CHAPTER VIII

EPILOGUE: DRUG ABUSE, RESEARCH: SOCIAL POLICY & CONTROL
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DRUG ABUSE RESEARCH, SOCIAL POLICY & CONTROL

What can be deduced from this investigation as a whole? It must first be pointed out that as this investigation included all faculties and all colleges and university departments in the city, it is fully representative of the resident student population (hostelers) as a whole. Secondly, the total number of resident students studied is fairly large for a single man conducted study that it will not be wrong to generalise. As such we can make some inferences from the findings of this investigation.

1. **THE FINDINGS**

Focussing on trends from a 5 year period - 1986 to 1990, the highlights noted in our investigation are :-

1. The epidemiology of drug use has changed its character. Two fairly subtle changes discernible are (a) an increase of rates for almost all substances except herein, and (b) a heterogenisation instead of homogenisation of resident student population using drugs.

2. The past few years have witnessed significant increase in heroin and brown sugar use with a
concomitant increase in the proportion of hostelers using other illicit drugs.

(3) Heroin, smack, hashish, cocaine, tranquilizers, stimulants and sedatives, i.e., hard drugs or the psychotropic substances rank far below alcohol and nicotine in terms of illicit drug use and abuse.

(4) In the five year span (from 1986 to 1990), the rate of alcohol drinking among male students has increased from 39.8 per cent to 45.8 per cent and among females from 20.5 per cent to 22.8 per cent, while cigarette-smoking among females has increased from 6.4 per cent to 11.4 per cent and among males from 39.0 per cent to 50.1 per cent.

(5) The vast majority of resident students are experimental users and users of recreational drugs. Heavy or regular use is found in a small minority of drug users.

(6) Differences in drug use rates across demographic sub-groups are more significant today than in former years.

(7) Most of the drug users are not 'alienated' from their families; some of them have parents and siblings, who use drugs. But most often, they have peers who either use drugs or support drug use.
Drug abuse depends upon social settings and cultural and social attitudes of the users, i.e., differences between users and non-users may be attributed not only to their personality characteristics but also to their differences of being free from social restraints. In simple terms, the use of any drug involves values, social sanctions (rules of conduct) and behaviour patterns.

2. **TESTING OF HYPOTHESES**

We had formulated some hypotheses (Chapter-II) pertaining to drug use/abuse/misuse. Of the 11 hypotheses, five were found valid, three were marginally proved, and two were rejected. The valid hypotheses are :-

1. relationship between drug abuse and course background;

2. relationship between class of study and drug abuse

3. sex differentials of drug abusers;

4. drug users' dependence on family income;

5. drug users' association with the peers;
The unsupported theses are: -

(6) correlation between drug abuse and affluence;

(7) relationship between drug-abusing children with their parents; having interest or otherwise in their wards;

(8) interest of drug users in curricular/co-/extra curricular activities; and

(9) drug abusers/users academic performance;

The marginally supported verified hypotheses are: -

(10) association between drug use and affluence; and

(11) association between family/parental/guardian control and drug users.

3. PROBLEMS OF EFFECTS OF DRUGS

The increase in the magnitude of drug use has accentuated the problems and effects of drug use. We may point out four problems pertaining to intended and unintended effects of drug taking.

(1) It arises from the unintended effects of medically prescribed drugs or over-the-counter drugs (pain killers, barbiturates, amphetamines,
tranquilizers, etc.). Drugs prescribed by doctors are for preventing or curing disease or alleviating some ills. There are, however, very large number of adverse reactions to these drugs which are just as harmful to the individual as international misuse of drugs.

(2) It concerns us most and relates to misuse, abuse and/or addiction of drugs. Effects of drugs obtained from street peddlers to maintain a habit are brought about by individual decision to escape from the reality of the external or the internal world. The origin of this type of the therapeutic use of drugs is directed primarily against a drugs (heroin, marijuana, cocaine, cannabis, LSD, etc.) is primarily to create a change in feeling, usually pleasure or at least the absence of an unwanted feeling. These drugs contain contaminants or toxic matter of harmful concern.

(3) It arises from the effects of the recreational use of drugs, or drugs for which no prohibition or social sanction against their use exists and which are used for relaxation, fun or to get away from
the stresses and strains of life. They are, from the standpoint of law, normal even though restrictions on their distribution decrease their abuse somewhat. Alcohol and tobacco are the examples of recreational drugs.

(4) It relates to the causative relationship between the use of nicotine and other drugs and hundreds of thousands of deaths and disabilities each year due to the dreaded diseases of lung cancer, heart disease, hypertension, bronchitis, etc. is well established.

4. TREATMENT AND REHABILITATION OF DRUG ABUSERS

The problems and effects of drug abuse have drawn worldwide attention to treatment programmes.\(^1\) It is difficult to judge which of the present methods of treatment is the best. Drug abuse/addiction is an individual problem as well as a social problem and one cure will obviously not help every abuser or the multiple variants of the vexed. There are so many types of social problem from drugs, so many types of abusers and so many motivations of abuse that the curative process has to

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1. Blachy, Paul, Drug Abuse, page 283
   Bean, Philip, The Second Control of Drugs, page 96.
consist of offering to the abuser/addict the most beneficial method for him specifically. And specific methods/procedures are, similarly, required to cope with the different of this social problem.

There are certain drugs (like amphetamines, tranquilizers etc.) which are taken to increase work output, to cause wakefulness, to increase physical activity, and to develop tolerance, etc. The ordinary dose of these drugs varies from 2.5 mg to 15 mg. per day but their chronic use amounts from about 50 mg. to well over 1,000 mg. per day. Many abusers begin with low doses but slowly increase their dosage upto 150 or 250 mg. per day. The speed is shot because it is pleasurable.

Treatment concepts and programmes have, thus, grown out of the demands of the times most recently in response to the increasing rate of drug abuse use among different populations and the comparative failure of more traditional means of coping with drug dependency.

Earlier, certain narcotics were used to cure some other abuse of narcotics, e.g., heroin was used to treat morphine dependence. But researches soon pointed out mistakes in medical expertise and fallacy or treating
नशोली दवाओं का फैलता नरक

बैठे-बैठे देश में आगमनका बढ़ती जा रही है, बैठे-बैठे चार, सेक्स, एक्सेसिबिशन बढ़ने का जाल भी चौका जा रहा है। इन नशोली दवाओं के आने के बाद में विधि निर्माण तथा व्यापारिक विनाशकर्ता आरोप ताकत वह वयस्क विवाद लाता है।

पूरी दुनिया के अन्दर तथा बाहरी देशों में हर मुहूर्त में बीत पड़ती दवा फूलें हैं। वे मृत्यु दे देती हैं। आप जानें कि यह नशोली दवाओं का जाल भी ऐसा ही मोहकता है।

इस जाली के नीचे में उम्र की आगमका वृद्धि जाती है और बीते का निर्देश नहीं। इस जाली में हर मुहूर्त में बीत पड़ती दवा फूलें हैं। वे मृत्यु दे देती हैं।

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symptoms rather than causative/motivating factors. Similarly, narcotic clinics were established to provide for brief effects of drug abuse. These clinics distributed narcotics to registered addicts. But once again it was realised that furnishing of narcotic drugs to an addict merely to satisfy his addiction is not bonafide medical treatment of disease or addiction.

As such, two treatment modes are now being used for treating drug dependence. The clinical treatment method and the short period camps for certain types of addicts. The community's desire to get the addict off the street which needs providing community treatment facilities. The psychiatric centres in hospitals and some specialised private clinics provide special diagnostic facilities and treat dependence through medication. The treatment in these camps mainly consists of physical withdrawal from drugs, work assignments and limited individual psychotherapy.

5. SUGGESTED PROGRAMME FOR TREATMENT^2

With the increase in drug use, there is bound to be somewhat proportionate rise in drug abuse. In drugs, tobacco is our the drug problem (first), alcohol use rates (second) and the use of various 'illegal' and 'unaccepted' drugs (third). The recent problem in drug abuse is
connected largely with this group of illegal and unaccepted drugs, the consumption of what results vary often in physical and mental impairments and dreaded faral hooch tragedies.

We here below suggest a four-level programme to cope with the rising rate of drug-related problems. This programme could fit into the existing structures in our society. Models for the four levels of the proposed programme are today in existence. What is needed is co-ordination between these four levels and expansion of the programme on a national scale. Many of the present institutions could be adapted to this programme by changing their approach therapeutic procedures and underlying attitudes to drug related problems. The emphasis of the programme is on a humanistic approach.

(a) **Community-based Centres**

Community-based centres will provide direct services to the community. The organising staff, excluding the medical staff, should consist of young post-graduates in Sociology/Social work/ Psychology or other related fields. A short training should be provided to this young staff in
handling drug users, talking to their family members, police agencies, and health personnel, etc. These workers would help the centre inmates with their peculiar personal problems as well as work to improve the environment of the families of the users and local community in general. The drug related problems cannot and should not be separated from the general problems of the community. Even non-professional ex-durg users can be appointed in these centres who can profitably act as 'therapists' and group leaders. The centres can organise (a) meeting of users and non-users to frankly discuss the issues and (b) to coordinate their activities. The drug user will stay in the centre only for a short time while workers help him to solve his individual problems. The workers should be subjected at suitable intervals to short refresher or reorientation course, so as to equip them with fast developing advanced drug treatment strategies and therapeutics.

The community centres will use "attitude control" methods. Social attitudes toward drugs sometimes are ambivalent, contradictory and confused.
Attempt should be made to refashion these attitudes through socially-oriented extra medical/extra psychiatry treatment rather than medical and psychiatric treatment. This method rejects the disease concept in reference to characterising drug abuse as a behavioral problem or escape mechanism.

Therapeutic community approach is (a) a challenge to strictly medical and psychiatric treatment approaches, (b) a disbeliever in physiological detoxification or withdrawal syndrome. It believes in psychoanalytical approach to drug abuse in terms of earlier childhood events or resurrected "oedipal" conflicts of adolescence. Rather, it stresses self-help programming, and places the addict in a 24-hour milieu setting directed by "volunteers" including ex-addicts serving as role models. Through group encounters, seminars and ventilating sessions, the addict's values and way of life are extensively questioned. The therapeutic communities are, thus, oriented to a socio-moral code which is more rigid than any in the middle class. There is a severance of ties with the outside world which helps strengthen self-help organisation's primary group nature. The closeness that
develops among the inmates may be described as a "joint family" with a system of rewards and punishments built in as a means of social control. It may simply be described as individual change through a unique communal living milieu.

The use of ex-addicts as therapists/counselors has certain advantages (i) the ex-addict acts as a role-model and the inmate-patient considers the life-style of abstience from drugs as more attainable, (ii) the ex-addict immediately establishes trust relationship with the inmate patient which is extremely necessary in the initial state, (iii) the ex-addict/abuser knows the codes, jargon and the value system of the community.

The effectiveness of therapeutic communities such as Synanon, Phoenix House, and Daytop Village has not been fully evaluated. The tenatative data indicate that as a means of rehabilitating the addict, they are experimental and promising, but extremely variable in their outcome.

Proponents of the therapeutic community approach feel that methadone does not deal with the addict's underlying problems, that it eliminates only superficial symptoms. The addict is not really "cured" by the drug;
he is still addicted to, and dependent on, a chemical. He is just as lonely and insecure, just as sick and frightened, just as immature and alienated, as he was prior to using methadone. The therapeutic community seeks as its goal a completely drug-free existence, as well as the psychiatric cure of the underlying emotional problems that impelled the addict to use drugs in the first place. Narcotic addiction is seen as largely.

"A symptom of a character disorder which results from or is exacerbated by faulty socialization of the person. The individual suffering from this form of disorder typically reacts to...stress by withdrawing into a protective shell, namely, drugs. This kind of behaviour is seen as immature, and as reflecting problems of felt inadequacy or incompetence in dealing with stress. In response to these feelings of "shithood", the addict overcompensates by developing an inflated self-image and a false sense of superiority. Consequently, he does not relate openly and honestly with others, attempts to manipulate them through a show of dependency, and lacks any real concern for them (Hammock, Devlin, and Collier, 1970, p. 3)"4

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4 Stephens, Richard, Mind Altering Drugs Use, Abuse, and Treatment, page 87.
Advocates of the therapeutic community approach brand the methadone program a failure by definition, since it does not provide a completely drug-free existence. But along with this loftier goal comes a much greater investment in time, energy, commitment, emotion, and of course money - as well as a much lower rate of rehabilitation. All the patients in the methadone program are ambulatory - they live in the community and can pursue employment and a normal family life. In contrast, members of the therapeutic community live in a drug treatment center for a least several months, and often for as long as several years; the cost has been estimated at about $25,000 a year for each patient.

Ideally, everyone within the treatment center is a former addict, including the directors. The reasoning is that it is impossible to "con" or lie to an ex-junkie, and that the addict can achieve rapport and identification only if his therapists have had "gut level" experience with addiction. Communication is possible only with a shared universe of meaning. All other, more conventional methods are doomed to failure, largely because of the inability of the non-addict to understand the mentality of the junkie. Such is the ideology of all synanon-type programs. The therapeutic community concept does not work for all addicts; in fact, it is of limited effectiveness.
One recent evaluation of the success rate of the Daytop Village program found that roughly three-quarters of all addicts accepted into the program left against the advice of the staff; their fate cannot be known with certainty, but most are probably back on the street living the same life they led before entering. Thus motivation plays a major role in the success of any therapeutic community program, as it does not with methadone. Moreover, studies have shown that addicts who submit themselves to the program, and even more so those who remain in it for any meaningful period of time, are the least involved with drugs, are younger than the average addict, have been addicted for a shorter length of time, have smaller habits, have been arrested fewer times, and are most hopeful of treatment. They are also much more likely to stem from middle class backgrounds (Hammock, Devlin, and Collier 1970). Thus the addicts for whom the therapeutic community approach work represent a limited segment of the addict population. This is not a criticism of the program, only a warning that it is unlikely to work as a total solution. It may very well be the solution for a certain proportion of addicts.  

REHABILITATION PROGRAMME\textsuperscript{5}

No single drug rehabilitation programme should be regarded as a panacea, and that includes methadone maintenance. Making the addict drug-free is a desirable, if somewhat lofty, goal. Research should continue to be directed at finding more effective way of dealing with the problem. The public should not be deluded into thinking that the financial support of a few methadone clinics has solved, or will solve, the heroin problem. And unless a programme is backed up with job placement and psychiatric care, its value will be limited at best. But given these, and even more severe, qualifications, it should be clear that there must be a movement away from reliance — and especially exclusive reliance — on punitive techniques for handling the drug problem. Unless some combination of methadone maintenance (for older, more long-term, and more heavily involved addicts) and the therapeutic community (for younger, less involved addicts) is adequately, meaningfully, and swiftly funded, an increasing amount of human suffering will be generated, more and more deaths will occur, the rate of crimes and violence in the cities will grow apace, and addiction will continue to rise. Anyone seriously proposing more severe penalties as a solution to narcotic addiction is merely contributing to existing problems.\textsuperscript{6}
It would be extremely naive to believe that drug addiction will be eliminated completely. Attacking a given problem always involves balancing one value against another. A number of questions must be considered before any single problem can be dealt with. Some questions that interlock with that of effective solutions to the drug problem are: At what cost? By neglecting what other problem and values? And according to what definition of a "solution"?

If law enforcement agents were given virtually unlimited powers to deal with the narcotic traffic, if laws such as the "no knock" bill were passed to make their work easier, and if drastic measures—such as the death penalty for all addicts—were effected, the illegal use of heroin could probably be brought to a virtual halt, but only after the desecration of justice and civil liberties on an unheard-of scale in this country.

Thus, the question is not simply how to deal with the drug problem, but under what conditions we wish to attempt to deal with the problem. As with a serious illness, the most "effective" cure might well destroy the patient.7

Dr. Bhim Sain has discussed in detail the nature and Dimensions of Drinking and Prohibition. Three forewords by Dr. R.C. Jiloha, Associate Professor of Psychiatry, G.B.P.N. Hospital, New Delhi, Khushwant Singh, New Delhi and Satya Paul Narang have gone into details of Alcoholism and Prohibition Policy of the Government of India and State and Union Territories Governments. Dr. R.C. Jiloha says, "The least socially, culturally and religiously accepted drug alcohol has been with us for the last several thousand years but records discussing its disabling effects and it's control date back to Egypt and Mesopotamia, and widespread drinking occurred in early Greece and Rome, prompting considerable efforts to enforce moderation.

"It also does appear that the only drug which caused any major social concern was alcohol. Because it is a natural product and it's fermentation occurs commonly in a number of substances throughout the globe. Alcoholic beverages are relatively simple and inexpensive to produce in substantial quantities; however the use of beer and berry wines predates the recorded history.

"Certainly individuals have abstained from the use of all intoxicants, but the ubiquity of use this drug is so striking that it is difficult not to concur with Andrew
Weil who observes that "It must represent a basic human appetite". Why? People consume alcohol because of it's effect on brain, as it alters the brain cells and destroys them to block the memory and to dull the senses.

"Alcohol's integral part known as ethanol penetrates the memberances of all cells and disrupts their functioning while other psychoactive drugs target on brain cells. Ethanol enters cell membranes and sabotage parts of brain cell known as neurons Gama Amino Butyric Acid, (GABA) communicates between neurons." 9

The most recent hooch tragedy, which took a very heavy toll of innocent and poor life of Jahangiripuri Zooggi Jhopari settlers in Delhi is the most fearful reminder of the utter failure of the prohibition policy of the Union Territory Government. A number of such gruesome hooch tragedies have occurred in the past in different parts of the country. All of them point to the gross and most neglectful acts on the part of Union, State and Union Territories Administration. It is well known to the highest authorities that there is a very close, hand-in-glove relationship between the Prohibition authorities, excise inspectors and officers and drug control administration including the different directorates supervising the manufacture of different types of

9. Ibid.
pharmaceutical drugs in the country. It was an eye opening fact that lacs of bottles of SURA - and ayurvedic preparation being sold under different brand names such as Mirt Sanjivini, Amar Sura, Yuva liquirs are other various names, marketed by very wide networks of wholesalers, distributors, stockist and ayurvedic stores, pan and biri cigarette, restaurant and hotels, cold drink stalls and even the general stores shall lacs of bottles such SURAS, Asavs, and gootka's and capsules in different measures at very cheap rates have been found to be terribly adulterated with Ethanol or paint thinners take usually vary heavy tall's of human lives. The government in the case of recent hooch tragedy in Delhi and in the past in a large number of Metropolitan cities, big towns and even small townships has been guilty of gross negligence and unpardonable crime. Once the media hue and cry over such tragedy, which take innocent and poor persons as their easy victims, is over the deepest concern and anxiety shown by the administrations results in nothingness. The paltry sums of money are given to the relatives of the victims by the government and sometimes different types of relief is provided by socially awake private/voluntary organisations. But this sad and heart-randing story ends at this point. The unforgivable nexues between penalty,
smuggling and drug trafficking and the administration and the high ups in the society is very often nakedly exposed. But to the misfortune of this country the solemn promises, assurances and declaration made by the so-called guardians of law, costodians of conscience and purveyors of morality and religion swear in the name of God for umpteen times or ultmately zeroed. For such tragic and saddest sagas have been occurring in our society since times immortal and the nation seems to be proud of its glorious and hoary tradition. It is not a most unsavoury commentary on were national character and religion, spiritually? It is not the blackest slur on the fare name of Bharat? May God bless our destiny keepers with a little wisdom, honest foresight, unblamist intigrated and dedication to pragmatism so that thousands and thousands of our poor countrymen, who usually fall pray to the evil mechinations and lust for pelf and power, are saved from the cruel and rapacious teeth of death, dispair and dissolution to their surviving kinsmen.

A concentration of GABA in some areas of the brain reduces tension and anxiety and may cause sedation. Valium and Librium both tranquilisers also attach themselves to a certain area of brain with same effect. Ethanol acts upon
GABA sensitive areas and reduces anxiety and tension. Unfortunately our understanding of this phenomenon, and how to deal with it effectively, is at best still severely limited. This ignorance is partly due to our failure to explore fully experiences of different times and places.¹⁰

Dr. Bhim Sain's work serves as a preliminary step in the efforts to acquire and disseminate more knowledge about these experiences which includes an extensive review of those who consume alcohol, romantic and psychological affliction, their management and various avenues of prohibition and social help.

It is apparent that the problem is grave in Indian Subcontinent with its socio-psychological religious and ethnic implications which are very important factors not only in symptom manifestation but also in the outcome and genesis of illness of alcoholism.

He provides a deeper insight about alcohol, its historical perspective, how a reluctant one or two drinks consumer becomes a regular addict and then prey to the devastating effects of physical, social and psychological nature produced by this beverage. He also deals with Social and State attitude, policies and programmes laid
down by the Government regarding prohibition. This kind of information will go a longway to guide those who are working in the area and it is book of general interest for public.

The above views of Dr. R.C. Jiloha contained in his foreword to the book amply support our findings and concluding remarks.

The eminent Generalist and author, Khuswant Singh, appends his foreword to the book where he examines the Boarda hooch tragedy in the recent past. It is gainful to quote him "The macabre orgy in which 140 people lost their lives after consuming poisonous 'lattha' in Boarda once again raises the issue of how to prevent the recurrence of such tragedies. The temperance lobby always more vociferous and sanctimonious will undoubtedly exploit this incident and press for more rigorous enforcement of prohibition laws, dismissal of policemen who failed in their duty to stamp out illicit distillation and deliver sermons on the evils of drinking liquor.

Those who believe that prohibition never succeeds in putting down drink are understandably on the defensive. They need not be so because the tragedy of Baroda proves
their point to the hilt. Gujarat because of its association with Gandhiji and Morarjibhai has been strongly opposed to relaxation of prohibition. It is not a mere coincidence that in recent years more people have died of drinking illicity distilled poisonous liquor in Gujarat than in any other states of India. It is believed that illicit distillation in Gujarat is a 100-crore per year cottage industry patronised by politicians and policemen. They have had several commissions of enquiry into the business but none of them have had the courage to come out openly and say that prohibition does not and cannot work.

Heavy and habitual drinking is undoubtedly injurious to health; drinking sensibly is not. As has been observed that drinking beer or wine which have little alcohol is no more bacchanalian than taking enemas. Thomas Jefferson who had considerable experience of the folly of imposing prohibition wrote. "No nation is drunken where wine is cheap; and more sober where dearness of wine substitutes ardent spirits as the common beverage." The only way to cut down on drunkenness and deaths caused by drinking contaminated brew is to make drinks with low alcoholic content freely and cheaply available to adults.
I am entirely in favour of nationalising the liquor industry (it is enormous profitable) and the state regulating the alcoholic content of beers, wines and spirits.\textsuperscript{11}

Satya Paul in this foreword entitled \textit{DRINKING - THE LEGAL PURVIEW} has discussed the question of liquor, its encienteness and since times in memorial keen concern for it by sociologists, psychologists, criminalologists and the general public as well as the government. He tersely concludes as follows:

"As a result now there is neck to neck fight in mass-media to promote the consumption of nicotine and smoking is no more an offence hence does not find any place in the Indian Penal Code. And also at global level it is not a punishable crime. However, on the health ground to discourage active and passive smoking certain measures are being taken by the states and societies. In some cases, smoking in the offices invites monetary find and smokers can be compelled to leave non-smoking zones.

"But the case of drinking is entirely different from that of smoking. Like smoking, drinking is also socially accepted and legally permitted but state of
drunkenness is not tolerated by the law. After drinking to indulge in undesirable activities such as brawls is punishable offence under the provisions of different Acts."

Under Section 34 of the Police Act any person causing nuisance in public place under influence of alcohol can be hauled up and detained by the Police without warrant. The bailable offence invites the maximum punishment fine of rupees 50 or simple imprisonment for 8 days in default.

In the capital city for example the Delhi Police Act deals with the situation more firmly. The culprits booked under section 112/116 of the act creating nuisance in public place under intoxication can be fined upto Rs. 250/- whereas in Indian Penal Code no specific provision has been provided to deal with such persons. But the persons causing public nuisance under influence of liquor can be booked under section 290 of the I.P.C. which provides; "whoever commits a public nuisance in any case not otherwise punishable by this Code, shall be punished with fine which may extend to two hundred rupees.

Another provision, section 160 in the I.P.C. also can be used against the persons causing threat to public
peace. The provision states; two or more persons causing affray in public place can be dealt with but they may not be essentiality alcoholics.

Analysis of the provisions of law reveals that the present law has always taken a mind view against those indulging in drinking. Not only this, the law also protects intoxicant against one's will or without knowledge and by reason of intoxication caused thereby, one becomes incapable of knowing the nature of the Act or that he is doing what is either wrong or contrary to law and one commits an act which is criminal, that act comes under the exception provided under section 85 of the I.P.C Law presumes that such person has committed no offence. Section 86 of the I.P.C. also provides protection to the person who has been administered intoxicant without his knowledge or against his will.12

Possession of more than permissible quantity of liquor, illicit distillation and unauthorised storation of alcohol attracts the provisions of section 60 and 63 of the Excise Act. All offences under Excise Act are bailable as per rule 284 of the Excise Rules appended with Excise Act. But the real plight is that a big recovery of alcohol by the Excise and Police official is rarely found. Even if

there is a big recovery at initial stages, the case dilutes with the passage of time because bargains are settled from top to bottom because of deep-rooted corruption in the society. This is the general state of affairs however the exceptions cannot be ruled out and every one cannot be labelled as such.

Secondly, there are a good number of alcohol-related cases lying pending for years. Most of these cases show the recovery of one or two bottles; which may suggest a cooked up case. These cases hardly end in conviction because of lack of public witnesses or the witnesses turn hostile as they are stock witnesses of the police who are not believed by the Courts due to their Character as such which further encourages the hooch king to spreads his net more widely. Police personnel over burdened by their other duties rarely turn up for evidence in such cases. With the result these cases end in acquittal. Again prosecuting agencies often finds it hard to prove a case of illicit distillation due to lack of expertise and training to handle such case.

"It may be recalled here that illicit distillation, trafficking of alcohol and other alcohol related crimes are always from the purview of Narcotic and
Psychotropic Drugs Act 1985 which provides deterrent punishment; imprisonment of 10 to 30 years and fine of rupees one to three lakhs for production on illegal trade of dangerous drugs like heroin. Obviously it expresses sanction of the Governments to consume alcohol. Under obligation to perform it's duty the states provides adequate facilities to the drinkers, because psychologically drinking in lonely places under fear of police raids results in early loss of self control. At the same time the states have always adopted the measures to educate people to refrain from drinking because education in formative years does more than a law can do."

"The education in family environment – the Sanskars; the deep rooted attitude to face the struggles in the real life than to seek a very easy escape through alcohol and other drugs can keep a person away from the bottle because life is not something a rosy dream of fairly lands, it is full of thorny paths also. Sometimes there is a trouble within the individual; with the members of family; professional trouble and so on. Troubles trouble to trouble at every step of life. One has to learn to face the troubles."
"If attitudes and emotional built up is not strong
the troubled individual is free to drown himself deep and
deeper in the bottle as he wishes. Welfare states on
humanitarian grounds provides psychiatrists to help him to
get rid of alcoholism and societies also teach him
alternatives to remain sober. All are ready to help him if
he chooses to learn how to enjoy sobriety otherwise law
is there to punish him for his misbehaviour caused by
drunkardness. think the ultimate choice lies with the
individual."

WHO TURNS ON AND WHO DOESN'T?

According to every study that has ever been done
on the subject, drug is by far the most commonly tried or
used illegal drug in every population, social group,
community, and milieu in America. There is no close
competitor. In the past few years, as a result of the
upsurge in the use of "hard" drugs, it has become
fashionable to claim that heroin has "replaced" drug as
the most popular drug choice of the young, that drug use
is pass's. In actuality, drug use for exceeds heroin use;
the two are simply not in the same league. This is true
whether we study the college or whites, rich or poor. It
has been true in the past, it is true now, and in all
probability it will be true five years from now.
Why do young people use drug today? What are the main motivating forces behind "turning on"? It would be totally fallacious to assume that any behaviour as complex as the illegal use of drugs — or even the illegal use of a single drug — can be explained by a one-dimensional theory; many factors contribute to the use of drugs by an individual or group of individuals. Too often anti-drug propagandists attempt to simplify everything into a pat formula, which typically calls for some sort of solution. "The laws are too lenient" would be one such formula, and "crack down on drug users and supplies" would be its simplistic solution. "Parents are coddling their kids — permissiveness is rampant" is another theme, calling for a heavier parental hand. As usual, the picture is much more complicated. This does not mean that all explanatory efforts are doomed to failure. Certainly there are casual forces at work in drug use. We know in general who is "at risk" to turn on, but why they do so involves a bit of speculation. There are a number of solidly documented generalizations concerning those who try and use drug and hashish. But these generalizations are not necessarily "causes" for its use. They are merely statistical regularities that themselves require explaining. As a start, then, what are some regularities in who uses drug and who does not?
One regularity that has been empirically supported in a number of different studies in various locales is the generational continuity in drug use. Parents who use legal drugs—cigarettes, alcohol, and prescription drugs such as barbiturates and amphetamines—are more likely to have children who use illegal drugs, marijuana included. This does not mean that every drinking family will raise children who inevitably become junkies; it means simply that on the whole there will be important statistical differences between drinking families and abstemious families. There will of course be a multitude of exceptions to the rule, but the general pattern appears to be valid and is supported by many studies. Two high school students, Ted Lawrence and Jim elleman, conducted a drug-use survey at their Long island School (Lawrence and elleman 1970). After analyzing almost 1,500 questionnaires, they found that the tendency of students to use drugs such as soft drugs and LSD was significantly correlated with their parent's use of alcohol, cigarettes, and prescription drugs. A series of studies conducted by the Addiction Research Foundation among school children in Toronto (Smart 1970; Smart 1971; Smart, Fejer and White 1971) corroborated this finding. For instance, striking correlations were found between a mother's use of
tranquilizers and her children's use of illegal drugs. The grade school and high school students whose mothers took tranquilizers every day were almost three times as likely to have tried drug as were the students whose mothers never took tranquilizers - 32 per cent versus 12 per cent. Even stronger correlations were exhibited between parental drug use and a child's use of more potent drugs such as LSD, barbiturates, and opiates.

For instance, only 2 per cent of the children of "never" tranquilizer mothers had tried one of the opiate drugs but 15 per cent of the children of the "daily" mothers had done so. A third study, conducted by a team of public health experts at six sub-urban New Jersey high schools, found that parents who smoked a pack of cigarettes a day were four to five times more likely to have children who had experimented with dangerous drugs such as heroin and methedrine than parents who did not smoke at all (Lavenhar et al. 1971). The correlation was not quite as impressive with drug, but it was significant.

The link between parent's use of drugs and the use of illegal drugs by their children is typically not a direct one. The intermediary is cigarette and alcohol use among young people. Too often we accept the cliche that
liquor is the drug choice of the older, "establishment" generation, and drug of the younger, dissident generation. In fact, the two are only partial competitors, and then usually only at the upper levels of use frequency. Young adults who drink liquor and smoke cigarettes are much more likely to try drug. That is, people who use illegal drugs, especially, are fundamentally the same people who use alcohol and cigarettes - they are just a little further along the same continuum. Thus the use of legal drugs by young people is heavily implicated in the process of turning on to illegal drugs.

What other factors are related - although not necessarily casually - to drug use among young people today? Interestingly enough, there is a very strong, positive correlation between drug use and social class background. The higher the education, income, and occupational prestige of one's parents, the greater the likelihood of trying and using drug. This correlation has been verified in study after study, in community after community. This finding contradicts the prevailing folk wisdom on the subject - that illegal drug use is a "pathological" phenomenon and grows out of poverty, ignorance, and deprivation.
This generalization between drug use and social position. Young adults who have left the home of their parents are more likely to try drug if they are occupationally successful, earn a better than average income, and are well educated than those whose socio-economic status is below average. This finding has been verified by several Gallup polls; in one survey college graduates were almost ten times as likely to have tried drug as respondents with less than a high school education (Gallup 1969). It has also been verified in studies conducted by the New York State Narcotic Addiction Control Commission (Glaser and Snow 1969; Chambers 1971). In the first of these studies acquaintance with someone who had used drug in the past year (itself highly correlated with one's own use of drug) was positively associated with one's own education.

Political leftism is also statistically associated with drug use. This does not mean that every drug smoker is a radical or that all radicals turn on. It means simply that the two variables are correlated in a positive direction. Moreover, any statement about this correlation does not imply causality; most likely both liberal politics and drug use are related to a more permissive and
anti-traditional outlook that covers a wide range of attitudes and forms of behaviour. In a study sponsored by the Columbia Broadcasting System of college and non-college youths between the ages of seventeen and twenty-three, a remarkable correlation was found between a particular, self-designated political ideology and acceptance or rejection of the drug prohibition. Of those who called themselves "revolutionary" in political beliefs, 92 per cent said that they "rejected outright" the drug prohibition. As one moved right politically, this figures dropped: 45 per cent for those who called themselves "radical reformers," 32 per cent for the "moderate reformers", 13 per cent for middle-of-the roaders, and 7 per cent for conservative (Columbia Broadcasting System 1969). It would be impossible to deny that political ideology and drug use are strongly associated.

In the famous "Kinsey Reports", the most impressive statistical relationships were found between sexual traditionalism and religious orthodoxy. As we might expect the same correlation holds between religion and drug use that is, there is a negative relationship between
being religiously observant and using drug. People who adhere to formal, organized, religious institutions very rarely use illegal drugs; people who are estranged from religion are much more likely to try any and all illegal drugs.

Organized religion is not necessarily an absolute shield against involvement with drugs, but the religious are in a statistical sense unlikely to be attracted to drug use. Bruce Johnson's drug use survey also explored this relationship. Of those college students who said that they never attend church, only 26 per cent were complete drug abstainers. The more that a respondent attended church, the less likely he was to use drug. Among those students who attended church once a week or more 77 per cent had never used drug. At the other end of the spectrum, 31 per cent of the "never" church attenders and 4 per cent of the weekly church attenders used drug regularly (Johnson 1972).

We should not look at this relationship in oversimplified terms. Individuals with similar social characteristics or similar life styles tend to associate with one another. Being male or religiously alienated does
not necessarily "cause" drug use. But men, non-religious people, cigarette smokers, and political liberals are more likely to associate with one another. It is having friends who use drug that is the determining factor here, and not simply having some set of "background" characteristics. One's friendship network is the "intervening" variable between one's background and one's pattern of drug use. It is out of specific milieus that drug use grows - making and having friends within those milieus will encourage one to try the drug oneself. Thus background factors do not necessarily lead to drug use directly; they lead to an association with others who share certain socio-cultural traits, and this association in turn "leads to" drug use. It also leads to a kind of insulation from those who do not smoke drug, which reinforces one's commitment to the use of the drug.

The critics of drug use say that one of the most insidious aspects of the drug scene is the social pressure, that many young people smoke drug because their friends would make them feel like social outcasts if they refused. This is to some extent true, but it is also true of anything related to group values and behaviour. It is
as applicable to attitudes or actions that mainstream society considers "good" as it is to negatively valued behaviour. There is social pressure to wear one's hair short in some groups, and to wear it long in others. A drinker will feel peculiar in some social circles, and an abstainer will feel out of place in others. We find it convenient to label as "insidious" any social pressures that we disapprove of, yet we forget that the social pressures urging us to do what we feel ought to be done operate in precisely the same manner.

The factor of drug-related friendships is thus absolutely crucial in the earliest stages of drug use. The subtle process of acquiring attitudes favourable to drug use consists of having friends and acquaintances who define the experience of use in favourable terms, of having a general ideology that prepares one for initially accepting drug, of realizing that those who are role models actually use drug, and of being intimate with others who use it. All these factors then powerfully conspire to impel the young person in the direction of using drug.
It would be inaccurate to claim that because sociological variables correlate so powerfully with drug use, personality attributes are not related to the process of turning on.

Non-users of drugs, then, tend to be more conventional, more traditional, more oriented toward the adult generation, and more "conservative" than drug users. They are less critical of things as they are, more accepting of the existing order. They believe more firmly in the rule of law, in the correctness of prevailing morality. They are less adventurous, less eager to stay beyond well-defined boundaries. They are more "dependent", if that is understood to mean that they need clear guidelines, a well-drawn blueprint of what is right and wrong. They are less tolerant of ambiguity. They tend to take orders well. They like being part of a team; they have faith in power hierarchy; they are "organization men".

ETIOLOGY

A clinically oriented hand-book on drug abuse has little time (and space) to discuss etiologic theories in great depth. There are two excellent books, authoritative and comprehensive, on the "implications of drug abuse/misuse or human body and mind". Those interested in the
intensive and depth study of the effects of drug misuse on human body and mind are advised to refer to them.¹


This new third edition is intended for all persons in interested in examining high use, high abuse drugs in America, and the impact these drugs have on individuals and society. This book can be used in health and drug education classes, public health courses, parent groups and counselor training. It covers every major street and recreational drug, and every prescription and over-the-counter drug that has a history of abuse or misuse. In addition, many of the substances produced in quackery in America (or any country, including India) are discussed. Here is much material in the text, and in the appendices that will prove useful/valuable to health professionals, teachers, counselors, and law enforcement personnel. Nurses, nursing and pre-pharmacy students or para-professionals who need a broad overview of drugs and their implications for society can also use this their profit.
We now turn to this topic (etiology) to demonstrate two things: (1) How difficult etiology is to study, and (ii) How people erroneously tend to state tentative hypotheses as proven facts. As we shall see, a theory that makes sense, is not necessarily true, and a demonstration that factor 'A' is related to factor 'B' does not mean that the former caused the latter.

1. **PSYCHOLOGICAL THEORIES**

The usually involve comparison of drug abusers and no-drug abusers on performance on psychological tests. The approach at times neglects the possibility that the psychological attributes of drug abuser, who have been abusing drugs heavily for 5-10 years may be the consequence of their life style rather than the original cause. Proponents of psychological theories may also fail to differentiate between studies of why people abuse drugs and why people become drug regulars/addicts.

Richard C. Stephens, Mind Altering Drugs, p. 78-83.
These theories include "tension-reduction hypothesis" which despite the fact that most psychological evidence indicates that drug increases tension) states that drug abusers use drugs in an attempt to decrease their levels of stress. A second set of important theories centres on the premise that people begin to abuse or remain addicts because, drug in some way reinforces or rewards their behaviour through inducing pleasure removing, discomfort enchanting social interaction, and fulfilling the need to feel powerful or, on the other hand, helping them to self-destroy or to abolish unpleasant memories.

Studies of personality characteristics and levels of anxiety in addict and non-addict young men at high risk for the future of addiction versus controls, have demonstrated few significant differences between the two groups.

2. **Socio-Cultural Theories**

A second approach centres on socio-cultural theories, which use observations of similarities and differences between cultural groups and sub-groups as they relate to drug-taking practices. The major importance of
this approach is heuristic and no factors that are purported to be important in the development of addiction or dependency in one culture have been shown to generalize to more other cultures. An example would be the statements that religious have low rates of alcoholism because sectarian children are introduced to drugs within the home setting and drug is used as part of religious ceremonies a theory that ignores the very high rate of drug-abuse among the Sikhs or Hindus, Muslims, Parsees/SCs/STs for whom both factors also operate.

3. **BIOLOGICAL THEORIES**

A series of biological theories is found in the literature including the possibility that drug dependents are seeking relief from an inmate hypoglycemia that they have allergies to drug or the congeners found in alcoholic beverages, or that a differential brain responsiveness to alcohol and necotene exists in regulars addicts. Once again, it has not been established whether the psychological abnormalities of drug dependents were the initial cause of the heavy drug-abuse or resulted from a life-style of relatively poor nutrition, poor housing and environmental high stress, and high doses of ethanol.
One theory, which has had a great impact in the field by developing a focus on the chemical changes in nervous system functioning that result that drug may produce a morphine like substance in the brains of certain individuals that may subsequently be responsible for the level of addiction. These substances (tetrapy condensation of acetaldehyde and brain neurotransmitters such as dopamine or serotonin in the test tube.

Such observations have opened an important area of research, but it is not likely that levels of these materials capable of functioning as false neurotransmitters are actually formed in the brain after heavy duty abuse. These findings may tie into genetic propensity toward drug addiction, drug dependents, expalcoholics have been shown to have higher levels of acetaldehyde after drinking and it is possible that similar findings may occur in individuals at higher risk for the future development of alcoholism. At present, these findings are only of the theoretical interest and will require much more research work before their validity can be established.
4. **GENETIC APPROACHES**

A series of studies has established the probable importance of genetic factors in the genesis of primary drug addiction. This disorder has been shown to run strongly within the families, and rate of concordance (or sameness).

In fact, genetic approach forms part of physiological level perspectives\(^1\) : Stephens Richard C. has discussed under the umbrella of physiological level perspectives : Neurological actions, The Metabolic Deviciency Theory, Well's theory of the natural mind.

In fact, a critical evaluation of physiological level approach and genetic approach reveals their deficiency to the extent that they are unable to explain the drug abuse with sufficient success. Another set of important theories is referred to as Psychological Level Theories which include the Psychanalytic Approach, The Addictive Personality, The Medical Model of Drug Abuse, The Learning Theory of Drug Abuse, The Social Structure Prospective. However, none of them is found to be competent is explaining satisfactorily the problem of Drug Abuse.
Next follows Social Psychological Perspective which encompasses: Sociologically Oriented Social psychologists, Kaplan's Theory of Drug use. This perspective is also defective in certain important respect.

Sociologist and Anthropologists have subscribed to the sub-cultural approach. Under this leading banner fell The Socio-cultural Approach, The Socio-cultural Approach and use of Drugs other than Heroin.

What are the criticisms of this approach? There are those, citing the many psychometric and clinical studies of drug users, who do not believe it has much empirical validity. As I have tried to point out, such data are flawed, at least to some extent. Others simply cannot believe that "normal" people would use drugs such as heroin. (An interesting exercise is to ask such individuals how they feel about cigarette smokers; would "normal" people become addicted to a proven dangerous, and often fatal drug such as tobacco?) Many simply accept the fact that drug abusers have to have something wrong with them. Such people probably will not accept the socio-cultural viewpoint proposed here.
Other criticisms of the perspective include the fact that it comes close to being tautological. Indeed, this is a valid point and must be examined carefully. One cannot say that people use drugs because they belong to a drug sub-culture and then turn around and "prove" the theory by demonstrating the existence of the sub-culture by pointing to the fact that its members use drugs. However, if role is defined in terms of expectations rather than behaviour, this tautological trap can be avoided. The sub-culture theory also cannot adequately describe why some who are exposed to the sub-culture become members and others do not.

**INTEGRATED MODELS OF DRUG ABUSE**

Thus far we have looked at theories that have emphasized one level of conceptualization, whether individual, group, or societal. Some researchers have adopted the viewpoint that these levels need to be integrated in an effort to develop a more complete theory of psychoactive drug use. Two such attempts at generating integrated models have been made recently: the explanatory models of adolescent drug use developed by Elliot and his colleagues (1985) and by the Jessors (1977). Both of the models are presented in monographs; space limitations preclude more than a general outline here.
ELLIOTT'S INTEGRATED THEORY

Delbert Elliott and his colleagues draw heavily upon several theoretical traditions in sociology. Two of these perspectives - social learning theory and strain theory (Merton) were discussed earlier in this chapter. The third perspective upon which he draws is social control theory. Social control theory basically asserts that individuals are constrained against committing deviant acts because of their bonding (or emotional attachment) to non-deviant others. According to Elliott, there are also positive motivations to commit deviance that emanate from bonding and commitment to deviant others. Elliott develops a sophisticated casual model combining the following clusters of independent variables:

1. Socio-cultural environment, consisting of social dis-organization and the availability of illegitimate learning structures. For example, a child might grow up in a neighbourhood characterized by poverty and social dis-organization and where delinquent and drug-using groups are easily accessible.
2. Primary environments, which is composed of the kinds of early socialization experiences to which the child is exposed. In one environment children are effectively socialized to bond to conventional groups and commit or ineffective early socialization are more at risk of bonding to deviant groups and of committing deviant behaviour.

3. Conventional bonding. Elliott maintains that people vary the degree of conventional bonding they undergo. Some are fully committed to non-deviant behaviour and have strong internal and external controls against deviant behaviour. Others have weak ties to non-deviant groups and norms and thus are more likely to engage in deviant behaviour.

4. Deviant bonding. Some individuals experience a very positive motivation toward deviance and receive rewards from committing deviant acts. Deviant bonding, or an integration with and commitment to deviant others, results.

5. Strain. As can be seen in the earlier discussion of Merton's work, strain results from the individuals's feeling that he or she is blocked from access to opportunities to achieve personal success goals.
Elliott and his associates have combined these variables into a causal model of delinquency and drug use:

"This etiological sequence identifies strain, inadequate socialization, and social disorganization as the primary causes of weak bonding to conventional groups, activities, and norms. It further specifies that weak conventional bonding and/or high levels of strain lead some youths to seek out and become bonded to peer groups that provide positive reinforcements for and modeling of delinquent behaviour; i.e., delinquent groups. And finally, it specifies that bonding to delinquent groups, when combined with weak bonding to conventional groups and norms, leads to a high probability of involvement in delinquent behaviour (1985: 65).

After empirical tests of the model, Elliott and his associates conclude that the integrated model is highly explanatory, especially of drug use.

THE JESSOR'S THEORY OF DRUG ABUSE

Richard and Shirley Jessor have proposed a fairly complex, integrated social psychological theory of adolescent drug use (and other deviant behaviour). This explanation, which sees personality as the main theoretical variable, is called problem behaviour theory.
The Jessors argue that problem behaviour, as well as conforming behaviour, comes about from an interaction of the child's personality with the environment. The personality system is composed of a number of specific variables that belong to three component structures – a motivational – instigation structure, a personal belief structure and a personal control structure. The motivational instigation structure is represented by the relative value that the adolescent puts on academic achievement, independence, and peer affection. The personal belief structure includes variables that either encourage or discourage youth from engaging in problem behaviour. Included here are social criticism, alienation, self-esteem, and internal-external locus of control (e.g., whether one believes one's actions are under one's own control or are due to the actions of others). Finally, there are the variables in the personal control structure that militate against deviant behaviour. These include one's attitudinal tolerance of deviance, religiosity, and the discrepancy between positive and negative reasons for engaging in behaviours such as drug use, premarital sexual intercourse or drinking.
The main characteristics of proneness to problem behaviour in the personality system include lower value on academic achievements; greater social criticism and alienation; lower self-esteem and an orientation toward an external locus of control; greater attitudinal tolerance of deviance; lesser religiosity; and more importance attached to the positive, relative to the negative, functions of problem by Timothy Leary in 1966. One of more durable cult is the Church of Awakening founded by two physicians John and Louisa Aiken in Mexico during 1958. In 1970 it had a country wide membership of 4000. The members of this cult administered both Peyote and Mescaline sacaramentally and with complete safety until prohibited by law.

SOCIAL PERCEPTION OF DRUG ABUSERS

Our earlier communication reported on 14 long-term drug abusers on their psychological and cognitive functions against non-users drawn from the general respondents (300 sampled hostelers) to which the users belonged. The study did not reveal any significant difference between the two groups.

1. We took the cue from R. Roy, "Social Perception of Cannabis use" in
To confirm these observations it was decided to interview the close relative of the regulars and addicts (14 in our case) to look for any perceptible decline, in social functioning among the 14 users to them.

Poor performance in examinations may indicate intellectual decline, but deterioration of cognitive functions is likely to accompany a decline in social functioning. The last 14 persons among the drug users (of the 300 sampled respondents) as assessed by their low performance in examinations, were chosen for the present intensive study. One of the close family members (or close friends/relatives) was interviewed to elicit further information. A formal permission for the interview was obtained from all the 14 users.

The respondents were asked the following questions in the following order:–

1. Duration of contact with the user and the relationship with the respondent.

2. Any change as observed by a respondent in the personality of the user in the last five years.
3. The following areas were covered:

(a) Level of ambition and aspiration.
(b) Competitiveness
(c) Unconventional attitude.
(d) Level of intelligence.
(e) Level of honesty.
(f) Religious/spiritual inclination.
(g) Any other significant information.

4. Subject's work history and productivity level.

5. Subject's involvement in quarrels with others resulting in physical injury or involvement with the police/law.

6. Whether the subject was a drug user to the best of respondent's knowledge.

7. The respondents were asked about their attitude towards drug use and the choice between alcohol and cigarettes (nicotine containing substances) or between the drug used by his friend relation/kin etc. (the regular or addict) as intoxicant agents.

All the respondents, fortunately for us, agreed easily to be interviewed. Of course, there was some
hesitation showed by three of them in respect of some penetrating queries relating the loss of social prestige or social respectability of regulars/addicts. It is but natural for humans to conceal/distort/mirespresent things on such sensitive matters for one likes to confess slight or damage done to his/her relatives/friend's social position. However, I could with some initial difficulty was successful in establishing a close rapport with the respondents and with the help of suggesting/leading questions or sometimes by using innundoes or insinuation in general and draw/elicit relevant information on the problem.

Among our respondents were both males and females. They full cooperated with me. They were assured anonyosity and were freely communicative.
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<th>S.No.</th>
<th>Question About</th>
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<th>DEPENDENTS</th>
<th>Grand Total</th>
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<td></td>
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<td>Minimum 3 Years</td>
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<td>RELATIONSHIP</td>
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<td>a)</td>
<td>Friends</td>
<td>29 (80.5)</td>
<td>7 (19.5)</td>
<td>36 (100.0)</td>
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<td>b)</td>
<td>Parents</td>
<td>33 (86.8)</td>
<td>5 (13.2)</td>
<td>38 (100.0)</td>
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<td>c)</td>
<td>Siblings</td>
<td>28 (73.7)</td>
<td>10 (26.3)</td>
<td>38 (100.0)</td>
</tr>
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<td>d)</td>
<td>Relatives</td>
<td>25 (65.8)</td>
<td>13 (34.2)</td>
<td>38 (100.0)</td>
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<td>e)</td>
<td>Hotel Warden</td>
<td>25 (65.8)</td>
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<td>f)</td>
<td>Hotel Prefect</td>
<td>32 (84.2)</td>
<td>6 (15.8)</td>
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### CONGITIVE FUNCTION
**SOCIAL FUNCTION**

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| a) Ambition/Aspiration | 10 (19.6) | 3 (23.0) | 13 (25.4) | 8 (21.8) | 4 (30.7) | 12 (23.5) | 38 (74.5) | 13 (25.5) | 51 (100.0) |
| b) Competiveness      | 11 (21.5) | 4 (30.7) | 15 (29.4) | 12 (31.6) | 3 (23.0) | 15 (27.4) | 35 (68.6) | 16 (31.4) | 51 (100.0) |
| c) Unconventional behaviour | 7 (13.7) | 3 (23.0) | 10 (19.6) | 9 (23.7) | 2 (15.4) | 11 (21.5) | 37 (72.5) | 14 (27.5) | 51 (100.0) |
| d) Intelligence       | 6 (11.7)  | 1 (7.7)  | 7 (13.7)  | 6 (15.7)  | 2 (15.4) | 8 (15.7)  | 34 (66.6) | 17 (33.4) | 51 (100.0) |
| e) Honesty            | 1 (2.0)   | 1 (7.7)  | 2 (5.8)   | 2 (2.6)   | 1 (7.7)  | 3 (5.8)   | 33 (64.7) | 18 (35.3) | 51 (100.0) |
| f) Religious/Spiritual | 1 (2.0)   | 1 (7.7)  | 2 (5.8)   | 2 (2.6)   | 1 (7.7)  | 3 (5.8)   | 30 (58.8) | 21 (41.2) | 51 (100.0) |

### TOTAL

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<th>INCREASED EFFICIENCY</th>
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| 3. Productivity | 13 (28.4) | 4 (23.6) | 9 (69.0) | 4 (31.0) | 16 (76.0) | 5 (24.0) | 38 | 13 |

| RISE | FALL | NO CHANGE |

| 4. Social Position | 10 (59.0) | 5 (12.0) | 2 (19.6) | 4 (39.2) | 20 (43.1) | 2 (0.0) | 38 | 13 |

**Rating was entirely arbitrary and was dependent upon the respondents subjective evaluation on the various parameters.**

**Males and females have not been separated.**
We contacted drug users parents, friends, siblings, relatives and hostel/college/university authorities to know about their perception of the drug abusers. The drug-abusers were divided into two groups: who had upto three years contact with the above mentioned parties, and those who had contacts with them upto five years. 36 and 15 drug regulars/addicts had the first type of contact and upto five years contact respectively with parents. 33 and 5 drug abusers had the similar duration contact with friends, 28 and 10 and 10 and 3 respectively with siblings and 25 and 13 and 13 respectively with relatives, 25 and 13 and 9 and 4 with the hostel wardens and 32 and 6 and 13 respectively had close contacts with the hostel prefects. All these persons (whose perceptions about drug abusers were to elicted) were asked confidentially the relevant questions. Their perceptions about drug abusers were elicit on the following parameters: cognitive functions and social function; productivity (academic efficiency or performance and achievement in the field of extra-co/curricular activities had social position. The responses were quite dis-similar. Whereas in the case of social function and cognitive functions 25.4 per cent told that drug abusers were
capable of realising their ambition/aspiration - upto 3 years contact cases, and this capability increased by drug abusers, 23.5 per cent said that the drug abusers were seen with reduced capability to realise them. The competitiveness in case of 29.4 per cent (upto 3 years contact) and 27.4 per cent (upto 5 years contact) was seen to have decreased. No change was indicated in case of 74.5 and 25.5 (a); 68.6 and 31.4 (b); 72.5 and 27.5 (c); 66.6 and 33.4 (d); 64.7 and 35.3 (e); & 58.8 and 41.2 (f) respectively.

On the parameter of productivity, increase in efficiency was indicated in case 76.4 and 23.6; decrease in efficiency in case of 69.0 and 31.0 and no change in efficiency was perceived in case of 76 and 24 per cent respectively.

Similarly, on the parameter of social position, rise was perceived in 59 and 12, fall in 19.6 and 39.2 and no change in 43.0 only respectively.

None of the respondents refused to be interviewed in our case. They were assured anonymity and were freely communicative.
1. In the above mentioned survey, four respondents gave history of violent behaviour on the part of the subject resulting in physical injury. None of the respondents had been in police custody or faced charges before a court.

While in our case, 10 subjects were alleged to have indulged in violent behaviour and 3 of them faced police batons and custody and 2 of them were landed in a court of law.

2. In the said study by Ray, six of the respondents knew that the respective subject inquired about were regular users of the drug. Two of them said that the respective subjects were occasional users. One told that the subject had not tried any kind of intoxicating drug to the best of his/her knowledge.

In our case, 15 respondents knew that the respective subjects inquired about were regular users; twenty of them said that the respective subject were occasional users, 5 said the subject had not tried any intoxicant.
3. Eight of the respondents (in Ray's study) did not approve of any drug use; seven said that alcohol/nicotine was less preferable to hard intoxicants; they were tolerant cannabis.

In our study, 30 said that they approved of mild intoxicant to hard intoxicants or narcotics. 14 said that alcohol/nicotine use was smeared with social respectability. They were not harmful, or if harmful, the effect was noticed only when used high doses. None of the respondents approved use of the hard drug or narcotics. In fact, they admitted that hard drug was makes one.

**RESEARCH IN DRUG ABUSE**

**PSYCHOTROPIC SUBSTANCES IN RETROSPECT**

Give me a bowl of wine -
In this I bury all unkindness

*(Julius Caesar)*

The existing literature suggests that researches of diverse dimensions have been conducted by various disciplines of human sciences on psychotropic substances and their usages. in the following pages a brief account
of such researches undertaken are evaluated and discussed in the light of the present study. Further, at the outset we would like to mention that the evaluation of only those literature have been attempted which deal with hemp and opium since the main focus of our study in their usages in various forms among human groups. But their usages in various forms among human groups. But reference will be made of the studies conducted other than the mentioned psychotropic substances if the need will be felt to treat the subject on a wider perspective.

The old world had known psychotropic substances, drugs and plants for centuries before it surrendered its knowledge to Europe. Consequently, the so-called 'dope literature' is quite recent. The earliest recorded literature is of Thomas D. Quincey (1821). His famous "Confessions of an English Opium Eater" founded the genre of writings since 1821 and onwards. Though the mention of the effects of such psychotropic substances have been traced in many writings of not only the researchers of various disciplines but also literary works of established authors. As for example, the recent researches into Levi Carroll's 'Alice in Wonderland' has established that the author had conceived one of the characters of the Caterpillar with his hukka as a drug addict.
Further, the most talked about works of Aldous Huxley (1954, 1975) "The Doors of Perception" and "Moksha" have lucid details about his experiments with mescaline derived from Peyote cactus. The earlier studies conducted to document the indigenous health practices brought forth the fact that the psychotropic substances have been used not only for medicinal purposes but also for performing certain cults prevalent in various societies. Efron (1967) reviewed the ethnopharmacologic search for psychotropic drugs including materials on various cults. Wasson (1957, 1968) traced the use of mushrooms as psychotropic substances in the history of population living in Russia Persia. Further, with special reference to Indian context we find the mention of the psychotropic substances like opium and Indian hemp by some of the practising doctors in pharmacopia India. The Bengal Dispensatory (1842) which gave a detailed account of the preparaiton of opium in Calcutta and results of the investigations for medicinal properties of Cannabis conducted by European physicians in India. The medical practitioners like O'Shaughnessy (c.f. Dymock et. al., 1842) tried Opium more or less with success in various diseases like titanus, hydrophobia, rheumatism, convulsions in children and cholera. Dr. J.E.T. Aitchison (c.f. Dymock et. al., 1842) stated that
oil of the seeds of Cannabis was in use in Kashmir as a liniment for rheumatic pains. Further, tincture of this plant was used as a perfect anaesthetic agent. Some of the medicinal uses of Cannabis and Opium are summed up as follows:

1. As a sedative;
2. Uterine contraction in case of uterine haemorrhage;
3. To increase the labour pains;
4. To relieve various muscular pains;
5. To restore mental faculties in cases of mental disorders;
6. During teething of children; and
7. To cure epileptic convulsions.

The literature on pharmacological researches revealed the existence of certain cults in the societies of America. The native American Church and Bwiti cult have been studied more thoroughly than any other pharmacological cult. The American Church cult developed into syncretic religion, differing from tribe to tribe in minor details and in degree of assimilation of Christian elements. In this particular cult the Peyote—psychotropic drug, occupies a high ritual position. Peyote is highly venerated and is equated with a 'gift of God,' sometimes with God.
This psychotropic drug is looked on partly as the possessor of magical qualities like protection, healing, revealer of hidden knowledge and partly as a guide that motivates, strengthens and guides the followers in various tribes. There is an estimated figure of three lakh members of this cult. Since these cults use various psychotropic drugs, they have received harrassment and unsympathetic criticism by a majority of Christian Missionaries. Consequently, the history of such communities are brief and the existing communities have moved to rural or even to forecast areas. This statement may be substantiated with the example of League.

SOLUTION TO THE DRUG PROBLEM

Let us begin with the question: "What is the solution to the drug problem". The anxious public asks. Official repeat the question and found research projects that hint at an answer. Actually, the deeper and more specific meaning of this question is: How can we get people to stop using certain drugs with a minimum of economic cost, and without disrupting existing social institutions and arrangements? The answer to this question is that there is at present no possible solution
to the drug problem. There is no program in effect or under discussion that offers any hope whatsoever of a "solution" asking for the solution to the drug problem is a little like asking for the solution to the accident problem the food problem, the sex problem, or the violence problem. There are simply certain forms of behaviour that will produce, or will be associated with, the use of drugs. The use of mind-altering drugs is linked to broader social forces and influences that are not going to change very much, at least during this century. There will probably always be a pool of "drug-prone" individuals. Of course, if some master visionist a hundred years ago had been able to predict future drug discoveries and use trends, it might have been possible to develop alternatives to psychoactive drugs; but history is behind us, and nothing can undo the past and present forces that have produced the existing situation. "This long quote is from the famous book by eminent Prof. Good Erich" "Drugs in American Society". ¹ We were obliged to resort to this strip because there is great hue and cry in American Society, the most advanced western civilization, facing real drug menace in the form of addiction of anger generation to Marijuana (or Hashish or Ganja) and others
numerous drugs, manufactured from natural as well as synthetic elements, has been the subject of wildest possible enquiry and discussions among all shades of Researchers including sociologist and social workers cum social engineers.

Erich Good says further about the social control of drugs most elaborately we are herewith giving a brief summary of his concluding part of the ever mentioned book. This is being done because it is most relevant for us in India which is still not facing the so-called drug deluge or the drug epidemic.

Efforts at the social control of drugs - such as reducing the supply, increasing the social or economic, cost, and instituting stiffer penalties for use - will often have some impact; they may produce a temporary reduction in the number of users. But typically they result in far more serious secondary social maladies. Efforts at social control will nevery by more substantial than a minor "finagle factor". The only real impact on drug use will come about as a consequence of drastic and massive social change, on a scale that will destroy American society as we know it today. This may be positive
or detrimental, depending on one's point of view. One solution on this scale would be to execute anyone suspected of using an illegal drug, without trial or evidence, this is clearly impossible and unrealistic (not to mention barbaric), but it would probably do the trick after something like a quarter of the American population had been murdered. A second solution would be to undertake a massive program to totally restructure the society to insure that all Americans live a life they consider meaningful. This would, at the very least, involve the total elimination of poverty, racial discrimination, warfare, a sterile and alienative educational system, boring employment, and a wretched public bureaucracy. However, this too is impossible, because much of the public as well as those in positions of power, either does not see these issues as the crushing problems that many compulsive drug users do or is not willing to pay the price to do anything about them. Moreover, this solution might reduce alcoholism and narcotic addiction but not the recreational use of psychoactive drugs, such as weakend marijuana smoking.²
In short, I do not feel that any of the solutions that would make a meaningful dent in the addiction problem are in the ball park. The only realistic approach to the drug problem is to develop methods, not to eliminate drug use or even to drastically reduce it, but to live with it and to make sure that drug users do not seriously harm themselves and others. Drug use is here to stay, and the only way to eliminate illegal drug use is to eliminate the laws outlawing the use of certain drugs. Addiction is a fact of American life. Heavy, frequent, compulsive, chronic drug use is also here to stay. Something might be done about the use of certain drugs - it might be realistic to ask, not too restrictively, which drugs will be available to the American public or steps might be taken to reduce the relative size of the addict population - for example, the nation's 9 million alcoholics or its 2,500,000 heroin addicts - but a drastic or even substantial reduction is not feasible. A large number of chronic users of various drugs will probably always be with us, at least for the next two or three generations. Thus the issue we should be exploring is: Given a population of heavy drug users in the society, how can we minimize harm to everyone involved?^3

Stephens, Richard, E. Mind Altering Drugs, page 103.
OUR OWN PERSPECTIVE

It should be obvious at this point that we, too, feel that the phenomenon of drug abuse is extremely complex. Although we certainly do not have a solution, we have reached some general conclusions about drug user and ways of dealing with it. We believe are supported by the facts currently known:

1. We must accept the fact that drug use will always be with us. For millennia men and women have used some kind of substance to alter their consciousness. Whether this is, as well maintains, an inherent human trait may never be known. However, what is known is that there has probably never been a period of time in human history when we did not at least occasionally seek some non-normal state of consciousness. Total abstinence, either as a general societal goal or as an individual treatment goal, for many abusers

1. This perspective has evolved out of numerous studies on drug abuse as well as our approach to the problem under enquiry.
is unattainable. I agree with Goode when he concludes that "the only realistic approach to the drug problem is to develop methods, not to eliminate drug use or even to drastically reduce it, but to live with it and to make sure that drug users do not seriously harm themselves and others".

2. For many drug use is an enjoyable activity. This "fun" aspect is rarely alluded to in the professional literature. Yet it is the rare individual who does not like to "let his or her hair down". Once in a while, and even individuals may seek the release from inhibitions provided by many psychoactive substance. This is another reason why drug use will always be with us.

3. Many of these substances, when used properly, occasionally, and in moderate does, probably are not harmful. This statement assumes that the user obtains drugs that are free of harmful additives, an assumption often unmet with street drugs. Certainly many illegal psychoactive substances would appear to be no more harmful than alcohol and tobacco, and in some instances are probably less harmful.
4. Many of the serious health consequences that accompany psychoactive drug use are due to the fact that the substance are not used properly, occasionally, or in appropriate dosages. I guess that at least some of this misuse is due to a lack of knowledge about how to use drugs properly, clearly such a situation presents a clarion call for appropriate education.

5. Accordingly, there is a need to develop a strategy whereby persons can learn how to use drugs safely and reasonably. Whether such education is to be offered in the school (as adjuncts to health classes) or outside of the school should probably be decided by each individual community. The point is that much information is provided to students about the dangers of drug use, but I know of little information that is available to them about how to protect themselves should they decide to experiment with drugs.

This is not to say current educational prevention efforts should be halted. I believe, alongwith most Americans, that regular and heavy use of
drugs is not a desirable state. Therefore, there is a continuing need for both youth and the public in general to be educated about the dangers of drugs. Youth also need to know how to cope with emotional stress and how to resist peer pressure to use drugs (topics of central concern in many prevention programmes today). New and innovative types of programs, such as teaching students how to change their state of consciousness (as proposed by Weil, 1972), also need to be offered to students.

6. Society must cope with the problem of adulterated drugs in the street marketplace. Possibly more clinics need to be established to test the purity of drugs. Users could send samples to these clinics to make certain the drugs are safe.

7. We need to recognize the fact that psychoactive drugs are vastly different from one another. They cannot be lumped into one category, as so often happens both in the law and in the mind of the general public. The way to deal with these drugs is not as a totality, but rather by considering each type of psychoactive substance separately.
Clearly marijuana appears to be a much more benign drug than, say, PCP. Heroin, in some ways, may be less dangerous than barbiturates (or possibly even tobacco). We need to develop legal policies that are more rationally based and that take into account the different physiological, psychological and societal impacts of use of these substances.

As a result of viewing drug use in this new, more complex light, we might decide to deal with use of different drugs differently. For instance, we might legalize or at least decriminalize marijuana. We might establish a heroin maintenance program on an experimental basis. We might even decide to penalize more heavily certain substances such as PCP. Whatever position we take, we need to do so on the basis of fact and logic rather than raw emotion and half-truths.

As a society we need to accept the fact that there will always be certain people who will be severe drug abusers. As we have seen, drug use is not simply the act of a desperate person seeking escape from an unbearable situation. Drug use must
be understood in much larger socio-cultural context in which it is found. The social structural conditions in which some drug abuse, such as heroin use, occurs will be with us for a long time. Therefore, we should probably expect that for an equally long time we will have drug abuse with us.

9. We need to continue to provide treatment programs for those who no longer wish to use drugs. I am not sanguine about the effects of treatment for those who do not wish to give up their drug use, but the chances of success are greater for those who are truly motivated to stop. We need to continue to offer a variety of programs to such individuals.

10. Finally, we need to develop strategies on rationality and knowledge. Knowledge is generated by research, and we need to continue to conduct and support such research efforts. If this book, which has drawn upon existing research, contributed to furthering readers' knowledge about psychoactive drugs, how they are used, and why they are used, then it will have achieved its goals.