
UNIT 15 DRUG ADDICTION AND ALCOHOLISM

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15.0 OBJECTIVES

Through this unit, the learner should be able to:

- Give an overview of the global situation of drug and alcohol abuse and addiction;
- Describe what are drugs and how the process of addiction occurs;
- Explain the causes of addiction;

- Discuss the relationship between drugs and crime; and
- Describe the broad rehabilitation programme and the importance of prevention of alcohol and drug abuse.

15.1 INTRODUCTION

In the previous unit we dealt with crime and delinquency. In this unit we deal with drug addiction and alcoholism. Drug addiction and alcoholism are also deviant activities. We begin the unit by defining some important concepts like drug use and abuse, addiction, tolerance and dependence. We then deal with some important facts about alcohol, and narcotic drugs. The process of addiction is described both for alcohol and for drugs. Next, the causes of addiction are explored. Also the connection between drugs, crime and politics is discussed. Finally we deal with treatment, rehabilitation and prevention of drugs and alcohol abuse.

Addiction to drugs and alcohol is today a worldwide crisis. Both supply and demand for natural and laboratory-produced drugs is on the increase. Many new countries are being affected and the number of addicts is increasing. National productivity has suffered as a result. Most countries are now beginning to take serious note of the problem and are taking steps to reduce this problem. This unit presents the problem of drug addiction and alcoholism from the point of view of:

- i) the extent of the problem
- ii) the nature of drugs and alcohol
- iii) the causes of addiction
- iv) the rehabilitation programmes
- v) the relationship between drugs and crime.

15.2 EMERGING PHENOMENON

If data on the world situation is examined, it is seen that alcohol, opium and cannabis are the main drugs abused (described in detail later). Men, more than women are their addicts. Over the last few years, addiction to heroin in particular (described later) is rising rapidly. Taking drugs by injection exposes the individual to a high risk of developing other diseases and health problems like AIDS (Acquire Immune Deficiency Syndrome) as well as of death due to some of these problems and due to taking an over-dose.

Earlier, addiction was restricted to only some groups but today there is a wide range of users. In fact, using many drugs simultaneously, e.g. combining narcotic drugs with alcohol, is increasingly practiced. Experimenting with drugs including alcohol is beginning at an earlier age than before. In India, the problem is steadily increasing, both among urban and rural populations, due to

- i) the growing prosperity
- ii) the stresses of modern life
- iii) high economic and social disparity
- iv) an increasing sense of dissatisfaction with one's life.

If we look at drug and alcohol production we find that in almost all countries, drug and alcohol production has risen in spite governmental control. To fight the problem, (i) governments have begun strict vigilance, (ii) have often ordered destruction of poppy fields and laboratories, (iii) passed harsh laws against trafficking (i.e. dealing in drugs for financial profit), and (vi) have offered international co-operation on all matters related to drug use.

Governments are also encouraging preventive education programmes. Public awareness programmes are being taken up by governmental and non-governmental agencies for prevention of addiction. Such strong efforts, however, are not noticed in the case of alcohol which is a more socially accepted drug and has become a part of the daily life of people. Other than high taxes, in most countries, no curbs are placed on its production, sale and use. Alcohol continues to be a major income-earner for many countries. Alcoholism affects a larger section of society than drug addiction and affects all socio-economic sections. Today there is a strong demand to view alcoholism as a serious social problem along with drug addition.

It is important to understand why addiction is viewed as a phenomenon that alienates and deprives. Alcohol is today almost a part of life in many societies. Legalisation of some drugs is being seriously considered in some nations. Then how can addiction be seen as alienating and depriving? This is because of the havoc caused by the substance to which one is addicted. An addict is one

- i) who cannot function physically and psychologically without drugs or alcohol,
- ii) who takes alcohol/drugs beyond the socially or culturally accepted level and at times even on an inappropriate place and time,
- iii) who faces harmful consequences on his/her personal, family, work and social life.

Strangely this phenomenon only affects some persons who consume alcohol and drugs and not all. It is viewed as a deviation in most countries. It is necessary to understand why alcoholism and drug addiction occur. But first, let us understand the substance itself, viz. alcohol and other drugs.

15.3 DEFINITION OF IMPORTANT CONCEPTS

In the following subsections we are going to discuss the definitions of some of the important concepts like drug use and abuse, addiction, tolerance, dependence and so on.

15.3.1 What is Drug?

Any substance (usually chemical) which influences our bodies or emotions when consumed may be called a drug, i.e. it is a chemical substance, that, when put into your body can change the way the body works and the mind thinks. These substances may be medicinal i.e. prescribed by a doctor for reducing minor ailments or problems, e.g. lack of sleep, headache, tension, etc. but are also

- i) used without medical advice,

- ii) used for an excessively long period of time,
- iii) used for reason other than medical ones.

The use of such drugs is usually legal.

Some drugs may be nonmedicinal in nature. Their use is illegal e.g. heroin. Another group of drugs are those that are legal, but are harmful for the person if consumed in excess, regularly, e.g. alcohol. There are other substances like cigarettes, coffee, tea etc. which can be termed as socially accepted legal drugs. But these are not seen as harmful. Some drugs like alcohol, brown sugar, etc. are dangerous and addictive. It is these drugs that will be discussed in the next subsection.

15.3.2 Drug Use and Abuse

Using drugs to cure or prevent an illness or improve one's health may be called drug 'use'. Using drugs (medicinal/non-medicinal) in quantity, strength, frequency or manner that damages the physical or mental functioning of an individual, is termed as drug abuse. This means that even taking medicines in excess or too often or too long or for the wrong reasons or in the wrong combination implies drug 'abuse'.

15.3.3 Addiction, Tolerance and Dependence

Such 'abuse' leads to addiction, i.e. inability to lead a regular life in the absence of the drug/alcohol. It causes tolerance and dependence, and withdrawal symptoms may occur in its absence. Explained simply, tolerance means the need for more quantity and more frequent use of the drug to produce the same effect as before. Dependence can be both physical and psychological. Physical means that the body cannot function without taking the drug. Psychological dependence means constantly thinking about the drug and its use, continuously trying to get it and being emotionally and mentally unable to lead one's regular life without it. Some drugs like cannabis produce only psychological dependence while others like opium and heroin, produce both physical and psychological dependence.

If the drug consumption is suddenly stopped after one became a dependent on it, withdrawal symptoms occur. These range from mild discomfort to severe vomiting and convulsions, depending on the drug being used. All drug addicts may not experience the severe withdrawal symptoms shown in TV serials and films. The severity of these symptoms varies with.

- i) The type of drug
- ii) The amount regularly consumed
- iii) The duration of taking the drug and the treatment provided in special medical units, where such withdrawal is usually managed.

Helping the person through 'withdrawal' from drugs (usually medically supervised) so that the person's body gradually gets released from the clutches of the addiction, is known as detoxification.

It is important to note that withdrawal symptoms make it, specially difficult to give up drugs as they are very unpleasant. The user is thus afraid to quit drugs, even if he/she knows the harmful effects of drugs on his/here life.

Activity 1

If possible watch a TV Serial or movie in which drug withdrawal symptoms are shown. Discuss them with other students in the Study Centre.

15.4 FACTS ABOUT ALCOHOL

There are many types of alcohol. Only one can be consumed, viz. ethyl alcohol (which is used in beer, wine, toddy, whisky, brandy, rum, arrack or locally prepared liquor). When alcohol enters the blood-stream, it circulates all over the body. Its effects depend on the quantity taken. They vary depending on the speed at which a person drinks. His/her weight and the presence of food in the stomach also make a difference. The percentage of alcohol in the drink and to some extent, some psychological factors like who one is drinking with are also important. Past experience of drinking and attitude to drinking is another pair of important variables. Alcohol affects the brain directly slowing down its activities as well as those of the spinal cord. It acts as a depressant, i.e. it slows down responses. It gives the false impression of being a stimulant because it lowers inhibition and makes people lively. Contrary to popular conceptions, alcohol contains only empty calories, without any nutritive value.

Alcohol leads to dependence in the case of several people. This causes serious difficulties in occupational and family life. It also causes problems in financial areas, social interaction and physical and mental health of the addict and his/her family.

The short-term effects of alcohol consumption in small quantity can lead to a lowering of inhibition. It also leads to increased anger, forgetting of unpleasant events and a feeling of relaxation. Regular, frequent, excessive and inappropriate use of alcohol leads to moodiness and loss of judgment. It leads to lack of control over body movements, and absence of alertness. It also creates loss of clarity of speech, absence of judgment and even chronic illness and death.

15.5 FACTS ABOUT NARCOTIC DRUGS

A drug is a substance that affects feelings, thinking or behaviour, initially due to chemical reactions in the brain. Alcohol is also a drug in that sense. Drugs are consumed by eating, smoking, inhaling, sniffing, drinking or by injections. Excluding alcohol, drugs can be classified as follows:

- i) Stimulants—Drugs that increase the activity of the brain.
- ii) Depressants—Drugs that slow down the activity of the brain.
- iii) Hallucinogens—Drugs that change the way we see, hear and feel.
- iv) Cannabis—Drugs like Ganja, Hashish and Bhang produced from the hemp plant.
- v) Opiates or drugs obtained from opium or artificially produced substitutes which have opium like effects.

15.5.1 Stimulants

Stimulants are popularly known as ‘uppers’, pep pills or ‘speed’ as they give a feeling of excitement and elation. Amphetamines are the most common ones in this category. They are used often by students and sportsmen to increase

alertness temporarily and give instant extra energy to study, or participate in sport for long periods. The body can consume and tolerate large amount of its intake. Stimulants are usually swallowed. Cocaine is the most dangerous stimulant. Prepared from the coca plant in South America, Cocaine is snorted, i.e. inhaled through the nose. ‘Crack’ is another form of cocaine and heroin that is becoming increasingly popular in the West. Though cocaine is physically not addicting, it is highly additive psychologically. Some of its effects include anxiety, depression and fainting. Long-term effects include weight loss, feeling of being persecuted, loss of sleep and restlessness.

15.5.2 Depressants

Depressants are popularly known as ‘downers’. Tranquilizers and sedatives fall in this category as they make us relaxed and calm. Usually they come in the form of tablets like Mandrax, Valium and Librium. Alcohol, which also falls in this category is dangerously combined with tablets; this combination can lead to death. Another type of depressant pill contains chemical called barbiturates which are often found in sleeping pills. These are stronger than tranquilisers and produce dependence. An over-dose to these can lead to death while sudden withdrawal of the drug can be dangerous, if unsupervised medically.

15.5.3 Hallucinogens

These drugs are often all “psychedelic drugs”. They cause one to see and hear things in a highly detailed but different way. The type of company has a great deal of influence on the effects experienced. Intense emotions can be experienced, sensations can be heightened, and lack of awareness of time, place and identity can occur. LSD (Lysergic Aids Diethylamide) or ‘Aid’ is the best known of these drugs, the effect of which (called ‘trip’) can last for several days. A tiny amount of it is adequate to give a feeling of being ‘high’. Mixed with ‘speed’, it can result in a ‘bad trip’. Also, taken without proper guidance from others, it has been known to lead even to death. In India, ‘datura’ a plant, is known to have even a stronger effect than LSD, sometimes leading to mental instability. Datura can be smoked as dried leaves, eaten or drunk as an extract of the stems, roots and seeds.

15.5.4 Cannabis

Ganja, hashish (charas), and bhang are all known as cannabis drugs as they are produced from different parts of the hemp or cannabis plant. These drugs are the most widely used in the world. Ganja (known also as grass, pot, joint, weed, marijuana, reefer and dope, etc.) is smoked with cigarettes while charas is prepared in black ‘golis’ and is put into cigarettes for smoking or eaten with food. Bhang is usually smoked or drunk and even eaten in a paste form.

The immediate effects of smoking cannabis are a sense of relaxation, and a tendency to feel and see more sharply. It increases the current emotion and lowers inhibition. More strikingly it may hang one’s sense of time and movement. It may damage one’s ability to perform tasks that require concentration, quick action and coordination. It may produce psychological dependence. Its major danger, however, is that its consumption leads to taking of stronger or ‘hard’ drugs, after some time.

15.5.5 Opiates

There are three major types of opiate, viz. opium itself, heroin and morphine, all of which come from the poppy plant. Opiates can be natural or produced in the laboratory. Opium itself is commonly taken by villagers in India and does not always cause social problems, if rarely consumed. However, for many, it becomes an addiction, leading to mental and physical dependence.

Morphine which is used as a pain-killer is highly addictive. Heroin, however, is the most devastating laboratory product of morphine, and the most commonly used. Heroin is several times stronger than morphine, both in its effect and in the addiction that is caused. Pure heroin is expensive. Therefore, its unrefined form viz. ‘brown sugar’, ‘smack’ or ‘gard’ had become very popular. Its initial price is cheap, making it easily available to the poor. It can be injected or smoked, but is usually “chased”. i.e. it is placed on a spoon or silver foil and the smoke that comes out when the foils is heated from below, is taken in through the mouth. A highly addicting drug—both physically and psychologically—it is the most abused drug in India these days.

In addition to the above, there are other artificially produced opiates known as ‘methadone’ and ‘pethidine’, the former being used in the West to replace the more addictive substance i.e. heroin for addicts.

Box 15.01

Four thousand urban students on Saugar University Campus (M.P.) were studied through the network sampling technique. They shared a common liking for psychoactive drugs. Two typologies were developed. The first was ‘Dependence typology’ based on the frequency of drug use. The other was “Persistence typology” based on duration of use.

It was found that most drug users came from urban areas with an average age of 23.72 years. Most of them were Hindus. A vast majority came from service, agriculture and business backgrounds. Economically they were well off. Four-fifths of them were ‘senior’ students pursuing graduate or doctoral programmes. About forty per cent were in the Faculty of Technology. The rest were studying non-professional Courses. Alcohol and tobacco were found to be the most widely used substances although cannabis and several other drugs were also used. The students were multiple drug users. Alcohol and tobacco users amounted to 46.7% of the sample. While 67.7% of the respondents were casual users, a little less than one third were habitual users.

Infection from non-sterile or unclean needles or water, and improper injecting causes several other health problems among the opiate-addict. Additionally, malnutrition and self neglect are typical of the opiate abuser.

Check Your Progress 1

- i) What is drug abuse? How does it differ from addiction? Answer in 8 lines.

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ii) What are the different types of drugs? Answer in 8-9 lines.

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15.6 THE PROCESS OF ADDICTION

It is generally recognised today that addiction is a disease and not simply a sign of moral weakness or of a lack of will power. In this section, the process of addiction to alcohol and drugs are examined separately, though the general path is similar.

15.6.1 Addiction to Alcohol

Alcoholism has been described as chronic illness which is characterised by repeated drinking of alcoholic drinks, to the extent that it

- i) exceeds customary use and social standards of a community.
- ii) interferes with the drinker’s health and social or economic functioning and leads to continuing problems.

An alcoholic is unable to take note of these problems or if he/she takes note, is not able to stop drinking completely.

Alcoholism has been described in the following way:

- i) It is a disease by itself and not just a symptom of a psychological problem. The disease itself causes psychological and physical problems, which can be handled, only if the alcoholism itself is treated.
- ii) It is a progressive disease, i.e. in the absence of treatment, it worsens.
- iii) It can be a terminal illness, i.e. if untreated for medical problems like cirrhosis, the person can die.
- iv) It is a treatable disease, i.e. it can be checked or its progress stopped with proper treatment, which aims at totally giving up alcohol. An alcoholic thus cannot drink one in a while, i.e. he/she cannot become a ‘social drinker’. This is so even if he/she has remained sober, i.e. without alcohol, for many years. Even if he/she takes a small quantity of alcohol he/she will return to frequent drinking.

As a progressive disease, it goes through various phases. The signs of these phases are described below:

i) **Early Phase**

- a) Need for more alcohol for the same effects, as earlier.
- b) Avoid talk about alcohol due to guilt.
- c) 'Blackouts', i.e. forgetting all that one did under the influence of alcohol.
- d) Preoccupation with drinks, i.e. thinking of how, when and where one can get the next drink.

ii) **Middle Phase**

- a) Loss of control over the quantity, time and place of consumption.
- b) Giving excuses for one's drinking to others and self.
- c) Grandiose behaviour, i.e. doing things beyond one's capacity, e.g. spending too much or showing off.
- d) Aggression through words and action.
- e) Guilt and regret.
- f) Temporary periods of giving up drink.
- g) Changing the drinking pattern, e.g. changing the type of drink, the time/place of drinking, etc, to limit one's drinking, which does not give any positive results.
- h) Problems in social relationships and increase of problems in family, job and financial matters.
- i) Morning drinking in some cases in order to handle the hangover i.e. the feeling of illness and unpleasant physical symptoms the morning after an evening of heavy drinking.
- j) At times, the alcoholic may seek help for alcoholism at this stage.

iii) **Chronic Phase**

- a) Decreased tolerance i.e. now get 'drunk' even with a very small quantity.
- b) Physical complaints.
- c) Binge drinking, i.e. continuous drinking for days together.
- d) Keeping a constant watch over the quota of one's drinks, due to fear of being without a drink.
- e) Criminal behaviour to get alcohol and ethical breakdown, i.e. unable to live up to social values.
- f) Paranoia or suspicious feelings that everybody is against him/her.
- g) Loss of sexual desire/functioning in men which increases their suspicion about their wife's fidelity.
- h) Fears of simple things, e.g. being alone.
- i) Lack of motor coordination, i.e. shakes and tremors, prevent him from performing simple acts.

- j) Hallucinations, e.g. imagining voices speaking, seeing what does not exist, or feeling sensations in the absence of external stimuli.
- k) If alcohol is discontinued, severe physical discomfort and pain follows.
- l) Either death or mental illness at the final stage.

15.6.2 Addiction to Drugs

Addiction to drugs is similar to alcohol addiction, in terms of its characteristics. The stage of addiction to drugs are also similar and are described below.

i) Early Phase

- a) The amount of drug and the number of times it is taken, goes up.
- b) The person begins to spend more time and money on drugs and less on other activities in life.
- c) Thoughts about drugs and the need to have them become important.

ii) Middle Phase

- a) The person needs the drug in larger quantity than before to feel well, i.e. addiction occurs.
- b) Loss of control over drug use in spite of repeated efforts and decisions to stop or reduce the taking of drug.
- c) Begins to hide drug supplies.
- d) Problems in all areas of life, e.g. educational, work, family, etc.
- e) Neglect of personal hygiene.
- f) Staying away from friends and earlier interests.
- g) Change in personality.

iii) Chronic Phase

- a) Total loss of control over drug use.
- b) Almost constantly under the influence of drugs.
- c) Needs people to attend to own needs, e.g. eating.
- d) Remains only with other drug taking persons.
- e) Possibility of early death.

Drug addiction thus leads to changes and deteriorations in behaviour, and social life, as well as in mental faculties like judgment, thinking and emotions.

15.7 CAUSES OF ADDICTION

Addiction is a complex phenomenon that research indicates is likely to be caused by a variety of factors rather than a single one. It was earlier believed that people who were of a certain type, viz. deviant were more likely to become addicted. There is no fixed type of personality which is addiction prone. Some factors may however, create a favourable environment or the development of addiction, while some factors may make it more difficult to give up addiction. These are looked at in the following sub-sections.

15.7.1 Physiological Causes

It has been found that if both parents of a child are addicted, the child has greater chances of developing addiction. While this does not mean that children of all addicts will become addicts, it suggests a greater possibility. Alcoholism, in particular, tends to run in the family, suggesting that the predisposition to be an addict may be inherited. However, several other factors may also effect the development of the problem, viz.

- i) amount of drug taken and frequency
- ii) the route of intake (injected drugs and more addicting)
- iii) the availability, access and price
- iv) the influences in one's environment, other than familial.

Several other physiological factors are believed to contribute towards the development of addiction, e.g. in the case of alcoholism, nutritional deficiency, dysfunction of different body system, e.g. endocrine system, etc. However none of these have been conclusively proved.

15.7.2 Individual or Psychological Causes

For several years, addiction has been viewed as a mental abnormality, caused by individual problems. Studies have indicated that addicts are insecure people. Many addicts report symptoms that range from mild to severe mental disturbance. However, it is not clear whether mental disturbance causes addiction or addiction causes mental problems. Whatever the relationship, there is enough evidence to indicate that addicts suffer from deep personality problems, feelings of inadequacy, dependency, powerlessness, isolation and low sense of self-respect—Childhood-related problems are observed among addicts as well as current stresses before the setting in of addiction.

It is also argued that addiction is the result of learning. After taking drugs initially, there is a pleasurable feeling or experience. This acts as a reward, and may lead to a continuous increase in the intake. Thus, initial experience, if pleasant, may lead to addiction. However, the generally believed theory is that some personalities are more prone to addiction than others.

15.7.3 Sociocultural /Environmental Causes

Several theories are offered today which claim that addiction has sociocultural origins. People in societies that view that consumption of drugs and/or alcohol a acceptable, and where drugs are easily and cheaply available are likely to have high consumption of drugs/alcohol. In some tribal societies, the consumption of alcohol is a part of religious rituals and ceremonies. Such regular consumption may cause some people to become addicted. This does not mean that only availability and acceptance encourages addiction. In societies where this consumption is not accepted, some people turn to drugs/alcohol because they suffer normalessness. Youth often take drugs as a rebellion against adult norms and values. The cultural defiance theory thus, indicates that drug addiction develops because of these emotional and social ties, with a nonconventional group.

To add to this is the factor of social acceptance of alcohol and milder forms of

drugs in certain sections of society. In India, tradition has accepted the use of alcohol, bhang, ganja on certain religious and social occasions like marriage, death, celebrations, etc. and more so among certain sociocultural groups. Today, the social consumption of alcohol in particular has risen in all sociocultural groups and it is considered to be a sign of social prestige to drink. In certain Western countries, taking alcohol is socially the norm and taking pills to reduce pain or improve performance, in the regular practice.

The legal status of the addicting substance is also an important factor in determining the incidence of addiction. Whether a culture accepts the consumption of a drug or punishes it, is also believed to be closely related to the extent of addiction in that culture. Thus, both legal and cultural approval of drugs are believed to increase rates of addiction. However, if milder forms of drugs are legally permitted, the number of persons addicted to “hard” drugs will reduce. Such persons hold that classifying all drugs into one broad category has had a negative impact on attempts at preventing addiction.

Among young people, growing up is a stage of proving oneself to one’s peer i.e. those in the same age group, who help to shape one’s sense of identity. Since ability to tolerate alcohol is equated with one’s manhood, boys often begin to consume alcohol and at times drugs at a young age, due to peer pressure.

As in the case of age and cultural background, occupation too has been found to be related to addiction. Persons in jobs that create stress—physical and/or mental are known to become addicted. Those prone to addiction thus include:

- i) persons in conservancy jobs, morticians and morgue workers, ragpickers, etc. whose job is associated with unpleasant activities,
- ii) those performing excessively exhausting, monotonous, laborious work e.g. load-carriers and porters, drivers, etc.
- iii) persons in competitive target-oriented jobs, where many deals may be struck around alcohol, like marketing and sales, etc.

Family influence is believed to be another important environmental factor in addiction. Imitation may occur if the family has an adult addict. Other factors that operate are:

- i) the aggravating of stress by the family at periods of transition, e.g. adolescence,
- ii) the absence of reasonable parental control.
- iii) a disunited and dysfunctional family.

Peer group influence in initiating drug abuse and encouraging it to the point of addiction is even more decisive, as mentioned earlier. Socialisation determines the extent to which people choose to conform to the larger social norms or to break the social bonds and choose deviance, living a life of addiction.

Different cultures provide diverse means to their members of gaining satisfaction and of handling tensions. If a culture provides many healthy ways of reducing tensions, and of gaining pleasure, e.g. sports, creative arts, rituals and ceremonies, etc., especially to young people and those under physical or mental stress, they are less likely to turn to alcohol or other drugs and thus be less prone to addiction.

Sociological theorists offer other explanations as well. The theory of strain holds that people turn to drugs and alcohol because social conditions in their environment do not provide them adequate opportunity for achievement. This is particularly so for lower socio-economic groups and other socially disadvantaged groups.

It is also believed that people, because of their consumption of alcohol and other drugs and life-style become labeled as “deviants”, tend to become dependent on drugs and/or alcohol, as these become the most important aspects of their lives.

It, therefore, is clear that several sociocultural, psychological and physical factors can contribute towards alcoholism, often in combination, rather than singly.

Check Your Progress 2

- i) What are the four characteristics of alcoholism as a disease? State the answer in about ten lines.

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- ii) How is family influence one of the causative factors in addiction? Answer in about nine lines.

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15.8 DRUGS, CRIME AND POLITICS

Addiction poses a danger not merely to the health of people but also a law and order, and national security. It has serious implications for the larger society.

Most countries regulate the production, consumption and sale of drugs through laws, that range from being mildly discouraging to highly punitive. However, drug production and selling (trafficking) are big business. The product is attractive and customers keep demanding more. Quite naturally, criminal organisations run drug trafficking business.

They do it, ruthlessly, cutting down all attempts at restricting their activities. When governments make strict laws, traffickers go into temporary hiding but carry out hidden campaigns against the 'harmful' effects of government policies. When laboratories that process the drugs are identified and destroyed, new or mobile ones appear. Corruption, bribery and violence often leading to death are not uncommon in the field of drugs, crime and politics.

Consumption of drugs itself, often leads to crime of both, petty and serious nature. Desperate for a 'fix', i.e. a single dose of the drug to enter his/her body, an addict will not hesitate to steal. He/She will cheat or sell his/her belongings or even kill somebody. Addiction also influences people to commit violent crimes due to the chemical condition created in their body. However, one needs to condemn even more strongly the big time drug traffickers. They are usually camouflaged by the small-time peddler or 'pusher' as he/she is known. The latter is often an addict himself/herself who sells drugs and is always looking to create new converts to drug-abuse, to support his/her own drug-taking habit. The traffickers in turn, are ruthless business men, interested in easy and big money. They are difficult to hunt down as they often have links with the underworld of crime, money and power. Large trafficking organisations use schemes that disguise the real source of their earnings viz. drug-selling via bogus corporations in countries, like Hong Kong, and Switzerland. These countries are quite far away from drug-producing countries.

By 1985, most of the 81 government which submitted annual reports to the UN Commission on Narcotic Drugs reported the existence of illicit drug trafficking. Well-established routes exist for the distribution of drugs, e.g. some countries are used for sale, some for transit, others for production. However, drug addiction rates are high in all the three types of countries.

Seizures of drugs by the authorities are on the increase but they represent the tip of the iceberg. However, nations are coming together.

- i) to plan strategies to prevent international drug trafficking,
- ii) to reduce production, and
- iii) to lower the general public attraction for drugs, through harsher penalties and prevention programmes.

To conclude, it must be noted that while there is a united and strong effort to combat drug production, sale and consumption, no such serious attempt is witnessed in the case of alcohol. A source of revenue for most governments, alcohol is largely controlled through the ban on advertisements or public endorsements on the mass-media. However, in India itself the contradictions in the policy are glaring—prohibition is a valued ideal but many state governments earn an important portion of revenue from alcohol licences and sale.

As a drug, alcohol is equally if not more addicting and dangerous as other drugs. Drunken driving leads to many deaths. Addiction to alcohol can lead to

involvement in criminal activities. It destroys families and individuals and causes industrial losses and accidents.

It is thus unfortunate that most governments hesitate to look upon it as the most damaging drug and thus public enemy number 1.

Box 15.02

The goal of education on drugs is to diminish the use of drugs. This goal could attract moralists, legal groups and politicians in their role as legislators. The problem that we face is that in a medical sense, why should we prohibit drug use? Again some variety of “high” has been used ritually since ages. This use of psychotropic agents is not easy to ban.

The prevention of drug abuse aims at a middle range of action by

- i) reducing drug victims
- ii) removing the harm of the drug
- iii) providing an easier reconciliation for the ex-addict.

All the goals are easier articulated than put into practice.

15.9 INTERVENTION : TREATMENT, REHABILITATION AND PREVENTION

It is fortunate that addiction is a treatable disease. Like a physical illness, it requires some medication. However, this medication does not cure addiction. It can be used to encourage appetite, build up stamina and strength, handle withdrawal symptoms and recover from other illnesses developed due to the addiction. The aim of treatment is basically to give up alcohol or drugs totally (abstinence) over a period when relapse (or a slip into taking alcohol or other drugs) will occur at sometime or the other as a natural event.

This phase begins after detoxification i.e. the period during which the patient is medically supervised and managed, through his physical withdrawal from the substance. During this phase, psychological help via counseling to the patient and family, individually, in groups, on couples or in the family is given. This is aimed at overcoming problems in the area of job, finance, recreation, family and daily living. The focus is on changing attitudes, improving life-styles and restoring the place in society that the addict had lost. This is done by helping the ex-addict to locate a job, be accepted in his family and society, take up recreation and hobbies, etc. Related emotional problems need to be handled as well as concrete details of daily living, e.g. managing money, and finding alternative way to relax.

Various methods and resources are being used for the above phases. Physical management may be organised in hospitals (special/general), special centers or even at homes, under guidance. Psychological help is provided in :

- i) professionally run places like hospitals, general hospitals, mental hospitals, private hospitals, or units specially meant for de-addiction, i.e. moving away from addiction.
- ii) institutions (day-care or residential) run by recovering addicts and/or professionals,

- iii) by Alcoholics Anonymous/Narcotics Anonymous fellowships of recovering. Addicts that help others and self to stay sober and to help others to achieve and retain sobriety or to remain 'dry' i.e. stay away from the addicting substance.

The entire process of helping addicts to physically, psychologically and socially cope with situations that are likely to be encountered after detoxification to find one's place in society, so as to take up one's duties and fulfil one's rights may be described as the process of rehabilitation. Vocational placement or integration thus, forms an important aspect of this process, which may be organised via income-generating projects, and job placement services.

To sum up, the goals of rehabilitation may be defined as follows:

- i) total abstinence
- ii) improving one's physical condition
- iii) taking up responsibility for one's behaviour
- iv) developing faith in oneself, others, and a higher spiritual power
- v) learning to develop a healthy self concept and understanding oneself
- vi) developing socially acceptable and meaningful goals in life
- vii) developing internal control
- viii) resuming one's education, job and social roles
- ix) re-entering the family.

Activity 2

Read Section 15.9 carefully and list the reasons why the sale of drugs is difficult to control. Now write some points on what steps are needed to reduce the sale of drugs in our society.

All of these goals and stages are difficult ones. In view of the number of known addicts and the large number that remain camouflaged, the available therapeutic services in most countries are inadequate. Just as identification and building the motivation of an addict is a difficult task, so is handling relapse (which is very common) and providing aftercare. Vocational placement is even more difficult, especially in view of the social stigma and, in many countries, limited resources.

The task of preventing drug abuse, thus, becomes a matter of paramount importance. For this, one needs to reduce both the supply and demand, i.e. ensure that drugs and alcohol are not sold or are not available easily (supply) as well as convince people to stay away from them (demand). Adequate facilities to keep people away from drugs are needed on the one hand, e.g. recreation facilities, employment services etc.

On the other hand, uniform and strict laws against the sale of drugs and their implementation are needed. Education of vulnerable groups (i.e. those most likely to turn to drugs) on the problems of addiction and life-skills (i.e. abilities to cope with life's regular and special problems), can help to keep them away from drugs. Time, effort and money spent on preventive programmes will be of immense value in curbing addiction.

Check Your Progress 3

Tick mark the correct answers

- i) Who among the following are not responsible for the increasing use of illicit drugs in society.
 - a) Western music singers
 - b) Drug traffickers
 - c) Peddlers of drugs
 - d) Government policy-makers.
- ii) The goals of the rehabilitation of addicts are:
 - a) To take up one's education, job, family and social roles.
 - b) Total abstinence.
 - c) Self-confidence and self-control
 - d) All of the above.

15.10 LET US SUM UP

This unit began with a description of the worldwide situation on drug and alcohol abuse. It then described in detail what drug and alcohol mean and explained the difference between key concepts like abuse, addiction, alcoholism, dependence, tolerance and withdrawal. The details of different drugs and the process of alcoholism and addiction were then explained. The physiological, psychological and sociocultural causes of alcoholism and addiction were then described. The unit ended with a discussion on drug and crime and of the important areas of treatment, rehabilitation and prevention in addiction and alcoholism.

15.11 KEY WORDS

Addiction	: Inability to lead a regular life in the absence to use of the chemical substance; is defined as a disease.
Alcohol	: A drug that is addictive and affects the way the body and mind works.
Alcoholism	: A chronic illness involving excessive and repeated drinking beyond customary use, such that it interferes with work, family, social and economic life of person.
Cannabis	: Drugs produced from different parts of hemp plant.
Dependence	: The body cannot perform its normal functions without taking the drug (physical). One constantly thinks about the drug, its use, how to get the drug and one is unable to emotionally lead a normal life without taking the drug (psychological).

Depressants	: Drugs that slow down the activity of the brain.
Detoxification	: The process through which the person's body gradually gets used to being without drugs.
Drug	: Any chemical substance which when put into the body affects the way the body works and the mind thinks due to chemical reactions in the brain.
Drug Abuse	: The use of chemical substances (medicinal and non-medicinal) in an amount, strength, frequency or manner that damage the physical or mental functioning.
Hallucinogens	: Drugs that change the way we see, hear and feel.
Opiates	: Drugs obtained from opium or artificial substitutes that have opium-like effects.
Rehabilitation	: The stage after detoxification when one is helped to take up responsibilities and enjoy one's rights in society as its functioning member, which the addicts had been deprived of, when addicted.
Stimulants	: Drugs that give a feeling of excitement as they increase the activity of the brain.
Tolerance	: The need for more quantity of the drug and frequent use of the drug to produce the same effect from the drug, as earlier.
Withdrawal Symptoms	: Painful physical reactions ranging from physical discomfort to severe vomiting and cramps, when the drug consumption is suddenly stopped, in the case of an addict.

15.12 FURTHER READINGS

Singh, Gurmeet, 1984. "Alcoholism in India", in Alan and D.A. DeSouza (ed.) *Psychiatry in India*, Bhalani Book Depot, Bombay : pp.240-251.

TTK Hospital. 1999. *Addiction to Alcohol and Drugs : Illustrated Guide for Community Workers*, TTK : Madras.

TTK Hospital. 1989. *Alcoholism and Drug Dependency*, TTK : Madras.

15.13 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- i) Using drugs either those prescribed by a doctor for medicinal purposes or others, in a quantity, frequency, or manner that damages the physical or mental functioning of an individual is called drug abuse. This abuse in turn leads to addiction, i.e. inability to live life without drugs.

- ii) The different types of drugs are :
- a) stimulants, i.e. drugs that increase the activity of the brain. (Amphetamines)
 - b) depressants, i.e. drugs that slow down the activity of the brain. (Alcohol is a depressant). e.g. Vatuim.
 - c) hallucinogens, i.e. drugs that change the way we see, feel and hear. e.g. LSD.
 - d) cannabis, i.e. drugs produced from the hemp plant. e.g. Bhang, Charas.
 - e) opiates, i.e. drugs produced from opium or producing effects like opium. e.g. Smack, Heroin.

Check Your Progress 2

- i) The four characteristics of alcoholism as a disease are:
- a) It is not just a symptom of a psychological problem but is a disease by itself, causing physical and psychological problems of its own.
 - b) It is a progressive disease i.e. it worsens if untreated.
 - c) It can be a disease that if untreated leads to death.
 - d) It is a treatable disease, i.e. it can be checked with proper treatment.
- ii) The family may increase the stresses at certain periods of stress in life, e.g. adolescence, leading to addiction. Excessive control or absence of control by the family may also be a causative factor. A family that is disunited and in which communication is not healthy can also influence the member to turn to drugs and alcohol. Imitation of an addict in the family may be yet another factor leading to alcoholism/addiction.

Check Your Progress 3

- i) b
- ii) d