

CHAPTER V

Public Perception Towards Drug Use

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PUBLIC PERCEPTION TOWARDS DRUG USE

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In the spring of 1986, when the problem of heroin addiction had hit a new high in India a Mumbai psychiatrist told me: “Heroin addiction is spreading like some kind of guerrilla movement. It has not made a frontal attack but the deeper you go into the problem the more you realize how much it is entrenched in the country.”

It certainly caught the Indian government napping. When the menace was spreading like a plague with hospitals reporting a steep increase in the number of patients coming in for treatment, the Government of India, both at union and state levels, did not even have guesstimates of how serious the threat was. The then Joint Secretary in the Union Government admitted sheepishly that even before they could chalk out a plan of action, the problem appeared to have got out of hand. Worse, the majority of the addicts I interviewed said they had no idea about smack’s deadly potential to enslave users and seriously impair their health. The common refrain was: “If only we had known”.

A decade or so later there is a sense of *deja vu*. Similar problems plague the country not just in terms of government estimates about the magnitude of the threat from various types of drug abuse but also an alarming lack of public awareness of its harmful effects. Yes, India has more stringent laws to penalize drug traffickers than it did in 1986 and plenty more de-addiction centres to treat unfortunate victims. There is some progress: but the guerrilla warfare out there has not abated. The need is not just to check the inflow of drugs but also to create public awareness and help addicts recover.

Meanwhile, newer and newer substances find ready users and the problem only grows. So why can’t a country like India break the menacing cycle?

OUT OF SIGHT, OUT OF MIND

The real problem is an ostrich-like approach by everyone. With the ministries usually in a fire-fighting mode, given the range of epidemic diseases that strike with unceasing regularity every year, problems of drug abuse seem less pressing. Since there are usually no searching questions from the people’s representatives in Parliament, the government finds it easier to look the other way. There is even hope among many officials, usually misplaced, that the problem of drug abuse will somehow solve itself. If it is not on the surface like a

dengue epidemic or a cholera wave, the attitude is that it must not be serious.

Figures revealed by the government show just why we can’t take the problem for granted. India’s Union Ministry of Welfare reports that in its 123 de-addiction centres and 218 drug awareness and counselling clinics, as many as 3,05,098 people registered and 1,14,831 underwent detoxification treatment in 1996 alone. This was almost an eight-fold increase from its figure of 38,793 people who had registered in 1989. In the past decade close to 1.2 million people had registered for treatment and counselling. These figures do not include those from other health institutions that treat addicts — run by either the government or private institutions. Nor do we know yet just how serious the problem is because there has been no comprehensive national survey — a shocking lapse. The figures quoted are probably the tip of the iceberg.

In 1990 when the welfare ministry carried out a study of drug abuse across 33 cities and towns, they came up with some revealing insights. The worst affected were people between the age of 16 to 30 years — but what was worrying was the substantial number of those below the age of 16 years, and that people with lower incomes were more susceptible. Of the entire group one out of five users or 20 per cent took heroin — a high enough percentage to set alarm bells ringing. And the use of “other drugs” was beginning to rise.

India is now faced with a double whammy. Traditionally, alcohol abuse dominated with raw opium coming a close second because India is a grower and a certain percentage of misuse has always occurred. But as the 1996-97 six month review of cases that come to the welfare ministry revealed, 13 per cent or 1 out of 9 subjects continued to be addicts of heroin and smack. Despite official claims, the problem of addiction is clearly not on the wane. And given the fact that the condition of a heroin addict usually deteriorates more rapidly than is the case with other addicts this continues to put an enormous strain on the health care system.

THAT HELPLESS FEELING

Parents or relatives of drug addicts compound the problem by hiding the fact that one of their kin has fallen prey. There is a sense of acute embarrassment, shame and even guilt that a member of their family has gone “astray”.

Usually, no mention is made to friends or others till the situation has got completely out of hand. Society is also responsible for causing such a defensive reaction. As a parent of a drug addict told me: "Rather than being judgemental, what we wanted from our circle of friends was sympathy and the message that they were here to help. We rarely got it and we felt totally isolated."

Society's contempt for addicts is again because of a lack of awareness. Most people treat addiction as a moral issue or dismiss it as a sign of weakness — an attitude not mired in reality. In a majority of cases there is a deeper pull factor that causes a rise in addiction. Most become addicts because their lives have become dysfunctional for some reason and they find solace in certain drugs. While personal factors may play a role in causing stress, society is as much to blame — through such stress factors as the high degree of competition for jobs, the great disparities in income and the crumbling of values. This is seldom understood or acknowledged; that we as a whole are as much to blame if there is a rise in addiction levels.

Most often, parents feel helpless and unable to handle the situation. There are several reasons for this. While awareness programmes are focussed on the dangers of taking drugs, the public is told very little about where to go for treatment. A parent of a reformed drug addict said: "Barring a few psychiatrists I really did not know where to go for help or what were the various kinds of treatment available. By chance I saw an advertisement in the papers that led me to a de-addiction and recovery centre."

The educated in India did eventually find out that the real problem is for those belonging to lower income groups. The 1990 study revealed that a large proportion of addicts were farm labourers or factory workers who were usually out of a job. In industrial towns such as Kanpur, Dhanbad, Surat and Baroda the problem had become serious. Not only do the families of such victims find it difficult to cope, because it is usually the breadwinner who is ensnared, but getting proper treatment is almost a miracle. Nor are awareness programmes able to get across to them.

BLUNDERING ALONG

As mentioned earlier, in India a majority of the drug addicts are in the age group of 16 to 30 years. (Someone added with much cynicism: "Above 30 you are usually dead".) Child addicts (those below 16 years of age) form a substantial percentage and represent the darkest face of the drug menace. The reasons why these people took to drugs is revealing. In the 1990 study, around a third of them replied: "Out of curiosity". Around a fourth blamed "peer pressure". A majority of the addicts I spoke to admitted that they really did not know the addictive

potential of drugs such as smack or heroin. They discovered this too late — when they were well and truly hooked. Few were aware that their condition could deteriorate with such rapidity.

There is also a tremendous amount of confusion with regard to modes of treatment. Voluntary efforts are wrongly viewed with a great deal of skepticism — besides, it is only the hardened cases that find their way to centres such as Narcotics Anonymous. Psychiatrists are usually the first to be contacted. But given the enormous shortage of manpower, the amount of time they can devote to patients is insufficient. So relatives of addicts usually blunder their way through the various treatment options.

It is much the same problem for reformed addicts. Most would-be employers view them with suspicion and are hesitant to take on anyone who admits he or she has had a problem with drugs. I know of an addict who had to knock on several doors before he found a sympathetic employer who was willing to give him a chance. Creating awareness among them is critical because what reformed addicts need is an opportunity to build up their self-esteem. It is normally destroyed by their addiction and if they are not given a chance they usually head back to drugs.

SOME WAYS OUT

What is needed is a common sense approach with a lot of dedication. Clearly we need to step up awareness programmes and go beyond carrying advertisements on national television that usually present a ghoulish picture of the problem. The process of education must start in schools and colleges where a majority of the victims come from. Just like sex education, information about the various types of drugs and the harmful effects must be made available; parents can be called in to tell them how to recognize symptoms and how they should handle problems of addiction. Similar courses can be held in factories and other workplaces. Employers too need to be sensitized so they can begin to deal with the problem more effectively and responsibly.

Meanwhile, the government should make an extensive survey to assess the true extent of the problem and identify vulnerable zones. Apart from setting up de-addiction institutions they need to give a boost to voluntary efforts by investing in them and promoting their efforts. And they must be willing to put more money and expertise into raising the level of awareness. To sum up: as a society, we need to end this guerrilla warfare approach to the problem and confront the battle head on.

BOX ITEM - 15

WE THE ABUSED

Vijayluxmi Bose

People's awareness of the problem of drug abuse in India ranges from sheer ignorance to half-baked myths. Every discourse on the problem starts from "us" and "them" positions, "we" representing the non-users and "they" the addicts. One hardly ever hears someone talking about a family member who is a drug addict — instead, the addict is seen in the form of stereotypes, either the rickshaw-puller living in the slum or the businessman's spoilt brat. Yet a study of drug addicts in Delhi has shown that people from middle income groups become addicted to drugs as easily as those from lower income groups (Veeraraghavan and Rao, 1996). The practice of looking for scapegoats elsewhere when the problem lies within has helped pay lip service to the cause of eradicating the "drug menace" from a socio-economic system that breeds peddlers of all kinds.

This also explains why even after spending crores of rupees on a series of campaigns on the evils of drug abuse, all kinds of myths persist. A recent survey among 20 odd college students from various parts of the country revealed some very interesting albeit distressing facts about these campaigns.

Most respondents, undergraduate and graduate students, were unwilling to club tobacco and alcohol with addictive drugs like *charas*, *ganja*, cocaine, smack and brown sugar. Few were aware of the addictive properties of nicotine. The general feeling was that a couple of cigarettes a day did not make one an addict and occasional drinking was harmless as long as one was not misbehaving or making a nuisance of oneself. Only a few respondents denounced addiction of all kinds including tea, coffee and cigarettes. Many were unaware of names and places from where one can procure drugs. None of them admitted to being an addict himself or herself although some of them said they knew someone who took drugs. Some of the responses were startling — beer was a "soft" drink and one or two pegs of whisky actually make one healthy and competitive! When asked about the availability of drugs, some respondents were vague, others said these were available in *paan* shops near students' hostels, in certain slums and over the counter in chemists shops. The overall feeling was that drugs were accessible to those who really wanted them.

A graduate student who came from North Eastern India took a longitudinal view of the problem. A self-confessed smoker and an occasional drinker, this respondent felt that drug addiction was most prevalent among students who came to Delhi from other States and stayed in hostels. He echoed the opinion of his age-group — that while peer pressure, broken homes and money to spare were the main reasons for people from high income groups taking to drugs, it was drudgery and poverty that drove the poor to drugs. A counsellor at a de-addiction centre at a slum colony in Delhi said that over-ambition and the pressures of modern life usually led young people to drugs.

Another interesting aspect was the general lack of trust in an addict. He or she is branded a "Charsi", not to be trusted. A drug addict thus becomes a suspect in the eyes of society, forcing members of his family to hide the fact from others. Instead of a frank discussion that could actually help the addict and the affected family, there are often veiled threats and emotional blackmail. This may take the form of a wife threatening to desert her husband or parents threatening to disown a son. Often these threats are not meant to be carried out, given the gender imbalances and the privileged position of male members in an Indian family. A drug addict (who in the Indian situation is more often than not male), is thus allowed to live in the shadows.

The anti-drug abuse campaigns launched by various governmental agencies and the role played by media is largely responsible for this situation. In the early nineties, the Government of India launched a massive campaign which had the visual of a spider's web and a skull. The slogan said: "Caught in the web of death". Interviews with rehabilitated addicts, infrequent users and people who did not use or abuse drugs established that most of them felt threatened and even "put off" by the huge hoardings. They also felt that the campaign linked drugs with death too inextricably to be taken seriously. Following this, the Government of India launched another campaign which tersely advised people to say "no" to drugs. Again, reactions were mixed. Young people wanted to know more about how exactly to say no and why they should say no. Lower income group people were openly scornful of the preaching. And those who had never used drugs felt that simply putting up posters wouldn't do; parents,

teachers, peers should be told how to deal with a person who is hooked.

The media's role in clearing up myths about drugs and drug addicts has been equally perfunctory. Narco-terrorism has become a buzz word in stories dealing with militant activities. Frequently the media highlights stories of dramatic seizures of narcotic substances and the news is splashed with photographs on the front page. This kind of publicity ends up equating drug addicts with drug peddlers. It is true that some addicts do take to peddling but it is equally true that most drug traffickers themselves wouldn't touch the deadly commodities they trade in.

Any effort to fight the drug menace has to take into account the socio-cultural conditions of the drug addicts. Not all

are criminals and as a respondent from Delhi University pointed out, some forms of drug consumption, such as that of *bhang* during festivals, has a certain amount of social approval. The distance between the first sip, the first puff or the first injection and addiction is but a short one. What is literally "good fun" in the company of peers can prove to be the beginning of an addiction of a deadly variety.

Trafficking in drugs is a heinous crime and that is how drug traffickers should be treated — as criminals. But what is often missed is the nexus these traffickers establish in different echelons of society, frequently even gaining a certain respectability. What is perhaps worse is treating an addict as an untouchable. The war against drug abuse has to be fought on many fronts and dispelling myths about drugs, addicts and traffickers is one of them.