Sneha Gupta

EXPLORING FIRST TIME INTAKE BEHAVIOUR AMONG SUBSTANCE USERS IN A DE-ADDICTION CENTER IN DELHI

Introduction

Glocalization of substance use disorder or what is called drug addiction in more negative and common terms is the latest catch phrase. Every good or bad thing, big or small eventually get globalized and localized also, with substance abuse being a recent entry to this glocalization race. With World Health Organization referring it as a disease which can be defined as chronic, relapsing, behavioral and progressive disease which effects physical, psychological and social wellbeing (WHO report 2004). Addicts are unaware of all these developments in the field of substance abuse, it seems to be for the benefits of physicians who can now run de-addiction clinics along with psychological disorders, for academicians as they got new form of social, physical, psychological disease after HIV/AIDS. In order to bring actual change one has to nail the root cause of addiction as said prevention is better than cure therefore the first step is to prevent the onset of people on the path of addiction. It is not possible without listening to and understanding people who are suffering from this disease. The aim of the paper is to discuss onset of substance use in the life of addicts. The study was carried out in a de-addiction center and patients were asked about their first encounter with substance and their substance of choice. Certain patterns emerged based on the analyses of cases which can be termed as onset themes and help in understanding person's inclination towards first use thereby proving that suffering and problems are not the prerequisite for onset in a majority of the cases.

The term substance abuse that was once considered tabooed is now used extensively and commonly everywhere. The credit of it also goes to India's current Prime Minister Narendar Modi for coming up with "*mann ki baat*" and discussing substance abuse socially. Moreover with the acceptance of addiction as a disease rather than self generated harm, it is becoming all the more plausible to discuss it like never before, newspapers are flooded with news on drugs whether about treatments, new variety of drugs, damage caused

SNEHA GUPTA, Department of Anthropology, University of Delhi.

and so on. All this being done is for addiction or for addict is a big question which requires immediate attention.

Earlier it was thought that anything that results in a loss of function in an organ is a disease, but disease could be any conditions which prevent us from meeting our vital goals (Boorse and Nordenfelt as cited in Foddy 2010). This shifts our focus from disease as biological phenomena to social and psychological also and it is now the official statement of the World Health Organization (WHO) that addiction is a disease (WHO report 2004). It is commonly accepted that biological effects of drugs force addicts to stoop to any level to acquire their drugs because drugs remove all forms of rationality which raised a very important point that if drugs cause addiction with minimal input from the person then the only approach to treatment is abstinence (Hammersley and Reid as cited in Gibson 2004: 600). But it is not true as said by De Leon (2000) also, it is the person not the drugs and taking drugs is a symptom not a problem. It is a view that remains essentially the same regardless of an individual's drugs of choice therefore more relevant are the behaviour, attitudes, values, and lifestyle of the abuser. Therefore the outlook that physiological effects of drugs can and automatically lead to the loss of self control is a reductionist perspective. There is a need to focus more on how substance use 'problems' are socially generated and framed as addiction (Hammersley and Reid 2002). It is important to know whether and how environmental and personality traits can rob a person of control or of rationality (Foddy 2010). Many people start out of curiosity, for excitement, to break social boundaries, to say things they would not normally say, to be social, under peer pressure and so on. This is a disease of frozen feelings or better described as negative and unsocial feelings which are a very terrible state with diminished chances of recovery (Zigon 2010). Therefore utmost importance should be given to preventing onset of substance use because its default result is addiction although not necessarily for all but for some who goes on becoming an addict. In the literature, drug users are often presented as passive individuals but there is a strong need to listen to them as active members in order to understand addiction and its onset (Hunt and Barker 1999).

Methodology

The study is based on the analysis of questionnaire given to addicts taking inpatient treatment in a de-addiction center. Observation and case study was also used simultaneously in order to captivate the whole gamut of onset. Total number of patients taken for the study is fifty over a period of one year. The factors taken for understanding onset are as follows: age of first use, thought and feeling before taking substance, reason for taking, place of getting substance, consumed with whom, after effects of it, time gap between consumption of first substance and becoming an addict, first consumed substance, first mode of intake, substance of choice (SOC) and reason for it.

All these factors are interrelated and together determine the future of the person as one time user, social user or an addict. The patients were asked about their first encounter with any kind of substance and their last used substance. Based on the analysis of their response, cases are categorized into patterns which explained patient's inclination towards first use and these are termed as onset themes.

Findings

The narratives of drug discourse do not proceed as simple discussions of 'fact', but instead assess the moral and symbolic value of particular paths and patterns of risk and blame (Vitellone 2004). Case studies in this section will show such particular paths and patterns of risk, making people vulnerable to onset of substance use. Onset themes (as shown in Fig 1.1) are based on two categories first is environment which can be further divided into physical and social and second category is personality traits, studies have found a strong tendency for persons to exhibit anxiety, depression and low self-esteem as adolescents and persons who later became alcoholics were found to be more non-conformist, independent, under controlled, and impulsive than their peers (Mendelson and Mello 1986 as cited in Hirschman 1992).

Addiction and onset has to conceive from a wider angle encompassing the whole range from living space to social space and from social practice to individual level (Hughes 2007). The two most important factors guiding onset is environment and personality traits of a person, former is a combination of two entities i.e. physical and social where physical refers to space such a home, work place, neighborhood, educational place, living area such as small towns and slum areas, social refers to the people in that space who have influence on

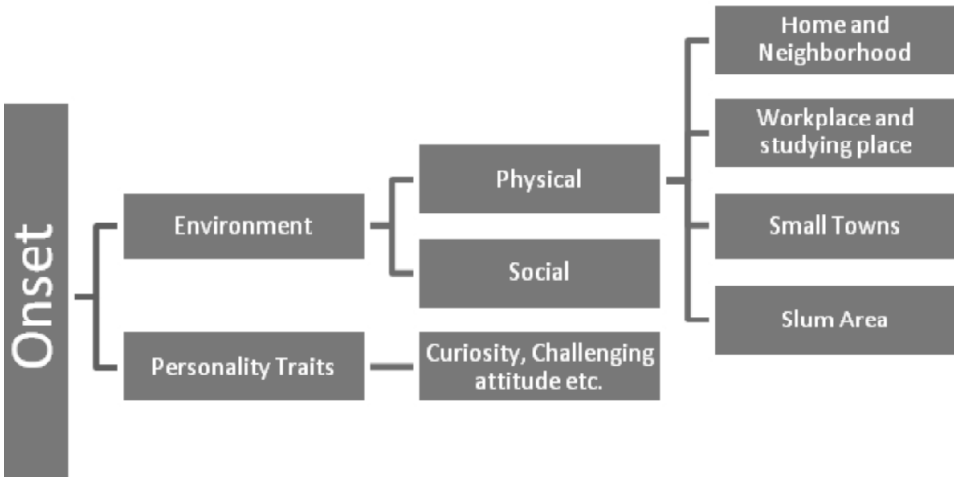

Figure 1.1: Chart showing range of onset

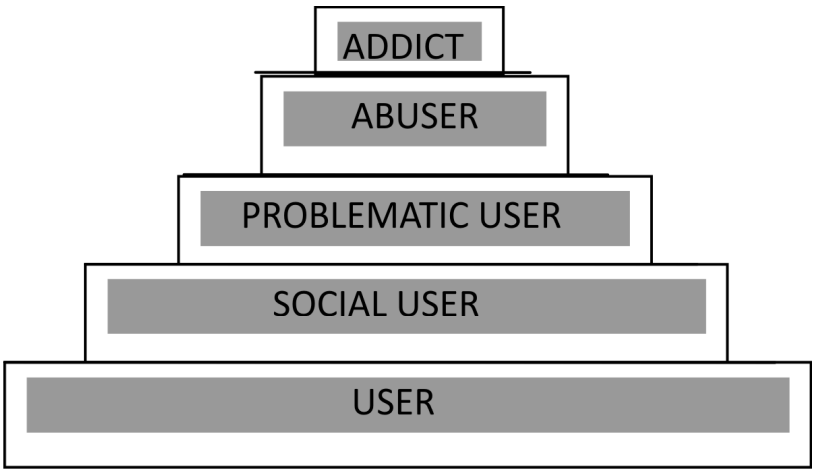

Figure 1.2: Pyramid showing stages of addiction (Green color represents social circle of a person)

a person such as parents, relatives, colleagues, friends etc. whereas latter includes curiosity, challenging attitude, eagerness, anxiety, depression and so on. All these factors work in combination where one factor acts as primary stimulant along with some other factors as secondary leading to onset. The one feature which acts as catalyst to above mentioned factors is age of the person because at earlier stage of life, one is more prone to get influenced by his physical and social environment. Moreover his consequence thinking is not that developed to balance pros and cons of his behaviour. Following case studies are categorized into different themes showing primary triggering factor and its major role in onset.

Environment

Work related environment

Patient A, age: 50 years**,** SOC: alcohol

I took alcohol in the form of beer for the first time at the age of sixteen when I was a student in an institute teaching brewing technology. The whole class was taken to the alcohol factory for educational visit where I tasted my substance of choice for first time. I like the after effects of having it and then I started taking occasionally. I was always surrounded by alcohol because of my work place. Gradually I become addicted to alcohol and from past nine years my son has admitted me into one center after another.

One drink as a part of study has brought him to this condition where he has not seen outside world from almost a decade.

Patient B, age: 45 years**,** SOC: alcohol

I took alcohol for the first time at the age of eighteen. After completing my school I started working in a photography lab which requires me to attend occasions like marriage, party etc. It was in these functions where I tasted for first time with my colleagues. My workplace was such that I started taking alcohol occasionally.

Along with working environment, the other factors responsible for his onset were his curiosity, to be more open and enjoy like others. He never tried any other substance because he thinks alcohol is easily available and socially acceptable.

Patient C, age: 45 years, SOC: alcohol

I took alcohol for the first time at the age of twenty. I was in army and got posting in northern part of India which was quite cold. There we used to get alcohol thrice weekly, initially I refused to take but then I was told that "it is appropriate to drink here in this weather otherwise you will get sick". From there I started and kept on increasing the quantity gradually.

All these cases deal with the working environment of the patients which make them easily prone to substance use and its continuation. Other similarity in these cases is the substance of choice which is alcohol, the reason for it is easy availability and social acceptability which makes it possible to encounter alcohol in one's working environment. No doubt their individual curiosity and other factors have also contributed to it. As far as alcohol is considered, it is seen on the basis of case studies that alcohol addiction is much more difficult to get rid of and damage caused over a period of time is also greater than other drugs. Moreover alcohol addicts mostly suffer from minimizing denial phenomenon.

Home related environment

Patient D, age: 26 years, SOC: heroin

I started smoking at the age of seven when I was in hostel but seeing my family financial condition I dropped out from school in order to work and support my family. My father was addicted to alcohol and cannabis so one day he sent me to get him a packet of cannabis. I went with my friend who asked me to take some amount out of the packet. I did so and later consumed it in the park with my friend. That was my first encounter with such substance. Then I started working as a waiter in functions where I initiated drinking alcohol. I have tried almost all kinds of substances and lastly I ended with the addiction to heroin consuming ten packets daily. I have started stealing money, things like mobile etc from my house and also of others.

Patient E, age: 29, SOC: heroin

I took my first cigarette from my father's packet secretly. I have never been to school and started working in their business from the age of eighteen. There I started smoking but soon my family came to know about my habit and

restricted me from going out. I was kept outside the family business for some time but during that period I started drinking alcohol with friends. The smell of alcohol was easily traced by my family therefore I switched to other substances which were less noticeable. I started taking pills commonly known as number ten pills. Eventually my family found out about this also and I was send to prison for few months in order to stay away from these substances because at the time there was not much awareness about de-addiction center. My father who used to take heroin and cigarette got expired while I was in prison. I was not even told about it and was kept away from my father's last ritual which was my right. On coming out, I kept this resentment and took to higher forms of drugs like heroin and got addicted to it.

Both these cases are about the environment that a teenager gets in their home where one of the parents is a user of drugs. They come face to face with the drugs not outside but with in their home environment seeing their peers. Moreover both the case also hints about the movement from gateway substances to higher forms of substances.

Slum environment

Patient F, age: 17 years**,** SOC: cannabis and correction fluid

I ran away from my home at the age of seven. I went out with friends to celebrate New Year and had alcohol with them. I got afraid in coming back home drunk so I ran away and came to Delhi. I was living at railway station working there in order to consume correction fluid then I also started taking cannabis products.

Patient G, age: 15 years**,** SOC: heroin

I started taking tobacco, alcohol, cigarette from the age of eight. I also went to prison for three months for involvement in a murder case. I used to be in the company of wrong people and started stealing, fighting etc along with them. I tried many substances and my substance of choice is heroin. I was a regular user of alcohol also.

Patient H, age: 17 years**,** SOC: cannabis

My friend used to sniff correction fluid but I used to stay away from it. One day I had a fight with my parents so I thought of smoking but my friends told me to smoke cannabis cigarette instead of normal one. From then I started stealing money from my home to buy cannabis. When my family came to know about this, they sent me to a hostel. I ran away from there and came to Delhi. I started living at railway station where I took to other substances also like correction fluid, alcohol, pills etc. I got involved with the group whose business was snatching, stealing things, fighting etc.

Patient I, age: 18 years**,** SOC: cannabis

I started drinking and smoking from the age of twelve. My family business is selling alcohol from our home through illegal ways. I used to get alcohol bottles from other states where it is available at cheaper rates for our shop. I also started drinking with friends. Gradually I took to variety of cannabis products I have been to center many times but I always relapsed because my friends ask me to have and I can't say no to them.

His father is an alcoholic and his family environment and locality is such that it is very difficult for him to recover. Moreover these cannabis products have made such impact on him that he is suffering from cannabis induced psychosis.

All these children belong to very poor family living in slum areas with no education background. They are beaten up by their parents and are not interested in studies. They started using at a very small age mostly before the age of ten years. These kids run away from their houses to consume substances without any restrictions. Most of these children make markets and railway stations their home and got involved in illegal activities like snatching, stealing etc. Their substance of choice is mostly correction fluid which they sniff through mouth by sprinkling over a piece of cloth. These children are identified by workers of various organizations who admit them in the de addiction center. Their recovery rate is very low as they go back to the same environment.

Small town environment

Patient J, age: 48 years**,** SOC: heroin

I took my first drink at the age of fourteen in a function with friends to have fun and enjoy. I wanted to look different from others and was very curious to try it once. My last substance was heroin to which I got addicted and continue taking alcohol also.

Patient K, age: 45 years**,** SOC: heroin

I started smoking at the age of fourteen and then after four years I started consuming cannabis out of curiosity which was told to me by seniors in college. I kept taking alcohol side by side and gradually shifted to higher forms of drugs. Lastly I ended up being an addict of heroin.

Patient L, age: 40 years, SOC: cannabis

I took tobacco at the age of twelve from my father's packet. Within one year of this I started taking cannabis product with friends. I belong to a small village where cannabis is easily available at tea shops. I also started drinking alcohol occasionally in parties and functions and continued like this for four years then replaced it with a more dangerous cannabis variety. I took cannabis and alcohol simultaneously for twenty four years.

All these cases are about people belonging to small town areas of India where cannabis products are not considered as drugs and are easily available

at tea shops moreover criminal activities are also very common in these areas. These people usually retort to multiple drug abuse and some of them move to higher forms of drugs like heroin. Small town typical traits such as easy availability, curiosity, challenge taking attitude (if he can do, why can't me) etc leads to onset and further migration to cities contribute to movement to other higher forms of drugs.

Personality Traits

Escaping tendencies

Patient M, age: 52**,** SOC: cannabis

I am a refugee from Afghanistan. I had cannabis for the first time at the age of sixteen when I was travelling from Afghanistan to Iran by train with my relative. He offered me a cigarette filled with cannabis product. After this incident I didn't use it for four years while working in Iran. But after that I started taking it weekly and from Iran I came to India with my relatives in order to go to Canada through U.N refugee agency. I became lonely here as all my relatives went to Canada therefore I started having cannabis all the time to escape loneliness.

Patient N, age: 46 years**,** SOC: alcohol

I started drinking alcohol at the age of forty four due to some problems encountered in construction work of my house. I tried to share my problems with family but didn't receive their support. Therefore I started taking alcohol as an alternative to relax my mind. Before this I had taken alcohol once or twice in some functions.

Patient O, age: 26**,** SOC: cannabis

I am a refugee from Afghanistan and came to India because of threat to my life. I felt very lonely here away from my family. I made some friends here who asked me to take cannabis in order to forget all kinds of problems. I wanted to study further and go out of India to USA or Canada but was not getting help from U.N refugee agency. Therefore I tried to commit suicide and due to this attempt I was brought to the center.

He is not an addict but a problematic user who has this escaping tendency in the form of drugs and suicide.

Patient P, age: 19 years**,** SOC: cocaine

I started taking drugs at the age of eighteen. I was studying in the college and had a break up in a relation therefore I thought taking these substances will help to deal with the stress and loneliness. I took it from my friend and within a short span of one year I have tried many drugs like hash, weed, cocaine, alcohol. I became addicted to cocaine and was smoking two joints daily.

He became an addict in a very short period of time due to the highly addictive nature of the drugs that he was using.

All these cases were about using substances as escaping tendencies from loneliness, stress and other such problems. With time this so called solution becomes their worst source of suffering.

Sheer curiosity and trial

Patient Q, age: 30 years**,** SOC: heroin

I tried alcohol at the age of fourteen for enjoyment. Once I went on a religious trip with friends where we had to walk for the whole journey. I saw some people taking some substance which gives them energy to walk easily therefore I also tried it. Later I came to know that it was cannabis product. I kept on using it after coming back also and never felt any kind of problem due to its consumption and was not an addict of these products. It was smack that made me addicted that too in one or two times of trial. I continued having alcohol with all the substances.

From a decade he is living a life in and out of the center. He even doesn't remember the number of times he has been admitted. According to him cannabis products are normal and do not cause any harm but it is smack which has brought him here.

Patient R, age: 26 years**,** SOC: spasmo proxyvon

I was having a very good life, finished school then done a computer related course. I was running a shop of software and mobile repair where one of my friends used to come and take some kind of blue colored pills. I never paid much attention to it as I thought maybe he was taking medicine for something. But then he started coming regularly and used to wait outside if somebody was in the shop. One day I asked him about it so he said "these are blue capsules and you should also try once". Initially I refused but then I thought if he can take then why not me. I took two pills that day and was surprised with the results. My whole body felt so light and pain free, felt more relax and confident while talking to others, it made me more open. From that day, I continued using it and lastly I was taking eight pills a day at fixed interval.

His challenging behaviour has made him try once and then it never stop until he reaches de addiction center. It was his first treatment which he took very sincerely and completed the whole treatment.

Patient S, age: 26 years. SOC: cannabis

I started smoking from the age of twelve and within two years I also tried substances like alcohol and cannabis with friends out of curiosity. I had a superiority complex because I belong to good educated family. I became quite regular with cannabis by the time I reached high school and as a result I

failed. Gradually I tried many other substances like pills, Lysergic Acid Diethylamide (LSD), heroin, cocaine etc. But I have seen people suffering from very bad withdrawals of heroin and other such drugs therefore I continued only with cannabis.

Consumption of cannabis or as he himself thinks that using of chemically mixed substances has caused damage to his brain and resulted into cannabis induced psychosis.

Discussion

The journey on the road of addiction starts with a casual curious puff of cigarette or a sip of drink not knowing that it can be the beginning of never ending journey full of suffering, craving and prevention. Not all people who tried a casual carefree date with substances go on becoming an addict. As told by an experienced recovering addict and counselor also that the average rate is one out of ten although it varies from drugs to drugs, some people try and stop there while some become social user but that one person keeps on going up and up on the pyramid of addiction (as shown in Fig 1.2) and one day reaches the top where he is alone and from this point his actual suffering starts because he is an ill person with no body to take care of him. This is the time when he seriously wants to quit his drug or substance of choice, he can't because it is no more his choice but his need. Earlier he was consuming drugs and now drugs are consuming him. While going up on pyramid of addiction, he himself has pushed the people away because he only wants his substance. When on top, he desperately wants to quit, need love and support but unfortunately nobody is there.

The fact is nobody starts consuming substances in order to become an addict, this is something that happens by default. The other important fact is most of the people do not starts from the drug which becomes their drug of choice. There are certain gateway drugs which mark the beginning of journey on the road of addiction such as cigarette and tobacco. The encounter with gateway drugs mostly happens in the adolescent age although street children start very early usually around age of ten due to their environment. The reason teenagers started consuming these substances are- to show they are different from others, to show themselves more mature, to be fashionable, to impress others, to fit into certain groups, by seeing others doing same thing, to be more open, to change their personality and so on. All these reasons can be clubbed under one category which is known as Peer group Pressure (PGP) which is the foremost reason for teenagers to start consuming substances because at this age their mind is not fully mature, thinking power to weigh all pros and cons is less. During this forming years of life which is also an impressionable age, the self identity of a person is not fully developed therefore they tends to imitate others or anything that goes on around them. On an average PGP is a reason that happens at an early age but it is less possible to

be the reason for the people who starts at late age because they become mature enough. The second important reason for initiating substance consumption is curiosity. If a person is curious and also wants to mix with particular group then it becomes the combination of curiosity and PGP. Some people are very curious from childhood to know about everything and in their teenage they become curious about drugs. Many times people start because someone in their family takes drugs which generate curiosity and sometimes out of peer group pressure. The third reason for starting intake of substances is to change mood or feeling but it is also the reason to increase substance intake. For instance- sex is one of the reasons to increase substance intake as the person used to consume drugs but to increase the time of sex, he increases the intake. The other example is of break ups in love relationship, when it happens at later age then it is very rare that a person starts because his coping mechanisms become developed at that age. In case if the person occasionally takes substances then there are higher chances of increasing the intake to change mood. Based on analysis of case studies, it was found out that easy availability and easy accessibility to substances due to home environment, neighborhood, workplace, small town areas, slum areas make people vulnerable to onset at an early age. Moreover seeing parents, relatives, friends, peers etc also pushes the person towards substances which is multiplied many times if the personality traits includes challenging attitude, curiosity, impulsive nature, anxiety and so on.

Age of first use is a very important factor in determining the probability of a user becoming an addict or not. As per the analysis (as shown in table 1), the most risky phase is from 15 to 20 which also happen to be a phase of liminality with puberty and adulthood. "Some observers even express a view that preventing or delaying onset of drug use until adulthood might be sufficient to prevent occurrence of drug dependence syndromes" (King and Chassin 2007 as cited in Yu Chen 2009: 319).

Conclusion

There are certain things that a person requires in order to try any substance for the first time such as environment in terms of place, company of people, mood etc. Therefore most of the people try with their friends in parties, marriages or other such occasions. It is very rare that onset of substance use is because of any kind of problem or suffering. It starts on a very happy note when the person has everything and everybody in his life. It is after onset that addiction takes everything away thereby causing suffering and problems which were not even there at first place.

Suffering is not the essential prerequisite for onset and addiction but a default result of it. Therefore prevention is better than cure because cure itself is very problematic phenomena for an addict. To conclude globalization and localization of substances has both positive and negative impacts which

includes people getting more aware of damages caused by using substances, more treatment options, more openness to discuss this disease etc whereas negative includes people getting easy access to all forms of substances, development of chemically induced drugs to give more instant and long lasting pleasure etc. It is not possible to escape the good and bad of glocalization but any kind of measure to prevent this drug menace has to begin with the people suffering from addiction with foremost attention on their inception in order to prevent more number of people entering into this darker world which deprives them of their identity and freedom. Initially every addict starts as a social user but with time identity transformation takes place resulting into entangled identity which is a stage of liminality with self conflict between normal identity and drug using identity. Gradually his latter identity overtakes his non addict identity because the time given to other works is slowly overtaken by his use of drug of choice (Hughes 2007). It becomes a permanent part of a person's identity or better to say only identity that a person could exert. Addiction happens unknowingly when a person is busy enjoying the dominance on the substance thinking he is controlling it. Gradually it starts controlling the person and till the time he could realize it is too late. Addiction is a preventable disease therefore intervention as early as possible must be done by family members before they lose their person and he loses everything.

Table 1
Showing age interval and number of people who stated using at that age

Age interval	Number of people
0-5	00
5-10	01
10-15	11
15-20	15
20-25	08
25-30	03
30-35	02
35-40	00
40-45	01
45-50	00

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