"WHAT IF YOU WERE HIV POSITIVE?"

CHAPTER VI

META-NARRATIVES OF HIV POSITIVE INTRA-VEINOUS DRUG USERS

- Initiation to drugs
- The drug addicts’ cohort
- Rehabilitation and relapse
- Social stigma, ostracization and the other side of addicts’ paradise
- Gender dynamics of the addict couple
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I would...

LIVE!!!

“WHAT IF IT WERE YOU?”

A project of HIV Victorious

HIVVictorious
Chapter VI
META-NARRATIVES OF HIV POSITIVE INTRA-VENOUS DRUG USER

The life of HIV positive IDU can be studied as a rites of passage; having different phases from the initiation of drug use to terminal stage of HIV/AIDS. The present study analyzes HIV positive injecting drug users’ using thematic life histories, and respondents’ narratives.

Nobody is born as a drug addict but desire and eagerness to experiment was found to be the first step for the initiation of drug use. Theories based on the individual, who may be effective and meaningful in a Western context, have lesser relevance in self-effacing cultures of Asia, Africa Latin America and the Caribbean. In Asia, Africa, Latin America, family and community are more central to the construction of health and well-being than the individual even though the individual was always recognized as an important part of the cultural context (Airhenbuwa, 1995, Sue, 1994).

A person or an individual’s decision is purely an independent process but presence of external influences can never be denied. The norms and tradition usually influenced people. Drug use is also influenced by the prevailing social norms. Previous chapters listed narratives and cultural factors that were instrumental in making these people take to drugs The users have started taking drugs to test it. 92 (46 per cent) respondents say they have used drugs only to test. 51(25.5 per cent) respondents started drug use because of depression, 24 (12 per cent) say they are prompted to use it because of a strong urge. 15 (7.5 per cent) respondent say their friends insisted upon them to use it and gradually they became addicted.

Western cultures, to varying degrees, tend to view the self as a production of the individual, whereas many other cultures view the self as a production of the family, community and other environmental influences for which we do not have, nor desire, total control. Crawford believes “the heart of the cultural politics of AIDS is a contestation over the meaning of the self (Airhenbuwa, 1995, Sue, 1994:13-47). A large part of this contestation involves the definition and construction of the people with AIDS and those who have tested positive for HIV as “other”. In its most basic sense, health is associated with those who are not infected with HIV and illness with those who are infected with HIV. “The identity signified by HIV/AIDS comes to be seen as
the other who is perceived not only as a physical danger, but as an equally threatening and

The reasons for large number of teenagers getting initiated into drug use could be due to
lifestyle and lack of awareness. The unemployment and lack of job opportunity could be another
factor. It has been repeatedly stated by the respondents that they find it very boring to stay alone
at home and find no alternatives to their boredom as there were no recreational spaces where one
can use one’s energy or do meaningful work. The identification of the vulnerable age group is
crucial for interventions. It will be a paramount task for the policy planners to plan interventions.
The policy and programme requires addressing the problems and reasons of drug addiction in
such age group.

A person’s attitude and behavior is influencing the entire groups and plays a significant
role in the formation of group consciousness. These networks of the peers develop strong bond
since childhood. Each drug addicts have multiple and very broad network during teens and they
are always together. Most of them said that they had large number of friends often citing the
number to be any where between 5-15, during the teens. It was evident, when I extracted
numbers form the narratives and attempted a statistical recount. The averages that emerged
indicated as 54 (27 per cent) respondents said they have 2-5 friends during their teens, 75 (37.5
per cent) respondents have 5-15 friends and 66 (33 per cent) respondents said they have 15 and
above friends. 5 (2.5 per cent) respondents made no mention about their friends during teens.

The IDU comes through many stages of drug use. Starting usually with less harmful
drugs in the initial stages and gradually going in for the most potent and addictive of drugs like
heroin etc. The drug addicts in the study sample reported to have done a number of different
kinds of hallucinogens and habituates in the range of drugs available to them. It is evident from
their responses that they were periodically caught for handling and using such illicit drugs and
punished subsequently. There were 33 per cent respondents who confessed that they had been
punished for using pharmaceutical drugs as habituates, and another 7 per cent had been caught
using ganja, while 1 per cent was indicted for soliciting brown sugar and 4.5 per cent had been
booked for all the above. There were just 6 per cent who had been booked for alcohol use.
6.1. Initiation to drugs

Most social occasions among the Manipuri people are celebrated with the copious drinking of liquor. Drinking is socially accepted as a form of celebration. However, to overcome the restrictions that govern age barriers most of the respondents reported that they resorted to drugs at such functions to get the high spirited response alcohol provoked in the older people. The drugs unlike alcohol did not invite instant rebukes from the family and friends. They became the preferred mode because of the dual reasons of providing enhanced exhilaration and a total absence of tell-tale odour typical of liquor. Many of the youth began resorting to drugs at most of the social gatherings. Thus, despite the fact that alcohol was a traditional part of all Manipuri celebrations the youngsters were driven to drugs as a better substitute as 97 per cent of the respondents said that they used drugs at social gatherings. Further there is always the invitation for non-users to normally meet drug addicts during social gathering and get initiated

Graph 6.1: Use of drugs in social functions by drug users

Drugs were reported to be used at social functions/festivals like Durga Puja, Holi and Lai Haraoba. These festivals are celebrated with drugs just as they are occasions to celebrate with friends. This was reported by 29 per cent of the respondents. The celebration at these social gatherings and especially Christmas among the largely tribal population that has converted to Christianity has begun to have a significantly detrimental impact on the youth. This is evident...
from the narratives gathered during the field investigations. Raju [real name not used] has narrated his experience as follows:

It was during the Christmas celebrations that I took drugs for the first time. We were in groups of 2-7 people at the time of use. Soon I was so hooked that I could enjoy festivals to the fullest only with drugs. I felt contented. My entire perspective on life underwent a complete change. I experience a heavenly feeling after taking drugs. I had the confidence boost and enjoyed meeting girls during festivals. Thus I and my friends became habituated to celebrated festivals and occasions only after taking our quota of drugs. We were the most popular individuals in the party which made us all the more high. Our friends circle continually increased and this made the habit of taking drugs all the more exciting. Our parents were totally unaware about our drug taking behavior.

It was observed during the field investigations that initiation of drug use began from as early an age as 14 years of age. Most respondents started drug use at the age of 17-21 years as reported by 40 per cent of the respondents.

Graph 6.2: Age of taking drugs for the first time

The first initiation into drugs use was usually an easy and quick process. This is evident from the fact that the introducer was usually a close friend as reported by 73 per cent of the respondents. The use of drugs as a fashion statement and creating a confident image was
reported by 50 per cent of the respondents who considered themselves as the most privileged class of people in their youths.

Graph 6.3: **Introduction of drugs to the beginner**

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Once they had been introduced to the drugs the IVDUs remained in groups and continued the drug use so much so that 18 per cent of the respondents said that they used drugs for a week straight from the first use. There were also 46.5 per cent who used it for months at a stretch and there were 23.5 per cent who reported that they never let off and went on taking drugs for years after the initiation.

Peer ‘pressure’ is reportedly a major causal factor for the onset of illicit drug use. There is substantial evidence to show that peer factor is directly associated with illicit drug use. This evidence has, in many cases, been inappropriately interpreted as support for peer pressure when it should have been more appropriately interpreted as evidence for peer preference. This was reported by 73 per cent of the respondents who said that they started using drugs due to friends/peer influence and their desire to stay with their friends in their respective groups/networks. Their friends insist on their joining the group of drug users. Many felt lured as they were afraid of being labeled as sticks in the mud and isolated from the group. They felt compelled to join in and ‘be with the crowd’ to avoid being singled out as ‘straight’. Many of the individuals felt drawn to the group and under peer pressure they became drug users. These kinds of interactions were further aggravated by the fact that Manipuri cultural traditions promote the
existence of groups and sanction the aspects of group living which further promotes the sharing of stimulants and drugs among the group. About 65 per cent of the respondents said that they have started taking drugs due to the group living lifestyle ordained socio-culturally.

Schools and colleges were also gathering places for students from different places. One single student was enough to create an atmosphere of drug abuse in such an environment. The drug user would relate his experiences to the rest of his friends and coax them to experience the same. He might have just been initiated into the habit but his initiation into drugs tends to quickly become a vice with the entire group in the school. The degree of vulnerability increases with the fact that the school going children begin indulging in the drug abuse habit in multiple groups.

The study found that PLWHA usually had a large number of friends during their teens/school days. There were a large section (33 per cent) who said that they had more than 15 friends in their immediate group of interaction during their school days – normally the teen years of an individual are also the most impressionable when one is easily led by ideas and examples. A large peer group always is a successful promoter of any trends as the group participation in most processes of socialization facilitates indulgence in frequent use of aberrant practices which the group (respondents in the narrative included) may describe as ‘having fun’.

The study data endorsed peer networks as also sharing geographical proximity. Data findings declared that explicitly as about 50 per cent users reported that there were 21-40 drug users in their vicinity. There were 15 per cent who had reported that there were 11 to 20 drug users in their area and 6 per cent said that there were 40 to 100 drug addicts in their area. Thus it goes to prove that geographical proximity of drug users influences the further propagation of the habit.

When in a social network, one is secure in the feeling of oneness, togetherness which creates an atmosphere conducive to the sharing of ideas. There is mutual respect and sincerity in group activity. The use of the same equipment and drugs among a group promotes a feeling of solidarity and helps the individual get absorbed in the anonymity of equality with a shared commitment towards each other. Individuals at the periphery are quickly coaxed into experimenting and subsequently getting hooked. They perceive life as meaningless unless they
are addicted at this juncture. Their vulnerability to substance abuse is very high especially in the younger teens.

Seeing this group dynamics it becomes all the more imperative to state that there is a need to reassert the role of the individual in their own development, with a particular need to reassert the role of choice and motivation in relation to drug use and social interaction with peers, without assuming that motivation for drug use arises solely out of personal or social inadequacy (Niall Coggans & Susan Mckellar: 1994). Reciprocal models allowing for dynamic relationships between individuals and groups have been around for some time (Endler & Magnusson, 1976; Huba et. al., 1980; Huba & Bentler, 1982; Zucker & Gomberg, 1986). However, drug education, especially school-based drug education, can prove inadequate to effectively address the desire of many of the younger people to use drugs purely for recreation. The underlying fact here is that the individuals took to drugs basically because they want to do so and not because they lacked knowledge, social skills or had a poor self-image. While most of the drug education (IEC) operational in the State still revolve around “Just Say NO” messages, ascribed and learnt decision-making skills, or ‘refusal skills’ (resist peer pressure/influence) the other programmes recognize the fact that effective drug education inputs must take into account the interactive nature of the relationship between individuals and groups (Wragg, 1992). However, this reciprocal perspective on drug use amongst peers is yet to make a significant impact on wider public awareness.

Graph 6.4: Place of first use of drugs

![Graph showing place of first use of drugs]

- Friend's residence: 1.50%
- Public place: 22%
- Social gathering: 40%
- College: 7.50%
- School: 15.50%
The first encounter with drugs comes through friends. It clearly shows that the friends/peer is the most crucial motivator for any person to become a prolonged drug user.

The adolescents’ tendency to experience new things and crave excitement in every setting is strong especially when they are still in their formative years and have still to attain a certain level of social responsibility and mental maturity. Lack of knowledge and awareness about the probable consequences as also the post exposure harmful effects of the drugs they are experimenting with are far from their chief considerations when they are doing drugs. There were 40 per cent of the respondents who reported that they had started taking drugs for the first time in social gatherings. They described the all consuming excitement they felt at the initiation into drugs as an experiment.

Kandel (1980) noted two key measures in problem behavior theory which lacked empirical clarity, namely (a) personality and (b) perceived environment (which encompassed both peer models and peer approval for drug use). Given that the two measures were ‘highly interrelated and probably measured the same thing’, and while differential association and drug-related attitudes were significantly related to drug use, it was found imitation and differential reinforcement were not. In their study Akers & Cochran, (1985) tested social learning theory, social bonding theory, and the anomie (or strain) theory. Social bonding and anomie variables were found to be unimportant but of the three remaining variables (marijuana-related attitude, differential association and differential reinforcement) the least important was differential reinforcement. Differential reinforcement was concerned with the ‘rewarding or punishing’ reactions of friends to own marijuana use. This was found to reflect a preference for like-minded peers rather than succumbing to any form of peer pressure. These early social learning findings show that young people who use drugs tend to associate with others who use drugs and that they share similar attitudes or beliefs. They start living together, and go to specific places for drug consumption. Drug addicts share a feeling of oneness and share joys and sorrows of life. The use of drugs becomes more of a team affair. They find solace in being a collective of sorts.

Money and other opportunities were found to no longer play a deterrent to drug use as any individual among the group who had money in his pocket on a particular day went on and bought drugs for all to share and enjoy. This skewed form of bonding is also observed among crime cartels and other nefarious collectives.
On similar lines, adolescents sharing the same attitudes and beliefs tend to associate with each other and subsequent drug use by a group can be more easily explained as an outcome of these very attitudes and beliefs rather than by the collective influence of the rest of the group. Such an interpretation was supported by the work of Jessor et. al., (1973) who found that adolescents who shared characteristics such as valuing independence more and achievement less would tend to form a like-minded group.

These drug addicts as a group tended to enjoyed life without having a care for their tomorrows. In the 90s drug addicts rose to become very popular among the groups as addiction to drugs was considered no less than heroism. On the ballooning high of drugs they tended to project themselves as experts in dealing with problems and rapidly gained popularity. They influenced other friends’ decisions to do drugs. This is the major reason that more than 65 per cent reported that they were prompted to use drugs because of their group’s lifestyle.

Graph 6.5: Reasons for prompting drug use

B. D. Kirkcaldy, G. Siefen, D. Surall and R. J. Bischoff (2003) examined almost 1000 children and adolescents for alcohol and drug use and the influence of personality and socio-economic variables on their psyche. One of the most consistent findings was the contribution of the personality construct “addiction” (a composite of psychoticism, neuroticism and introversion) in predicting drug and alcohol usage among adolescents: self-perceived physical ill-health was a significant predictor of tobacco, alcohol and cannabis usage, but not cocaine and
solvent use. Adolescents reporting inferior self-image were less likely to use illicit drugs, cannabis or cocaine.

Some adolescents were reported to use stimulants to gain ‘false’ courage to meet their girlfriend. They may even experiment with a mild dose of stronger drugs to be able to express their feelings. They said that they are often prompted to do so by their friends. They are advised by them that drug usage would help them express their feelings to their loved ones. As many as 10 per cent of the respondents said that they had started using drugs to excel in love/romance as per the advice of their friends.

The combination of frequent drug use and adolescents also highlighted another very important aspect of the average youth’s life in study group. This was the frequent occurrence of sex with total strangers under the influence of drugs. This is evident from the stories narrated by Johnson:

*I think addiction has a very close relation with romance. Tribal girls who hailed from Churachandpur mainly stayed at the Lamphel quarter. We usually called on them for partying. They came as friends but there was always casual sex after taking drugs.*

The study findings increasingly highlight the fact that the respondents became drug addicts during their adolescence. They got into the habit to mainly spend their leisure time without having a worldly care or carrying responsibility for anything not even their own actions. They started experimenting drugs to get excitement and kill boredom. Most of them, about 42 per cent reported that they were good in studies during their school days while 28 per cent reported to being average students while 11 per cent said that they were naughty in class. Of these 16 per cent said that they were very popular in school while 3.5 per cent made no mention of their performance in school. It was observed that most of the respondents were regular or good students till they reached puberty. On an average, children were not enticed into the world of drugs till class VIth or VIIIth in the study sample. It is after attaining teens that they start looking for stimulants for variety of reasons. Some of them do it to for image building in front of girls, others do it for performance enhancement and many others as said it earlier to be a part of the group. The increasing frequency of drug use after the initiation into the habit is a marked
indicator, of the emotional attachment of the drug user with his peers. They continue to use this emotional bonding as they tend to spend most of their time together.

Heterosexual romantic alliances among teens are traditionally given high premium in Manipuri society. Boys and girls are expected to bond naturally from the time of onset of puberty. Sometimes these relations are very fragile. Young boys and girls find it difficult to accept their first break up. Many of the respondents participating in the study cited this as the focal reason for their taking to drugs.

There were 37 per cent of the respondents who said that they have started using drugs due to love and romance. They argued that once they were ditched by their teen partners, the first intake of drugs provided great solace to them. They were able to overcome their grief and get over their depression. Friends guided along and facilitated the process of addiction. They sincerely believe that they are helping a ‘friend in need’. It is a vicious circle and they are not in a position to make rational choices. Young adults get gradually lured into taking alcohol and finally consuming drugs.

Graph 6.6: Addiction and romance has close relation

Some individuals are popular among different groups comprised of different age groups. He has coveted access to both the groups and encourages the overlapping of groups of different age slabs as well. These groups are also heterogeneous groups comprising users and non-users. The drug users here act as the catalyst for bringing about the change from non-user to user. They
are self designated social movers and mobilizers having a jovial and pleasing personality. They have excellent communication skills and are most often good story-tellers and natural charmers. They act as a role model for their group. It is very common in some urban areas. New generation becomes part of the older drug user group. It is these users who are an overlapping factor in different groups and are instrumental in initiating others into the drugs habit.

All the respondents were of the opinion that at the initiation they did not realize the seriousness of the drugs habit nor the dangers of its addiction. They were doing drugs just for ‘fun’ as was reported by more than 73 per cent of the respondents.

Looking into the details of the time period that had elapsed since their initiation into the habit 37.5 per cent of the respondents said that they had started sharing syringes about 10 years ago, while 25.5 per cent said they had started sharing more than 5 years ago, Also 26.5 per cent said they had indulged in the habit about 2-3 years ago. However, there were 7 per cent who could not even recall when they first began sharing syringes. This is further evidence of the fact that their friends greatly influenced their habits, attitudes as also nature and longevity of drug use. This sharing of needles was evident among the respondents despite their being broad-based campaigns against it and the widespread needle exchange program of the National AIDS Control Organisation (NACO).

6.2. The drug addicts’ cohort

The drug users confessed that they had normally shared drugs over long periods of time. This is all the more evident from the findings regarding the number of users who were sharing at the time of injection. Only 8.5 per cent said that they used drugs alone. A majority, 65 per cent said that they used to ‘shoot’ or inject drugs in the company of 2-3 persons while 25 per cent of the respondents shared ‘drug shooting’ in company with 4-7 friends. There were 2 per cent who reported that they were used to having the company of 7-15 people while injecting and another 8 per cent said that they had no idea of how many people they were sharing the injection with. The frequency and number of persons sharing a syringe was beyond their memory and they reported that they had been sharing syringes from the very beginning of their initiation. On the other hand, however, were those (7 per cent) who said that they had shared a syringe only once in their lifetime. In contrast of course were those (32 per cent) who said that they often shared syringes.
The larger spread of HIV in Manipur can mainly be attributed to the large-scale sharing of syringes and needles among the IDUs. 92 per cent respondents confessed to injecting drugs in the company of one or more persons. There were 75.5 per cent of the respondents who reported that they got infected because of injection sharing. Another 7.5 per cent said that they got the infection through sex and 1 per cent reportedly got HIV through blood transfusion. There were also 5 per cent of the respondents who had virtually have no idea of how they had become infected or could not pin point the exact route of the infection. The large scale sharing of syringes and needles was probably before the initiation of focused interventions (or ‘Targeted Interventions’ as they came to be known) by the health authorities at the state and central governmental levels. The drug users who were in groups shared syringe amongst themselves. This proportionately increased the risk of transferring the HIV infection when any one of them was already HIV infected. This sharing came to be recognized as one of the ‘High Risk Behaviour’ categories for the rapid spread of HIV/AIDS.

It is recorded from statements made by the respondents that they had virtually no awareness about HIV/AIDS at the time of initiation of drug use. They came to realize it at a much later stage of drug use. Most of them had already shared needles and syringe and got infected. They started taking preventive measures and became conscious of their heightened health risk only after they got themselves tested for HIV/AIDS. It was observed that their
subsequent behavior changed as they distanced themselves from multiple sex partners and took extra care during accidents and blood transfusions after being diagnosed as HIV positive. They turned to spirituality for solace and fervently prayed to God once they had been detected as HIV positive. Their fear and anxiety led them to have horrific hallucinations about having AIDS and dying. The study findings showed that 72 per cent had started praying to God only after they were tested HIV positive while 10 per cent said that they did not believe in God and the remaining were totally clueless about what was happening to them.

Continued Peer influence and the acceptable social set up regarding alcohol and drug use made it difficult for the addicts to come out of the dragnet of drugs. Friends would prevail upon those who wanted to quit to once again begin resuming the habit. Reduced will power and peer pressure resulted in the eager resumption of the drugs habit with very little effort on the part of the motivator. If a person persistently declines to use drugs, his friends tend to continuously tease him and compel him to get back by building up the pressure and making him feel cornered and inadequate. It is evident from the findings that 82 per cent respondents said that their friends insisted on their continuing while they had made it clear that they wanted to quit. Only 14.5 per cent had never been coerced into such a situation. That explains why the use of phrase peer preference is opted in this text instead of commonly used phrase ‘peer pressure’. There are, of course, certain other factors as well that play a crucial role in making the addicts incapable of quitting the habit. There were 39 per cent who said that their lifestyle demanded the habit while 37.5 per cent attributed their inability to quit to their company.

Drug-seeking behavior, like theft, is observed after addiction is firmly established and the narcotic drug has become a habituate. The question as to whether this abnormality in reaction stems from the basic weakness of character, or is a consequence of drug usage, is best studied when drug hunger is relieved. According to Vincent P. Dole and Marie E. Nyswander (1967:24) patients on the methadone maintenance program, blockaded against the euphorigenic action of heroin, turned their energies to school work and jobs. It would be easy for them to become passive, to live indefinitely on public support and claim that they had done enough in winning the fight against heroin. Why they do not yield to this temptation is unclear, but in general they do not. Their struggles to become self-supporting members of the community should impress the critics who had considered them self-indulgent when drug-hungry addicts. When drug hunger is blocked without production of narcotic effects, the drug-seeking behavior ends.
The unexpectedly favorable response of addicts to the maintenance program studied above provokes a re-examination of the psychogenic theory of addiction. Historically, this theory has been based upon study of established addicts, and not upon data obtained in the pre or post-addiction state. The so-called addictive personality therefore could be interpreted either as a cause or a consequence of addiction. The new evidence provided by the results of maintenance treatment strongly suggests that the “addict traits” are a consequence and not a cause, of addiction. It also demonstrates that a substantial number of addicts can be rehabilitated on a medical program. To explain these new findings, an alternative theory, emphasizing metabolic aspects of addiction is presented by Vincent P. Dole and Marie E. Nyswander (1967:25).

An analogy that may be useful to explain the dissociation of pleasure from drug intake in the addicted subject could be the one where during prolonged food deprivation when a subject will eat any food regardless of its taste, even when it is repulsive. Under these circumstances the urge to eat is not driven by the pleasure of the food but by the intense drive from the hunger. It would therefore appear that during addiction the chronic drug administration has resulted in brain changes that are perceived as a state of urgency not dissimilar to that observed in states of severe food or water deprivation. However, different from a state of physiological urgency for which the execution of the behavior will result in satiation and termination of the behavior, the case of the addicted subject shows disruption of the orbito-frontal cortex coupled with increased DA elicited by the administration of the drug. According to Nora D. Volkow and Joanna S. Fowler, (2000) a set pattern of compulsive drug intake is not terminated by satiety and/or competing stimuli.

Graph 6.8: Reasons for inability to quit drugs

![Graph 6.8: Reasons for inability to quit drugs](image)
There are a number of factors which compel a person to remain hooked to drugs. The reasons can be many, such as lifestyle, peer influence, depression etc.

6.3. Rehabilitation and relapse

Many of the respondents have mentioned that they relapsed quite often due to peer pressure. They also reminded that they had tried to quit drugs a number of times but the success rate was very low. About 95 per cent of the respondents agreed they were compelled by their friends in the group to use drugs even when they had explicitly shown that they wanted to avoid or quit. It was very commonly felt among the youth that they needed to build friends’ network. This was the chief reason for not quitting on drugs. The group afforded a strong support system that brought them the unity to develop a social network that was recognized.

Graph 6.9: Relapse due to peer Influence

The de-addicted individuals are often called by their peer network or the friend circle whenever they have chance to meet and are frequently asked to use or share syringes and drugs as a mark of friendship. Once, the person starts taking it again, it takes him greater effort, determination and longer period to regain his position in the mainstream. Thus, peer pressure plays a significantly major role in the relapse of most of the ex-users.

As a counter move the HIV positive drug users were kept in different locations/places by their family with the hope that keeping them away from their drug user friends would promote a
return to health after quitting the drug habit. Also it took them away from the surest pathway to a relapse by separating the addict from his other addict friends. Their proximity with the peer group increased drug use. Keeping away from such friends reduced the chances of using drugs. The families attempted to de-addict their spouses. Some of them were forced to go to far-off places to de-addict themselves. There are number of de-addiction centers located in different parts of the state/region. The problem with the drug addict is that he tends to suffer a relapse most frequently when the rehabilitation has been for a brief period. The drug addicts pose several problems to their family as the family members have to bear the burden of their delinquencies and outrageous financial demands. Besides these the drug addict also tends to tarnish the prestige and social image of the family. Thus it is the family that most often seeks a solution through de-addiction but most of the time their efforts have been known to fail.

Families further get depressed, when they realize that a dear member of the family genuinely wants to de-addict/de-toxify but is not able to do so because he is not able to find enabling environment. Take for instance Rajesh’s catharsis in the following narration:

*I would be better if I shift from this place and remained isolated somewhere—any place, far away from drugs and especially those who did drugs. The atmosphere here is very prone to drug use. The problem is that initially I could not stay happy without drugs. The lifestyle compelled me to use drugs every day. I was so sunk in that I could not think of any other alternative to drugs and found it the best way to spend my time.*

The narrative suggests that some of the respondents are eager to get out of the drugs net. They attempted to do so by moving away from their immediate locality. Once they succeeded in doing so, they managed to abstain for sometime. However, they immediately relapsed to their old ways after returning from isolation.

Young school students initially get into drug use and then drift away slowly from their family and close friends. They are no longer willing to confide in and seek family and social support. Even if they make efforts to withdraw the pain and depression accompanying the process (in the form of withdrawal syndrome) deters them from the attempt making it most difficult for them to quit.
In the context of Manipur, there is popular opinion that there is lack of family control over their children in the society. This trend led to the susceptibility of these children to succumb to their peer influence. The children are found to be good in academics during the high school days especially up to eighth standard. Yet, there is an immediate decline when the scenario changes and they go into the ninth or tenth. Subsequently, the children become independent during their adolescence and ideologically tend to become more and more distant from their parents. The children spend most of the time in school and playgrounds or in the locality. Normally, the parents consider their children in good shape and showing normal progress in school.

The study revealed that the parents were not able to track the changing patterns of behavior of their children as their own children often deceived them. By the time the parents realized that their children were exhibiting abnormal behavior, it was too late and the children were already addicted to drugs. The process of rehabilitation too without adequate and continuous surveillance slackens. Rehabilitated drug users easily took to renewed consumption of drugs because this would occur immediately after the stringent vigil slackened in any way.

More than 54 per cent of the respondents felt that the parents were not responsive towards the needs of their children and 33 per cent felt that parents had provided them with all their needs during their growing years.

Graph 6.10: Parents are responsive
Parents usually sent them to de-addiction centers. Users quit drugs after returning from these centers and made promises to their parents. Their behavior changed tremendously and they were able to regain the confidence of their parents. Parents started believing them. They were incorporated into the family economic activity like a common business etc to become enabled and empowered to sustain them and contribute gainfully to the family. But the moment control slackened, most of them returned to drugs despite the best of intentions. Prem’s case illustrates the argument:

I was sent to jail once and caught by police more than ten times. I was also caught by the women vigilantes, the Meira Paibi five times. I have been caught on charges of stealing and doing drugs. I stole utensils, goods from friends’ shops, dresses, and brother’s goods and even took a cycle from a friend and mortgaged it for buying heroin. I used to spend time roaming around with friends at leisure. I considered myself privileged in those days as all my demands were met by my parents who were both employed and earning. My father is a reserved kind of man and has very less interaction with me. He instantly gives money when demanded but rarely do I go to him. Almost all the time, I took money from my mother. I often demanded Rs1000 to Rs 2000 at a time.

The means for buying drugs is one of most important part of the continued sustainability of drug use. Money is not an issue in the beginning as most drug addicts find that they can procure it from their family members under various pretexts’. The study found that it was not difficult to get money from their family members. This is supported by the findings that most of them demanded money almost every day. They always had some completely logical reason for doing so. Family members tended to give money to them without any untoward questioning or restriction. They used this money to procure and use drugs. It was evident from the findings that 39.5 per cent of the respondents were given money by their mothers.

Many of the respondents confessed to stealing things to buy drugs as 54 per cent said that at one time or the other they stole things to buy drugs. There were also 39 per cent who reported that they never felt the need to steal things to buy drugs.
6.4. Social stigma, ostracization and the other side of addicts' paradise

The problems of the HIV positive individuals vary from individual to individual. The plight of the drug addict and the HIV positive drug addict is very different especially in the case of the married drug users. In the case of the HIV positive drug addict both the husband and wife are mostly disowned by their respective natal families and all other ancestral ties are broken. They have to live in separate accommodation. The husbands are generally unemployed and they have no means of earning a living. They are forced to live from hand to mouth. People rarely mix with them and let them struggle alone for basic amenities like food, children’s education, and healthcare. They are stigmatized for being HIV positive in school and colleges too. The situation got worst when the husband is unable to stop drug use. The wife has to struggle single handedly to bring up the children and maintain the family expenses. The husband rarely earns money and harasses the wife incessantly for money even when he knows that she is trying to manage the family on her meager resources. Though, some of the drug users earn money as manual workers and even by pulling rickshaws but they tend to use part of their earnings for buying drugs and if there is surplus they contribute it towards the purchase of food and other essentials. The repeated demands and large expenses of maintaining a drug addict in the family compel family members to opt for viable alternatives which may include sending the drug addict to the rehab centre as was the case with Ningthem:

I have tried 3 times to quit this habit. I remained clean from drug use for one whole year but suffered a relapse later. I find staying in the rehabilitation centre a very expensive proposition as the family of the drug addict is charged his living expenses, medication etc. The families cannot afford these expenses for long and soon the drug addict is back on the streets where he had left off. Heroin is a very addictive drug and the impact it has on the brain is very harsh and difficult to forget. The urge to shoot heroin is so high that one tends to forget everything at that particular moment in time. The withdrawal pains are intolerable. Physical pain, insomnia, diarrhea etc., makes it all the more difficult to quit. There is no limit to the number of attempts one may make to quit what is of significance is that the habit of group living and group drug abuse is most attractive and the individual feels drawn back again and again. The group living culture makes it really very difficult to quit.
How can I remain away when the others of my group are doing drugs? They do it in front of me and the attraction of escape from everything is always there. I could not control myself and forgot all my noble vows and started once again. But I am trying to not shoot heroin and am trying all sorts of substitute therapy by taking low grade drug combinations. These days I have the company of my friends no doubt but I have been administering Bruphrenine. For me it is a great relief to come here. The most important part of coming to the Drop-in center is that we can meet with our fellow drug addicts and share our experiences and problems. The greatest benefit that I have personally derived is that I am far away from the clutches of heroin and I can manage to pass time in reasonable comfort.

The social stigma and problems associated with HIV/AIDS has deepened the burden of the disease. Children of such parents’ are looked down upon by their friends in schools. The HIV/AIDS afflicted tend to face problems from all quarters. They are socially alienated, financially drained and even when they try to seek religious solace, they are often turned away. Their misery is compounded further by their becoming prone to psychological and emotional dilemmas due to social alienation, social stigma and self-imposed social isolation. There are reports that they were deprived of their parental property and not given any share of their family assets. They struggle to survive on their own. Their alienation from the family and society has worsened their plight as can be gleaned from the narration by Robin:

Addiction is a disease to me. I realized that I could not live without drugs in 2003. I was admitted to a rehabilitation centre and stayed there for 6 months. The most difficult part in quitting drugs is that there is always an urge for it. Now, I am constantly experiencing physical weakness and feeling socio-psychologically drained besides also becoming spiritually bankrupt. My first priority everyday is the choice of the drugs to do. Deep down inside I cringe at the negative remarks passed by various members of the society about drug addicts. People normally consider addicts to be spoilt children who will never come to the mainstream. When I visited Burma, an old Burmese scolded me for using drugs. He said it is supposed to be used only by the old, to relieve physical pain. The old men have nothing to do; they use it to gain their lost world and dreams to kill and the present day worries. I realized the truth but am helpless now. I strongly feel that
the anti drugs groups’ forceful approach to stop drug use will not really help the user but merely raise a higher wall against the acceptance of the drug addict into the mainstream of social existence.

The catharsis that this narrative presents impels us to look into the issue of addiction and HIV in a more neutral space. The intervention programmes promoted by the state sponsored agencies provide an alternative space but social alienation experienced in these centres by these individuals makes rehabilitation a difficult task. The community education programmes because of the target approach have remained weak over the years. There are no apparent efforts being made to strengthen these programmes. Some organizations have started giving remedial services within the family environment. But the number of such services in the state is minuscule.

6.5. Gender dynamics of the addict couple

It was found in many cases that the married IDU, particularly men, face lesser problems than the unmarried ones. The married men are taken care of by their wives and they constantly have the companionship of someone to share their worries and emotions. The plight of the women can be understood from the case of Sobita age 27:

I was facing lots of problems when I was with him. I could not go anywhere. I was always confined to the house because he was always on the lookout for an opportunity to get drugs and what little assets we had were always under threat. We had terrible fights that even scared the children. He was so self centred on himself and his drugs habit that he did not care for me or the children. There was no sharing of ideas and future plans among us as husband and wife. We were just two prisoners of circumstance thrown together.

Irrespective of this narrative, Sobita continued to live with him for years. It was only when he became very sick that he was removed to a hospice.

The unmarried HIV positive drug addict was observed to look comparatively weary and worn out in contrast to the married one. The married users looked neater and clean and also well maintained as compared to their unmarried counterparts. They were apparently more conscious of their health and diet. This can be seen from Rohen’s (30 years) lament:
If I were married things may have been different. I would have been constrained to earn money to run my family. Timely marriage gives one the opportunity to lead a normal life. Unemployment and carefree lifestyle kept us hooked to such a dangerous habit – we are realizing this only now and that too when we look around and see some of those who are living much better than us.

Some of the HIV positive people derive support and strength from their parents. It is a constant source of solace to them. This fixated part of their lives helps them to remain calm and peaceful. However, the other side of the picture is where an HIV positive was fortunate to find a companion who continued to support him even after knowing that she was deceived as her husband was a drug addict, when he married her. This is evident from the case of Ram, aged 43:

I have had more than ten affairs. My drug abuse habit has no connection with my romances. Then I got married in 1998 and was tested HIV positive in 2002. Happily, my wife has been very co-operative. She even manages to buy anti-retroviral therapy (ART) for me when so ever it is not available with the NGOs. She has always been very responsive to my needs and takes special care of my health. I had tested HIV positive years ago and have been under ART treatment since then but I attribute my good health and maintenance to my wife alone.

It shows that family support has played a crucial supportive role in imposing and maintaining self constraint, restricted drug use and in maintaining balanced relationships that do not allow depressive elements to strike and take their toll.

The married couples are not able to take decisions about their future when both of them are using drugs. Problems become even more complicated when there are children. They may try their best to hide their drug use from the children but often fail to do so. Children are greatly affected by such habits and this exposure leads to the creation of an unhealthy atmosphere in the family. They buy drugs from the nearby vendor and it is the husband who usually purchases the drugs. Initially, they use their daily earnings while buying drugs. But when they cannot afford to buy drug, they start spending their meager savings, selling jewelry and various household items. They are not able to take care of their children. It is only after exhausting all the options, that they approach the de-addiction centre and take shelter.
In some situations where only the husband is into drug abuse, the wife becomes the main bread earner of the family. Their children are greatly affected due to meager financial and parental support. The role of the father becomes limited in such a scenario; the father in these cases usually tends to become a negative and nagging element. He is continuously harassing his wife for money to buy drugs while the wife has to take on the burden of providing sustenance to the entire family.

Once the family becomes aware of an individual’s addiction they begin to find it increasingly difficult to meet the rising drug satiation demands. The family tends to deny the expulsion of valuable household resources on the drug addict. This denial spurs them into habits of stealing and telling lies. Some of the families were completely ruined by drugs because their spouses stole household goods and sold family properties without the knowledge or prior consent of the family members.

6.6. Earnings and the drugs nexus

Most of the married respondents in the study sample were employed at sometime or the other in their drug addictive phase to life. Of these 59.5 per cent of the respondents said that they earned money very often, 12 per cent had never earned any money, and 19.5 per cent reported that they earned money sometimes. There were also 9 per cent who did not disclose at all the source of their income. Interestingly all the unmarried men in the sample were never employed giving a glimpse of the kind of family support they enjoyed or on the other hand their proclivity towards crime.

Graph 6.11: Frequency of earning money

![Graph showing frequency of earning money]
Some of the married drug users shifted to rented accommodations and engaged in manual work to sustain themselves. It is evident from the findings that most of the drug users depended on their own earnings to buy drugs and sustain themselves as 60 per cent of the respondents had reported that they often earned money. It is this compulsion that sustains the lucrative and flourishing drug trade in the region. Drug users become a part of the drug trade and many of the women dependents get involved in commercial sex work. It becomes a vicious cycle of dependence and exploitation. Needless to say it is the women who are subjected to the greater vulnerability in the entire nexus.

Some of the drug users become partners with the other ranks in the drug punching community. It shows that the drug users have a different cult across all communities and religion. This observation is supported by the case of Gojen age 47:

I have been using drugs since 1986 from the young age of 25/26. I used drugs to heighten the enjoyment in various celebrations. I was caught by the police 4/5 times. I was even sent to the lock up and kept in jail for using heroin. I used to steal my wife’s dresses and household utensils whenever I needed money for buying drugs. I have been married for almost 25/26 years now. After I lost my job, I did not sit idle. I opened a tea-stall in the vicinity of J.N.Hospital, Porompat. Every person in the hospital and staff used to come to my tea-stall. In the evening, I could not even manage the demands of the customers. I would sometimes earn Rs. 10,000/- per day during those days. I owned the stall at that time. I stayed with my first wife and managed the hotel. Then I used to take money on the pretext of buying material for hotel and would use a part of it for buying heroin while with the remainder I bought material for the hotel. My first wife always suspected my behavior and often challenged me. She doubted my sincerity and often accused me of giving money to the second wife. Only I knew what I was doing but still I would throw tantrums and get angry with her.

Today I have mixed feelings of loss and gain. Feelings of adjustment tempered with financial and psychological problems. I do not know anything about rituals. I do not even know how to use Khudei. I do not wear lokun etc. In my mind I am still a reckless youth and my wife has asked me not to become an
old (ahal) with my fits of anger and ill-manners. My son is married and I have the sinking feeling that I have failed to be a responsible father till date.

I started with smoking and then fixed on drugs later. It continued from 1986-2007. I am still using drugs and prefer staying outside home and visiting places where I can manage to get my dose everyday.

The problems of HIV positive IDUs are compounded with the stigma and discrimination attached to them. The community considers them unwanted discards of society. Their problems are manifold. The burden of the HIV positive IDU is both physical and psychological. The HIV positive couple has to take care of each other as also their children. They find it most difficult to bring up the children. At the same time, they constantly require money for drugs and find it of greater importance to get their fix rather than spend any money on children’s education and other expenses. Livelihood and drugs become very important concerns for them with often the later winning over all other considerations. Men are usually involved in manual work to earn a living while their female counterparts help them by indulging in the creation of traditional handicrafts.

Their plight is such that they tend to become hardened and immune to the feelings of others. They think nothing of indulging in crimes. AIDS progresses very early in such individuals as they are not conscious about their health. They fail to take good food and ART regularly and are not able to keep themselves fit. The NGOs working on HIV/AIDS issues help them through counseling and providing health care but their own participation in the programme is often indifferent. Some of them also complain that NGOs are not doing enough for their well being. This is seen from the case of a Muslim woman named Fatima, 27 years:

It has been three years that I am using Heroin. I tried many times to quit but failed. I felt restless and had severe withdrawal symptoms and other health problems when I did not use it. The temptation was unbearable. I knew how to inject it and I am doing so on my own. I shared my syringe with him and he introduced it to me. I have been tested HIV positive. I do not take ART for the reason that I do not feel it is necessary to take it. The other reason is that the NGO lacks adequate commitment to the intervention. However, I have not said anything in this regard to the NGO officials. Who cares for people like us – only we can care and we are doing all we can to live the life ordained for us.
The above case study involves a woman who became a drug addict after her marriage to one. She took to drugs believing that by doing so, she will be able to keep her husband at home and help him de-addict himself. She also started consuming drugs constantly in rebellion against her husband’s persistent demands for money to buy drugs for him.

Knowledge about AIDS transmission, which precedes any behavioral intervention, has been low among certain sections. People who are poor are not only economically deprived but also find themselves with restricted access to information. This has led to an unequal distribution of knowledge in the population resulting in “knowledge gaps” between people of low and high socio-economic status (SES). The importance of these findings for communication campaigns intending to provide information or modifying attitudes and behaviors related to AIDS are consequential. This argument can be elaborated upon keeping in mind the case of Saroja:

I realized that I was addicted to Heroin 4/5 years ago when I found myself repeatedly yawning when I did not take it. I felt lazy lethargic and listless. I began to spend Rs. 50-100 everyday on drugs.

Today I am facing problems like financial bankruptcy, poor health and sparse availability of drugs within my means. Sometimes, I am emotionally charged up. I often think that I would have lived a happy life if I had not succumbed to using it. These thoughts come very rarely and that too when I am under the influence of the drug. When the urge comes, I tend to forget everything. All the promises made evaporate before my extreme need for the drug and I start taking to the drug again, again and yet again.

This case shows that helping to cure husband became a curse. Majority of Manipur people live in poor and middle class households. The social support system is very strong within the community. The close knit social network and kinship helped people share and support each other, meet requirements and sort out problems. This is evident from the individuals who survive/sustain themselves at the mercy of social support. Individuals have limited access to resources and more often than not require the support and blessings of others to live a harmonious life. Social support is crucial in such a context. Society gives shelter to a person who has no means to survive in a small economically backward society. Those who had lost social support are isolated and lead a miserable life. For the addict however there is a breakdown of all
systems and he finds himself isolated and alone in his misery where the drugs are the begin all and end all of life.

Although psychosocial theories have provided conceptual frameworks that have contributed to the formation of AIDS communication campaigns, they have not been reliable predictors of behavior change. They make assumptions that limit their applicability. The most recent and inclusive theories assume that individuals “who formulate an intention to behave in a particular way and have the skills and self-efficacy beliefs to do so are likely to carry out the intended behavior” (Auerbach et. al., 1994:84). In this scenario, Bunton, Morphy and Bennet (1991) find that the existing theories of behavioral change reflect significant theoretical gaps in their failure to account for social structural and cultural factors. Thus most adolescents, and many adults, seem quite capable of discounting risks and optimistically perceiving themselves as invulnerable to harm and thus do not seem to approach the AIDS issue from such a logical perspective (Freimuth, 1992:101).

Much of the current emphasis on behavioral change derives from a psychology-driven full or partial separation of behavior from all other associations (affect, ideas, social structures, places, objects, etc) and seeks simply to alter particular behaviors or practices without altering many of the pertinent cognitive systems, social norms, or structures associated with those practices (Odets, 1994:262).

The best thing about the rehab centers and drop-in-centers in Manipur is that they are constantly supervised by NGO personnel and given counseling and vocational training from time to time to minimize drug use. Substitution therapy with less harmful drugs and regular counseling with the experts and periodic free medical check-ups help them in decreasing the chance of taking drugs and sharing needles and other high risk behaviors.

In some cases, the HIV positive IDU develops emotional attachment through the sharing of life events and sorrows at the rehab and drop-in-centers. One very interesting case about the development of emotional bonding of the ex-addict and the NGO staff shows the vulnerability of these people for emotional and moral support. Here is the case for emotional attachment with co-worker Sameon from Singjamei.

*My lifestyle and company had really made it difficult to stop. I used to remain occupied by engaging myself in the family business. It’s very difficult to*
quit drugs. Peers insult me whenever I talk of abstaining from taking drugs. They make fun of me and challenge me saying for how long would I be able to stop it? I visit DIC, learn lessons from recovered addicts, read stories, meet with senior addicts and share helpful messages. All this has really helped me to get rid of drugs. Personally I feel that very strong determination is required to stop it.

I have an extra burden as well. I am emotionally attached with an NGO staffer at the place where I got detoxified. She has recently lost her husband to AIDS. She has children as well. I was working here as an outreach worker but was expelled after one of my senior colleagues accused me of having an affair with her. I suspect that he had a strong crush on that lady and came to know that he had even warned her about kidnapping her after her husband’s first death anniversary.

Both of us share similar ideas and are comfortable with each other. She used to enquire about my whereabouts and has asked me to visit her. She even came to my home and asked about my well being. We went to Bishnupur for field work together. She asked me to drop in at a fast food joint but I declined to do so. Instead, we sat at a tea stall so that nobody could suspect our intention. I strongly believe that she really loves me. She will not ask anybody to give company except me whenever she goes out of town. I really want to help her. I am not jealous of her beauty or anything. I fear that I would relapse if something happens against my wishes. I am too emotionally wrapped up with her.

It also shows the emotional instability and vulnerability to get attached to co-workers and anybody who provides them moral and emotional support. It can be said that they are quite vulnerable as they are, most of the time in a very unstable state of mind.

Most of the addicts who are HIV positive now have regrets. They can neither live away from drugs nor can they gain the much coveted regard from their loved ones and society at large. The most critical part was the incurable nature of the HIV/AIDS syndrome which was caused by the drug injecting habit. The case of Raju serves to elaborate the situation:

I have been sharing syringes for 10 years. I felt guilty very frequently about using it. I would have been a good person and feel free in the society if I had not
used it. I thought I could control myself; but the impact of the drug is such that I forget everything after I have done it. I took money for buying drugs from my mother and friends and more often than not it was obtained by cheating them.

These case studies have brought to the surface the idea that counseling has been done only to the individual drug addicts and had never reached the families of the addicts. Harm reduction agencies have not started any programmes that aim at counseling parents. It is a very important aspect for the effective prevention of the entry of newer adolescents into the world of addiction. This step may entail the incorporating of several modalities of effective counseling of parents to forearm them against the harm that could be done to their wards if they were not aware and armed against the drugs menace.

Harm reduction is not a onetime process or a one way approach. It has to be a multi-pronged approach so that all the stakeholders playing some role in the mass addiction and its prevention must be involved for successful implementation of the programmes. This could be analysed from the case of Rafi, age 23:

I stayed in my grandmother’s home to get away from the company at Chekon. Guardians said it was done to help me begin a drug-free life far away from my friend circle. I have been in the rehab center a number of times but always tended to relapse when I encountered my company.

Harm reduction with this observation may be more effective in groups rather than concentrating on individuals. Successful interventions have ensured that the addicted couples have started taking care of their health and children. The intervention and precaution of the further spread of the disease are now seriously taken in the family of such spouses. Family members too have started giving further aid to them.

It is evident from their reports that they have tried several times to quit drugs but failed as 14.5 per cent of the respondents said that they could only refuse once. There were 44 per cent who had tried 2-5 times to quit and 34.5 per cent who had tried indefinite times to avoid it. Also 7 per cent had not tried at all.

As a fact of the matter, the awareness campaigns and the interventions by the SACS and civil society and community based organizations have not been enough. The most challenging
task for the policy makers and planners is filling the gap of the complete lack of recreational task and job opportunities for this section of people in the society. They are simply drowning in a sea of drugs. It is an unfortunate state of affairs. They have no options but to help them remain away from drugs as they do not have jobs or gainful employment to keep them engaged throughout the entire day. They remain idle and are not able to withstand the boring monotonous life without any hope for future. They prefer to meet friends who are using drugs. These add to the allure of drugs and dreams of a carefree life. Our study findings support this hypothesis.

The user network and their activities are crucial for any intervention. Interventions would have been easy if they were tailored made to the needs of the users located in specific cultural context. Most of the families of the addicts are residing in the cities and towns in Manipur particularly in Imphal, Churachandpur, Moreh and Thoubal areas of Manipur. Most of them are in the age group of 17-28 years. Many of them are school and college going students or drop outs. They are often categorized as: 1) school going users, 2) college going students, 3) school dropouts and 4) college dropouts, 5) bachelors without jobs, 6) married men who have a long history of drug use, and 7) manual labor and 8) government employees who are married.

Most of them become drug addicts due to: 1) fun, 2) peer influence and 3) use of drugs to get out of depression or 4) other personal reasons. An average drug user in the sample was introduced to drugs for the first time by close friends in their locality and then they tend to become ultra mobile enabling recruitment of first-time users form all over the state. The common notion that the IDU move from place to place while transiting drug plays a critical role in the further spread of HIV/AIDS. They also move from one place to other in search of rehabilitation centers and trying to stay anonymous.

The above research findings can prove to be valuable inputs in the planning for interventions at the local, village, block and district level besides being percolated from the State HQ below. An exceptional input that the study offers is the case studies that have made the drug addicts position become very clear once the nexus of drug peddler, drug addict and drug addicts family crises is clearly understood. Also significant is the continued status of relapse experienced by the drug addict making all efforts and inputs of the family and the rehabilitation authorities come to naught. Last but not the least is the gender issue where the women are the ultimate butt of all suffering whether they participate directly or indirectly in the drug intake. The HIV
positive and the AIDS afflicted add to the women’s burden all the more where on the one hand they have to deal with the social stigmatization and on the other bear the brunt of dealing with the drug addict and full time management of a home and children. The study overall would contribute significantly towards fostering a better understanding of the drug addict-HIV/AIDS continuum especially in the case of Manipur which is sadly described as the IVDU capital of India.

It must be added at the end that, the term meta-narrative was preferred to the use of accepted terminology of generalization because the analysis arrived at in this context is based on thematic life histories generated in a specific cultural setting. There is a distinct possibility that circumstances that pushed them into drug abuse may not be replicated in other contexts. An important point this research work attempts to establish is that interventions drawn on the basis of generalizations made in diverse cultural contexts are not likely to be effective in every other cultural setting. It is with this essential input that conclusions are drawn.

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