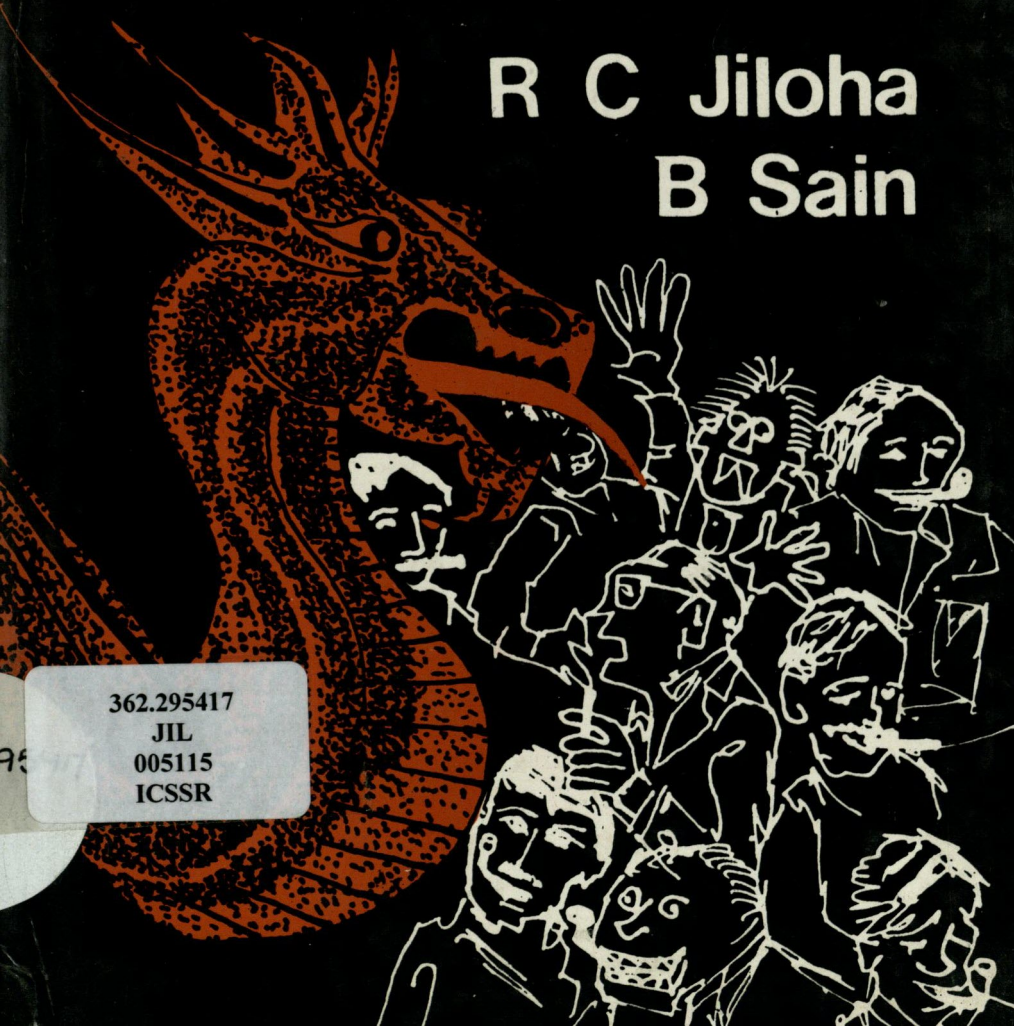


# FROM DRUG TO DRAGON

R C Jiloha  
B Sain



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The reasons people turn to drugs vary from region to region and nation to nation and also differ between age brackets, ethnic traditions, rural and urban environment and level of income. Different drugs also pose different attraction.

It is worthwhile to observe that the drug-decade, 1980-90, with the emergence of smack on the drug scenario has dramatically influenced the drug consuming trend as addiction to smack has suddenly infiltrated from affluent to the lowest section of the society. Hence without any adequate psychological explanation grass-smoker public school student has been replaced by smack addict rag-picker and chain-snatcher.

Similarly college and university going girls have shifted from mild tranquilizers such as compose and mandrex to harder and dangerous drugs: heroin, crack and cocaine. The more disturbing and traumatic change is that a good number of literate, semi literate and illiterate jhuggi dweller—women, prostitutes and dancing girls have become victims of smack. Women belonging to the lower and the lowest sections of society, under compulsion of hard craving, have become peddlers.

Why school and college going students take drugs? Has present system of education not contributed and added to the frustration of the unemployed degree holders to seek an easy escape in drugs? Who are these murderers of sentiments of the educands who already have suffered enough because of uncongenial home atmosphere?

Working children is yet another increasing but neglected force of the tail of twentieth century. How many of these earning children are victims of socially accepted, semi-accepted and non-accepted drugs?

Why do aged persons take drugs? is an interesting question to ponder over. To seek shelter in drugs? Many such curious questions have been widely discussed in the present research oriented work supplemented with a questionnaire to assess the addict-population.

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By the time drug addiction has reached in the nerves of Indian rural and urban society. His interest to cure the crippled souls through his experience was obvious. He treated the addicts even through hypnotherapy and succeeded in his mission. In 1990 he was made Head of Unit II of Psychiatry Deptt. of the same Hospital.

His papers on addiction and psychiatry are widely appreciated, which reflect his research potentiality. His services have been widely recognised by Indian Psychiatry Society by awarding him Marfatia Award in 1985. In 1986 his credentials were again recognised by Indian Association of Clinical Psychologist which honoured him with B.R. Gupta Award for his work on drug addiction. His magnum opus work on families of drug-addiction to study their family constiltions about causes which are responsible for breeding the drug addicts in different kinds of families is under completion.

Dr. Bhim Sain has been, nearly for a decade, continuously writing on various behavioural and socio-medical problems of the persons addicted to socially accepted, semi accepted and dangerous drugs. His recent publication is **Drug Addiction, Alcoholism, Smoking Obscenity and Its Impact on Crime, Terrorism and Social Security** (Mittal Publications, 1991).

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# **FROM DRUG TO DRAGON**

(A Challenge to Society)

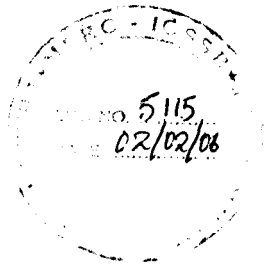
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## INTRODUCTION

The high rate of drug addiction in Manipur (India) is well established. The state is in the throes of a social crisis with an estimated 40,000 drug addicts out of which 210 are suffering from AIDS, living under the shadow of death. A survey conducted in 1988 by the Indian Medical Association, Manipur branch has reported that intravenous drug abuse was limited to 10,000 addicts. The 1988 Survey also found that 1,30,000 persons were addicted to alcohol, 13,000 to ganja, 4,500 to Phensidyl (a cough syrup), 1,650 to tablets such as calmpose, mandrex and other mood alleviators, 600 to opium and 150 to morphine. Obviously, the number of addicts reported in earlier surveys was much less. Why such an enhancement in Manipur?

The main entry points of drugs into Manipur are identified as Moreh and Behiang both on the Burma border. Behiang is a point where the Indian National Army had entered India on the Tidam Road which originates in the Chin hills of Burma.

In Burma drug trafficking is reported to be controlled by Khun Sha, a drug lord and head of the Shan State Army, who supports an insurgency movement on drug money and commands an area where Rangoon's writ holds no sway. And Khun Sha's laboratories get the supply of ascetic anhydride, an industrial component by which basic opium is converted in to heroin, from the traders of Calcutta.

Since the crackdown against drug-trafficking in the countries of South-east Asia, Manipur route has assumed importance because it was less attended to by the authorities. Manipur being a transit point the local consumption of Manipur heroin termed as No. 4 having 80 percent potency is on the rise. Consequently, the number of addicts and AIDS

patients is swelling.

The case of Manipur is not the solitary one for presenting the tragic picture of addiction. Most of the metropolitan and non-metropolitan cities of India, such as Delhi, Calcutta, Bombay, Madras, Chandigarh or Mandsaur have witnessed a good number of undernourished adolescent addicts with pinched cheeks and dishevelled hair and clotis as smack, one of the deadliest substances of today has made deep roads in the society. We are facing a multi-cornered drug attack from the long-stretched Indo-Pak and Indo-Burma borders; through water and air routes and through internal forces who throw opium and heroin in the open market by illegal growth of opium, and some by theft from the opium-refineries. The apparent consequence is the enhanced number of addicts.

Is India the only victim of drug-invasion?

No.

In Iran where the Khomeinite laws speak volumes of controlling drug infiltration, the situation is quite disgusting. Recently it was reported that not only Pakistan, but Iran too, constituting along with Pakistan and Afghanistan the narcotic triangle in South West Asia is menaced by the narcotic trade. Narcotics have not only become big business in Iran, especially among Iran-based Mujahideen but are widely affecting the Iranian youth as they find difficult to abandon habit de-addiction not so easy. Even President Rafsanjani had to admit publicly that narcotic trade is no less a tragedy than a major natural disaster.

Iranian authorities claim that to fight the menace they have launched a massive campaign to catch, crush and shoot scores of those indulging in narcotic business. There have been reports of scores of people being killed in clashes between what the Iranian Press routinely describes as 'drug pedlars' and the Iranian Islamic Guards and other security agencies.

Iranian press reports also indicate very large casualties in clashes between the 'drug mafia' mercenaries and its forces even in areas of Central Iran. Particularly vulnerable has been a 130 kilometers long and 3 to 5 kilometers wide strip between the trijunction of Iran, Afghanistan and Pakistan. This area has been declared a 'restricted zone' with guards having orders to shoot any unauthorised person at sight.

In spite of all these claims of 'eliminating hundreds of drug dealers' there has been no visible let up in the quantum of contraband being smuggled from Iran. According to well placed Pakistani sources there could be two explanations for this. Firstly the drug dealers, especially among the Mujahideen operating from Iran and Pakistan have become very powerful. Some Mujahideen have been (privately) insisting that drug trade is a major source of money to purchase arms to fight against the 'Soviet puppet regime'. Iranian officials partially agree with this explanation but say that this is both immoral and dangerous.

Moreover, it is intriguing that while there has been a virtual lull in the anti-Kabul activities of the Iran-based Mujahideen against the Kabul regime, illicit drug trade continues to flourish.

The second explanation is that the Teheran regime itself may be encouraging the trade by virtually turning a blind eye to the contraband merchandise but claiming to fight it by shooting of hundreds of political opponents of the Government. Anti-Tehran group insists that this indeed is the case.

While it is difficult for Tehran to conclusively deny the charge, Iranian officials like Mohammed Kalantari, Deputy Commander of the Islamic Committee have been blaming the Iranian refugees for the issue. According to Iranian press reports, Kalantari had accused some influential Afghan Mujahideen leaders for their involvement in the drug business.

Yet another dimension to the drug smuggling in Iran is provided by the continuing war in Afghanistan. It is a well established historical fact that narcotics flourish in most areas under CIA's benign eye in wars especially where pro-American elements are involved. This was borne out in the Indo-China conflicts, especially the war in Vietnam. The same is perhaps the case with Afghanistan.

Some political bodies (elements) point out that in case the Iranian regime is really sincere in its claims regarding its 'crusade' against drugs, it should clearly come out for a peace initiative with Afghanistan. This alongwith a lasting peace settlement with Iraq could pave the way for peace and stability in the region and automatically help to eradicate drug menace. Peace in Afghanistan could also enable the Afghan authorities to join hands in tripartite fight with Iran, Afghanistan and

Pakistan jointly fighting the drug menace.

Still there are many more cases of developed, developing and underdeveloped countries fighting a lost battle against drugs. Latest in this series is the case of Pakistan where drug-mafias have exercised virtual control on political movements as Mrs. Benzir Bhutto has repeatedly claimed that her ouster is attributed to the drug-dons only. The drug-lords, here, are encouraging growth and production of heroin in Golden Triangle without caring for the increasing addict population of their own countrymen. Cocaine and crack addiction in America and Latin America is touching new marks and the death venders have not spared even the poorest countries, South Africa and Bangladesh where per capita income is alarmingly low.

The reasons behind the people of Bangladesh or of the USA turning to drugs vary from region to region and also differ between age brackets, ethnic traditions, rural and urban environment and level of income. Different drugs pose different alteration. There is the instantaneous euphoria of crack cocaine, for instance, and the stimulation of methamphetamine (known on the street as 'speed' and in its smokable crystalline form as 'ice'), the narcotic dreaminess induced by opium and heroin, and the fantasies inspired by psychotropics like cannabis (marijuana) and LSD. But the result is always and everywhere the same; the crippled generations. Hence the world is not facing a single drug problem but rather a multitude of drug problems.

Are Khun-sha and Mujahideen only responsible for spreading the drug-menace? No. General Arnaldo Ochoa Sanchez (57?) of Cuba, who later on was executed by the firing squad, was one of most decorated officers in Cuba's Army and commander of the Cuban Mission in Launda. But he was involved in cocaine trade. He arranged a shipment of cocaine consignment from Colombia to the United States. He was found to have had contact among drug barons of the Medellin Cartel, including one of the most powerful, Pablo Escobar, who has declared war on the government of President Virgilio Barco Vargas in Colombia.

Stories of involvement of members of the family of late President Zia of Pakistan are still fresh. The thread does not end here. In addition to drug lords, some politicians, police, military and paramilitary personnel are involved deeply in the

killers' trade. As a result of lust of purse and power the drug-trade is flourishing day and night because they find an easy market for drugs.

Sometimes the drugs are welcomed by the youths, and college going lads on the pretext of cultural movements. Frowning school children bored by school and home environment find excitement and pleasure in drugs. Tortured and remorseful working children seek an easy escape from miseries in drugs. And some extrovert adolescents find thrill and adventure in consuming drugs whereas lamenting housewives take pain-killers and sedatives due to different physiological and psychological reasons. But the story of aged addicts is slightly different. This section of society rarely begins taking drugs at the outset of old age. The drug habit is carried on from young-age to old-age.

The drug monster, as the various surveys and day-to-day experiences reveal, is fastly and tightly gripping persons of each age-group. The problem is how to control this menace. The problem of containing the monster still becomes grave when illicit growth and production becomes out of reach of national and international legal measures. In such state of helplessness, the preventive measure is the only and obvious alternative.

Children who have been separated from their families roam the streets in survival-unit groupings in Bogota, Colombia. Known as gamines, these children are easy victims of the plague of drug abuse. A national programme is interjecting social services to try and prevent addiction from taking hold. It is also running country-wide drug education campaigns and hotline referrals to treatment programmes for the general population.

Rochdale Village, in south-east Queens, New York City, is a complex of 20 high rise apartment towers housing 25,000 residents. The tenants took action against the sudden growth in sales of crack cocaine by instituting patrols outside the buildings and "vertical patrols" within. They realized, however, that improved law enforcement was not enough. "We needed to attack this problem with an education programme", a tenant leader said. So they set up a "Saturday Academy," for promoting cultural awareness, dispensing information about drugs and opening up positive alternatives to drug

abuse by reinforcing the students' academic skills.

In the rural regions of Oyo state, Nigeria, where cannabis (marijuana) is grown in abundance, a Drug Abuse Prevention/Control Programme is developing a three-part strategy. It involves dissemination of information through the mass media, a drug education curriculum in the schools and mobilization of community resources like health clinics, churches and mosques to promote drugfree life styles and treat drug associated medical problems.

Mosques in Cairo, Egypt, are places of prayer, religious instruction and, in an innovative programme, treatment for addiction to opium and heroin. Working in co-operation with psychiatrists and social workers, Moslem sheikhs introduce a spiritual element into the treatment, reinforced by holding group sessions inside the mosques.

Traditional Malay medical practice, known as bomoh, is used to combat heroin addiction in Malaysia. The regimen combines religious counselling, charms and mesmerism, exercise and diet, and herbal treatment.

Innovative programmes such as these are being deployed to reduce the world-wide demand for illicit drugs. Nearly all drug abuse prevention programmes are innovative for the simple reason that the field is relatively new and sparsely studied. While there are mountains of reports documenting the properties of drugs and the intricacies of illicit trafficking, measures to stop people from using drugs have been mounted on a large scale only recently, and results are hard to gauge.

The traditional approach to prevention is to educate the general public, and young people in particular, regarding the effects and high personal costs of drug abuse. This can be carried out through school curricula, public presentations and mass media campaigns.

It is important to distinguish between education providing accurate information and that which relies on scare tactics. Exaggerations of the effects of drugs can be counter-productive. People who experiment will notice the discrepancy, and lose belief in whatever accurate information they have received.

Educational programmes have to contend with the short term perspective that is common among youth. Considerations of sensory pleasure, curiosity, social acceptance and allayment

of anxieties often outweigh concern about long-term health effects or possible addiction. Education campaigns with simplistic or largely negative messages appear to have a limited impact as do one-shot lectures. Because of these difficulties a December 1987 report of the General Accounting Office of the United States concluded that programmes that simply provide information about drugs have had "virtually no impact on drug abuse or the intent to abuse drugs"

Yet dispensing with educational programmes will leave the field open to dealers and users to provide information about drugs. For maximum effect, experts are beginning to agree, campaigns must dispense accurate, objective, up-to-date information through credible sources in consistent fashion over a period of time. It is also important to take into account the cultural background and social situation of the audience at whom the information is aimed.

Dr. Maura Daly of the U.S. Department of Education judges the "the number one factor in preventing young people from starting drugs or alcohol use are familial, community or religious values." The question becomes, how can that kind of support system be provided when in so many cases it seems to be lacking?

One approach is incorporated in a United Nations programme initiated in 1982, called Utilization of Community Resources for the Prevention and Reduction of Drug Abuse. Its purpose, according to Dr. Momcilo Kilibarda of the UN's Division of Narcotic Drugs, is "to encourage utilization of local resources, both governmental and non-governmental and mobilize both formal and informal means to respond to the problem. It's a way to involve people, to get people to help each other, without excluding help from experts". Regional meetings with representatives of local programmes have been held in Europe, Asia, Africa and Latin America to provide a forum for the exchange of ideas and evaluation of techniques.

Dr. Kilibarda stresses that local cultures and local exigencies need to be taken into account. He says: "We are not rigid in telling a community to do this or that, but encourage them to come up with a programme that meets their needs based on resources generated at a local level."

Among the elements found to be useful in community based prevention, as complements to drug education, are the

following:

— Teaching decision-making skills about healthy and unhealthy behaviour.

— Showing ways to reduce stress without resorting to drugs, either licit or illicit;

— Mobilizing the support of significant individuals like parents, personal mentors, religious or community leaders;

— Making treatment available to those who are already seriously involved with drugs;

— Giving the youth access to positive alternatives to drug abuse, ranging from recreational and cultural activities to job training or community service;

— Challenging attitudes that glorify or rationalize drug abuse;

— Overcoming feelings of individual powerlessness or collective demoralization with community secured improvements in living conditions;

— Getting youth leaders involved in convincing other youths of the counter-productive nature of drug abuse.

Another arena in which drug abuse prevention can be carried out is the workplace. Employers as well as trade unions and professional associations share an interest in heading off the problems associated with drug abuse, including lowered productivity, loss of qualified employees, loss of wages or income on the job accidents and mistakes which can have harmful if not deadly consequences of consumers, clients and the public.

Trade unions and professional associations have capabilities for launching drug education campaigns, and are generally regarded by their members as credible sources of information and concern.

Many retain the services of social workers and other professionals who intervene in the interests of those who are at risk of drug abuse or have become addicted. Joint action programmes between unions and employers can be used to set standards, discourage drug abuse and offer treatment as an alternative to continued drug use and possible loss of job.

The International Labour Organisation (ILO) is active in the promotion of drug prevention and assistance programmes in the

workplace. Emphasis is placed on preparation of training materials and training of personnel, promotion of action programmes and research and analysis of programmes and needs in specific industries and professions. The central focus of ILO activities also involves development of appropriate policies in the rehabilitation and social reintegration of recovering addicts.

Law enforcement and prevention are usually posed as two separate paths to curtailing the use of illicit drugs. Many experts, however note a correlation between them. Casual users are less likely to find drugs if the supply has been reduced or to seek out a neighbourhood "connection" if there is imminent danger of being arrested.

Those who use drugs consistently are more likely to seek voluntary treatment when they know a police crackdown is taking place in their community. And, many drug users who have avoided treatment become involved with programmes after arrest and conviction as an alternative to or part of prison sentence.

There is a possible downslide in strict law enforcement directed against drug users. Those involved in a subculture that encourages drug use are likely to feel threatened, strengthening common bonds within the subculture and reinforcing tendencies to abuse drugs. For this reason, antidrug campaigns in cities as widely separated as Hong Kong and Minneapolis, Minnesota, combine intensified local law enforcement with publicity about and enhanced access to prevention and treatment programmes.

Another preventive dimension to law enforcement efforts is exemplified by a strategy of the United Nations Fund for Drug Abuse Control (UNFDAC), a voluntarily funded organization which supports 115 projects in 50 countries. Financial support from UNFDAC is often used to strengthen law enforcement consumption in which community development programmes are under way.

Improved security allows the development programmes a chance to take root, and economic and social improvements in turn reduce motivation to consume drugs or cultivate illicit crops as a source of revenue.

Drug abuse observes no social boundaries; it affects the

wealthy, the middle class and the poor alike. Yet it is true that despair born of impoverishment is a powerful motivation towards drugs, either to take them as a means of psychological escape or sell them as a source of income. This occurs in the most developed countries as well as the less developed. Dr. Terry Williams, a sociologist who spent four years with young members of crack gangs in Washington Heights, New York City, found that: "In 1983 there was a total abandonment of these kids. All the social programmes disappeared. Jobs began to decline. An illegal opportunity structure appeared. The kids started organizing into crews in order to make money." Halfway around the world, in Sierra Leone, a seller of cannabis told a reporter: "Most of the people who come here to buy the stuff are guys who can't find work to do."

A comprehensive, long-term solution to the drug epidemic ultimately must deal with the impoverished condition that afflicts large sectors of the world population. The United Nations Fund for Drug Abuse Control accordingly has implemented 18 rural development projects in 10 countries where drug production and drug abuse pose formidable problems.

The consumption of illicit drugs contains an intrinsic appeal, or it would not be taken up by so many people. One strategy for preventing abuse is to surround and outflank the values found in drugs with those that are large, more substantial and more enduring. A historical example can be found in the experience of China in the latter half of this century, when the opium trade was identified as a remnant of a colonized past that was being swept away. Due in large part to popular commitment to this goal, a serious opium-addiction problem was brought under control. Political movements are not the only vehicles that may forward values subsuming the appeal of drugs. Religion, national or ethnic pride, personal creativity and hopes for a purposeful career are some others.

Education campaigns, social services, medical treatment, community infrastructure, law enforcement, economic and social development each of these components of drug prevention bears a price tag. The financial costs appear at first glance to be imposing, especially when many Governments are reducing expenditures due to budget restrictions and fiscal

deficits. Yet the expense is modest in comparison to what is already being spent in rearguard actions to contain drug traffickers and hospitalize or incarcerate addicts, along with the associated social costs or crime reduced productively and ruined lives.

Many preventive programmes, furthermore, can be conducted through institutions and services that already are in place. Finally, all the objectives contained within drug prevention, such as better education, law enforcement enlightened by social issues, economic opportunity and a sense of individual and social purpose are important objectives on their own terms. The development and protection of human resources are necessary and worthwhile investments in the future.