Chapter VI

CONCLUSION

As mentioned in the early part of the study, UNDCP suggests a three-fold scheme to overcome the menace of addiction.

1. Risk reduction
2. Demand reduction
3. Supply reduction

Risk reduction requires an all-round treatment of the victims of addiction. This dangerous condition can be overcome only through proper guidance and treatment.

Demand reduction can be achieved only by intensive conscientization creating awareness in people about the dangers wrought by drug and alcohol. When the demand is so high supply also becomes high. In order to reduce the demand the number of persons who desire to have it should become less. People should remain strong in their decision not to take alcoholic beverages.

To reduce supply is chiefly the work of the government. Availability easily leads to increase in demand. The Government should come forward with effective schemes and legal enforcement to achieve Supply Reduction. This is important in Kerala today because the state has topped in the consumption of liquor. In Kerala there are 24 de-addiction...
and counselling centres financed by Ministry of Social Justice and Human Empowerment of the government of India. Theses centres follow different approaches and methods of treatment.

In the present study three of these centres, ADARRT, SURAKSHA and ABHAYA were taken up for case study. The treatment methods and other activities of these centres were analysed and evaluated. They were compared mutually and with the methods and activities, followed in some of the outstanding centres in the United States of America. After the data analysis and comparative study the researcher came to the conclusion that the programmes had several components worthy of emulation. But they also suffer from some crucial defects which should be modified.

For example in SURAKSHA the sole emphasis is on medical and psychiatric treatment. Some of the vital components like therapeutic community, conscientization, yoga, classes, group activities, etc. are almost ignored. Considering the increase in the number of patients it is felt that a more systematic programme is required to meet the demands effectively. In ABHAYA, counselling is given priority. Although chemical intervention in the form of medical treatment is found to be effective, it is not given a serious try in the treatment. Similarly this centre has not included useful items like yoga, prayer, house visits, conscientization, classes, etc. in their methods. This of course is not to underrate the wonderful services rendered by this centre in this field. ADARRT, on the whole, has developed a more comprehensive programme, incorporating the religio-spiritual components of treatment.
Psychiatrist, physician and counsellors work together to achieve the expected results. But a more holistic approach with emphasis on prevention strategy is understood to be more effective in tackling the problem of growing alcoholism. The model proposed by the researcher is meant to provide such holistic model. It has incorporated what the researcher felt to be good and useful in the existing models, particularly the model used by the three centres selected for case study. Also some of the items from the DARE programme widely used in the US are also incorporated into it. The study has relied substantially on Gandhi’s views and insights. Gandhi’s insistence on viewing the human individual as a composite of body, mind and soul provided the central clue in developing the model presented in the study. As alcohol affects all the three dimensions of the human person a treatment programme must be capable of dealing with them effectively. This basic truth was kept in active consideration while the treatment model was constructed.

Treatment of alcoholism and drug abuse actually tackles the problem when it reaches a very critical and risky stage. A more farsighted strategy is demanded form people, who are endowed with the gift of discretion and far sight, i.e. a strategy aimed at preventing the problem. One of the important feedbacks received by the researcher from the treatment centres is that as alcoholism and drug abuse are on the rise at an alarming rate, confining to treatment of alcoholics and substance addicts is far from adequate. So the treatment centres suggested that preventive measures should be adopted and incorporated into the
treatment model. It is in light of all the above factors that the preventive programme was developed in the course of the present study.

This programme meant for school students is intended to their capacity to resist temptation and say ‘no’ to addiction substances on the basis of the strength of their personality. For achieving this, a programme consisting of 16 sessions, which include games and exercises, is developed and recommended. The programme is quite flexible and can be moderately modified to suit the requirements and accomplishments of the members of the target group. As teachers who lead and facilitate the programme are the key players, their knowledge level, commitment and imagination could play a decisive role in the success of it. It is the reasonable expectation of the researcher that as the attitudes and habits of the students at the school level are not formed solidly it is rather easy to mould them, inculcate in them the right attitudes and strengthen their personality in positive and creative directions.

**Recommendations and Suggestions**

In the light of the above, the following suggestions and recommendations are made:

1. An addiction prevention programmes should be implemented through schools and colleges. Catch them young is the idea behind this programme.

2. For the community, there should be awareness programmes, which should be conducted with the help of voluntary organizations. It should have further follow up programmes.
3. For the addicts there should be sufficient treatment centres. The community leaders should take initiative to send the addicts to these treatment centres. When they come back after treatment they should be cared well by their family and society.

4. Follow up is the important factor concerning treatment. Regarding these, intervention of community leaders will be of great help.

5. Law enforcement is to be strict. The government agencies like police, excise department etc. should be active and alert.

6. Prevention of illicit liquor trading is essential. For this co-operation of general public is of vital importance.

7. The police-politician-liquor mafia nexus should be efficiently controlled.

8. The advertisements of alcohol either through mass media or through hoardings should be banned.

9. Since the film stars are respected very highly in village areas, their drinking scenes should be avoided as far as possible from films.

10. The distillery groups should not be allowed to sponsor the popular events like tournaments, conventions, stage show, etc.

11. The anti-corruption cell should keep watch over the unholy nexus between authorities and liquor mafia.

12. No one below 18 years of age shall be served any alcoholic beverages.
13. The government should publish leaflets, books, CD, Cassettes etc. in order to conscientize the general public. For that sufficient money should be included in the state budget.

14. An award can be instituted for the best anti-alcoholic activist.

15. Liquor policy of the government should be modified.

16. Treatment centres can jointly or independently publish monthly or bimonthly journals. It is important to publicise new programmes and latest information.

17. During the family gatherings of the AA, Al-Anon and Al-Ateen certain competitions can be held for the members.

18. Separate building and other infrastructure are necessary for each treatment centre. A holistic treatment model is more effective and highly recommendable. This recommendation is made in the light of the fact some centres are housed at present in inadequate space and remote corners of hospital and other institutions.

19. Routine treatment and rehabilitation should be done in separable centres.

20. A state level body to coordinate the activities of the centres should be organized to facilitate a concrete and intensive action programme.

People working in the field of treatment of alcoholism and drug addiction have been feeling the need for a comprehensive prevention strategy. The model presented in this study was developed in order to cater to this felt need of the time. It is hoped that all well meaning people committed to the cause of preventing the menace of alcoholism will work together and give the model a try.