CONCLUSION
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It is now well established in social and medical science researches that drugs like SP, N-10, cocaine, morphine, Heroin are very addictive and once a person starts using it, he finds it difficult to live without it. Addiction is a kind of disease and needs skills to recover from it. Such life skill is not with everyone and handling such situation requires social interventions that not only support individual efforts but provide an enabling social environment. Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain. As with many other brain diseases, addiction is embedded in behavioral and social-context that are important parts of the disorder itself. Therefore, the most effective treatment approaches are expected to integrate biological, psychological, behavioral and social-cultural components. It is also important to recognize addiction as a chronic, relapsing brain disorder characterized by compulsive drug seeking and use that can impact society’s overall health. It is thus imperative that we evolve social policy strategies that provision to diminish the health and social costs associated with drug abuse and addiction.

The scientific premise that this research work in the social science context adopted explained addiction as tied to changes in the brain structure and function. Research on drug addiction has focused on the mechanism underlying the reinforcing effects of drugs of abuse. This research has led to the identification of neuronal circuits and neurotransmitters involved with drug reinforcement. Of particular relevance to drug reinforcement is the dopamine (DA) system. It has been postulated that the ability of drugs of abuse to increase DA in limbic brain regions (nucleus accumbens, amygdala) is crucial for their reinforcing effects (Koob and Bloom, 1988; Pontieri et. al., 1996; Dackis and Gold, 1985; Epping Jordan et. al., 1998). Because the orbito-frontal cortex is involved with drive and with compulsive repetitive behaviors, its abnormal activation in the addicted subject could explain why compulsive drug self-administration occurs even with tolerance to the pleasurable drug effects and in the presence of adverse reactions.

The dysfunction of this circuit results in the compulsive behavior in addicted subjects and the exaggerated motivation to procure and administer the drug regardless of
its adverse consequences. This hypothesis is corroborated by imaging studies showing
disruption of striatal, thalamic and orbito-frontal brain regions in drug abusers (Volkow
et. al., 1996a).

This is what makes it, fundamentally, a brain disease. Hypothetically speaking, a
metaphorical switch in the brain seems to be thrown as a result of prolonged drug use.
Initially, drug use is a voluntary behavior, but when that switch is thrown, the individual
moves into the state of addiction, characterized by compulsive drug seeking and use (A. I.
Leshner, 1997). Elucidation of the biology underlying the metaphorical switch is
instrumental to the development of more effective treatments, particularly anti-addiction
medications (A.I. Leshner, 2003). Here it is postulated that repeated exposure to drugs of
abuse disrupts the function of the striato-thalamo-orbitofrontal circuit. As a consequence
of this dysfunction a conditioned response occurs when the addicted subject is exposed to
the drug and/or drug-related stimuli that activates this circuit and results in the intense
drive to get the drug (consciously perceived as craving) and compulsive self-
administration of the drug (consciously perceived as loss of control).

For any social science researcher, understanding that addiction is, at its core, a
consequence of fundamental changes in brain function means that a major goal of
treatment must be either to reverse or to compensate for those brain changes. There are
other theorists arguing that one may shift attention away from the substance- specific
beliefs of adolescents and toward the possible causes of those beliefs. As early as 1939,
sociologist Edward Sutherland’s differential association theory identified one of those
causes by suggesting that delinquent behaviors (such as ESU and crime) are socially
learned in small informal groups. Sociologists (Akers, 1977) and cognitively oriented
psychologists (Bandura. 1977, 1986) have built upon Sutherland’s (1939) assertion that
adolescents acquire their beliefs about delinquent behaviors from their role models,
especially close friends and parents. Thus, when compared with cognitive-affective
theories, the social learning theories of ESU focus on interpersonal or social influences as
much as cognitive-affective influences.

The method of data generation that this research work adopted tried to evolve a
semblance between biological, anthropological, psychological and sociological
perspectives to come to conclusions that draw inspirations not from positivist, objective understanding but from subjective narratives located in a specific cultural context. To evolve effective behaviour change mechanisms, it is important to understand through respondent generated narratives and catharsis that they expressed in the course of these prolonged conversations, vulnerability patterns and soft spots that can facilitate their return to a normal life.

Why IDU/HIV situation in Manipur is so complex?

Manipur is multi-ethnic state with the tribal majority areas becoming Christian and other religious followings being exhibited by populations of settlers from nearby States of Bengal Bihar and even far off regions like Punjab and Haryana. The social coherence, solidarity and consistencies of most welfare works are thus secluded to particular areas for fear of fanning community conflict, ethnic clashes and political unrest in the state. Apart from social dynamics; the existing social structure influences largely the high prevalence of Substance abuse and HIV/AIDS in the State. This is obvious from the narratives that were recorded in the fourth chapter of the thesis. Under the influence of drugs many of our respondents repeatedly said that they were witness to elders in the family using drugs from an early age. They also repeatedly narrated how prolonged traditions of festivity encouraged them to experiment with drugs. Lax parental control also appeared in most conversations.

This research work presents a situational analysis that brings to the fore the number of changes that have occurred in the State’s existing socio-economic system with the coming of what respondents described as ‘modern lifestyle’. Without going into the theoretical dynamics of what is to be described traditional or modern or its inappropriateness, the perception of the narrators is accepted for the purpose of description here. The apparent lag arose basically because of a lack of synergy between the indigenous social system and rapid changes brought in by the youth aspiring to adopt western lifestyle. The social system could not substantiate the gap between the two. Further the modern lifestyle changes were based purely on individualism increasing the gaps between the have and have-nots.
Manipur became a drug addict’s paradise after the 1980s when the western drug market collapsed in the US and the start of drug production in neighboring countries like Myanmar or the elusive “Golden triangle”. Parts of the North-East were used as a drug route and it is a possible fall out that there was a consequent emergence of local drug peddlers and drug cartels who began to introduce the drugs to the local youths. Drugs like heroin became popular drug for abuse.

The narratives also attribute simultaneous popularity of western system of education accompanied by greater employment of original residents of Manipur in government jobs that provided regular income and facilitated parent’s aspirations to send their wards to study outside the state for quality education. Those adolescents who went to other states to study returned home enthused with notions of greater freedom, desire to experiment and to boast to their friends who had not tasted the forbidden fruits of the foreign land that was described to them as modern and fashionable. Access, availability and emotional conflict experienced by the youth made them easy prey to the greed of those wanting to make quick profits.

There are also popular perceptions that the rapid increase of volume and magnitude of the drug taking habit lay rooted in the very culture of the region. The prevalent socializing practices and the cultural norms encouraged Wiley-niley the habit of drug abuse among the youngsters. The youths were found to use drugs during festivals and visit various places during many of the tribal and other celebrations. They continued to use drugs long after the festivals were over. The common practice of allowing male children to return home at late hours and the widely accepted ‘boys are boys’ attitude of tolerance by the parents further aggravated the menace of drug use. Many of our primary narrators (HIV positive/IDU) and activists working with various voluntary organizations in the state insisted that there should be greater parental control and there is urgent need to monitor the way popular festivals like Thabal Chongba and Lai Haraoba are celebrated in the region. Given anthropological insistence on conserving local traditions, it is a difficult domain for me to transit. Being a part of the local culture and tradition, I comprehend the need to monitor these but would it be feasible remains an unanswered question in this limited exercise.
Another cultural practice in certain ways peculiar to the state described by the respondents as ‘group living culture’ implying congregations in the evening hours in any locality also exposed many an individual to the drug taking habit through pursuance by friends in the groups or systematically applied peer influence. To remain a part of the group, not only that most of them started consuming drugs but with the increase in drug prices and the search for what they described as ‘greater pleasure or ecstasy’ compelled many of them to switch to the intravenous drugs. They began sharing needles and syringes to administer drugs.

What compounded the misery of these adolescents was stiff opposition from certain sections of civil society and armed militant organizations. They were subjected to inhuman treatment, public humiliation that forced many of them to use drugs surreptitiously. They confined themselves to certain secluded places and tried to get a quick fix by injecting drugs in quick succession in minimal time. They were often found to share needles and syringes giving an open invitation to the fanning of the wild fire spread of HIV infections in the State. Oppression is identified as one of the critical factors that fuelled the present crisis in the state. Silent users, hidden clusters pose much greater problems for intervention then known users whom one can make an attempt to outreach.

**Whither culture in this debate?**

One of the drivers for this study was locating culture in the context of dialogues on substance abuse and HIV. There is a changed perception not to view culture as generating only barriers but to examine it in a holistic perspective that looks as culture providing equal if not more opportunities for facilitating IEC strategies and bringing in to the extent possible desirable social change. Culture provides spaces for both extraneous regulations through social norms and for developing self regulatory mechanisms. The socialization processes also develop in response to societal needs. The narratives in the text of this research work have often accused lax parental control and popular cultural practices as drivers of drug addiction and unsafe sex. The catharsis visible in the respondent’s translations suggests that not only they as parents want to exercise stricter control but also demand greater empathy from the families. For this the stigma attached
to drug addiction and HIV has to be challenged upfront. Drug abuse has to be viewed as
disease not an irreversible criminal behaviour. The society has to ensure that there are
adequate opportunities for individuals to grow as responsible members.

There is also this perception evident in the narratives that the prevalent social
norms are unduly restrictive and certain individuals, purporting to have liberal thoughts,
tend to break away as they find themselves confined. Many argued that they simply opted
for easy way out to become popular and gain a social standing with the least effort. By
the time they realized that they were on a self destructive path it was by far too late.
Cultural practices normally ensure that an individual is able to survive, sustaining his or
her own dignity and ‘honor’ and is known to change, reconstruct norms and traditions
whenever necessary.

There are popular misconceptions relating to construction of notion of culture. In
the context of this research work, one adhered to the notion of culture that was very
similar to Tylor’s position arguing that culture is that complex whole which comprises of
knowledge, belief, art, values or any other attributes acquired by man as a member of the
society. It was also positioned that culture is not a constant and there are things about
culture which are always in flux. Given that premise, one is not tempted to concur that
culture is responsible for the wide spread of substance abuse and HIV in the state. Yet,
one cannot deny the fact that certain customary practices have been an instrumentality in
driving the Drug abuse/ HIV virus to some extent.

One of the cultural drivers may also be the freedom that the youth –both boys and
girls enjoy in their teens. A cultural attribute that ensures equal status for gender,
unwittingly became a key factor in encouraging nexus between sex trade and drugs.
Some of the narratives that came from our women respondents were reminder to this
grim reality. Most women in the sample became drug users because their husbands
cheated on them and did not confide in them that they were on drugs before marrying
them. Some of them took to drugs believing that if they share drugs with their men, they
can bring them back. Others found drug trade an easy method for generating money and
when caught had no choice but to take to sex trade for their survival and for sustaining
their families as well for paying for drugs for themselves and their partners. Pre-marital
sex, not being taboo in certain ethnic communities, across the state, acquired reputation for being a motivator for both HIV and drugs. There is need to examine this myth in its befitting cultural context and evolve alternative strategies that will not disturb the positive attributes of culture that are responsible for sustaining gender equality in the state.

**Peer influence-the major driver of drug abuse**

Another virtually universally acknowledged driver of drug abuse is peer influence often reported as peer pressure. In this research work, it was preferred to use the word peer influence because pressure involves use of force. There was no reported case in this study of any kind of violence being used for promoting drug use among the peers. Peer influence emerged as the key factor. The cultural traditions in the state encourage ‘group living culture’. Most of the respondents in the study reported that they started using drugs in the company of their friends.

The adolescents in Manipur started using drugs in the early years, some even as early as 14 years. Most of them have learnt to use drugs during their school days. They started using drugs out of fun and sheer experimentation especially during occasions like festivals and various social celebrations like birthday parties and marriages. In spite of repeated efforts to rehabilitate them, they remained addicted. They remain de-addicted at the most for three months to one year and almost always are seen to relapse. The peer influence is the reason given by them for getting back to drugs.

It is also found that change of environment particularly the change of schools during adolescents has adverse impact on the children. Some of them started taking drugs with the new found friends and it was always more addictive drugs that they experimented with, with their new found friends. The failure in personal relations particularly love affairs between a boy and girl and lack of support from family are cited as reasons for relapse and taking more drugs. Moreover, the lack of adequate information at the formative young age is cited as one of the chief reasons for accepting drugs.

Boredom and not having anything constructive to do is often cited as one of the reason for experimenting with new drugs. ‘Time pass’ was the expression used by them to describe the reasons for indulgence with drugs. It is important that the state authorities find alternative means to help these youngsters ‘pass time’. Revival of old ‘pass times’
like traditional dance and cultural art forms as also sports have already been suggested by
the respondents themselves as possible to fill that vacuum. Some of them also pointed the
need to revive NSS and scouts as mandatory activities that can keep youth engaged
effectively.

Partnering family

The catharsis that emerged from the narratives insists on involving families as
partners in the programme of rehabilitation. Keeping HIV positive drug users in isolated
homes only adds to their alienation and pushes them further into depression. If the
rehabilitation programmes is pursued in the family settings with parents, children or
spouses acting as continuous support system the de-addiction programmes can be lot
more successful.

It is important to note that most of the families of drug users of the 1980s are from
well to do families. It was easy availability of cash support that was responsible for
driving the first phase of the epidemic. Parents in the study opted for what they thought
were simpler options. Many of them disowned their children. If children were allowed to
stay home they were generally locked in a room and given food without showing any
personal concern for their state. Don Bushell and Robert Burgess argued that response
cost “is the mainstay of control procedures in social organizations” (1986:30). Rather
than give rewards or implement positive punishments, most social organizations prefer to
remove, or threaten to remove rewards that people are already enjoying (Ritzer,
1992:420). It was clear from respondent catharsis that most of them felt cheated by their
immediate families. It is thus suggested that the Manipur state AIDS control society
along with other activist organizations should evolve a culturally suitable programmes to
ensure that families become important partners in their drive against allowing any more
adolescents fall prey to the easy lure of the drugs and help rehabilitate those who are
already suffering.

What makes them conscious about their health?

The study found that the HIV positive drug users starts taking care of his or her
health and becomes health conscious only after being tested positive with HIV. The
proper counseling before and after the HIV test such as that provided at the NACO
[government] set up VCTC have helped them opt for and adopt a healthy lifestyle. Most of the HIV positive, de-addicted persons owned a healthy lifestyle after they had been tested positive for HIV. This goes to show that interventions can do a lot towards helping the addict in regaining his or her life and making conscious decisions that help them opt for health and well-being.

The intervention strategies like RIAC and harm reduction has brought about dramatic changes among those afflicted with and concerned with the prevalence of the HIV/AIDS in the state. Such interventions may be slow or even unsuccessful in reclaiming the drug abusers who have had a very long and tiresome battle with drug shooting and relapses. However, these interventions would be instrumental and most successfully so in preventing the spread of HIV and further exposure to drug abuse among the youngsters.

The positive that emerged in this study was that awareness campaigns have begun to reach the people who are gradually becoming aware of the detrimental aspects of HIV/AIDS but many of the new generation had already adopted drug use behavior before they could possibly realize the ill effects of drugs and addiction. New generation youth, across the gender divide, have become drug users in the schools and colleges and the numbers are ever increasing. Therefore, it becomes all the more imperative that all awareness campaigns reach out not only to the effected or high risk behaviors practicing people but also reach out to the children and adolescents in the schools and colleges as they are the most vulnerable and have a greater chance of using drugs.

The school going and drop out adolescents must be educated about the ill-effects of the drugs and should at the same time be provided life skills/vocational education to keep them away from the lure of drugs. These adolescents are at a stage where they are also sexually very active. It was found from their narratives that they often indulged in single and multi-partner sex increasing their vulnerability all the more to the threat of HIV/AIDS. In fact these have been the two chief reasons for the spread of the HIV pandemic in the State.

Communities, like individuals, cannot respond to the challenges of HIV unless they can express the basic right to be involved in decisions that affect them. The drugs
like heroin are seldom used by beginners. That heroin is the most addictive drug available today has been repeatedly proven. Once a person has used heroin he or she has a marked tendency to use it again and again. With the passage of time, the person becomes a regular user and experiences harsh withdrawal symptoms when he is unable to indulge his habit to the capacity required – which increases with every successive use. Such a confirmed drug addict would do anything to feed his own indulgence and would not hesitate before dragging others into the abyss of drug abuse as a peddler of drugs. A vicious cycle is set up where the primary addict ensnares more and more innocents into the spider web of no return in the world of addiction and hallucination.

The meta-narratives of the IVDU in the local context carry a significant meaning rather than merely bringing out hidden, untold stories of a number of drug addicts. These narratives gleaned from among the respondents participating in the study were observed to form distinctive and very definitive patterns governed by the changing trends in the world of the drug addiction and HIV infection in Manipur in particular over a period of three decades. Their life stories are inter-related and intertwined with each other highlighting some of the other aspect of the realities experienced and the visage of designs of socio-cultural and parental laxities as well as the allure of the drug cartels begin to unravel gradually of their own accord. These cannot be analyzed lest the stories are stitched together and create a larger tapestry that pictures the dynamisms of drug addiction and subsequent HIV infection. The individuals’ life-history is linked with the larger group in the local context.

In the beginning itself, the responses generated in the field suggested that any intervention strategies that one may support or recommend have to be accomplished through a multi-pronged strategy involving harm reduction providing drug substitutes and medications, counseling or behavioral treatments; awareness generation across all sections of the society, restriction on availability of drugs in the open market, working towards subtle changes in customs and traditions that encourage substance abuse, state intervention providing for a vibrant economy that ensures employment for the youth – may be a special scheme on the pattern of NREG for the state of Manipur, revival of traditional arts and crafts; special programmes to rejuvenate traditional sports like archery, sword craft o keep young people effectively engaged and an aggressive
campaign for safe sex behaviour. There is ample evidence available to demonstrate that continuous engagements in rewarding exercises have been successful in altering brain function.

It is not possible to conclude an ongoing programme and a social malady that has taken deep roots in the Manipur society. This research work is only a preliminary step in the direction of finding answers from the people who are the worst sufferers. For any future intervention, we have to go back to their stories time and again to read hidden meanings that first reading and translations are not able to locate.

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