an addict.

Drug addiction is a disease. As a sick person cannot get cured by himself/herself, so too, an addict cannot get out of the habit by himself/herself without the help of others. The WHO and the American Psychiatric Association declared addiction a disease in 1956 as it manifests all the conditions of a disease. Something is clinically confirmed to be a disease by the medical sciences, if the following conditions are present. They are (a) the agent that causes the disease, (b) the epidemiology or the way the agent comes in contact with the patient, (c) the environment or the circumstance in which the agent establishes contact with the patient, (d) the lesion or the focus of damage and its consequences that may be structural, biochemical, physiological and behavioural, and (e) the syndrome or the collection of symptoms complained by the patient and signs observable to others, that regularly occur (T.T. Ranganathan Clinical Research Foundation 1989b: 56). In the case of drug addiction, the agent that causes the disease is the drug or the chemical substance like ethyl alcohol or ethanol. The epidemiology, i.e. the way the agent comes into contact with the patient is by numerous ways such as swallowing, smoking, drinking, inhaling, chasing etc. and these are done in various quantities and frequencies. The environment is the physical and mental disposition of the patient who consumes the chemical. The lesion means the part of the body organs that are damaged. Internal organs of the patient, such as the liver and the respiratory system in particular are most likely to be damaged. In the long run, all the vital internal systems and organs may get adversely and even fatally affected. As far as the syndrome is concerned, the drug addict may complain of various types of physical ailments and pains, and the physician can observe physical and psychological changes in the addict.

### *Features of Addiction Disease*

As a disease, drug addiction has its own characteristic features. First of all, drug addiction is a primary disease. It is not a symptom or expression of the weakness of character or even a sinful vice of the addict. It is not a symptom of some other disease, but a disease by itself. Addiction causes mental and physical ailments and has also a few other dimensions such as the adverse impact on family and society

at large. In the initial stage of the disease one can get out of it by abstaining from the use of drugs.

Second, drug addiction is a progressive disease. It is not a static disease that remains as such indefinitely. If the disease is not detected properly and corrective measures introduced at the first instance, it may move from bad to worse, and progress from worse to the worst, i.e. death of the addict. There is no automatic initiation of resistance move or curative move by the affected. The temporary and intermittent relief one may enjoy is not a sign of curative improvement.

Third, drug addiction is a permanent disease. Addiction is not a curable disease, but a treatable one. It means that a person, once an addict, remains always an addict. There is no panacea for the disease of drug addiction. But it can be treated and brought well under control just like diabetes, where sugar causes the problem. In addiction, the chemicals do cause problems.

Fourth, drug addiction can be a terminal disease. It is a disease that can and may cause death if the addict is not treated or cared for properly. The chemicals act upon the body and mind of the addict and, with the malfunctioning of the internal organs one by one, the patient becomes weak physically. The addict experiences loneliness internally and externally, leading to a feeling of dejection and finally that of rejection by the family members and friends. Increasing physical and mental deterioration may lead to the death of the drug addict.

### *Stages of Addiction*

Drug addiction is a progressive disease that may lead one to death. It is possible that a simple dose of drug that is absorbed just to give company or prompted by curiosity, or to enhance social relations, if continued systematically, may lead to the death of the in-taker in course of time. Some studies of drug addicts have shown that 10-20 per cent of the casual in-takers of drugs become hardcore addicts at a later stage of their life (Chunapura 1994: 14). Broadly three stages – early, middle and chronic – can be identified in the ‘addictive life’ of the drug abuser.

The early stage of drug addiction is characterised by the increased tolerance of the body. It is the capability of the body to withstand the



effects of the drug. It would mean that in order to derive the height of pleasure, the dose of the drug has to be gradually increased. So the drug abuser increases the quantity or dose of the drug and spends more time on it in order to derive pleasure. The person may also reach the 'black out' stage where he/she engages in many activities without being able to recall them when he/she is out of the influence of the drug. This is particularly true in the case of alcoholics. During this phase, an addict remains preoccupied with the next dose. His/her words and deeds are oriented towards procuring the next dose or ensuring the uninterrupted receipt of the drug. In this stage the addict either avoids talk on drug due to feeling of guilt, or justifies the habit by affirming that drugs are harmless and contrary opinions are baseless.

In the middle stage a drug addict loses control over the quantity and dose of the drug. He/she loses control also over the time and place of taking the drug. If earlier one had the habit of consuming alcohol or drugs in the evening alone, now it may start in the morning and continue through the day. Dependence on drugs makes the person guilty and depressed. As a tactic of defence system, the addict may resolve complete abstinence from drugs and intoxicants but in vain. He/she may claim that his/her close relatives and friends are the cause of the drug habit and may become antagonistic towards them. Thus the addict exhibits aggressiveness in his/her dealings. Now, the addict may also change the brand of drug, for example, from whisky to rum, or from alcohol to narcotic drugs. He/she may feel loneliness during this phase as friends start abandoning him/her because of the aggressive behaviour. The net effect will be increase in anxiety and feeling of shame, guilt, helplessness and loneliness, which leaves the addict in a situation where he/she needs the chemical badly in order to be happy, but in truth remains in the state of unhappiness.

In the chronic stage an addict loses control over the chemical and the chemical is no more a pleasure deriving substance. But he/she continues with the chemical to avoid withdrawal problems. If one is an alcoholic, one engages in binge drinking which may last for several days. The addict feels frightened and helpless, and may decide to stop the deadly habit again and again, and also depends heavily on others for living. He/she faces breakdown of the family relationship, cuts the relationship with the society and contracts to the company of drug users alone. The addict's body reacts very quickly to the drug as the

body tolerance has decreased considerably. Because of poor physical health, a very small quantity of alcohol or drug makes the person intoxicated and is unable for another dose even though the desire or craving for it ardently remains. If proper medical treatment is not received at this point, he/she may slowly succumb to the chemical habit.

### Drug Abuse as Social Problem

The fact that drug addiction is a disease that is spreading is enough reason for the society to be concerned about it as a social problem. Today, drug abuse has become a global phenomenon as no nation or society is relieved of its ill effects. The number of drug abusers has grown at an alarming rate and largely innocent victims suffer from its evil effects. In the first place the disease adversely affects not only the physical but also the psychological functioning of the addict, so that the individual is unable to behave like a normal person and carry out his/her responsibilities. To what extent an addict is incapacitated in his/her personal life depends on the nature and quantity of the drug taken, and the physical and psychological constitution of the individual. Individual malfunctioning, resulting from drug addiction, has its impact in the family and larger society. An addict becomes a problematic person as he/she faces problems at home, work place, and all places where he/she moves around and interacts with others.

To an addict drug is an essential commodity and he/she has to obtain it at whatever price. Those addicts who do not have personal income depend on the family and friends to meet their demand for drugs. The scarce economic resources of the family, that are to be used for the benefit of the whole family, are wasted to sustain the drug habit. If the addict happens to be the breadwinner, not only does it adversely affect the relationships within the family, but also creates economic hardships. It is most likely that addicts run into debts and are forced into selling jewellery, property and household goods to stay in with the substance abuse. It creates unrest and unhappiness in the family. Adult drug addiction leads to failure in the adult responsibilities within the family. Women and children are the most afflicted people in the family, as they easily become victims of social, economic and health disadvantages. They may be subjected to untold sufferings such as wife battering and other forms of violence, harassment, emotional

trauma etc., from the male members. There are instances where women while trying to cope with the problem, are forced to support the drug habits of their male members or are drawn into drug abuse themselves (Krishnan 2006). Some of the family problems that lead to domestic violence and divorce have their source in drug addiction. Children and youngsters, addicted to drugs, are a source of constant worry for the parents and other relatives in the family. They show little interest in studies and have low academic achievement. Some of them even drop out without completing studies. Problems of juvenile delinquency and street children can partly be traced to addiction in the family.

Drug addiction may create serious problems in the workplace. In an organisation, if top level managerial persons fall prey to addiction, the functioning of the organisation will be adversely affected. They may issue conflicting instructions to the subordinates, which may create chaos and promote indiscipline. The inadequate coordination among various departments may cause hardships in the smooth running of the organisation. If the lower level personnel are addicts, there could be serious absenteeism leading to low performance and increased accidents on job sites which all may lead to poor quality of work. The addict may receive 'show cause notices' from authorities at the work place for deterioration in the quality of work, unauthorised absence, carelessness, accidents etc. and finally end up with the termination of job. Failure in responsible behaviour under the influence of drugs poses a serious social issue in the case of driving motor vehicles. Frequent road accidents take place due to lack of motor coordination, resulting in the poor quality and the delayed judgement of the driver.<sup>3</sup> One of the main reasons for it is alcoholism.

Linkage between drug abuse and crime is another issue of social concern. Depending on the nature and extent of drug consumed, drug addiction may create a situation conducive to crime in so far as the drug frees the user from the inhibitions to engage in criminal activities. Crimes such as theft and burglary are easily committed by the drug addicts in search of resources for procuring drugs. Apart from the criminal behaviour shown by the drug addicts, several kinds of crimes are committed in connection with drug trafficking. Drug addiction is considered to be related to corruption in different forms. The 'easy money' obtained through the sale of licit and illicit drugs has been producing corrupt leaders and politicians. "The consequences may

well be corruption of public authorities and the destabilisation of the whole economy, as it was the case in Columbia. The cocaine 'king' (Gilberto Orejuella) in that country could offer US\$ 3.75 million to a presidential campaigner (Ernesto Samper). Mexico's anti-narcotics chief (General Jesus Gutierrez) was found guilty of taking bribes from Juarez Cartel in 1977, which warned a two-alternative solution, *plato o plomo* (silver or lead, i.e. bribe or bullet)" (Srivastava 2001: 45). Some of the drug mafia are known to maintain their own well-equipped force posing a threat to the stability of the democratically elected governments especially in Latin America. They brought down the governments in Sicily and Afghanistan. Recently in Sao Paulo (Brazil) the members of the 'First Capital Command', an organisation of the mafia group made 62 attacks on jails to free their men, killing 52 persons including government officials (*Malayala Manorama* 2006). It seems that drug trafficking is linked to terrorism and arms trade. Drug business is the main source of income to many of the terrorist groups. It is reported that some of the terrorist organisations in the world are involved in the smuggling of drugs and arms (*Deccan Herald* 2002). The enormous money collected through drug business is channelled for under-world operations, to bribe government servants and to engage in criminal activities, all of which have social and economic impact on the society.

## SOCIAL RESPONSE TO ADDICTION

World community is very much concerned about drug addiction as a global social problem. In addition to the steps taken by the United Nations, the countries of the world have initiated their own actions in response to this social issue. These measures can be broadly categorised into two groups, viz. (i) for preventing or controlling drug addiction including legislative measures and (ii) for treating and rehabilitating the drug addicts. The United Nations Drug Control Programme (UNDCP) has suggested a three-tier method, which has to be simultaneously implemented to deal with this menace. It consists of demand reduction, supply reduction and risk reduction.

## Demand reduction

It means reducing the demand for drug and the occasions that generate its demand in a phased manner for individual health and social tranquillity. Keeping people away from drugs and keeping drugs away from people are equally important strategies for reduction in demand for drugs. The main strategy for it is to convince the potential drug abusers of the dangers of drug addiction and the need to abstain from drug abuse. The 486 central government aided de-addiction centres spread all over India and the unaided de-addiction centres, and various government and non-government organisations are engaged in the programme of demand reduction through awareness creation.

Several activities are undertaken for the programme of demand reduction through awareness creation. (i) A few of the agencies, like the TRADA<sup>4</sup> conduct certificate, diploma and degree courses on drug addiction and allied subjects for the benefit of the personnel intending to deal with the problem. (ii) There are a number of publications on the topic brought out by the government and non-government agencies. (iii) Audio-visual programmes are conducted at educational institutions, clubs, slums, busy street corners etc., for specific groups. (iv) Exhibitions, film/slide shows and cultural programmes are held, and stickers and posters used for the public in general. (v) Literary competitions, seminars, public meetings and clubs for students, like 'ADARRT Club'<sup>5</sup> and 'I Help Club'<sup>6</sup> are the other activities of this nature. These activities are arranged for the various layers of the society so that all people, young and old, children and youth get the message. Besides, there are many "Temperance Movements" in India that are actively engaged in demand reduction activities. Awareness programmes are the primary steps in this regard. The thrust area of knowledge would include: various substances involved in addiction, circumstances that might lead one to abuse substances, consequences of addiction, treatment systems, maintaining mental and physical health, ways to live sober, means to withstand peer group pressure, spiritual aspect of the disease, personal hygiene, healthy relationships, eco-friendly living, etc.

## Supply Reduction

The government in India controls the supply of certain drugs and strictly prohibits the supply and use of certain other drugs. Alcohol is a legal drug in many states in India, and so alcohol of different types and grades are available in the open market. The government also acts as the supplier of alcohol by opening its own outlets and licensing the outlets in the private sector. So also illicit distilling has become common and taken the shape of a highly lucrative cottage industry in some states. There are also efficient and strong clandestine channels of distribution for the copious supply of illegal substances that reach all groups of the society including the students. At the same time there is an array of liquor barons and other drug traders who fight tooth and nail to protect their illegal business. The UNDCP warns that whenever supply of drugs is increased, it enhances their availability and boosts their use.

Supply reduction aims at reducing the availability of drugs. Various temperance groups and voluntary associations are engaged in activities to reduce the availability of drugs in India. Attempts are continued to seek the cooperation of the government, by coordinating various departments, especially empowering the departments of the police, vigilance and excise. Another important effort is to implement honestly and strictly the clauses 232 and 447 of the '*Panchayath Raj Nagar Paalika Bill*' which authorises the local bodies to grant or cancel licence to retail liquor and other drugs in their respective localities. It is a fact that certain states in India like Kerala have withdrawn these clauses from the Bill. Also there is continuous lobbying with the state governments to bring down the number of legal outlets of drugs especially liquor in a phased manner and to take strict action against illicit drug dealers in the light of the frequent hooch tragedies that occur in various places.

An important action in pursuit of supply reduction is enactment and enforcement of suitable legislation to control drug production and distribution. The central government of India has enacted two important acts, the Narcotic Drugs and Psychotropic Substances (NDPS) Act 1985 and the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances (PITNDPS) Act 1988 in order to control drug abuse. The NDPS Act 1985 was passed following a number of

recommendations made by the United Nations. The objective of the act was to remedy the defects in the previous legislations, such as the Dangerous Drugs Act 1930, the Opium Act 1857 and the Opium Act 1878, and to make provisions for the control and regulation of the operation of such substances. The PITNDPS Act 1988 is meant to provide for detention in certain cases for the purpose of preventing illicit traffic in narcotic drugs and psychotropic substances and for matters connected therewith. Four state governments have passed separate acts of Narcotic Drugs and Psychotropic Substances (Maharashtra in 1981, Gujarat in 1985, Tamil Nadu in 1986, and Jammu & Kashmir in 1988).

It is in the context of supply reduction of drugs that one speaks of prohibition. Prohibition as a means of dealing with the problem of drug abuse, has been much debated since a century. Prohibition was introduced in the United States from 1920 to 1933. Canada was dry from 1907 to 1917. In India, Mahatma Gandhi and the Indian National Congress fought for total prohibition. From 1938 to 1964 total prohibition was imposed in several parts of India. However, the proponents of prohibition do not visualise a situation where absolutely no intoxicating substances exist. What they realistically want is to make unlawful the production, distribution and consumption of intoxicating substances so that the violators can be punished. They believe that such legislative action will reduce the supply of drugs. For instance, the decision of the Apex Court in India to prohibit smoking in public places seems to have reduced the demand and supply of beedi, as can be understood from the closure of certain "beedi" production centres. Homicide, robbery, theft, rape etc. are social evils that have been prohibited by authorities of all times. But that has not wiped off these vices from the society. A law can be violated only if it exists. Thus even after total prohibition, there may be violators, but substance abuse can be brought considerably under control. This is the line of thinking adopted by the prohibitionists. Thus there are a number of social organisations that clamour for prohibition. They are also engaged in public protests against unlawful production and distribution of intoxicating substances and mobilise people against selling outlets operating against the laws.

## Risk Reduction

The programme of risk reduction in the case of drug abuse has the objective of controlling the adverse effects of drug abuse. It deals with drug addiction as a disease and takes appropriate steps to treat it. Drug addiction is a multi-dimensional disease – physical, psychological and social. Hence multi-pronged intervention is needed to deal with the phenomenon. It requires physical and psychic treatment, working with social environment of the individual (like family and work place) and rehabilitation.

An experiment in risk reduction, that recognises the multi-dimensional nature of drug addiction, is that of the QDT.<sup>7</sup> The QDT accepts drug addiction as a quadri-dimensional disease and so the need for a quadri-dimensional approach (Karachira 2006). “QDT perceives human beings as constituted of four basic entities, namely physique, psyche, *socium* and spirit. The treatment mode is focussed on this integrated set of four entities in whole as well as in parts.” Therefore a four phased treatment programme is organised for addicts in the de-addiction centres. (i) As addiction is a biological or physical disease and affects the various organs of the body, medical treatment is offered at the first stage by a team of medical personnel consisting of physicians, psychiatrist and nurses. The aim is to manage withdrawal symptom, psychiatric complications or psychiatric disorders etc. The patient gets medical and nursing care and supportive counselling. It helps detoxification to deal with withdrawal symptoms, problems of alcohol poisoning and over dose of drugs, and to handle acute psychiatric breakdowns. (ii) As addiction is a psychological disease, services of a multidisciplinary team including psychologists, trained counsellors and social workers are made available. They go deep into all spheres of life such as family, marital, spiritual and financial history and help the patient stay sober in life. (iii) As addiction has social implications, counselling is offered not only to the addict but also to the family members. Services of counsellors are used for the purpose. Here the role of the family and its members is stressed. If the addict is a regular employee in an institution, his/her immediate superiors too are involved in this social therapy. One of the action programmes here is the group therapy services. The addicts share their experiences related to the damages they have suffered in their life spiritually,



physically, socially, financially, sexually etc. The other topics for discussion in the therapy services include the worst drinking episode, black-out accidents, destructive behaviour, past adverse life style, violation of values, advantages of living sober, methods to live sober etc. (iv) As addiction is also a spiritual disease, services of spiritual therapists are made available in this stage. Silent prayers, yoga, meditation, spiritual retreat etc. are parts of the spiritual therapy. The ultimate aim of the four phased treatment is to develop an attitudinal change and a whole-person recovery from addiction. The sessions are based on topics, like alcoholism/drug abuse as a disease, relapse and sobriety, recovery, myths related drug abuse, personality disorders, family management, male and female psychology, AIDS and STDs, family budget, communication skills, alternative life styles, time table or schedule of life, responsible parenthood etc.

### Rehabilitation

Rehabilitation aims at putting the addict back on the track of social life as responsible citizen. Hence it involves the process of reinstating the drug addict in the family (to perform the role in the family), in the work place or school or in any other place, which the addict was used to, prior to addiction. The process of rehabilitation may take several months depending on the degree of addiction. It is an intensive programme to provide extended care especially to relapse prone clients. This also involves a programme of training at an intermediate stage between treatment and independent living. Such training programme is conducted on a residential basis in after-care centres or other places intended for the purpose. This is also an intermediate time to develop the social skills to get reintegrated into the mainstream of social life. This may be done through vocational training programmes for acquiring marketable vocational skills in order to get a remunerative job or to undertake an income generating enterprise for better living in the future. So various job oriented training programmes are organised within and outside treatment centres, like assembling of umbrella parts, candle and soap making, stitching and dress making, honey bee rearing, and various types of cottage industries.

In addition to institutional centres, there are community based programmes for the drug addicts which are offered within the community itself where the patient lives. This type of a programme

has certain advantages. First, as the treatment is provided within the family, there is no dislocation of the patient from the family. The patient has the opportunity to be with the relatives to benefit from their relationship. Second, community based programme helps creation of awareness about drug abuse and its effects within the community which in the long run can contribute to the goal of demand reduction of drugs.

There are also centres for the drug addicts organised by the ex-addicts, who play a pivotal role in the training and rehabilitation of the drug addicts. The methods and tools used here include group encounter, training in social and vocational skills, and role modelling provided by senior members of the centre. Ultimately the training offered here helps them alter the patterns of behaviour and develop a drug free life style.

The self-help programme of peers, like Alcoholic Anonymous and Narcotic Anonymous helps the addicts stay sober in life. The name of the programme comes from the fact that the identity of the members who join the programme is not divulged. This is a kind of group therapy with common objective of refraining from the use of alcohol or other drugs. They conduct meetings at regular intervals at designated places and help instil the hope of recovery and maintain the ulterior motivation in them. These meetings will give them a long term support as they share experiences and mutually encourage them to get out of the habit.

There are also teams of addicts who offer spiritual support to their colleagues in order to stay free from drugs. They function more or less in the same manner as the alcoholic anonymous. 'Aatmasakhyam' is one such experiment. Its members meet regularly at various centres. More than 100 units of Aatmasakhyam are operating in Kerala. It is a chain system in which each member inducts one addict or alcoholic and supports the individual to stay sober mainly through prayer and mutual interactions. This is an action plan based mainly on the spiritual aspect i.e. being in peace with God and oneself through an internal curing process for better sober living.

## Notes

<sup>1</sup> The author's experiences and association with various *Temperance Movements* and many de-addiction centres, and interaction with several substance abusers and addicts during the past 20 years have been of immense help in the preparation of

this paper. In particular, discussion with eminent people, who are actively engaged in the service of individuals afflicted with addiction to substance abuse, has been quite useful.

<sup>2</sup> Substance is used here as an all inclusive term to cover all substances in which the element of drug in various degrees is present. It is the drug-element that makes abuse of and addiction to a substance a social problem. Hence, the term substance and drug are used interchangeably in the paper.

<sup>3</sup> According to official reports, 3051 persons were killed and 51230 injured in 41678 road accidents that occurred in the state of Kerala in India during 2005 (*The Hindu* 2006).

<sup>4</sup> TRADA (Total Response to Alcohol and Drug Abuse), is a de-addiction treatment-cum-education centre located at Kottayam (Kerala) with the facility of 20 beds. It is managed by the All Kerala Joint Christian Temperance Movement and receives grants from the Ministry of Social Justice and Empowerment, Government of India. In addition to treating drug-addicts, TRADA offers certificate/ diploma/ degree courses in counselling, affiliated to Martin Luther Christian University, Shillong and recognised by the Government of Assam.

<sup>5</sup> ADARRT (Alcohol and Drug Addicts Research, Rehabilitation and Treatment), started at Palai in 1984 as the first de-addiction centre in Kerala, has a 20 bed facility for treating drug-addicts and is aided by the Ministry of Social Justice and Empowerment, Government of India. In addition to treating and rehabilitating alcoholics and other drug-addicts, activities of the ADARRT include conducting de-addiction camps and organising awareness programmes. ADARRT Club, an awareness programme, is organised in the high schools of the eastern region of Kerala. It has the objective of creating a drug free school campus and a drug free community around the school.

<sup>6</sup> 'I Help Club' is a programme for students similar to the 'ADARRT Club' with the same objectives. This awareness programme is organised in schools and colleges of higher education, mostly in the educational institutions of south eastern Kerala.

<sup>7</sup> QDT (Quadri Dimensional Treatment) is a new comprehensive treatment model of drug addicts, experimented successfully in the 'Unity Group' institutions since 2003. The Unity Group has two de-addiction centres, viz. at Thrippunithura and Perumbavoor in Ernakulam District (Kerala). They have research and rehabilitation facilities and receive grants from the Ministry of Social Justice and Empowerment, Government of India.

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