CHAPTER-II
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DRUG ADDICTION: DEFINITION AND EFFECTS OF DRUGS, THEORIES AND CAUSES OF DRUG ADDICTION

The sufferings of an opium devotee have been described in these words by Oppenheim – “His sufferings when deprived of the stimulant are as dreadful as his bliss is complete when he has taken it. Night brings the torments of hell; day, the bliss of paradise”.

If a drug is properly used under good medical guidance it is a medicine and cures diseases. If misused, the misuse in itself becomes a disease. A drug is defined as any substance used in the composition of a medicine; narcotic on the other hand is something that produces stupor, sleep, euphoria, hallucination, loss of neuromuscular coordination, etc. An individual might start on drugs to alleviate the trauma of the fragmentation of his family or to relieve pain, to reduce tensions and stresses to adapt to the social changes and for so many other reasons. One may just start it for the hack of it, and once one enters the world of drugs, it is a one way ticket to addiction. Homer describes how Helen, daughter of Zeus administered drugs into the drinks of those whom she considered enemies to be exterminated. Thomas De Quincey in his “The Confessions of an English Opium Eater” describes how man in his search for pleasure and aphrodisiacs gave himself up to opium. Children and youth are more vulnerable to the wiles of drugs. An addict may degrade himself, resort to pimping and violence, even murder to obtain drugs of his desire.
Drug Addiction

The scope of drug addiction in India is fortunately limited being confined almost only to opium and cannabis. There has hardly been any addiction ever to white drugs. The production of opium and manufacture of opium alkaloids and derivatives is a government monopoly. The import of foreign drugs both natural and synthetic is strictly controlled, while import of some dangerous drugs like diacetyl morphine and Ketobemidone is totally banned. The import of other drugs like Pethidine, Cocaine and Methadone is strictly restricted to the barest minimum requirement for medicinal and scientific purposes. The possession, processing, manufacture, transport, import, export, inter-State movement of drugs and their preparation are rigidly controlled. The chemists, druggists, hospitals, and medical practitioners are required to maintain accounts and submit returns to obviate any chances of misuse of drugs.

Addiction

Drug addiction has been defined as a state of periodic or chronic intoxication, detrimental to the individual and to society. It is a habit of mind in which there is a craving for a symptom – state rather than for a particular drug, the selection of the drug depending upon cost and availability. It is produced by repeated consumption of a drug, either natural or synthetic and is characterized by “(1) an overpowering desire (craving) or actual need to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychological and sometimes physical dependence upon
the effects of the drugs; and (4) withdrawal symptoms or abstinence syndrome when the drug is withdrawn.”

“Drug habit is defined as a condition which results from the continued use of a drug, which does not cause much harm to the individual or society. The common habit forming drugs are – Caffeine (Coffee) and Nicotine (Cigarettes). The habit is characterized by (1) a tendency (but not craving) to take the drug and repeat it, as and when convenient; (2) harmful effects mainly to the individual; and (3) psychological but not physical ‘dependence’ upon the effects of the drug”. It has been defined as a condition of physical or psychological dependence or both, on a drug, is a poison, as result of periodic or continuous administration of that drug. The number of drugs which are being used for addiction is increasing day-by-day. The common drugs of addiction are –

(1) Volatile anesthetic solvents commonly known as sniffing.
(2) Alcohol.
(3) Hypnotics (barbiturates and non-barbiturates such as paraldehyde and chloral hydrate).
(4) Minor tranquilizers.
(5) Narcotic analgesics, such as opium, morphine, heroin and pethidine.
(6) Stimulants such as amphetamine and drugs of the sympathomimetic group such as ephedrine and methylphenidate (Riaten).
(7) Cocaine.
Drugs causing distortion of the senses, such as Marijuana and L.S.D.

Most of the drug addicts are introduced to drugs by friends or associates. In fact some drug addicts reveal that the first puff was given to them by their best friends.

**Definition of Addiction**

There are some for examples, which equate it with physical dependence and tolerance, although it is clear, that from a behavioural point of view this is incorrect. From a portion of the literature the following characterization of addicts in general, or of certain types have been collected:

"Alienated" "Frustrated" "Passive psychopath" "Aggressive psychopath" "Emotionally unstable" "Nomadic" "Inebriate" "Narissistic" "Dependent" "Sociopath" "Hedonistic" "Childlike" "Paranoid" "Rebellious" "Hostile" "Infantile" "Neurotic" "Over attached to the mother" "Retreatist" "Cycloystic" "Constitutionally immoral" "Hysterical" "Nearasthemic" "Hereditary" "Weak character and will" "Lack of moral sense" "Self indulgent" "Introspective" "Extrovert" "Self-conscious" "Motivated maturity" "Pseudo-psychopathic delinquent".

Prof. Camps says – "Drugs make the sick healthy and the healthy sick."

In many of the addictive drugs a history of their use and knowledge of some of their properties can be traced back for thousands of years. Opium was prepared by the Sumerians five thousand years before the Christ; Hashish was used by the Assyrians
in the eighth century B.C.; Egyptian papyri around 1500 B.C. made reference to the delirient properties of hashish. In fact, the origin of these drugs is lost in the mist of legend and fable. It has been claimed for both opium and hashish that this was the drug which 'Helen of Troy cast into wine' to soothe all pain and steal away remembrance of sorrow, so that a man would let no tear fall down his cheeks, though on that very day they show his brother or son dead before his even eyes.

**Medical Definitions**

The terms abuse and addiction have been defined and redefined over the years. The 1957 World Health Organization (WHO) Expert Committee on Addiction-Producing Drugs defined addiction and habituation as components of drug abuse:

Drug addiction is a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (i) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (ii) a tendency to increase the dose; (iii) a psychic (psychological) and generally a physical dependence on the effects of the drug; and (iv) detrimental effects on the individual and on society.

Drug habituation (habit) is a condition resulting from the repeated consumption of a drug. Its characteristics include (i) a desire (but not a compulsion) to continue taking the drug for the sense of improved well-being which it engenders; (ii) little or no tendency to increase the dose; (iii) some degree of psychic dependence on the effect
of the drug, but absence of physical dependence and hence of an abstinence syndrome [withdrawal], and (iv) detrimental effects, if any, primarily on the individual.

In 1964, a new WHO committee found these definitions to be inadequate, and suggested using the blanket term “drug dependence”:

The definition of addiction gained some acceptance, but confusion in the use of the terms addiction and habituation and misuse of the former continued. Further, the list of drugs abused increased in number and diversity. These difficulties have become increasingly apparent and various attempts have been made to find a term that could be applied to drug abuse generally. The component in common appears to be dependence, whether psychic or physical or both. Hence, use of the term ‘drug dependence’, with a modifying phase linking it to a particular drug type in order to differentiate one class of drugs from another, had been given most careful consideration. The Expert Committee recommends substitution of the term ‘drug dependence’ for the terms ‘drug addiction’ and ‘drug habituation’.

The committee did not clearly define dependence, but did go on to clarify that there was a distinction between physical and psychological (“psychic”) dependence. It said that drug abuse was “a state of psychic dependence or physical dependence, or both, on a drug, arising in a person following administration of that drug on a periodic or continued basis.” Psychic dependence was defined as a state in which “there is a feeling of satisfaction and psychic drive that
requires periodic or continuous administration of the drug to produce pleasure or to avoid discomfort and all drugs were said to be capable of producing this state:

There is scarcely any agent which can be taken into the body to which some individuals will not get a reaction satisfactory or pleasurable to them, persuading them to continue its use even to the point of abuse – that is, to excessive or persistent use beyond medical need.

The 1957 and 1964 definitions of addiction, dependence and abuse persist to the present day in medical literature. It should be noted that at this time (2006) the Diagnostic Statistical Manual (DSM IVR) now spells out specific criteria for defining abuse and dependence. (DSM IVR) uses the term substance dependence instead of addiction; a maladaptive pattern of substance abuse, leading to clinically significant impairment or distress, as manifested by three (or more) specified criteria, occurring at any time in the same 12-month period. This definition is also applicable on drugs with smaller or nonexistent physical signs of withdrawal, for ex. cannabis.

In 2001, the American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine jointly issued “Definitions Related to the Use of Opioids for the Treatment of Pain,” which defined the following terms:

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that
include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm and craving.

Physical dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug and/or administration of an antagonist.

Tolerance is the body's physical adaptation to a drug: greater amounts of the drug are required over time to achieve the initial effect as the body "gets used to" and adapts to the intake.

Pseudo addiction is a term which has been used to describe patient behaviors that may occur when pain is undertreated. Patients with unrelieved pain may become focused on obtaining medications, may "clock watch," and may otherwise seem inappropriately "drug seeking." Even such behaviors as illicit drug use and deception can occur in the patient's efforts to obtain relief. Pseudoaddiction can be distinguished from true addiction in that the behaviors resolve when pain is effectively treated.

The Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR doesn't use the word addiction at all. Instead it has a section about Substance dependence

"When an individual persists in use of alcohol or other drugs despite problems related to use of the substance, substance dependence may be diagnosed. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms
when use is reduced or stopped. This, along with Substance Abuse are considered Substance Use Disorders....”

A definition of addiction proposed by professor Nils Bejerot:

“An emotional fixation (sentiment) acquired through learning, which intermittently or continually expresses itself in purposeful, stereotyped behavior with the character and force of a natural drive, aiming at a specific pleasure or the avoidance of a specific discomfort.”

**Drugs Causing Addiction**

‘Opium’ is the first known raw or roughly processed product in the East and is known as Pappaver Somniferum L. Morphine is relatively mere processed opium product which is manufactured near producing areas and is exported being very much in demand. In fact, it is morphine which is refined from heroin. ‘Cocaine’ is a similar product from the coca plant which abounds the South America, while ‘Hashish’ as I said is extracted cannabis resin. ‘Cannabis’ and its derivatives or for synthetic products like Pethedine and LSD where these are available. The latest and the most intense votaries of the drug cult are now to be found in the United States of America where reverting to the original form of ‘Cannabis’ under the name of ‘Marijuana’ it has apparently made hit with the youth. It is consumed as a smoke, as a oral potion or pill or as injection.

Some of the prominent addiction causing drugs are as follow:

(1) Drug – Any chemical that modifies that function of living tissues, resulting in physiological or behavioural change.
Drug abuse – The use of drugs to effect the mind and body for no sound medical or scientific reasons.

Habituation – The condition arrived at from repeated consumption of a drug. Usually, it involves a desire (not compulsion) to continue taking the drug.

Sedatives – Drugs which produce a calming effect on the central nervous system.

Stimulants – Drugs which produce wakefulness, exhilaration, alertness and such other effects by acting on the central nervous system.

Hypnotics – These are drugs which produce sleep.

Narcotics – These are drugs that relieve pain and produce sleep or stupor, e.g., opium, morphine, pethidine, etc., with little or no need to increase the dosage.

Hallucinogens – Drugs, e.g., LSD, Cannabis, etc. which produce dizziest effects on the mind, such as distortion of time, space, sound colour and other sensations.

Youth and Drug Addiction

The problem of drugs and drug addiction is one which came into existence centuries ago in the different parts of the then known world. By drugs, we mean primarily the opium or cannabis derivatives and secondarily the synthetic equivalents, which are euphoria inducing, habit forming and resulting in an addiction, from which withdrawal will mean physical pain and mental anguish. Even in primitive civilization, people are known to have been using alcoholic beverages
and stimulating drinks containing caffeine, and so attaining effects similar to drug addiction. The use of ‘Ganja’, Tobacco’ and ‘Coca leaves’ was first adopted by native tribes, who were not scientifically aware of the active principles. Cannabis indica, with the aliases of ‘Ganja’, Marijuana’, ‘Bhang’, ‘Hashish’, and ‘Charas’ is a common narcotic drug, two third of the legal production of which is said to be from plants grown in India. The first three are synonymous and refer to the dry pulverized flowering tops, leaves, and stalks of the cannabis plant; the last two describe the resin extracted from the flowering tops of the female cannabis and collected into cakes.

At present, however, cannabis is partially legally and largely clandestinely produced and processed in many other countries, particularly in Lebanon, Morocco and the Far-East as well as Central and South America. It is widely produced and used also in other countries of the Middle-East, India, Pakistan, Nepal and China. In fact, the name ‘Hashish’ is said to be derived from one Hassan, an unscrupulous secret society leader belonging to the Middle-East in the eleventh century. This parson is believed to have given this drug to the Frenchmen of his order, to induce ecstatic visions, before they were let loose on the unsuspecting populace for murder, arson and loot. Apparently, that other word ‘Assassin’ also owes its origin to the same source. Similarly, the word ‘Awoke’ in the English expression ‘to run awouck’, was first used in the Malay language in respect of people behaving in a disorderly fashion under the influence of ‘Cannabis Indica’. As regards opium, it is established by the Interpol’s Experts
that its illicit world production is about 1,000 tons. To this total is added 200 tons fraudulently diverted to the illicit market from countries like Turkey and India.

**Drug Derivatives and Its Present Use**

'Opium' is the first known raw or roughly processed product in the East, of the poppy (Papaver somniferum). Morphine is a relatively more processed product, which is manufactured close to the producing area and is exported. The slabs of morphine from the Golden Triangle Zone carry the trade mark '999'. Heroin is a very highly processed opium product and is very much in demand. In fact it is morphine which is refined from Heroin. 'Cocaine' is a similar product from the Coca plant which abounds in South America, while 'Hashish' is the extracted cannabis resin. Old literatures of many nations contain references to some form of opium eating. The famous English writer Charles De Quincey was a notable opium addict and had also developed a rare degree of tolerance to many forms of the drug.

Paris has always been, during its long history of wars, intrigues and fashions, a centre which attracted all kinds of drugs. The South of France has many laboratories that process opium or morphine into heroin as in the last mentioned form: it has always had a thriving market in the United States. The only difference now is that in the old days it was the opium derivatives or synthetic products like Pethedi and L.S.D. were available. The latest and the most intense votaries of the drug to be found in the United States of America, are reverting to
the original form of 'cannabis' under the name of 'marijuana' and has apparently made a hit with the youth. The annual consumption there is believed to be about substantially higher than what is in India. It is consumed as a smoke, as an oral potion, or pill, or as an injection.

On account of geographical, historical and other factors it is believed that the route of the stuff to Jordan and Paris is from the Middle-East and Africa,' and perhaps also China, while Marijuana and opium reach the millions of addicts in the United States either through the Middle-East, particularly through Lebanon or through the countries of the Far-East. Substantial quantities of the opiates from the 'Golden Triangle' in excess of the large local requirements, manage to find their way into the US and other markets through Bangkok and Hong Kong. Both these sources are believed to give rise to a traffic, which is extremely widespread and brisk in terms of its impact on the economy and health of the countries affected. The drug trade is truly international in the sense that 'the opium is harvested in Lebanon, the heroin is manufactured in the South of France and the addict is located in New York or Chicago'.

The Motivation

The main purpose of taking drugs is obviously an attempt to escape from reality. Sometimes it starts as an adventure among modern youth, as a passport to be 'in with the crowd' and at other times as just a means of relief from pain or frustration. But quite often, in the fast life of modern generation, it is also resorted to with eyes wide-open as a means of easy escape from the hard realities of
life around or may be an escape from one's own self. The practice is more prevalent amongst the young and different than among the old and indignant. The new induction is invariably among the youth of well to do families of all countries, including India. The initiation into drug sensation, which facilitates an easy and encouraging impact on a widening circle of votaries.

**Drug Addiction: The Plaguing Problem**

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 a ‘manly image’. The Social Welfare Ministry realizing the seriousness, wishes to take steps to battle the problem. The immediate move is to organize debates and give prizes to the first three. The Ministry will set up a working group to study the problem and suggest solutions. The Ministry intend to launch pilot project to voluntary organizations (agencies) to start youth clubs for entertainment and provide services for counseling. The studies conducted in the Universities of Delhi, Bombay, Calcutta, Hyderabad, Jaipur, Varanasi and Sagar found a majority of them hooked on tobacco and alcohol. The Madras study conducted by T.E. Shanmugam revealed that 23 per cent of the sample drug users were generally older than non-users by a year. About 75 per cent of drug users get Rs. 50/- and more as pocket money every month, which they spent on entertainment and dating. However, the startling feature of the survey was that drug users knowing the ill-effects,
health-hazards thought that it will not happen in their case. The parents were unaware of the habits of their wards.

A fourteen year old student of New Delhi school, tempted to addiction by the orange bar in the school, imparted him euphoric sensation but when not being provided the same ice-lollies, he found himself locking and restless and yearned for it with greater urge on the fourth, occasion. He had become a victim to satisfy his need, he sold his digital watch first and then household valuables, started disappearing. When the servants became suspicious after objects of thefts, till one day, the mother found that the stereo-system was sold and her son was lying writhing in epileptic fits. Thus, he became emaciated, blank faced, withdrawn and friendless.

Drug addiction is spreading like an epidemic. According to a survey, narcotics worth Rs. 6 crores are consumed per day out of which 10 per cent are students and 12 per cent are the labourers of industries. In Punjab, 50 per cent police personnel consume high potency drugs. The former Finance Minister of Punjab Balwant Singh disclosed it to the aghast House that during the last five years disturbances, the sale of all other items has declined by 75 per cent but there is a rise of 18 per cent in the sale of narcotics in the State.

The Union Ministry for Social Welfare has formed a voluntary Organization “Addiction Prevention Society of India” to combat against the plaguing problem. However, high officials in the Intelligence Directorate of Finance (Ministry) Department feel that consumption of narcotics has assumed a shape of organized trade in India. The first
even heroin noticed in India market was in 1980. The Afghan refugees arrested at that time and even now clearly narrate the story of the route to India.

WHO feels that addicts are of all variety – some are conscious, others are ignorant and another is a group of psychological weakness.

**Addiction Scene in India**

India is known for addiction from centuries. In Punjab and Rajasthan, opium-eating was a symbol of pride and heightened social status. In 19th century China attempted to prevent opium growing and since then ‘opium war’ began between China and the European countries culminating in the downfall of Chinese Empire.

The exact number of addicts, in India, is not known but in 1985, the rise is expected to be 800 per cent which is startling. In 1980, 193 drug addicts joined Govind Ballabh Pant Hospital for their ailment, while the number increased to 821 in 1986, that itself shows a meteoric rise of 400 per cent. A survey reveals that 80 per cent of Delhi Auto-pullers are addicts who behave rudely with their customers and stand as formidable potent for accidents. Since the establishment of city – Calcutta, rickshaw-pullers and peddlers have been using hashish and charas. They spend 50 per cent of their income on addiction and only 10 per cent on their fooding. Consequently, they become a victim of diseases like tuberculosis.

Sociologists, in their recent studies, find addiction to be a cause of indiscipline and lawlessness on the campus. Dr. Vunal Vir Raghavan of Jawahar Lai Nehru University, Delhi, in her research
study, suggests legal, medicinal, psychological and social bindings to fight out the evil of doping.

Bombay colleges are rapidly being gripped by the use of drug. The students are taking to it more and more, heavily punishing their lives. It is not confined to boys alone but girls are also on the track for such addiction. The present ratio stands at 10 to 4. The girls to embark, adopt such means as stealing, to sell off text books, cassettes, stereo and misuse the college fee amount. Sometimes, to fulfill their quest, they take to prostitution and are known as ‘Cock Horse’ whereas boys develop homosexual tendencies and are known as ‘Bunger boys’. They become slave to sex-obsessed Arabs in the city. The girls prefer ‘brown sugar’ to any other variety.

The government, every year, auctions Thekas (tenders) only for selling ‘Bhang’ but under the cover, the contractors sell all banned drugs. This not only encourages drug peddlers but robs Government of sizable amount of excise revenue. This income from illegal contrabands is pocketed by some dons of the underworld. It seem that Government encourages the sale of banned drugs for revenue as the auction price annually keeps on increasing. If calculated truthfully, actual quantity of bhang sold will not be sufficient even to meet the security money to speak of profit. The sellers dupe the Govt. by selling banned herbal, drugs and producing false solvency certificates. They, sometimes, produce false bank-certificates authenticating their financial liability. About 70% of students have taken to drugging because of easy access and 80% of rickshaw-pullers and labourers try
to forget the day-long drudgery through stupefying smoke, thus turning the State capital, Lucknow into a big drug-selling centre. Inspite of a sound thrashing given to person arrested from the bhang shop at Lucknow, the sale of banned drugs continues unabated from the same place in utter defiance of law. What a mockery of law?

Why there is a constant rise in addiction in India? First, India has proved a good transit for ‘Golden Crescent’ countries. Secondly, most of the terrorist organizations find smuggling convenient to mobilize their expenditures

**Drugs as a Instigating Agent for Crime**

Due to high prices of opium and a strict ban on its free sale, an addict will engage in illegal pursuits in order to obtain the drug of his life. The life now centres round the drug and his will, therefore, associate with persons of low moral character and will not hesitate to eventually resort to the meanest devices to obtain it. This is the main reason why crime and drugs are at the top list of all the criminals.

The more ingenious ways of smuggling are adopted daily. It has commonly been smuggled in the soles of shoes, in the pages of books, in shells of eggs, in hollow walking sticks, inside of soap, coconut shells and in numerous other tricky ways.

**Crime and Drug Addiction**

Jurists, criminologists, psychologists, criminal reformers and policemen are unanimous about the close relationship between ‘drug addiction’ and ‘crime’ which are closely interlinked. In fact, the common belief is that ‘Narcotic Drugs’ are solely responsible for
criminal behaviour. The compulsion for the drugs make every drug addict a law violator and a criminal. It is a public order crime in which drugs are voluntarily administered in violation of law. Number of explanations are given to show the relationship between crime and drug addiction:

(i) Firstly, it is generally recognized by those who are acquainted with the characteristics of Narcotic Drug addicts that serious crimes are rarely committed. “Except for stealing these unfortunate individuals are not threats to society”.

(ii) Secondly, the view expressed is that Narcotic Drugs make the users reckless and violent, resulting in serious crimes. “That hold up men, murders, rapists and other violent criminals take drugs to give the courage or stamina to go through with acts which they might not commit when not drugged”. In fact, cocaine is excitant. Marijuana, Benzederrine and Barbiturates are other narcotic drugs which yield ‘kick’. These drugs are taken sometimes to prepare the individual for some act he would not feel bold enough to without the lift of the drug. According to Dr. Quaiser Hayat “A feeling of omnipotence to without ‘lift’ of the drug. A feeling of omnipotence usually accompanies the taking of these drugs and when under their influence, the person may be tempted to assert himself in a manner of which he would not think when his perspective is compared”. Cocaine is taken by gangsters before the crimes are committed which drives them to reckless behaviour.
(iii) Thirdly, it is said that drug addiction leads to a criminal way of life. Observation of Chein and Rosinfield are worth quoting "illegality of purchase and possession of opiates and similar drugs make a drug user a delinquent 'pro facto'." The high cost of heroin, the drug generally used by juvenile users, forces specific delinquency against property for cash returns. The average addicted youngster spends almost forty dollars. The connection between drug use and delinquency for profit has been established beyond and doubt. In fact, compulsion of the addiction and high cost of drugs leads the addict invariably to crime.

(iv) Fourthly, the view expressed is that drug addiction results in physical and mental deterioration which leads to the loss of economic efficiency, force, the addicts in crime, reduce social status, forgetting previous associate with the drug habits and other necessities of the addicts and social status, he commits petty thefts and adopts illegal methods by which he secures the continuous supply of drugs.

(v) Fifthly, a debatable question may be considered here whether the criminality of the addict prevails or is merely a result of drug addiction.

(vi) Sixthly, it is justified that delinquency and narcotic use existed side by side as independently valued pattern of behaviour.

(vii) Seventhly, there are cases where adolescents are addicted, casually involved in delinquency, were forced into regular
criminal activity in order to raise money usually the common types of crimes committed being –

1. Narcotic Drug law violations.
2. Larceny/theft.
4. Buying, receiving and possessing stolen property.
5. Forgery and counterfeiting.
6. Embezzlement and fraud.
7. Sex offences – Rape.
8. Auto theft.
9. Weapons : carrying, possessing, etc.
10. Aggravated assaults and other assaults.
11. Murders.
12. Snatching of chain, etc., from children playing in streets.
13. Petty thieving.
15. Shop lifting.
16. Variety of scheming, ‘by a story’ a Sachen in the hope of gaining sympathy, girls boosting – ‘Turning tricks' (prostitution), etc., are some of the offence committed by the drug addicts.

**Areas of Operation**

Most of the addicts in America and other Western developed countries come from economically sound homes. In fact, residential educational institutions are also frequently reporting drug addiction cases. Hostels are becoming centers for promoting such evil
tendencies. Limited segments of the city, particularly parks and places of public resorts where escapists found satisfaction and pass time leisurely. Such places are also considered to be the areas of operation of drug addicts.

**Crime and Drug**

On this vital subject, researcher would like to quote James A. Inciardi - "Much has been said about the relationship between illegal drug and criminal behaviour and first speculations as to be a possible connection between the two phenomenon appeared well over a century ago. Since that time, commentary on the issue has been persistent. And too, research on the topic has been enduring, yet as overview of the scholarly scientific and popular literature to date with few exceptions, has provided only minimal useful information to conclusions. Alternatively, a variety of schools of thought, academic propositions, political relation, and popular belief system have come and gone that have served only to confuse our understanding of the issue even further.

Initially and within the research literatures, a variety of questions have been found and repeated over the years to crime, for example, the result of, or perhaps some response to, a special set of life circumstances brought about by addiction to narcotic drugs? Conversely, is addiction per se some deviate tendency characteristic of individuals already prone to offence behaviour? Taking these questions together, one can reduce them to the more simplistic
chicken-egg inquiry, which came first, in the offenders’ career, crime or drugs?

From this point of departure, researchers in the fields of medicine, law and the social sciences began to examine the sequential patterns of drug use and criminal behaviour attempting to answer the basic chicken-egg question. While at the same time pondering casual linkages between the two phenomenon. The findings that emerged, however, led to a series of peculiar and contradictory perspectives. Some researchers found that the criminal histories of thieves sample cases considerably preceded any evidence of drug use; thus, their conclusion was that the heroin user was indeed a criminal. “Other investigators found in this date that the temporal sequence of crime and drug use was in the reverse direction. Still a third group found that portions of their samples had been criminals first, with the remainder having been drug users first.”

**Crime Committed While Abusing Drug**

Almost one-third of state prison inmates interviewed in 1979 were under the influence of an illegal drug when they committed the crime for which they were serving their sentence, a Bureau of Justice Statistics survey found. More than 50 percent of the state prisoners said they had taken illegal drugs during the month before committing the crime, said the bureau. Seventy-eight percent of the prisoners had used drugs at some time in their lives, compared to 40 percent of the general USA population.
Convicted for Drug Sales

About three-fifths of the drug users convicted of drug offences were in for spilling drugs rather than for mere possession or use. Less than one percent of the inmates were serving time for the possession or use of marijuana. Those convicted of drug offences were the heaviest users of drugs before incarcerating. Robbers and burglars were the next heaviest users. Murderers and rapists had low drug use rates, the bulletin said.

The office of Juvenile Justice and Delinquency Prevention and the National Institute on Drug Abuse have signed an interagency agreement aimed at reducing drug-related recession among serious and violent juvenile offender who also are involved in controlled substance abuse.

A team of correctional and substance abuse experts will assess procedures for handling these offenders in juvenile probation departments in Maryland and New Jersey. They also will assess department policies, intake and diagnostic procedures, court presentations, caseload management and the department’s relationship with youth service agencies.

Murder for Money

Sometimes, the violence is less premeditated: addicts desperate for cash to feed their habits will sometimes kill family members and friends “say you came upon a case wherein a user has killed his wife or girl friends,” says detective H. Horak Walker of the Atlanta Police Department, “turn out he came into house and asked her for money to
buy drugs. She says ‘no’. So he hit her.” That’s almost exactly what happened in Chicago, whereas 35 years old user, drunk and short on cash, allegedly killed his foster mother after she refused to give him money to buy cocaine.

**Drug Related Gang Crimes**

Apart from the crimes committed by the drug users, a variety of drug related crimes take place, like the killing of witnesses and approvers. There are recorded cases where gang warfare has taken place when one gang has encroached upon the territory of another resulting in killings.

In January 1988, the Attorney General of Colombia was returning from Maddelling which is a hub of international cocaine trafficking. The Attorney General’s party was attacked. Two bodyguards were killed, and the Attorney General was kidnapped. He was later found shot in the head. His successor Enrique Parejo was also the target of Colombian drug traffickers. After servicing a difficult tenure, his government has sent him to Hungary thinking that he would be free from reprisal. However, the drug traffickers located him and he was shot on the steps of Hungarian Embassy in January 1987. In the past few years, judges including 12 justices of Colombian Supreme Court have been assassinated. The editor of a major national newspaper and several reporters have also been killed and last year alone, over 200 Colombian National Police Officers lost their lives. “Drugs traffickers believe in silver or lead. The law enforcement officers are offered silver failing which, they give the lead.”
Crime and delinquency arise out of deviation from norms accepted by the society and are given legal status. It has been found that gang delinquency and criminality were related more to parental conflict than to parental absence.

The Addictive Process

Vicious Cycles

First the man takes a drink, then the think takes a drink, then the drink takes the man.

(Traditional Chinese proverb)

Stages of Addiction

Many researchers have attempted to describe identifiable stages or phases in the addictive career. Many of these models show a relentless progression, like an out-of-control baby carriage careening down a staircase. The first was developed by E.M. Jellinek (1952, 1960), an early proponent of the disease concept who suggested that drug addiction develops as a process; it is not a sudden occurrence. Several levels of addiction have been identified (Doweiko 1996, 11-12)

Level 0: Total abstinence. The individual never uses drugs for recreational purposes.

Level 1: Rare social use. The individual rarely uses chemicals during or for recreation.

Level 2: Heavy social use and early problem drug use. The individual is perceived as a frequent user and abuser of drugs. Social, legal, financial and occupational problems are likely.
Level 3: Heavy problem use-early addiction. The individual is dependent on drugs. Some medical complications will likely occur in the early to middle stages of addiction, followed by more intense medical problems (ulcers, fatty deposits on the liver, hepatitis, pancreatitis, gastritis, and frequent blackouts). The individual at this level may continue to deny dependence.

Level 4: Clear-cut addiction to drugs. The individual is affected by several medical consequences of the dependence and may even be near death. Most friends and family members have experienced a devastating deterioration in their social relations with the addict.

Vernon Johnson, an influential writer on methods of organizing an intervention to get an addict into treatment, has gone into considerable detail on the emotional syndrome involved in the progression of chemical dependency. On a straight line charting the transition from pain to euphoria, future addicts move through a series of 11 stages, which we will condense as follows:

- Drug users learn that chemicals can swing them up to euphoria and back with no emotional cost.
- They learn how to control the dose to achieve the desired effect.
- They seek the mood swing effect more often.
- They start paying an emotional cost by swinging down toward the pain end of the spectrum after usage, which becomes progressively worse.
• Addicts begin at a point of chronic depression and pain, and use chemicals to feel somewhat normal. At this point, they are lacked in a free-floating mass of anxiety, guilt, shame, and remorse, which they defend with denial and projection (Johnson 1986, 14-36).

Whether chemical use progresses inevitably from abuse to dependency and onward into worsening dependency, is a matter of controversy.

From the standpoint of observing people who end in treatment or Alcoholics Anonymous, this situation is certainly the case. The addictive "career" also includes individuals who seem to "mature out" of abuse or dependency without addiction-specific help, however, as well as those who bounce around on some level of abuse for their entire life without becoming true addicts.

Effect of Drugs

Dependence of the body tissues on the continued presence of a drug (even in the absence of psychological dependence) as revealed by the withdrawal symptoms such as interior physical pains in the limbs and abdomen and other disturbances such as diarrhea that develop when the drug is discontinued. The physiology of the body is allowed to such an extent that the cells can function satisfactorily only when drugs with their increasing dosage are continued. The presence of withdrawal symptom is a proof of physical dependence.
(a) Psychological dependence

A craving for the repeated or compulsive use of a drug to satisfy emotional or personality needs, when the drug is discontinued, pleasure or absence of discomfort are involved but not physical pains.

(b) Tolerance

Development of body or tissue resistance to the effect of a drug so that buyer is required to produce the original effect.

A glossary intended to supplement the main text by providing an explanation as well as definition of certain important terms commonly used in the description of drug addiction. (See Appendix-1)

Drugs which, when taken result in compulsive use, usually in increasing amounts on account of tolerance. It is difficult to establish the effects of drugs on human beings as the biochemical and neuro­physiological processes involved are both complex and difficult to isolate, but at the behavioural level, many determinants influence conduct apart from specific pharmacological effects. Further, the behavioural outcome after the drugs are administered, depend upon a number of factors. For example, the dosage of the drug, how it is administered, how often it is taken, the physiological state of the person at that time (nutrition, health, tolerance to drugs, possible physical dependency on drugs and so on), and the presence of chemical antagonists or potentiating substances to counteract or enhance the specific effects.

Basically, drugs can be broadly classified as stimulants, depressants and hallucinogens.
(A) Stimulants

Amphetamines and related drugs come in the category of stimulants. A person who takes a stimulant is characterized by excessive activity, excitability, talkativeness, tremor-of the hands, enlarged pupils and sometimes profuse perspiration. The person will be irritable or argumentative and appear extremely nervous. It causes dryness of the mouth and such a person while taking tea or coffee will take excessive amount of sugar. If he is a smoker, will tend to be a chain smoker.

Stimulants create following impact on the human body and mind:

**Sensory/Perceptual**

Sensory input improves in fatigued subjects with low dose.

**Cognitive**

- Simple cognitive performance improves.
- Complex cognitive performance are unaffected.
- No enhancement of short-term memory skills.
- No effect on performance tests requiring higher level cognitive functioning.

**Motor**

- Motor performance improves significantly in non-fatigued subjects.
- Tests of reaction time shows fatigued and non-fatigued subjects react more rapidly on a variety of simple and complex tasks.
- Fine tremors in unfatigued subjects.
Communicative

- Increases the amount of talking in a social situation.
- Tolerance develops quickly (two to four weeks, if used daily).

Sleep disturbances occur with stimulant abuse; prolonged abuse also leads to physical damage, massive depression when the effects wear off. Compulsive repetitive behaviour and paranoid psychosis are distinguishable from naturally occurring psychotic disorders.

It can be seen from the above that human performance does get impaired as a result of substance abuse. Broadly, the area affected by such abuse can be categorized into four types:

1. Sensory/Perceptual
2. Cognitive
3. Motor
4. Communicative

Sensory/perceptual performance involves the inputting of information from outside by a person through the use of the senses. Cognitive performance involves internal information processing, including storage and retrieval of information in short-term and long-term memory, information synthesis and decision making. Motor performance is simply behaviour in terms of response action by a physical movement. Communicative performance is defined as communication of a verbal nature.
(B) **Depressants**

People who use depressant drugs such as barbiturates and certain tranquilizers, exhibit symptoms of intoxication. Movements are slow, speech is slurred, the mind confused, pupils are dilated and the person may stagger or stumble and appear disoriented.

**Sensory/Perceptual**
- Impairs all areas of human performance.
- Affects visual acuity, the ability to track moving objects, the ability to sustain vigilance and the ability to identify or detect signals. Further, attention to react to signals that do not exist may also happen.

**Cognitive**
- Cognitive ability significantly affected.
- Short-term memory is generally impaired.
- Learning is affected due to inability to store new information.
- Problem solving ability is impaired.

**Motor**
- Primary motor skills are affected.
- Reaction time lengthens.
- Eye-hand co-ordination is reduced.

**Communicative**
- Communication skills are affected.
- Rate of speech is reduced. Higher doses may cause unconsciousness.
(C) Hallucinogens

Persons under the influence of hallucinogens may sit and recline quietly in a dream or trance-like state and may also become fearful and experience a degree of terror. They may quietly stare into space, then suddenly erupt into a screaming hysterical state oblivious to other people present. LSD and Cannabis comes under this category.

Powerful agents do affect the mind (mind-altering drugs) mood, biological cycles, levels of energy and the inter-personal behaviour of human beings. These agents are conveniently grouped into classes, those classifications representing what appear to be the most notable effects of the drugs. There are intoxicants, sedatives, tranquilizers, stimulants, anti-depressants, narcotics and hallucinogens. Marijuana is considered by some to be an intoxicant, by others a hallucinogen. In large doses it can be depressant or sedative. Drugs such as heroin, tobacco, alcohol and LSD are called euphoriants, even though it is common for people to become ill or upset when they take these drugs.

Sensory/Perceptual

- Impairs all areas of human performance.
- Disturbs sensory perceptions.

Cognitive

- Negative effects on cognitive forces.

Motor

- Negative effects on motor.
Communicative

- Visual hallucination occur rendering communication abilities impaired.

Impact of Addiction

It can be seen from the above that job performance gets impaired with substance abuse, manifestating itself in different forms of behavioural problems.

1. Absenteeism

The patterns of absenteeism vary with each person. The following are some general patterns. Generally, any excess absenteeism and increases in absenteeism should be noted.

(a) Unauthorized leave

(b) Excessive sick leave

(c) Monday absences, Friday absences or Monday and Friday absences

(d) Repeated absences of 2–4 days.

(e) Repeated absences of 1–2 weeks (5–10 days).

(f) Excessive tardiness, especially on Monday mornings or returning from lunch.

(g) Leaving work early.

(h) Peculiar and increasingly improbable excuses for absences.

(i) Higher absenteeism rate than other employees for colds, flu, gastritis, etc. (and consequently, more claims on company health insurance).

(j) Frequent unscheduled short-term absence (with or without medical explanations).
2. “ON-THE-JOB” Absenteeism

(a) Continued absence from post more than the job requires.

(b) Frequent trips to water fountain or bathroom.

(c) Long coffee breaks.

(d) Physical illness on the job.

3. High accident rate and consequently more accident claims.

(a) Accident on the job.

(b) Frequent trips to the nurse’s office.

(c) Accident off the job (but affecting job performance).

4. Difficulty in concentration

(a) Work requires great effort.

(b) Job takes more times.

(c) There may be hand tremor when concentrating.

5. Confusion

(a) Difficulty in recalling instructions, details, etc.

(b) Increasing difficulty in handling complex assignments.

(c) Difficulty in recalling own mistake.

6. Sporadic work patterns

Alternate periods of very high and very low productivity.

7. Tenacity to job doesn’t change easily

This may present a threat because employee’s control of present job allows employee to hide low job performance.

8. Coming to/returning from work in an obviously abnormal condition
9. Generally lowered job performance

(a) Misses deadlines.
(b) Makes mistakes due to inattention or poor judgment.
(c) Wastes more material.
(d) Makes bad decision.
(e) Improbable excuses for poor job performances.

10. Deteriorating personal appearance-grooming

(a) Unshaven.
(b) Hair not combed.
(c) Inappropriate attire.
(d) Body odour.
(e) Lacks make-up (if normally used).

An addict is a broken Hero—a personality reduced to zero.

Opium

Opium comes from the dried juice of the poppy plant and contains over a dozen alkaloids of which the largest concentration is morphine. Opium is medically used as cough suppressant and a pain reliever and also to treat diarrhea, since it inhibits movement of the intestines. Its less benign effect includes nausea and vomiting.

Heroin

Heroin was in fact first introduced in 1898 as a cough suppressant and is the popular medical name for diacetyl morphine, produced by reacting morphine with acetic anhydride. This early chemical process is still clandestinely used to make heroin in crude laboratories run by narcotic operators. As a cough suppressant it is
superior to opium since it produces fewer side effects, but its use as a narcotic spring from the fact that it is ten times more powerful.

**Hashish**

Hashish is a dark tarry resin of the Indian hemp plant known in science as Cannabis Sativa. As a narcotic it has been in use in India and Nepal for centuries. Chemically its principal sedative constituent is tetra-hydro-cannabinol (TNC) and is contained to a lesser extent in its stem and leaves. The dried and crushed leaves are popularly known as grass, a milder narcotic. Physically, it leads to a quickened heartbeat, a lower blood pressure, and reddening of the eyes.

**Poppy as a Blessing and Curse**

According to a 16th century botanist: “It mitigateth all kinds of pains, but leaveth behind it often times a mischief worse than the disease itself”. The opium poppy ‘Papaver Somniferum’ offers immense freedom from pain, but in misuse, also enslaves. Ancient Culture – valued opium for medicine and religious ritual, but now knew its addictive nature and viewed even lethal.

Nineteenth Century, scientists isolated and intensified the poppy’s strength. Opium gum and poppy straw hold the concentrated natural Alkaloid Morphine, still regarded as unsurpassed treating violent pain. Codeine a weaker opiate relieves moderate pain and coughs. Heroin, chemically treated morphine, is now a world-wide problem as a street drug that claims countless addicts, wrecks life and invites death.
**Poppy as Pannacea**

Poppies of many species blanket the world with floral beauty, but only Papaver somniferum yields such a great potential for good and evil. Use of poppy offers freedom from pain but abuse invites death and psychiatric problems. Ancient culture valued opium for medicine and religious ritual, but now knew its addiction is a lethal threat to future society. The drug codeine is available in pills to relieve pain after operation or tooth extraction; in syrups to soothe coughs. In 1983, the most recent year for which such figures are available show codeine was the key ingredient in 65 million prescriptions. If there is codeine in your medicine cabinet, chances are two to one that it was processed by a government authorized company from black opium gum imported from India, where tens of thousands of farmers who raise poppies under perfectly legal licence from their government.

In a dangerous killing disease like cancer, morphine is on the top of the list. No synthetic analgesic has yet been made that deserves to replace it; it's the drug of the choice. The dosage has to be adjusted to each patient's changing needs. Morphine is given by mouth, but for small proportion of patients heroin is injected. It is equivalent to about two and a half times the same amount of morphine.

**Gold for Drug-busters**

Drug-busters stole the show in the Seoul Olympics, catching Mitko Grablev, a Bulgarian weightlifter who had earlier won the 56 kilo class gold medal, in the act. The cheat's urinalysis revealed the presence of a drug called furosemide which can help mask the use of...
other banned performance enhancing drugs. The illegitimately won gold had now gone to the Soviet weightlifter who had won the silver, but it should have been bestowed on the men in the lab who exposed this. The other case involved an Australian modern pentathlon competitor, Alex Aatson, whose urine revealed a prohibited amount of caffeine.

Also in the flight home was a boxing referee from New-Zealand Keith Walker, who caused a riot in the ring by penalizing a Korean bantamweight Byun Jong-il for butting the illegal use of the head. Walker was the main target as angry coaches, trainers and fans invaded the ring. The riot police intervened and Byung refused to quit his corner till someone thought of switching off the lights an hour after the fight. As for Walker, he maintained he did not do a bad job of refereeing. But Seoul was no longer a safe place to be in for the New-Zealander.

**The Olympic of Drugs**

So far only 10 competitors have been disqualified in Seoul Olympics of 1988 for taking drugs—two fewer than in Los Angeles in 1984 and only one more than in Moscow eight years ago in 1980.

**Biological Explanations**

Biological explanations have tended to use genetic theories or the disease model for explaining drug addiction. The view that alcoholism is a sickness dates back approximately 200 years (Conrad and Schneider 1980; Heitzeg 1996). This specific disease perspective is based on E.M. Jellinek’s (1960) view that alcoholism largely involves
a loss of control over drinking and that the drinker experiences clearly distinguishable phases in his or her drinking patterns. Thus, the disease model views drug abuse as an illness in need of treatment or therapy. For example, concerning alcoholism, the illness affects the abuser to the point of loss of control.

Theoretically, genetic factors can directly or indirectly contribute to drug abuse vulnerability in several ways; for example,

1. Psychiatric disorders that are genetically determined may be relieved by drugs of abuse, thus encouraging their use.

2. In some people, reward centers of the brain may be genetically determined to be especially sensitive to addicting drugs; thus, use of drugs of abuse by these people would be particularly pleasurable and would lead to a high rate of addiction.

3. Character traits, such as insecurity and vulnerability that often lead to drug abuse behavior may be genetically determined, causing a high rate of addiction in these people.

4. Factors that determine how difficult it will be to break a drug addiction may be genetically determined, causing severe craving or very unpleasant withdrawal effects; such people are less likely to abandon their drug of abuse.

The appeal of the genetic theories for drug abuse is that, once discovered they may help us to understand the reasons that drug addiction occurs in some individuals but not in others. In addition, if genetic factors play a major role in drug abuse, it might be possible to use genetic screening to identify people who are especially vulnerable
to drug abuse problems and to help such individuals avoid exposure to these substances.

**Psychological Explanations**

Psychological theories mostly deal with internal mental or emotional states, often associated with or exacerbated by social and environmental factors. Primary internal psychological states of existence include one or more of the following: escapee from reality, inability to cope with anxiety, destructive self-indulgence to the point of constantly desiring intoxicants, blind compliance with drug abusing peers, self-destructiveness and conscious and unconscious ignorance regarding the harmful effects of abusing drugs. Early psychological theories were espoused by Freud, who linked “primal addictions” with masturbation and postulated that all later addictions, including alcohol and other drugs, were caused by ego impairments. Freud fell that drugs fulfilled insecurities that stem from parental inadequacies, causing difficulty in adequately forming bonds of friendships.

**The Relationship Between Personality and Drug Use**

Since medieval times, personality theories of increasing sophistication have been used to classify long-term behavioral tendencies or trails that appear in individuals and these trails have long been considered as influenced by biological or chemical factors. Although such classification systems have varied widely, nearly all have shared two commonly observed dimensions of personality: introversion and extraversion. Individuals who show a predominant tendency to turn their thoughts and feelings inward rather than to
direct attention outward have been considered to show the trait of
introversion. At the opposite extreme, a tendency to seek outward
activity and sharing feelings with others has been called extraversion.
Of course, every individual shows a mix of such traits in varying
degrees and circumstances.

Theories Based on Learning Processes

How are abuse patterns learned? Research on learning or
conditioning explains how humans acquire new patterns of behavior
by the close association or pairing of one significant reinforcing
stimulus with another less significant or neutral stimulus. In learning
by this method, people get used to certain behavior patterns. This
process, known as conditioning, explains why pleasurable activities
may become intimately connected with other activities that are also
pleasurable, neutral or even unpleasant. In addition, people can turn
any new behavior into a recurrent and permanent one by the process
of habituation – repeating certain patterns of behavior until they
become established or habitual.

Social Psychological Learning Theories

Other extensions of reinforcement or learning theory focus on
how positive social influences by drug-using peers reinforce the
attraction to drugs. Social interaction, peer camaraderie, social
approval and drug use work together as positive reinforcers sustaining
drug use (Akers 1992). Thus, if the effects of drug use become
personally rewarding, “or become reinforcing through conditioning,
the chances of continuing to use are greater than for stopping” (Akers
1992, 86). It is through learned expectations or association with others who reinforce drug use, that individuals learn the pleasures of drug taking (Becker 1963, 1967). Similarly, if the experiences are interpreted as disfavorable as with a frightening LSD trip, then the experience will be negatively perceived and the distinctive appeal of the drug will diminish rapidly.

Finally, differential reinforcement – defined as the ratio between reinforcers favorable and dis-favorable for sustaining drug use behavior – must be considered. The use and eventual abuse of drugs can vary with certain favorable or unfavorable reinforcing experiences. The primary determining conditions are (1) the amount of exposure to drug-using peers versus non-drug-using peers, (2) the general preference for drug use in a particular neighborhood or community, (3) the age of initial use (younger adolescents are more greatly affected than older adolescents), and (4) the frequency of drug use among peer members.

**Sociological Explanations**

Sociological explanations for drug use share important commonalities with psychological explanations under social learning theories. The main distinguishing features determining psychological and sociological explanations are that psychological explanations focus more on how the internal states of the drug user are affected by social relationships within families, peers and other more distant relationships. Sociological explanations, in contrast, focus on how factors external to the individual affect drug users. Such outside
forces include the types of families, lifestyles of peer groups or types of neighborhoods and communities in which avid drug users reside. The sociological perspective views the motivation for drug use as largely determined by the types and quality of bonds that the drug user or potential drug user has with significant others or with physical surroundings. The degree of influence and involvement with external factors affecting the individual compared with the influence exerted by internal states distinguishes sociological from psychological analyses.

**Social Influence Theories**

The theories presented in this section are known as (1) social learning, (2) the role of significant others in socialization, (3) labeling, and (4) subculture theories. The bases of these theories are that an individual's motivation to seek drugs is caused by social influence or social coercion.

**Social Learning Theory**

Social learning theory explains drug use as a form of learned behavior. Conventional learning occurs through imitation, trial and error, improvisation, rewarding appropriate behavior and cognitive mental processes. Social learning theory focuses directly on how drug use and abuse are acquired through interaction with others who use and abuse drugs.

The theory emphasizes the pervasive influence of primary groups or groups that share a high amount of intimacy and spontaneity and whose members are bonded emotionally. Families and residents of tightly knit urban neighborhoods are examples of
primary groups. In contrast, secondary groups are groups that share segmented relationships where interaction is based on prescribed role patterns. An example of a secondary group would be the relationship between you and a sales clerk in a grocery store or among a group of employees scattered throughout a corporation.

Social learning theory addresses a type of interaction that is highly specific. This type of interaction involves learning specific motives, techniques and appropriate meanings that are commonly attached to a particular type of drug.

As the sociologist Howard Becker points out in his well known article “Becoming a Marijuana User”, the novice who is perceived as a first-time user must learn the technique.

Once drug use has begun, continuing the behavior involves learning the following sequence: (1) where and from whom the drug can be purchased, (2) how to acquire a steady supply, (3) how to maintain the secrecy of use from authority figures and casual acquaintances, and (4) how to justify continual use.

**Role of Significant Others**

In applying Sutherland’s principles of social learning to drug use, which he calls differential association theory, the focus is on how other members of social groups reward criminal behavior and under what conditions this deviance is perceived as important and pleasurable.

Learning theory also explains how adults and the elderly are taught the motivation for using a particular type of drug. This learning
occurs through such influences as drug advertising, with its emphases on testimonials by avid users, medical advice or assurances from actors and actresses portraying physicians or nurses. Listeners, viewers or readers who experience such commercials promoting particular brand-name over-the-counter drugs are bombarded with the necessary motives, techniques and appropriate attitudes for consuming drugs. When drug advertisements and medical experts recommend a particular drug for specific ailments, they in effect are authoritatively persuading viewers, listeners or readers that taking a drug will soothe or cure the medical problem presented.

**Labeling Theory**

Although the controversy continues whether labeling is a theory or perspective (Akers 1968, 1992; Plummer 1979; Heitzeg 1996), we take the position that labeling is a theory (Cheron 1992; Hewitt 1994), for it explains something very important with respect to drug use.

An important originator of labeling theory is Edwin Lemert who distinguishes between two types of deviance: primary and secondary deviance. Primary deviance is inconsequential deviance, which occurs without having a lasting impression on the perpetrator. Generally, most first-time violations of law, for example, are primary deviations. Whether the suspected or accused individual has committed the deviant act does not matter. What matters is whether the individual identifies with the deviant behavior.

Secondary deviance develops when the individual begins to identify and perceive himself or herself as deviant. The moment this
transition occurs, deviance shifts from being primary to secondary. Many adolescents casually experiment with drugs. If, however, they begin to perceive themselves as drug users, then this behavior is virtually impossible to eradicate. The same holds true with OTC drug abuse. The moment an individual believes that he or she feels better after using a particular drug, the greater the likelihood that he or she will use the drug consistently.

**Subculture Theory**

The subculture theory speaks to the role of peer pressure and behavior that result from peer group influence(s). In all groups, there are certain members who are very charismatic and as a result, exert more social influence than other peer members. Often such appealing members are group leaders, task leaders or emotional leaders, who maintain a strong ability to influence others. Drug use that results from peer pressure demonstrates the extent to which these more popular, charismatic leaders can influence and pressure others to initially use or abuse drugs.

In sociology, charismatic leaders are viewed as possessing status and prestige, defined as distinction in the eyes of others, in reality, as explained by the eminent sociologist Max Weber, such leaders have power over inexperienced drug users. Members of peer groups are often persuaded to experiment with drug use if leaders say, "Come on, try some, it's great" or "Trust me, you'll love it once you try it." In groups where drugs are consumed, the extent of peer influence with regard to drug use is affected by the more charismatic leaders.
Such leaders find that the art of persuasion and camaraderie that drug use emails are very gratifying.

Although Cohen's emphasis is on explaining juvenile delinquency, his notion that delinquent behavior is a sub-cultural solution can easily be applied to drug use and abuse in primarily members of lower class peer groups. Underlying drug use and abuse in delinquent gangs for example, results from sharing common feelings of alienation and escape from a society that appears non-caring, distant and hostile.

**Structural Influence Theories**

The focus of these theories is on how the organization of a society, group, or subculture is largely responsible for drug abuse by its members. The belief is that it is not the society, group, or subculture that is causing the behavior - in this case, drug use but that the organization itself or the lack of an organization determines the resulting behavior.

Social disorganization and social strain theories identify the different kinds of social change that are disruptive and how, in a general sense, people are affected by such change. Social disorganization theory asks what in the social order (the larger social structure) causes people to deviate? Social strain theory asks, as a result of how, for example, family, peer and employee social structures are organized, what would cause someone to deviate? This theory believes that frustration results from being unable to achieve desired
goals. This perceived shortcoming compels an individual to deviate to achieve desired needs.

Overall, social disorganization theory describes a situation where, because of rapid social change, previously affiliated individuals no longer find themselves integrated into a community's social, commercial, religious and economic institutions. When this isolation occurs, community members that were once affiliated become disaffiliated and lack effective attachment to the social order. As a result, these disaffiliated people begin to gravitate toward deviant behavior.

To develop trusting relationships, stability and continuity are essential for proper socialization. As will be discussed later in this chapter, if identity transformation occurs during the teen years, when drugs are first introduced, a stable environment is very important. Yet in a technological society, destabilizing and disorienting forces often result because technology causes rapid social change.

Although most people have little or no difficulty in adapting when confronted with rapid social change, others perceive this change as beyond their control. For example, consider an immigrant who experienced a nervous breakdown because he was unable to cope with the new society.

**Current Social Change in Most Societies**

Does social change per se cause people to use and abuse drugs? In response to this question, social change defined as "any measurable change caused by technological advancement that
disrupts cultural values and attitudes” – does not by itself cause widespread drug use. In most cases, social change materialistically advances a culture by profoundly affecting how things are accomplished. At the same time, however, rapid social change disrupts day-to-day behavior preserved by tradition, which has a tendency to fragment such conventional social groups as families, communities and neighborhoods. By conventional behavior, we mean behavior that is largely dictated by custom and tradition and thus evaporates or goes into a state of flux under rapid social change.

Examples include the number of youth sub-cultures that proliferated during the 1960s (Yinger 1982) and other more recent lifestyles and sub-cultures such as rappers, right to life, prochoice, Mothers Against Drunk Driving (MADD), gay liberation, punk rockers and the new wave and recent rave sub-cultures. Furthermore, two other sub-cultures, teenagers and the elderly, both of whom have become increasingly independent and, in some subgroups, alienated from other age groups in society. These last subgroups are additional examples of groups that have become more distinct sub-cultures from the past.

**Control Theory**

This last structural influence theory we are reviewing places most of its primary emphasis on influences outside the self as the primary cause for deviating to drug use and/or abuse. Control theory places importance on positive socialization. Socialization is defined as “the process by which individuals learn to internalize the attitudes,
values and behaviors needed to become participating members of conventional society." Generally, control theorists believe that human beings can easily become deviant if left without social controls. Thus, theorists who specialize in control theory emphasize the necessity of maintaining bonds to family, school, peers and other social, political and religious organizations.

Internal control is determined by the degree of self-control, high or low frustration tolerance, positive or negative self-perception, successful or unsuccessful goal achievement and either resistance or adherence to deviant behavior. Environmental pressures, such as social conditions, may limit the accomplishment of goal-striving behavior; such conditions include poverty, minority group status, inferior education and lack of employment.

The external, or outer, control system consists of effective or ineffective supervision and discipline, consistent or inconsistent moral training, positive or negative acceptance, identity, and self-worth. Examples are latchkey children who become delinquent and alcoholic parents who are inconsistent with discipline. They provide another illustration of breakdown in social control.

In applying this theory to the use or abuse of drugs, we could say that, if an individual has a weak external control system, the internal control system must take over to handle external pressure. Similarly, if an individual’s external control system is strong from positive socialization based on discipline, moral training and development of positive feelings of self-worth, then his or her internal
control system will not be seriously challenged if, however, either the internal or external control system is mismatched – one is weak and the other strong – the possibility of drug abuse increases.

**Causes of Addiction**

So far, we reviewed the reasons and motivations for using drugs. We discussed the fact that there are many, perhaps millions, of individuals who use or even occasionally abuse drugs without compromising their basic health, legal and occupational status and social relationships. Why do a significant minority become caught up in abuse and addictive behavior? To answer this question, we need to cull out some risk factors that have been identified with development of harmful drug use patterns, including addiction. Research on these factors could fill a small library. Table 4.1 represents a compilation of factors identified as complicit in the origin or “etiology” of addiction, taken from the fields of psychology, sociology and addiction studies. Alter this review we will consider vicious cycles that propel at risk individual abusers further down a path toward chemical dependency and the stages or phases of this process.

In addition to risk factors for abuse and addiction in our society, an entire subfield of anthropology is devoted to systematically searching for aspects of cultural beliefs and behaviors that result in higher rates of addiction. Some of these factors provide fascinating possibilities. For example, Field (1991) found that degree of drunkenness was statistically related to anxieties about subsistence, or making a living, in tribal-level societies. Might we see a parallel in
the United States? Margaret Bacon and her colleagues, researchers in the relationship of culture to personality, found that alcohol abuse was statistically related to developmental conflicts over dependency needs— that is, fostering of dependency needs that are then not indulged or allowed expression (Bacon et al. 1965 a, b; Bacon 1974). The dependent child is, rather suddenly, expected to be self-reliant. One can imagine the deprivation, conflict and anxiety felt by such inconsistency.

Other “cultural” risk factors for development of abuse include the following:

- Drinking at times other than at meals;
- Drinking alone;
- Same-sex drinking;
- Drinking defined as an anti-stress and anti-anxiety potion;
- Patterns of solitary drinking;
- Drinking defined as a rite of passage into an adult role; and
- The recent introduction of a chemical into a social group with insufficient lime to develop informal social control over its use (Marshall 1979).
### Table-2.1

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Leading to this Effect</th>
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</thead>
<tbody>
<tr>
<td><strong>Biologically Based Factors</strong> (genetic, neurological, biochemical and so on).</td>
<td></td>
</tr>
<tr>
<td>• A less subjective feeling of intoxication</td>
<td>• More use to achieve intoxication (warning signs of abuse absent)</td>
</tr>
<tr>
<td>• Easier development of tolerance; liver enzymes adapt to increased use</td>
<td>• Easier to reach the addictive level</td>
</tr>
<tr>
<td>• Lack of resilience or fragility of higher (cerebral) brain functions</td>
<td>• Easy deterioration of cerebral functioning, impaired judgment and social deterioration</td>
</tr>
<tr>
<td>• Difficulty in screening out unwanted or bothersome outside stimuli (low stimulus barrier)</td>
<td>• Reeling overwhelmed or stressed</td>
</tr>
<tr>
<td>• Tendency to amplify outside or internal stimuli (stimulus augmentation)</td>
<td>• Feeling attacked or panicked; need to avoid emotion</td>
</tr>
<tr>
<td>• Attention deficit hyperactivity disorder and other learning disabilities</td>
<td>• Failure, low self-esteem or isolation</td>
</tr>
<tr>
<td>• Biologically based mood disorders (depression and bipolar disorders)</td>
<td>• Need to self-medicate against loss of control or the pain of depression; inability to calm down when manic or to sleep when agitated.</td>
</tr>
<tr>
<td><strong>Psychosocial/Developmental “Personality” Factors:</strong></td>
<td></td>
</tr>
<tr>
<td>• Low self-esteem</td>
<td>• Need to blot out pain, gravitate to outsider groups</td>
</tr>
<tr>
<td>• Depression rooted in learned helplessness and passivity</td>
<td>• Need to blot out pain; use of a stimulant as an anti-depressant</td>
</tr>
<tr>
<td>• Conflicts</td>
<td>• Anxiety and guilt</td>
</tr>
<tr>
<td>• Repressed and unresolved grief and rage</td>
<td>• Chronic depression, anxiety, or pain</td>
</tr>
<tr>
<td>• Post-traumatic stress syndrome (as in veterans and abuse victims)</td>
<td>• Nightmares or panic attacks</td>
</tr>
<tr>
<td><strong>Social and Cultural Environment</strong></td>
<td></td>
</tr>
<tr>
<td>• Availability of drugs</td>
<td>• Easy frequent use</td>
</tr>
<tr>
<td>• Chemical-abusing parental model</td>
<td>• Sanction; no conflict over use</td>
</tr>
<tr>
<td>• Abusive, neglectful parents; other dysfunctional family patterns</td>
<td>• Pervasive sense of abandonment, distrust and pain; difficulty in maintaining attachments</td>
</tr>
<tr>
<td>• Group norms favoring heavy use and abuse</td>
<td>• Reinforced, hidden abusive behavior that can progress without interference</td>
</tr>
<tr>
<td>• Misperception of peer norms</td>
<td>• Belief that most people use or favor use or think it’s “cool” to use</td>
</tr>
<tr>
<td>• Severe or chronic stressors, as from noise, poverty, racism or occupational stress</td>
<td>• Need to alleviate or escape from stress via chemical means</td>
</tr>
<tr>
<td>• “Alienation” factors: isolation, emptiness</td>
<td>• Painful sense of aloneness, normlessness, rootlessness, boredom, monotony or hopelessness</td>
</tr>
<tr>
<td>• Difficult migration/acculturation with social disorganization, gender/generation gaps, or loss of role</td>
<td>• Stress without buffering support system</td>
</tr>
</tbody>
</table>
It is important to recall that the “mix” of risk factors differs for each person. It varies according to social, cultural and age groups, and individual and family idiosyncrasies. Most addiction treatment professionals believe that it is difficult, if not impossible, to tease out these factors before treatment, when the user is still “talking to a chemical,” or during early treatment, when the brain and body are still recuperating from the effects of long-term abuse. Once a stable sobriety is established, one can begin to address any underlying problems. An exception would be the mentally ill chemical abuser (MICA), whose treatment requires special considerations from the outset.

Although we cannot provide a comprehensive review of risk factors among all groups in society here, we will touch on the life span or developmental dimension, which identifies stressors and conflicts in transitional periods such as adolescence and middle age.

**Risk Factors that Apply Especially to Adolescents**

- Peer norms favoring use.
- Misperception of peer norms (users set the tone).
- Power of age group peer norms versus other social influences.
- Conflicts, such as dependence versus independence, adult maturational tasks versus fear, new types of roles versus familiar safe roles; conflicts that generate anxiety or guilt.
- Teenage risk-taking, sense of omnipotence or invulnerability.
- Cultural definition of use as a rite of passage into adulthood.
- Cultural definition of use as glamorous, sexy, facilitating intimacy, fun and so on.
Risk Factors that Apply Especially to Middle-Aged Individuals

- Retirement: loss of a meaningful role or occupational identity.
- Loss, grief or isolation: loss of parents, divorce, departure of children ("empty nest syndrome").
- Loss of positive body image.
- Disappointment when life expectations do not pan out.

Even in each of these age groups, mix of factor is at play. The adolescent abuser might be someone whose risk factors were primary neurological vulnerabilities, such as an adolescent who suffers from undiagnosed attention–deficit hyperactivity disorder; who experiences failure and rejection at school; or who disappoints his parents, and is labeled as odd, lazy or unintelligent (Kelly and Ramundo 1993).

In response to the information presented in table, a student, who was a recovering alcoholic, commented: "You’re an alcoholic because you drink!" He had a good point: the mere presence of one, two or more risk factors by themselves don’t create addiction. Drugs must be available, they must be used and they must become a pattern of adaptation to any of the many painful, threatening, uncomfortable or unwanted sensations or stimuli that occur in the presence of genetic, psychosocial or environmental risk factors. Prevention workers often note the presence of multiple messages encouraging use: the medical use of minor tranquilizers to offset any type of psychic discomfort; the marketing of alcohol as sexy, glamorous, adult and facilitative of social interaction; and so forth.