

स्वाध्याय

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UTTAR PRADESH RAJARSHI TANDON OPEN UNIVERSITY
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UP Rajarshi Tandon Open University

CHFE-05
ELECTIVE ON ALCOHOL
DRUGS & HIV

- First Block : FACTUAL INFORMATION ON
SUBSTANCE ABUSE**
- Second Block : SUBSTANCE ABUSE AND ITS
IMPLICATIONS**
- Third Block : PREVENTION AND TREATMENT
OF SUBSTANCE ABUSE**

Shantipuram (Sector-F), Phaphamau, Allahabad - 211013



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Block

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FACTUAL INFORMATION ON SUBSTANCE ABUSE

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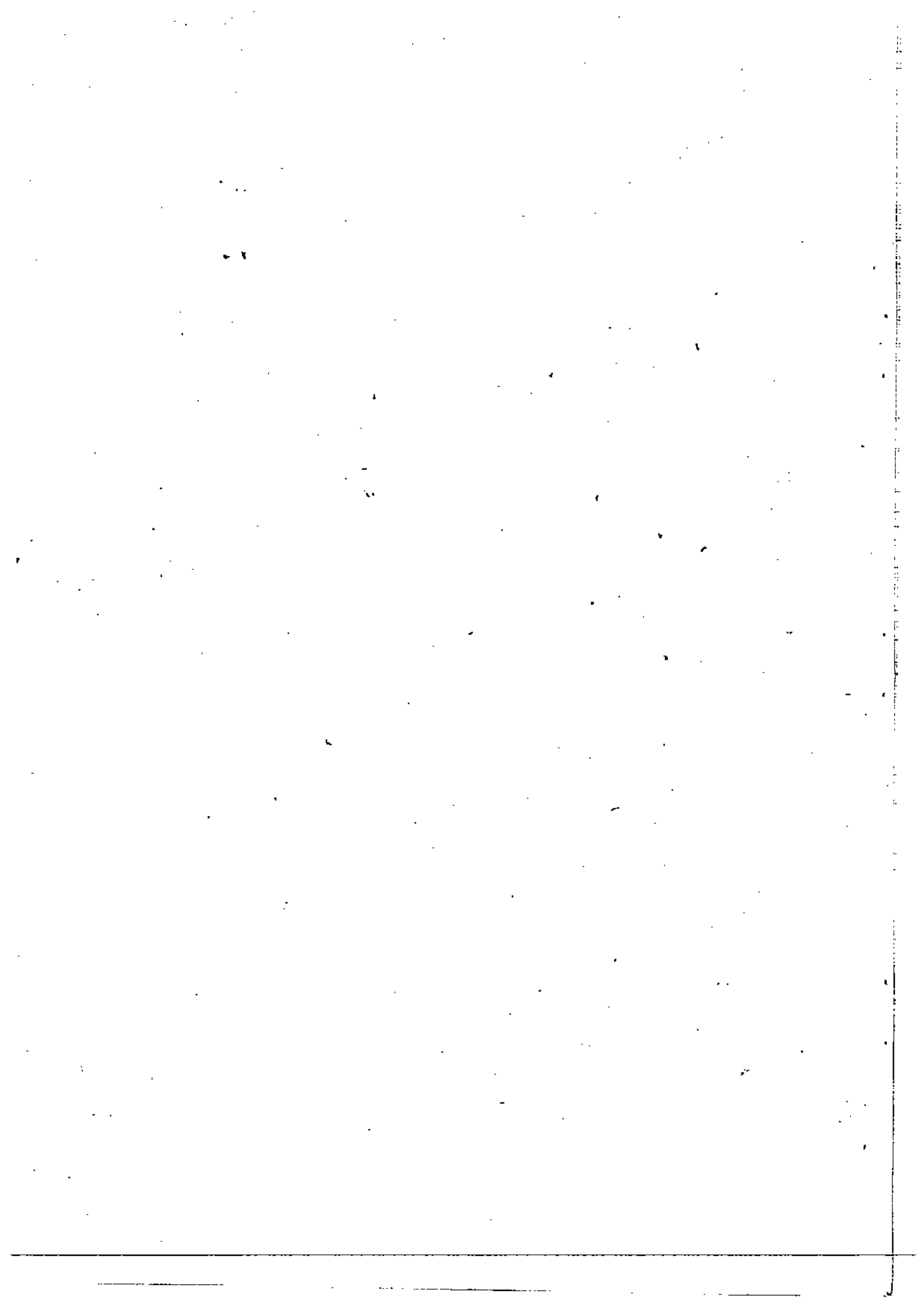
Unit 4

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INTRODUCTION TO BLOCK 1

Welcome to Block 1 of the course on Alcohol, Drugs and HIV. This is an introductory block to the course on substance abuse which will examine the relevance of drug addiction to HIV transmission. Apart from describing the commonly used drugs and the target groups, this block will also examine the national and international scenario of drug addiction. There are four units in the block. Unit 1 deals with the 'Relevance of substance abuse and HIV/AIDS'. It discusses how substance abuse increases the chance of HIV infection and explains why people abuse drugs. Unit 2 deals with 'Commonly used drugs and target groups'. This unit explains why people abuse drugs and distinguish the various groups who are likely to abuse drugs. Unit 3 is on the 'Extent of prevalence of substance abuse and trafficking in India'. This unit talks about how drug abuse has influenced various groups of people, the extent and areas of drug trafficking and evaluate the consequences of drug trafficking. Unit 4 is on the 'Drug Scenario-global, regional and national'. This unit shows the extent of the problem of substance abuse as it exists in the world in general and India in particular. This unit also discusses how different countries try to combat this social evil.

The four units given in this block give you an overview of the problem of substance abuse, its relevance to HIV/AIDS transmission as well as the extent of the problem existing in India and other parts of the world.



UNIT I RELEVANCE OF SUBSTANCE ABUSE AND HIV/AIDS

Contents

- 1.0 Aims and Objectives
- 1.1 Introduction
- 1.2 Importance of the Study of Substance Abuse and HIV/AIDS
- 1.3 Relationship between Substance Abuse and HIV/AIDS
- 1.4 History of Substance Abuse
- 1.5 Let Us Sum Up
- 1.6 Key Words
- 1.7 Model Answers
- 1.8 Further Readings

1.0 AIMS AND OBJECTIVES

This unit will help you to understand the importance of the study of substance abuse and HIV/AIDS. This is aimed at helping you to develop a healthy life style to live a drug free life as well as to help others lead a drug free life.

When you complete this unit you will be able to:

- identify the use and abuse of drugs,
- discuss how substance abuse increases the chance of HIV infection,
- explain why people abuse drugs, and
- describe the history of drug abuse.

1.1 INTRODUCTION

In the history of mankind there have been many epidemics. Epidemics are diseases which spread so fast that they kill thousands of people in an area in a short time. The Black Death in the Middle Ages killed half the population of Europe. This unit is introducing you to another epidemic, which has taken thousands of lives and threatens millions of lives all over the world. This epidemic is called *Substance Abuse*, which is usually known as *drug addiction*.

It is possible that you have direct experience of persons who use alcohol or other drugs. This unit will explain what substance abuse is and analyze the reasons why people abuse drugs. The units that follows will discuss the implications of substance abuse, prevention and treatment.

1.2 IMPORTANCE OF THE STUDY OF SUBSTANCE ABUSE AND HIV/AIDS

The most precious possession we have on earth is our life. Quality of life is measured by many factors. There is an idiom that says '*a healthy mind in a healthy body*'. Maintaining a healthy mind is very important for every human being. This is possible only by learning to take care of one's health. We learn this from our home and from the lessons we learn at school and other agencies of society. At school we learnt of many important measures to keep ourselves and our society healthy. We are told many times that alcohol and other intoxicating food and drink are dangerous for our health and the well being of our society. In recent times alcohol and other intoxicating drugs have posed a great threat to humanity because, unlike in the past, intoxicating drugs have become more widely used by people, especially the young. It has become a fashion to use alcohol even at a very young age. Besides alcohol, there are many other killer drugs in the market which can make a person dependant on them for a life time if he/she uses them for five or six times. Heroine, cocaine and other drugs, which are available in the market, have destroyed many young lives. Much of this has happened due to ignorance. The information we get about drugs and alcohol, mainly from magazines and friends, is incomplete or faulty. Since our life and often the lives of our dear ones, depend on the correct and adequate information about this, these lessons are very important.

You will already have learnt about HIV/AIDS. You have learnt how HIV/AIDS spreads through blood and other body fluids. Many of the drug abusers use syringes to inject drugs into their bodies. They also share the same needle among many, without properly sterilizing it. This spreads the HIV virus among the drug users. Under the influence of alcohol and other drugs they also engage in sexual activities with infected persons. This way an uninfected person can easily become an HIV positive case even with one such act. Proper information will lead to right motivation. This makes it all the more important to learn about the connection between drug abuse and HIV/AIDS.

Check Your Progress I

1. What is the importance of studying about Substance Abuse and HIV/AIDS?

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1.3 RELATIONSHIP BETWEEN SUBSTANCE ABUSE AND HIV/AIDS

The two killer diseases, drug abuse and HIV/AIDS are very closely related. The following reasons will give a clear picture of their relationship:

- both of them are of recent origin
- both affect mainly the young people

- both have no permanent cure
- both have social implications and
- both have health-related issues.

Drug abuse and HIV/AIDS are considered socio-medical problems, which appeared during the last quarter of the 20th century. It is true that people have been using alcohol from very ancient times. But it was never a social problem as it has become today. As we mentioned earlier, other psychotropic drugs, which have high addictive potential, are of very recent origin. With the advancement of communication and transportation facilities the availability of these drugs has become much easier. Drugs produced in any part of the globe can reach any other part within a few days or even in few hours time. HIV virus was detected just in 1981. Yet within a span of less than 20 years it has become a major global health problem threatening the populations of several countries.

The majority of the people who become prey to drug abuse and HIV/AIDS are young people. The young are more curious to try out new things and experiment with new kinds of behavior. Due to this in some countries like Uganda [Africa] the entire young population is decimated. It is also due to the fact that these diseases are spread through particular kind of behavior.

Till now no cure has been found for HIV/AIDS and drug abuse. Some treatment is possible to control the disease, but it does not offer any permanent cure. This makes it all the more important that preventive measures like education and behaviour modification are taken. These are the most effective ways to protect the individual and the society.

Both HIV/AIDS as well as drug abuse are social problems. Both of them affect the well being of the individual as well as of the society. They also have a very long lasting effect on the life of the society. This is because treatment of these diseases is very expensive, and it affects the productivity of the society. Without sufficient care and control, this can lead to destruction of the society to a certain extent.

The health of the individual affects the health of the society. Drug abuse kills the person in the prime of his youth. An AIDS infected person can hope to live for 10 to 15 years or even more. Much of this time he will be spending in health care centers. They both kill slowly but surely.

Check Your Progress II

1. Is there a relationship between substance abuse and HIV?

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What is substance abuse?

Earlier in this lesson we have used the terms drug abuse and substance abuse to explain the same phenomenon. Similarly we have also used the

terms abuse and addiction to mean the same thing. We shall explain these words and terms one by one.

What is a drug?

According to World Health Organization (WHO) a drug is any substance which, introduced into a living organism can modify the state of equilibrium of that organism, or one of its functions. A drug is any chemical that can be used for medical or non-medical purposes.

In the strict sense of the word a drug is any substance that can modify the mental activity of the user. Drugs are chemicals that act on the central nervous system of the user. They are also called psychotropic drugs. They can be licit or illicit.

Definition of drug abuse

According to Mitchell "drug abuse is the improper or illegal use of a drug, taking it in excessive doses or where no medical reason exists."

After the Renaissance, and the Industrial Revolution, there was tremendous progress in all the areas of science. Opium occupied a very important place in medical preparations. The English physicians like Thomas Sydenham (1624-1689) and Dr. Thomas Dover were ardent promoters of opium as a powerful remedy for many illness.

The World Health Organization has defined 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 (natural or synthetic). Its characteristics include:

1. An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means
2. A tendency to increase the dose
3. A psychic (psychological) and sometimes a physical dependence on the effect of the drugs.

The World Health Organization has recommended the term 'drug dependence' rather than 'drug abuse' to emphasize two facts that the individual who uses the chemical becomes dependant on the chemical for his life time and that the person uses the chemical for his own survival.

Check Your Progress III

1. What is substance abuse?

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Important Terms

In any discussion on drug abuse we come across some terms frequently. It is good to know the meaning of those terms, so that we can understand them without much difficulty.

1. *Cocaine* : A drug made from cocoa plant which can be used also as a painkiller.

2. *Excessive desire* : A physical or psychological need beyond the control of the will.
3. *HIV-AIDS*: A disease caused by human immuno deficiency virus.
4. *Heroin*: A highly addictive painkiller chemical produced from opium poppy.
5. *Intoxicating*: Capable of making a person drunk or leading him beyond self-control.
6. *Socio-Medical*: Related to the field of both sociology as well as medicine.
7. *Sterilize*: Make free from disease producing germs.
8. *Dependence*: Dependence can be of two types:
 - (a) *Physical dependence*: When an individual uses a particular habit forming chemical for a period of time, his body gets used to its effects for its normal functioning. After a period of time it becomes impossible for that person to function normally without the chemical. In other words the person's body becomes dependant on the chemical for its normal functioning.
 - (b) *Psychical dependence*: This is a state of mind. When a person uses chemicals for a period of time the euphoric feelings related to the chemicals get registered in the mind. Although the person can manage to maintain his physical life without the chemical, his mind craves for the chemical. Ganja is one such drug, which produces psychic craving without producing physical dependency.
9. *Tolerance*: This is the effect of prolonged use of a habit forming chemical. When a drug is used for some time the body and the mind get used to the effect of the drug. Then it will require more and more drugs to produce the same effect. A normal life experience will explain this. If a person uses one tablet to reduce a headache today, he may require two or more tablets to reduce his/her headache later in life.
10. *Withdrawal*: A person who is using a chemical for a long time will get used to the effects of that chemical. When the person suddenly stops the use of that chemical, his body and mind will start reacting to the absence of that particular chemical.
11. *Detoxification*: Detoxification is gradual withdrawal by physically dependent drug users, most often using decreasing amount of either the specific drugs of dependence or cross tolerant drugs. Detoxification can also be done without the help of other drugs, if the person is ready to go through the withdrawal syndrome. In some cases acupuncture methods also have been found helpful

1.4 HISTORY OF SUBSTANCE ABUSE

Substance abuse is as old as human history. Almost all the ancient religious texts refer to the use of mind-altering substances. Religious epics have reference to these chemicals as the food of the gods.

Secular epics like the Iliad and the Odyssey mention about some kind of plant that could make one forget all the cares and worries of life. Greek soldiers took some kind of preparation of opium and other kinds of drugs to dull their senses when they went to war. The Greek god Bacchus and the Roman goddess Ceres were patrons of wine and intoxication.

The History of Opium

The clay tablets found at the excavation sites of some of the ancient Sumarian towns have reference to the cultivation of poppies and preparation of opium which dates back to 5000 BC. They called the poppy plant *Ajoy*. The Assyrians who conquered the Sumarians seem to have used opium as a medicine. We have no way of knowing whether at that period there was widespread abuse of opium.

The Egyptians too used opium. They used it as a remedy for some diseases as well as a painkiller. It was possible that they used it mixed with wine. The Romans used opium both as a medicine as well as a sedative. The Romans punished treason by crucifixion. When they wanted to show some compassion for the victim, they used to offer the convict wine mixed with an opium preparation to reduce his pain.

Hippocrates, the Greek physician, known as the father of medicine was possibly acquainted with poppy juice for he has referred to a substance called mecon with both anti purgative and narcotic action. Galen was the leading Roman physician who encouraged the use of opium. He was instrumental in popularizing the use of opium in Rome and in the Roman Empire. As a result even the Emperor Servus became an addict to opium. Opium was sold in the Roman market by the second half of the second century AD.

Arab physicians used opium extensively. The most famous of them was Avicenna (A.D.980-1037). He himself seems to have died of an overdose of opium. It is alleged that it was the Arab traders who introduced opium to the East around this time. The Arab traders took opium to China and to other parts of the eastern world. Barbosa, the Portuguese traveler mentions opium as an Indian product. In 1546, the French naturalist, Belon traveled through Asia Minor and Egypt and found that the Turks were such great opium addicts that they were ready to purchase it with their last penny.

History of Alcohol

From ancient times the human race had learnt the art of brewing fermented liquor. The use of liquor was widespread because it formed a part of the ceremonial and sacrificial rites in the Vedic period. Even during these times narcotic products of the hemp plant (ganja) were mostly used for medicinal purposes. Discussing the familiarity of our ancients with alcohol, Simmonds in his book 'Alcohol, its Production, Properties and Application' says, 'there is little doubt that distilled alcoholic beverage have been known in India since 800 B.C and in Sri Lanka from time immemorial' (Dr. Joan Chunkapura, Alcoholism, Psychosocial Variables 1988).

Although alcohol, like opium, has many healing properties, its potential for abuse has been known to human kind from ancient times. Society and religion have been trying to minimize the danger of alcohol since

• then. The Code of Hammurabi (1700 B.C) attempted to regulate dining houses in Babylon. The Roman Empire tried prohibition of alcohol by discouraging grape production. People were encouraged to cut down vineyards and produce grain instead.



In the Middle Ages, in some of the European countries heavy drinkers were led out of town by a cord strung through their nostrils. Religion has been able to reduce alcohol use and even impose abstinence, to some extent. But legislation was not as successful as religious interventions.

In the days prior to the Industrial Revolution, alcoholism did not create the kind of threat that it poses today. With new methods of producing alcoholic drinks with a higher content of alcohol in them, the problem has become more serious. Besides, today there is promotion of alcohol consumption through advertisement and other campaigns.

History of Psychotropic Drugs

Abuse of psychotropic drugs became a matter of serious concern after the First World War. In 1898, heroin was synthetically produced from opium by Heinrich Dreser.

During the First World War heroine was used to treat the wounded soldiers. The Second World War produced many soldiers who were treated with heroine for their wounds and who later became addicts. Over the past three decades, the use of illegal drugs has spread at an unprecedented rate and has reached every part of the globe. No nation has been immune to the problem of drug abuse. At the same time, the world community has shown intense concern over the problem. During the middle and late 1960's, a great deal was heard about LSD. By 1970

it was estimated that some two million people were taking LSD all over the world.

Cocaine and heroin became popular in the late nineteen sixties. Rock music and hippie culture contributed to the growth and spread of drug culture. The later part of 'seventies saw the emergence of various terrorist groups all over the world. Terrorism, arms trade and drug trafficking go together. The drug trade in the Golden Triangle and the cocaine trade in the South American continent are controlled by various terrorist groups.

Substance Abuse is a Health Issue

We need to educate communities, particularly the young on how to cope in a society where drugs proliferate. This is only possible if political leaders, law-makers and society at large recognize the many dimensions of the drug problem and all work together to support the efforts of health professionals.

Substance abuse, like an epidemic has touched every corner of the world. New drugs and more dangerous patterns are replacing the old cultural patterns of drug abuse. Therefore society should become aware of the need to prevent drug abuse collectively. Health policies of the government must take into account drug issues in framing health policies. The Drug policies should integrate health issues in their preview.

Public Perception of Drug Abuse

"The state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and in particular, the state shall endeavor to bring about prohibition of the consumption, except for medicinal purposes, of intoxicating drinks and of drugs which are injurious to health." (The Constitution of India, Article 47)

Mahatma Gandhi, the Father of our Nation has said: If I were appointed dictator for one hour in India, the first thing I would do would be to close without compensation all liquor shops and destroy all toddy palms" (The Harijan: 1935). The way we see the problem will decide the way we solve it. The public perception of alcohol has been ambivalent. There have been economic and political compulsions preventing an effective implementation of prohibition in India.

The threat of drug abuse is a serious problem. At the same time the lack of awareness on the part of the public is also an equally serious one. Today India has more stringent laws to punish drug-related offenses and also has more treatment centers. A serious combined effort on the part of the public and the government is not yet forthcoming. Some of the reasons for this situation are noted below.

Indifference: Indifference to a situation is due to ignorance. The general public has many false notions about drug abuse. Some consider it as the problem of the Western countries, while, others blame the rich. Either way it is not seen as a problem that affects the nation, and its functioning.

Sense of helplessness: Addiction is still seen as a crime or a moral weakness. Due to this parents and relations of the addict hide it: There is a sense of shame and guilt on the part of the family members, which prevent them from seeking help on time. Besides the relapse rate of those who are treated is so high that often the addict and the relatives see no point in seeking help.

Moralizing: The spread of addiction is blamed on the spread of western lifestyles. Although there is some truth in it, blaming does not help to solve the problem. Today it is not possible for one to live in isolation. The benefits of the western civilization cannot be enjoyed without getting some of its evil effects.

What solution? One way out of this situation is a common-sense approach. Educating the public in the proper way to reduce the indifference, helplessness and moralizing. This process of education should start at the school level. Educating the parents about the possibility of children taking to drugs will reduce the sense of helplessness. Like in the schools, drug abuse in work place is also a serious problem. Both the employees and the employer should have accurate knowledge about drug abuse and related consequences.

The government should make an extensive survey to assess the extent of the problem and the most vulnerable zones. Government needs to encourage other agencies to help out in the prevention and treatment of drug abuse.

Removing the Glamour

Drug abuse has become a serious menace for our human race due to certain factors in the society. To control the problem of drug abuse it is important to try to change the beliefs, habits and social customs that make the drug and alcohol use pleasurable, glamorous and special. The society will have to learn to examine actively all those expressions that are currently used to make the drugs appear special and replace them by words which more accurately describe the real experience. Many of the tabloids advertise tobacco and alcohol as the best means of relaxation. You are all familiar with the punch line "Relax, have a Charminar", or the name. "Director's Special". They try to establish the myth that to relax, the best means is to smoke, and to be some body in the corporate hierarchy is to drink alcohol.

If the society begins to see drug use and alcohol consumption as something silly and flat, the prevention work will be more successful. Gradually society can hope to reach the stage where even habitual users recognize that they are stuck in a limited routine, and therefore less able to enjoy *real* life.

1.5 LET US SUM UP

As you went through the various sections of this you were getting more familiarized with the problem of drug abuse and the importance of studying the various aspects of it. The first section gave you a detailed description about the importance of this study. The next section

described the close relation between the two epidemics, Drug Abuse and HIV/AIDS. The section that followed described what drug abuse is, and helped to be familiarize you with some of the important concepts related to this study.

The last section presented you with the history of substance abuse. The concluding section gave you a description of the public attitude to drug abuse. When you complete this unit you will be more confidently able to discuss some of the issues which were totally strange to you before.

Check Your Progress IV

1. What do you understand by moralizing?

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1.6 KEY WORDS

- Cocaine** : A painkiller drug produced from coca leaves
- Excessive desire** : A physical or psychological need beyond the control of the will
- HIV/AIDS** : A disease caused by Human Immuno Deficiency Virus
- Heroine** : A very highly addictive painkiller drug produced from opium poppy
- Intoxicating** : Capable of producing a state beyond self-control,
- Socio-medical** : Related to the social and medical field
- Sterilize** : Make free of disease causing germs

1.7 MODEL ANSWERS

Check Your Progress I

1. What is the importance of the study of drug abuse and HIV/AIDS?

Some of the things we study are important for our lives, others are important to our careers. Drug abuse and HIV/AIDS are two epidemics that are rampant in society. These can kill anybody. Therefore it is very important to have sufficient knowledge about them so that the addict/patient himself and his relations and friends can live a healthy and happy life.

With regard to drug abuse and HIV/AIDS there is not only ignorance, but also a lot of misunderstanding prevalent in society. A proper understanding of these two issues is of utmost importance to all citizens

Check Your Progress II

1. Is there a relationship between substance abuse and HIV?

These two diseases are related in many ways. Some of the relationships are that both are social and medical problems. Secondly, both are behavioral problems. Thirdly, both are diseases that affect mainly the youth. Fourthly, both affect the nation's well-being.

Check Your Progress III

1. What is substance abuse?

The WHO defines drug addiction as a state of periodic or chronic intoxication detrimental to the individuals and to society produced by the repeated consumption of a drug (natural or synthetic).

Check Your Progress IV

1. What do you understand by moralizing?

The spread of addiction is blamed on the spread of Western lifestyles. Although there is some truth in it, blaming does not help to solve the problem. Today it is not possible for one to live in isolation. The benefits of western civilization cannot be enjoyed without getting some of its evil effects.

1.8 FURTHER READINGS

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UNIT 2 COMMONLY USED DRUGS AND TARGET GROUPS

Contents

- 2.0 Aims and Objectives
- 2.1 Introduction
- 2.2 Why do People Abuse Drugs
- 2.3 Theories Related to Drug Abuse
- 2.4 Kinds of Commonly Abused Drugs
- 2.5 Myths Related to Drugs and Drug Abuse
- 2.6 Let Us Sum Up
- 2.7 Key Words
- 2.8 Model Answers
- 2.9 Further Readings

2.0 AIMS AND OBJECTIVES

This unit will give you a detailed explanation of the kinds of drugs that are often abused. It will also give a clear understanding of the reasons why people abuse drugs. The aim of this unit is to help you understand more about various kinds of drugs which are addictive. It will give you also some details about their impact on our minds. The explanations will also help remove many of the wrong ideas you may have about drugs and drug abuse. When you complete reading this lesson you will be able to:

- explain the kinds of drugs people abuse,
- understand the nature and actions of various kinds of drinks on the mind,
- understand why people abuse drugs,
- understand addiction as a disease, and
- distinguish the various groups who are likely to abuse drugs.

2.1 INTRODUCTION

Many drugs like cannabis and alcohol have been abused by human kind from the earliest times. With more progress in science, today we are able to produce drugs which are a hundred times more powerful than alcohol and can influence the functioning of the brain. Not only are they powerful enough to alter the functioning of the human brain, but they are also very addictive. Many of the young people are ignorant about the real nature of these chemicals. Knowledge is power. This lesson gives you the correct picture of these chemicals which will enable you to make right decisions about these chemicals and also pass on this

information to other persons. Drugs are not dangerous. Only the wrong use of them is dangerous.

2.2 WHY DO PEOPLE ABUSE DRUGS?

People are different. So they use or abuse drugs for different reasons. It is difficult to identify the exact reasons of drug abuse. Whatever may be the reason, drug abuse is harmful for the individual, family and the society. An addict is a person who continues to use drugs even when he knows that the drug he is using is killing him. He is not capable of stopping it.

The simple reason people use drugs is that it makes them happy. In other words drugs are abused to get happiness. Every human being wants to be happy. Drugs can make people happy by making them forget their worries. That is why people continue to use them even when drugs are harming them directly. There are certain other reasons why drugs are abused. They are discussed below:

Peer pressure: All of us, young or old are greatly affected by what other people, especially our friends think about us. These influences on us in our thinking and actions are peer pressure. Adolescents are more concerned about what their friends think about them. It is because they know much less about the world reality and truth, though they think they know everything. At this age the young ones are not able to distinguish right from wrong easily.

Like drugs, peer pressure is good or bad according to what one does with it. If the friends are good, a person will be influenced for doing good. Unfortunately, the same peer pressure that acts on the group within an accepted code of behavior can also push an individual towards the wrong path. Drug users, since they have rather poor self-esteem, seek approval for their behavior from their peers. So they often convince others to join them and develop their habits as a way of winning acceptance.

Curiosity: Curiosity is an instinct. It helps us to seek and understand things that we do not know. Both young and old are influenced by curiosity, though it is the young ones who are more influenced. They see or hear what the drug can do to a person and want to experience what they think is real. The first taste, and its effect on the user, greatly influences whether the individual continues to take drugs or not. The younger the age at which an individual first tries drugs, the more likely he or she is to try again.

Ignorance: Wrong information about drugs and their effects is common among the public. Governments, scientists, experts and others have had only limited success in communicating accurate information. As drug use has spread throughout the world, myths have grown and facts have been distorted and subjected to ridicule. Individuals often begin taking drugs as an experiment, with the belief that the substances are not dangerous. If the drug gives the effect that the individual is seeking then the user's lack of knowledge about the health consequences permits continued use. By the time the dangers are fully realized, it is too late for that person to stop taking drugs or to reverse the damage.

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Alienation: Alienation is a kind of feeling a person can have as not being part of the group or the society where he lives or works. Human beings seem to require a sense of belonging, be it to a family, a tribe, a community, or a country. An individual who does not feel that he belongs to any of these groups will do anything to belong to any group. Too often the willing group is composed of other people who feel similarly isolated and who have turned to drugs as an escape. Feeling welcome in the new environment, where drug use is acceptable, can lead to disastrous results, for the individual and for society as a whole.

Changing social structure : A society continues to change. Sometimes it changes so fast that all the members are not able to keep pace with the changes. Sometimes the changes are for the worse. When a society that served as a support group for its members begins to change and they are not able to adapt, they will look for refuge and help in the world of drugs. This happens because they are not able to understand the change or are not able to adapt to the needs of the changing circumstances. This is one of the reasons why an increasing number of youth from the villages coming to the cities and becoming addicts. The sudden shift from the style of life in the villages to the towns has caused them to take refuge in drug abuse.

Urbanization and unemployment: In India our country, as in many parts of the world, large number of people from the villages come to the cities in search of jobs. Often, these people face a lot of problems. They are coming to a totally different kind of situation, which they find difficult to understand and adjust to. They will be separated from their family for the first time. The City life has different kinds of traditions and values, which a villager will find difficult to accept. With no family and friends to support them they will feel lonely and isolated. This isolation will lead them to despair and boredom.

Many of those who come to the towns will have had very little education. This will lead to unemployment. With all the traditional support gone, many of the migrants will take to drugs as a solution to their loneliness and boredom.

Check your progress I

1. Is there any one single reason for drug abuse? Explain briefly.

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2.3 THEORIES RELATED TO DRUG ABUSE

Drug abuse is a complex problem. Scientists, medical professionals and sociologists have been trying to understand these problems from different angles. This has produced many theories. Some of them explain why people begin to use drugs and others explain why people continue to use them. Some theories explain both the aspects.

Biological Theories

- (a). *Genetic theory:* This theory holds that alcoholism is an inherited disease. If a person is an alcoholic his/her child may also become

an alcoholic. *The researchers have not succeeded in explaining how this happens.*

- (b) *Endocrine theory:* Some scientists believe that alcoholism is the result of a dysfunction of the endocrine system. Due to certain failure in the endocrine system, such people cannot digest alcohol properly and this causes alcoholism.
- (c) *Allergy related:* Some people due to some unidentifiable reasons are allergic to alcohol and so alcoholism is an allergic response than a disease.

Psychological Theories: The foundation of this theory is that the addicts/alcoholics possess distinctive psychological traits which make up an alcoholic personality.

- (a) *Psychoanalytic theory:* This holds the position that addiction of any kind is the result of repressed urges, childhood trauma, unmet needs or even self punishment. The root of addiction is in the unconscious mind, and so it is not possible for the person to get over the problem all by himself.
- (b) *Learning theory:* This theory holds that addiction is a learnt habit. A person finds that drugs can solve problems from his experience. So whenever a person has problems he will turn to drugs to solve them. When such actions are repeated often, they become habits.
- (c) *Personality trait theory:* This theory states that some persons have a predisposed personality that makes them addicts. Such kind of people cannot take stress and failures. They have unrealistic expectations about themselves and the world as a whole. They may be persons who are searching for the easy way out in life.

Sociological Theories: Addicts seldom uses drugs alone. Drug abuse is a social activity. Drugs are also used or abused for religious reasons as well. Therefore it is natural to assume that drug abuse is influenced by socio-religious attitudes.

Cultural Theory: This is directly applicable to the use of alcohol. There are three factors that determine the use of alcohol by a person. They are: the attitude of the society towards drinking, the other means the culture provides for releasing tension and the how the culture causes tension in the society. If a culture is rigid and causes more tension that the members can accept, it is possible that addiction may increase in such a society.

Deviant Behaviour Theory: Addiction is some sort of rebellion against existing norms of the society, or other power structures. If a society considers addiction as a deviant behaviour it can encourage the rebellious addict to continue with his behavior. As you see none of the theories fully explain the complex fact of addiction. Still more research is going on to understand more fully the various factors leading to addiction.

2.4 KINDS OF COMMONLY ABUSED DRUGS

The following table will give the names of commonly abused drugs, route of administration, its short term and long term effect, withdrawal syndrome and level of tolerance.

Name of the drug	Route	Short term effect of abuse	Long term effect of abuse	Withdrawal syndrome	Level of tolerance
1. Alcohol	Oral	Sense of well-being, Loss of inhibition, Lack of motor coordination, Impairment of judgement	Liver damage, Brain damage, Schizophrenia,	Anxiety, Sleeplessness, Delirium tremens	Little
2. Narcotic Analgesics Opium Morphine Heroin Brown sugar Pethedine	Oral, Injected, Smoked	Sense of well-being up to 12 hrs, Loss of appetite, Drowsiness	Mental impairment, Damage to respiratory system, Other health related problems	Vomiting, Diarrhoea, Cold, body cramps	Very high
3. Stimulants Cocaine, Amphithemine	Oral, Injected Snorted	Euphorian, Increased mental and physical alertness, High blood pressure	Acute anxiety, Nasal ulcer Brain damage	Insomnia, Restlessness, Body cramps, Depression, Increased, appetite	Very high
4. Depressants Alcohol* Barbiturates Diazepam	Oral, Injected	Euphoria, Relief from anxiety, Loss of inhibitions, Poor physical and mental coordination	Depression, Fatigue Unclear vision, Poor sleep, Impaired sexual function	Delirium tremens Restlessness Diarrhoea, Vomiting	Very high
5. Hallucinogens LSD, Mescaline Phencyclidine, Psilocybin	Oral, Injected	Mood swing, Hightened sense experience, Hallucinations	Depression, Mental illness, Flash backs	Only psychic withdrawal syndromes, no physical withdrawn syndromes	Low
6. Cannabis Ganja, Charas Hash oil	Smoked Injected	Euphoria, Increased heart beat, Hightened sensory perception, Alertness of senses	Fatigue, Paranoia Psychosis	Anxiety, Sleeplessness	Low

* Though alcohol is a stimulant, at higher doses, it is a depressant.

Classification of Drugs According to Their Effects

Drugs can be classified into four groups based on their effect on the central nervous system.

- (a) **Narcotic Analgesics:** These are drugs that can relieve pain and deaden the nerves. Medically they refer to opium and opium derivatives or synthetic substitutes that can produce opium like effects.
- (b) **Stimulants.** They are drugs which excite or speed up the central nervous system. They are also known as Auppers.
- (c) **Depressants:** They are drugs, which depress or slow down the functions of the central nervous system. They calm down or induce sleep. Many of these drugs are used for treating mental illness.
- (d) **Hallucinogens:** Hallucinogens are drugs which dramatically affect perception, emotion and mental process. The user may experience panic, confusion, suspicion, anxiety and loss of control

Classification According To Origin

According to the origin of drugs, they can be classified as natural, semi synthetic, synthetic and designer drugs.

- (a) **Natural drugs:** They are naturally existing drugs, like opium, cannabis etc. No chemical process is needed for the production of these drugs.
- (b) **Semi synthetic drugs:** They are produced in the laboratory from natural drugs with the help of some chemicals. Heroin, alcohol etc. belong to this category.
- (c) **Synthetic drugs:** They are drugs produced with non organic materials in the laboratory, e.g. Methadone, barbiturates etc.
- (d) **Designer drugs:** These need special mention because of their very high addictive potential. They are mainly synthetic drugs, and are illegally produced. A designer drug is produced every time some one wants to transform an illegal drug, whose trafficking and manufacture are criminal offences into another drug with similar effects which does not figure on the list of forbidden substances, by adding a molecule to the original chain. Eg. Ecstasy, Synthetic heroin etc.

Alcohol

The word alcohol comes from an Arabic word Aal-kuhul which mean finely divided spirit. There are many types of alcohol. Ethyl alcohol is what is commonly used as a drink. Most of the alcoholic drinks like whisky, gin, rum etc. contain 40 to 60 per cent of alcohol. Country spirit (local brew) may contain up to 65 per cent of alcohol.

Methyl alcohol is produced from wood through a chemical process. This is used for industrial purposes. This is a poisonous drink and we have witnessed many cases of persons dying due to drinking methyl alcohol.

How fast alcohol can influence the body will depend on many factors:

- Speed of drinking,
- Body weight of the user,
- Presence of food in the stomach,
- Alcoholic content in the drink, and
- Drinking experience.

Alcoholism

The most accepted definition of alcoholism is by Keller and Effron. They define alcoholism as 'a chronic illness, psychic, somatic or psychosomatic, which manifests itself as a disorder of behavior'. It is characterized by the repeated drinking of alcoholic beverages, to an extent that exceeds customary, dietary use or compliance with the social customs of the community and that interferes with the drinker's health or the social or economic functioning.

There is a difference between an alcoholic and a social drinker. Marty Mann defines an alcoholic as one whose drinking causes continuing problems in one or more areas of his life

A social drinker is one who drinks the way his social group permits. Drinking alcohol does not cause him any problem in his life.

Stages of Alcoholism

Early Stage

- **Increased tolerance:** The person needs more alcohol to produce the desired effect.
- **Black out:** A complete loss of memory for a period of time, while functioning physically and mentally in an otherwise normal fashion.
- **Preoccupation with drinking:** The person is always thinking about the next drink.
- **Avoiding any talk about drinking.**

Middle Stage

- **Loss of control:** The person cannot control the amount of alcohol, the place of drinking, and the time of drinking.
 - **Justifying drinking:** The person finds new excuses for his drinking.
 - **Aggression:** Since he believes that others are the cause for his problems, he begins to abuse them verbally and physically.
 - **Grandiose behavior:** To protect his self-esteem and hide his guilt he begins to show off by spending lavishly on his friends and family.
 - **Changing drinking patterns:** This is to show that he can control his drinking. The person may change the kind of drinks; the place or he may even abstain from drinking for some time.
 - **Chain drinking:** In order to keep the blood alcohol level constant, he starts drinking continuously to prevent withdrawal symptoms
- Chronic stage
- **Binge drinking:** Bouts of continuous drinking for days together followed by total abstinence for a short period.

Paranoia. The person becomes suspicious of everyone. He feels that some one is plotting to kill him

Drug Deception

Drug trade is illegal. There can be a terrible amount of cheating and deception, which may lead to swindling and murder. There is also the danger of unexpected or toxic effects that may result from some of the following deceptive practices:

- (a) **Dilution:** This is done by adding inactive substances to increase the quantity. The result is reduction of weight. The process is also called a cut. Materials used for dilution are atta, sugar, chalk powder sugar etc.
- (b) **Adulteration:** This involves cutting the drugs with an active ingredient. Rat poison may be added to heroin and barbiturates may be added to cocaine.

(c) **Substitution:** This is plain cheating, by selling one chemical in the name of another costly one, eg. synthetic heroin as pure heroin!



• Target Groups

Research shows that drug use among children is ten times more than parents suspect. In addition many students know that their parents do not recognize the extent of drug use, and this leads them to believe that they can use drugs with impunity (US Department of Education).

Even in India drugs have entered the school campus. A decade ago drug abuse was a problem of the affluent West. Today it is spreading to developing countries, which account for 20 percent of the world's addicts. Almost all the metropolitan cities have many drug addicts in schools, colleges and the other educational institutions. The North Eastern states of India are notorious for drug abuse and trafficking.

Most drug users begin taking drugs at an early age, as adolescents or even earlier. Influence of friends [peer] is the deciding factor. Drug use is a school problem because it undermines a student's academic ability. This results in very high rate of dropout from schools.

Drugs disrupt the entire school. They affect the moral character of the students. In addition, drug uses brings into the school environment the illegal activities connected to drug use, drug trade, theft, crime, and even prostitution.

The groups who are more vulnerable to drug abuse are:

1. Street children: India has the largest number of street children. They earn their livelihood by rag-picking, shoe shining, working in small industries and shops. Common drugs used by children are tobacco, crude alcohol, brown sugar, crude alcohol, cannabis, gasoline, glue,

paint, thinner and kerosene (sniffing). Some of them use hard drugs and end up as intravenous drug addicts.

One of the studies recently conducted found that 75 per cent of the children interviewed consumed alcohol on a regular basis. About 25 per cent daily.

Elders and the gangs use these children, to operate as peddlers.

2. **Workers:** Another group highly vulnerable to addiction is the labour class. This includes long distance truck drivers, daily wage earners, particularly the migrant labours who stay away from their homes. The effect of drugs on this group is much more than one may imagine. This habit may lead to sloppy workmanship, loss of productivity, traffic accidents and health care costs.
3. **Sports personnel:** There are certain chemicals that can improve the performance of the athletes. China and erstwhile East Germany admitted to have had used such drugs in the training of their sports personnel. Use of some of these drugs may not become a habit. But they have severe side effects as far as the health of the individual is concerned. Some of the athletes use stimulants like cocaine to boost up their performance.
4. **Artists:** Creativity and mood changing drugs have been closely connected. Music, arts and poetry are creative fields. In a recent study of 12 to 17 year olds conducted for Columbia's Center on Addiction and Substance Abuse, 76 percent said that the entertainment industry encourages illegal drug use. Drug epidemic was fuelled through popular culture, especially rock music. A few of the popular rock stars glamorize drug use.

Some of the well-known writers and poets were under the influence of the chemicals. They have been using the mind-altering property of the drugs to add creativity to their works.

5. **Persons engaged in routine and monotonous work.** This group include drivers, law enforcing authorities, defense personnel etc. As their job demands a lot of physical strain in some cases use of alcohol has become part of their way of functioning, and in some cases they become dependant on drugs.

Going through these various groups we find that they all use drugs for different reasons. It goes to prove that drug abuse has no one single cause, nor is it related to one class or kind of people.

Check your progress II

1. What are some of the theories related to drug abuse?

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2.5 MYTHS RELATED TO DRUGS AND DRUG ABUSE

Myths are what is popularly believed but in fact are false. The general public has not properly understood drugs and their effects. Many people

become addicts due to false notions related to drugs. Let us discuss some of them here:

1. Only weak individuals become addicts. The fact is that the reverse is true: addicts become weak individuals. No one starts using drugs to become addicts. As we saw earlier, people begin to abuse drugs for different reasons. Even at that stage an addict has strong will power when it comes to getting the supply of drugs. An addict will take any risk to maintain his drug habit.
2. Besides, the strength of the will depends on motivation. Motivation depends on priority. For the addict the number one priority is the chemical, because it solves all his problems. Thus the addict chooses to get the chemicals more than any other thing to satisfy his/her needs.
3. Drugs give mental and physical strength. Drugs can change the reasoning capacity of the individual. So he will be ready to do things which he was not capable of doing without the influence of the drugs. Secondly the strength that one gets is only a short-term measure. Drugs also help a person to overcome inhibitions, and fears and make him look like a courageous person.
4. Recreational use of drugs is not harmful. All illegal drugs are harmful. They cause physical and psychological changes in the user. Prolonged drug use leads to addiction. Besides all drugs are expensive. They make the user poor physically and financially. It also encourages drug trafficking.
5. Everybody is taking drugs. The fact is that this is an argument used by those who use drugs to gain acceptability for their behavior. Even if there are many people using drugs the majority of the people do not use drugs. Peer pressure is difficult to cope with and it takes more courage and strength to stand up for what is right and to resist drugs. Everybody is not using drugs.
6. Drugs help to forget failures and painful events of life. The fact is that it helps you forget only as long as the effect of the chemical lasts, for one to three hours! It works only for the time being. It is like burying problems alive; the ghost will come back to haunt you the next day.
7. Drugs help to keep peer group status. The fact is that the peer group has no status. All those who drink are drinking because they cannot stop drinking. They want to stop but cannot. The status the peer group pretends to have is unreal and unhealthy.
8. Drugs improve your concentration. The fact is that it is feasting on borrowed money. Drugs can increase mental performance, but they certainly kill the brain cells in the long run.

Therefore one needs to be very careful in responding to all types of talks which go around regarding the use of drugs.

2.6 LET US SUM UP

The aim of this unit is to:

Familiarize you with the facts of drug abuse. You are now able to distinguish between use and abuse of drugs. You can discuss why different people abuse drugs for different reasons. You are able to distinguish between different kinds of drugs and how they affect the functioning of the various parts of our body. You also understand that drugs can be manufactured in different ways. You realize that there are many legal implications of drug abuse. Different kinds of drugs are abused by different kinds of people. We talked of wrong ideas that people have about effect of drugs in their lives. Finally we discussed certain myths related to drug abuse. Drugs are abused because of the wrong notion they have about their effect on the body and mind.

2.7 KEY WORDS

Addictive	: Causing addiction, dependence
Boredom	: State of being bored, not interested in any useful occupation.
Cannabis	: Any hemp plant, Ganja
Ethyl alcohol	: Ethanol, a colourless liquid forming the intoxicating element in wine, beer etc.
Peer pressur	: Influence of other persons of the same age group, profession, ideology on another to act in the same manner as others in the group
Self esteem	: Good opinion of oneself.

2.8 MODEL ANSWERS

Check Your Progress I

1. Is there one single reason for drug abuse?

There is no one single reason for drug abuse. Scientific researches have given different answers explaining drug abuse. Drug abuse involves a person's physical, psychological and social environment. There are some reasons why a person begins to use drugs, and there are other reasons why he continues to use drugs.

Check Your Progress II

1. What are some of the theories related to drug abuse?

The theories related to drug abuse can be divided into three main groups.

- i. *Physiological theories:* They explain drug abuse as a physiological problem. A person uses drug to fulfill some physiological need. It may be lack of a nutrient, or the result of some kind of allergic reaction of the body.
- ii. *Psychological theories:* Psychological theories focuses mainly on the behavior of the addict. An addict has some kind of a personality, which makes him predisposed to addiction. This pre disposition is often the result of a person's childhood experience.

- iii. *Sociological theories*: An individual's behavior and character is very much influenced by the society in which he lives. If the society glamorizes drugs individuals will take to drugs easily. The society can promote or discourage drug abuse by its own established norms.

2.9 FURTHER READINGS

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UNIT 3 EXTENT OF PREVALENCE OF SUBSTANCE ABUSE AND TRAFFICKING IN INDIA

Contents

- 3.0 Aims and Objectives
- 3.1 Introduction
- 3.2 Drug Abuse as a Social Problem
- 3.3 Drug Trafficking
- 3.4 Facts and Figures Related to Drug Abuse
- 3.5 Drug Abuse Among Different Groups
- 3.6 Let Us Sum Up
- 3.7 Key Words
- 3.8 Model Answers
- 3.9 Further Readings

3.0 AIMS AND OBJECTIVES

This unit will help you to get acquainted with different groups of people who abuse drugs. Drug abuse has affected various classes of people differently according to their ethnic groups, occupation, age sex, etc.

When you complete this unit you will be able to:

- Distinguish how drug abuse has influenced various classes and social groups;
- Identify the extent and the areas of drug trafficking; and
- Evaluate the consequences of drug trafficking.

3.1 INTRODUCTION

It is our experience that an epidemic or a disease does not affect all the people of a region equally. For example malaria and T.B may affect the poor sections of the people more. Similarly heart disease affects men more than women. Likewise, substance abuse has affected the population of India in varying degrees. We find that there are more addicts among the youth and urban population. We also find that certain ethnic groups become more vulnerable to drug abuse than the others do.

Similarly drug trafficking is prevalent in some areas more than others. To some extent geographical and political reasons are behind such variations. This unit will describe and analyze in detail the phenomenon of drug abuse, trafficking and the various groups connected with it.

3.2 DRUG ABUSE AS A SOCIAL PROBLEM

A social problem is a pattern of behaviour that constitutes a threat to society or to those groups and institutions of which society is composed. In other words social problems arise due to the behaviour of a group of persons in the society. The behaviour of this group of people in the society is not helpful for themselves or for the society as a whole. An earthquake or a flood is not a social problem, but crime, illiteracy etc. are social problems. The difference is that one is man made, and the other is a natural calamity.

All the societies have rules and regulations that prohibit such actions as murder, rape, robbery etc. These rules or norms help the society function smoothly and to progress. When groups of people go against these rules, it become impossible for other members of the society to live in peace.

Human history has also been a history of drug abuse. Since earliest times herbs, roots, bark, and plants have been used to relieve pain and help control disease. In itself, the use of drugs does not constitute an evil; drugs, properly administered, have been a medical blessing. During the past two decades the use of illegal drugs has spread at an alarming rate and has reached every part of the globe.

The drug problem is a problem of the world society. "Drug abuse is no longer considered a victimless crime; it is a crime that imposes a staggering burden on the people and the nations of the world. It is a burden no society can afford to carry. The illicit production, distribution and consumption of drugs have intimidated and corrupted public servants and have even destabilized Governments. The erratic ebb and flow and sheer volume of drug money have affected the money supply and exchange markets" (U.N Report 1992).

Drug abuse is a global social problem. It is not confined to one nation or a continent. This is a social problem that breeds terrorism, black money, arms trade, and murder. Many of the victims are innocent civilians.

The power of the groups trading in drugs and arms are such that they are able to bring down democratically elected governments. Such instances have happened in South America, Sicily and Afghanistan.

Check Your Progress I

1. Is drug abuse a social problem?

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3.3 DRUG TRAFFICKING

Drug trafficking is the illegal transport and sale of drugs from one part of the country to another or from one country to another. Widespread networks of interrelated groups, exist which employ modern technology to produce and transport illicit drugs, carry on drug trade. They are armed both for protection and intimidation, and can be very dangerous.

Their methods are sophisticated and complex, involving a wide variety of drugs from many different sources throughout the world. "This illicit traffic not only violates national drug laws and international conventions but also involves many other criminal activities, including racketeering, conspiracy, bribery and corruption of public officials, tax evasion, banking law violation, illegal money transfers, import/export violations, crimes of violence and terrorism."

Why is there increased drug trafficking in the world? There are many reasons for this. One reason is the growing demand for narcotic drugs. A second reason is that some drugs are naturally occurring and obtained from plants such as the opium poppy and the coca bush while semi synthetic drugs such as heroin and cocaine are produced in the chemical factories located in technologically advanced countries.

A third reason is that some countries have very efficient control systems, whereas some countries directly or indirectly encourage the production and the trafficking of illegal drugs. Most drug trafficking is carried out in secrecy. Drug industry is a multi-billion-rupee business. It is estimated that the annual turnover of this industry is approximately 1600 billion rupees.

Illicit trafficking is increasingly organized by persons or groups which finance and control operations, all without ever handling the drugs themselves. Often it is the professional criminals are who the agents for drug trafficking. The criminals continue to operate in this field because of the tremendous profits.

The drug trafficking groups are often known as the *Mafia*. They have a very efficient network of production and distribution. They also study the market and peak demand areas and the 'drug of choice' in a specific geographic location, while maintaining the flow of narcotics around the world.

Relationship Between Drug Abuse and Trafficking

The simple rule of demand and supply operates in the area of drug abuse and trafficking as well. For an addict the drug becomes an essential commodity. For essential commodities, the demand is inelastic. If the supply is reduced, the demand will not become less, but the price will go up. As we saw in the earlier chapter, the addict will need more and more of the quantity of the drug to satisfy his/her craving. When the addict is not able to meet the expense for the drug he/she requires from his or her own resources, he/she will start trading illegal. Thus she/he becomes an addict as well as develops a link in the illegal trafficking system.

The criminal gangs use children to sell drugs. As per law, children below 12 years cannot be convicted of any crime they commit. "It is in Brazil that the phenomenon of street children has appeared in the largest proportions. They act as couriers for the traffic of illegal drugs and themselves become drug users.... Some children are used in the neighborhood as drug couriers. They are known as *aviozinhos*, the 'little airplanes'. They earn a bit of money that allows them to contribute to their family's subsistence.... From as young as six or seven years old, drugs become an important part of the lives of these children."

Check Your progress II

1. What are the implications of drug abuse?

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3.4 FACTS AND FIGURES RELATED TO DRUG ABUSE

The United Nations Drug Control Programme's Annual Report 1999 has given the following facts and figures of the world estimating the number of drug abusers and the kinds of drugs they use.

Type of Drug	Estimated Total Abusers (in million)	Percentage of World Population
Narcotics	8.0	0.14
Cocaine	13.3	0.23
Cannabis	141.2	2.45
Hallucinogens	25.5	0.44
Sedative Types	30.2	0.52
Estimated Total	227.4 (218.2)	3.92 (3.78)

Source: UNDCP (ROSA) 1999

This table reveals that nearly four persons out of one hundred persons in the world use one or another kind of drugs. This may not be the in all the countries. Some countries have more addicts per hundred than other countries. Cannabis is the most abused drug, followed by sedatives.

Prevalence of Drug Abuse in India

Alcohol, cannabis and opium are the traditional drugs abused in India. Studies conducted in all the four regions of the country showed the following results:

Region	Heroin	Opium	Cannabis	Alcohol
S. India (5 cities)	0.3%	2.6%	5.1%	-
N.E States	1.3%	0.3%	1.7%	19.8%
N. West	0.2%	0.5%	0.4%	17.2%
Delhi	0.3%	0.4%	0.4%	13.4%

The survey was mainly conducted in the urban areas. Therefore the result may not reflect the real picture of the country. As it is clear from the table, the North-Western region has more opium addicts and the North-Eastern region has more heroin addicts. The opium addicts are mainly the working classes. The heroin addicts of North-East and those in the cities who are mostly youth. The labour class as well as the working class use cannabis, but for different reasons.

Production of Illegal Drugs

The production of opium in the world in 1996 was 3900 tons. Eighty percent of this amount is produced in the Golden Crescent and the Golden Triangle. The countries where opium poppy is grown are Afghanistan, Myanmar, Northern Laos and Northern Thailand.

98 percent of the world's cocaine is produced in the South American countries of Peru, Columbia, and Bolivia. The estimated cocaine production in 1996 was about 1000 tons.

Social Cost of Drug Abuse and Trafficking

Although we will be discussing this in detail in the later units, it is useful to note certain important points here. Drug abuse involves a lot of hidden costs. There may not be many persons dying only due to drug over dose or alcoholism. The consequences of drug abuse are mentioned below.

- Health
- Family relationship
- Social relationship
- Crime
- Accidents

The first result of drug abuse is the loss of health. This affects not only the individual, but the whole health care system. Due to widespread drug abuse, diseases like HIV/AIDS spread. This adversely affects the health care system in the society. Health care is very much the responsibility of the individual. Drug abuse is one case where the individual becomes absolutely lax about his own health care.

Family is the basic cell of the society. Addiction disrupts family relationships. Family is also the factor that supports the emotional growth of the individual. Children growing up in families where there is drug abuse grow up as misfits both in the family as well as in the society. Disrupted family relationships negatively influence the harmony in the society.

Addiction makes an individual isolated from the society. This is because addiction is seen by the society as some thing evil. The addict tries to hide his addictive habit from other members of the society for fear that they may not accept him as a sane person. The stigma attached to drug abuse forces the addict to go underground. Social isolation leads to crime.

Organized gangs use the addict, as a tool for their own criminal purposes. Addiction is the cause of many traffic and industrial accidents. Many workdays are lost due to drug abuse.

3.5 DRUG ABUSE AMONG DIFFERENT GROUPS

Although drug abuse is a widespread problem, it does not affect all the groups equally. There is a marked difference from region to region, from age group to age group and from gender to gender.

Drug Abuse Among the Youth and Street Children

From the middle of the 1960's drug abuse in schools, colleges and universities has become a serious issue. The first study was reported in 1963 from Calcutta. "Among 1132 university students, the prevalence rate was 37.4 percent (tobacco 26 per cent amphetamine, 11.45)". Later studies showed that drug abuse was more common among the male students. "Single drug abuse was uncommon and students often used multiple drugs."

Another study conducted from 1975-78 among high school (English Medium) students revealed that 34 per cent of them used drugs. The abused drugs included alcohol, amphetamines, cannabis, LSD, tranquilizers, opium, pethidine, and barbiturates.

Studies conducted in various parts of India from 1970 to 1986 showed that 10 to 15 per cent of the students used alcohol sometime in their lifetime. This comprised high school and college students. Tobacco was used by 8 to 15 percent of the students. 1 to 2.5 percent of the students had tried tranquilizers.

Use of heroin was widely reported in India since 1986. Use of cannabis is increasing among the college students. 5.4 per cent of the students interviewed reported to have tried cannabis some time during their college days.

India has perhaps the largest number of street children. Due to poverty in the villages, children move to the cities in search of work. Rag picking, shoe shining, employment in hotels and small industries give them enough to survive. When honest means are not available they take to petty crimes like pick pocketing, theft etc.

These children come under the influence of drugs due to peer pressure. Many of them work for long hours in monotonous occupations. Drug helps them to handle their physical and emotional pain. They start with tobacco (smoking), move on to solvents, brown sugar and others sedatives. By the time they are 10 years old, they become dependent on tobacco and alcohol. A survey in the Delhi slums showed that 75 per cent of the 16-year-old boys use alcohol regularly. In all about 50 per cent of them have experimented with a cannabis. Less than 10 per cent reported to have used heroin. One reason for lower number of heroin users is the cost involved.

Drug Abuse and Women

Researches done all over the world have revealed that comparatively lesser women take to drug abuse. Biologically drugs act differently on women. "As regards social aspects, it has been seen that society is less tolerant to drug use by women, more so in the traditional cultures of this region (Asia). Even if it exists it is hidden and not reported. Drug taking women are seen as doubly deviant.

Female drug abusers have been reported from Goa and some industrial towns (Sain: 1991). It has been reported that in the North Eastern States of India, about 7 percent of addicts were women. Among university students in Delhi, it was projected that women composed

about 22 percent of drug abusers (Agarwal 1995). By and large it has been projected that women use tranquilizers more than men.

Social consequences of drug abuse are worse among women than men. Shouldering the responsibility of bringing up the children and taking up the role of caring, they lose their ability to perform their role satisfactorily. Other family members often lock them up, reduce their pocket money and eventually throw the woman out of home. Most have to support their habit by borrowing money and misappropriating household income. Sometimes, drug use among women is associated with drug trafficking, peddling and other illegal occupations like prostitution. This profession makes them easy prey to HIV infection. It has been also seen that many affected women do not seek treatment as there are no specialized treatment centers for women.

Prevalence of Drug Abuse Among the Prisoners

Our prisons do not have any system of taking care of drug addicts. There is no national data available on the extent of use of drugs in the prisons. The number of arrests made in connection with drug abuse is on the rise in the country. Most of the arrested addicts somehow manage to continue their drug habit in the prisons. In some other cases drug habits are picked up in the prisons. This is due to circumstances and to avoid the boredom in the prisons.

There is hardly any separation of this kind of prisoners in the jails. Children who are not addicts, but are arrested for peddling are jailed along with other criminals. Reports have mentioned that about 15 addicts are admitted to Tihar Jail in Delhi daily. Prior to 1993 no special programme for treatment and rehabilitation of drug addicts were formulated in Tihar jail. Today there are 5 full-fledged centers satisfactorily functioning in that jail.

Prevalence of Drug Abuse Among Tribal Communities

There are an estimated 300 million indigenous people worldwide, living in over 70 countries. They are called indigenous or aboriginal peoples because they were living on their lands before settlers came from elsewhere. There is great cultural, ethnic, linguistic and religious diversity, among them, ranging from hunters and gatherers living in inaccessible rainforests to business leaders in the world's famous financial centers.

Nevertheless, most indigenous groups share a common heritage in their use of psychotropic substance. Over the centuries, they have learnt about the mind-altering properties of many of the naturally occurring substances around them. They are often highly valued for their medicinal and nutritional properties and for their use in religious practices. Hallucinogens, including certain types of mushrooms and the cactus peyote, have been widely used among communities in Central and South America to access the spirit world and for initiation ceremonies. In Asia, opium has a long history of use for relaxation and as medicine to relieve chronic pain and gastrointestinal problems. In Africa, the use of cannabis fermented beverages is common and forms part of the normal lives of some indigenous peoples.

Within cultures, strict taboos and restrictions have helped to regulate the use of traditional psychotropic substances. Whereas many communities have maintained their traditional practices because of their isolation from the rest of the world, many others have seen their cultures eroded in the face of assimilation and the integration policies of dominant ethnic groups.

Tribal communities seem to have become more vulnerable to drug abuse. This is seen from the fact that the highest incidence of drug abuse is reported from the states of Nagaland, Mizoram, and Manipur.

Moreover, the various adivasi tribal communities of Central India too have a very high rate of alcoholism usage among their members. The reasons are several. Tribal communities provide greater freedom for their young ones. The tribal communities are in a period of transition having been hitherto isolated from the rest of the country. With increased communication and transport facilities, they are suddenly exposed to new value systems. Their own value systems and social controls are no more effective to keep the society together.

The most affected tribal communities are in the North Eastern States. Most of them are bordering Myanmar, the drug producing region. Many tribal communities of central India are also connected to the opium producing areas of Madhya Pradesh.

There is a perceptible rise in the number of addicts in the tribal communities of North East India. Nearness to the drug producing areas as well as the sudden exposure to alien cultures and values makes the problem serious. Added to it is the rise of terrorism, where drug trafficking and arms trades go hand in hand.

However, in the tribal communities, the use of alcohol as daily food item is a common practice. There are no legal restrictions on the production and consumption of alcohol. The kind of alcohol beverages earlier used by the tribal societies were not distilled. Most of the alcoholic toxins are absorbed through the intestinal tract. When a person takes alcohol and engages in hard work, it helps him to burn up the calories. With the advent of market economy, many youth as well as the elders are able to live idle. This too has contributed to the growth of addiction among the upper strata of the tribal society.

Check your progress III

1. How does drug abuse affect tribal communities?

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3.6 LET US SUM UP

Drug abuse and trafficking of drugs go together. Where there is demand for drugs, there will be also the supply of the drug. Drug abuse and drug trafficking are illegal activities. At the same time they are also social problems. We saw how drug abuse is a social problem. We discussed

what drug trafficking is and why there is drug trafficking. We also discussed various factors that influence drug trafficking.

We have presented a table showing the extent of drug abuse in the world and in India. Different ethnic, age and gender groups have different problems when they begin to take drugs. This unit gave you a very detailed picture of drug abuse and drug trafficking scene in India and in the world.

3.7 KEY WORDS

Alien culture	:	Culture which is different from one's own.
Couriers	:	A person who is employed as a messenger, or carrier of some goods. In this case a person who carries drugs from one place to another.
Period of transition	:	Time of change, particularly social change.
Toxins	:	Poisonous substances.
Upper strata	:	People who enjoy more benefits of the social conditions.

3.8 MODEL ANSWERS

Check Your Progress I

1. Is drug abuse a social problem?

Human society is like an organism. When some disease affects one part of the organism, the whole body suffers. Drug abuse is a disease that has inflicted the human society. It affects the normal functioning of the human society. Every society functions under certain norms and conditions. Drug abuse adversely affects the normal functioning of human society. Social problems are created by the behaviour of the members of the society. These kind of behaviours are not contributing to the welfare of the society. They are in fact a threat to the health of the society. Drug abuse constitutes both direct as well as indirect threat to our society. So it is a social problem.

Check Your Progress II

1. What are the implications of drug trafficking?

Drug trafficking is a criminal activity. It is against the interest of the society as well as of the nation. Drug trafficking promotes drug abuse, which is a very serious threat to human kind. Drug trafficking increases criminal activities. It leads to murder and violence. Drug trafficking is also related to terrorist activities and gun running. Drug trafficking encourages accumulation of black money. It leads to destruction of forests.

Check Your Progress III

1. How does drug abuse affect tribal societies?

Tribal communities all over India are in a period of transition. Many of them are being exposed to the modern world for the first time. They have a different set of social norms from which govern the communities of other parts of India.

We find that many tribal communities are severely affected by drug abuse. One reason is the cultural gap created by the modern communication and mass media. Secondly they have lost the social controls which kept the society in order, due to the political systems adopted by them lately. The effect of drugs on the tribal communities has been very damaging.

3.9 FURTHER READINGS

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UNIT 4 THE DRUG SCENARIO – GLOBAL, REGIONAL AND NATIONAL

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- 4.0 Aims and Objectives
- 4.1 Introduction
- 4.2 Drug Abuse: The International Scenario
- 4.3 Drug Abuse: The Regional Scenario
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- 4.5 Let Us Sum Up
- 4.6 Key Words
- 4.7 Activities: Hints to Answers
- 4.8 Further Readings

4.0 AIMS AND OBJECTIVES

This unit aims at introducing to you:

- The different types of drugs available in the world and showing it as a global problem,
- The different types of drug related problems in different parts of the world and how different countries combat this menace, and
- The Indian drug scene with a view to impress upon you the enormity of the problem in India.

After reading this unit, you will get an idea about the different types of drugs that are being abused, how they are abused, and how varied are the approaches of different countries. It is hoped that you will realize the seriousness of the problem in India and do your best to fight it.

4.1 INTRODUCTION

Substance abuse is one of the greatest global problems. Many youngsters all over the world have become a prey to this menace. When we say that it is a global problem we should realize that drugs are available in any part of the world. Though drugs are available in any part of the world, the intensity of the problem may differ from country to country. Further the drugs available may also differ from country to country and place to place. For example cocaine is not available in many parts of the world and fenny is available only in Goa. What we consider as an illegal drug may be considered a legal drug in other parts of the world. Ganja or cannabis is an illegal drug in India. But smoking ganja is just a part of the cultural habit for many tribes in India. Arrack is a legal drug in many states of India whereas it is prohibited and considered

illegal in many other states. So, to have a comprehensive view of the drug problem you should have an idea about the global, regional and national drug scenario. Don't you think it will be interesting to know about the drug trade with all its ramifications? Have you ever thought of the money that is involved in the drug trade? Have you tried to know what the drug-mafia is? When you read in the newspapers that drugs worth several crores are confiscated during international smuggling, do you realize that it is only the tip of the iceberg?

4.2 DRUG ABUSE: THE INTERNATIONAL SCENARIO

In the twentieth century, that too only after the II World War, the drug menace has become a global problem. Most citizens and societies encounter drug problems and drug related disorders. Of all the drugs, alcohol is the most widely consumed intoxicating substance. Consuming alcohol has become part and parcel of Western culture. Alcohol is at the centre of various problems in the Western World – accidents, crimes, domestic violence, social disturbances, to name a few. Aren't you surprised to know that ten to fifteen percent of the grown up population of the west has alcohol problems? No wonder, the WHO General Assembly recommended that all nations cut alcohol consumption by 25 per cent by the year 2000. Illegal or hard core drugs are also posing a big problem globally. It is estimated that the money involved in illegal hardcore drug trade is second only to global trade in arms. Medical drugs, that is, substances to be used as medicines on the prescription of a physician, are abused all over the world. All these are indicators of some trends worldwide. Poly drug abuse or use of several intoxicating substances at the same time is also becoming very common all over the world.

Substance abuse has grown to such monstrous proportions that it creates untold problems for public health and social order in most countries. All over the world there is an increase in the consumption of any type of drug. Many new substances are hitting the market. Further, though some drugs are popular in some countries different varieties of drugs are available in almost all countries. Drug addiction has become part of life in many countries and it is no longer a taboo. Activities of drug syndicates operating internationally have become very common. Some drug syndicates are so powerful that they threaten the very existence of governments. It is apt to quote the statement made by Mr. Javier Perez de Cueller, the then Secretary General of UNO, in his opening address to the UN International Conference on Drug Abuse and Illicit Trafficking held in Vienna in 1987:

“In fact just as drug addicts lose their health and freedom, so many states are marred by corruption, and may even find their independence threatened. International security itself is at stake, for drug trafficking is frequently tied to illegal arms deal, subversion and terrorism. In short, we are confronted by an evil which is not only destroying the human being but also undermining the foundations of society through corruption and violence”.

Jonas Hartelius in his booklet 'The World – A Drug Scene' has said: "A drug syndicate can operate over two or three continents, creating problems for police and customs in many countries. Drugs may be produced in one country, refined in another, smuggled through a third, sold in a fourth, and the profits laundered in a fifth. This has created an enormous problem for law enforcement agencies. Concerted efforts to combat this international crime are made by the International Criminal Police Organization (ICPO, Interpol) and World Customs Organization (WCO).

Some drug syndicates are very powerful, almost acting as a "state within the state" in their countries. They have used their power to corrupt officials, to threaten, intimidate and murder judges and prosecutors, and to infiltrate political and economic life. Colombia is the most blatant example of a country, where the constitutional government has been unable to uphold the law, not even to protect their public servants from attacks by the drug syndicates.

The world drug scene is very alarming. The attempts of governments and service organizations to prevent consumption or of offering treatment and counselling have not borne the desired effects. Consequently there have been desperate discussions in various forums on substance abuse. The WHO General Assembly has recommended that all nations cut their domestic alcohol consumption by 25 per cent by the year 2000. Quite ironically what the world witnesses as we turn the century is an increased production and consumption.

From what we have read in this section, it is clear that substance abuse has become a major global problem. Have you ever thought of this before? The statistics available make some startling revelations. Every organization involved in the fight against substance abuse is aware of the enormity of the problem. For example WHO's 1997 report on cannabis (Cannabis: a Health Perspective and Research Agenda) opens acknowledging a fact: "The use of cannabis, a psycho active substance under international control, is widespread throughout the world". The 1998 Annual Report on the State of the Drugs Problem in the European Union brought out by European Monitoring Centre for Drugs and Drug Addiction makes this statement while referring to addicts in the countries of the European Union: "One of the strongest associations between illicit drug use and health problems is found among injectors. Although rare in the general population, injecting rates range from 10 to 15 per cent to 80 per cent among opiate addicts entering treatment. Injecting drug users (mainly heroin addicts) are many times more likely to die than non-injectors and are at much higher risk from infectious diseases such as HIV/AIDS and Hepatitis".

This statement points to the new dimension of risks involved in drug taking. The same report, while commenting on the connection between drug abuse and Hepatitis says: "Hepatitis in drug injectors, in particular Hepatitis C, remains a serious problem with potentially large implications for health services. The extremely high prevalence of Hepatitis C in most countries indicates ongoing risk behaviour among injectors, much of which is probably unnoticed – sharing spoons, cottons and other works". A report brought out by Eurocare shows that in 1996

the alcohol sold to an average person above 15 in France was 14.9 litres. According to a study conducted in Canada 35 per cent of suicides and 60 per cent of homicides are associated with drinking. Another study shows that the total economic costs of alcohol abuse to the USA for 1990 were estimated at nearly 100,000 million dollars.

Probably you have been wondering whether the world is just a silent helpless spectator to the havoc caused by addiction. 'NO' is the answer. There has been a concerted effort of Governments, UNO and WHO and different service organizations in the fight against substance abuse. Accepting addiction as a disease many service organizations besides working for prevention offer treatment and rehabilitation services. Countries like Singapore and Malaysia have tightened their legal girdle and give very harsh punishment to drug related offences. For example in Singapore for unauthorized traffic in cocaine where the quantity is not less than 20 grams and not more than 30 grams, the punishment given is maximum 30 years imprisonment and 15 strokes, minimum 20 years and 15 strokes. Where the quantity involved is more than 30 grams, the offender is given death penalty. But even in such a small country with such a severe punishment, in 1991, 3823 persons with drug problem were admitted for treatment. This shows that in spite of all attempts to prevent it; substance abuse continues to be a festering menace in the modern world.

Jonas Hartelius in his book has expressed his concern over the failure of welfare strategies to handle the drug problem. "In spite of the enormous sums spent on various forms of treatment, care, counselling etc. inside and outside the public welfare system, lasting effects have been hard to prove. Treatment and similar measures have a humanitarian value they are necessary to save lives. These measures do not, however, solve the public health problems associated with drug abuse. Drug problems continue to be the most serious threat to the medical care and public insurance systems.

In some circles there is a growing "welfare burn-out", i.e. a diminishing interest in a welfare policy to provide a comprehensive service for all citizens. The costs are seen as too high and the results are regarded as too insubstantial. In the extreme, this attitude will lead to a "live and let die"-attitude, i.e., a laissez faire doctrine, where it will be seen as the responsibility of the individual and of the family to take care of relatives and neighbours. The duty of protecting the individual from the hazards of drug-abuse will then shift from society to the family, to the clan, to the local community, to the corporation and to the parish.

The mounting welfare crisis has, however, not yet led to a search for new perspectives or strategies for dealing with drug abuse.

Check Your Progress I

i) Alcohol is said to be at the centre of all problems in the Western world. Name a few other problems.

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ii) Write a short note on the role of UN and WHO in the fight against substance abuse. (30 words).

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iii) List the dangerous activities of drug syndicates. (30 words)

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iv) What are the two fatal health hazards that an injecting drug user is likely to encounter?

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v) Do you agree with the view that severe punishments will put an end to drug problem? Substantiate your view with an example. (30 words).

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4.3 DRUG ABUSE: THE REGIONAL SCENARIO

In the previous section we had a glimpse of the global drug problem. But the problem is not uniform throughout the world, that is, the nature of problems associated with substance abuse is not the same in all parts of the world. It may vary from region to region, nation to nation and culture to culture. We can look at it from different angles. For example, in a country like India the drug that is posing a great problem is alcohol. India, further lying between the drug producing countries known as Golden Triangle (Myanmar, Laos, Thailand) and Golden Crescent (Iran, Afghanistan, Pakistan) serves as a transit point in international drug smuggling. Further the drug trade on India's western border is responsible for the various subversive activities and terrorism. In the same way due to cultural differences, the way a man looks at substance abuse is also different. Cannabis smoking is an accepted practice among certain tribal cultures in India whereas in USA marijuana smoking (ganja smoking) is posing a big problem. Quite strangely and sadly many in the UK demand that cannabis or ganja should be declared a legal drug.

Substance abuse is as old as human culture and every culture has its own drugs. A drug was consumed as part of a religious rite or at times with a view to establish contact with the supernatural powers. In third world countries, substance abuse has a close link with poverty. When there are some good signs of restriction and demand reduction in the developed countries, addiction in the underdeveloped countries adds to the already existing problems of malnutrition and problems connected with health care. Drugs in underdeveloped countries act as a hurdle for development and a cause that accelerates economic retardation.

The law is also different from country to country. In India possession of cannabis or ganja is an offence whereas in UK it is not. As mentioned

earlier in the unit, possession of hard core drugs in Singapore (in the case of cannabis above 500 grammes) attracts capital punishment. In many of the underdeveloped countries offenders of drug laws and addicts are treated like any other criminal. May be due to poverty in many of the Third World Countries the legal machinery does not think of treatment and rehabilitation. In Singapore for example there is a deterrent drug law, tough enforcement action, compulsory treatment and rehabilitation. There is compulsory supervision together with after care and preventive education provided in the drug law. Imprisonment, flogging and death penalty are the possible punishments for offenders. Anyone who is found through medical examination, to have consumed drugs, can be made to undergo treatment and rehabilitation for a period of upto 36 months. In many of the Western World countries a lot of concern is shown by the law enforcing authorities to drug addicts. Half way homes, treatment and rehabilitation centres run by the Government and needle exchange programmes sponsored by the Government exemplify this concern.

4.4 DRUG ABUSE: THE INDIAN SCENARIO

After going through the earlier sections of this unit, certain questions would be coming up in your mind. Is substance abuse a big problem in our country? If so what are the drugs that are commonly abused by the Indians? Does our culture allow the intake of drugs? Is there any effective preventive or curative measure? What is the harm done to our nation by the international drug trafficking? As an involved student of this programme it is quite natural that you raise such questions. This section will try to answer these questions. It is hoped that after you read this section you will be able to compare the Indian drug scene with the rest of the world. As a responsible citizen of India, you will even plan some strategies to combat the drug menace.

Let us read a real story of an Indian youth as given in the preface written by Brig. Nazareth to the book 'The Psychotic Drug Menace' published by Shakti.

"Ravindra Singh was the son of Brigadier Gyan Singh who led the first Indian Expedition Team to Mount Everest in 1960. Brigadier Gyan Singh's interest in outdoor life and in the development of youth persists to this day. He had started the National Adventure Foundation with Youth Adventure Clubs all over India. Ravi was lucky to be born into a good, healthy family environment in which his parents tried to give him the best of everything.

Ravi went to one of the best schools. He was a boarder in the Mayo College, Ajmer, formerly a college for princes which had the best Principal, the reputed educationist J.T.M. Gibson, a keen skier and mountaineer who had also been the Principal of Doon School. Ravi himself was highly talented and he had creative abilities.

And yet ... and yet ... Ravi got hooked on psychotropic drugs.

He started as a young boy smoking a beedi which he had found on the road, late in the night. Then he started smoking cigarettes because it

gave him the feeling of being grown up, and he thought it seemed smart. By the time he had reached the Middle House he was a hashish smoker and he used to jump the bounds of the school with other boys to indulge in it. When his mother came to see him in school he began to avoid her company.

He then started to sell his possessions to buy hashish and by the time he came to the final class he had crossed the point of no return in hashish smoking. After 11 years in Mayo College he was a 'drop out' and the cascade to ruin started. He joined other freaks and began peddling expensive drugs like morphine and heroin to get money to buy his drugs.

He took his first injection of 'smack' (heroin) and became an instant addict. He was now no longer interested in hashish. Smack created a terrible dependence which had to be supported so he started stealing and peddling hashish, valium, mandrax and other strong drugs. He now lived in a junkie world and started on LSD, and he avalanched into utter degradation. At this point, he realised the need of changing his ways.

He went back home and with the support and love of both his parents he received prolonged medical attention and was rehabilitated and he involved himself in useful social work. He decided to publish his experiences for the benefit of young people and he produced a book '*I was a Drug Addict*' (Orient paperbacks). This is a book which every young person should read.

But alas! he was not to finish the book and an extremely poignant postscript to it had to be written by his father. Ravi slipped into the drug habit again and he wrote the terrible words, "Now, I'm a junkie again, and I guess I'm going to die a junkie. The saying 'Once a junkie, always a junkie,' is very true". Ravi went back into the junkie world and died in a junkie den at the age of 21. What a waste of a good life!"

This real story shows that anyone in India can get hooked. Now say whether drug addiction is a real problem in India or not.

In India tobacco, alcohol, cannabis (ganja), opium derivatives, cocaine and prescription drugs are abused. In short all the drugs that you see in other countries are found in India. But some drugs are more popular and accepted as compared to others.

Use of tobacco is very common in India. It is used for chewing, smoking and snorting. Tobacco use is accepted even in family circles and is very popular with the poor. Tobacco chewing is very common and especially with pan it is accepted in most families. Smoking is also very common in India and people sitting around a 'hookah' and smoking is a very common sight in some parts of North India. Cigars are produced in large quantity and exporting them fetches good revenue to the government. Though we don't see snorting to be that common in the Western World, using snuff is also popular in India.

Alcohol is also very popular with the Indian mass. Toddy, arrack, fenny and Indian Made Foreign Liquor belong to this class. Very often we read of hooch tragedies in the newspapers. Do you know what that is? Long back, do you remember a village in Central Kerala called Vypeen getting almost wiped out on an Onam day due to illicit liquor? Why do such

tragedies occur? People crave for stronger and cheaper liquor so much that they brew their own liquor illegally and very often such liquor turns out to be poison. Though there are stringent laws to prevent illicit brewing, it is a highly lucrative cottage industry in India. A sad part of this industry is that many children and women are involved in it, both in production and marketing.

Toddy tapping has been popular with the Indians from times immemorial. The Tamil sage – poet Thiruvalluvar who lived almost 2000 years ago has written ten couplets on avoiding toddy. Toddy tapped from the palm trees is very popular in South India. Toddy consumption is part of festivities.

Arrack is very popular with the common folk and it is a legal drug in some states. It is even manufactured, distributed and sold in retail by the Government itself in some states.

You see many liquor shops with the board IMFL Retail shop. Do you know the expansion of IMFL? IMFL stands for Indian Made Foreign Liquor! All that it means is varieties of liquor popular in foreign countries, especially the West but manufactured in India. Beer, brandy, gin, whisky, rum, wine, vodka etc. belong to this class.

Fenny is a popular drink of Goa. It fetches a lot of revenue to the Government and is a big tourist attraction.

Cannabis, or ganja as it is popularly known in India is an illegal drug but is very popular. Cannabis is illegally cultivated in large quantities and smuggled out of the country. A part of it is locally consumed. In some tribes of North India Ganja smoking is just a part of their cultural and religious celebrations. Ganja smoking is popular with the youth especially the students in India. It is sad to note that the fight against it has not drawn the required attention as it has in the USA.

The other hardcore drugs – opium derivatives and cocaine are also becoming popular among the youth in India, especially in cities. You should get hold of **India Today** of April 5, 1999, the cover page of which says "Dangerous drugs like cocaine, ecstasy and acid for the young and rich in metros are the new kicks on the block". Very often we read in the newspapers about the confiscation of heroin and brown sugar and most of them are confiscated when they are smuggled in or about to be smuggled out. As mentioned earlier in the unit, India is a transit point in drug trafficking. As the drugs are smuggled through India, naturally a part of it reaches the local market too and our youth easily get hooked.

At the beginning of this section a question was raised "Does our culture allow the intake of drugs?"

Culturally drugs are not alien to India. As we look closer we understand a very clear link between religion and use of drugs. When we read the early religious texts of India, there are many references to the drugs. Indian Vedas speak of two types of intoxicating drinks namely Soma which was popular with Gods and Sura which was popular with men. Sura was stronger of the two but Soma was a drink that was respected.

Soma became a part of vedic sacrifices and was drunk by priests. We can also read in the ancient books that man in his attempts to attain the special state of ecstasy and union with God used drugs. The priests, in order to get the ecstasy, to be the mediator between God and man consumed drugs. Vatsayana, the author of *Kamasutra* while prescribing the sixty four arts to a perfect woman, says that women should know to prepare "alcoholic drinks with appropriate essence and colouring" so that they "can make their husbands favourable to them". So culturally Indians are in no way averse to taking drugs and alcoholic beverages.

We have to ask another question today. Can a poor country like India afford to waste so much of money on drugs? I hope by now you have realized that the sensible answer to this question is 'NO'. In India addiction has a close link with poverty as well as suppression of women. Man, especially from the lower strata of society, struggles in India even for a square meal a day. Many of the Indians live below the poverty line. With poor houses in slums and without proper hygienic environment the poor man in India faces many a health hazard. Eventually taking drugs adds to his health problems. Moreover, inebriated men very often indulge in wife battering. Women are subjected to a lot of physical and mental torture and very often addiction is the root cause of domestic violence.

In India serious thought has been given to the link between poverty and addiction. Alcohol is at the centre of the poor man's sufferings and pain. Very often it is found that alcohol consumes a major part of a poor Indian's hard earned money. A poor Indian living in a slum doesn't have the means even to fulfil his basic needs - food, clothing or housing. When such a person drinks, it is obvious that he is doing so at the expense of other needs - health, education of children etc. Professor Shekhar Saxena of All India Institute of Medical Science, New Delhi, while speaking at the WHO conference, Paris 1995 says, "Not every poor person drinks, but if he drinks, the money comes from cuts made in food and education for children. Drinking by men is a frequent cause of malnourishment and school drop-out among children and a vicious circle of poverty, violence and disease in the family". Professor Saxena's statement should be taken seriously as a warning to the Indian society. The statement is prophetic in that it makes clear that poverty alleviation in India is an impossibility unless one vows to fight against addiction.

Are there sufficient laws to check drug abuse in India? What is the punishment given to offenders? How is drug trafficking handled by the law enforcing authorities. Why not implement prohibition throughout India? These are the questions which you may be raising now. In India it is the State government that has to decide on prohibition. Indian Penal Code is strong enough to handle drug abuse. Illicit distilling, trafficking in illegal drugs etc. are punishable with fines or imprisonment or with both, depending on the severity of the offence. Mahatma Gandhi, the father of the Nation waged a crusade against alcohol as he was convinced that drinking was a deadly enemy of poor man. But quite ironically most of the states in India are not dry. Further, the State Government has monopoly over the distribution of alcohol. It is the State Government that has to decide which type of alcohol is to be sold in that State.

The Government has a few arguments for lifting prohibition. One of the reasons given is that the sale of liquor fetches good revenue to the State. Tax on alcohol and the money obtained through auctioning retail outlets add to the income of the Government. The Governments naturally ask the question 'What else will compensate for the loss of finance incurred due to the implementation of dry law'? You may be aware of the fact that in the recent past Andhra Pradesh experimented with total prohibition only to lift it later. The Government also comes forward with the argument that in a country where unemployment is rampant, production, distribution and sale of alcohol offers employment opportunity to many. If the alcohol industry comes to a grinding halt who will rehabilitate those who lose their jobs? One bitter lesson that we have learnt from time to time is that restrictions on the availability of liquor in the open market leads to illicit distilling that leads to hooch tragedies resulting in the death of many. All said, one feels that in India much money is wasted on alcohol and drugs.

The Indian youth are today exposed to all kinds of hardcore drugs. Ganja smoking is very common and brown sugar and heroin are easily available. Cocaine which was not available in India is now available in the cosmopolitan cities. So, what is the best policy that we can suggest to the Indian youth? We should always aim at total temperance and the new generation should be taught to say NO to drugs.

Check Your Progress II

Activity

- i) Do you agree with the type of punishment given in Singapore for drug trafficking? Give reason.

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- ii) List some of the drugs commonly found in India.

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- iii) How would you fight against drug abuse? Your answer should be in about 25 words.

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4.5 LET US SUM UP

This unit was a journey, as it were, for you to different parts of the world to have a peep into the drug menace in these places. You would have

realized that no part of the world is spared of this social problem. You would also have understood that countries adopt different methods of prevention. But in spite of that, substance abuse continues. Did you not feel that a developing country like India cannot afford to waste money on substance and that a fight against drug abuse should be taken up on war footing. Don't you think that the speech of Professor Shekhar Saxena referred to in 4.4 of this unit will be reverberating in the hearts of the reader? Maybe, as you undergo this programme you will pledge to fight against substance abuse.

4.6 KEY WORDS

- Drug Syndicate** : The organization formed by drug producers/ smugglers to push forward their interests.
- Snorting** : The act of taking in air (here meaning drug) violently through the nose.
- Subversion** : Overthrowing (for example a Government) by weakening people's interest.

4.7 ACTIVITIES: HINTS TO ANSWERS

Check Your Progress I

Activity 1

- i) There are many problems – Road accidents, industrial accidents, broken homes, early death, spread of HIV, hepatitis C – to name a few of them. Add to the list.

Show how UN and WHO are concerned – How they work for prevention, treating and rehabilitating.

Drug syndicates are powerful. They destabilise Governments and finance terrorist activities. They have links with smugglers. Elaborate these points.

Contracting HIV and Hepatitis C. – Elaborate.

Compare the drug scene in Singapore with India. Ask whether severe punishment has completely put an end to drug abuse.

Check Your Progress II

Activity 2

- i) Compare and contrast the legal implication of drug trafficking in two countries like Singapore and India. Ask whether punishment has put an end to drug trafficking and whether an individual is helped.
- ii) There is a long list in the unit. If you can add to it, will be fine.
- iii) Imagine yourself to be a social worker and give your action plan.

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2

SUBSTANCE ABUSE AND ITS IMPLICATIONS

Unit 1

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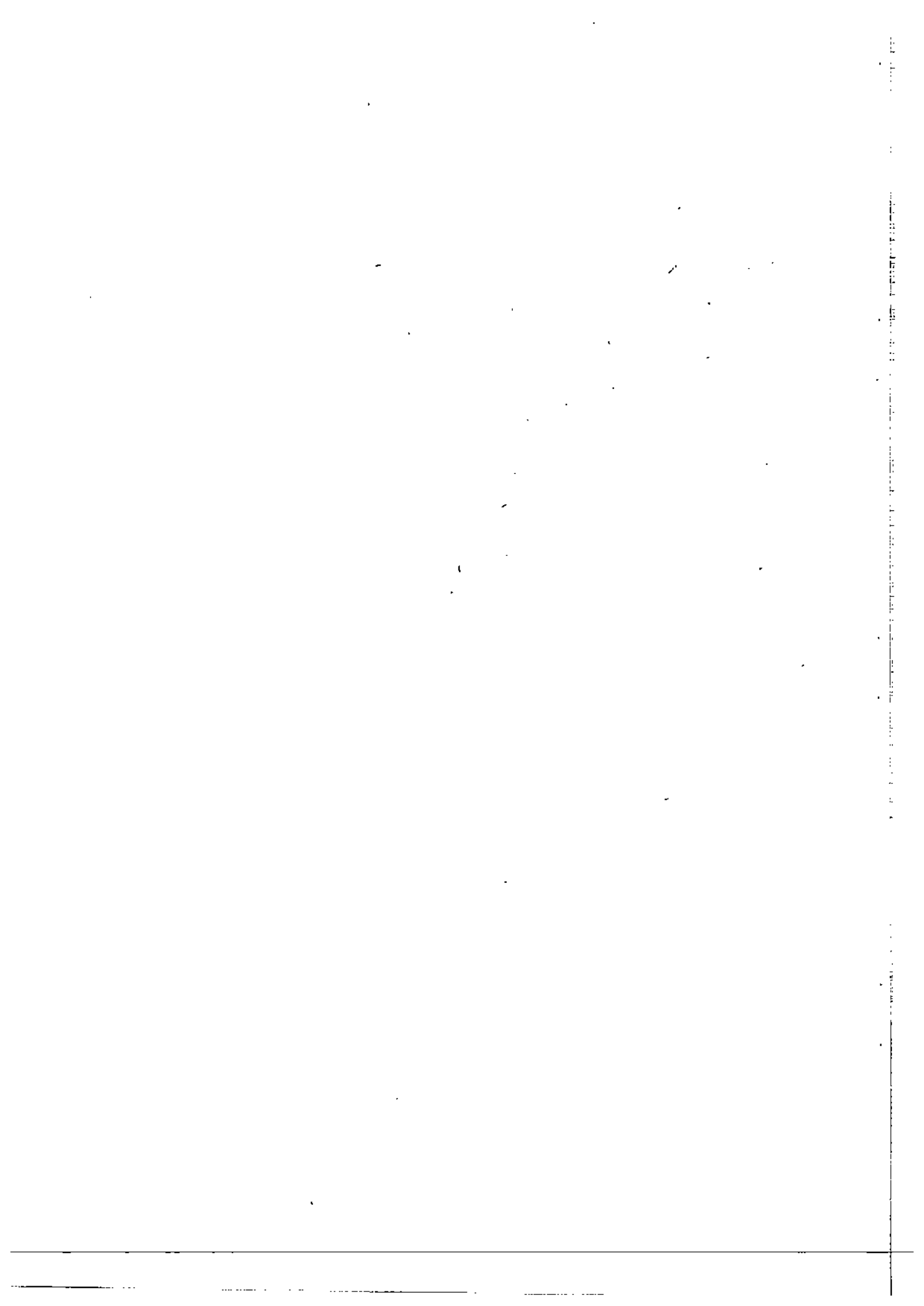
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INTRODUCTION TO BLOCK 2

We are now in Block 2 of the course of Alcohol, Drugs and HIV. There are five units in the block. The central theme of the block is on 'Substance abuse and its implications on individual, family and on the nation'. Unit 1 is on the 'Link between alcohol, drugs, STDs and HIV—its relevance in the present day context'. This unit examines how the use or abuse of drugs aggregate diseases like STDs and HIV and help to identify measures to prevent the spread of such diseases. Unit 2 deals with the 'Consequences of substance abuse on the individual'. It identifies the physical, psychological, socio-economic and emotional damages that addiction bring about on the individual. Unit 3 describes the 'Impact of substance abuse on the family and on national development'. This unit also describes the importance of making our schools, workplaces and the nation drug free. Unit 4 briefly examines the 'Narcotic drug and psychotropic substances Act, 1985 (NDPS ACT, 1985). The unit has defined the major terminologies of the NDPS Act, identified the main features of the act as well as listed the offences and punishments awarded under the NDPS Act. Unit 5 provides details on 'Drug demand and supply reduction'. In this unit we talk about why some people become addicts, the evil effects of addiction, the need for demand reduction and the methods we can adopt to prevent people from craving for substance.

The five units presented in the block gives you an over all view of the implication of substance abuse on the individual, family and on national development. This block is aimed at helping you to understand the consequences of substance abuse at various levels.



UNIT 1 LINK BETWEEN ALCOHOL, DRUGS, STDs AND HIV—ITS RELEVANCE IN THE PRESENT DAY CONTEXT

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- 1.7 Let Us Sum Up
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- 1.9 Model Answers
- 1.10 Further Readings

1.0 AIMS AND OBJECTIVES

This unit aims at giving you a clear picture of the diseases of HIV/AIDS and Sexually Transmitted Diseases (STD) and their relation to drug abuse. It will also give you a better understanding of its importance in our present day context.

When you complete this unit you will be able to

- Understand how sexually transmitted diseases are interconnected;
- Realize how these diseases get aggravated by drug abuse;
- How it affects the reproductive health of the individual; and
- Identify measures to prevent the spread of these diseases.

1.1 INTRODUCTION

Drug abuse affects all the aspects of human life. It modifies behaviours you have learned already. HIV/AIDS is a sexually transmitted disease. There are other diseases that are sexually transmitted. Many of them have very serious negative health consequences. Humans are sexual beings. A thorough understanding of STD, HIV/AIDS is very essential for all because they are life-threatening diseases. Humans are not only sexual, but rational as well. Drug abuse harms the rational function in humans, and it leads to unsafe sexual behaviors that can result in contacting any of the sexually transmitted diseases.

This unit will give a comprehensive view of the HIV-STD-Drug scenario, their interrelationship, and implications. Although some of the STDs can be treated, many of them are not curable. This is true of HIV/AIDS as well, as on date.

1.2 BASIC INFORMATION ON STD AND HIV/AIDS

Sexually Transmitted Diseases are commonly known as STDs. These are certain types of diseases that are usually spread through sexual activities. In earlier days they were known as 'Venereal Diseases'. The adjective venereal is derived from 'Venus' the goddess of love. All venereal diseases, except congenital syphilis, are transmitted through sexual intercourse. Because of the social stigma attached to the label VD (Venereal Disease), the WHO changed its nomenclature to STD in 1974.

STDs are communicable diseases that are relatively easy to contact. They can be very painful and some of them can cause death, like the HIV/AIDS diseases. In fact HIV/AIDS is the latest addition to the list of STDs. Over twenty types of STDs have now been identified. A person gets infected with STDs by having vaginal, oral, or anal sex with an infected person. The vagina, penis, rectum and mouth are the sources through which the STD germs can enter the body.

History and Prevalence

STDs have been in existence for centuries though concern about STDs grew only during the beginning of the twentieth century. During the first decade of the 20th century, syphilis killed thousands of people. Syphilis is a STD, which kept spreading like HIV/AIDS during those days. Initially the physician did not know how to tackle this dreaded disease. It is transmitted almost always by sexual contact. It can be cured and checked in time through proper treatment.

The discovery in 1942 that penicillin could effect a cure was the start of a revolution in the treatment of STD. In 1924 an international effort was made, through the Brussels Agreement, to control the spread of STDs from one continent to another by providing free treatment for sailors on ships and ports.

WHO has labeled three diseases as the greatest enemies of mankind: Malaria, Tuberculosis and STD. The incidence of STD among young people has increased in many countries, especially among females between 15 and 20 years of age. The disease is not treated due to the shame and social stigma attached to it. The sexual behavior of adolescents is rapidly changing all over the world. In some countries the reported incidence for persons below 17 years of age doubled for boys and tripled for girls between 1966 and 1971. The age group 16-17 years showed a fifty-to eighty-fold increase over the age group below 14-15 years. (WHO: 1980 Report)

India is a vast playground for the rapid spread of STDs. Every year millions of Indians are infected by STDs. There is no vaccination against STDs. Therefore it can occur repeatedly as the human body cannot build immunity.

Common STDs

Very often people tend to become embarrassed when seeking information on STDs. All physicians have information about STDs, and they are treatable. Some of the common STDs are:

Syphilis: Syphilis is one of the most dangerous STDs. It is transmitted almost always by sexual contact. A mother can pass the bacterium to her unborn child. The child may be born with serious mental and physical problems as a result of the infection.

Gonorrhea: Gonorrhea is one of the most commonly reported STDs. The acute stage is characterized by inflammation of the urethra, cervix and vagina in females. There is acute burning sensation with pain and pus discharge while passing urine. In males the infection spreads to internal genital organs. It is to be noted that it is not necessary that symptoms should occur in all cases of gonorrhea infection.

Genital Herpes: Genital herpes is a painful STD that has no known cure. It is a contagious viral infection and affects millions each year. It is transmitted usually through vaginal, oral and anal sex. Genital herpes in pregnant women can pass the virus to the foetus.

Chlamydial Infection: Chlamydial infection infects both men and women. It can cause infertility in women. The infection occurs during vaginal and oral sex. Pregnant women may pass the infection to her infant during delivery.

Chancroid: Chancroid is an STD very common among sex workers, and those who associate themselves with them. It is one of the genital ulcer diseases that are associated with increased risk of transmission of HIV.

There are many other types of STD infections. We have discussed the most common ones.

More details can be obtained from the chapter on STD given in the Elective Course on HIV/AIDS in Block I.

People at Risk of STDs

STDs affect men and women of all social, religious, professional, educational and cultural background and economic levels. They are most prevalent among sex workers and those involved in extramarital sexual activities. Most of the studies conducted on CSWs from various parts of the country reveal that over 90 per cent of the CSW are suffering from one or another STD, including HIV/AIDS. Some of the reports allege that over 25 per cent of those attending STD clinics in Mumbai are found to be HIV infected. Street children are very susceptible to STD. The girl street child is often sexually exploited and many of them fall victim to STD infection at a very tender age.

The serious consequences of these STDs include: blindness, sterility, and in many cases death. The main cause of the spread of STDs is ignorance. Since people are not aware of the symptoms of these diseases, they keep infecting other. Infact many symptoms of STDs cannot easily be detected. Therefore, the diseases spread to other parts of the body. With large number of people indulging in sexual activities outside marriage,

India has become a fertile ground for the rapid spread of HIV-AIDS and STDs.

STDs and HIV/AIDS

STDs and HIV / AIDS are very much related to each other. As stated earlier, HIV infection is the latest type of STD infecting humans. Some of the common characteristics of both are:

1. Both are infections associated with the same risk behaviours. The preventive measures for STD can prevent HIV infection as well.
2. The presence of STD in a person facilitates the easy transmission of HIV infection. HIV transmission is very high in persons who have disease that causes genital ulcers such as syphilis, chancroid and herpes. Early diagnosis and treatment of STDs can drastically reduce the chances of HIV infection.
3. STDs are also transmitted through the same routes by which HIV transmission takes place. Although most transmission occurs through sexual activities, one can also get infected through blood transfusion, tissue or organs transplantation and from, an infected mother to the child.
4. HIV and STDs are now common in rural as well as the urban population in India.

With the unabated spread of HIV/AIDS across the country, it has become an important task to explore strategies for the prevention and control of STDs. Given the cultural and social background of our people there is a need to go beyond the traditional form of interaction. In our culture it is not a common practice to discuss sexual information in the families and schools.

Check Your Progress I

1. What is STD?

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2. What is the relation between STD and HIV infection?

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1.3 ALCOHOL, DRUG ABUSE AND HEALTH

The effect of alcohol and drug abuse on health and behaviour is an important issue. There are many diseases that can be complicated or intensified by alcohol and drugs. STDs and HIV/AIDS are two of them, but very crucial ones. Alcohol and drugs can cause adverse changes in the immune system; their use can cause rapid decline in the health of persons who are HIV Infected. In addition the behaviour of persons under its influence can affect the relationship of those who care for them. Communities and organizations may limit the help they offer to HIV infected persons with histories of drug and alcohol abuse or whose chemical use affects their ability to cooperate and to share resources.

The seriousness of the effect of alcohol and drug use on a person's health depends on one or more of the following:

- General state of physical health
- Ability to reduce stress and anxiety
- Nutritional state
- History of illness: past and present.

It is a fact that drug abuse results in reduced immunity to disease. Drinking and use of drugs can reduce a person's ability to fight infectious diseases, including bacterial, viral, or parasitic infections. Many years of serious research in the fields of drug abuse and immunity has revealed the following facts:

- Drug abuse lowers resistance to disease,
- Reduces production of antibodies which help fight disease,
- Causes slowdown in the response rate in which the immune system reacts, and
- Lowers the body's ability to fight disease successfully

Alcohol, Drug Use and HIV/AIDS

Alcohol dependency is a common phenomenon. Recent studies have shown that one out of ten Americans is chemically dependent. It was further found that in the gay population, where AIDS first appeared in the USA, three out of every ten persons have difficulties with alcohol or drugs. In India we do not have reliable statistics about the relationship between drug abuse and HIV/AIDS. Yet the injecting drug users report that drug and alcohol use precipitates risk behavior that leads to HIV transmission.

It is true that alcohol and drug use does not cause infection with HIV. Mood altering drugs may, however, be co factor. The biggest concerns that relate alcohol and drug use to HIV infection and the development of AIDS are listed below:

1. People who are drink or take drugs are likely to engage in risky behaviour that leads to HIV infection.
2. Persons with lowered immunity due to their previous alcohol and drug use may be more likely to become infected with HIV when exposed.
3. Persons already infected with HIV may continue to destroy their immune system through drug and alcohol use.
4. Persons using alcohol or drugs may be more likely to participate in unsafe sexual behaviour, increasing the risk that they will be exposed to HIV-or if they are already exposed, that they will increase the risk of transmitting HIV to others or becoming reinfected themselves.

Check Your Progress II

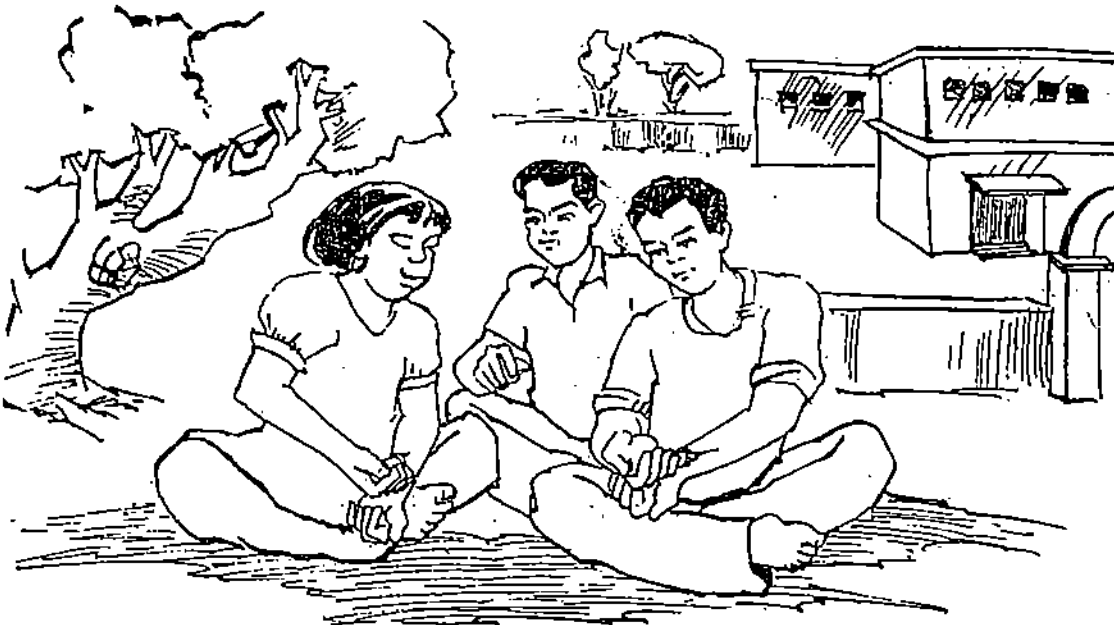
1. How does drug abuse increase the risk of STD and HIV infection?
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1.4- WOMEN AND HIV/AIDS AND STDs

Women form the groups most vulnerable to HIV and STD infection. The main reason is their ignorance. Another reason is that they are afraid of visiting STD clinics for treatment due to social stigmatization. The main source of their infection is their own husbands who may indulge in casual sex. These women in turn infect their unborn children and other family members through to ignorance or unhygienic practices.

Although any one can get an STD, certain groups of individuals are more likely to get infected. Some of these groups include:

- people who travel and seek sex for relaxation
- truck drivers who may seek sex with commercial sex workers
- female commercial sex workers (CSW)
- devadasis (girl children offered to temples)
- homosexuals, lesbians and their partners
- eunuchs and their sexual partners
- adolescents and street children who involve in casual sex
- drug users who involve in sexual activities and their partners.



Some of the STDs such as chancroid, syphilis and genital herpes are collectively known as genital ulcer disease (GUD). A woman is more likely to be infected by an HIV positive man who has GUD than one without it. Similarly, a woman who has GUD is more likely to pass on the infection to her sexual partner.

STD related cases tend to be more severe and more frequent in women than in men, because women do not seek care and treatment until serious problems have developed. A discharge or a sore is more likely to be noticed in men than in women. In women internal sores or inflammation alone can increase the risk of HIV transmission. In women, many types of STDs are found relatively free of symptoms. Therefore, one has to be extremely careful in seeking medical care for any sort of genital problem.

STDs in women may also be associated with cervical cancer. One of the STDs, namely, Human Papillomavirus Infection (HPV), can cause genital warts. It may also lead to cervical and other genital cancers. Pregnant women suffering from any of the STDs should be extremely careful. They should seek guidance from health care providers or counselors. It is a fact that STDs including HIV can be passed from mother to her baby before or during childbirth.

1.5 REPRODUCTIVE HEALTH AND DRUGS

STDs and HIV/AIDS do serious harm to reproductive health. Reproductive health can be defined as a state of complete physical, mental and social well being in all matters relating to the reproductive system and its function processes. It is more than planning families, counselling and treating of STDs. It recognizes the interrelationship between biological and psychosocial factors in human sexuality. It includes many aspects of sexual health, for enhancing personal relations, and ultimately life itself.

How drug abuse harms reproductive health

All drugs, including alcohol and tobacco harm reproductive health. They affect reproductive health in the following areas:

- Sexual functioning
- Fertility
- Pregnancy
- HIV/AIDS

Drugs and Sexual Functioning

It is a common misunderstanding that drugs and alcohol enhances sexual performance and pleasure. Medical research has shown that this is a false belief. In fact alcohol and drugs disrupt normal, healthy sexual relationships. Drugs may increase the desire for sex, but they reduce the ability for performance.

This false notion is the result of certain social perceptions. These perceptions are fostered by myths, jokes, gossip, movies and advertising. If at all the drugs provide any help in the sexual life of a person, it is mainly psychological. The pleasure is not linked to the alcohol or drugs, but to the very significant role that the mind plays in making a sexual experience enjoyable or not.

Research has shown that alcohol and drugs affect sexual functioning in the following ways:

- Men who are intoxicated are often unable to perform the sexual act. This is known as impotence. Their physical arousal is not strong enough to complete the sexual act.
- Both men and women will experience a significant decreased sense of pleasure caused by use of alcohol and other drugs. Intoxication will generally leave them feeling numb and senseless, decreasing their enjoyment of the experience, and their sense of responsibility to provide pleasure to their partner.
- Many men and women find the effects of intoxication extremely unattractive. Stumbling, slurring of speech, bad breath and increased aggression are just few of the effects, which may in fact, serve to diminish the partner's attraction.
- Alcohol and drugs also affect a person's ability to remember clearly what happened during his period of intoxication. Next day many men and women have very little memory of what happened on the previous day. They may exaggerate or boast about the experience to others, perhaps to cover up their intoxication.

Many people turn to alcohol and drugs to solve more deep-rooted problems with sex and relationships. Shyness, embarrassment, anxiety about performance, inability to communicate with others and lack of self-esteem are just a few. However there are many ways to overcome these problems and enhance sexual functioning without drugs and alcohol. Developing a loving, caring, respectful relationship with ones partner is an important part of reproductive health. It will enhance the functioning and pleasure for both persons.

Alcohol, Drugs and Fertility

Women who abuse alcohol and drugs may find it difficult to conceive. Use of alcohol can affect sperm production in men. It reduces the number of sperm the male is able to produce; it may also make the sperm less active. In women, the use of alcohol and drugs will affect ovulation and the menstrual cycle. This will make it more difficult for a woman to conceive.

Alcohol, Tobacco, Drugs and Pregnancy

Women who are pregnant should not consume alcohol, smoke tobacco or use any other drugs without the advice of their doctor. Research has shown that using these substances can cause complications, such as miscarriage, birth defects and addiction in newborn infants. Birth defects include: low birth weight, mental disability, physical deformation, and internal organ damage. When alcohol is involved, these are known as Foetal Alcohol Syndrome (FAS), or Foetal Alcohol Effects (FAE). Women who use substance such as heroin while pregnant may give birth to babies who are addicted to heroin. They will suffer withdrawal symptoms after birth, similar to an adult's withdrawal symptoms. They need to be hospitalized and detoxified immediately after birth to overcome their addiction.

There is no safe limit for the use of alcohol, tobacco or other drugs when pregnant. Therefore, it is best to avoid intake of all these substances during pregnancy.

Check Your Progress III

I. How does Drug abuse affect reproductive health?

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1.6 THE RELEVANCE OF THE STUDY ON DRUGS, STD AND HIV / AIDS

Education is the process by which behavioural changes takes place in an individual as a result of experiences, which one has undergone. Education also is a learning process through which the individual informs and orients himself to develop skills and intelligent action.

In this connection, the definition of Health Education by WHO is important. It states "Health education, like general education, is concerned with changes in knowledge, feelings and behavior of people. In its most usual forms, it concentrates on developing such health practices as are believed to bring about the best possible state of well being"

In the context of the two epidemics threatening the humankind, the most effective prevention is to provide complete and accurate information. Drug abuse, STD and HIV are interlinked. Due to ignorance, many young people become victims of this pandemic.

Secondly, from the mid 1980's young people are increasingly being exposed to the world through the media. There is certainly and ever growing increase in sexual activities in schools and educational institutions. Nearly 40 per cent of our population constitute the youth, which continue to be ignorant about the facts of life. They do involve in experimenting with sex. Recent studies have shown that the young people become sexually active at a much younger age than the youth two decades ago. They are also *more* independent of parental control, compared to the youth of the 1960's. Besides, the traditional values are fast disappearing, especially the sexual mores.

The adolescents of this decade have more financial independence than those of their kind thirty years ago. This gives them more mobility, and the occasions to experiment with new kind of behaviour. They have as role models, sports stars, film stars, rock stars etc.

The cumulative effect of all these transformations is that the adolescents are exposed to a much more risky environment than their predecessors. Recent studies in the metropolitan cities have revealed that teenage pregnancies are on the rise. Many of them opt for abortion secretly.

Many girl students in the high schools become victims of casual sex and risky abortions. All these point to the fact that casual sex is becoming more common. With the threat of HIV / AIDS looming large on our horizon, we cannot ignore the fact that casual sex, STD and drug abuse can be taken casually.

Many women become victims of HIV / AIDS due to the risky behaviour of men. They may pass it on to innocent babies who will be condemned

to live with it. Adequate and appropriate knowledge and timely action can reduce the harm, and help to build up a healthy society.

1.7 LET US SUM UP

Sexually transmitted diseases are called STDs; AIDS is the latest addition to this emerging disease. Like most cases of STDs, AIDS too is a life threatening disease. STDs do not get treated because of ignorance as well as due to the social stigma and shame attached to them. The spread of STDs has dramatically increased in the last two decades. Drug abuse is a co-factor leading to the rapid spread of STDs. A person under the influence of intoxicants is unable to use his sexual faculty with reason. Women are the worst sufferers of STDs. They unwittingly pass them on to the children. Due to changing social conditions, proper knowledge of the STDs and HIV and their relation to drug abuse can help to build a healthy society.

1.8 KEY WORDS

Communicable diseases	:	Diseases that can spread from one person to others.
Parasitic infections	:	Infection caused by parasites. Eg. Round worm infection
Risk behaviour	:	Behaviour that can endanger public health
STD clinics	:	Special treatment centres for treating STDs
Vaccination	:	Immunization, treat with a vaccine to procure immunity.

1.9 MODEL ANSWERS

Check Your Progress I

1. What is STD?

STD means sexually transmitted disease. In earlier days they were called venereal diseases. These spread mainly through viral infections. Many of them are treatable. They can cause serious damage to health, especially to reproductive organs. Some of them can cause permanent sterility, and in some case insanity.

2. What is the relationship between STD and HIV infection?

Both STD and HIV/AIDS are transmitted through the sexual act. Both are communicable diseases. Both are caused by viral infection. Certain people with high-risk behavior are easily affected by them. In all cases women are more likely to be infected by both STD and HIV/AIDS. STDs are very old diseases, but HIV/AIDS is a new disease.

Check Your Progress II

1. How does drug abuse increase the risk of STD, HIV infection?

Drinking and taking drugs reduces the capacity to behave rationally and leads to risky behaviours. Secondly alcohol and drug use lowers the immunity level of the person. Thirdly, when a person with lower immunity factor comes into contact with an infected person, there is a chance of the person with lower immunity contracting the disease.

Check Your Progress III

How does drug abuse affect reproductive health?

Reproductive health includes sexual functioning, fertility, and pregnancy. Alcohol is detrimental to normal sexual functioning, because a person under the influence of drugs cannot use his reason, and harms his partner. Drugs reduce the optimum functioning of the organs connected with reproduction. Alcohol in the blood stream of the pregnant mother damages the health of the baby in the womb.

1.10 FURTHER READINGS

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UNIT 2 CONSEQUENCES OF SUBSTANCE ABUSE ON THE INDIVIDUAL

Contents

- 2.0 Aims and Objectives
- 2.1 Introduction
- 2.2 How Chemicals Interact with the Body and Mind
- 2.3 Interpersonal Relationships and Drug Abuse
- 2.4. Stages of Addiction
- 2.5 Addiction as a Disease
- 2.6 Denial
- 2.7 The Economic Consequences of Addiction
- 2.8 Addiction and Religious Beliefs
- 2.9 Let Us Sum Up
- 2.10 Key Words
- 2.11 Model Answers
- 2.12 Further Readings

2.0 AIMS AND OBJECTIVES

This unit gives you an account of the effects of substance abuse on the body and the mind of the addict. This will also explain how drug abuse disrupts interpersonal relationships in the society as well as relationships with God. The unit also will explain the socio-economic damages that addiction brings about on the addict. This unit aims at familiarizing you with the behavioral changes of the addict. After reading of this unit you will be able to:

- Identify the physical, psychological, and emotional damages that addiction bring about on the individual,
- Analyze and understand the behaviour of the addict, and
- Describe the socio-economic impact of addiction on the individual.

2.1 INTRODUCTION

Substance abuse damages an individual physically, psychologically and emotionally. His/her economic conditions get worse and his/her social relationships diminish.

A person begins to use drugs to solve his problems. Instead of reducing them, they keep on increasing. Drugs damage the vital organs of the body like the liver, brain, heart, kidney etc. In this condition he is not able to earn for himself, while, at the same time he needs a lot of money to maintain his supply of drugs.

This unit will describe the effect of substance abuse on the mind and body of the addict. The economic and social consequences of drug abuse will be also analyzed.

2.2 HOW CHEMICALS INTERACT WITH THE BODY AND MIND

BODY

Curiosity is what makes us learn new things. Most of the users start drugs out of curiosity; some of them are fortunate enough to stop, many are not that fortunate. They become addicts. All drug abuse has pleasure as its aim. But as addiction continues, it is no more pleasure, but a need. Psychotropic substances give relief from anxiety, but they extract a heavy price from the addict.

Drug abuse starts also as a self medication, to treat lack of sleep, to reduce anxiety, increase alertness and so on. No one starts to take drugs anticipating the terrible price he will have to pay in the long run. The starting is for short term benefits like sense of well being, better social interaction, freedom from stress and inhibitions and the like. All drugs are harmful to the body in the long run. A certain percentage of drug addicts will be more vulnerable to the long term risks of drug taking than other users, who will be relatively immune. The seemingly random nature of drug risk and the fact that different drugs carry different risks make it hard for many users to realize that all drugs come with a price—a set of physical, psychological and social costs that any user may have to pay at any time. For our purpose it is useful to categorize these costs, though one may be more applicable than another to a specific drug or addict.

Acute Toxic Effects of Drugs

Toxic effect means poisoning. We are familiar with the word 'intoxication'. The person who drinks does not want to be 'intoxicated'. He drinks to get a good feeling. But the effect of the chemical on his body functions, particularly on his brain is not within his control. This is the effect of his drinking beyond his capacity.

Take too much of narcotics drug and the person get overdosed. Mix a sedative with alcohol and the combined effect can put you into a coma or halt breathing completely. Almost any drug will display toxic properties when consumed in sufficiently large quantities. Even too much of coffee can result in 'acute caffeine poisoning'.

Long Term Physical Dangers

The physical effects of drugs vary with their chemical properties. In Block I, Unit 2 you will find a list of long term and short term effects of various kinds of drugs. In the section on alcohol in the same unit you will find descriptions on the physical effects of alcohol on the body. Prolonged use of alcohol degenerates the nerves in the arms and legs, destroys the brain cells and damages the liver.

Glue sniffing can severely damage kidneys and cell membranes in the brain, and may also be linked to certain form of leukemia. Cocaine can

weaken the heart, and amphetamines can, sometime rarely do permanent brain damage. Prolonged use of narcotics, cocaine and amphetamine as well as alcohol, often leads to malnutrition, resulting in vulnerability to infection and disease, Cannabis if used for a long term damages the lungs and respiratory system. The effect of the irritating smoke can lead to cancer of the lungs.

Intravenous drug users run the risk of catching a large number of infective diseases that can cause hepatitis or attack the heart, causing damages to the heart valve. They also run the risk of infection by the HIV virus. Many of the addicts do not use sterilized needles, or in many other cases, share the infected needles. Sniffing, or snorting drugs causes serious damage to the delicate nasal membrane.

Fetal Alcohol Syndrome

Alcohol has a severe effect on unborn children. Studies indicate that the effect on the foetus is related to the dosage, quantity and frequency. The foetus is more vulnerable to the effects of alcohol during the first 12 weeks of pregnancy. Later, alcohol produces growth retardation and failure of brain maturation. This results in the mental deficiency of the baby. Alcohol concentration in the blood of the mother can also lead to spontaneous abortion.

It is not only alcohol that can do harm to the unborn baby. Many of the psychoactive drugs including smoking can lead to the malformation of the foetus. The placental barrier has proved to be no obstacle for narcotics, and children of addicts have been born with drug craving tendencies.

MIND

All drugs have side effects. Not all drugs are equally harmful. Most of the harm drugs inflict on the person is on his brain. This is why we are concerned with psychoactive drugs. They are drugs which are capable of modifying the function of the brain. This section will deal with the various ways in which drugs affect a person psychologically. Psychological effects are the result of the malfunction of the Central Nervous System (CNS).

CNS include the brain and the nerves that control the messages, which are passed on from the brain to the other parts of the body. Almost all the drugs act on the CNS and either slow down their functioning or speed up the functioning.

Drugs gets into the central nervous system through the blood stream. Once in the blood stream, drugs go almost everywhere in the body. However they become effective only at those sites where they find receptors. The one exception to this rule is the difficulty some drugs have in crossing the blood brain barrier that protects the central nervous system. In the central nervous system most psychoactive drugs head for the synapse, gaps between cells in the neural pathways along which the brain signals travel. Often they must wait until the chemical called neurotransmitters stored at the synapses are released and allow them to pass across.

Drugs can either stimulate or inhibit the release of the neurotransmitters, or they may even prevent them from being destroyed after they have carried the impulse across the synapses. For example, one group of

neurotransmitters, the monoamines, is pumped in and out of the synaptic gap. They are essentially recycled. Cocaine seems to block the pumps, keeping the synapse flooded and impulses flowing, replaying their messages. But the body has a way to counter the build up of monoamines by producing an enzyme that destroys them:

Unlike most drugs which disturb the functioning of the synapse, alcohol works on the nerve membrane, making it more flexible or fluid and reducing impulse flow in this way. The brain will counter this effect with its own chemicals that tend to make the membrane more rigid. As a result, the abstinence syndrome (alcohol withdrawal) is caused by nerve cells that are unnaturally rigid and excitable and accelerate their impulse flow.

Health Consequences of Drug Abuse

Drug abuse is health damaging. The extent, degree and the type of health damage related to drug use depend upon:

- Drug type
- Period of drug use
- Route of use
- Amount of consumption
- Adulterants in street samples, and
- Other high risk behaviours.

Frischer in his study in 1994 indicated that every year approximately 2,00,000 deaths occur all over the world as a result of drug abuse. The official rates quoted are much lower. Most of the countries do not have adequate reporting facilities for reporting damages caused by drug abuse.

Drugs like heroin can cause death due to overdose. Alcohol overdose does not lead to death. Long term period of drug use is a health hazard. Most of the addicts who use narcotics and stimulants die prematurely. Alcohol, and cannabis users take a long time to get addicted and so health problems occur late in life. Drugs that are orally taken have less chance of leading to overdose. In case of an overdose, the person vomits, and thus the toxic reaction is slowed down. Adulteration of drugs has caused severe health problems. Often drugs are adulterated with very poisonous substance to increase their quantity and potency. Rat poison, DDT and other poisonous ingredients are reported to be found in the drugs sold in the street.

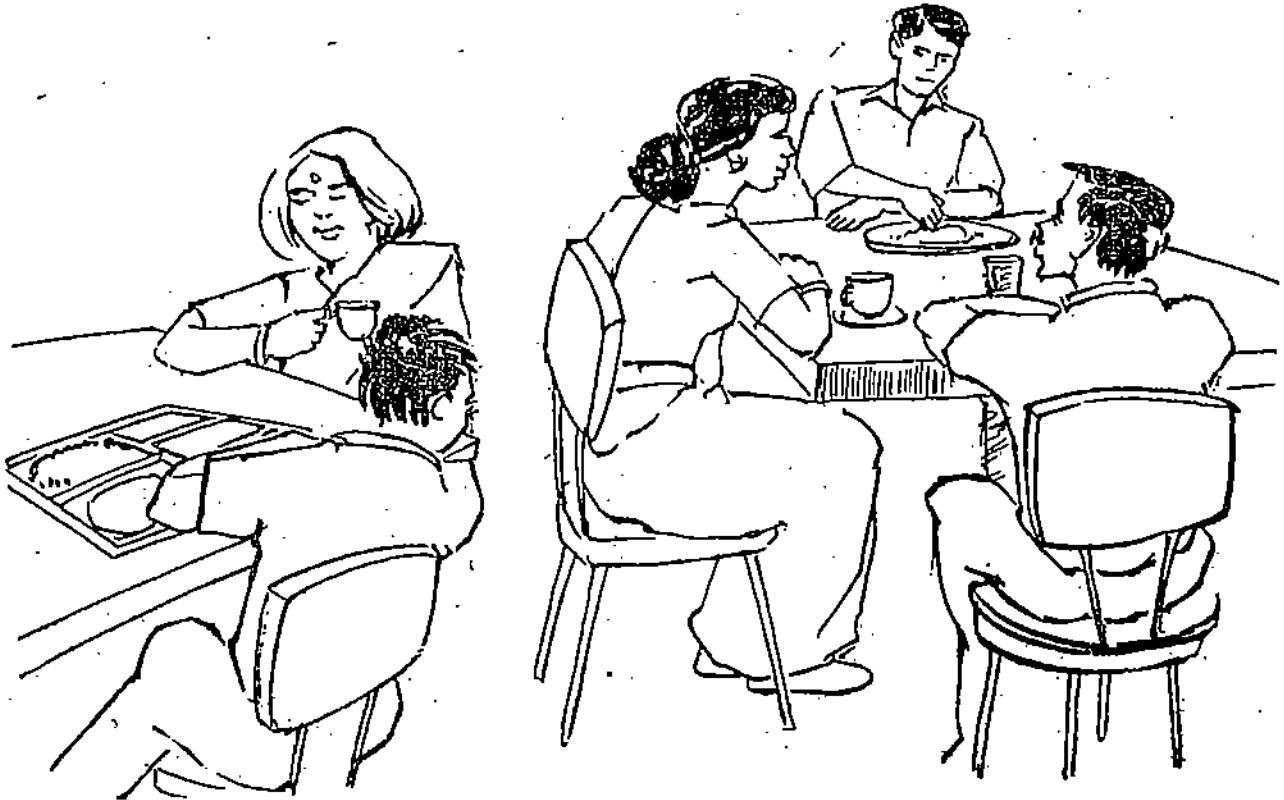
Drug abuse leads to many risky behaviours. Hallucinogens can give a person a false sense of place, distance and sound. Many accidents are caused by the use of hallucinogens. Under the influence of drugs, which prompts risky sexual habits lead to HIV infection as well.

2.3 INTERPERSONAL RELATIONSHIPS AND DRUG ABUSE

Relationships are both personal as well as social. The impact of drug abuse is felt not just at the individual level, but also on the social level.

They also lead to family problems as well. Economic insecurity, violence in the family and outside in the society, and neglect of children are some of the major consequences of drug abuse.

There is a complex relationship between familial factors and drug abuse. While drug abuse leads to broken families, it is equally true that broken families are one of the main factors leading to addiction.



Emotionally disturbed persons use drugs as a solution to their problems. Due to their own mental make up, they are unable to cope with the problems that arises in their lives. Problems connected to interpersonal relationships need a more balanced mind to handle them. The drugs, instead of facilitating the solution, only make it more complicated. The addicted person is often away from family and friends to pursue his drug habit. This results in broken plans, sexual disinterest, arguments, and increasing resentment. Communication between relations and friends breaks down as the addict withdraws and becomes emotionally distant, trying to eliminate any interference in his drug habit. The addict becomes unreliable, does not keep promises and so distrust grows. Where there is distrust, no relationship can grow.

At the same time the addict is badly in need of emotional support. To get this he would further resort to manipulation, lying and cheating. Although emotionally he needs social relationships, his most important relationship is to the chemical of his choice, be it alcohol, or any other drug. He is hopelessly trying to maintain his relationships to two mutually opposing realities, the drug and his family/friends. He can't give up either, at the same time he would choose his chemical and manipulate his relationships. As he finds himself caught between his chemical and losing relationships, he will begin to blame those who are related to them for his addiction. In the recovery programme, it is

important to note that the addict is capable of manipulating his relationships, to make them tools in his addictive behaviour.

Psychological Changes

Drugs are used to *feel* better. At the initial stages drugs make the person to feel better. He is more confident, is free from anxiety, and worries. With continued use of drugs he reaches a stage where he has to use drugs to feel normal. At this stage drugs give him no more pleasure. At this point of time, the person takes drugs only to suppress pain. This is a stage what is most misunderstood by non-users. It looks like the addict uses drugs to enjoy, but the truth is that he does not enjoy the drug at all, he uses it because he is unable to stop taking drugs.

Drug abuse is also found to be an emotional issue. A person even before he becomes an addict one was unable to handle his emotional issues. Now with the use of drugs, his mood swings increase, his personality changes, he is struggling with compulsive feelings of guilt, inferiority,

anger, and isolation. As addiction reaches the advanced stage, he will become apathetic, and indifferent to the world around him.

Drugs affect the central nervous system. This influences his cognitive and rational functioning. With continuous use, the self-image of the person deteriorates. Lack of objective perception of himself and confusion about the reality around him will increase.

Initially the addict used drugs to solve his problems, but now drug becomes his problem, but he is unable to perceive it.

Check Your Progress I

1. What are the psychological impacts of drug abuse?

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2.4 STAGES OF ADDICTION

Addiction is a disease. This disease is progressive in nature. It goes through various stages before the person succumbs to it. The following stages can be clearly noted in the progress of an addict:

Early Stage

- The quantity of drug taken, and the dose taken increases. More time is spent on taking drugs and remaining high on the chemical.
- The addict's thoughts remain always with drugs. He will think always about the drug, talk about it and finds out ways and means of procuring drugs, so that he has constant supply of drugs at his disposal.
- He changes all other life situations to suit his drug habit. He will cut down on other non-drug use expenses, so that there will be enough money to spend on drugs.

- Rationalize his use of drugs. He will unconsciously try to convince himself and others that drugs are not dangerous, and that all the drug warnings he gets are not based on facts.

Middle Stage

- Increase in the tolerance for the drugs. The addict has to consume more of the same drug to get the high that he experienced earlier with much less quantity of drugs.
- The addict is unable to limit the time, and the quantity of drugs used. At this stage he is already an addict. Earlier he was able to abstain from the use of drug when situation demanded: for example, examination time, but now he cannot do so.
- To be normal, he needs the drugs. He is afraid of withdrawal symptoms in case he does not use drugs, he may occasionally resolve to stop the use of drugs, but is unable to keep the resolve.
- Substitute of one drug for another. An alcoholic may try to substitute whisky with beer, or heroin with painkillers.
- Maintain hidden supply of drugs, because, to live without them would be life threatening.
- Problems at work place and school will become very evident. This will be due to poor performance or attendance.
- Neglect of personal hygiene. Poor eating habits and grooming.
- Guilt, shame, and anxiety increase.
- Personality change is visible. Becomes more irritable and aloof.
- Family relationship deteriorates. Responsibility as father, husband etc. is neglected, and the addict becomes totally undependable.
- Use of drugs to handle emotional problems. When happy the addict has to use chemicals, when unhappy also the person has to use chemicals.
- At this stage the life of the addict revolves around the chemical only.

Advanced Stage

- The loss of control over the drug becomes complete at this stage. Though the person gets less and less pleasure from the drugs, he continues to use it to avoid withdrawal syndrome.
- The addict tries to escape the problem by changing the place, drug and/or manner of use. But all of them will be found useless.
- The addict becomes totally dependent on others for his living. He may eat only because of pressure from others around him.
- Social isolation increases: The addict totally withdraws from the society and companionship will be only among other users.
- If treatment is not received on time the person may die a premature death.

2.5 ADDICTION AS A DISEASE

This is a very important part of this unit. Earlier in this unit and in other units you would have noticed that addiction was termed a disease. This section is going to explain why and how addiction is a disease.

After extensive research, in 1956, the American Medical Association came to the conclusion that addiction is a disease. In medical language, something is called a disease when the following are present:

An Agent: Something that causes the disease.

The Host: The agent comes in contact with another and something happens.

The Environment: The circumstances where the agent comes in contact with the host.

The Syndrome: Some signs are evident in the host as a result of the agent contracting the host.

In case of addiction the agent is the chemical and the host is the individual who uses the chemical. The environment is the predisposing personality of the addict, and the syndromes are the observable physical and psychological changes noticed in the addict.

The Disease Concept: The disease concept defines chemical dependency as an involuntary condition caused by factors largely outside a person's control. No addict starts taking chemicals to become an addict. Despite their sincere desire to control their use they become addicts.

There are certain persons who are able to handle mood-changing chemicals without damaging their physical, emotional and social life. Some are unable to do it. This disease is caused by the chemical just like a malaria patient who becomes shivery, and it is not within his control to not shiver; so too an addict has no control over the chemical once he becomes an addict.

Although addiction does not fit into a strict definition of disease, it has certain characteristics of a disease. They are:

- *It is a Primary Disease:* Addiction is not the symptom of some psychological disorder. Addiction causes mental, emotional and physical problems which will be resolved when abstinence is achieved. It is the drug that causes the problem, not the problems making the person take drugs. Addiction is the real disease, and it is not the symptom of another disease.
- *It is a Permanent Disease:* It cannot be cured, but can be treated and brought under control, like diabetes. In diabetes, it is the sugar that causes the problem so too in case of drug abuse the problem is the chemical.
- *It is a Progressive Disease:* If not treated on time, the disease progresses from bad to worse. Sometimes it seem to be improving, but over a period of time, the disease worsens.

It is a Terminal Disease: If untreated, many addicts will die of addiction. The addict may die of an accident, or liver failure, but always the leading cause to death would be the drugs.

Addiction can be defined as loss of control over the use of drugs despite knowing its harmful consequences. Addiction can be thought of as a disease because an addict has no control over the use of drugs he takes.

Check Your Progress II

1. Define drug addiction as a disease.

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2.6 DENIAL

Addiction can develop due to the combination of the factors given above. But the soil in which addiction can grow is denial. It is a psychological process that takes place at the unconscious level in which the mind create an illusion so convincingly that he believes it to be a 'reality'. He is not consciously aware that this change in thinking is taking place. A familiar example would be of the person who finds his dear one dead, but some how thinks that it is not true.

Why does the addict deny his problem?

Drugs help the person to feel good and escape from the realities of life, which are sometimes unpleasant. On the other hand the drug habit causes many physical and emotional problems. At this point he is faced with the choice either to choose between stopping his drugs or facing the unpleasantness of life. Both the options are painful, so he is made to choose to use drugs and deny it. It is like seeing the dead body of a friend and refusing to accept that he is dead. It is a defense mechanism by which the mind protects itself from being overwhelmed. The addict is unable to choose to stop drinking, because it has become the most important thing in his life.

The main function of denial is to keep anything from interfering with one's drug use. The addict has to avoid seeing the problem that addiction is creating because if he sees them, he will have to do something about. This thought is intolerable once he is addicted. It helps him to maintain the illusion that everything is OK, and protects him from the guilt, shame and blame which usually accompany addiction.

As addiction progresses, stopping it becomes impossible. Realities of life look to be more bitter.

- The moral stigma attached to addiction provides the ground for denial.
- The behaviour of the family and friends to cover up the consequences of addiction provides the environment to encourage denial.
- The individual's normal tendency to avoid internal conflict encourages denial of unpleasant reality.

1. What is denial? How does it promote addiction?

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2.7 THE ECONOMIC CONSEQUENCES OF ADDICTION

Widespread drug abuse imposes a heavy economic burden on the people and the nations of the world. The economic consequences of drug abuse can be direct and indirect. The individual and the rest of the society also suffer the economic consequences.

Direct Consequences on the Individual: Drugs are expensive. The daily cost of maintaining drug habit will depend on the kind of drug consumed by the individual. Therefore it is impossible to compute accurately the cost in terms of money. Some of the addicts have their own source of income. Others depend on their family or relations. In all cases, a person will keep aside all other needs and meet the expenses related to his drug habit. There is increased drug use among the unemployed. Drug use leads to low productivity and absenteeism, sickness and accidents. All these are related to poor economic performance. Due to drug habit an individual ceases to be a productive member of the society. Instead, he only adds to the consumption capacity.

Indirect Consequences of Drug Use: There are more indirect consequences of drug use than direct. The expenses incurred on treatment of addiction, and other health care becomes a huge burden on the family. Most of the addicts become victims of chronic illness which need constant medical care. The treatment of addiction itself can be a life long one.

Addiction leads to many accidents. This will be also seen as part of the healthcare expenses. Due to negligence and poor management of the family, the members of the addict's family will also be in need of medical attention. It is common to see the parents and the spouse of the addict also become sick. Their treatment also becomes a heavy economic burden to the family.

Drug abuse and crime is closely related. When we consider this aspect of the problem the economic consequence of drug abuse becomes staggering. If we see it as an economic problem, the cost is beyond calculation.

Check Your Progress IV

1. What are the economic consequences of addiction?

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2.8 ADDICTION AND RELIGIOUS BELIEFS

Religious belief of one kind or other has been with human kind from the ancient times. It has been noted that religious belief has a lot to do with addiction and treatment. You will find more about this in the treatment section. Yet here it is important to describe a few essential characteristics of religious faith in relation to drug abuse.

As we noted early, an addict wants to control reality, which he cannot accept. The chemical gives him the feeling that he can control reality which is unpleasant. Religious faith gives him the attitude that there is a power that guides everything, surrendering to that power gives a person real peace of mind and happiness. The addiction and religious faith are in compatible.

The need to have one's way is one of the characteristics of the addict. Some of the treatment programs call this 'Playing God'. The addict thinks differently from that of the others. His will is self-will. When an individual grows up he realizes that though he is an adult, he needs to adapt himself and align his will to those of others. Persons with deep religious convictions find it easier to accept the inevitable. Some may consider it as ordained by God, or may be that it is the result of one's *Karma*. The addict constantly rebels against any such beliefs. When the force of the reality is too strong, he has no other recourse than to change it with the help of drugs that give him a momentary feeling of control.

2.9 LET US SUM UP

This unit gave you a detailed picture of the various consequences of drug abuse on the physical, psychological and economic spheres of life. The drugs act on the body, particularly on the central nervous system and modify its functioning. The drug also has severe side effects on the other vital organs of the body. The drug changes the personality of the addict, by modifying his attitudes and behaviours.

Drug abuse harms social interaction of the addict. Addiction goes through different stages and they are easily distinguishable. Addiction is a disease caused by the compulsive consumption of a chemical. The decision to use or not to use the chemical is not within the power of the addict. That is why it is called a disease. The addict also suffers from a compulsive behaviour called denial. His faith in religion and god is different. Although he may try religious rituals, basically he wants to control his life, which a religious person sees as God's intervention.

2.10 KEY WORDS

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| Caffeine: | A stimulant chemical found in tea leaves and coffee beans |
| CNS: | Central nervous system, comprising the brain and the nerves attached to it, transmitting the messages between parts of the body |

Foetus:	Unborn child, which is eight or more weeks old after conception
Glue sniffing:	Inhaling solvents like petrol, dendrite etc
Immune:	Free from the attack of germs viruses' etc
Inhibitions:	Not free to express an emotion or an instinct
Long term risks:	The consequence that will appear only after a long time
Leukemia:	A kind of blood cancer
Over dose:	Excess use of a drug, which can cause death
Neurotransmitters:	Chemical substance released from a nerve fibre that effects the transfer of an impulse to another nerve
Placenta:	Flattened circular organ in the uterus of pregnant mammals covering and nourishing the foetus
Receptors:	An organ, which is capable of responding to an external stimulus
Synapse:	A junction between two nerve cells

2.11 MODEL ANSWERS

Check Your Progress I

1. What are the psychological impacts of drug abuse?

Drug abuse is also a psychological problem. Psychological impact is recognized mainly through behavioural changes. Addiction undermines the self-esteem of the person. He begins to suffer from low self-esteem, shame, guilt and resentment. This is expressed through rebellion, withdrawal, and mood swings. Addiction also leaves a person anxious and depressed. We can notice a total personality change in the addict. He is no more capable of handling his emotional life without the help of the chemical.

Check Your Progress II

1. Define addiction as a disease.

A disease in medical terms requires four conditions: The agent, the host, the environment and the syndrome. In the addict, it is the chemical that causes the disease of addiction, because the addict is not capable of handling the drug in his system. A germ can cause sickness, so too the chemical causes the addict to be sick. The environment is the personality of the addict. The syndrome is the physiological and psychological impact that makes the addict sick.

Check Your Progress III

1. What is denial? How does it promote addiction?

Denial is a defense mechanism. An addict will not accept that he is one or he will argue that addiction does not cause any problem to him.

Accepting the reality of his addiction would require him to change his behavior. Changing his behavior would demand that he should give up the drug. He is not ready for either. So he will deny that he is an addict.

Denial promotes addiction in two ways. One, it protects his self-esteem. Admitting addiction is painful because addiction is not acceptable to the society. Secondly, denial helps him to blame others for his addiction. This way he manipulates them and that too to unwittingly support his addiction.

Check Your Progress IV

1. What are the economic consequences of addiction?

Addiction is a costly habit. It has severe direct and indirect economic costs. The addict spends huge sums of money to maintain his drug habit. This money often goes to criminal gangs. Addiction leads to deterioration of health. It also leads to the ill health of the family members. Health care of these persons is a huge economic burden on the family. The addict is also a non-productive member of the society.

The criminal habits of the addict are an indirect economic burden on the society. Absenteeism, accidents, etc. leads to further economic burden on the family and society. Similarly the law enforcing and monitoring burden too is an economic expense.

2.12 FURTHER READINGS

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UNIT 3 · IMPACT OF SUBSTANCE ABUSE ON THE FAMILY AND ON NATIONAL DEVELOPMENT

Contents

- 3.0 Aims and Objectives
- 3.1 Introduction
- 3.2 Substance Abuse, Family and the Nation
- 3.3 Behavioral Response of Addictive Family
- 3.4 Co-dependency
- 3.5 Substance Abuse and National Development
- 3.6 Substance Abuse and Crime
- 3.7 Effort Towards a Drug-free Nation
- 3.8 Let Us Sum Up
- 3.9 Key Words
- 3.10 Model Answers
- 3.11 Further Readings

3.0 AIMS AND OBJECTIVES

The purpose of this unit is to explain how drug abuse harms families and the nation. It will show you that drug abuse is a serious obstacle to national development. After studying this unit you should be able to:

- Discuss the connection between drug abuse, family and the nation,
- Describe the negative impact of drug abuse on the family members,
- Understand how drug abuse is detrimental to national development,
- Understand the importance of making our schools, workplaces and the nation drug free, and
- Relate various aspects of drug abuse to your own life experience.

3.1 INTRODUCTION

You might have seen traffic accidents caused by drunken driving. Like some epidemics, substance abuse is a mass killer. Addict is a safety hazard to the addict himself, to the family and to society. Addiction leaves the scars of its ravages to the next generation as well.

The addict's children do not grow up normally because their family does not have the suitable emotional atmosphere for their normal growth. Many children born to alcoholics also become alcoholics when they grow up.

Addiction is a severe threat to national development. The addict is often an unproductive element in the society. Addicts add to the burden of social health care. Addiction also brings about a number of accidents.

This unit demonstrates the implications of drug abuse at the various strata of the society. It describes in detail the wider implications of drug abuse as it affects children in the families and economic development for the society and nation.

3.2 SUBSTANCE ABUSE, FAMILY AND THE NATION

Every thing is interrelated in the world. In a nation the family is the basic cell of the society. The health of the nation is measured in terms of the health of the family. Addiction affects mostly families. Addiction leads to deformation of the character of the children. When one member of the family abuses drugs- be it a parent, child, or relative- it causes disruption and disharmony within the family and every family member suffers. Drug abusers often become so obsessed with the habit that everything going on around them, including the needs and situations of other family members is ignored, leading to a breakdown of the family as an entity.

The nation pays a heavy price for drug abuse in economic terms as well as in human terms. Most of the drug users are 18 to 35 years of age. Some of them are employed and others are not. The employed ones create serious problems in their work place. Absenteeism, sloppy work habits, accidents at workplace and poor relationship with co-workers, are some of the serious consequences of drug abuse.

Many drug abusers who are in their teens, are unemployed. They do not become productive members of the nation. They become a burden on the nation's resources. They form part of the crime syndicate; their health care becomes an additional burden on the nation's resources. They may become unwitting agents of epidemics and incurable diseases.

Drug abuse has another price to pay: the ecological cost. Deforestation, soil erosion, pollution of water sources, the extensive spraying of herbicides, degradation of ecosystems, changes in the hydrographic system, demographic pressure and population migration are indirect consequences of drug production. The environment is being subjected to the general expansion of illicit drug producing crops; the inevitable backlash to the pitiless rigors imposed on millions of small farmers in Latin America, Africa, and Asia are affecting the world economy, which takes little account of their precarious circumstances. In order to make a living, these men and women are reduced to planting coca, opium poppy or cannabis. The cost the nation or the world pays for drug production may be indirect, but very enormous. Many drugs like cannabis, cocaine, opium, and tobacco are produced from plants. Since the cultivation of these crops is often illegal, the operators move to forests and destroy them to grow these crops.

Substance Abuse and the Family

The damaging effects of drug abuse on the family are perhaps those which pose the greatest threat to the nation. When one member of a family abuses drugs—be a parent, child or a relative—it causes disruption and disharmony within the family and every member of the family suffers. Drug abusers are often obsessed with the notion that every thing is going on smoothly around them, including the needs and situations of their family members. Their ignorance lead to a breakdown of the family.

The abuser often demonstrate certain criminal behaviours by disturbing the family atmosphere, and as a result suffers physically and psychologically. The effect on the family members due to the loss of a beloved one—very often an earning member, is very painful. A very serious aspect of drug abuse often left uncoverd is that when the younger ones see the older ones using drugs, they wrongly assume that drug abuse is normal and is an accepted behaviour.

Parents cannot face the fact that their children take drugs, or attribute their deviant behavior to something the parents did not do while in bringing up the child. Shame and embarrassment far too often prevents them from acknowledging their child's drug problem. In failing to confront the problem, they cannot help the child find the courage and the appropriate means to stop taking drug.

Parents of young drug abusers have often suffered profound emotions within their own family of origin. They have a strong sense of having lost their own parents through death, divorce, rejection or neglect. They are inversely occupied with the issues of attachment and separation, loss and restoration.

Alcoholism is often called a family disease. The term reminds us that all the members of the addict's family have a share in the disease of the addict. There is no way the family members can escape the influence of addict's habit. Every day the members are forced to confront the addict's behavior. The family members respond to this fact with anger, fear, shame and confusion. Their response also becomes similar to that of the addict.

Many of the addicts are married, and among the alcoholics majority of them are householders. But their ability to play social roles become impaired to the point where he or she is unable to play such roles as spouse, as parent and wage earner in a satisfactory manner. The alcoholic can also be very difficult to live with: at times, loving, and outgoing, but on other occasions moody, depressed, and even abusive. Families of addicts are likely to be broken through divorce or separation.

In case of alcoholics, as the habit to alcoholism worsens, his or her family attempts to cope with the problem in a series of stages: First in the direction of family disorganization. For example, as her husband's drinking problem begins to emerge, the wife reacts by denying that a problem exists and then attempts to cope with the problem herself. Initial attempts to deal with the problem may involve discussions with him, trying to control the availability of liquor, and setting up norms. She may agree to drink with him under condition that both of them stop at a certain point. This attempt will fail and the crisis will worsen, leading to further deterioration of the relationship between them.

As the drinking habit worsens, the husband ceases to earn anything for the family's maintenance and the wife is forced to assume this role. She may also take up the role of the disciplinarian. Alcoholic family's life revolves around the bottle just like that of the alcoholic. The wife for example may resent the fact that her husband's behaviour sometimes forces her to be a nurse rather than wife, or she may feel responsible for her husband's problem.

No two alcoholic families are alike and no two families react to addition of a member in the same way. The impact of addiction on the poor class and the rich class will also be different. In any case addiction puts a strain on marriage and family life.

Substance Abuse and Domestic Violence

Research shows that domestic violence is quite common in a drug abusers family. Children and women are particularly vulnerable. "Child abuse, wife battering, dowry deaths, marital violence, and desertion are common manifestations of domestic violence". (UNDCP: 1999) Drug abuse and violence go together.

Aggression or violence is a basic animal instinct, which humans share with the rest of the animal kingdom. The purpose of this nature given instinct is for self-preservation. It is only his rationality that keeps his aggressive nature under control. As we have discussed earlier, all psychotropic substances act on the cortex- that area of our brain that controls rationality and makes it functional. So all suppressed emotions are brought to the surface, and in many cases the addict becomes violent in expressing his emotions.

Drug addicts manifest many aspects of socially unacceptable behaviour. Violence, aggression, grandiosity, irresponsibility, selfishness and gambling can all become part of the chemical dependence lifestyle. Violent drug related crimes constitute a large proportion of the crimes committed in South Asian Countries - ranging from between as high as 70 per cent in Nepal to 20 per cent in India. (UNDCP: 1999).

The same UNDCP report of 1999 reveals that a study on violence conducted in Sri Lanka found that 60 per cent of women were subjected to domestic violence; 29 per cent of the women who were battered reported that their children were also subjected to violence by their husbands and 82 per cent of them believed that alcohol was the one of the reasons for those violence. The fatalistic attitude of women that they must endure hardships caused by sons, husbands and brothers who use alcohol also contribute to the continuation of the habit. (WHO: 1993)

The National Council of Alcoholism estimated that as many as 63 per cent of the alcoholic families now in treatment have experienced domestic violence. About the same percentage of the children from alcoholic families have been physically abused or have witnessed such abuse occurring on a regular basis within this families.

Women are the most affected victims of domestic violence due to substance abuse. Due the social conditions in India, this violence leads to deaths. Many cases of dowry related deaths are occasioned by drug

related violence. Rate of suicides among women also increases due to drug related domestic violence. Burdened with the care of the family and the battering from the husband, many women resort to suicide. Brutality often takes place between parents in addicted families. Violence usually occurs in the presence of children, when the family is together for some celebrations. 20-30 per cent of all murders take place between members of a family, the woman being the victim most of the time. All these go to show that addiction, violence, murder and sexual abuse are closely inter-related.

Addictive Families and Children

Addiction affects children more than all other categories. Adults can choose to live in the same family or leave it. Children can neither choose to leave the addictive family, nor do they have the means to do it. A wife or a partner may feel helpless about another family member's addiction, but in truth the child is truly helpless. The characteristic of childhood is its spontaneity, to be itself, to be carefree. A child in an addictive family cannot be carefree. It is always withdrawn, anxious, and fearful. In an alcoholic family the children do not receive the attention and nurture which they should normally receive. Due to the addictive behaviour of one member of the family the whole attention of the family will be focused on that addict. That effect of such environment is permanently disastrous for the child. They lose their identity; they become victims of depression, anxiety, and stress and will have severe adjustment problems in the society. Since they cannot get positive attention they would seek negative attention by playing truant. Some of the children maybe hyperactive, restless, and unable to concentrate on any serious matter.



Researches show that domestic violence is totally harmful to the emotional and mental development of a child. Even if they are not physically abused, witnessing violence lead them copy the same behavior in later life. Children who witnessed assault on parents or siblings, also tend to be abusers in adulthood. Many children of the alcoholics become alcoholics.

Studies conducted in India and other countries show that domestic violence is common in a drug abuser's family. Women and children are the usual victims of this violence. Child abuse is the most serious form of this violence. It is estimated that of every four female victims of sexual abuse, three are minors.

A study in the USA quotes that 66 per cent the children from families with an alcoholic problem were abused themselves or confronted with the abuse of others and roughly a quarter of the children of these families become victims of incest. Another study published in 1976 examined the whole range of problems that children of alcoholics had to face. The highlights of the finding are:

- Three times as many children of alcoholics had to be placed in foster homes in comparison to other children.
- Children married under the age of sixteen was twice the number of other children.
- Juvenile delinquency was much higher, going up to 50 per cent.
- Children found to be mentally ill going up to 21 per cent.
- More children of alcoholics attempted suicides in comparison to those of the children of other disadvantaged groups.
- Personality damages on the children of the addicts was higher.

From what we saw above, the children growing up in an addict's family have a number of personality and identity problems. We would discuss a few of them here below.

Lack of role model: Children learn the sense of right and wrong from the families, especially from their parents. A child growing up in an alcoholic family does not have the opportunity to learn this. They witness only denial, guilt, aggression and other negative behavior from their parents. The child is often punished for what he has not done, and rewarded for no achievement.

The behaviour of the alcoholic is confusing for the child. When not drunk the father is all loving, and when drunk it is all a chaos. The child at this age is not able to understand what is loving and what is violence. The father is just a bundle of contradictions and the child learns to imitate him.

Lack of self-esteem: Self esteem or self worth is the core of one's personality. It is that which gives a person identity. Self-worth is learned from the behaviour of the persons who are important to the child. If a child is accepted, and loved by the parents, the child gradually begins to recognize that he is good, wanted, and worthwhile. From childhood, if a child is abused, and not valued, it will begin to feel that s/he is a useless

person, whom nobody wants, and nobody loves. The negative feedback a child receives in terms of quarrels, fights, punishments and rejection are all internalized.

Lack of honesty: An addict is a chronic liar, even when he can tell the truth. Children in alcoholic families learn to lie. The father lies about his addiction. The mother lies about the father's addiction to protect the image of the family. The father makes many promises and never keeps them. All that the child sees and hears in an addictive family are often untruth. The child thus learns that it is all right to tell lies. In some cases the children may be punished for being honest, and expressing their feelings.

Denial is a form of dishonesty. An addict lies to protect his self-esteem, or his dignity. Accepting the truth is too painful for him. Similarly the child too cannot accept that his father is an addict. So he denies it, gradually he gets used to denying all unpleasant things of life.

Depression: A member of an addict's family has many unmet needs. An individual to grow up as an emotionally healthy person needs to have his basic physical, emotional and psychological needs met at the proper time. When this does not happen the child suffers from depression, as a result of deprivation of the basic human needs. In this connection it is important to note that many children grow up in well to do families which may not be 'addictive', but where the parents do not have enough time for the children, because they are too busy. Such children grow up under the care of the baby sitters. They too at times exhibit this sort of depression.

The conclusion to this section is that a family with an alcoholic member is likely to encourage growth of emotionally unhealthy citizens. Some of these children turn out to be very ambitious, or very rebellious. Some will be ready to please every body while some others may behave like clowns. All these behavioural patterns are due to the fact that they could not learn proper coping skills of life at the right time from the parents, because the parents were too busy with the problem of addiction within the family.

Family Response to Addiction

As mentioned earlier, family remains the first and most important socializing institution, where shelter and security are to be found, when facing difficulties in life. Drug abuse is a sign that a family has failed to help the child in its maturing process. It is a sign of helplessness from the family like a person attempting suicide, because he cannot cope with the problems of life. A family copes with addiction in different ways. Almost in all cases the methods are unsatisfactory, indirectly encouraging addiction. If the family has adopted a healthy method, it would have been able to solve the problem successfully. Below we shall describe the various responses of family in the face of addiction. You can identify that they are all negative methods.

When an organism is faced with a life-threatening situation it will try to preserve its life at the cost of other non-essential aspects of life. In case of an earthquake, a person may jump from the top of a high rise building

and in case of dress catching fire, the person panics and runs. Similarly, the family of the addicts responds to addiction in certain ways, which are often unhealthy.

Stage one: Denying and justifying the problem. When the family becomes aware of the problem it would refuse to accept it as a problem or deny it. The family members might also find other reasons justifying the addict's drug habit. They would also try to force him to stop drinking by making necessary adjustments in the family. They may make promises to him to reward him if he stops drinking.

Stage two: The family will withdraw the society, for fear of being identified as a problem family. They will try to protect the addict from the consequences of drug abuse by doing things for him. They might also try to control his drinking by breaking the bottles or drinking with him in a controlled manner etc.

Stage three: Losing control over themselves: when the family members dance to the tune of the addict for a long time and the addict continues to behave the same way taking advantage of the good will of the family members, they begin to feel angry. They may not express this anger, but they will begin to feel that everything is going out of control.

Stage four: Reorganizing the family system. This is one of the early methods which is found to be effective. The family members take up the responsibility and the addict is expected to share. This becomes more clear in cases where the addict is the head of the family.

Stage five: Breaking away from the addict. As the addiction becomes intolerable, the family members cut themselves away from the addict. In case of married people, the partner may opt for divorce.

Stage six: Letting the addict face reality. This is the most helpful stage where family members break through their denial and let the addict face the crisis.

Emotional Response of the Addictive Family

We would like to repeat that addiction is a family disease. No member can escape the consequence of the addiction of one member of the family. They suffer physically as well as emotionally. Here we are describing how the family responds emotionally to addiction.

Guilt: The family members feel that addiction of their dear one is due to some fault of their own. This response is strengthened by social stigma attached to addiction. The family members blame themselves or some outsider. Self blame leads to more guilt and shame. The family members may start blaming each other as well.

Anger: The family members try their best to adjust themselves to the demands of the addict. They may not express their resentments and may not even meet their own physical needs to placate the addict. This builds up anger in the minds of the family members. This suppressed anger can lead to other psychosomatic illness.

Grief: The family has lost all interest in life. They also feel the loss of a very dear person. There are other sorts of loss, like material goods, god

name of the family, personal dignity etc. Grief needs to be expressed, just like any other emotion. But they feel that no one understands them. They suppress the grief and suffer alone.

Shame: The family is ashamed of the behaviour of the addict. This reduces their self worth. The family members are ashamed of relating themselves to other members of the society. They isolate themselves and continue to feel lonely.

Fear: Living in an addictive family is very stressful. The behavior of the addict is highly unpredictable. The members do not know what to expect from the addict. They are afraid of their own life and their future, There is too much tension in their relationship.

Loneliness: Loneliness produced by the combined effect of shame, hurt and fear cannot be avoided. To protect themselves from further emotional pain, they try to hide their emotions and do not disclose them to anyone outside. They will talk a lot but never express their feelings. They are deeply alone.

Check Your Progress I

1. What is the effect of substance abuse on the family?

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3.3 BEHAVIORAL RESPONSE OF THE ADDICTIVE FAMILY

All behaviours are expressions of emotions. Addictive families have certain predictable behavioral patterns. The intensity of these behaviours may differ, but they do have similar contents.

Protecting: The family members want the addict to get out of the problem. So they take up the works and duties he himself has to perform. Instead of making him realize and face the problems arising out of his irresponsibility, they will do all his work, clear his debts, and tell lies about his absence. This process is called enabling. We will be discussing more about it in this next section, i.e. co dependency.

Controlling: The family members make all kinds of efforts to control the addictive habit of the addict. They may buy fixed amount of drugs for him to use at home; they may try to destroy the supply of drugs in his possession, and they may try to accompany him wherever he goes. The more the addict is controlled, the more he will resist and blame the family for his addiction.

Blaming: The addict's actions are damaging the family. This makes the members angry. But often they do not express it to avoid confrontation. When something goes wrong seriously in the family, the members will begin blaming the addict the misfortune.

Denial: No one would like to admit unpleasant realities, which they cannot control. One way to handle such situations is to deny them.

Check Your Progress II

1. How does the family respond to addiction?

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3.4 CO-DEPENDENCY

Co-dependency is an emotional, psychological, and behavioural condition that develops as a result of an individual's prolonged exposure to, and practice of, a set of oppressive rules- rules which prevent the open expression of feelings as well as the direct discussion of personal and interpersonal problems" (Robert Subby) In other words it means being a partner in dependency.

When a person takes to drugs he will not be able to continue his habit for a long time if somebody is not there to help him to face the consequences of his action. Without them he would be forced to face the consequence of his drug habit, before it becomes a case of full-blown addiction. Even at an early stage of addiction the addict's behaviour is already becoming unhealthy and antisocial, that it's natural consequences would have prevented him from going any further. But those who love him step into protect him. As the disease progresses, they come in with more and more protection. This can be called Enabling. The function of the person who does the enabling is called co-dependency. They are people who keep on reacting. They react to the problems, pains and behaviour of others. They react to their own problems and pains. They will have to be guided to respond rather than to react. Responding is answering to a situation. Reacting is denying the situation.

Check Your Progress III

1. What is co-dependency?

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3.5 SUBSTANCE ABUSE AND NATIONAL DEVELOPMENT

In recent years drug abuse has grown dramatically out of all limits. Most drug abusers are young, some are rich, and most of them are poor. Drug abuse drains precious human and natural resources that might otherwise be used for social and economic development. The destruction of individuals, families, communities, and the undermining of national economies as a result of substance abuse needs to be contained.

National development involves development of human and natural resources. Drug abuse imposes a heavy burden on both human and

natural resources. On the side of human development, drug abuse takes the toll on the younger generation who is the future of the country, while on the side of natural resources, the costs are both direct and indirect.

The direct burden of drug abuse in terms of the loss of productivity is on the part of the abuser as well as the nation. In some cases, the abuser may be in key positions of productivity. When he fails to function efficiently, the whole system suffers. Therefore the loss can be many fold.

Substance abuse is a huge national burden because it kills the youth. Addiction kills many and incapacitates many more. The young people are the true wealth of the nation. Addiction strikes at this vital area. As we have seen earlier, addiction has severe damaging effect on the families. It produces many anti social individuals. Shortly we shall be discussing also the relation between criminal activity and addiction. From this angle addiction is a big obstacle to national development.

The nation pays for addiction in terms of crime, automobile and workplace accidents, and medical treatment of the abusers through public health care system. Communities, schools and businesses also incur expenses. "Increasing drug use prompts retaliatory action from the government in terms of (i) prevention and treatment of drug addiction and (ii) treatment of drug related diseases through the public health care system. Can the government of developing Asian countries afford to take this additional pressure without substantial international support, or curtailing other priorities? Given the growing resource crunch for social sector intervention in the region, the answer seems to be unambiguously negative. The Indian government allocated about Rs.140 million to provide prevention and treatment services in 1994. This works out to be Rs.1500 per individual addict.

The money spent on purchasing drugs goes into the hands of organized crime groups. We have seen that drug trafficking is an organized criminal activity. Drug abuse increases the earnings of these criminal gangs. They also become part of the black money laundering scheme.

Drug abuse leads to the spread of many diseases to the extent of epidemics, like HIV/AIDS. This too plays havoc with valuable human resources. It also adds to the burden of public health care system.

3.6 SUBSTANCE ABUSE AND CRIME

While discussing the part drug abuse plays in domestic violence, we described that the addict uses violence to obtain his supply of chemicals. However, this does not limit the type of crime committed. We know the stories of business executives who have stolen company funds to finance their drug habit. A drug user will go to any limit of criminal behaviour to obtain his supply of drugs. This may also include murder.

There can be four kinds of crime related to drug abuse. (a) Crime committed by drug addicts to obtain the drugs, (b) Crime committed by the peddlers, fighting for their share of drug market, (c) Violence unleashed by the drug mafia to protect their business, and lastly, (d)

Financial crimes like money laundering, illegal manufacture and trade of drugs.

One of the estimates say that 70 per cent of major crimes of USA are drug related. The transactions of drug mafia runs in to thousands of billions of rupees every year. These criminals are better armed than the state police in many respects. They have been able to bring down governments and replace them with their own as happened in South America.

Drug abuse, and drug trafficking are indirectly linked to terrorist organizations. They created demand for drugs by pushing them into market. For many terrorist organizations drug money is the major source of income in our country. This is another type of criminal activity connected with drug abuse. In short the drug trafficking is an organized, if, criminal activity.

Check Your Progress IV

1. How does addiction affect national development?

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3.7 EFFORT TOWARDS A DRUG-FREE NATION

A total drug free nation may be a utopian idea. Drugs have been there, c- from the dawn of human history. They will always be there. Like every other natural resources at the disposal of human kind, drugs can be put to beneficial use. Drugs have begun to rule the lives of young people. This is a bad omen.

There is a growing global concern to reduce the consumption of harmful drugs. The process begins with the education of the young. There are two prevalent opinions in the world with regard to the abuse of drugs one is legalizing the use of all psychoactive drugs, and the other is total prohibition of the same. Prohibition has not worked. Legalizing drugs do not help the improvement of quality of life. We cannot vote for or against the toxicity of a drug. Education, information and prevention will be the key to a drug free nation.

3.8 LET US SUM UP

This unit has been discussing the impact of substance abuse on the family and the nation. We described the function of the family in the life of the individual and the nation. We have seen how addiction changes the environments in the family totally by destabilizing the family function. Addiction encourages violence in the family and negatively affects the personality of the children.

When addiction destabilizes the family it will try to maintain its equilibrium by unhealthy responses. Most of the families continue to respond negatively to addiction, which promotes the addictive behaviour of the individual.

The nation also pay a heavy price for the addiction of its citizens. Crime, terrorism, and, black money are some of the by-products of drug abuse that negatively influence national development.

3.9 KEY WORDS

Adjustment problem	: Difficulty experienced by an individual to respond to the demands of personal or social relationships
Black money	: Illicit money
Coping skill	: Ability of an individual to meet the challenges of life
Demographic	: Related to population
Eco system	: Biological community of interacting organisms and their physical environment
Hydrosphere	: The area of the earth covered with water
Herbicide	: Chemicals that can kill plants
Identity problem	: Inability of an individual to value oneself as a person
Internalize	: To accept a value or an ideology as ones own
Money laundering	: An illegal process by which black money is converted into legal possession
Negative feed back	: Unhelpful response from another person
Self worth	: A sense of feeling that one is good
Sibling	: Children of the same parents
Utopian	: Not realistic
Withdrawn	: Keeping away from the group

3.10 MODEL ANSWERS

Check Your Progress I

1. What is the effect of substance abuse on the family?

Addiction is a family disease. Although only one person in the family is addicted to a chemical, all the members suffer from its consequences. Addiction brings in unexpected problems to the family. Some of them are financial, some of them may be health related, and others may be legal issues. The family loses its balance and the normal functioning of the family is altered for the worse. Addition brings about a total unhealthy atmosphere in the family,

Check Your Progress II

1. How does the family respond to addiction?

The family makes different approaches to addiction of one of its members. Denial, blaming, isolation, and controlling are some of the responses adopted by the families faced with addiction. All of them are inadequate. Most of them indirectly promote addiction.

Check Your Progress III

1. What is co-dependency?

It is a behavioural pattern adopted by one or more members of the family in response to addiction. Due to fear of the consequence of the addict's behaviours, the other members of the family directly or indirectly prevents the addict from facing the consequences of his addictive behavior. It is similar to being partners in the dependent behaviour.

Check Your Progress IV

1. How does addiction affect national development?

National development is affected directly and indirectly by some substance abuse. An addict is a citizen of the nation. Addiction damages the health and wealth of the citizen. Addiction also reduces the productivity of the nation, since most addicts are not efficient workers.

Indirect cost of addiction on the national development are in the area of health care, prevention, crime, black money, terrorism etc.

3.11 FURTHER READINGS

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UNIT 4 THE NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ACT, 1985 (NDPS ACT, 1985)

Contents

- 4.0 Aims and Objectives
- 4.1 Introduction
- 4.2 Major Flaws in the Existing Drug Laws
- 4.3 1989 Amendment to the NDPS Act
- 4.4 Important Sections, Offences and Punishments
- 4.5 Let Us Sum Up
- 4.6 Key Words
- 4.7 Model Answers
- 4.8 Further Readings

4.0 AIMS AND OBJECTIVES

After reading this unit you should be able to:

- define the major terminologies of the NDPS Act;
- identify the main features of the NDPS Act; and
- list the kind of offences and punishments under the NDPS Act.

4.1 INTRODUCTION

While discussing various aspects related to alcohol, drugs and HIV, it is desirable that we also examine at least one of the legislations in detail pertaining to drugs. Therefore in this unit let us examine the Narcotic Drugs and Psychotropic Substance (NDPS) Act, 1985.

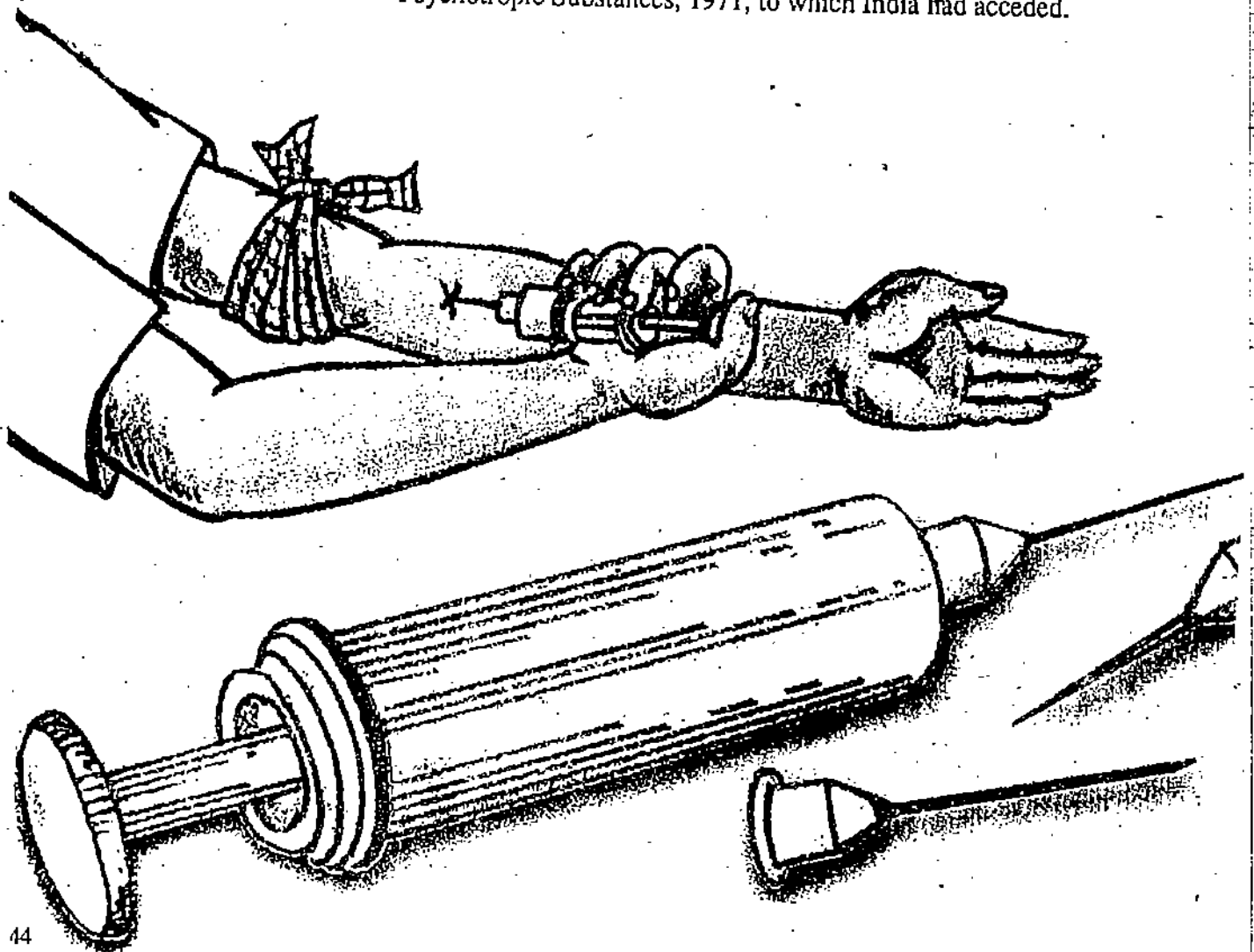
NDPS Act, as it is known popularly, is meant to face a very important social problem: drug trafficking. This is also one of the special Acts that has come before the courts very frequently and having a large number of conflicting judgements confusing the general public.

Prior to the NDPS Act, "the statutory control over narcotic drugs was exercised in India through a number of Central and State Enactments. The principal Central Acts, namely, the Opium Act, 1857, the Opium Act, 1878 and the Dangerous Drugs Act, 1930 were enacted a long time ago. With the passage of time and the developments in the field of illicit drug traffic and drug abuse at national and international level, many deficiencies in the existing laws came to notice."

4.2 MAJOR FLAWS IN THE EXISTING DRUG LAWS

The major flaws under the NDPS Act could be listed under 4 heads:

1. The penalties under the then existing laws were not sufficient to act as deterrents to meet the challenges of well organised gangs of smugglers. India has been facing the problem of transit traffic of drugs, mainly from our neighbouring countries destined for the western countries. The maximum punishments under the Dangerous Drugs Act, 1930 provided only for imprisonment for 3 years with or without fine and 4 years with or without fine for repeat offences. No minimum punishment was prescribed with the result drug traffickers were let off many times with nominal punishment.
2. The existing central laws did not provide the officers of a number of important enforcement agencies like narcotic, customs, central excise, etc., with the power of investigation of offenses under the said laws.
3. Since the enactment of the aforesaid three Central Acts, a vast body of international law in the field of narcotics control had evolved through various international treaties and protocols. India had been party to these conventions and treaties which entailed several obligations which were not covered or were only partly covered by the existing Acts.
4. During the recent years new drugs of addiction which have come to be known as psychotropic substances have appeared on the scene and posed serious problems to the national governments. India had no comprehensive law to enable exercise of control over psychotropic substances in the manner as envisaged in the Convention on Psychotropic Substances, 1971, to which India had acceded.



In view of the above reasons there was an urgent need for enacting a comprehensive legislation on narcotic drugs and psychotropic substances, which should: consolidate and amend the then existing laws relating to narcotic drugs, strengthen the existing controls over drug abuse, considerably enhance the penalties particularly for trafficking offences, make provisions for exercising effective control over psychotropic substances, and make provisions for the implementation of international conventions relating to narcotic drugs and psychotropic substances to which India had become a party (NDPS ACT, 1985).

4.3 1989 AMENDMENT TO NDPS ACT

The Act was amended in 1989. The statement of objects and reasons appended to the Bill was as follows:

In recent years, India has been facing a problem of transit traffic in illicit drugs. The spillover from such traffic has caused problems of abuse and addiction. The Narcotic Drugs and Psychotropic Substances Act, 1985 provides deterrent punishment for drug trafficking offences. Even though the major offences are non-bailable by virtue of the level of punishments, on technical grounds drug offenders were being released on bail. In the light of certain difficulties faced by the enforcement of the Narcotic Drugs and Psychotropic Substances Act, 1985, the need to amend the law to further strengthen it, has been felt.

The 1989 Amendment sought to provide for the following:

1. to constitute a National Fund for Control of Drugs Abuse to meet the expenditure incurred in connection with the measures for combating illicit traffic and preventing drug abuse;
2. to bring certain controlled substance which are used for manufacture of narcotic drugs and psychotropic substances under the ambit of Narcotic Drugs and Psychotropic Substances Act and to provide deterrent punishment for violation thereof;
3. to provide that no sentence awarded under the Act shall be suspended, remitted or commuted;
4. to provide for pre-trial disposal of seized drugs;
5. to provide death penalty on second conviction in respect of specified offences involving specified quantities of certain drugs;
6. to provide for forfeiture of property and a detailed procedure relating to the same; and
7. to provide that the offences shall be cognizable and non-bailable.

Scope of the Act

This Act has 83 sections and one schedule giving the list of psychotropic substances. Substantive provisions of the Act are contained in chapter 3 dealing with prohibition, control and regulation of certain activities. These are re-enforced by provisions relating to offenses and penalties in chapter 4. This is also the longest chapter containing a variety of provisions. These can be classified as under:

- a) Sections 15 to 27A, concerned with punishment of various offences.
- b) Residuary penal provision – section 32.
- c) Section 28 to 30 (attempt, abetment and preparation).
- d) Enhanced punishment after conviction – sections 31 and 31A (Section 31A provides death penalty for certain offences).
- e) Offences by companies – section 38.
- f) Prohibition against suspension of sentences etc. and release on probation – sections 32A and 33).
- g) Security – section 34.
- h) Presumption of culpable mental state – section 35 (also 53A, 54 and 60); and
- i) Special Courts – sections 36 to 36D.

Certain important Sections of the NDPS Act, 1985 are explained/simplified herein for the sake of clarity.

Definitions

Section 2 of the Act deals with definitions. Some important definitions are given below:

1. Addict means a person addicted to any narcotic drug or psychotropic substance.
2. Cannabis (hemp) means (a) charas whether crude or purified and also includes hashish oil or liquid hashish, (b) ganja—the flowering or fruiting tops of the cannabis plant by whatever name (excluding the seeds and leaves when not accompanied by the tops.) and (c) any mixture, with or without any neutral material, of charas or ganja, or any drink prepared therefrom.
3. Coca derivative means (a) crude cocaine, that is, any extract of coca leaf which can be used for manufacture of cocaine (b) ecgonine and all its derivatives, (c) cocaine and (d) all preparations containing more than 0.1 percent of cocaine.
4. Coca plant means the plant of any species of the genus *Erythroxylon*.
5. Illicit traffic means:
 - (a) cultivating any coca plant or gathering any portion of coca plant;
 - (b) cultivating the opium poppy or any cannabis plant;
 - (c) engaging in the production, manufacture, possession, sale, purchase; transportation, warehousing, concealment, use of consumption, import inter-state, export inter-state, import into India, export from India or transshipment, or narcotic drugs or psychotropic substances;
 - (d) dealing in any activities other than those referred above; or

- (e) handling or letting out any premises for the carrying on any of the activities referred above in (a) to (d). and includes:
- (i) financing, directly or indirectly, any of the aforesaid activities;
 - (ii) abetting or conspiring in the furtherance of or in support of doing any of the aforesaid activities ; and
 - (iii) harboring persons engaged in any of the above activities.
- 6 Manufacture means (i) all processes other than production by which such drugs or substances may be obtained (ii) refining of such drugs or substances; (iii) transformation of such drugs or substances; and (iv) making of preparation (otherwise than in pharmacy on prescription) with or containing such drugs or substances.
- 7 Manufactured drug means (i) all coca derivatives, medicinal cannabis, opium derivatives and poppy straw concentrate; (ii) or so declared by the government.
- 8 Narcotic drug means coca leaf, cannabis (hemb), opium, opium straw and includes all manufactured drugs.
- 9 Opium means the coagulated juice of the opium poppy and any mixture of the same with or without any neutral material.
- 10 Poppy straw means all parts (except the seeds) of the opium poppy after harvesting whether in original form or cut, crushed or powdered and whether or no juice has been extracted therefrom
11. Poppy straw concentrate means the material arising when poppy straw has entered into a process for the concentration of its alkaloids.
12. Psychotropic substance means any substance, natural or synthetic or any natural material or any salt or preparation of such substance or material included in the schedule of this Act.
13. Opium derivative means (i) medicinal opium, whether in powder form or granulated or otherwise mixed with neutral materials. (ii) prepared opium, that is, any product of opium transformed into extracts suitable for smoking and the dross or other residue remaining after the opium is smoked; (iii) phenanthrene alkaloids, namely morphine, codeine, thebaine and their salts (iv) diacetylmorphine, that is the alkaloid also known as dia-morphine or heroine and its salts and (v) all preparations containing more than 0.2 percent morphine or containing any diacetylmorphine.
14. Opium poppy means (i) the plant of the species *Papaver somniferum* L; and (ii) the plant of any other species of *papaver* from which opium or any phenanthrene alkaloid can be extracted and which is so declared by the Government.
15. Poppy straw means all parts (except the seeds) of opium after harvesting whether in their original form or cut, crushed or powdered and whether or not juice has been extracted therefrom.
16. Preparation, in relation to narcotic drugs or psychotropic substances, means any one or more such drugs or substances in dosage form or

any solution or mixture, whatever physical state, containing one of more such drugs or substances.

17. Production means the separation of opium, poppy straw, coca leaves or cannabis from the plants from which they are obtained.

The expression 'addict' is applicable to a person who is habitually given to a practice. 'Cannabis' is commonly called marijuana in America. The definition in India excludes leaves and seeds when not accompanied by tops. Bhang is not covered by the Act though it includes charas (except for the purpose of section 10(1) (a). 'Heroin' is 'manufactured drug' being an opium derivative irrespective of quantity.

Authorities and Officers

Under this chapter the central government is authorized to take measures for preventing and combating abuses of and illicit traffic in narcotic drugs etc. These measures include:

- a) Coordination of actions between authorities/ state governments etc.
- b) Meeting obligations under international conventions
- c) Assistance to concerned authorities in foreign countries and other international organizations to facilitate coordination and universal action for prevention and suppression of illicit traffic
- d) Identification, treatment, education, after care, rehabilitation and social re-integration of addicts.
- e) Such other matters for effective implementation of the provisions of this Act.

Section 4 empowers the central government to take measures for preventing and combating (a) abuse of and (b) illicit traffic in narcotic drugs and psychotropic substances. The Narcotics Control Bureau was constituted under this section in March, 1986.

Under Section 5 of the Act, the Central Government appoints a Narcotics Commissioner and such other officers and they exercise all powers and perform all functions relating to the superintendence of the cultivation of the opium poppy and production of opium.

Under Section 6 of the Act, the Central Government constitutes an advisory Committee called The Narcotic Drugs and Psychotropic Substances Consultative Committee to advise the Central Government on such matters relating to the administration of this Act.

Section 7 gives similar powers to the State Governments to appoint such officers as necessary for the purposes of this Act.

National Fund for Control of Drug Abuse

Section 7A gives authority to the Central Government to constitute a Fund called the National Fund for Control of Drug Abuse. This fund is to be applied to meet the expenditure incurred in connection with the measures taken for combating illicit traffic in, or controlling abuse of narcotic drugs and psychotropic substances. Under Section 7B, the

Central Government is to give an annual account of the activities financed under this Fund.

Prohibition, Control and Regulation

Section 8 of the NDPS Act prohibits the following operations. It is stated that no person shall:

- cultivate any coca plant or gather any portion of coca plant; or
- cultivate the opium poppy or any cannabis plant; or
- produce, manufacture, possess, sell, purchase; transport, warehouse, use, consume, import inter-state, export inter-state import into India, export from India or transship any narcotic drug or psychotropic substance except for medical or scientific purpose and in the permitted manner (under license and in accordance with the terms and conditions of such license, permit or authorization)

Possession requires two elements: (a) physical control or ability to exercise physical control; and (b) knowledge that a thing is in one's custody or under one's physical control. Thus the physical element (custody or control) as well as the mental element (knowledge), have to be proved against an accused before he can be punished under this section.

Check Your Progress I

1. Can you list four major flaws in the laws prior to NDPS Act, 1985?

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2. What is the scope of the NDPS Act, 1985?

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4.4 IMPORTANT SECTIONS, OFFENCES AND PUNISHMENTS

Having studied the major flaws in the existing drug laws, and the amendment to the NDPS Act in 1989 let us now look at the important sections, offences, and punishment under the Act.

Section 15: Punishment for contravention in relation to poppy straw :

Whoever in violation of the provisions of this Act or any rules or conditions of license granted thereunder produces, possesses, transports, imports-exports (inter-state), sells, purchases, uses or warehouse poppy straw or removes or does any act in respect of warehoused poppy straw shall be punishable with rigorous imprisonment for a term which shall not be less than ten years but which may extend twenty years and shall also be liable to fine which shall not be less one lakh rupees but which may extend to two lakh rupees. The court impose fine exceeding two lakh rupees for reasons to be recorded in judgement.

Section 16: Punishment for contravention in relation to coca plant and coca leaves. The offence made punishable by section 16 is contravention of the Act, or a rule or order made under the Act, or a condition of licence granted under the Act. The acts punishable are (i) cultivation of or gathering any portion of coca plant or (ii) one of the eight acts mentioned in relation to coca leaves.

Section 17 punishes certain acts in relation to prepared opium.

Section 18 punishes acts in contravention to law in relation to cultivation of opium poppy or, doing any of the enumerated acts in relation to opium.

Section 19 deals with punishment for embezzlement of opium by cultivator: The NDPS Act views the contraventions in relation to poppy straw, coca plant and its leaves, prepared opium, opium poppy and opium and embezzlement of opium by the cultivator very seriously. All such offenses carry rigorous imprisonment for a period between 10 to 20 years and a fine between Rs. one to two lakhs or even more.

Section 20: Punishment for contravention in relation to cannabis plant and cannabis states that whoever in violation of the provisions of this Act or any rules or orders or conditions of license granted there under

- (a) cultivates any cannabis plant or;
- (b) produces, manufactures, possesses, sells, purchases, transports, imports-exports (inter-state) or uses cannabis
 - (i) where such contravention relates to ganja or the cultivation of cannabis plant, the offender shall be punished with rigorous imprisonment for a term which may extend to five years and shall be also liable to fine which may extend to fifty thousand rupees.
 - (ii) where the contravention relates to cannabis other than ganja shall be punishable with rigorous imprisonment for a term which shall not be less than ten years but which may extend to twenty years and shall also be liable for fine which shall not be less than one lakh rupees but which may extend to two lakh rupees. The court may impose fine exceeding two lakh rupees for reasons to be recorded in the judgement.

Section 22: Punishment for contravention in relation to psychotropic substances: It states that whosoever in violation of the provisions of this Act or any rules or orders or conditions of license granted there under manufactures, possesses, sells, purchases, transports, imports-exports (inter-state) or uses any psychotropic substance shall be punishable with rigorous imprisonment for a term which shall not be less than ten years but which may extend to twenty years and shall also be liable for fine which shall not be less than one lakh rupees but which may extend to two lakh rupees. The court may impose fine exceeding two lakh rupees for reasons to be recorded in the judgement.

What matters for the purpose of applying the expression 'psychotropic substance' is the international name and not the trade name. The Schedule to the Act has the names internationally used.

Section 23: Punishment for illegal import/export from India or transshipment of narcotic drugs and psychotropic substances states whoever in violation of the provisions of this Act or any rules or orders or conditions of license of permit granted or certificate or authorization issued thereunder, imports/exports from India or transships any narcotic drug or psychotropic substance shall be punishable with rigorous imprisonment for a term which shall not be less than ten years but which may extend to twenty years and shall also be liable for fine which shall not be less than one lakh rupees but which may extend to two lakh rupees. The court may impose fine exceeding two lakh rupees for reasons to be recorded in the judgement.

Section 25: Punishment for allowing premises, etc. to be used for commission of an offence states "Whoever being the owner or occupier or having the control or use of any house, room, enclosure, space, place, animal or conveyance knowingly permits it to be used for the commission by any other person of an offence punishable under any provisions of this Act shall be punishable with rigorous imprisonment for a term which shall not be less than ten years but which may extend to twenty years and shall also be liable for fine which shall not be less than one lakh rupees but which may extend to two lakh rupees. The court may impose fine exceeding two lakh rupees for reasons to be recorded in the judgement."

Section 29 provides for punishment for abetment and criminal conspiracy while section 30 deals with preparation to do or omits to do anything which constitutes an offence under the Act.

Section 31 provides for enhanced punishment for certain offences after previous conviction. A previous conviction in an Indian court may be proved by admission of the accused; by certified copy of the judgement in the previous conviction; by extract certified to be a copy of the sentence, by a certificate signed by the officer in charge of the jail in which the punishment or any part of thereof was undergone or by production of the warrant of commitment under which the punishment was suffered. Evidence of previous conviction cannot be given unless the accused is convicted in the present case.

Section 31-A provides for death penalty for certain offences after previous conviction. This section lays down mandatory death sentence for certain offences under the Act and suffers from the possible conflict with articles 14 and 21 of the constitution. This is similar to section 303 of the India Penal Code, where under death sentence was mandatory for murder committed by a person undergoing a sentence for life imprisonment. Section 303 IPC has been declared unconstitutional. The same fate may follow section 31-A. This section also suffers from impropriety inasmuch as it totally rules out individualisation of punishment and precludes the court from measuring the guilt of the offender.

Check Your Progress II

1. List any four of the offences under the NDPS Act.

-
-
2. Explain section 31-A providing for death penalty for certain offences.
-
-
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4.5. LET US SUM UP

This unit has made an attempt to familiarise you with the legal provisions available under the NDPS Act. You must be aware of the terminologies used in relation to the drugs, certain drugs that are available, and the severe punishment that awaits the violators of the drug rules. You have seen the seriousness of the whole thing as we study the provision for death penalty for certain offences in relation to drugs.

4.6 KEY WORDS

- Addict** : In the context, a person habitually given to use drugs
- Cannabis** : marijuana
- Opium** : Prepared juice of the opium poppy.

4.7 MODEL ANSWERS

Check Your Progress I

1. Can you list four major flaws in the laws prior to NDPS Act, 1985?
- (i) Penalties were not sufficient to act as a deterrent to organized gangs or smugglers.
 - (ii) Power to investigate was not given to officers of the enforcement agencies.
 - (iii) International obligations were not covered by the existing laws.
 - (iv) New drugs of addiction known as psychotropic substances posed serious problems for which provisions were not available.
2. What is the scope of the NDPS Act 1985?

NDPS Act has 83 sections and one Schedule giving the list of psychotropic substances. Substantive provisions of the Act are dealing with prohibition, control and regulation of certain activities. These are reinforced by provisions relating to offenses and penalties.

Check Your Progress II

1. List any four of the offences under the NDPS Act.
 - i) Cultivation of opium poppy in violation of laws.
 - ii) Embezzlement of opium by cultivators
 - iii) Illegal import or export from India or transshipment of narcotic drugs or psychotropic substances
 - iv) Allowing premises to be used for commission of activities banned by the Act.
2. Explain section 31-A Providing for death Penalty for certain offences.

Section 31-A provides for death penalty for certain offences after previous conviction. It lays down mandatory death sentence for certain offences under the Act and suffers from the possible conflict with articles 14 and 21 of Indian constitution. This is similar to Section 303 of the India Penal Code, where under death sentence was mandatory for murder committed by a person undergoing a sentence for life imprisonment. Section 303 IPC has been declared unconstitutional. The same fate may follow section 31-A.

This Section also suffers from impropriety inasmuch as it totally rules out individualization of punishment and precludes the court from measuring the guilt of the offender.

4.8 FURTHER READINGS

The bare Act of the NDPS Act, 1985

Bakshi, P.M. (1985). The Narcotic Drugs and Psychotropic Substances Act, and the NDPS Rules, 1985. (Along with other related Acts and Rules. This book has been extensively used to prepare this unit.)

UNIT 5 DRUG DEMAND AND SUPPLY REDUCTION

Contents

- 5.0 Aims and Objectives
- 5.1 Introduction
- 5.2 Substance Abuse: The Who
- 5.3 Substance Abuse: The Why
- 5.4 The Rationale Behind Demand Reduction
- 5.5 Demand Reduction: The Strategy
- 5.6 Supply Reduction
- 5.7 Let Us Sum Up
- 5.8 Key Words
- 5.9 Model Answers : Hints for Activity
- 5.10 Further Readings

5.0 AIMS AND OBJECTIVES

This unit aims at introducing to you:

- the persons who easily become substance abusers
- why some persons become addicts
- what are the evil effects of addiction – on the individual, family, society and the nation
- the need for demand reduction or why we should work for prevention
- the methods we can adopt to prevent people from craving for substance, and
- why supply of drugs should be checked and how.

As we discuss these issues, naturally we will have a look at how people get drugs and how we can work for “reduction of demand and supply”. It is hoped that this unit will kindle the thoughts of the reader and help him/her look at chemical dependence more seriously and induce him/her to help the younger generation stay sober:

5.1 INTRODUCTION

Alcohol and drugs are harmful to mankind. Attempts are constantly being made by governments and various organizations to talk to people on the evil effects of substance abuse. The world has realized that the youth today are at a greater risk of getting hooked. But in spite of this, the demand for drugs is increasing day by day. In spite of the constant vigil, international drug trafficking is also on the increase. Per capita consumption of alcohol is also increasing year by year. These are

indications to the fact that the demand for drugs is increasing. We read in the newspapers about the seizure of hardcore drugs in every nook and corner of India. With prohibition lifted in almost all States, alcohol has become a legal drug in India and we see retail outlets even in small Indian villages. Illicit distilling of arrack and its sale are also very common in India. These are indicators to the fact that there is an increase not only in the demand but also in the supply. This chapter aims at discussing some of the ways in which the demand and supply can be reduced. To answer some of the pertinent questions related to demand and supply reduction, it is necessary to discuss some very important questions like why and how some people become addicts, what happens when one becomes an addict and the rationale behind demand and supply reduction. In this chapter let us make an attempt to look at substance abuse from these angles and it is hoped that after you go through this unit, you will have all information regarding drug abuse so that you too can work for demand and supply reduction.

5.2 SUBSTANCE ABUSE: THE WHO

As we are discussing demand and supply reduction, it is very important to know who is likely to become a substance abuser. If you ask the question 'who is likely to be an addict?' the answer is 'anyone'. This answer is justified, as it is not possible to predict who a potential drug abuser would be. It may be a young boy or a girl, rich or poor, someone in the city or village, educated or illiterate. Dr. K. Rajaretnam in his Preface to the book 'The Drug Peril' by Shanta Kingston has rightly said; "Addiction cuts across economic, religious and ethnic barriers and appears to be beyond the control of individuals and small communities".

Though it is a fact that anyone is likely to be an addict, some people are more prone to experiment with substances. If we are genuinely interested in demand reduction, we have to work for prevention paying more attention to this 'high risk group'. 'Prevention', the proverb says, 'is better than cure'. This is all the more true of substance abuse, as cure has become almost an impossibility in many cases. Probably you would be now asking, "Who are those belonging to this high risk group?" Let us now discuss these issues.

Children born in the families of addicts are more prone to substance abuse due to various reasons. The major reason is they are exposed to drugs right from their childhood. They have wrong role models that they are tempted to emulate. Alcohol or drugs are available to them or easily accessible to them and eventually there is a greater possibility for them for experimentation. Youngsters who crave for new experiences start experimenting with drugs as they believe that drugs offer them intensified artistic perceptiveness and would transport them to a new world of experience and expose them to a dream world. Quite ironically it has been found that even these youngsters who find themselves inadequate and incompetent to meet the demands and challenges of life resort to drug abuse. Youngsters with an injured ego or low self-esteem or an inferiority complex are likely to get introduced to the world of substance abuse. Children who feel left out and alienated, especially those from broken homes become a potential target of drug peddlers.

Children who feel that they do not experience the parental love and care they deserve are more prone to get introduced to the world of substance abuse. Fun seekers also become an easy prey to addiction for obvious reasons. Have you ever asked why addiction is more common among the poor? Poverty also serves as a cause for addiction as many take to drugs to forget their worries. People who are artistically talented, persons to whom drugs are prescribed as medicine and sports persons are found to become substance abusers. But all said, if one is determined to say 'NO' to drugs, whatever be the cause, surroundings and circumstances, one can protect himself from becoming a substance abuser.

5.3 SUBSTANCE ABUSE: THE WHY

In the previous sections we tried to sketch the portrait of a potential drug abuser. Probably you disagreed with some of the points, or had doubts about some of the contentions. It must be admitted that it is very difficult to predict who would become an addict. All that we tried to analyse in the previous section was who are the people more likely to become substance abusers one day. But even if all that we discussed in the previous section is true, before we undertake our mission of demand reduction, we should know why people develop a craving for drugs. If we can effectively prevent many of our youth from abusing substances, then we can do some substantial work in demand reduction. Shall we now try to answer the question 'Why do people resort to substance abuse?'

There are many reasons why people turn to substances. Availability is the major cause. Substances are manufactured and marketed legally and illegally. It is available to persons like soap or toothpaste. Different varieties of drugs are available and affordable to different economic strata of society. There is so much of competition among the producers of liquor that alcoholic beverages are routinely and frequently advertised through our media. In India the retail outlets are many and anyone can walk into a retail shop or a bar and have a drink. Further, the sale of illegal drugs is so lucrative—fetching 200 per cent or 300 per cent profit to the seller easily—that pushers are found everywhere. As drugs can be easily acquired by anyone, many people turn to the drugs.

Glamorisation and false notions regarding the effect of drugs can be considered as the next reason for enticing people to abuse substances. Many believe that taking liquor or drugs will increase one's creativity. There are many stories about how drugs enlarge man's imagination and have enabled to bring out the artist in man. The English poet S.T. Coleridge claimed that he composed his poem 'Kubla Khan' when he was under the spell of opium. There is also a notion that man can do a difficult job if he is under the influence of drugs or alcohol. But we should realise that all these notions are false and people have written better poems and they do more difficult jobs without ever taking a drop of alcohol or any drug.

It has already been mentioned in this unit that many family members serve as wrong role models. This is not restricted to the family alone. Teachers, film personalities, religious leaders, sports persons, and

persons in respectable social positions can mislead a youth and serve as a wrong role model. If there has to be a demand reduction, people in responsible positions should realise that they have the responsibility to be good role models.

Many people resort to drug taking because they believe that drugs help people forget their worries and problems. As mentioned earlier in this unit, many with personality problems like inferiority complex and low self-esteem feel that drugs serve as an ample compensation. People who are disappointed and worried very often believe that drugs are capable of taking them out of their world of worry and transport them to an imaginary world devoid of pain and sorrow. But this too is baseless as usually a person is likely to think more about the person or incident he wants to forget, when he is under the spell of a substance. No one goes in search of a substance just like that. There would be a close relative, or a friend or a classmate to initiate a person into substance abuse. This is what we call peer pressure. A classmate, roommate, colleague or, it may be a friend or relative who would tell stories about the 'trips' he enjoyed and thereby lure a person to drug taking. This may come in the form of an invitation to a party and there may be a lot of coaxing before the friend succeeds in making his companion has his first try. Many of our youth in their eagerness to maintain the company get hooked to drug taking. Do you know the saying 'curiosity killed the cat?' With many romantic stories about the experiences of substance abusers, our youth, out of ignorance and curiosity, are tempted to have a peep into the world of substance abuse. Very often this experimentation proves costly for many of our youngsters.

Our mass media also have played havoc in the lives of many of our hapless youth. Very often the mass media glamorises liquor and drugs. Many of the heroes of the silver screen, who enjoy the hero worship of many of our youth, are shown as taking alcohol in the films. The successful and the rich in the films are projected as having even a personal bar. This naturally misleads our youth and serves as a cause for sending the wrong message to them. An innocent youth may misunderstand the messages from the films and believe that alcohol and drugs are part and parcel of sophistication and the life of the affluent. Naturally, substance abuse is projected as part of a fashionable life.

The reasons given above are not exhaustive. But we should know about these, if we have to put up any fight for demand reduction.

Now read the story of Mukesh carefully and reflect on the questions below. May be you too have come across a person like Mukesh in your life.

MUKESH

Mukesh is 17, a good-looking boy from a respectable family. He is a school dropout who has landed himself in a psychiatric ward with a drug problem. His first experiment with drugs was a small quantity of brandy - the left over in a cup after his father had gone to sleep. His mother Susheela says: "My son was a topper in the class until he was 13. But slowly he lost interest in his studies. When he was in the 10th class he was suspended as he was caught giving ganja to his classmate Jacob.

My son had dreams and wanted to be a very rich man. We had high hopes, but everything crashed like a pack of cards. When we found out that he has a drug problem, he had many arguments to defend him. He accuses us of having shown no love to him. When I pleaded with him to stop his habit he said the world was too much with him and that I should not interfere. I lost my husband last year. It was a case of drunken driving. Now, Mukesh is my only hope”.

After reading the above story try to answer the following questions.

- 1) What was the first experience of Mukesh with alcohol?
- 2) Whom do you think is responsible for initiating him into the world of liquor?
- 3) Can his mother be blamed in anyway for his habits?
- 4) Did Mukesh try to exert peer pressure on anyone else?
- 5) If you want to have an effective demand reduction, what will you do if you were to be a) Mukesh's father b) Mukesh's mother c) Mukesh's headmaster d) Jacob's father.

Check Your Progress I

Activity - 1

- i) It is said that some people are more prone to experiment with substances. Who are they?
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.....
- ii) Do you agree with the statement “addiction cuts across economic, religious and ethnic barriers”?
.....
.....
- iii) Can one predict who would become an addict in future? Why or why not?
.....
.....
- iv) What are the factors that draw a youngster towards drugs?
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.....
.....
- v) Do you agree with the view that our mass media have glamorised alcohol and drugs?
.....
.....

5.4 THE RATIONALE BEHIND DEMAND REDUCTION

We have given a serious thought to how and why one gets hooked to a substance. We also discussed the question, 'Who is likely to be a potential addict?' The story of Mukesh is also very sad. What a beautiful life wasted at such an early age! This could happen in any family. Do you remember the statement made earlier in this unit – "addiction cuts across economic, religious and ethnic barriers"? So the first step in our fight against substance abuse is keeping the youth away from substances. Awareness should be created among the youth by informing them the evil effects of addiction. Let us affirm again "Prevention is better than cure". It is our duty to do our best for demand reduction.

Though many of us know that addiction to substances is bad, we may not be able to say what exactly are the evil effects of abused chemicals. If only we can tell the people the risks involved in being drug-dependent, we can easily work for demand reduction. So, in this section we are discussing mainly the evil effects of substance – on the individual, family, society and the nation.

Addiction spoils one's health – both physical and mental. Addiction results in a number of health hazards. Some hardcore drugs cause drowsiness, shivering, loss of appetite, slow pulse etc. and an overdose may result in cardiac arrest and respiratory failure. Smoking ganja causes all sorts of respiratory problems including lung cancer. Alcohol intake results in many of the disorders of digestive system and also liver cirrhosis. Sharing the needles while injecting drugs leads to the spread of AIDS and Hepatitis B or C. Drugs damage our nervous system and eventually spoil our mental health.

Very often shame and guilt are associated with addiction and hence it spoils the personality of an addict. Absenteeism, undependability and shabbiness are some of the characteristics we associate with an addict. An addict with an irresistible craving for drugs adopts many methods to ensure an unhindered supply of drugs. Begging, borrowing and stealing are part of the unethical methods adopted by an addict and an addict turns out to be an untrustworthy person. He becomes the cause of industrial and road accidents.

Addiction has its impact on the family. In the Indian situation, the woman in the family is the worst affected. Usually an addict accuses the woman as the cause for his addiction. She is pestered for money and when he becomes indifferent and incapable she is constrained to take the dual role of the father and mother. In the male dominated Indian society, the woman is suppressed in many ways and addiction of the male adds to her oppression. Usually the addiction of the male is responsible for domestic violence. Chemical dependence also affects the sex life of a person. An alcoholic is likely to get the disease called alcoholic paranoia and such persons become suspicious over the fidelity of their wives. Children of addicts fail to get the required love and care and are likely to have low self-esteem. Grown up addicts in the family serve as bad role models and naturally they mislead the children in the family.

Addiction is responsible for many crimes and accidents. Behind eve teasing to rape, picking pockets to bank robbery, street fights to cold blooded planned murders and massacres, addiction may have a role to play. The society loses many man-hours and talented manpower due to addiction. We all know about the link between drug trade and prostitution or drug trade and gambling and, other antisocial activities. Illicit distilling and trading in illegal drugs creates many problems in the community. We all know that the presence of addicts and pushers has made the society quite unsafe. Our society experiences the disturbances caused to festivals, religious functions and such celebrations due to the presence of substance abusers.

As a nation also we suffer due to addiction. International drug trafficking has links with smuggling, illegal arms trade, terrorism, subversive and such anti-national activities. Some of the drug syndicates are so powerful that they threaten the very existence of governments. Many of the underdeveloped countries helplessly look on at various problems including health issues posed by addiction as they don't have enough resources to take care of health and welfare programmes. Much of the money is wasted on substances in third world countries and that is only at the cost of many developmental activities.

From the above reasons, it is very clear that to establish social tranquility there must be demand reduction. A country like India cannot afford to waste so much of money on addiction nor can it afford to lose manpower on account of substance abuse. When we think of the demand for substances in the international market it is alarming. So, for any meaningful and effective fight against chemical dependence, demand reduction should be the first step. As mentioned earlier in this section, youth should be encouraged to keep off substances and to achieve this end we have to plan some strategies.

5.5 DEMAND REDUCTION: THE STRATEGY

From what we have read in the previous section, it is evident that to have a meaningful and effective fight against chemical dependence we have to have some efficient, relevant, practical and effective demand reduction strategies. It is also very clear that our youth should be taught the way to say 'No' to drugs. So now we have to plan some strategies to curb the demand at every stage. It is not easy to prescribe one strategy as the ideal and the best for the whole world. But we may suggest a few strategies from which a society can choose whatever is most suitable. When we try for demand reduction, we may have to face many difficulties. For example, the use of alcohol or even marijuana may be just a part of social and cultural practices and any talk of demand reduction may sound insensible to them. In some societies the liquor syndicates will be so strong that anyone working for demand reduction will have to pass through life threatening experiences. But as mentioned earlier, no fight against substance abuse is effective if there is no well-planned strategy for demand reduction. So, in this section, we will discuss some of the demand reduction strategies.

Have you seen little insects getting attracted by candlelight at night and ultimately getting killed in the candle flames? The fate of many of our youths can be compared to these insects. Without being aware of the evil consequences of substance abuse, many of our youth are attracted by addictive substances – be it alcohol, or ganja or brown sugar. Hence we must do our best to dissuade the younger generation from experimenting with substances. The first step towards this should be waging a war against glamorising substances, especially in our media and advertisements. Our media should also be used to carry messages to the youth against drugs. Educational institutions and youth organizations should carry out various campaigns against drugs so that our youth will be informed of the evil effects. Our textbooks should carry lessons on drugs. Conducting awareness programmes, seminars, symposia and discussions should be encouraged. Voluntary agencies, service organizations and NGOs have a major role to play in carrying this message to the public.

But will this alone result in demand reduction? There are many people who very much want to come out of their drug dependence, but they don't find competent people to help them. Addiction is a disease and naturally the addict, being a patient will not be able to come out of his habit on his own. He is like any other patient and he is in need of physicians, counsellors and treatment to help him come back to normalcy. Our Government, voluntary agencies, service organizations and Non-Governmental Organizations should come forward to help the victims of addiction. Physicians, psychiatrists, counsellors and treatments should be made available to the addict-patient.

At times stringent laws also help in demand reduction. Effective implementation of laws has borne fruit in countries like Malaysia and Singapore. Law enforcing authorities should promulgate and effectively implement laws and this may serve as a deterrent.

Check Your Progress II

Activity - 2

- i) Why is keeping the youth away from drugs is considered to be the first step in the fight against substance abuse?

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- ii) How does substance abuse affect an individual?

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- (iii) Show how a family is affected due to substance abuse.

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- iv) How do the society and the nation get affected by substance abuse?

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.....

- v) Suggest some of the ways in which we can work for demand reduction.

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.....

- vi) Do you agree with the proverb "Prevention is better than cure" when it is applied to substance abuse?

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.....

5.6 SUPPLY REDUCTION

In the previous section we have discussed the ways by which we can keep our youth away from drugs. We are convinced that we should impress upon the younger generation the need to keep off substances. This will ultimately result in demand reduction. But in this section we are going to look at the reduction in substance abuse from another angle. Do you remember that in section 5:3 we said that availability is a major cause of substance abuse and that drugs are available like soap or toothpaste? Now, in this section we are going to discuss the ways by which some curb can be imposed on this availability. This is what we mean by supply reduction. If demand reduction is explained as keeping people away from drugs, supply reduction may be explained as keeping drugs away from people.

In India, alcohol is a legal drug in most of the states. It is available in the open market. There is tough competition among various companies that manufacture different varieties of IMFL. These companies compete with each other making use of advertisement through media and also by adopting sales promotion offers. Illicit liquor is also available anywhere. As mentioned earlier, illicit distilling is a highly lucrative cottage industry in India. Hardcore drugs are also available in India. Cannabis or ganja is cultivated though illegally, in many parts of the country. Quite sadly its sale in the retail market goes unchecked and consequently it is available to the public in packets at affordable prices. Abuse of prescription drugs is also very common in our country. Hardcore drugs – opium derivatives and coca derivatives – have also invaded Indian market. There is copious supply of such illegal drugs and they easily reach our youth. There was a time when hardcore drugs were available only in metropolitan cities, but from what we read about seizures from different parts of the country, it is evident that there is supply of such illegal drugs in every nook and corner of the country.

In Block 1:4 we discussed international drug trafficking to some extent. It is a known fact that international trading in drugs is next only to trading in arms and ammunition. In that unit we also said that India is a transit point as far as drug trade is concerned because it lies between the Golden Crescent and Golden Triangle countries. We also read in newspapers about international drug trafficking, drug syndicates and drug mafia. Maybe, except a few countries in the Middle East, hardcore drugs are available in any part of the world.

How can we check this supply? Will a reduction in the supply be of any use? If there is to be a supply reduction, who are the persons to be made responsible for reduction of supply? In India, as far as alcohol is concerned, it is the Government which serves as the supplier. In such a context what can be done for supply reduction? Is it that easy to shatter the international trafficking in drugs? As drug trafficking has a strong and well-established base, is it that easy to effect a supply reduction internationally? With many multinational companies engaged in the manufacturing and marketing of alcohol, can there be an effective check on the supply? These are some of the pertinent questions that come up before us. As we think about these issues, some of us may become pessimistic and cynical. It must be remembered that unless there is a reduction in supply we cannot have an effective fight against substance abuse.

Mr. Jonathan Gnanadason, in the book *Breath of Life* edited by him, puts forward six ways by which drugs can be kept away from our youth (*Breath of Life*: 1999).

1. Efforts should be directed towards further strengthening international co-operation in the field.
2. It should be ensured that mutual understanding, support and co-operation exist among various Government departments involved in the field of prevention.
3. Police vigilance, especially in the vicinity of schools, ought to be stepped up so as to prevent peddlers from capitalising upon the ignorance and vulnerability of unwary school children.
4. Convictions must regularly and speedily follow a sufficiently high percentage of violations of the law.
5. Such convictions should be widely publicised so as to act as a deterrent, not only to those already engaged in the illegal drug trade but also to those seriously thinking in terms of entering the field.
6. We should seriously consider/reconsider the establishment of special courts for facilitating speedy disposal of cases pertaining to drug offences. As an alternative, special provisions could be made for expediting the hearing and disposal of drug cases.

Though the six methods suggested will go a long way towards supply reduction, it must be noted that much more is to be done as Governments, multinational companies, politicians and political policies, liquor barons, smugglers, terrorists, those involved in subversive activities etc. are involved on one side. On the other side are Government officials, law enforcing authorities, the legal system, service organizations, voluntary agencies etc. Is it that easy to have a concerted and co-ordinated effort of all these people to put up a relentless fight with a view to bring about a reduction in supply? In India, the Government serves in many places as the supplier of liquor as it fetches good revenue. Is it that easy to impress upon the Government the need to have supply reduction?

Some of these festering questions may elude answers. This should not make us cynical. Keeping the young away from drugs and keeping drugs

away from the young are both equally important in our fight against chemical dependence. It is not that easy to suggest ways by which supply reduction can be achieved as our attempts to implement them may run through rough weathers. If we are determined to fight against substance abuse, we should strive for supply reduction. Some strategies are suggested but all may not suit every situation. They may be taken as methods that can be variously adopted—internationally, at the national or local levels.

International organizations like the WHO and the UNDCP should earnestly strive for reduction in the manufacture and international marketing of the so called legal drugs. Though the work they have been doing is commendable, they should impress upon the nations the need for supply reduction. Nations should come together to put a stiff fight against international drug trafficking. Attention should also be paid to suppressing international or cross border terrorist activities and smuggling.

In our country the Government, no doubt, has a major role to play in demand reduction. The State Governments may justify the lifting of prohibition on the ground of earning revenue and offering employment. It is the responsibility of the Government to ensure that even the legal drugs don't reach the young people. The Government may think in terms of some licensing policy whereby only the adults get the legal drug and that too a limited quantity. The Government should also ensure that the rules regulating the functioning of retail outlets are strictly adhered to. Presenting advertisements of liquor in the mass media may also be totally banned. The Government machinery should keep a watch over illicit brewing and severe punishments should be given to offenders.

What is causing a greater threat than liquor is hardcore drugs. In countries like Malaysia and Singapore trading in illegal drugs invites very heavy punishment including capital punishment. This definitely will serve as a deterrent to drug trafficking. All said and done supply reduction cannot be brought about that easily, unless the Government has the will to do that and International drug trafficking is curbed.

Check Your Progress III

Activity - 3

Write short notes on what we mean by 'Demand reduction' and 'Supply reduction'.

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.....

- ii) Comment on the view that 'availability is a major cause for substance abuse'.

.....
.....

- (iii) Comment on any one method of supply reduction suggested in the book 'Breath of Life'.

.....
.....

iv) Write your views on the role of the Government in supply reduction.

5.7 LET US SUM UP

We hope you enjoyed reading this unit. We had an opportunity to discuss various aspects of substance abuse. We were earnestly trying to understand what should be done to attain a reduction in the demand and supply of drugs. To put up a fight against chemical dependence we said that a) the youth should be kept away from the drugs, b) the drugs should be kept away from the youth. We also had a look at who are likely to be addicts and why some people turn to substances. This led us to the discussion of the evil effects of substances on an individual, society and the nation. Having discussed all these in depth we were convinced that we should work for demand and supply reduction. This gave us an opportunity to have a look at some strategies for demand reduction. When we discussed supply reduction we understood that it is not an easy task as the international drug trafficking and international liquor trade are functioning on strong bases. In India, the Government has to play a major role if there is to be any effective supply reduction. However, some strategies aiming at supply reduction were discussed.

All said and done, don't you feel that 'Prevention is better than cure' and the best way to fight substance abuse is by saying 'No' to drugs?

5.8 KEY WORDS

IMFL	:	Indian Made Foreign Liquor (brandy, whisky, rum, gin etc.)
NGOs	:	Non-Governmental Organizations
Peddler	:	A person who sells drugs
Prescription drugs	:	Drugs prescribed as medicine by a qualified physician
UNDCP	:	United Nations Drug Control Programme
WHO	:	World Health Organization

5.9 MODEL ANSWERS : HINTS FOR ACTIVITY

Check Your Progress I

Activity - 1

- It is not possible to sketch the portrait of a typical potential drug addict. Some persons, however, are more prone to substance abuse. Section 5.2 gives the answer.
- A look at the world drug scene and the addicts will make you agree with this statement.
- A detailed discussion of this is done in 5.2.

- iv) Some reasons are given in 5.3. Availability, glamorisation, wrong role models, wrong notions, peer pressure, curiosity, mass media are some of the reasons given. You may add.
- v) You find the answer in the last part of 5.3. You may cite examples from films and TV shows.

Check Your Progress II

Activity - 2

- i) Elaborate the idea behind 'Prevention is better than cure'. Read the first part of 5.4.
- ii) Addiction spoils one's health, personality, family life, finance, and is the cause of many crimes – Give examples and elaborate.
- iii) Show how it affects the relationship – makes a person irresponsible, - serves as a cause for domestic violence – affects the sex life – how bad role models are created.
- iv) The crimes – wastage of manpower – money – accidents – all these should find a place in the answer.
- v) Read the second half of 5.5.
- vi) After reading 5.4 and 5.5 you would have realized that our youth should be told of the dangers of chemical dependence. What made you think so? List some of them.

Check Your Progress III

Activity - 3

- (i) Demand reduction – helping people not to ask for drugs or keeping people away from drugs.
Supply reduction – preventing drugs from reaching people or keeping drugs away from people.
- (ii) Show how legal and illegal drugs are available – Government as supplier – illicit distilling – drug peddlers and India as a transit point of international drug trafficking.
- (iii) All the six methods suggested by Mr. Jonathan Gnanadason are given in 5.6.
- (iv) You are aware of the responsibilities and the role of the Government. Write how the Government machinery should be used in curbing illicit drug trade. List what the Government can do as supplier of legal drugs.

5.10 FURTHER READINGS

- (1) Larry, Siegel (Ed: 1998). AIDS and Substance Abuse. Harrington Park Press, London.
- (2) Thomas, Gracious (1997). Prevention of AIDS: In Search of Answers, Shipra Publications, New Delhi.
- (3) UNDCP (1999). Drug Demand Reduction Report. UNDCP Regional Office, New Delhi.
- (4) Anil Agarwal (1995). Narcotic Drugs, National Book Trust, New Delhi.



CHFE - 05
Elective on Alcohol
Drugs & HIV

Block

3

PREVENTION AND TREATMENT OF SUBSTANCE ABUSE

Unit 1

Treatment of Alcohol and Drug Dependence 5

Unit 2

**Empowering Through Education, Counselling, Referral
Services and Community Responses** 26

Unit 3

**Role of NGOs, National and International Bodies on
Prevention and Control** 40

Unit 4

Developing Skills and Competencies for Intervention Strategies 54

INTRODUCTION TO BLOCK 3

In this block we have four units which deal with various aspects of prevention and treatment of alcohol and drug addiction. Unit 1 is on 'Treatment of alcohol and drug dependence'. This unit will enable you to understand what are treatment, detoxification and assessments, and the different modalities of treatment and intervention techniques. Unit 2 deals with 'Empowering through education, counselling, referral services and community responses'. It helps you to recognize the process of empowering and learn various possibilities of mobilizing community resources for drug abuse prevention. Unit 3 explains the 'Role of NGOs, national and international bodies on prevention and control of substance abuse'. This unit sensitizes you to the need for intervention at different stages and the role different organizations have to play in the prevention and control of substance abuse. Unit 4 describes the need for 'Developing skills and competencies for intervention strategies'. This unit provides you good knowledge about intervention counselling and presents to you basic knowledge of crisis intervention.

The four units presented in the Block provide a comprehensive understanding of the prevention and treatment modalities required in the area of substance abuse.

UNIT 1 TREATMENT OF ALCOHOL AND DRUG DEPENDENCE

Contents

- 1.0 Aims and Objectives
- 1.1 Introduction
- 1.2 Treatment Stages
- 1.3 Treatment Settings
- 1.4 Treatment Modalities
- 1.5 Scheme for Prevention of Alcoholism and Substance Abuse
- 1.6 Let Us Sum Up
- 1.7 Key Words
- 1.8 Model Answers
- 1.9 Further Readings

1.0 AIMS AND OBJECTIVES

The purpose of this unit is to describe to you what the treatment process for substance abuse is. Like any other disease, substance abuse also has an established mode of treatment. This unit will give you clear picture of the treatment process and procedures of substance abuse.

After reading this unit, you should be able to: -

- Understand what are treatment, detoxification and assessment;
- Describe the different modalities of treatments of alcohol and drug dependence;
- Explain the intervention techniques; and
- Describe what is relapse prevention.

1.1 INTRODUCTION

Drugs have been used since time immemorial, mainly to get relief from the stress and strain of life and for ritual purposes. There is mention in the ancient books of the old Hindu medicine for chronic alcoholism and even *delirium tremens*. The Aryan invaders of India used a beverage called *Somaras*. The Aryans knew the narcotic and euphoric properties of the cannabis plant thousands of years ago and there is little doubt that they made use of these substances. Buddhism in India contributed much to the habit of sobriety among the masses. In the medieval times the kings and the aristocrats took to drinking and by their example the habit spread among the masses to some extent. Allauddin Khilji, who imposed total prohibition and Aurangzeb, who practiced strict abstinence, were the exceptions in their times.

It is to be pointed out that for the whole of the pre-British period the masses in general remained free from the effects of drinks and drugs. The British administration attempted to derive regular revenue from the sale of drinks and drugs. The Government in the year 1790 enacted excise laws for taxation purposes and Excise departments were established in all the provinces. Their policy was maximum revenue with the minimum consumption. The first enquiry into the prevalence of drug addiction of opium and cannabis was made a hundred years ago when the Government of India appointed two Commissions in 1893, and 1895. In 1954-55 a Prohibition Enquiry Committee was appointed and the committee recommended complete prohibition in the country to be enforced in stages. The enforcement was to proceed on two lines: educative and preventive, and legal and administrative. A Prohibition Study Team was appointed in 1963 to go into the problem and report to the Government the present position regarding alcoholic drinks and alcoholics in the country. The team recommended awareness building, modern treatment programmes, public education on alcoholism, training of NGO's, and research and prohibition. India which not so long ago was known mainly as a country for the transit of illicit drugs from 'Golden Triangle' and 'Golden Crescent' areas is now turning into a consumer country. According to the Narcotic Control Bureau figures, the annual heroin seizures in the country are about one ton.

Alcohol and drug dependence is a serious disease that affects the health and well being of millions of Indians. Treatment refers to a broad range of services, including identification, intervention, assessment, diagnosis, counselling, medical services, psychiatric services, psychological services, social services, and follow-up, for persons with alcohol and drug dependence. The components of treatment include management of withdrawal, long-term management of alcohol and drug dependence, and prevention of relapse. A number of alternative treatments are available for alcohol and drug dependence ranging from pharmacologic therapy to counseling, marital therapy and family therapy. Frequently two or more treatment modalities are combined in one therapeutic approach. This unit presents a brief overview of currently used methods and approaches in the treatment of alcohol and drug dependence.

1.2 TREATMENT STAGES

Drawing on the various approach that have attempted to depict the course of treatment, we can use three major stages, namely intervention, rehabilitation, and maintenance, to organize the review of the current status of treatment service and research. The stages incorporate the commonly used activities, stages, and phases that have been identified by other researches and practitioners.

Stage I : Intervention

The first step in intervention is the identification, by the person seeking treatment or another individual (whether a family member, supervisor, or law enforcement or medical professional), of the existence of a problem with alcohol or drug dependence, followed by a referral for treatment. Intervention with chemically dependent individuals is an important step

in the direction of treating one of the most widespread diseases in our culture. It is a process by which the harmful, progressive, and destructive effects of chemical dependency are interrupted and the chemically dependent person is helped to stop using mood-altering chemicals and to develop healthier ways of coping with his or her needs and problems. It implies that the person need not be an emotional or physical wreck (or "hit bottom") before such help can be given. The goal of the intervention is to break down those defences so that reality can shine through long enough for the person to accept it. It is a way of presenting reality to a person out of touch with it in a receivable way. By 'presenting reality', we mean presenting specific facts about the person's behaviour and the things that have happened because of it. 'A receivable way' is one that the person cannot resist because it is objective, unequivocal, non-judgmental, and caring. An intervention is a confrontation, but it differs in some very important respects from the sort of confrontations with which most people are familiar and which have little or no positive effects.

A team consisting of two or more persons who are close to the chemically dependent and have witnessed his or her behaviour while under the influence should conduct the intervention. The chemically dependent person's defence systems are far too highly developed to be breached by one person acting alone. If the person is married the wife or husband should be at the top of the list. The other persons to be included in the list are immediate supervisor, parents, children, close friends or neighbours, co-workers, a significant member of the religious community and an addiction counselor if available.

The next step in the intervention is gathering the data. There are two types of data to be compiled in preparation for the intervention: facts about the victim's drinking or using behaviour, and information about treatment options.

The next step is the rehearsing of the intervention scene. Usually one or two 'rehearsals' prior to the actual intervention are held. Everyone who will be at the intervention, with the exception of the chemically dependent person should attend these. Each member of the intervention team should come prepared with his or her written list of facts about the chemically dependent person's behaviour. When the above steps are completed you are ready for the intervention. In the intervention the victim is offered specific choices—this Treatment Centre, or that hospital. Usually the chemically dependent persons refuse to consider either of the choices and vows to quit drinking on his own. Then the team would present the "what-if" question: "What if you start drinking again? "What if you have just one more drink?" The team would make an agreement with the chemically dependent that he or she would accept help.

When the chemically dependent agrees to accept help, it is made available immediately. The treatment service offered is called detoxification.

Detoxification

It is the management of acute alcohol or drug intoxication and withdrawal while in either independent living or in a sheltered living

environment. This is the medical process of taking the affected person safely through the predictable sequence of symptoms that occur when blood alcohol level drop during withdrawal.

Alcohol withdrawal symptom ranges from the trivial to the markedly unpleasant and life threatening reactions like the delirium tremens or withdrawal fits. A patient suffering from the dependence syndrome may therefore require immediate specialized medical assistance in coming of alcohol. This may be accomplished with a GP's help or on an out-patient basis if social support is available but severe dependence is sometimes an indication for hospital admission so that careful observation can be provided and intensive nursing and medical care are on hand. A variety of drugs may be used to provide treatment for withdrawal, and specially skilled nursing care is needed for the delirious and agitated patient. Modern methods of care are very successful in treating this acute phase of the problem and risks to life have been much reduced. The development of detoxification centres over the last few years has shown that alcohol dependents can be safely and effectively helped to overcome withdrawal symptoms. Detoxification can usually be achieved in a non-medical setting provided medical service is readily available when necessary.

Stage II : Rehabilitation

This stage of treatment consists of 3 components: (i) Evaluation and assessment (ii) Primary care (iii) Extended care

Evaluation and assessment: The development of an individualized treatment strategy aim at eliminating or reducing alcohol or drug consumption by a thorough assessment of person's physical, psychological and social status and a determination of the environmental forces that contribute to the drinking behavior. Evaluation and assessment is done by screening which is the use of easily and inexpensively administered procedures in an attempt to establish the presence/absence or degree of severity of a condition. It currently is undertaken for many physical and psychiatric disorders.

Diagnosis is the conformation of the nature and circumstances of a condition. It usually is accompanied by recommendations for intervention and treatment. Screening is an important preliminary step in the diagnosis of alcohol use disorders. It is needed to ensure the early identification of individuals who have begun to develop or are at risk of developing alcohol use problems. Screening tests serve to direct these individuals towards further assessment, which may include a medical and psychiatric history, physical and psychiatric examinations. Based on the assessment, a diagnosis is confirmed or refuted according to prevailing criteria. Screening methods include questionnaires and interviews for assessing psycho-social indicators of alcohol problems and laboratory tests and other biological measures for detecting biochemical markers of excessive drinking. Screening questionnaires are often self-administered. Screening instruments typically do not provide information that is useful in selecting treatment programs and specifying treatment goals, whereas the more complex questionnaire and interviews collect richer information and permit more detailed evaluation of patient with regard to treatment planning.

Many traditional screening questionnaires ask questions in 'ever' terms to determine the presence or absence of symptoms. Other screening instruments require subjects to indicate present-state habits, behaviours, and feelings. Each type has advantages and limitations:

The CAGE questionnaire is a simple, method and can be easily administered. It uses a four-item instrument to detect the symptoms or problem. They are:

- i) "Have you ever felt you should cut down on your drinking?"
- ii) "Have people annoyed you by criticizing your drinking?"
- iii) "Have you ever felt bad or guilty about your drinking?"
- iv) "Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?"

One "yes" response raises suspicions of an alcohol use problem, and more than one is a strong indication that a problem exists. CAGE takes only 30 seconds to administer. When included as part of a routine health screening it may detect alcohol use problems that might be missed otherwise.

Primary care : It is the application of therapeutic activities to help the individual reduce alcohol or drug consumption and attain a higher level of physical, psychological and social functioning while in either independent living or in a sheltered living environment.

Extended care (stabilization): It is the consolidation of gains achieved in primary care through continued participation in treatment and supportive activities while in either independent living or in a transitional supportive, sheltered living environment.

Stage III: Maintenance

This stage consists of 3 components: (i) Aftercare (ii) Relapse prevention (iii) Domiciliary care.

Aftercare: It is the continued provision of some therapeutic input to maintain the gains in functioning achieved through intensive intervention and stabilization while in either independent living or in a transitional or long term supportive, sheltered living environment.

Relapse prevention : It is the continued provision of therapeutic activities to avoid the return to prior patterns of drinking and to maintain the gains in functioning achieved through brief intervention or intensive intervention and stabilization while in either independent living or in a transitional or long-term supportive, sheltered living environment.

Relapse prevention believes that patients with the more severe type of drinking and drug abuse should be offered continuing contact with a helping agency, at least for the first year or two after commencing treatment. Drinking and drug abuse problems of any severity are never resolved overnight; a patient's greater awareness of problems often evolves slowly and the wish for help may similarly evolve. Relapse is inevitable for most of the addicts. Some sort of continued availability on the part of the helper, and an assurance to the patient that someone will

continue to be interested, is therefore often indicated. A regular reminder that the venture is worth while and the repeated instillation of hope at times of despair and crisis are both invaluable ingredients of effective therapy.

Relapses will most often occur within the first few months of therapy. Neither the addict nor the family should regard these as catastrophic provided they are attended to promptly and continued contact with the treatment agency is maintained. They should, however, be taken seriously and viewed as an opportunity for enhanced self-understanding and appreciation of the precipitants involved. Many relapses occur in response to deeply felt emotions and anxieties or interpersonal stress, or from an inability to withstand environmental pressures to drink. Patients who have carefully rehearsed a repertoire of techniques, for coping with these pressures have a better chance of avoiding relapse. It also helps if the likely consequences of relapse can be vividly retained in the patient's mind as this seems to offset the understandable temptation to think only of the short-term benefits which might follow a return to former habits.

For example: Shekhar recognized that relapses commonly occurred on paydays. He planned ways of avoiding this critical series of events. He would arrange to visit a friend who knew of his drinking problems on the eve of payday. If the anxiety became worse he was encouraged to phone to a friend or counsellor and talk about how he was feeling. Along with these measures he also retained a vivid mental imagery of himself lying on the road unable to get up, his dress stained with vomit. These were, of course short-term psychological devices that helped him to cope in the first few months of abstinence while he effected more lasting changes in his way of life.

In recent years, relapse prevention strategies have been widely publicized, and training has been offered to practitioners. The addition of relapse prevention procedures to a treatment program is intended to reduce the probability and rapidity of relapse, although the techniques can be used for primary rehabilitation as well as relapse. The self-efficacy approach, a behavioral treatment strategy derived from Bandura's social learning theory of self-efficacy, behavioral self control training and cue therapy are described below as examples of these techniques.

The self-efficacy treatment strategy uses careful assessment of the situations in which the person drank heavily or abused drugs during the past year to determine which contexts present a high risk of return to excessive drinking or drug abuse. The approach also involves careful assessment of the person's confidence in his or her ability to handle conflicting or stressful situations without resorting to heavy drinking or drug abuse. The key assumption underlying this strategy is that drinking or drug abuse alone does not lead to a return to chronic excessive drinking or drug dependence. We need to take into consideration the meaning of the act of drinking or drug abuse for the person, the alternative behaviours that the person has available for coping with the stressful drinking or drug dependence situation, and the strength of the individual's belief in his or her ability to handle the situations effectively without resorting to drinking/drug abuse. Treatment consists of

developing a hierarchical series of performance-based homework assignments that the person can perform successfully, thereby experiencing a sense of mastery in what were formerly seen as problematic drinking and drug abuse situations. The therapist monitors the person's feelings of self-efficacy as each assignment is completed. A variety of techniques can be used, including rehearsal of the activity during the therapy session and joint performance of the task with a responsible friend or the therapist. During the treatment process, the person may also use an alcohol-sensitizing drug as additional protection.

Behavioral self-control training is another relapse prevention strategy that uses a set of self-management procedures designed to help individuals stop or reduce alcohol or drug consumption. Treatment using this modality involves self-observation of dependency behavior through self-monitoring and the setting of specific behavioural objectives based on an analysis of the functions served by drinking or drug abuse (roughly categorized as drug abuse to cope and for pleasure). The self-monitoring of drinking behavior through the use of structured record keeping provides information both about the function of drug abuse and situation of high risk. Self-monitoring also provides feed back about progress. For persons who use drinking or drug for coping, treatment involves the establishment of alternative cognitive and behavioral responses. For persons who use drinking or drug for pleasure, treatment involves the establishment of self-control skills to avoid intoxication and the development of alternative recreational skills.

Cue therapy consists of a series of treatment sessions in which the person is presented with the sight and smell of alcohol but consumption is strictly forbidden after the person has imagined himself in a high risk situation for drinking. (e.g., having a fight with their spouse or attending a party). The person and the therapist then review the feelings aroused by the alcohol and may practice response that can lead to refusing a drink. Cue therapy is based on extinction theory: the cues lose their arousal value through repeated exposure without reinforcement.

Domiciliary care : It is the provision-protected an ongoing supportive, protected living environment for those too disabled by prior alcohol use to return to independent community living.

Check Your Progress 1

- a) Use the space provided for your answers.
 - b) Check your answers with those provided at the end of this unit.
- (1) Describe briefly in your own words the broad range of services in the treatment of alcohol and drug dependence.

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1.3 TREATMENT SETTINGS

The term, 'treatment setting' is used in different ways in the literature on the treatment of alcohol and drug dependence problems. Sometimes it is used to describe the organizational location in which treatment is provided (e.g., health care facility, mental health centre, and private practitioner's office). Sometimes it is used to describe the underlying treatment philosophy (e.g., social setting detoxification, medical setting detoxification). At still other times it is used to describe a person's living arrangement while in treatment (e.g. inpatient, outpatient; hospital, prison, residential facility, group home, nursing home, day treatment centre, halfway house). The most common use of the term in research and programme planning for the treatment of alcohol and drug dependence is to describe the environment within which treatment takes place. Treatment can be delivered in two basic types of settings: inpatient and outpatient—although some settings represent a combination of the two. The major distinction is whether care involves overnight care in a residential facility. Inpatient care involves the provision of medical, social, and other supporting services for patients who require 24-hour supervision. Outpatient care is the provision of non residential evaluative and alcohol and drug dependence treatment services on both a schedule and non scheduled basis. The choice of treatment setting is related to a variety of factors, including the ability to pay, the severity of alcohol and drug abuse and attendant problems, the ability to leave the home environment to be treated in inpatient settings, and the client's orientation toward help-seeking. The varied inpatient and outpatient settings thus often serve a distinctive client population.

1.4 TREATMENT MODALITIES

The content of treatment is usually referred to as the technique, method, procedure, or modality. The specific activities that are used to relieve symptoms or to induce behavior change are referred to as modalities. Many treatment modalities have been used to address alcohol and drug dependence problems, alone or in combination with, psychotherapy, self-help groups, aversive counter conditioning, anti-anxiety medication, self-control training, stress management, massage therapy, physical exercise, vocational counselling, marital and family therapy, hypnosis, education about the effects of alcohol, milieu management, and social skills training. Six general categories—(1) pharmacological, (2) social (3) psychological (4) behavioral (5) psychodynamics and (6) spiritual—are used here below to organize its description of the variety of treatment modalities.

1.4.1 Pharmacological Treatment Modalities

There have been a number of attempts to classify the different drugs used in the treatment of alcohol and drug dependence. The major distinctions have been in terms of (a) drugs used to counter or antagonize the acute effects of alcohol and drug intoxication, (b) drugs used in the management of withdrawal, and (c) drugs used in long-term treatment (rehabilitation and relapse prevention). Since the purpose of

this unit is only to provide the minimum required and useful information on treatment, we shall not be discussing the medical aspect in treatment.

1.4.2 Social Treatment Modalities

Alcohol and drug dependence is also a social disease. Treatment components such as marital and family therapy, women's groups, alcoholic anonymous, employee and assistance programmes are used in the treatment of chemical dependency.

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- i) **Marital and Family Therapy:** Many therapists now regard the participation of the patient's spouse and sometimes other family members as an essential ingredient of recovery. The spouse of the problem drinker or drug abuser often needs an opportunity to discuss the stresses that the family has experienced and to obtain information about the nature of the alcohol and drug dependence. Some therapists have endeavored to move away from a patient centred approach to alcohol problems and have come to regard the abuse as one facet of a disturbed family system. In consequence they focus attention on this system itself. Whichever approach is adopted, it is clear that the family will have to undergo significant readjustments as the problem drinker and drug abuser find a new style of life. There is good evidence that a spouse who is supportive but does not collide with the drinker's or drug abuser's evasion or minimize the seriousness of the drinking problems, makes a major contribution to a favorable treatment outcome.
- ii) **Women's Groups:** As increasing number of women develop alcohol related problems. It has become evident that programmes must accommodate to their specific needs. Women commonly feel more guilty and stigmatized about having a drinking or drug abuse problem and some way find it easier to speak freely if they can have part of their treatment within a service for women only. In such a setting they find it easier to talk openly about their difficulties and particularly to discuss some of the sexual abuses many women alcoholics have experienced. In facilitating access to treatment for women, additional services such as neighborhood-based clinics and the provision of crèches are important considerations.
- iii) **Alcoholics Anonymous, Al-Anon, and Al-Ateen:** Alcoholics Anonymous celebrated its fiftieth anniversary in 1985 and claims worldwide to have helped more than a million members. It is unwise for anyone who is significantly alcohol dependent not to have at least looked very closely at AA. This is often best achieved through initial personal introduction to a member of A.A with whom the problem drinker can identify. It is too much to expect the drinker just to go to a meeting. It usually requires fifteen to twenty meeting at more than one group before any sensible opinion can be made about its value for an individual. Many people have found in AA exactly the help and understanding they require. Others may take something from AA's philosophy, but not become regular attendees. Al-Anon, an organization for relatives and friends of alcoholics, deserves similar recognition as an extremely valuable resource. It is well worth exploring by anyone closely involved with a problem drinker, as it teaches the relative or friend to find support even when the drinking partner is unwilling to

recognize or deal with the problem. Al Ateen has evolved specially for the teenage children of alcoholics.

Alcoholics Anonymous provides a fellowship which encourages frankness about alcohol problems in a group surrounded by others who can readily identify with the drinker's suffering and shame and at the same time offer support in finding a new way of life. AA firmly believes that abstinence is the only route to recovery for those who regard themselves as truly alcoholic. 'Drinkwatchers' is another self/help organization, which is concerned to help those who are consuming alcohol in a hazardous way to return to less damaging drinking habits.

- iv) **Employee Assistance Programme:** Alcohol and drug dependence frequently manifest as impaired work performance. This fact can be turned to therapeutic advantage by the creation of 'Employee Assistance Programmes' whereby a company establishes a policy for dealing with employees whose work performance is impaired by alcohol misuse or other factors. The policy needs to be developed in joint consultation between union and management and applied equally to all level within the organization. If alcohol or drug dependence appears to be affecting an employee's work performance then he or she can choose to accept referral to an appropriate source of help with guaranteed continued employment provided they cooperate with treatment. The employee may, of course, reject such a course of action and accept ordinary disciplinary procedures. But in companies where such policies exist and are genuinely operated the extra motivation provided by the opportunity to remain employed greatly enhanced treatment outcome.

1.4.3 Psychological Treatment Modalities

There is a wide variety of psychological treatments, both behavioural and psychodynamic, that have been used in the treatment of alcohol and drug abuse problems. Sometimes it is difficult to determine whether a specific approach is primarily behavioural or psychodynamic. Group therapy and marital and family therapy, for example, cannot truly be classified as either psychodynamic or behavioural because practitioners from each orientation use them. In fact, the current practice is to combine different modalities and orientations to fashion multimodel treatment approaches. There are, however, certain specific modalities that, for descriptive purposes are identified with one or the other model because of the rationale for their use and effect.

1.4.4 Behavioural Treatment Modalities

The first clinical use of techniques derived from learning theory to reduce alcohol consumption was by the Soviet physician Kantorovich more than fifty years ago. Kantorovich used electrical aversion, but the method was shown to be ineffective, and its use as a clinical procedure discontinued. The major continuing use of behavioral methods over the intervening years was 'chemical aversion', a technique initiated at the Shadel Sanatorium in Seattle, U.S.A. The more widespread application of behavioural methods to a range of psychopathological disorders began in the early 1960's. These initial efforts reflected a comparatively simple

view of the etiology of problem drinking as an attempt to reduce conditioned anxiety. The first, unidimensional learning theories about the cause of excessive drinking were primarily derived from animal laboratory studies and clinical observations that alcohol eased high levels of anxiety in persons under treatment for alcohol problems. However, behavioural research with humans challenged the view that conditioned anxiety was the sole cause of excessive drinking, and suggested that cognitive elements must also be considered.

- i) **Chemical Aversion** remains the best-known behavioural treatment procedure that focuses on drinking behaviour. In chemical aversion as currently practiced, a noxious stimulus is paired with a drink of the person's favorite alcoholic beverage. Vomiting is induced to condition the individual to react adversely to the sight, smell or taste of alcohol. Five aversion treatments are generally administered on alternate days during a 10 to 15 day hospitalization. Some persons develop adequate aversion in fewer than five treatments; others require additional treatments. Because aversion is not generalized to all alcoholic beverages, the individual receives a number of different beverages at some time during the treatment.
- ii) **Covert Sensitization** is a verbal aversion therapy that uses the person's imagination to repeatedly pair unpleasant, often nausea provoking events with the anticipated acts involved in drinking. The person visualizes the drinking sequence-ordering of a drink, touching the glass to the lips, and drinking itself-all in his or her usual drinking environments.

At the moment the person brings the glass to his lips and he is instructed to imagine an aversive stimulus, usually vomiting. He is asked to imagine that relief occurs when he turns away from the drink. Treatment involves repeated sessions with the persons practicing twice a day and using the procedure whenever he or she feels the urge to drink.

- iii) **Stress Management Training** has also been found to help persons with alcohol problems in staying sober, particularly when anxiety is a significant concomitant problem. Bio-feedback is one such technique. It uses an electronic apparatus to monitor physiological responses and to display them to the individual through visual or auditory feedback. The individual is trained to produce the feedback by practising the desired response (usually the relaxation of muscle groups or meditation). The person learns to recognize the subjective states that indicate heightened muscle tension as measured in electromyography (EMG) bio-feedback or alpha waves as measured by the electroencephalograph (EEG). Subjects practise producing the desired response, using the visual or auditory feedback as cues and reinforce the desired responses. Bio-feedback training has been found to contribute to reduction in drinking but only for individuals with high levels of anxiety. Other forms of stress management training that have been used in the treatment of alcohol problems have been progressive relaxation training, meditation, systematic desensitization, and exercise.

- iv) **Social Skills Training** procedures has been developed by those who believe that excessive drinking is caused by the inability to perform to one's own satisfaction in interpersonal situation . Individuals are taught in either group or social settings how to respond in typical social encounters. Sessions focus on such specific skills as how to express and receive positive and negative feelings, how to initiate contact, and how to reply to criticism . The modelling of skills, role-playing and videotapes of role-playing situations are all techniques that have been used in this type of behavioral approach.
- v) **Contingency Management** is another behavioral technique. It attempts to formalize, through contracts, the naturally occurring contingencies, both positive and negative, reinforcing and punishing that result from excessive drinking or drug abuse. This approach involves identifying the target behavior to be changed, identifying an appropriate reward or punishment to be administered for continued performance of the behavior to be changed and dispensing rewarding or punishing events or activities contingent on a predetermined level of performance of the target behavior. The keys to developing effective contingency management are to (a) identify, through assessment, consequences that are meaningful to the persons; (b) develop mutual agreement about the contingency and (c) carefully and consistently carry out the contingency with all parties to the agreement performing their designated roles.
- vi) **Community Reinforcement Counselling** is a contingency management approach that is designed to provide focused behavioral training to person with chronic alcohol and drug dependence. The goal of the counselling is to improve long-standing vocational, interpersonal , and familial problems. The reinforcers, used in these cases were access to family, to job, and to friends, which were contingent on sobriety. Community reinforcement counselling is a broad-spectrum treatment strategy that includes the use of disulfiram; a regular reporting system to provide counsellors with feedback from friends, family, and employers on the individual's drinking behaviour or other problems; a source of continuing social support through a neighborhood peer advisor; and ongoing group counselling.
- vii) **Harm Reduction** is a set of interventions that concentrates not on ending drug dependence but on controlling the harm that drug dependence does to the society at large. First introduced in the Netherlands in the 1980's, harm reduction policies attempt to integrate drug abusers into the larger society and to distinguish between use and abuse.

Harm reduction began when it was first discovered that HIV was often transmitted through the sharing of needles for drug injections. A needle-exchange programme, whereby heroin addicts trade in their contaminated needles for clean ones, was introduced as part of the harm reduction programmes. Harm - reduction advocates also want to reduce the criminal activity that results from drug abuse. One proposal is to legalize drugs and dispense them to addicts under medical supervision and at nominal cost. This system was tried in

Great Britain during the 1970's and 1980's. The opponents of this approach claim that it simply encourages addiction, and the apparent increase in the number of British addicts during the 1980's seemed to support this argument. It was because of this increase that the British system was abandoned. However, defenders of legislation claim that it is the only way to prevent addicts from doing as much harm to society as they do to themselves.

viii) **Controlled-drinking:** Until recently the only feasible goal for the treatment of alcohol abuse was life-long avoidance of alcohol beverages - total abstinence. Some recent advances in behavior therapy indicate that programmes can be successfully developed specifically to promote controlled drinking.

Always, the selection of this treatment goal must be made with caution. One would never make controlled drinking a goal if it were contradicted by some physical disorder such as pancreatitis or liver dysfunction. Another important consideration is the patient's expectations about his ability to control alcohol consumption. If the patient strongly believes that under no circumstances would he be able to limit alcohol consumption, such a goal is clearly unwise.

At the same time, one must also gauge the potential impact of abstinence versus controlled drinking on the patient's social and professional life. For example, if the patient would be unable to maintain his employment as an announced or admitted controlled drinker, treatment aiming at other than abstinence would clearly be inappropriate. By the same token, insisting on adherence to an abstinence treatment model after repeated failure to achieve abstinence would appear to be at least as inappropriate.

1.4.5 Psychodynamic Treatment Modalities

A simple yet helpful definition of psychotherapy is that it is "an interpersonal process designed to bring about modifications of feelings, attitudes, and behaviors which have proven trouble to the person seeking help from a trained professional". Contemporary psychotherapy is characterized by a variety of theoretical orientations. Very often the psychotherapy offered to a person with alcohol or drug abuse problems reflects the orientation and training of the therapists; there have been no real comparisons of the effectiveness of the different theoretical varieties of psychotherapy in treating persons with alcohol or drug abuse problems. What has emerged, however, is a set of principles or techniques that are recommended for use with persons experiencing alcohol or drug dependence. As with the other modalities described, current practice is to include psychotherapy as a component in a multimodality approach. Psychotherapy principles are often embodied in the overall design of these multi-component programmes.

Psychotherapy also varies in the format through which it is delivered; it can be offered in individual sessions, in groups of unrelated persons and in groups of family members. In addition types of psychotherapy vary in duration - the number of sessions and the period of time over which those sessions are spaced. Duration has ranged from short term to long-term. There does not appear to be substantial evidence supporting the greater effectiveness of longer periods of time in the few studies that

have considered this variable. The various formats are discussed in the paragraphs below.

- i) **Individual Psychotherapy:** In recent years 'individual psychotherapy' has not been seen as a major contributor to the treatment of persons with alcohol and drug dependence. The lack of support for use of this approach comes from a history of failure in the use of psychoanalytically oriented methods, which viewed alcohol and drug dependence as symptom of underlying pathology and sought to resolve the underlying conflict through the use of interpretations and development of insight. There are those, however, who feel that individual psychotherapy or counselling continues to play an important role in the treatment of alcohol and drug dependence. Most psychotherapists and counsellors focus on contemporary life problems and the drinking and drug abuse behaviour rather than on historical and developmental issues. Supportive rather than uncovering therapy is the primary mode.

Specific variations of the approach have been developed based on clinical experience in which the therapist is advised to take a more active role to be both supportive and confrontative, and to be aware of the characteristic defence structure and ego disturbances of persons with alcohol and drug dependence. Individual psychotherapy generally is recommended only as part of a more comprehensive rehabilitation effort that can include alcohol and drug education, referral to Alcoholics Anonymous, family intervention with referral to Al-Anon and Al-ateen, the prescription of disulfiram, and specific efforts to remove life problems that contribute to continued drug abuse and problem drinking.

- ii) **Group Psychotherapy:** Unlike individual psychotherapy, group psychotherapy is among the most commonly used psychotherapeutic techniques for the treatment of alcohol and drug dependence. Group therapy is used in most primary and extended rehabilitation programmes. Group therapy as a distinct singular treatment is rare. As with individual psychotherapy, group therapy is offered in concert with alcohol and drug education, referral to Alcoholics Anonymous, and additional supportive activities. Similarly to individual psychotherapy, groups tend to vary according to the orientation and training of the therapists or the ideology of the overall program of which they are a component. Consequently, variety is prominent feature of group therapy for alcohol problems, and there is no standardization as to length of participation in the group, frequency of group meetings, length of group session number of therapists, and style of group interaction.

The advantages that are often cited for the use of group psychotherapy focus on the technique in which persons with alcohol problems share experiences surrounding alcohol use with others that have had similar experiences. In this approach, group members provide both support for the difficulties to be encountered in staying sober while confronting the behaviours that are assumed to be characteristics of such persons; denial, manipulateness, and grandiosity.

As a primary rehabilitation modality is either an inpatient or outpatient setting. Group psychotherapy generally involves a daily 1 to 1½ hour session led by a staff member. When group therapy is used as an extended care or aftercare modality, the group may meet as frequently as three times a week and as infrequently as once a month. The optimal size for groups is generally considered to be 8 to 12 persons, although in practice groups vary from 4 to more than 20 persons. As with other kinds of group psychotherapy, the use of male and female co-therapists is seen as optimal for facilitating the group process.

- iii) **Group Dynamics:** In addition to group psychotherapy, organized programs often use the principles of group dynamics in conducting other components for the overall treatment programs. These components may include educational groups that present factual material about the physiological action of alcohol. Educational groups vary in size and style. The most common format is large-group presentation of material through lectures, films and videotapes, followed by a discussion period in which the goal is both to clarify and amplify the factual material and to correct misconceptions and emotional reactions.
- iv) **Activity Groups** are another type of group psychotherapy organized around a specific recreational event and used widely in organized programs. The objectives of activity group participation are to relearn social skills by interacting with other people in sober contexts, to learn and practice alternative recreational activities that will eventually replace drinking, and to become familiar with community resources. Many organized programmes also use community meetings or ward management meetings as group therapy vehicles.

1.4.6 Spiritual Treatment Modalities

Alcohol and drug dependence is also a spiritual disease. The person addicted to alcohol and drugs gives primary importance to drinking and using drugs. A sense of the higher power is necessary to fight against the compulsion to drink and use the drugs. Prayer and meditation is universally accepted as one of the methods of recovery from alcohol and drug dependence. In meditation, the individual learns to concentrate on a thought, a sensation, a word, an object, or some mental state. Some techniques are very active and require that the person make a strenuous effort to focus on a specific thing. Certain yoga techniques, for example, require that the practitioner maintain specific postures and deliberately control his or her breathing or other bodily functions. Other meditation techniques, such as transcendental meditation, are passive approaches. Practitioners simply remain in a quiet atmosphere and make relaxed attempt to achieve a state of inner peace. The individual concentrates on a mantra and tries, but does not strain, to exclude all other thoughts. Most passive techniques are practised for 20-minute periods each day, typically once in the morning and again before dinner.

Relaxation often helps people who are tense and generally anxious. In one approach emphasis is placed on learning to contract muscular

tension with muscular relaxation. In another, meditation procedures are employed. Relaxation therapies appear to be helpful for recovery and rehabilitation of alcohol and drug dependents.

Check Your Progress II

- a) Use the space provided for your answers.
- b) Check your answers with those provided at end of this unit.

1. Briefly describe social treatment modalities.

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2. Briefly describe behavioural treatment modalities.

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3. Briefly describe spiritual treatment modalities.

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1.5 SCHEME FOR PREVENTION OF ALCOHOLISM AND SUBSTANCE ABUSE

Recognizing Substance Abuse and Alcoholism as a psycho-socio-medical problem, the Ministry of Social Justice and Empowerment, Government of India, provides grants-in-aid to NGOs to provide whole range of services including awareness generation, identification, treatment and rehabilitation of addicts. The various schemes financially assisted by the Ministry are the following:

- 1) Awareness and Preventive Education
- 2) Drug Awareness and Counseling Centres
- 3) Treatment-cum-Rehabilitation Centres
- 4) Workplace Prevention Programme
- 5) De-addiction Camps
- 6) NGO Forum for Drug Abuse Prevention
- 7) Innovative Interventions to Strengthen Community Based Rehabilitation
- 8) Technical Exchange and Man Power Development Programmes, and
- 9) Surveys, Studies, Evaluation and Research on the subjects covered under the scheme.

Awareness and Preventive Education

Under this scheme four areas are covered:

- 1) Production and dissemination of educative and publicity material: a) posters/flash cards/ flannel charts/flip charts b) pamphlets/ brochures / leaflets c) hoardings/ panels / banners d) booklets/periodicals etc.
- 2) Community participation programmes: (a) corner meetings / workshops / conferences (b) essay / debates /slogans/dramas/one act play competitions, (C) street plays/ folk media etc.
- 3) Training Camps for Voluntary Workers
- 4) Any other activity for awareness building programme against drugs/ alcoholism

Drug Awareness and Counselling Centres

These Centres will provide following services to the community:

- (a) Awareness Building
- (b) Motivational Counselling
- (c) Screening of Abusers/ Addicts
- (e) Follow-up Services

Treatment-cum-Rehabilitation Centres

Treatment-cum-Rehabilitation Centres will provide following service to the community:

- i) Preventive education and awareness generation
- ii) Identification of addicts
- iii) Motivational counselling
- iv) Detoxification
- v) Vocational rehabilitation
- vi) After care and reintegration into the social mainstream.

Workplace Prevention Programme

It is recognized that the primary responsibility in this regard rests with the management and trade unions. In order to encourage these activities, financial assistance upto 25 per cent of the expenditure for the setting up of a 15-bedded or 30 - bedded treatment-cum-rehabilitation centre shall be provided to the industry/enterprise. The balance of the expenditure according to the norms, shall be borne by the industry/enterprise. Such centres will be located in an industrial establishment or a group of industrial establishments having a strength of at least 500 workers or more in a particular area which will then be eligible for assistance.

De-addiction Camps

An organization running a treatment-cum-rehabilitation centre may organize de-addiction camps in areas prone to drug abuse especially in rural areas with the objective of mobilising the community, promote awareness and collective initiative towards the prevention of alcoholism and substance abuse. They would utilise their staff and community resources for this purpose. However, certain additional inputs shall be

necessary, for which an additional grant may be sanctioned under this scheme.

NGO Forum for Drug Abuse Prevention

The main function of NGO forum will be to bring about an effective coordination among voluntary organisation engaged in this field to establish linkages among the programmes being offered by them, and to ensure convergence of service in the area of their operation. All the organisations being supported under this scheme should be represented on the Forum, with one of their representatives being nominated as the chairperson on a rotating basis. The office of the forum may be located in the organization being represented by the chairperson. All State/ Regional forums will be affiliated to the National Federation.

Innovative Interventions to Strengthen Community Based Rehabilitation

Those treatment-cum-rehabilitation centers, which would have the capacity to do so, would be encouraged to develop innovative interventions to strengthen the community based approach towards rehabilitation of recovering addicts, like half-way homes, drop-in centres etc. For this purpose an additional amount of 5 per cent of the total approved expenditure for the centre would be admissible to the organization.

Technical Exchange and Man Power Development Programmes

A deaddiction -cum-rehabilitation centre will be entitled to receive financial assistance under this Scheme to meet expenditure on deputations of its regular members of staff to other reputed centre identified by the Ministry of Social Justice and Empowerment.

Surveys, Studies, Evaluation and Research on the Subjects Covered Under the Scheme

Financial assistance shall be admissible to eligible organisations based on the merit of the proposal to be decided by the Ministry of Social Justice and Empowerment.

Check Your Progress III

- a) Use the space provided for your answers.
 - b) Check your answers with those provided at end of this unit.
1. Briefly highlight the various schemes of the Ministry of Social Justice and Empowerment.

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1.6 LET US SUM UP

In this unit, we have made an attempt to understand the treatment options available for alcohol and drug dependence. In this process, we have examined the treatment stages, treatment setting and treatment modalities. The discussion on treatment modalities covered

pharmacological treatment, social treatment, psychological treatment, behavioural treatment, psychodynamic treatment and spiritual treatment. Apart from this, we also briefly touched upon the efforts being made by the Ministry of Social Justice and Empowerment in providing grants-in-aid to NGOs for a whole range of services including awareness generation, identification, treatment and rehabilitation of addicts.

1.7 KEY WORDS

- Alcohol abuse** : The over use of alcohol that results in lowered job performance and lowered quality of interpersonal relationships
- Delirium tremens** : Acute delirium caused by overdose of alcohol and consisting of severe alterations in consciousness and attention
- Depression** : Pervasive feeling of sadness that may begin after some loss or stressful event, but that continues for long
- Detoxification** : Ridding the body of the particular toxic substance that is causing the problem. In drug or alcohol detoxification, withdrawal signs are usually experienced as the amount of toxic substance declines
- Family therapy** : Specialized type of group therapy in which the members of the family of the client participate in group-treatment sessions. The basic idea is that the entire family has to alter its behaviour to solve the problem
- Group therapy** : Psychotherapy of several persons at the same time in small groups
- Lithium** : Chemical salt used in the treatment of bipolar disorder
- Marital therapy** : A subtype of group therapy in which a couple meets together with a therapist in an attempt to improve the couple's interaction
- Problem drinking** : Term for the pattern of alcohol abuse that does not include alcohol dependence or physiological addiction
- Psychodynamic therapy** : A therapeutic approach based on the psychodynamic perspective originating in the theories of Freud, but not limited to psychoanalysis
- Psychotherapy** : General term, referring to psychological, verbal, and expressive techniques used in treating maladaptive behaviour

- Relapse prevention** : In treatment of alcohol problems from a cognitive viewpoint, the emphasis on identifying problem situations and helping the client to identify coping devices that may give him or her a feeling of control over such situations
- Relaxation training** : Series of specified exercises that the client learns to perform in order to remove a tension response that may be characteristic in certain situations
- Self-help group** : A group of people with the same problem who meet together to share experiences and ways to handle situations in an attempt to help themselves improve their own ability to cope with these problems
- Social skills training** : Behavioural or cognitive - behavioural therapeutic approach that emphasizes learning more effective ways of interacting with other people in a variety of situations
- Tolerance** : Condition in which an individual must use increasing doses of a substance to produce the same physiological effect
- Withdrawal** : Physiological changes, varying from mild to extremely unpleasant, that take place after an individual's discontinuation of a habit-forming substance. The symptoms of heroin withdrawal are perhaps best known

1.8 MODEL ANSWERS

Check Your Progress I

1. Describe briefly in your own words the broad range of services in the treatment of alcohol and drug dependence:

Treatment refers to the broad range of services, including identification, brief intervention, assessment, diagnosis, counselling, medical services, psychiatric services, psychological services, social services, and follow-up for persons with alcohol problems. The overall goal of treatment is to reduce or eliminate the use of alcohol or drugs as a contributing factor to physical, psychological, and social dysfunction and to arrest, or reverse the progress of any associated problems.

Check Your Progress II

1. Briefly describe social treatment modalities.

Alcohol and drug dependence is also a social disease. Treatment components such as marital and family therapy, women's group, alcoholic anonymous, employee and assistance programmes are used in

the treatment of chemical dependency. Marital and family treatment women's groups focus on both drinking behaviour and communication. A.A. is a self-help group. EAP helps the clients in their work settings.

2. Briefly describe behavioural treatment modalities.

Soviet Physician Kantorovich first used the method of electrical aversion, which is now discontinued as the method was shown to be ineffective. The major continuing use of behavioural methods over the intervening years was a chemical aversion. A noxious stimulus is paired with a drink of the person's favourite alcoholic beverage. Another method is covert sensitization that uses a verbal aversion therapy. Stress management and Social skills training procedures are other approaches. Contingency management, community reinforcement counselling, harm reduction and controlled drinking are techniques used in this approach.

3. Briefly describe spiritual treatment modalities.

Alcohol and drug dependence is also a spiritual disease. The person addicted to alcohol and drugs gives primary importance to drinking and using drugs. A sense of the higher power is necessary to fight against the compulsion to drink and use the drugs. Prayer and meditation is universally accepted as one of the methods of recovery from alcohol and drug dependence.

Check Your Progress III

1. Briefly highlight the various schemes of the Ministry of Social Justice and Empowerment.

The Ministry of Social Justice and Empowerment, Government of India provides grants-in-aid to NGOs to provide whole range of services including awareness generation, identification, treatment and rehabilitation of addicts. The various schemes financially assisted by the Ministry are the following: 1) Awareness and Preventive Education; 2) Drug Awareness and Counselling Centres; 3) Treatment cum Rehabilitation Centres; 4) Workplace Prevention Programme; 5) De-addiction Camps; 6) NGO Forum for Drug Abuse Prevention; 7) Innovative Interventions to Strengthen Community Based Rehabilitation; 8) Technical Exchange and Man Power Development Programmes; 9) Surveys, Studies, Evaluation and Research on the subjects covered under the scheme.

1.9 FURTHER READINGS

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UNIT 2 EMPOWERING THROUGH EDUCATION, COUNSELLING, REFERRAL SERVICES AND COMMUNITY RESPONSES

Contents

- 2.0 Aims and Objectives
- 2.1 Introduction
- 2.2 The Empowering process
- 2.3 Preventive Education
- 2.4 Prevention Strategies
- 2.5 Community Response to Addiction
- 2.6 Motivating the Addict and the Family
- 2.7 Identification of an Addict
- 2.8 School-Based Prevention Programmes
- 2.9 Let-Us Sum Up
- 2.10 Key Words
- 2.11 Model Answers
- 2.12 Further Readings

2.0 AIMS AND OBJECTIVES

The purpose of this unit is to outline what action can be taken by various groups in the community to facilitate the prevention and treatment of drug abuse. Preventive education, counselling education for the parents and community leaders, motivating the family and addict for treatment and identifying the treatment programmes are means of empowering the community. At the end of this unit you will be able to :

- recognize the process of empowering;
- identify substance abuse prevention education programmes;
- familiarize yourselves with various means of identifying the addict; and
- learn the various possibilities of mobilizing community resources for drug abuse prevention.

2.1 INTRODUCTION

The previous unit has outlined different treatment programmes. Substance abuse is a treatable but not a curable disease. So prevention of substance abuse is of maximum importance. This unit describes how to empower the communities to prevent substance abuse, as well as how to motivate the addict and the family for treatment. In many ways substance

abuse is induced by the society, so, the society is to be made aware of the role it plays in promoting addiction and empower it to prevent recurrence.

Society has many organs. To organize an effective prevention and treatment strategy, the involvement of all these organs are essential. We shall be discussing how this balance can be achieved. There are certain areas of prevention and treatment which may not be understood by the individual, family and the community. Due to ignorance, the prevention and treatment programmes may be met with resistance. A section on dealing with resistance is included in this unit to serve this purpose.

2.2 THE EMPOWERING PROCESS

"No matter how ignorant the person is, there is one thing he knows better than any one else, that is where the shoe pinches in his own feet, and because it is the individual that knows his own trouble, even if he is not literate or sophisticated in other aspects. Every individual must be consulted in such a way, actively, not passively, that he himself becomes a part of the process of authority, of the process of social control that his needs and wants have chance to be registered in a way where they count in determining the social policy".

These are the words of the famous social thinker and educationist John Dewey. If a change or modification in the attitude and functioning of the society is expected, the members of the society must feel it to be their need and make the necessary modifications in their social structures and interactions. The lasting social changes are those which people themselves create. People support what they build up.

Drug abuse prevention and treatment methods were considered to be the fields of doctors and psychiatrists. To some extent this is true. On the other hand, addiction is a socially induced disease. Addiction is a coping mechanism as far as the addict is concerned, though a negative and destructive one. The addict, by the use of the chemical, is trying to balance his own personality vis-a-vis the expectations and demands of the society. The more diseased the society, the greater its potential to produce addicts.

Empowering is a participatory process. Participatory action is for human development rather than physical targets. It is training personnel for continuing effort rather than for technical knowledge. Participatory development allows the people to shape their own development. The people themselves identify the problems, address the problems and provide feasible solutions. It is a democratic and cooperative method.

Empowerment and Participation

Empowerment is achieved through participatory action. Participatory action is made possible through conscientisation. It is the process by which an individual or a group is made aware of the true nature of the problem that affect the concerned individual or the group.

Conscientization increases the understanding of the people about the problem and its possible solutions. This process gives them a sense of control. Integrity, culture, personal values and self-identity are the

foundations of empowerment. The aim of empowerment is to tap collective power. For power to be most effective, it should be collective. The whole community should become empowered with self-reliant individuals, who are ready to challenge the present situation, and look for other solutions.

Check Your Progress I

1. Is empowering the community important for prevention of drug abuse?

2.3 PREVENTIVE EDUCATION

"A stitch in time saves nine". This is more than true about drug abuse, because drug abuse can only be prevented and not cured. Experience has taught us that prevention is a crucial element in the long-range goal of eliminating drug abuse. There is a section of the world population that is unrealistic to think that there can be a drug-free world. But experience has taught us that it is not possible to make the world drug free. However, with concerted effort, we can minimise its misuse to some extent.

Drug abuse is a world phenomenon. Drug abuse prevention should be therefore a world-wide activity reaching every nation, society, school, family and business. It must bring awareness to everyone and motivate all to participate in the fight against illegal drugs and their use. Prevention includes education both to halt drug use and to convince those who use drugs to quit using it.

Educational programmes play a vital role in the overall fight against drug abuse. For those who have started to use drugs, proper education provides a pathway to successful intervention and treatment by increasing the users' awareness of the dangers connected with drug abuse and by helping them make the choice to stop. Education is also critical in helping parents and educators understand the nature of the problem and consider the best way to respond to a particular situation.

Prevention programmes provide a basis for teaching young people to develop healthy behavioural patterns which do not include drug taking, and for instilling in them a sense of responsibility. Drug abuse education should be fully integrated into public and private, religious or secular school curricula, with emphasis on the destructive effects of drugs use, the encouragement of excellence in teaching, health and overall personal well being.

Preventive education programme should have the following main objectives:

- To value and maintain sound personal health,
- To respect laws and rules prohibiting drug use,
- To resist peer pressures to abuse drugs,

- To promote student activities that are drug free and offer healthy avenues for student interests, and

To promote religious and cultural values which strengthen drug free life styles.

2.4 PREVENTION STRATEGIES

All are aware of the need of preventing substance abuse. It is important to know how one should go about this important activity. There are various factors that induce drug addiction. Prevention should effectively tackle and produce positive results on those areas helping the individual to live a healthy life. Thus we can identify the following strategies:

- strategies focused on the individual,
- strategies to educate the family,
- prevention through school based programmes,
- prevention through mass media, and
- prevention by strengthening law enforcement.

Strategies Focused on the Individual

This is the most often used method. It is aimed at imparting the correct attitudes, knowledge and moral standards to the individual. Correct knowledge, accurate information about the drugs and their effect on the individual will lessen the possibility of drug abuse. This strategy should have the following elements: It should provide factual information about alcohol and other drugs. It should provide the means to meet the emotional, social and psychological needs of the young people. It should also help them to understand that addiction can happen to any one. The programme should have elements that teach coping skills and address the antisocial behaviour of the individual.

Strategies to Educate the Family

Family includes the parents, siblings, and close relations. We have explained earlier that addiction is a family disease. Family is an important agent in building up a drug free society.

The strategy should have the following elements to make it effective in combating drug abuse:

- Parents should be given accurate information about drugs like alcohol, cigarettes etc.
- Parents should be helped to develop skills in building up healthy family relations.
- Parents should be helped to implement drug prevention strategies at home by being role models, helping the child to have creative activities and resist peer pressure.

- Clear family norms should be established regarding the use of alcohol or tobacco by the elders in the family.

Prevention Through School Based Programmes

The school is the second home of the child. Broadly the school based programmes should be with the involvement of the parents. Some of the important points for a school-based programme are:

- Having clear policies regarding use of alcohol, tobacco and other drugs. It should be clear to the students that violation will invite certain sanctions.
- Develop a curriculum to impart drug prevention education. The contents should be clear and easy to understand. They should be appropriate for the target groups's needs and interests.
- The school can establish a *Students Assistance Programme*. This is to identify and assist students who are already having problems and helping them out.
- Helping the teachers to develop skills and knowledge to handle the education for drug resistance as well as for helping out those students who have already become addicts.
- Assisting the teachers to identify their attitudes and beliefs about alcohol and drug use.

Prevention Through Mass Media

Mass media includes printed materials like news papers, radio, television, internet, films and folk arts. These have decisive influence on young persons. They can be positive and negative.

Media approach includes radio, television, bill boards, booklets, posters, public events etc. To be effective the programme should:

- have persons who are credible to impart the message. The message should be appealing and appropriate for the target group.
- involve the public both in the planning and execution.
- be culturally acceptable for the target group.

Prevention by Strengthening Law Enforcement

All the countries and governments will have laws related to drug abuse. Due to the indifference of the public, or because of the inefficiency of the law enforcing mechanism itself, drug abuse will continue to increase. Some of the possible actions in this regard are mentioned below:

- increase of sales tax on alcohol,
- enforcement of minimum drinking age,
- discouragement of setting up of liquor shops,
- prohibition of alcohol & tobacco advertising,

- elimination of sponsorship of sports and social events by the alcohol industry.

2.5 COMMUNITY RESPONSE TO ADDICTION

Drug abuse is a social problem as well. Communities respond to it in different ways. We have discussed this in some detail in Block II, unit II. The response of the community to the prevention effort will depend on the attitude to the problem of drug abuse. Prevention strategies should take into consideration the attitude of the community to the existing problem in the community.

To make the anti drug policy and implement the programmes, it is essential to reach out to the community for support and assistance. Any prevention effort needs to get the community behind its effort by taking action to:

- Increase community understanding of the problem through meetings, media coverage, and education programmes,
- Build public support for the policy and develop agreement on the goals of prevention and enforcement,
- Educate the community about the effects and extent of the drug problem,
- Call on the local professionals such as doctors to share their experience, and
- Mobilize the resources of community groups and local business to support the programme.

Community Involvement in Prevention and Treatment

Addiction looks like the problem of one individual initially. Gradually it spreads and becomes the problem of the whole community. Addiction leads to violence and insecurity in the community. It encourages petty thefts, crime and at times even dacoity. Since the community wants to enjoy peace and security it will get involved in dealing with the problem of addiction as a group. All segments of the community must be motivated to promote drug free environment in the community. These include the doctors, primary health workers, teachers, police, religious heads and panchayat leaders.

Involving the community members will have certain definite advantages:

- Both the common man and the professionals will come together to share their experiences.
- Community leaders will become more acquainted with the problem of addiction.
- Belongingness in the community will increase.
- Community members will be able to support the recovering addicts actively in their recovery.
- It will rebuild the social contacts and social life of the recovering addict.

Although community involvement is essential and helpful in prevention and treatment of drug abuse, it has certain hurdles to be overcome:

- In some communities drinking and use of some kind of drugs may be a socially acceptable custom at the time of marriages and festivals. Thus drug use may not be considered as a problem.
- Production of alcoholic drinks and some drugs like ganja may be a livelihood for many in the village. Such people may refuse to cooperate or may even actively oppose the move.
- Some communities, due to their ignorance, may consider addicts to be criminals who do not deserve any help.
- If the organizers of prevention or treatment programme themselves are drug users, the movement will have no credibility.
- Organizing community involvement calls for long term planning and sustained commitment.

Check Your Progress II

1. Why are prevention strategies important?

2.6 MOTIVATING THE ADDICT AND THE FAMILY

Motivating means influencing a person to change his dysfunctional behaviour. In treatment of addiction, motivation plays an important part.

Unlike other diseases, the addict and his family often will not seek treatment due to the denial syndrome. Refusal for treatment can also be due to the lack of sufficient knowledge about addiction. Motivating the addict would include:

- encouraging him to give up drugs,
- awakening the desire to make changes in one's life style,
- creating the realization that it is essential to take an active part in the treatment programme, and
- thereby willingness to make adjustments in order to recover.

An addict usually does not come for treatment, unless forced by circumstances. The force can be from relations, or due to factors like life-threatening illness, loss of job, a police case or even threat of divorce or divorce itself. Even under such conditions, the addict comes to a counsellor only for getting temporary relief. The person will not admit that his problem is the drug. He would talk about his illness, the court case, or hide the fact that his wife has left him.

The focus of motivation is to make the person realize that his real problem is the drug, and other problems are the results of his drug use. The addict will have very low motivation for treatment.

He will also be having fear about withdrawal and anxiety about the nature of the treatment.

To motivate a client successfully, the following points will be useful:

- Accept the addict as a person, and not as an addict or a drunkard. This will strengthen his self esteem and trust in the counsellor.
- Feel, with the person, compassion and understanding. Instead of reasoning and argument; build up trust in the treatment process. Do not preach or admonish.
- Be non-judgmental. Do not label the person or his actions as good or bad.
- Build up a relationship and keep the relationship even when the client does not cooperate.
- Maintain confidentiality about the client's affairs. This helps to strengthen the trust between the client and the counsellor.

Even though the addict may be brought for treatment, the family members will not be ready to take active part in the treatment. As we have discussed earlier, the addict's family needs treatment as much as the addict himself. Families often want the addict to change and they refuse to accept their share in the family disease. Motivating the family members for treatment would require the counsellor to:

- help them to break through the wall of delusion,
- build up their inner strength to accept the family disease, and
- identify and recognize the feelings of the family members.

The family of the addict lives in a make believe world of their own, which we have described in Block 2, Unit 3. The family members suffer from denial syndrome. They will also have built up many defense systems to cope with the problem of addiction in the family. The belief that everything is alright except the addict's behaviour in the family prevents them from actively getting involved in the treatment process.

Accepting the family disease calls for admitting vulnerability on the part of the family members. The family members will have to be encouraged to identify their share in helping the addict to give up his addictive habit.

Addiction of one member of the family will have hurt the feelings of all other members of the family. Mostly these feelings remain unexpressed. In case they are expressed, that is done in an aggressive and unhealthy manner. Admitting the exact nature of feelings and the expression of it by the family members prepares the ground for the addict to reveal his feelings to the family members.

Dealing with Resistance

Treatment and recovery is a process of change. It is natural to expect resistance to change. Change means facing the unknown. Healthy persons find it easy to face change. Addicts and co-addicts find change threatening. Due to addiction the self worth of the family is damaged. Treatment and recovery requires honesty in admitting ones feelings and

sharing them with others. The rules of the addictive thinking is 'do not feel', 'do not trust' and 'do not talk'. The recovery process requires that the individual break through this destructive programming. Certain guidelines can be helpful in dealing with the resistance to change. These include:

- helping the family to develop realistic expectations about the addict and of their own effort.
- establishing rapport with each family member, so as to support them in the recovery process.
- bringing up to the surface the hidden interactions of the family which enables the addict to continue his addiction by manipulating others.
- identifying and reducing over activity by certain members in the family by educating them about addiction.
- co-opt in to the team family, the members who have gone through similar crisis, who can act as role models.

Check Your Progress III

1. What are the important aspects of motivating the client, and the family of the addict for treatment?

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2.7 IDENTIFICATION OF AN ADDICT

It is easy to identify an 'addict'. It is not easy to identify addiction in its early stages. When it is alcoholism, it is even more difficult. The addict is capable of concealing his habit from the family members easily. There are certain external signs noticeable in his behaviour and appearances. Most of these are applicable to students or adolescents.

At Home: The addict comes home late. He will have new friends. He will be unwilling to tell who the friends are. The old friends who are not using drugs or alcohol discard him. He often misses family meals. He is often found closed up in the room and remains aloof, not talking to any member of the family. He goes to bed late and gets up late. The addict spends a long time in the bathroom, if he is an injecting drug user. Syringes, and other paraphernalia related to drug abuse may be found in his room.

Demand for money increases. Valuables from home like tape recorders, watches, fans, jewellery of other family members and dresses will start disappearing (theft). Refuses to go for religious services, social functions etc.

At School: Poor attendance in the school. Sudden decline in the academic performance.

Asks for leave during schools hours. Picks up quarrels in the school.
Refuses to go to school or finds fault with school authorities or teachers.

Physical Changes: Addiction changes the personality of the addict. It is primarily noticed in the physical appearances of the addict. Neglect of personal appearance, cleanliness, stained fingertips, cigarette burns, skin rash, needle marks on the forearm, slurred speech, sweating, loss of appetite, fatigue, restlessness, drowsiness, drooping eyelids, blank facial expressions with dark circles under the eyes (clearly noticeable in case of alcoholics), redness of eyes, use of dark glasses to cover the redness of the eyes, unsteady gait, sudden weight loss, uses long sleeved shirt to cover the pock marks on the arm, withdrawal syndromes may be noticed like vomiting, diarrhoea, muscle cramps, sleeplessness etc. are some of the changes easily noticeable if one is an addict.

2.8 SCHOOL BASED PREVENTION PROGRAMMES

Schools play a very important part in the formation of an individual's personality. Drug abuse prevention should start early in life. This normally happens in the family set up. The second step of preventive education takes place in the schools.

An effective drug prevention programme in the school covers a broad set of education objectives. The programme consists of four objectives:

Objective 1: To value and maintain sound personal health

To understand how drugs affect health. An effective drug prevention education program instills respect for a healthy body and mind and imparts knowledge of how the body functions, how personal habits contribute to good health and how drugs affect the body.

At the primary level, children learn how to care for their bodies. Knowledge about habits, medicine and poisons lays the foundation for learning about drugs. Older children begin to learn about the drug problem and study those drugs to which they are most likely to be exposed. Children are present-oriented and are likely to feel invulnerable to long-term effects of drugs. For this reason, they should be taught about the short term effects of drug use, such as impact on appearance, alertness, and coordination.

Objective 2: To respect laws and rules prohibiting drug use

The second objective teaches children to respect rules and laws as the embodiment of social values and as tools for protecting individuals and society. It provides specific instructions about laws concerning drugs. While students in the early grades learn to identify rules and to understand their importance, the older students learn about the school drug code and laws regulating drugs. This can include topics like what rules are, and what will happen if there are no rules in society, legal and social consequences of drug use, penalties for driving under the influence of alcohol or drugs, relationship between drugs and other crimes, etc.

Objective 3: To recognize and resist the pressure to use drugs

Social influences play a key role in encouraging children to try drugs. Pressures to use drugs come from internal sources, such as a child's desire to feel included in a group or to demonstrate independence, and external influences, such as the opinions and example of friends, older children, and adults and media messages.

Students must learn to identify these pressures. They must then learn how to counteract messages to use drugs and practice saying 'NO'. The education program emphasizes influences on behaviour, responsible decision making, and techniques for resisting pressures to use drugs.

Sample topics for these objectives are: influence of popular culture, peers, pressure on the students, ways to make responsible decisions, ways to resist peer pressure, and other situations in which students may be pressured into using drugs.

Objective 4: To promote activities that reinforce the positive, drug-free elements of student life.

School activities may aim to provide students opportunities to have fun without drugs and to contribute to the school community - build momentum for peer pressure not to use drugs. These school activities also nurture positive examples by giving older students opportunities for leadership related to drug prevention.

Some of the activities suggested to help attain the above objectives are: Provide leadership opportunities to students, provide leadership training to be peer leaders, encourage literary activities promoting drug free life, like painting, writing plays etc, encourage role models who are not connected with drug use, form study groups in the school about drug abuse, drug trafficking, crime etc, provide sports facility in the school and encourage the Scout Movement, and the NCC.

Referral Services

Referral services means guiding an individual to an expert or specialist for advice, (especially directing of the patient to a psychiatrist medical specialist). Most people are able to identify the problem of addiction in their own lives or in the family. Some will have enough skills and knowledge to motivate the addict for treatment. When one's ability to handle the problem effectively is limited, it is better to refer the person to a more competent person or organization.

Referrals can be of three kinds: (i) Self-referral; (ii) Referral by parents, friends or other voluntary organizations; and (iii) Compulsory referral.

Self-Referral: The main source of self referral may include information received from a recovering addict, a friend, or seek voluntary agencies. This induces the addict to come for treatment or other help voluntarily. The person may have a high degree of motivation.

Referral by Parents, Friends or Other Voluntary Organizations: This referral is also of voluntary nature. Someone refers the client for treatment to any one of the several known options. For example, the person making the referral may tell the counsellor about a suspected case of alcohol or drug abuse. He may provide the name of the user and

chooses to remain anonymous, thus leaving the counsellor to get in touch with the person. The person making the referral may be the parent, spouse or any other concerned individual. The person may permit his or her name to be used.

Compulsory Referral: (Also known as mandatory referral): In this case the referring party actually introduces the addict to the counsellor, or to the treatment facility. This can happen in an educational institution where a student is identified as being under the influence of alcohol, or other drugs and the principal or any other authorized person orders the student to go for treatment or to meet the counsellor, if there is one in the school/college. A person arrested for intoxication may be compulsorily referred for treatment by a judge.

Networking with Other Agencies: Creating a drug free world is not left to one individual, one agency, or one nation. It has to be a collaborative effort. An individual effort can have only limited outcome. It has limitation in terms of resources and experiences.

A net is different from the bars of a window. Though the bars are stronger they are connected only at two points. The net is connected to other threads, at a number of points though they are not so strong as the bars. What gives strength to the net is its close connectedness.

Networking is possible with different groups.

The strategies to be adopted can include:

1. Involve local law enforcement agencies in all aspects of prevention. Police and courts would have well established and mutually supportive relationship with other agencies working for prevention of drug abuse.
2. Involve student organizations in prevention of drug abuse. They will have enthusiasm and manpower. What is required to put that into action will be the expertise from other agencies.
3. Engage cultural organizations in prevention activities. Culture is a powerful binding and educational tool.
4. Get the support of religious organizations to work for a drug free society. All religions condemn abuse of alcohol and other drugs. Besides, religion is a powerful agent for self discipline. Most recovery programmes are based on the intervention strategies.

2.9 LET US SUM UP

Drug addiction cannot be cured, so it is best to prevent it. Education is the chief tool for preventing drug abuse. Education for avoiding drugs should start from home at an early age and continue through school and college.

The community is an effective agent in the prevention and treatment of drug abuse. Communities need to be empowered to do it. Involving communities in prevention and treatment of abuse has multiple benefits. There will be more learning, more participation and more responsibility on the part of the community members in making the community drug-free.

Treatment is possible only if the addict and his family finds it useful and necessary. Motivating the family and the individual is of prime importance. An addict can be identified by observing him at home, in the school and by his physical appearance.

Drug education and treatment is a collaborative effort. Therefore various social and governmental agencies should work together to obtain optimum results.

Check Your Progress IV

1. What are some of the ways of identifying an addict?

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2.10 KEY WORDS

- Anonymous** : Of unknown name, or authorship
- Counteract** : Oppose by contrary action
- Credibility** : Convincing, worthy of belief. If an person who uses alcohol preaches against alcohol, he will have no credibility.
- Media** : Main means of mass communication, especially news papers and television.
- Paraphernalia equipments** : Tin foil, candle, needle and syringe are used by addicts to inject or inhale drugs.
- Peer leaders** : Leaders within the same age group, (due to their achievements or other capabilities)
- Rapport** : Useful and harmonious relationship and communication
- Slurred** : Unclear speech

2.11 MODEL ANSWERS

Check Your Progress I

1. What is the importance of empowering the community for prevention of drug abuse?

Empowering is different from helping. In the usual helping process, the helper gives the answer. In empowering process, the helper leads the client to find the answer by himself. The one who has the problem knows more about the problem than the one who helps. The person with the problem may be unable to see all the sides of the problem. Empowering

is helping to see the problem from a wider perspective and supporting the client to find the answer himself. When a person or a community is empowered, the need for a helper diminishes. This is the ideal goal of all education process.

Check Your Progress II

1. Why are prevention strategies important?

The methods used for prevention are very important. From the earliest times in human history, efforts have been made to prevent drug abuse. Till today there is no foolproof method. Prevention strategies should have those qualities which are found in all successful education processes. They should be individual oriented, participatory and measurable in their outcome. Prevention strategies should take into account the cultural and religious belief of the target group.

Check Your Progress III

1. What are the important aspects of motivating the client and the family for treatment.

Treatment is for change. When motivating the client or the family for treatment, it is important to keep certain points in mind. The person who comes for help should be treated with dignity. He should be listened to with patience and compassion. The helper should build up rapport and keep confidential any information he gathers about the client. The helper should be non-judgmental and avoid preaching to the client.

Check Your Progress IV

1. What are some of the ways of identifying a addict?

The following signs and symptoms can be helpful: returning late at night, excess demand for pocket money, being fatigued, restless, drowsy, occasional vomiting, loss of short memory, neglect of personal appearance, cleanliness, stained fingertips, needle marks on the arms and thighs, and irregular attendance at school.

2.12 FURTHER READINGS

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UNIT 3 ROLE OF NGOs, NATIONAL AND INTERNATIONAL BODIES ON PREVENTION AND CONTROL

Contents

- 3.0 Aims and Objectives
- 3.1 Introduction
- 3.2 Substance Abuse: The Need for Intervention
- 3.3 The Intervention stages
- 3.4 Role of International Bodies
- 3.5 Role of National Bodies
- 3.6 Role of NGOs
- 3.7 Let Us Sum up
- 3.8 Key Words
- 3.9 Model Answers
- 3.10 Further Readings

3.0 AIMS AND OBJECTIVES

We have been discussing substance abuse from different angles in the previous units. This unit aims at introducing to you the need for intervention in the fight against addiction. The unit also aims at showing to you the different stages in which intervention is possible—prevention, control, treatment and rehabilitation. It will also be shown in the unit that substance abuse is a global, national, social, family and individual problem and hence intervention by international organizations, national bodies and NGOs is essential to put up an effective fight against this evil. An opportunity is given to you to have a look at some organizations though not in detail. It is hoped that after you go through this unit you will be sensitized to the need for intervention at different stages and the role different organizations have to play.

3.1 INTRODUCTION

Substance abuse is a growing global problem. No country or society can claim immunity. The world has realized that unless we put up a well-planned fight and device effective intervention strategies, this evil is going to engulf the world. Many of us have realized this and at times at least some of us have thought that something concrete should be done and that we should not allow things to go on like this. But many of us lack the initiative, conviction, drive, know-how or the will to get involved in intervention. There is a need for intervention as it is a growing problem faced by almost all nations and societies. The intervention may be at different stages - prevention, control, treatment or rehabilitation. There is a need for demand and supply reduction. As it is

a global problem with varied ramifications, an individual cannot put up any fight alone. International Organizations have a very important part to play as international drug trafficking has its links with terrorist and subversive activities that have marred the peace of the world. Further, addiction leads to untold health problems especially in a world threatened by HIV and Hepatitis B/C.

The national bodies also have their role to play not only in demand reduction but also in supply reduction. Within the country there should be an efficient machinery to check illicit brewing/distilling and drug trafficking. The Government cannot do it all, especially in a vast country like India. It is the bounden duty of the NGOs to come to the help of the Government in its attempt to eradicate the drug menace.

3.2 SUBSTANCE ABUSE: THE NEED FOR INTERVENTION

People are using different kinds of substances. Even school going children and street children have access to different varieties of drugs. A lot of money is wasted on alcohol and other drugs worldwide. The individual is affected in many ways. The addict's physical and mental health are affected. His finances get drained. His family life is jeopardized. Addiction causes industrial and road accidents as it impairs judgement. It affects one's efficiency and hence results in the loss of manpower. In short, it kills one's personality. An addict becomes undependable, and is never trustworthy. Indulging in stealing, pawning, gambling and telling lies are just a part of an addict's life. He is the wrong role model to the younger generation.

Addiction causes untold damage to the society also. Addiction is at the centre of several crimes and it disturbs social tranquility as it is the cause for many antisocial activities. Addiction is responsible for various social disturbances - from street fights to gang wars. How can one expect tranquility in a society infested with hard core drug addicts, illicit distillers and liquor barons? International and cross border drug trafficking, drug syndicates and drug mafia have brought about untold miseries to nations. Smuggling, terrorism and subversive activities all have links with drug trafficking.

In developing countries, addiction acts as a stumbling block to development and productivity. Derek Rutherford, Director of Eurocare in his book *A Lot of Bottle* quotes a letter from a rural Zambian man to the Zambian mail? : "We have no water, no light, no schools, no washing facilities but the municipality says that they will build a beer hall for us. If we drink beer, the municipality can earn money so that one-day we will have a water pipe. How much beer do I have to drink before my children can have water to drink". In countries which already face poverty, addiction plays further havoc. Derek Rutherford says : "In developing countries nearly 800 million people do not get enough food and about 500 million are chronically malnourished. A poor man's drinking money comes from cuts in the family budget. Consequently drinking is a frequent cause of malnutrition which compounds the problem of alcohol abuse". This is very true of a country like India. Do

you remember a part of the speech of Professor Shekhar Saxena of AIIMS we quoted in an earlier unit? "Not every poor person drinks, but if he drinks, the money comes from cuts made in food and education for children. Drinking by men is a frequent cause of malnourishment and school drop-out among children and a vicious circle of poverty, violence and disease in the family."

The Indian drug scene is not as simple as this as far as its impact on the family is concerned. Professor Saxena's address in the WHO conference quoted above is only a pointer to the greater calamities Indian society experiences. Addiction serves as a major cause of domestic violence and wife battering. Just imagine the trauma of the wife and children of an alcoholic! In an even otherwise male dominated Indian society, addiction leads to further oppression of women. Derek Rutherford, after a visit to India in the early 1990's writes : "Use of alcohol is now common among 1 in 4 adult males in various parts of the country and is spreading among educated urban women of middle and upper economic social groups. People are starting to drink at an earlier age - even among the school population. Over the last ten years excessive drinking and alcohol dependence has increased. Not less than one third of hospital beds are now occupied by persons with an alcohol related illness - including road and industrial accidents" (The Globe, No. 2, 1991).

We have had a glimpse of the multifarious problems chemical dependence creates for society, especially in a developing country like India. With no resources to handle this as a medical - psychiatric problem, and with limited know-how to handle it as a burning social issue, very often instead of facing the problem, we quite comfortably turn the other way round or sweep it under the carpet, and pretend as though in the midst of many social problems to be tackled, substance abuse is negligible. Hence it enjoys only a low priority in our social service agenda. But as responsible citizens of India and as a person with social responsibility by now you would have realized the need for intervention - intervention at various stages.

What do we mean by intervention? Intervention refers to our own effort to curb the abuse of a substance either at the demand point or at the supply point. Our intervention strategy may aim at either preventing people from experimenting with substances, or effectively controlling the supply or sale or treating or rehabilitating an addict who otherwise may become a social liability. In the sections below we will be discussing in detail the intervention strategies and also the role played by different agencies including the Government. The question one may raise is, why should there be an intervention? This question is very natural because many believe that this is an avoidable bad habit and one becomes an addict out of his choice. We have to seriously think of intervention strategies because anyone may become a chemical dependant any time. Many become substance abusers by chance—out of ignorance and due to circumstances. Moreover, addiction being a social problem, an individual cannot be isolated and blamed. Having realized that addiction causes damage to an individual, family, society, nations and the whole world, is it not our duty to plan strategies of intervention with a view to curb this social menace? As you read this unit you will

realize that unless there is a concerted effort to fight addiction, substance abuse is sure to grow into a grave problem.

3.3 THE INTERVENTION STAGES

We were, in the earlier section, discussing the need for intervention to curb substance abuse. There are many people who have not yet experimented with drugs, quite a few who have experimented and some who have become confirmed addicts. We cannot apply the same intervention strategy to all these people. But at the same time all these people are in need of intervention. The intervention should be with a view to prevent, control, treat and rehabilitate. In the sections below we will be discussing in detail the intervention strategies to be adopted for different stages and the role played by the organizations to achieve this. Any intervention activity done with the aim of preventing people from experimenting with substances is done with the youth and the general public as the target group. As you are aware, anyone is likely to be a substance abuser. When we get involved in demand and supply reduction activities we do it with the aim of controlling. When a person becomes a confirmed addict he needs the support of medical and psychiatric treatment and also counselling and guidance. But when one submits for treatment and gets help, he is in need of rehabilitation. He needs the support to make his life meaningful and requires the courage to face the challenges of life. So, as you go through this unit you will realize that only if we are geared to intervene at all these stages we can put up a concerted and effective fight against substance abuse.

Prevention

Do you remember the proverb we discussed in an earlier unit: 'Prevention is better than cure'. Once a person experiments with substances and starts taking them habitually or becomes an addict, it is very difficult to redeem the person. So the ideal stage of intervention is before the person has his first experimentation with substances. In order to have an ideal preventive strategy it is good to tell people about the evils of substance abuse even when they are very young. Do you know the saying "Catch them young"? We should reach young people even when they are in their early teens with messages against addiction. It must be noted that many young children, be it school going kids or street children, get introduced to drugs. In a country like India youngsters in schools and colleges very easily get exposed to drugs. (Refer to the section 5.4 'The Rationale Behind Demand Reduction' in Block 2.) While talking about demand reduction we said that the first step in our fight against substance abuse is keeping the youth away from substances. Do you remember what was said in 5.5 of the same unit? We affirmed that our youth should be taught the way to say 'No' to drugs.

Conducting awareness programmes is a prerequisite for any successful prevention work: For school or college students, seminars, symposia and such exercises will be very effective. Including lessons on addiction in the syllabi will also have its effect. But many Indian children don't go to school or college. They are child labourers working in hotels, shops, and factories or as construction labourers, assistants to mechanics, or

assisting in cottage or handicrafts industries. Many of them are street children, rag pickers and even beggars. How can we reach these young boys, most of whom are illiterate, through seminars? Maybe we can take the message through street drama or folk arts. It is here that our mass media can play a major role. Many of these boys will be going to films or watching television programmes on public television sets. We can have a detailed discussion on the prevention strategy when we discuss the role of the Government and the NGOs.

Control

There is a Chinese proverb, which says "First man takes a drink, Then the drink takes a drink, Then drink takes the man". What the proverb suggests is that once a man starts drinking, no force can have control on him. Hence the best policy is never to start drinking. Can a person who has started drinking keep his habit under control? In the West many who have realized that it is not possible to put an end to man's drinking habit have started talking of 'sensible drinking'. What they mean is, man may drink but it should be within limits. But one wonders whether any such control is possible and whether 'sensible' can be used as an adjective of drinking at all! Many ask the question as to how sensible 'sensible drinking' is. It is an exercise in futility if we try to spend our time teaching people how to have control over their drinking. What is a 'sensible' quantity to one may be totally insensible for another. There will be a lot of difficulty in having 'control' in this sense.

'Control' may be used in another sense also. Do you remember discussing the concept of keeping drugs away from our youth? As mentioned in an earlier unit, availability is the reason for many people taking substances. Having control over the availability or imposing restrictions on the supply of drugs may be of some relevance. When we use the term 'control' in this sense, the responsibility of the Government becomes great especially in a country like India. In our country, it is not possible to start a distillery or brewery without a licence from the government. The Government itself serves as the wholesaler in many states (e.g. Tamil Nadu). The Government auctions retail outlets and their functioning is subject to the conditions prescribed by the Government. The Government, if it wants, can introduce a licensing system. Of course this applies only to the legal drugs. But how can 'control' be applied when it comes to illegal drugs? Stringent laws that curb the illegal trafficking and illicit distilling alone can bring about an effective control on drugs. This can be discussed in detail when we talk about the responsibility of the Government.

Treatment

Alcoholism or addiction is variously understood as a bad habit, sin, or as a disease. A close look at an addict will reveal to us the fact that it is nothing but a disease. It is a progressive disease. It is a terminal disease. Why is it considered a disease? Just as a patient having a health problem, say heart disease or cancer is in need of medical treatment, an addict is also in need of treatment. Like any other disease addiction too can be medically managed. It is said that 'Once an addict, always an addict' because some of the physical and mental damages caused by addiction

are irreversible. Hence many consider addiction as a treatable disease and not as a curable disease. Anyhow it is evident that addiction is a problem that needs medical intervention. It is a disease that needs the service of physicians and psychiatrists. We are not discussing the treatment process in this unit as it comes under the scope of Block 3:1. All that we have to bear in mind is that just as we take a patient to a physician for treatment, if we take an addict (patient) to a doctor who is specially trained to handle an addict, that will be a good intervention strategy. But unless an addict (patient) wants to come out of his substance abuse and unless he is convinced of the effect of the treatment, the efforts others take may be totally in vain. Moreover, an addict should not be treated in isolation. A proper follow up, especially monitored by a trained counsellor, is necessary for making the treatment effective. This therapy should not be aimed at the addict patient alone but also at the members of the family. Family therapy is essential to make the family members cope with and accept the treated addict. In spite of all the attempts by the physician, psychiatrist, counsellor and the family members, the addict patient may drift back to his old habits or there may be occurrences of what we call relapse. So, very often treatment does not serve as an effective intervention. Many who spend their time in treating addicts get disappointed and dejected on account of this. But still, without equipping ourselves for intervention medically, any fight against addiction may not be effective.

Rehabilitation

Rehabilitation is also an important aspect of intervention. There are many substance abusers who want to kick their habit. But many questions come up in their mind preventing them from opting for treatment or quitting the habit on their own. One of the most pertinent questions is "Will society accept me once I stop substance abuse?". This is a genuine question as the addict will have feelings of guilt and shame which make him believe that the society around would never be able to forget all that he had done while being an addict. Another question he might ask is "What will I do once I quit my habit?". This is all the more true of a developing country like India where, due to the poverty in the society, an addict who has come out of his habits will find it very difficult to get a suitable living. Rehabilitation is the art of teaching the ex-substance abuser to cope with the demands of the society.

Rehabilitation is the art of making the society accept an ex addict.

Rehabilitation is the way shown to an ex-addict to start the life afresh.

Rehabilitation is the courage given to a former substance abuser in leading a life successfully without ever turning to the substance. Hence it is obligatory that we evolve the right rehabilitation strategy that suits the individual and the society. You would have by now understood that intervention at post-treatment stage is also very vital.

Check Your Progress I

i) What do you mean by rehabilitating an addict?

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3.4 ROLE OF INTERNATIONAL BODIES

As we said earlier, substance abuse is a global problem. It has invaded underdeveloped and developed countries alike. There is no difference except in intensity. International drug trafficking, with its links with smuggling, illegal arms trade and terrorism has created many problems for international relationships. The world knows about the assassinations, and subversive activities with which drug mafias and syndicates have links. Hence any war against addiction is likely to be lost unless waged globally. Many international organizations have given serious thought to this growing menace and vowed to fight it. These organizations have thought about interventions at various stages and have devised their own strategies that are as varied as advocacy, treatment, organizing ex-addicts, rehabilitation, regional co-operation for fighting drug trafficking, planning demand and supply reduction etc.

In this section, it is not possible to make an exhaustive study of all the international organizations involved in the fight against substance abuse. However, attempts are made to inform you of the concerns of WHO and some other international bodies. As you read this section you should realize that international organizations like UNO and WHO and regional organizations of nations like SAARC have started giving serious thought to this problem and work for supply and demand reduction. The world and world organizations also should earnestly work against substance abuse as it plays havoc in society. While many reel under poverty, a lot of money is wasted on substances. Mr. Derek Rutherford of Eurocare observes : "The global wealth of the alcohol industry could adequately feed, water, educate house and provide medical care for everyone in the world ten times over".

The United Nations Organization is aware of the growing drug menace globally and the harm it does to global peace. Since drug trafficking is in the midst of many international disturbances and as addiction stands on the way of development, substance abuse finds an important place in UN agenda. A few observations made in the World Drug Report of United Nation's International Drug Control Programme (UNDCP) will reveal to us the seriousness with which UN has looked into substance abuse. The World Drug Report presents a factual picture of global trends in illicit drug production, trafficking and use. The report contains useful definitions of terminology and a brief, but lucid explanation of the chemical make up of various drugs and their effects, both physical and psychological on the user. The report points out that the production of coca leaf has more than doubled and that of opium poppy more than tripled since 1985 according to statistics produced by the UNDCP. The report also says that the huge increase in the volume of raw material production has inevitably led to a dramatic increase in the worldwide land area under cultivation which had reached 280,000 hectares by 1996. This report is to be taken very seriously by India.

Do you remember our telling you in an earlier unit that India is transit point in international drug trafficking as it lies between the Golden Crescent and Golden Triangle countries. This report says that the vast majority (90 per cent) of illicit opiates is produced in the Golden

Triangle and Golden Crescent countries. The UN has also revealed to the world that there is an average of 16 per cent annual increase in the abuse of synthetic drugs since 1980. Besides making some startling revelations on the links between health and substance abuse, the report discusses in detail the links between crime and substance abuse. In its bid to curb illicit drug trafficking the UN in this report has said that it is harmful to the economy of any country including the producer-country: "The relatively small portion of profits from illegal drugs which are brought into the country can itself be distortional to the national economy". Since its establishment in 1946, the United Nations has exercised drug control functions and responsibilities. The report sees the role of the UN as one of developing and reconciling different trends in world drug policy: "The complexity and number of the legal agreements on drugs created the need for unification and simplification. Efforts in this direction, culminating in the three different drug control conventions, represent a continuing quest to reconcile the differing medical, scientific, political, social and economic interests of an increasing number of participating countries as the number of substances continues to proliferate".

Mr. Javier Perez de Cueller, the the Secretary General of UN in his address to the UN International conference on Drug Abuse and Illicit Trafficking held in Vienna in June 1987 observed: "In fact just as drug addicts lose their health and freedom, so many states are marred by corruption, and may even find their independence threatened.

International security itself is at stake, for drug trafficking is frequently tied to illegal arms deals, subversion and terrorism. In short we are confronted by an evil which is not only destroying the human being but also undermining the foundations of society through corruption and violence". The UN has since then worked for bringing together nations to fight drug trafficking and curb crimes associated with drugs. In 1988 the UN held convention against Illicit trafficking in Narcotic Drugs and Psychotropic enacted substances. The convention aim at facilitating law enforcement co-operation, extraditing criminals involved in drug-related crimes, and seizing and forfeiting assets deriving from drug profits.

The WHO has done tremendous and commendable work in the field of substance abuse. It has played a vital role in the international arena by creating public opinion against alcohol and drugs. It was in the year 1951 that WHO took up the alcohol question for the first time. It appointed an Expert Group with the task of certain investigative and informative activity assigned to it. In 1975 the Board of WHO and its General Assembly took up the alcohol question again. The Director General of the organization was instructed to highlight this field with the aid of statistics, so as to aim at the reduction of the consumption of alcohol. In 1977 the member states of WHO approved and adopted the target "Health for All by the Year 2000". In 1979 WHO decided on an action programme where among other things the following issues were taken up:

- A decrease in the consumption of alcohol especially among the youth and pregnant women
- Action to be taken against production and selling of alcohol

- Offer of medical care and rehabilitation to addicts
- Compilation of the statistics of consumption and alcohol related problems
- Improve co-operation among countries to tackle the issue of addiction.

In 1980 the World Health Organization's European Region worked out concrete goals and strategies where they recommended a significant reduction of consumption upto the year 1995 and a 25 per cent decrease upto the year 2000. In 1983 the WHO implored the countries to formulate a national alcohol policy with precautionary efforts. Today the WHO is putting up a relentless fight against substance abuse. The WHO is making attempts to handle the issue from different angles especially as it is concerned about the link substance abuse has with HIV and Hepatitis. It has brought out some publications too. The WHO is involved in this fight through Programme on Substance Abuse under their Division of Mental Health and Prevention of Substance Abuse. The world can hope that WHO will continue to play a very vital role and guide the world in its fight against substance abuse.

Any discussion on International organizations working against addiction will be incomplete without mentioning Alcoholics Anonymous, popularly known as AA. AA is a nonsectarian ally formed to help problem drinkers. It all started as a small fellowship in Akron, Ohio in 1935 under the initiative of Bill W. and Dr. Bobs, two persons with long histories of irresponsible drinking. Today the movement has about 5 lakh members spread in about 100 countries, "Alcoholic Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership.... AA is not affiliated with any sect, denomination, politics, organization or institution, does not wish to engage in any controversy, neither endorses nor opposes any causes ... (The members') primary purpose is to stay sober and help other alcoholics to achieve sobriety." AA continues to be a very effective fellowship with the programme of twelve suggested steps for recovery from alcoholism.

Drugs are playing havoc in the public and private lives of Europeans. So the European countries give serious thought to alcohol and drug problem and to the ways of curbing trafficking in drugs. In December 1995, forty six European Governments gathered in Paris and signed the European Charter on Alcohol. Realizing the growing menace of alcohol, initiatives were taken to establish an alliance of voluntary and non-governmental organizations within the European Union and Eurocare was formed.

Mention also must be made of the recent initiatives of SAARC. The member countries in the South Asian regions have vowed to fight the menace of trafficking in drugs.

The awakening of different international organizations to the evils of substance abuse and trafficking in substances can be seen as ray of hope. Substance abuses, being a global problem, one should not discriminate

between the developed and underdeveloped countries. Besides creating problems for individuals and societies, it does endanger world peace because of its links with anti-social activities including terrorism. Drug trafficking has become an international activity. Jonas Hartelius in his booklet *The World A Drug Scene* has said "A drug syndicate can operate over two or three continents creating problems for police and customs in many countries. Drugs may be produced in one country, refined in another, smuggled in a third, sold in a fourth and the profits laundered in the fifth. This has created enormous problems for law enforcement agencies. Concerted efforts to combat this international crime are made by the International Criminal Police Organization (ICPO, Interpol) and the Customs Co-operation Council (CCC)".

3.5 ROLE OF NATIONAL BODIES

In this section we will be discussing various national bodies that are involved in prevention, control, treatment and rehabilitation of the problem of abuse and addiction. By now you would have realized that fighting addiction is no easy job. Substance abuse and drug trafficking are not that easy to be eradicated. Many national bodies are involved in intervention and curbing demand and supply. After you read this section you will realize that a concerted and sincere effort is necessary if any meaningful work is to be done. To understand the role of national bodies it is necessary to have a look at the drug problem in India from different angles, the types of drugs available—gateway, legal and illegal, how legal drugs especially alcohol are manufactured and marketed, and how illegal drug trafficking and international drug trade are checked.

In India the use of nut based gateway drugs, popularly known as 'ghutkas' and tobacco based drugs known as 'thampaks' are becoming very common, especially among the young. There is no restriction whatsoever on the sale of these 'ghutkas' and 'thampaks' which are available in small attractive sachets. In the same way cigarettes are accessible to anyone. All that the Government wants is a mandatory warning 'Cigarette smoking is injurious to health' printed on every cigarette packet. It is obvious that there is no national body that wields any meaningful control over the sale of these gateway drugs. As a consequence, they are sold anywhere, even near schools and colleges, and still worse even in college and university canteens.

Though our Constitution says that "the State shall endeavour to bring about prohibition of the consumption, except for medicinal purposes, of intoxicating drinks and drugs which are injurious to health", alcohol is a legal drug in most of the States. In our federal set up, the Central Government does not have much say in lifting prohibition. It is an irony that in India it is the state government, which very often serves as the distributor of alcohol. The Government in many cases has its own distillery, godowns, wholesale depots and even retail outlets. Don't you think that it is a paradox that in a country which has Gandhiji who fought against addiction as the Father of the Nation, the Government is involved in liquor trade inspite of what is mentioned in the Constitution? Though there are some regulations controlling the retail outlets like sale timing, places where there shouldn't be any liquor shops, advertisements

etc. these regulations are respected more in their breach than observance. Very often the State government is a mute, helpless spectator when the distribution system does not respect the law.

It must be admitted that the Indian Government and the state governments are putting up a relentless fight against illegal drugs. We have a Customs Department, which is very vigilant in airports and seaports and tries its best to prevent international drug trafficking. Being a transit point for international drug trafficking, the Customs Department conscientiously works towards preventing smuggling in and smuggling out hardcore drugs. Our Excise Department, which is responsible for licensing liquor industry, is also vigilant in preventing illicit brewing or distilling. Very often we read of confiscation of spurious liquor. Many state governments have special action forces to tackle drug related issues. State governments also take very severe action against those who cultivate cannabis and poppy and the Police Department and Forest Department are involved in it. India has a very long international border and a very extensive seacoast. Hence international drug trafficking is not done through airports and seaports alone. Much of the international drug trafficking is done through our coasts, and Indo-Pak and Indo-Bangladesh borders. Many of our Government organs are involved in checking the trafficking. The services rendered by our Military, Border Security force, Navy and Coast Guard are commendable.

As far as treatment is concerned most of our Government hospitals do not have any facility for treating an addict or undertaking any follow up. Before the law of the nation an addict is treated on par with any other criminal thereby depriving him of the possibility of kicking of the habit. NIMHANS, Bangalore is doing excellent work in the field of treating, counselling and rehabilitating addicts. The India Government's Ministry of Health and Ministry of Youth Welfare are also doing some work but without any remarkable thrust or tangible result. It is a fact that several medical colleges and hospitals have de-addiction centres where several patients are receiving treatment.

3.6 ROLE OF NGOS

After reading the previous section, probably you would have formed the opinion that our Government is not doing what it should in its fight against substance abuse. It is not so. We have to understand that in a vast country like India with over 100 crore population and with poverty as the biggest problem, the Government cannot put up a fight against substance abuse alone. It is at this juncture that the role of Non-Governmental organizations, becomes vital. The main role of any NGO is to lend a helping hand to the Government in its fight against any social evil and in its endeavour to work for social upliftment. Certain important functions of NGOs in the fight against addiction are given below.

In the past the NOGs in India have done yeoman service in the implementation of family planning and in the eradication of illiteracy. In the same way the NGOs should realize the enormity of the problem of chemical dependence and should come forward to help the Government to fight addiction. Women's Organizations too have a vital role to play as

it is the woman in the male-dominated Indian society who becomes an easy victim of substance abuse in the society. Addiction becomes an additional cause for her exploitation and suffering. The NGOs can conduct awareness programmes even in remote villages. Many of the NGOs spread the message through street drama and folk arts. Mention must be made of Kerala Sastra Sahitya Parishad in this context. The NGOs can also spot the problem abusers, counsel them and direct them for treatment and help in rehabilitation. The private agencies and non-profitable or charitable organizations can run hospitals exclusively for treating addicts and this will be a good step in the fight against substance abuse. The services rendered by TTR foundation in Chennai is worth mentioning. It is also heartening to note that some hospitals have separate department to handle issues of substance abuse related cases. The services of St. John's Hospital, Bangalore in this regard are laudable. Do you know that Women's Organizations were responsible for creating awareness about drinking in Andhra Pradesh? When a woman is oppressed on account of man's addiction, women's organizations should come to the rescue of the woman and also to the society at large. In the Western countries many NGOs have their advocacy programmes, counselling and treatment centres, half-way homes, day care centres and rehabilitation centres. Instead of blaming substance abuse on the West, we have many lessons to learn from the NGOs in the West in our fight against substance abuse. Service Organizations like Rotary Club and Lions Club have their programmes on addiction. The Government, NGOs and Service Organizations together should put an efficient, effective and successful fight against substance abuse.

Don't you think it will be good to know about some of the NGOs, which have done some good work in the field of substance abuse. It is not possible to give an exhaustive list but it is only in the fitness of things that we mention representative list:

TRADA (Kottayam) Kerala.

CAIM Foundation (Bangalore) Karnataka

TT Ranganathan Clinical Research Foundation, (Chennai) Tamil Nadu

Shanti Seva Sadan, (Bangalore) Karnataka

Helping Hands, (Bangalore) Karnataka

Turning Point (Chennai) Tamil Nadu

Shakti (Pune) Maharashtra

Sahara House, New Delhi

Kripa Foundations (Bombay) Maharashtra

ADIC, (Thiruvananthapuram) Kerala

Check Your Progress II

- i) What are some of the issues taken up by World Organization with regard to prevention and control of substance abuse in 1979?

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3.7 LET US SUM UP

We discussed in this unit the need for intervention in substance abuse. Substance abuse is a global problem, it is a national problem, it is a social problem, it is a family problem and it is a problem of individuals. Hence it is essential that there should be intervention with a view to achieve demand and supply reduction. We also discussed the several stages in which effective intervention can be done. We can work for prevention, control, treatment, and rehabilitation. It being a global problem that affects international peace and tranquility and of humanity at large, we realize that international bodies have a very important task in curbing drug menace. We talked about the UNO, WHO and AA, the world scenario and the role of the international bodies, and our own country. This made us think of the alcohol industry in India and the role the Government plays as far as the supply of liquor is concerned. We also discussed the role played by several Government bodies - the Customs Department, Ministry of Health, Ministry of Welfare, Military, Navy, Border Security Force, Coast Guard etc. This made us realize that the NGOs in India have an inevitable role to play in the fight against substance abuse. We looked at some of the programmes that can be undertaken and also at some of the NGOs.

3.8 KEY WORDS

Crusade	: Fighting for a noble cause
NIMHANS	: National Institute of Mental Health and Neurological Science (Bangalore)
Rag Picker	: One who collects tins, bottles, metal pieces etc. from wastes and garbage
SAARC	: South Asian Association for Regional Co-operation
UNO	: The United Nations Organization
WHO	: World Health Organization

3.9 MODEL ANSWERS

Check Your Progress I

1. What do you mean by rehabilitating an addict?

Rehabilitation is the art of making the society accept an addict. Rehabilitation is the way shown to an ex-addict to start the life afresh. It is the process of giving courage to a former substance abuser in leading a life successfully without ever returning to the substance.

Check Your Progress II

1. What are some of the issues taken up by World Health Organization in 1979 with regard to prevention and control of substance abuse?

Some of the issues taken up by WHO in 1979 with regard to prevention and control of substance abuse include:

- A decrease in the consumption of alcohol especially among the youth and pregnant women,
- Action to be taken against production and selling of alcohol,
- Offer of medical care and rehabilitation of addict,
- Compilation of statistics of consumption and alcohol related problems,
- Improve cooperation among countries to tackle the issue of addiction.

3.10 FURTHER READINGS

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UNIT 4 DEVELOPING SKILLS AND COMPETENCIES FOR INTERVENTION STRATEGIES

Contents

- 4.0 Aims and Objectives
- 4.1 Introduction
- 4.2 What is Intervention?
- 4.3 Role of Counselling
- 4.4 Motivational Skills
- 4.5 The A.B.C. Method of Crisis Counselling
- 4.6 Let Us Sum Up
- 4.7 Key Words
- 4.8 Model Answers
- 4.9 Further Readings

4.0 AIMS AND OBJECTIVES

Addiction is treatable. Addiction is a compulsive obsessive disorder. The addict will not seek treatment unless motivated, or even forced. This unit is to familiarize you with the process of motivating the addict for treatment. One mode to motivate the addict is through intervention counselling. When you complete this unit you will be able to:

- Discuss a good knowledge about intervention counselling.
- Distinguish between other forms of counselling and intervention counselling.
- Practise the motivation skills in counselling.
- Present basic knowledge of crisis intervention.

4.1 INTRODUCTION

We all know that usually sick people want get treatment. Though an addict wants to get rid of his habit, he will not accept treatment. This is because he is afraid of the pain of the withdrawal syndrome, as well as due to the fact that addiction solves his problems. Only few people accept treatment without force from other people.

From experience we have learned that people can be motivated to take treatment before addiction progresses to the last stage. This process is called 'intervention'. Intervention is a specialized approach. It calls for knowledge and skills. This lesson will provide you with sufficient information and give you suggestions as to how to acquire the necessary skills. Skills of course are to be practised.

A brief unit like this cannot discuss all the types of counselling skills. Moreover, you have already been introduced to the art of counselling in the previous blocks. This unit will focus on the use and effectiveness of using these skills to motivate the addict to accept treatment before the addiction deteriorates further. For more details on counselling, its techniques etc. you may read the course on Communication and Counselling (block 2 and block 3).

4.2 WHAT IS INTERVENTION?

Intervention is a process by which the harmful, progressive and destructive effects of drug dependency are interrupted and the person receives some kind constructive help, to terminate her/his use of drugs. Intervention implies that a person need not hit rock bottom before such help can be implemented. Intervention is a method by which the reality of his illness can be presented in an acceptable way to the person who suffers. It means getting together and discussing in a loving and caring way the concerns of one's family about the person's harmful use of drug or alcohol.

If not treated, addiction leads to death. Addiction is allowed to progress to the final stage of death due to several reasons:

- i) Ignorance
- ii) Refusal of the client to accept treatment
- iii) Lack of skill

Many are not aware that addiction is a disease like any other disease and it can be treated. There is also the notion that if treated an addict should be permanently freed of addiction. Addiction is a treatable disease, but not a curable disease. As many of the treated addicts relapse, others refuse treatment, or are discouraged from getting treated. This leads addiction to grow and reach the final stage of disability or death. It is possible to stop the progress of addiction, if ignorance about the nature of addiction is removed.

In a very few cases an addict may seek help when he hits the rock bottom. It is an expression which means that the addict has no where to go but to take treatment. It is similar to a drowning person who hits the bottom of the well and comes to the surface before he goes down again. Such cases are rare. Most of the addicts die of addiction before they accept treatment willingly. The addict refuses treatment for various reasons. As we have noted in the previous lessons, for the addict, addiction is not a problem but the solution to his problem. He will continue to blame his addiction on someone or something. To the addict the reality of addiction is frightening. When the addict accepts the consequences of addiction, he will accept treatment.

Motivating is a skilled job. Addicts are often forced, and not motivated. When the use of force is needed to motivate, it has to be used skillfully. The family members and others who are concerned about the addicts should acquire certain basic skills before they can take care of the addict.

Check Your Progress I

1. What do you understand by intervention?

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4.3 ROLE OF COUNSELLING

Counselling has many purposes. It is a tool for effecting changes in humans. The goal of treatment of addiction is to effect changes in the lifestyle of the addict. Therefore, the main role of counselling in substance abuse is to give the addict insight into his problem of addiction. Sigmund Freud, the father of the Psychoanalytic School of Psychology said 'insight is cure'. An addict has an unrealistic worldview. Changing the perception of the addict about his own life and its problems will enable him to see it from a more realistic angle.

This new insight is given to the addict through information, communication, restructuring of life styles, recapturing his own identity and enabling integration. Addiction has devastating effect on the self-image, interpersonal relationships and moral and religious principles and practices. Terrible fear, helplessness and fatalism overcome the addict. This continues to inflict severe psychic pain on him.

All his effort will be to escape this psychic pain. Addiction from its very beginning is a choice and decision. The primary motivations are to feel normal and get immediate relief of pain and feel euphoric. Unfortunately, this addiction progresses through increased reinforcement leading to isolation and alienation. So to rekindle life in the addict, confrontation is needed rather than other forms of therapy. Confrontation is a method of evaluating human behaviour in the context of interpersonal interactions.

Principles in Addiction Counselling

Irrespective of training, all have some abilities to counsel. Addiction is a very complex phenomenon. Therefore to counsel an addict certain basic principles should be followed strictly:

1. Understanding the chemically dependent person. The chemically dependent person is different from others because s/he suffers from a compulsive obsessive disorder. A clear understanding of chemical dependency, its symptoms, and implications are essential for helping a dependent person.
2. Chemical dependency is a family disease. Effective treatment of chemical dependency is possible only by involving all the members of the family of the addict. The chemical dependency of the addict has usually negatively influenced the family members and their living patterns.
3. Remember that the main problem of the addict is **the chemical**. The addict will project the real problem as smoking rather than abuse of the chemical. The person should be directly confronted with the

problem of his dependence on the chemical. The counsellor should feel comfortable and confident to talk to the person about his drug use.

4. Having empathy and compassion for the drug dependant person. Terms like drunk or even addict should be avoided, if the person is not familiar with them. A drug dependant person does not go by logic in his actions. He is guided by emotion, which in turn is motivated by the need to avoid pain. So logic and arguments do not appeal to the dependent person.
5. The values and the perception of the dependent person is different from the others. The counsellor should be able to understand and accept this as part of the disease of addiction. These may be strange or unreal as far as the counsellor is concerned. Yet that is how the dependent person views life. To change the view of the dependent person it is essential that the counsellor understand how the client feels.
6. Understand and accept that relapse is a part the recovery process. Addiction is not a curable disease. The consellor needs to support unconditionally the addict in his recovery, which means that he should be supported also at his relapse.
7. Establish short-term goals for recovery.

What the Counsellor Should Do?

1. Gather all possible information related to the extent and consequences of chemical dependency. Collect all relevant information related to the social circumstances such as occupation, family, finances of the addict, etc. Explain to the client and to the family members or relatives the role of the chemical in the life of the client and how it affects the life of the client. The assessment of the counsellor should be shared with the other members of the addict's family.
2. Discuss with the addict the meaning of chemical dependency as a disease. Help him to understand and handle denial, and make realistic plans, motivating him to maintain sobriety.
3. Help the addict to resolve interpersonal and intra-personal problems, in accordance with the assessment initially made.
4. Help the addict to make sobriety plans. They include the short term as well as long term sobriety plans. Short-term plans are meant for handling the immediate environment that influences his maintenance of sobriety and to formulate steps for relapse prevention. Long term goals will be to help the client make efforts to attain a change in his life style, personality, characteristics and values and plan aftercare measures and long term follow up.

Check Your Progress II

1. Explain any three important points of intervention counselling.
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4.4 MOTIVATIONAL SKILLS

The purpose of counselling is to enable the client to change and cope more effectively with life. Motivation is one of the key elements in counselling. In fact, it is the first phase of any therapeutic treatment. Motivation can be defined as the desire to change one's own dysfunctional behaviour. In the context of counselling the addict, it will include the following:

- Giving up drugs
- Desire to make changes in one's life style
- Realization that it is essential to take an active part in the treatment programme, and
- Willingness to make adjustments in order to recover.

How to know if the addict is motivated?

If the addict is motivated:

- He will accept that there is a problem with the chemicals
- He will ask for help to handle the problem
- He would come for treatment willingly
- He will cooperate with the treatment programme by following the regulations of the treatment centre; and
- He will have a desire to get better for his own sake.

The addict does not usually come in for treatment for addiction. His main concern could be:

- Health
- Financial problems
- Problems at work place
- Police/legal issues, and
- Divorce threat etc.

The counsellor can effectively use these issues as a starting point. At this stage he may not be able to face the problem of addiction squarely. The counsellor's concern would be to highlight the issue the client sees and use it as a tool to focus on the problem of addiction.

Strengthening the motivable area is another tool at the disposal of the counsellor.

Every individual will have some persons who have great influence in his/her life. This may be due to affection towards them, or due to some other relationship. The counsellor should identify such persons and use their influence to motivate the client. Building up positive relationship with the client by acceptance, non-judgmental and empathetic attitude is of utmost importance in motivating the client for treatment and recovery. The person of the client is important in counselling. Some of the tested methods to enhance the motivation of the client follow.

Verbalization and Feedback

The counsellor can repeat to the client his own experience of the damages caused by addiction. When the client hears what had happened to him from another person, it will have a deeper influence in his life.

Group Therapy

The experience of other recovering addicts who have kept off from chemicals can be effectively used to reinforce motivation. It will give him the assurance that it is possible to stay sober, and assure him he is not alone in his struggle. This is best done in a group session where these persons are given the opportunity to share that experiences.

Crisis Counselling

Crisis involves a threat and an opportunity. Crisis is also a turning point. Crisis intervention is *a short term counselling aimed at reducing the impact of the crisis situation that the individual faces and helping the individual to take the necessary steps in making the best use of the crisis.*

In this kind of counselling the counsellor has a supportive role. The main goal of this counselling is to help the client to identify the unhealthy coping mechanisms and replace them with more healthy ones.

Giving proper insight, helping the person to make use of all his physical, psychological and spiritual potentials are important aspects of crisis counselling. The individual in a crisis condition is often out of touch with reality. His thinking is unrealistic and irrational. The concern of the crisis intervention counsellor is to help the client to overcome his irrational thinking and accept reality and its consequences.

Crisis is a turning point. A person in crisis is like a stranger at a junction, unable to make a decision as to which way he should turn. The counsellor can effectively support him to see where he wants to go and how he can go there.

Substance Abuse as a Crisis

In the initial stages of substance abuse, the dependent and the family members deny the problem. After some time the crisis begins to develop. Usually a close family member will be the one to admit the nature of the crisis. It is often this person who will seek assistance on behalf of the addict.

The counsellor should be aware that before the present crisis situation developed, the addict would have faced other crisis situations in his life. The addict managed to postpone the full impact of the previous crisis due to his own psychological makeup and took to abuse of chemical as a coping mechanism.

A crisis can develop from either inside the person or from outside. A crisis is a normal aspect of human life. Crisis builds up stress. Emotionally healthy persons have the ability to handle crisis situations reasonably well. Persons with addictive traits in them often lack these coping mechanisms and skills.

Crisis builds up stress in the person. Stress is good and is needed for the individual to grow to his full potential. Stress is a process that enables the body to resist the stress or, in the best possible way, by enhancing the functioning of the organ system to be able to respond to it. The stress that helps the person to grow is *Eustress* and the stress that damages the personal growth or an over load of stress is called *Distress*. This is a case where the stress increases and performance decreases.

In human beings there are certain healthy coping mechanisms known as defence mechanisms to cope with stress situation. If healthy coping mechanisms are not learnt, the person may try to avoid the problem by some other means. Addiction is one such unhealthy coping mechanisms. When stress reaches a point where even this means is not effective, he exhibits other mentally disturbed states. To change this style of functioning, a person has to be helped by someone one from outside. To diffuse a crisis situation four factors are needed:

- i) The exact perception of reality by the person in crisis;
- ii) Adequate network of people;
- iii) Adequate time to perceive the situation; and
- iv) Learning sufficient healthy coping mechanisms.

4.5 THE A.B.C METHOD OF CRISIS COUNSELLING

All crisis counselling has the same goal. It is to help the persons in crisis to regain their previous level of functioning. When the client attains this level of functioning the person is further helped to grow to higher level of functioning. Before beginning the helping process, the counsellor has to find out whether there is a real crisis situation. This can be done in the following way. The counsellor should ask:

- i) Is there some thing that troubles the client recently that affect his feeling or behaviour?
- ii) Is this feeling or behaviour becoming progressively worse?
- iii) Can the time of the onset be linked to some external event?

If the answers are positive, there is a crisis. The ABC model of crisis counselling is designed by Waren. L. Jones.

A,B and C stand for:

A: Achieve contact with the person

B: Boil down the problems to the essentials

C: Cope actively with the problem

Achieving contact: The consellor establishes rapport and maintains contact with the person in crisis by making use of the basic counseling skills like attending and empathy. The client in crisis needs unconditional acceptance and support from the helper. The person in crisis should be given ample opportunities to speak out his problems and express his feelings freely.

Boiling down the problems to the essentials: The counsellor helps the person in crisis by responding to the verbal and non-verbal clues from the client. The goal of responding is to get the client to focus on the problem confronting the client. Focussing is done through *identification and clarification*. This is done by leading the client to focus his attention and energies on :

- a) the precipitating factor,
- b) the threat to the social role of the client,
- c) the individual's coping methods, and
- d) the new factors which might prevent the person from coping.

Coping actively with the problem: As we mentioned earlier, the goal of crisis counselling is to strengthen the coping skills of the client. This is done by evaluating the crisis situation and mobilizing the resources available to cope with the situation. There are five steps to this process.

1. Establishing of goals. It is important to begin with short-term achievable goals, which help the client to see that he is capable of altering the crisis situation. Once the short-term goals are achieved, he can be helped to move on to long term goals.
2. Identifying resources. This is done by taking stock of the internal and external resources available to the client to deal with the crisis.
3. Formulating alternatives. A crisis situation develops for the person when he finds no alternative mode of dealing except the one available to him right now. Alternatives are found by brain storming, as well looking at both the negative and positive alternatives.
4. Implementation of alternatives. Helping the client try out alternatives which are not familiar to the client. At this stage the client may develop resistance to the new alternatives, because they are not familiar to him.
5. Review and redefine. Periodic review of the goals and the implementation is essential for better implementation. When certain methods are not effective, they need to be modified for more effective functioning.

Techniques in Crisis Counselling

Benjamin Rush developed some useful methods of helping crisis counselling. These are:

1. The counsellor taking up the role of the 'parent figure' to gratify the dependency level of the client. Although crisis is not necessarily a psychological problem, it occurs to persons who are unable to cope with their environment. Most of them are more dependent in nature. So when a crisis develops, they will look for some parent figures to resolve their problem. The counsellor can use this as a stepping stone to help the client to build up the client's coping skills.
2. The emotional catharsis is allowed in an understanding relationship. The counsellor becomes an agent in the identification and expression of the emotional block the client is experiencing.

3. Objective review of a stress situation in an atmosphere of supportive relationship. Due to the crisis situation the client is unable to perceive the situation objectively. The counsellor can effectively help the client to view the situation objectively.
4. Building up self-esteem by strengthening the personality of the client. Persons with low self-esteem are likely to develop crisis situation more often. Helping to build up a strong personality is a means of helping the client to deal with the crisis more successfully.
5. Changing the environment and life situation of the client. Some of the crises are the result of the environment. The client may sometimes feel helpless in the present environment. The counsellor can help the client to make appropriate modification in the environment.
6. Action therapy. Some crises make the individual emotionally immobile. Leading the client to some kind of positive action can instill in the client the belief that change is possible.
7. Using religious resources. Humans are religious by nature. Almost all humans have faith in some power greater than they are. The counsellor can build on the positive side of the religious life of the client to resolve his crisis by encouraging proper religious activities.

Follow up for a short periods of time. If the client is left to himself, he may find himself going no where. The counsellor must make a definite follow up programme to evaluate and review the progress of the action plan formulated by the client with the help of the counsellor.

Check Your Progress III

1. Briefly explain crisis counselling

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4.6 LET US SUM UP

Intervention is a process by which the harmful, progressive and destructive patterns of behaviour can be interrupted and a person is helped to achieve a healthy behaviour pattern before the effect of his present behavioral pattern totally destroys him. The addict does not ask for help. Therefore, someone from the family is motivated first. The counsellor has to identify the motivatable area.

Crisis counselling is an effective tool of intervention. Crisis counseling is a short term counseling meant for reducing a crisis situation and helping the person to overcome the crisis. Establishing a helpful relationship with the person in crisis, by helping the person to boil the problem down to its essentials and helping the person to cope actively with the problem, reduces the problem.

4.7 KEY WORDS

Compulsive obsessive disorder	: A persisting state mind where an unwanted idea unconsciously influences the thoughts and actions of the individual
Confrontation	: A technique used in psychological counselling where the counsellor gets the client to come face to face with reality
Interpersonal	: Between the individual and other persons
Intrapersonal	: Within the person
Psycho Analytical School	: A school of psychology founded by Sigmund Freud
Reinforcement	: Strengthening of behaviour or attitude
Relapse	: Fall back into, go back to the habit of drug abuse

4.8 MODEL ANSWERS

Check Your Progress I

1. What do you understand by intervention?

Intervention is a process by which the harmful progressive and destructive affects of substance abuse are interrupted and the person receives some kind of constructive help. Addicts agree for treatment only at the very last stage. It is possible to make the addict to accept the problem and agree to take treatment before the disease enters the terminal stage.

Check Your Progress II

1. Explain any three important points of intervention counseling.

The three important points in intervention counseling are:

- The chemically dependent person is different from other persons. He suffers from obsessive-compulsive diseases. His perception of reality is different from others. The counsellor should understand the person clearly.
- Addiction is a family disease. The addict's family also needs proper understanding and treatment.
- The real problem of the addict is the chemical. The client might present them differently. Intervention counselling is to get the addict to accept that his real problem is the chemical.

Check Your Progress III

1. Briefly explain crisis counselling:

Crisis counselling is short-term counselling. Its aim is to reduce the impact of the crisis situation in the life of the individual in crisis and help the person to overcome the crisis successfully. This is done through helping the person to see the problem more clearly, finding out the resources within the person to cope with the problem and enhance them and support the individual in the struggle to develop this new style of living.

4.9 FURTHER READINGS

Howard Clinebell (1982). *Understanding and Counselling the Alcoholic*. Abington Press, Nashville, Tennessee,

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