CHAPTER - 2

REVIEW OF LITERATURE

2.1: Introduction

Review of literature is an essential aspect of a research work. It is of great help to the researcher and works as guide for him. Review of related literature serves as a pointer to the lacuna in the concerned piece of research work. The review of literature may not be systematic but it has been done in such a way to indicate and elaborate the causes, problems, consequences, and various contributions in the field of drug and alcohol related problems. The following are the related literature that the researcher has taken the initiative in providing the basic information on the related research topic. The review of literature had been reprieved from various perspectives such as Primary and secondary data, Reports, Articles, Magazines/Journals, Internet data/websites and various write ups on the twin problems of dependence on drugs and alcohol.

When we talk about addiction, people tend to think only of drugs, ignoring the other aspects where everyone is addicted to something or somewhere at any level, as Schuckit (1995) points out that, “there are a number of other practices that have considered for inclusion. For instance, there are parallels between obesity (i.e. the use of food to the point of abuse) and the misuse of the most usual drugs. Similarly, the compulsion surrounding some forms of gambling has much of the “feel” of the obsessive behavior observed during the substance abuse.” In other words, addicted to drug is just a symptom which is visible, out of many addictions, and in fact all addictions are equally harmful.

Madan (1969) has stated that alcoholism and drug addiction are harmful not only for the individual but also for his family and the society at large. There is a well-known proverb “Once a drinker always a drinker”. The truth is that all hard drinkers start with moderate drinking and gradually increase the quantity to become addicts.

Hiramani and Sharma (1988) has given three interpretations for the use of drugs: One school interprets it as ‘anti-social behaviour’ calling for suppressive measures against the
users branded as ‘deviants’; the other school views the issue as one of ‘personal maladjustment of troubled individuals’ requiring medical or psychiatric treatment; and the third school considers the use of drugs as the end-product of functioning of social and cultural sub-systems that produce status problems and interest conflicts.

Macionis (2001) states that re-socialization means radically changing an inmate’s personality through carefully controlling the environment. Re-socialization is a two-part process. First, the staff breaks down the new inmate’s existing identity, using what Goffman describes as “abasements, degradations, humiliations, and profanations of self.” In the second part of the re-socialization process, the staff tries to build a new self in the inmate through a system of reward and punishments. Re-socialization can bring about considerable change in an inmate, but total institutions affect different people in different ways. While some inmates are considered ‘rehabilitated’ or recovered, other may change little.

Rao (2004) views socialization as a process whereby an individual becomes a functioning member of the society. The individual becomes socialised by learning the rules and practices of social groups. By this process the individual develops a personality of his own. Peter Worsley explains socialization as the process of “transmission of culture, the process whereby men learn the rules and practices of social groups”.

Ahuja (2003) has illustrated the following nature and impact of abusable drugs. The abusable drugs may be divided into six categories: alcohol, sedatives, stimulants, narcotics, hallucinogens, and nicotine. Alcohol is used by some people as a normal, pleasant and sociable activity, while others take it as a spur which enables them to work. It also acts as a sedative which calms down nerves or a kind of an anesthetic which reduces the pain of living. Alcohol relieves tension and lessens aggressive inhibition. It also impairs judgment and creates confusion.

Sedatives or depressants relax the central nervous system, induce sleep and provide a calming effect. Tranquilizers and barbiturates fall into this category. Medically, these are used in high blood pressure, insomnia, epilepsy and to relax patients before and during surgery. As depressants, they depress actions of nerves and muscles. A person’s ability to think, concentrate, and work is impaired and his emotional control is weakened.
Stimulants activate the central nervous system and relieve tensions, treat mild depression, induce insomnia (keep a person awake), increase alertness, contract fatigue and expressive drowsiness, and lessen aggressive inhibitions. The most widely known stimulants are amphetamines (popularly called ‘pep-pills’) caffeine, and cocaine. The stimulant drugs are usually taken orally, though some (like methedrine) are taken by intravenous injection.

Narcotics, like sedatives, produce a depressant effect on the central nervous system. They produce feelings of pleasures, strength, and superiority, reduce hunger, lessen inhibitions, and increase suggestibility. Included in this category are opium, marijuana, heroin (smack), morphine, pethedine, cocaine (all opiates) and cannabis, (charas, ganja, and bhang).

Hallucinogens produce distortions of perception (seeing or hearing things in a different way than they actually are) and dream images. Their use is not advised by the medical practitioners. The well known drug in this group is LSD, which is a man made chemical. Usually, LSD is taken orally but it may also be injected. The effect of an average dose of LSD usually last for eight to ten hours.

Nicotine includes cigarettes, bidi, cigars, snuff and Tobacco. Nicotine has no medical use. The risk of physical dependence however, may be there. It leads to relaxation, stimulates the central nervous system, increases wakefulness and removes boredom. But frequent or heavy use of nicotine may cause heart attack, lung cancer, and bronchitis. The law does not classify this as a drug.

2.2: Concepts and Definitions

Kane (1962) states that in 1950, the expert committee on drugs liable to produce addiction which is a sub-division of the United Nations World Health Organization (WHO) defines drug addiction as drug addiction as a state of periodic or chronic intoxication, detrimental to the individual and to society; produced by the repeated consumption of a drug either natural or synthetic. Its characteristics include:-

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

Kane (1962) indicates the definition of alcoholism by Mark Keller as, alcoholism is a chronic behavioural disorder maintained manifested by repeated drinking of alcoholic beverages in excess of the dietary and social uses of the community and to an extent that interferes with the drinker’s health and of his social and economic functioning.

Alcoholism Anonymous (1976) states “Once an alcoholic, always an alcoholic”. Commencing to drink after a period of sobriety, we are in a short time as bad as ever. If we are planning to stop drinking, there must be no reservation of any kind, or any lurking notion that someday we will be immune to alcohol.

Palen (1979) states that the use of drugs is seen as a social problem because it tends to prevent people from leading responsible, self-controlled life. Those drugs which are thought to produce the greatest physiological and psychological damage and dependency are viewed most harshly. Although the term addiction is still commonly used, the World Health Organization (WHO) in 1969 suggested that a better description would be physical and psychological dependence. Today, as a rule, the term addiction is used to refer to compulsive usage resulting in physical dependence.

Ranganathan (1992) denotes that, Addiction is a ‘family disease’ in every sense of the term. Treatment professionals should recognizes that addiction cannot be treated in isolation; improving patient’s relationship with wife and other family members is an essential element in treatment. L.J. Andrews and L.B. Novick and Associates (1995), developed the concept of addiction that it is incurable but treatable illness affecting the body, mind, and spirit.

Aggrawal (1995) has highlighted that Opium or afim can rightly be called the ‘King of Narcotics’. Perhaps no other narcotic enjoys so much popularity as opium. Strong addictive drugs such as heroin are synthesized from it. Opium comes from the poppy plant known botanically as papaver somniferum. The word papaver is a Greek word, meaning ‘poppy’. Somniferum is a ‘Latin’ word, meaning ‘I bring sleep’. Since opium does put one to sleep, its name is quite apt.
It is observed that more leisure time is needed to the ex-addicted persons. After leaving drugs, they have to be kept in different types of entertainment programmes like T.V. programmes, games and sports and audiovisual activities etc. (Modi, 1997).

The continued use of a substance for a purpose other than food amounts to ‘addiction’. However every use of a substance may not amount to ‘addiction’, unless such a use is of such a type or level that it is difficult or painful for the user to withdraw or stop it. According to the traditional medical usage, addiction refers to a condition brought about by the repeated administration of any drug, whereby the continued use of such drug is necessary to maintain normal physiological function and discontinuance of the drug results in abnormal physical and mental symptoms. Mac Farland points out that addiction has to be defined in relation to the impact the drug has on the behavior of a person. The relationship between the person and the substance determines how that person functions socially. She observes that addiction is a bio psycho-social process and defines addiction in the following terminology: - “Addiction is the compulsive use of a substance with loss of control and continued use of that substance inspite of negative consequences” (Uddin, 1997).

Virk (2002) states that the World Health Organization, now no longer recommends the term alcoholism but prefers the term “alcoholic dependence syndrome”. According to WHO, “Alcoholics are those excessive drinkers whose dependence on alcohol has attained such a degree as they show a noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations and their smooth social and economic functioning; or who show the predominant sign of such developments. They therefore require treatment”.

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual that is addicted and to those around them. Drug addiction is a brain disease because the use of drugs leads to changes in the structure and function of the brain. Although it is true that for most people the initial decision to take drugs is voluntary, over time the changes in the brain caused by repeated drug abuse can affect a person’s self control and ability to make sound decisions, and at the same time send intense impulses to take drugs. It is because of these changes in the brain that it is so challenging for a person who is addicted to stop abusing drugs (Jha, 2009:152).
The phenotypic approach in Grover’s (1939) writing shows that drugs are used to defend against aggressive and sadistic impulses. Crowley (1972) indicates that the drug addicted persons want to continue drugs to drive pleasure and mainly to avoid the pain from withdrawal.

The young persons throughout the world have become the most vulnerable group and easy victims of drug abuse. They are by far the largest drug abusing section of the population of any country. And it is also the youth who shape and influence the living environment of their fellow youth. Bhagbanprakash (2000) has stated the main factors responsible for the spread of ‘Drug abuse’ as the followings;

1. The increase in drug abuse mostly by youngsters is now a world-wide phenomenon. Obviously, the youth emerge as the most risk prone group in whom the illicit-drug-trade makes its deepest impression. The curiosity and quest for new experiences motivates the young people also to try the new ‘drug experience’, particularly when it is accessible and available. Another contributing factor to drug abuse is the peer-pressure. Young people in school, colleges, factories and farms sit, eat and work together. New ideas and experiments keep circulating in these groups influencing behaviour patterns and attitudinal changes. Many young people turn to drugs out of a sense of alienation. Youth is a period of psychological uncertainty.

2. Another factor, apparently innocuous, is the mass media that highlights the problem of drug abuse, sometimes out of proportion. Films project drug addicts as protagonists who get reformed by the power of romantic love. Tele-serials, radio plays and stories in print media discuss and dish out so much information about drugs that young curious minds get tempted to experience the ‘real thing’ as an exciting adventure with potential and promise of unknown pleasures.

3. A changing social environment is one of the main factors responsible for the spread of ‘drug abuse’ among the youth. The family structure in India plays a vital role in providing role models and conditioning attitudes and conduct. With the nuclearisation of Indian families during the last three decades, the longer absence of working parents from from homes and consequent involuntary neglect of children, the emotional and ethical support
structure of the family has been fast disappearing. The children of such families constantly in need of refuge and resort, seek and get in the drug-dens.

4. Mass unemployment of educated youth and migration of rural youth to urban centers in search of work have also played their role in precipitating abuse of drugs. While the educated youth, without jobs, take to drugs as a pastime or out of frustration, the rural migrants in the city, uprooted from their traditional social-cultural milieu resort to drugs in an attempt to overcome isolation, despair and loneliness. Away from the support and comfort of their families and homes and disillusioned by the urban alternative, the rural youth belong neither here nor there. For want of housing in an otherwise over congested town or city, they live in slums and ghettos often with criminals and anti-social elements. Here they not only fall prey to drugs but also get occasionally involved in drug trafficking for easy income.

Since the 1960s the international drug traffickers started pushing drugs into the Indian society. This plagues spread like wild fire in the eighties and has hit the impressionable youth the most. The most critically affected groups of drug abuse were college and school students, the unemployed youth, offspring of broken families and the blue collared workers. Indian cities such as Delhi, Bombay, Calcutta and Madras have large number of addicts. Delhi alone is estimated to have more than a hundred thousand of addicts, although these numbers are at best intelligent guesses. It is quite possible that a much larger number may exist unexposed, where the surveyors have not been able to reach (Ahuja, 1986; Mohan et al., 1981; Khan and Krishna, 1984).

The reasons why people turn to drugs are as varied as the types of people. Some of the contributing factors identified by the United Nations (UN, 1987) are peer pressure, curiosity, ignorance, alienation, changing social structures and urbanisation and unemployment.

In the context of socio-cultural aspects, the eminent sociologists Alistair (1985) pointed out that the main social influences towards drug use relate to minority group state; parental loss, separation, disharmony or illness, low income, divorce, failure in love, a state of deprivation, peer group influence towards deviant sub-cultural activities, restricted
opportunities for acceptable socialization, defective socializing influences, and easy drug availability.

2.3: Problems of Drug Addiction and Alcoholism

(i) Problems and Issues of Drug Addiction

Singh, et. al (1978) attempted to indicate that the family environment plays a great role in drug abuse behaviour. The study reveals that drug addicted persons, in general, hailed from families where at least one or two persons are affected by chain smoking or drug abuse. Khan (1985) illustrates that a number of research findings referred to earlier bring out differing views on drug-users. Some report that drug-users are creative (Buckman, 1971) while others infer that they are under-achievers. Like wise, while some observe that they are adequately integrated in the social group, others observe that they are some sort of ‘drop-outs’ (James, 1969). In other words, drug-users are outstanding and also not out-standing.

To prevent the problem of drug abuse, some scholars want to reduce the traditional methods of treatment of drug addicted persons. They emphasised on the psychotherapeutic approach, personality development and process of adaptation and adjustment with the environment of the drug abusers (Jayachandran, 1990). Prashant (1993) writes that the worst aspect of the drug trade is that it affects the vulnerable the most. The youth, who are struggling for an independent identity and who have the innate curiosity and urging for experimentation so essential for going ahead in the world, fall an easy prey to drug abuse.

Heroin and other drugs users frequently inject directly into their veins and share dirty needles. This is one of the major pathways for spreading AIDS. Prison authorities the world over are discovering, not only that more and more of their inmates are ill with AIDS or carrying HIV, but that the prison environment itself is conducive to spreading the virus. Single sex prisons lead to homosexual encounters, both voluntary and forced, while the presence of drugs, together contraband needles and no means of sterilization, leads to rapid transmission through intravenous drug use (Gracious, 1994:79).

Riehman (1996) indicates that HIV is spread from IDUs to the general population through unprotected sexual contact. Virtually all studies of risk behavior among IDUs in both developed and developing countries find that IDUs are sexually active; having both injecting
and non-injecting partners, and uses condoms infrequently. While most studies show that there is a stronger association between injecting behavior and HIV seropositivity, some do indicate that sexual behavior contributes to HIV risk among IDUs. Panda, Chatterjee, Abdul-Quader (2002) observe that besides through sharing of injecting equipment, HIV is also transmitted and acquired through unprotected sexual intercourse. Ahuja (2003) writes that an alcoholic is different from an ‘occasional drinker’. Any person who takes alcohol is a ‘drinker’, while a ‘compulsive drinker’ who cannot live without taking alcohol is called an ‘alcoholic’. Drug users, who take drugs to seek instant remedies to their depression, frustration and anger, suffer physically, economically, emotionally as well as socially.

Ahuja (2003) states that drug is a chemical substance associated with distinct physical and/or psychological effects. It alters a person’s normal bodily processes or functions. But this definition is too broad. In medical sense, a drug is a substance prescribed by a physician or manufactured expressly for the purpose of treating and preventing disease and ailment by its chemical nature and its effect on the structure and functions of a living organism. In the psychological and sociological contexts, drug is a term for habit forming substance which directly affects the brain or nervous system. More precisely, it refers to “any chemical substance which affects bodily function, mood, perception, or consciousness which has potential for misuse, and which may be harmful to the individual or the society”. In terms of this definition, the frequent use of drug is considered so dangerous and sometimes even immoral and anti-social that it arouses a variety of indignant and hostile sentiments on the part of general public.

Ahuja observes that drug abuse has become a growing threat to humanity. Drugs pose complex problems for law enforcement agencies, while drug traffickers and mafias play havoc with the social structure of the country by wielding enormous power with ill-gotten wealth and influence. Drug users who take drugs to seek instant remedies to their depression, frustration and anger suffer physically, economically, emotionally as well as socially. Alcoholics/drug users directly affect four or five other persons (wife, parents, children, siblings, close friends, co-workers), the problem affects millions of people in the country. Families of alcoholics and drug-users suffer the most.
Drug injection itself does not cause HIV infection. It is only through sharing of needles and syringes, and other injection works that the person is infected with HIV. Another possibility is through unprotected sex (Lisam, 2004). Poverty, social disintegration, lack of perspectives access to education, health and leisure services and youth employment opportunities put young people at high risk of developing drug abuse problem (Pruthi, 2006:2). In fact, needle sharing by IDUs is the major cause of HIV transmission by blood transmission. By needle sharing it occurs because an IDU will draw blood into the syringe to be sure that the needle has penetrated in a vain (Ahluwalia, 2009:9).

(ii) Problems and Issues of Alcoholism

The major effects of alcohol arise from the concentration of alcohol in the blood, and at times cause the irritation of the throat or the stomach. An alcoholic drink which produces irritation affects the nerve endings in the throat and esophagus. This irritation increases the pulse rate and sometimes raises the blood pressure. Moreover, daily use of large quantities of alcohol can produce continued inflammations of the digestive tract (Jackson, 1960).

Alcoholics and those who frequently drink large volumes of liquor suffer deeper brain damage, which is irreversible (Bartimole, 1987). The liver is the largest gland in the body, weighing from forty to ounces. It secretes bile, stores up glycogen, and purifies the blood that passes through it. The liver cells are very sensitive and damage to them brings serious consequences to health (Gold, 1988).

Culture provides a means of social control. Often, primitive cultures depend on taboo and fear of the super-natural as a means of control. Modern, secular cultures find the problem of social control more difficult and must depend increasingly upon legal codes, police power and court procedures rather than upon family and neighbourhood opinion. This shows the tendency of the cultures to grow more complex and institute more formal and specialized agencies for performing the functions traditionally discharged by the family and the neighbourhood (Warsi, 1988).

Sain (1991:48) illustrate that ethyl alcohol, popularly known as alcohol, is the third socially accepted drug. Its status is legal for adults but adolescents also consume it.
According to latest statistics, Indians spend about Rs. 12,000 crores annually on liquor. He also stated that alcohol is absorbed into the blood-stream via stomach and takes effect within 5-10 minutes. Effects vary according to individual health, weight and sex but, as a rough measure, three single whiskies drunk in one hour might result in 0.05% alcohol content rise in the blood. This would lift spirits and lessen inhibitions (a single whisky is equivalent to one glass of wine or half a pint of beer). Women get drunk more easily than men because they have less water per body weight. They also stay drunk longer if they are on the pills but get drunk slower during menstruation. Hang-overs are actually the body’s response of shock at being subjected to a substantial dose of a poisonous substance.

Kachroo and Kachroo (1997) are of the opinion that sociologically, dependence on alcohol is seen as a social problem and as a form of deviance. Alcohol abuse is one of the most destructive and widespread drug-linked forms of deviance in the industrialized world. Kundra (1997) indicates that several states in India have enforced total prohibition, but they have not succeeded in eradicating this evil. Many persons use illicit liquor and ruin themselves and their families as well. Co-operation of the people is very necessary for removing this evil. Law alone cannot impose prohibition. The people must be educated. In short, the government can remove this evil with the active co-operation of the people.

K. Singh (2001) shows that alcoholism is another important factor which creates criminals and delinquents. In family, the use of alcohol leads to quarrel between parents. It creates ill treatment amongst family members. Consequently a proper care of child is not taken. Kumar (2001) illustrates that the use of liquor and other intoxicants is harmful for very progressive and growing individuals and society. It is harmful in as much as it impoverishes intellectually and morally softens and spiritually deteriorates the person addicted to liquor.

Virk (2002) writes that no social function or party is considered a success unless expensive brands of whisky, scotch and beer flow freely and most respectable and responsible guests are seen drinking even during day time. High school girls and boys celebrate their birth days and valentine day with champagne. Bean, 2002; indicates that crime is one of the (if not major) attendant problems of drug abuse. It is the so-called secondary criminality that is important, especially where drug use is linked to property crime.
The problems of alcoholism – in terms of personal misery, family budget, family discord, loss of wages, failure of health, accidents and cost in damage claims, cost of hospital treatment, cost in custodial treatment in jail, monetary damage in courts, and inducement to crime – are almost disastrous. Social deviance and social problems emerge from the use and abuse of alcohol. Though the number of annual arrests for public drunkenness is not much in our country, it is a known fact that a large number of alcoholics are not arrested because of the fact that arrest is not considered a good solution to the problem. A good number of persons arrested for crimes like rape, burglary, murder and theft are those who committed them while under the influence of alcohol. Alcoholism is a major factor in highway accidents. Besides, it contributes to thousands of death every year (Ahuja, 2003).

The sociological reasons for taking alcohol are essentially the same as for taking drugs. However, a distinction can be made in the causes of drinking alcohol and taking illicit drugs. Since alcohol is more socially acceptable than drugs, drinking reduces a person’s fears, worries and anxieties. Besides, alcohol is more easily available than drugs. It is also cheaper than many drugs like heroin, cocaine and LSD. The main sociological causes of taking alcohol are: (1) environmental pressures (2) peer pressure, and (3) a dominant sub-culture as retrieved from Ahuja (2003).

One of the important social problems is the great loss of life and property due to automobile accidents and many fatal accidents on the roads are caused by drinking. In the words of Richards Cabot, “The excessive drinker does not usually drive when s/he is drunk. Moderation is thus more dangerous than excessive drinking as a cause of automobile accidents (Peschke, 2004).

Alcohol is known to damage cells, activates chemical carcinogens, causes nutritional deficiencies, and decreases body ability to fight cancer and other ailments. An important disadvantage of consuming alcohol is that it suppresses the immune system which is of immense important for an HIV infected person (Ahluwalia, 2009:143-144).

2.4: Extent of Addiction

This section highlight the extent of addiction in world wide, National and Regional (North-East India). Don (1968) shows that narcotic addicts are sometimes juveniles who
began their delinquent careers as members of conventional gangs but ultimately branch off from such groups as they become caught up in narcotic use. On other occasions, the drug user drifted into narcotic use outside the framework of conventional gangs. The juvenile drug user often continues in drug use into adulthood and becomes an adult, criminal drug user.

The creation account clearly reveals the responsibility of stewards given to human beings and Christians are called to join hands with forces that work for the maintenance of life on earthen life in man. Life has many facets and dimensions, where the divine dimension forms the basis of all that is to come. Following this, it should be the concern of every Christian to set right human life in its natural God-given direction. Accordingly one has to identify the forces that misguided human life (Metropolitan, 1983).

The importance and relevance of a voluntary community-based drug prevention programme is that it can reinforce the value system of the individual, impart cohesion, insight and understanding to the family and create awareness and concern in the community towards the problem of drug abuse (Qureshi, 1986).

Through the study of some researchers (Coggans et al. 1991) it is clear that the impact of school-based drug education can play a great role in the drug related behaviour or drug related attitudes. These perceptions of drug education effectiveness are highly positive to develop more anti-drug attitudes and to know more about drugs of the students. They also say that school is a system which helps in achieving the success of health education. In their view, school policy is very important in relation to drug and AIDS education. Thus it is essential to note that drug education in school curriculum is connected with increases in drug related knowledge.

Bharat, (1994) writes that the HRD (Human Development Report of 1994) prepared by the United Nations Development Programme has said, “Narcotic drugs have become one of the biggest items of international trade, with the total volume of drug trafficking estimated at around 500 billion dollars a year”.

Banerjee (1995) denotes that the intravenous drug users (IVDUS) constitute the largest population in Manipur in our country, which can be painfully termed as Intravenous
Killer Virus Spreader group (IVKVS Group). Most of the victims are young age group. Paul (1996) nevertheless says that all things considered, the prevalence rate of alcohol and other psychoactive drugs in the country (India) is hardly comparable to that in the West. He also stressed that, alcohol is very much a drug; but in view of its prevalence and implications, it is often kept separate from other drugs.

It may be noted that AIDS and drug addiction are biopsychosocial diseases. Jones points out that both AIDS and alcohol and drugs are influenced by physical, psychological behaviour, and environmental conditions. Injecting Drug Abusers (IVDAs) are one of the highest high risk groups in India for the contraction of AIDS and are potentially the bridge of infectivity to the non-injecting drug abusing heterosexual persons in the country (Thomas, 1997:69).

Kakar (1988) states that as the Supreme Court rules that ‘all persons who are likely to be affected have a right to participate in the banning of a harmful drug.’ This right could be exercised, the Court rules, ‘by directing the Drug Control of India to hold public hearings in different parts of the country.

Shah (1999) points out that the new academic session in colleges and universities opens vistas to thousands of students to the ready world of drugs and alcohol. Many of these students are drawn into this whirlpool for reasons as ‘experimentation’ to ‘kicks’ to project ‘manly’ images’.

Hawkins (2009) is of the view that sexual addiction may be the most secretive addiction. Many are willing to admit to abusing alcohol or drugs before admitting to their sexual cravings, which they perceive as shameful. Sexual addiction is a hidden addiction, (p.128). We cannot talk about sexual addiction without talking about cross addiction – the process where by an individual is afflicted with more than one addiction. Sexual addicts are likely to be addicted to drugs, alcohol or both. They might also be addicted to television and accumulation and be severely codependent. They might also have a co-occurring disorder, such as clinical depression. Some hypothesize that when people give up one addiction, they’re likely to develop another. Although little evidence supports this theory, much
evidence supports the existence of cross addictions. When dealing with any particular addiction, clinicians should look closely for other hidden addictions as well.

In spite of its harmful effects, alcohol plays a strong and central role in our culture. Alcohol is a part of our youth and adult culture, and it’s even a stable in retirement culture. Dr. Donald Goodwin has written extensively about problem drinking and alcoholism. In his research he found that problem drinking appeared to be caused by psychological, emotional, or social problems, while alcoholism was more closely connected to hereditary factors. Goodwin’s study provides compelling evidence that most alcoholics do not drink addictively because they are depressed, lonely, immature, or dissatisfied. They drink addictively because they have a hereditary predisposition to alcoholism (Hawkins, 2009:86-88).

Parents and guardians need to be aware of the power they have to influence the development of their kids throughout the teenage years. Parents should not be afraid to talk directly with their kids about drug use, even if they have had problems with drugs or alcohol themselves. Parents should give clear, no-use messages about drugs and alcohol. It is important for kids and teens to understand that the rules and expectations set by parents are based on parental love and concern for their well-being (Jha, 2010).

2.5: Drug and Alcohol Dependence in the Naga Context

In her book ‘Drug Problems and Prevention in the context of Nagaland’ Ayangla (1990) refers to the word ‘DRUG’ as being derived from the French word “DROGUE” which means a dry herb.

The Nagas belonged to a Mongolian stock, dividing themselves into so many tribes. They inhabit a long strip of steeply ridged and wild forested country between the Brahmaputra valley of Assam and the boarder of Myanmar (Burma). They differ much from the rest of the Indians in their origin, culture and their appearance too. Their main subsistence is Agriculture. Nagaland became the 16th state of the union Government of India in 1960. But there are still many more tribes living in Burma, Manipur, Arunachal and Assam and their willingness to live together with their fellowmen under one Govt. has been felt (Bendangangshi, 1993).
Nuh (1997) has stated that there can be many theories about the origination of the word ‘Naga.’ Originally, the Nagas did not call themselves by that name and they did not have any generic term for the whole nation. It was other people who gave them the same name “Naga” and had been used for many centuries. As early as 150 A.D, Claudius Ptolemy, the Greek scholar, in his Geographia referred to Nagaland as ‘Nagalogoi’, which means ‘the realm of the naked.’ But whatever the origin may be, the Nagas today simply accept with pride the fact that they belong to an old independent race known as the Naga. Nagas are hard working people by nature. They are simple, cheerful, colorful, humorous, and courteous and hospital people. Nagas are a warlike race, feared by people. Yet, they are known by their inherited identity of honesty, faithfulness, maturity, courage and sociability. History unveil that the Nagas are from a higher civilization which flourished somewhere in south East of Asia from time immemorial, from where they are believed to have come to the present hills in North-East India. Before the advent of Christianity, the Nagas were animistically religious. This was probably simply due to the environment in which they have been living prior to the coming of Christianity. The manliest game was “head hunting”.

Longchar (1999) is of the opinion of alcohol consumption that many young people say they personally drink alcohol ‘for taste’, ‘to feel good’, ‘to relax’, and for special occasions’. Some others say they drink ‘to rebel’, ‘to experiment’, ‘to get drunk’ or ‘out of curiosity’.

The word ‘addiction’ (from Latin, meaning given over to a master, enslaved) was applied early to drug – using behaviors, including smoking. Interestingly, the term addiction has also involved a loss of plasticity. People who seemed inordinately involved with gambling or card playing were also described as being ‘addicted’. Dimapur the gateway of Nagaland, is the commercial center of the state and it is situated at an altitude of 195 metres above sea level. It has the highest percentage of drug addicts after Manipur in the North – East. Drug addiction is seen at a menacingly high rate, with at least 10 percent of the population affected of which 86 percent is of below the age of 30 years. One reason why majority of the drug users are also concentrated in Dimapur could be because of the close proximity to Assam (Chishi, 2003).
According to N-NAGA DAO (2003), the onslaught of Drug Addiction and HIV/AIDS pandemic in our Naga Society was enormous. The impact of these twin pandemic has rudely affected the Nagas in all spheres of life which makes us to slowly admit that there’s a real problem already deep rooted in our society which was of course, unimaginable a decade ago.

Longchar (2006) writes that sorcery, or the use of drugs, is listed along with drunkenness as a sin in the Bible. Revelation 2:8 speaks of those who will be in hell, and says of them; “the cowardly, unbelieving, abominable, murderers, sexually immoral, sorcerers (drug users), idolaters, and all liars shall have their part in the lake which burns with fire and brimstone, which is the second death”.

Recovery from addiction is one of the pressing needs of our society, because the problem of addiction is exploding everywhere and creates untold damage to all it touches. No longer can this addiction be considered as the problem of the user alone as it even damages everyone within the addict’s sphere of influence. It therefore becomes the problem of the family, society, and the Church (Maram, 2007).

2.6: Addiction Reports from Different Agencies

Genetic aspects of Alcohol Addiction; for centuries, philosophers and scientists have noted that alcoholism runs in families. It has been observed that alcoholics frequently have alcoholic fathers, mothers, grandparents, siblings, and children (Fishbein & Pease 1996:119). According to the UN’s own figures, half a million people are infected (HIV/AIDS) each year through shared and contaminated needles. That represents 10% of the world’s new infections (Gill, 2007:150).

Sussman, Steve and Ames, Susan L, (2001: 57) are of the view that drug use generally is more prevalent among males than females. Men are often taught to deal with problems by engaging in goal attainment (instrumental orientation), rather than by talking about difficulties (expressive, nurturing or nurture –seeking orientation). Women, on the other hand, might be more likely to seek out social support.
Ghosal (2003) devoted that the spurt in heroin addiction in the North Eastern States is said to have started in early 1984 in Manipur. Prior to that morphine addiction was common. In the case of women addicts most of them come from poor families.

The Introduction of the Narcotic Drugs and Psychotropic Substances (NDPS) Act in 1985 was India’s response to the global ‘war on drugs’ and had a major impact on the patterns and manner in which drugs were used in India. It replaced earlier statutes on drug use and introduced a harsh penal regime for trafficking, possession, use and consumption of drugs in accordance with international conventions to which India was a signatory (The Law Collective, 2003:72).

According to Nagaland State AIDS Control Society (2004), the first HIV case in Nagaland was detected in the year 1990 by Indian Council of Medical Research (ICMR) among the IDUs. In the same year ICMR estimated 2,500 IDUs in Nagaland with 50% of HIV prevalence among them.

Choudhury (2004) writes that in India in the period around 2000 B.C. three kinds of drinker were known at the time of manu, namely Quouni prepared from molasses, madu from the sweet flowers of bassia, latifolia and paisthi from rice and barley cakes. Narain (2004): in most society drug use is viewed at odds with expected behaviour by women, and drug-using women are likely to experience even greater stigmatization compared with their male counterparts. Frequently women drug users exchange sex for drugs or money to sustain their drug habit or livelihood for themselves and their children (Panda Etal. 2001).

Sharma, R. N. (2005), illustrates that the excessive drinking robs man of his sense of discrimination; he is unable to distinguish between good and bad, right and wrong. Lal, (2005) indicates that the constitution of India under Article 47, enjoins that the state shall endeavour to bring about prohibition of the consumption, except for medical purposes, of intoxicating drinks and of drugs which are injurious to health.

Panda, Samiran (2006): According to the National Survey, alcohol is the most commonly used substance in all the states, except Mizoram. Although alcohol is not readily
available in Manipur, Mizoram and Nagaland, after opiate users, alcohol users are the second largest segment seeking treatment services in these states as reflected in DAMS.

Rao (2007) indicates that AIDS is associated with social stigma; AIDS is a disease with a difference. AIDS affected persons are subject to prejudice and discrimination. Those who are the victims of the disease are treated as “untouchable”. They are branded as people with immoral character. Sharma, Y.K (2007) writes that the World Health Organization (WHO) has defined alcoholics as “excessive drinkers whose dependence on alcohol has attained such a degree that they show noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations and their smooth, social and economic functioning or show the prodromal (beginning) signs of such developments”.

2.7: Other Sources of Addiction

This section comprises of the information of addiction retrieved from magazines and Articles published, websites and other related agencies.

It can also be said that alcoholism involves sin, since it has destructive consequences of hindering a person from abundant living and true happiness. It also detracts from his/her relationship with God, his family and his community (Clinebell ....). It is to be noted that until a person takes the first drink, s/he is as safe from alcoholic addiction as Adam and Eve were safe from death before they ate of the fruit of the tree of knowledge of good and evil (Dunn, 1974).

It can be stated that whether a person is genetically or bio-chemically predisposed to addiction or alcoholism is a controversy that has been debated for years within the scientific community. One school of thought advocates the Disease Concept, which embraces the notion that addiction is an inherited disease, and that the individual is permanently ill at a genetic level, even with those experiencing long periods of sobriety.¹

Another philosophy argues that addiction is a dual problem consisting of a physical and mental dependency on chemicals, compounded by a pre-existing mental disorder (i.e. clinical depression, bipolar disorder, or some other mental illness), and that the mental disorder needs to be treated first as the primary cause of the addiction. This treatment philosophy is commonly referred to as Dual Diagnosis. A third philosophy subscribes to the idea that
chemical dependency leads to "chemical imbalances" in the neurological system, which would be a substance induced imbalance.

Alcohol is associated with a tremendously wide range of problems that are physical, psychological, social, criminal, and economic, and many occur in people who are not heavy drinkers. A difficulty with what might be called the treatment response is that many of those suffering from alcohol related problems (including relations and friends of those drinking excessively) never come forward for help. By the time many people do seek help the problems are so serious that little can be done (Paton, 1990).

All kinds of people take drugs, other than a medicine. Like alcohol drinks, drugs make you feel good or high for a moment and help you to escape from ordinary, boring or worrying things. To escape from such experiences, many people do drink. Some others become dependent upon sleeping pills or pills that help them to relax (Lotha, 1993).

In Galatians 5:19-21, Paul refers to drunkenness alongside a list of other vices as being a “work of the flesh”. These works are the works of man living self-centredly and not for God. Drunkenness is thus one of the ‘fruits’ by which it will be known that someone is living according to the flesh, rather than according to the Spirit of God. Furthermore, drunkenness is rarely found alone, rather, it tends to lead to other works of the flesh (Cook, 2006).

The followings are extracted from the Bible.

- Wine destroys beauty, honour and glory of a family (Isaiah 28:1-3).
- Wine makes people poor (Proverb 21:17).
- Wine makes people mad (Jer. 25:16; 51:7).
- Wine increases a man’s evil desire as hell and death which cannot be satisfied. Habakkuk 2:5
- Daniel did not touch wine and God used him powerfully as Prime Minister (Dan. 1:9; 2:28).
- Be not among wine bibbers (Proverb 23; 20).
  - Drunkards shall not inherit the Kingdom of God (1Corinth 6:10).
- Wine brings shame upon the people (Hab. 2:16)
- Wine is not for rulers. Proverbs 31:4.
- Wine continues to inflict sorrows and makes a man a slave (Proverbs 23: 29-35).
- Sold a girl for wine (Joel 3:3)
- Bottles of wine make the princes sick (Hos. 7:5).
- Wine exposes nakedness (9:22) and (Hab. 2:15).
- Wine produces prostitution and shame (Hos: 4: 18-19)
- Wine makes rulers to forget laws and distort justice (Proverb 31:5).
- Woe to them that follow strong drink (Isa. 5:11; 28:1)
- Do not be intoxicated with wine (Eph.5:18).

Bible, the word of God, warns the destruction of physical, moral, mental and spiritual life of the people by wine.  

It is reported that at the National Drug Dependence Treatment Centre (NDDTC) at All India Institute of Medical Sciences (AIIMS), over 32,000 drug abusers turn up every year and 21,000 more get community care. According to World Drug Report (WDR) 2010, India has become a hub of drugs sold through illegal Internet pharmacies.  

The above discussions and elaborations on the ‘Drug Addiction and Alcoholism’ from various literature or publications have assisted the researcher in accomplishing the work. The study is properly analyzed to reveal the problems and consequences of drug addiction and alcoholism in Nagaland.
References and End Notes


3 India Today, August 30, 2010.