

UNDERSTANDING ADDICTION AND
ADDICTS: AN INTERPRETATIVE STUDY
OF ADDICTS AS A CLOSED COMMUNITY

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INTRODUCTION

Man is a social animal. He has been surviving ages on the basis of this instinct of socialization. Man tries to stick to it's own kind, as a survival strategy and also more or less to escape from a solitary feeling. Man since an early age, work in groups where every group has its own set of rules and values. A man in order to be a part of this group is conditioned to follow these rules and anyone deviating from these rules is out grouped or punished. With evolution of time communities emerged from groups with broader influencing character and a wider but rigid belief system. When man became its own follower, religion was born which shaped the value system and controlled man's imaginations of the realities of world. Hence societies constituting communities are built on a value system largely perpetuated by religion of a community.

Every society no matter big or small has certain norms, values and certain structure. And these norms and values are programmed by society by its various degree of alignment of power. For mead, that significant power lies in the hand of technology and science, for Alfred Shutz it is experiential history of knowledge and for Foucault it is the construction of power. As Levis Strauss' emphasised on the role of language to understand the relational functions of the society; this role of language not only allows a certain level of interaction, but also how a society builds up its own measure of boundary that delineates between the black and the white, the good and the bad, the right and the wrong. Language gives us the signifier and the signified. It thus primarily gives the source for differentiating, and the power to realise those characters which builds this difference.

This phenomenon of the signified by its signifier remains to be the unitary concept in construction of apprehending a society, be it a primitive or a technologically modified society. Thus what we land into the concepts of a normal, typified, preferred and systematically verified codes and characters of a society. A society where a certain set of characters or codes which meets the structured frame work falls in the category of "normals", Accepted and verified entities in Goffman's understandings. Others which do not fall under this category are discarded, differentiated, hidden or veiled in form of avoidance or ignorance. These subset of human population in the society falls under what Goffman calls them discredited or discreditable.

Foucault's work on governmentality and power is based on the concept of controlling the population of a society through its various means and measures. Evolution of mechanisms of power through different ages, through knowledge

and control of that knowledge to control a set of population, is elaborately described in Foucault's work.

Thus, what this paper will be putting forward through the help of my research is derivations of concept of stigma which forms the primary source of differentiation and separation in a society and also looks at the concept of knowledge driven power tries to control this section of society. How a certain form of stigma extends in its minimalistic scope to form a sense of alienation of certain section of the society, and this alienation results in the formation of a community.

For the above purpose I have conducted a study in a rehabilitation centre, where I was offered a 20 day intern program. Though my initial study was not based on an institutional setting, but working under a rehabilitation centre, brought me under the impression of recognising the existence of significant establishment of construction of an institutional set up throughout the life of an addict in association with these institutions.

The rehabilitation centre, gave me the primary database for my research. The institute opened me up a number of channels which made my research a complete ethnography. My work hence provides a microcosm study on a large section of closed community called the addicts. The institution not only provided me with information regarding the structure inside a rehab, but also became the source of information of the vast network of institutional setup outside the rehab which incorporates a large number of participation of the members of this closed community, such as the Alcoholic and the Narcotic Anonymous meeting groups. Further extending to the area of affected family, information regarding family groups, through personal interviews was obtained.

To verify and substantiate medical literature written on addiction, an interview with the head of the department of psychiatric ward of Guwahati Medical College was conducted which further enhanced the knowledge of my research, and gave my analysis of research another level of interpretative understanding.

Thus with the information and data collected from the above field, I have attempted to put forward an interpretative analysis of a section of the society, which fails to be recognised as a community in itself, but a sense of alienation and abruptness in a normal behavioural life leads them to stick and work for themselves as a community in a whole. Though living in the virtual space playing a virtual role, these surviving addicts creates a certain space for themselves which encompasses new set of principles, values, knowledge and religion. Interviewing these recovering addicts and their families has centralised

my motive of study not on the composition of this society but the structure of interdependent network of a community inside a society and its functionality.

WHAT IS ADDICTION

Prior to today's period where addiction is considered a mental and a physical disease, not much thought of clarity was given to the world of addicts. Stigmatization on the basis of moral conduct was vividly present and the only sort of explanation. Apart from discrimination and role nullification, separation was on the basis of human conduct and its productive capacity. And addicts were considered the non productive element in the society. This was the limit of analysing the life of an addict. Information beyond such a conception was not necessarily needed. Thus Goffman's stigma in this period remained a valid point.

The disease concept originated in the 1800 by a man in America called Benjamin Rush. It was after the disease concept was acknowledged by the major health organisations such as the World Health Organisation and American Medical Association, that its prominence of need for treatment gained impetus.

Though addiction can be of varying types, this paper will fundamentally deal with addiction in relation to substance abuse, such as drugs and alcohol. The major characteristic separating this form of addiction needs to be understood in the concept of manageability of life. An abnormal adherence to the chemical of choice which often leads to change in personality, alienation, non productivity and later to death, demarcates them from the rest of the understanding concerning addiction.

In the rehabilitation I conducted my study in, the constant emphasis of addiction as a disease was substantiated by comparing it with diabetics. In their understanding, it is that after a person is diagnosed with diabetics, he needs to restrain from sugar intake and not the vice-versa. A similar type of equation is constricted in conceptualising addiction as a disease.

Thus addiction like any other disease has significant traits, symptoms and treatments. The dual dimension of the treatment procedure will be explained in the later sections. The formative technical terms and symptoms is discussed in the next sessions, however the behavioural pattern of addiction can be addressed in this section.

As addiction is a gradual process, the symptoms and traits might take years to progress. In the extreme stage of addiction a person loses control over his urge. He slowly loses his social space to addiction. In the initial stage he faces a certain sense of discrimination due to his substance use, hence progresses towards alienating more and confining to his substance use more. He loses his productivity and self interest. Physical deterioration does not affect one's consumption. The inmates from rehabilitation centre kept mentioning the condition of them being helpless to their urge.

“MY DEPENDENCY INCREASED OVER TIME.

THERE WAS LACK OF MONEY. I STARTED MAKING MONEY THROUGH UNFAIR MEANS. I LIVED TOGETHER WITH A GIRL, AND USED TO SPEND HER MONEY. BY THAT TIME I BECAME A POLY ADDICT, BUT MY MAJOR DEPENDENCY WAS ON BROWN SUGAR. WHEN MY INTAKE INCREASED TO THE EXTREME LEVEL I WAS ADMITTED TO THE HOSPITAL WHERE I WAS DETOXIFIED AND WAS SUGGESTED REHABILITATION. BUT I ALWAYS MANAGED TO ESCAPE FROM REHABS. A FEW YEARS LATER MY FATHER DIED OF LUNG CANCER. I WAS OFFERED HIS JOB, BUT I DID NOT TAKE IT. WITH THE MONEY I GOT FROM MY FATHER'S JOB, I STARTED A BUSINESS IN DELHI. BUT UNDER THE INFLUENCE OF DRUGS I LOST ALL MY BUSINESS. IT WAS 2006 I HAD TO RETURN HOME, FOR MY BROTHER. HE WAS A CODEINE ADDICT. MY MOTHER ASKED ME TO TALK TO HIM ABOUT HIS DEPENDENCY. ON MAY 21ST OF THAT YEAR HE DIED OF OVERDOSE. AFTER THAT, IN 22 JUNE OF 2007 MY MOTHER DIED IN A

COMA. SHE WAS SUFFERING FROM CHRONIC DEPRESSION AND WAS CONSTANTLY WORRIED. THEN I BECAME ALL ALONE. I SOLD ALL MY LAND AND TOOK ALL THE MONEY AND START INDULGING IN MY DRUGS. I SPOILED MY IMAGE, AND NOBODY CAME TO TALK TO ME AND AVOIDED ME. AT ONE TIME, FOR EIGHT CONSECUTIVE DAYS I DID NOTHING BUT TAKE DRUGS. ALL I DID WAS GO TO THE BATHROOM, TAKE DRUGS AND GO BACK TO SLEEP. I ATE NOTHING SOLID BUT WAS SURVIVING ON LIQUIDS. ONE MORNING, I WOKE UP OUT OF HUNGER. I HAD SPENT ALL MY MONEY TILL THEN AND HAD NOTHING TO EAT. THAT MORNING, MY HUNGER DROVE ME TO EAT THROWN-OUT FOOD LYING IN A DRY OPEN CONCRETE DRAIN. I SAW MYSELF AND SUDDENLY REALIZED WHAT I HAD BECOME. AFTER THAT I CRIED AND CRIED VERY LOUDLY, CALLING OUT TO MY MOTHER. THAT DAY WAS THE TURNING POINT IN MY LIFE.”

Substance use in later stages, fails to stand as an action of pleasure, rather, it becomes a body's necessity and hence leads to substance abuse. The body's physical need becomes so large that they would go to any extent to get to their choice of chemical. Hence in most cases they take the path of deviance.

The rehabilitation centre absolves guilt of deviation as a condition of the disease. In a sharing session held in the rehabilitation centre, almost ever inmate in the house shared their feeling of regret of their prior actions and mentions that they never want to be in that phase anymore. Again in an input session they were given an exercise, which was to write a 'love letter' to their choice of chemical. Most of them wrote on their letters about how much they missed their substance, but still never wanted to go back to it. They clearly gave the impression of their chemical of choice being 'deceived lover'.

The disease concept of addiction is associated with the concept of addiction to be an incurable disease. Hence, the disease once conceived is carried throughout life. To maintain life manageability, an addict needs to suppress his traits and

symptoms of being an addict. Hence, addicts have to undergo a continuous process of recovery throughout their life. When questioning a recovering addict “so how long has it been since you recovered?” His answer was “I am not recovered. I am still in the process of recovery”. The fact that this person has been abstaining from use since 10 years, his answer dreads an element of probability, illuminating the concept of addiction being an incurable disease. There is presence of constant craving, which needs to be suppressed through mental strength or medical procedure.

Hence the key understandings elaborated in this section, will be of use while reading through this paper.

ADDICTION TO A REHABILITATION CENTRE

“GOD GRANT US THE

SERENITY.....

TO ACCEPT THE THINGS

WE CANNOT CHANGE

COURAGE.....

TO CHANGE THE THINGS

WE CAN AND

WISDOM.....

TO KNOW THE DIFFERENCE

This is called the serenity prayer, which formed the basic element of maintaining a spiritual and mental acceptance of themselves as addicts who need to surrender to greater form of power. This prayer is sung almost prior to every task that is performed, in the rehabilitation centre and hence has a ritualistic meaning attached. And therefore a complete total of 16 times a day this prayer is sung by the people in the rehabilitation centre.

I entered the institution with a mental framework designed by Goffman's 'Asylum'. Clearly Goffman's 'Asylum' stood to perfection, when it came to the detailed and structured control of a routine life. Everything inside the institution was like a parade, following the same drill for months, until it was time for them to leave. However, this sort of controlled atmosphere was explained to be programmed intentionally by the authority members. In an input session which was conducted every day in the morning, a counsellor justifying this structured program of control said that, "when a person remains under substance abuse, he lives in an unstructured life, where the system of routine does not exist. And this routine life is brought back essentially by this sort of arrangement of a systematic structure in the daily life, inside a rehabilitation centre." Thus, certain impositions were made on the inmates. For example the inmates were given daily work, such as cleaning, working in the mess. A sense of

participation was clearly imposed on the inmates through given set of duties every day. There was a time when a counsellor had asked an inmate to clean his apartment in the rehabilitation centre and the inmate willingly undertook the task. So this sort of a process clearly asks the inmate to come down of his hyped psychology to a submissive character which was build during his time of substance abuse. Thus the daily routine structured in the rehabilitation centre had a meaningful purpose attached to it. Physical labour was seen to be awarded and appreciated by the supervisors. For example on the 4th of June which is celebrated as the world 'yoga day' was also celebrated by the institution, when five of the inmates were asked to perform yoga along with the yoga instructor, as an act of performance for viewers to watch, as yoga formed a part of their daily routine. At the end of the whole program they were given bidis as a sign of reward. The inmates were not allowed to possess any other material things accept from basic necessities such as clothes, shoes, etc. They were made to abstain from outer worldly material pleasure. In these circumstances bidis became a luxury. Rewarding bidis became a symbol of acknowledging a person's hard work or a satisfying performance. However, later the inmates were made to surrender the bud of the bidis after use.

However, what was less obvious was the alteration of identity. People knew each other by names. Though the inmates in the session were only for three to four months, the people in authority were constantly trying to know the patient better at a personal level.

When attending a conference of world anti drug day on 26th of June, a recovering addict, who was requested to share his history as a recovering addict firmly and confidently, mentioned addressing to the doctors present in the auditorium, that *"I am the book; you're searching for to read. I have everything you want to know. I know what recovery is, what is relapse, what are the psychological effects."* Addressing to his statement; the counsellors in the rehabilitation centres are all 'recovering addicts'. The term recovering addicts as mentioned above defines addition as an incurable disease and hence addicts are always living under the process of recovery. There is an absolute chance of an addict at any point of his life, even after maintaining complete abstinence for years to relapse. Thus, people who are treating these patients facing from a mental and physical disease are non professional yet highly experienced individuals who were also patients at some point of time in their life. They are still diseased and sick but managing to maintain a life with the disease. However, before joining as a counsellor in a rehabilitation centre the counsellors were given an training, which made them familiar with literature in use and also the methods in use.

Hence, the people working for the rehabilitation centre are manageable addicts. Thus they know not only how to manage addiction but also how to manage an addict.

Looking into the whole atmosphere inside this rehabilitation, I found that people in charge were friendly with each other and to the inmates; the inmates had respect for the persons their counsellors, as they eventually became the image of an ideal 'role model'. However the factor that there was comparatively lesser number of inmate capacity in the institution made the building up of personal relationship practically possible. Thus loss in personal immediate identity was not significant in this case. However, alteration in moral identity was significantly overtaken by the methods used in the rehabilitation centre.

As I will be elaborating in the next section, the fundamental instrument undertaken by the rehabilitation centre is the 12 step Program. Clearly their whole structure of routine was guided by the 12 step program. The 12 step formulated a very integral part of their recovering therapy, which affected their moral, spiritual, physical and social conduct.

The patients were admitted in the institution either voluntarily or involuntarily. The individuals who willingly came to the rehab for the reformation process were left with no other hope than to recover. Most of them had lost everything, from job to family to social respect. When addiction became a weight they had to carry around with their self identity, they learnt they needed help. This fact of the feeling of helplessness strengthens the concept of disease. At this point of time an addict have no moral control over their urge to take the chemical of their choice. Thus diseased!!

On the other hand there were inmates who were involuntarily admitted to the rehab. They were brought to the rehab by their family or request of their family, in which case, the authority members went and picked them up (from bazaar, addas, home) and brought them to the rehabilitation centre. In cases like these, where involuntary admissions, were made, the patient develops a form of anger towards his family members, which later in this input sessions were addressed to by the counsellors and learnt to be dealt with.

Like Goffman suggested in his writings, everyday in the institution was firmly structured by a fixed routine. The inmates had to follow these routine with utmost precision.

Every day started as an early wake up day where inmates had to attend a yoga class. Yoga also formed a very important step in their entire treatment therapy.

Yoga formed a strong component in recovery, which helped faced physical and mental withdrawal syndrome. When asked to the inmates, they mentioned about the improvement in their physical well being. The loss of health which was the consequence of their addiction was being very slowly recovered. A second person mentioned about his constant state of tiredness improving. One can eat well and sleep well, a basic necessity which they were deprived of when they were under substance use. Helped them to concentrate on particular thing on which they were working on. The physical imbalance of the body was slowly recovering. Yoga helped the body to adapt new and normal way of living

The yoga class was followed by input sessions. These input sessions were like a tutorial class where the counsellor used to discuss with the inmates about the various dimensions of addiction, such as causes of addiction, effects of addiction, how to prevent relapse, how to detect the process of relapse, how to detect character and personality defect, management of emotions such as anger, pain, craving, addictive thinking etc. These inputs programmes were categorised under specified input sessions such as 'relapse prevention plan', 'addictive belief system', 'maintaining our faith', 'accepting life', methods to stay sober'. The input session formed the base-line for the recovery process. Various literature texts were the source of these input programs.

In the input session constant emphasis on the disease concept virtually took away the blame from the moral conduct of the addicted. The constant implication of the phenomena of addiction, as losing control over one's behaviour, actions and consequences was thoroughly made. It broadly helped a person live his life in a guilt free space, through framing uncontrollability and unmanageability as the symptom and consequence of a disease. Thus measures to treat addiction were one through the firm belief of addiction to be a chronic disease; a disease which cannot be cured but only prevented. And this prevention was being the ultimate target of the input session.

After an input session, there was a discussion class, where inmates were allowed to talk or share their personal experiences relating to the subject that was discussed in the input session. They had to not only internalise the theoretical knowledge provided by the input program but also analyze its material with respect to self experience or memory of past life. Thus the inmates through this analytical exercise were made to be the spectator of their own past, which helped them realise their personal experience with addiction. When listening to the inmates talk about their own version of the taught literature, a lot of agreeable comments in relative to the input session were put up. Thus the input session basically encompassed all the components, dimensions of

addiction which produced a common lens, through which addiction can be comprehended and understood.

The literature which was taught in the input session, was aiming to systematize and frame out every componential factor of addiction or in fact the life experience of an addict. Since large number of these literature was written by recovering addicts, thus physical, psychological and spiritual conflicts and managements, were precisely arrested in the literature. Exposure to such a commonality of experience in the literatures, gave them a sense of normalcy or maybe better chance to accept their limitations, which lead to loss in self control, caused unmanageability and a destructive life.

After the discussion class, there was a reading session, where inmates were basically asked to read books or their respective choices. Basically, this time though reminds me of the library period we used to have in school. They basically ended up talking, and those who wanted to read, read. But the main intentionality of this session was, basically to build up a level of patience which was completely frozen during addiction. Reading needs patience, and hence this session too was aimed at building a lifestyle posture, which helps maintain recovery.

In the evening there was inventory session, where the inmates were asked to write their daily inventory. Their daily inventory consisted of re-evaluating and recapturing their life, thoughts and actions on a daily process. This method is mentioned in the 4th step o the 12 step routine. This step aims at the necessity to work on self inflicted limitations, which builds up a view of correcting self before blaming exterior environment. However these sessions were evening sessions and the outside interns were not allowed to occupy that space or time. In the evening session, the in mates relaxed, played music, and had fun time, where the creative part of an individual was given space to be expressed.

Hence working for the rehabilitation centre though brought out a sense of understanding of how a particular de-addiction centre works. Though this institution might not represent an entire microcosm of the rehabilitation centres in the world, however it gives us a clear picture of a set of procedures and mechanisms working inside rehabilitation centres.

INTRODUCTION OF 12 STEP PROGRAMME

Most of the rehabilitation centre uses these 12 steps as a guide to their therapy. The 12 step program first introduced by the alcoholic anonymous group and then later adopted by the other addiction altering programmes such as the narcotics anonymous and the ALANON and ALATEEN meeting groups, forms a solid structure of principles which needs to be strictly maintained by the members of each of these groups. It is overwhelming to witness such strong authoritative quality of this program which dictates the moral and physical conduct of the individual throughout his life as an addict. An addict after his rehabilitation is strongly advised to adhere to the 12 step programme. The literature written by this set of a closed community vividly maintains these 12 steps, as tradition, as a guide, as a recovery program and significantly as a religion in itself.

The following are the 12 step Programme

- *We admitted we were powerless over alcohol - that our lives had become unmanageable.*
- *Came to believe that a Power greater than ourselves could restore us to sanity.*

- *Made a decision to turn our will and our lives over to the care of God as we understood Him.*
- *Made a searching and fearless moral inventory of ourselves.*
- *Admitted to God, to ourselves and to another human being the exact nature of our wrongs.*
- *Were entirely ready to have God remove all these defects of character.*
- *Humbly asked Him to remove our shortcomings.*
- *Made a list of all persons we had harmed, and became willing to make amends to them all.*
- *Made direct amends to such people wherever possible, except when to do so would injure them or others.*
- *Continued to take personal inventory and when we were wrong promptly admitted it.*
- *Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.*
- *Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.*

The above twelve steps clearly give a broad evidence of the principle of powerlessness over one's conditions, which needs to be submitted to a higher power in form of god. The religious content of the twelve steps clearly looks into the fact that, addicts in the life of recovery, needs to surrender to the idea of a greater god, who will restore their life back to normality and sanctity. Spiritual healing forms a very strong vector in the dimension of recovery process. These 12 steps holistically work for the alteration of self as a whole, and not just the addicted part of it. Hence, a person who is acquainted with these set of closed communalised group or a matter of fact the literature written or followed by these groups needs to accept and imbibe a certain way of living their lives, which ultimately separates or rather distinguishes from the normal set of crowd.

Thus surrendering to the idea of a higher power or god, consciously or unconsciously, undergrounds the feeling of guilt, shame and let a person come out of a feeling of stigmatization. Surrendering to a higher form of power,

allows an addict to at some level feel religious and not sinned. In an input session, the counsellor once mentioned to an inmate regarding his addiction as a will of nature. He clearly stated that becoming an addict was never an addict's fault. The dismantled concept of addiction as a moral conduct was firmly put up. Nor the consequences of wrong doing, remains to be a moral fault. It is the condition of the disease which makes them criminals. Hence one needs to look into such conditions to put up a space of judgement or a mindset regarding addicts. Thus the idea of god or any form of higher power brings in the construction of justified position in an addicts life.

Surrendering to higher power brings in the feeling of trust and a form of religious sentiment to the life of an addict. An addict during his time of substance use separates oneself from the norms and values of society. He becomes a complete stranger and a dislocated entity of the society. Thus the bridge between the individual and the society breaks. The belief in higher power, brings in a commonality, which in some way creates a little space or a sense of courage (through a strong form of religious belief), for a person to enter into the set form of society.

Thus the above mentioned steps and programme as mentioned above is seen to be imbibed within a recovering addict like blood in veins. Though this sort of concept might build up an understanding of the twelve steps as a curing device of addiction, but unfortunately it is not. As already mentioned earlier, medical science, WHO and all other health organisations in the world declared addiction as an incurable disease, the alcoholic anonymous also structured the entire written and propagated dialogues, with the same concept in vision. Alcoholism/ addiction are incurable hence any individual belonging to this set of groups needs to priory maintain these 12 steps, throughout their life.

ALCOHOLIC ANONYMOUS AND NAROTIC ANONYMOUS MEETING GROUPS

The concept of addiction as a disease though has been acknowledged by a formal society, but isolation and confinement for this closed set of community from the real outer world has been weakened but not completely dismantled. The sort of confinement established by this section of people can be elaborately seen in the terms of establishment of meeting groups, which provides fellowship (in terms of membership) to people coming from the same or near about same background of addiction. There was a thorough witnessing of the emphasis of staying in contact or in association with a mentor or a counsellor, after leaving a rehabilitation centre. The people leaving the rehabilitation centre were suggested a compulsory 90 day attendance in the Alcoholic Anonymous or Narcotic Anonymous groups along with regular visit with his sponsor. This process of regularity in association, according to them dictates the recovery of a person. As recovery seemingly is a continuous unending process, one cannot get out of the fact that he or she suffers from a chronic and acute disease of addiction. It is made to believe through various agencies such as literature, input sessions, and counsellors, that only a constant relation with this circle of institution creates a better chance of recovery.

Thus what was seen in the rehabilitation and other areas is that, after a process of successful maintenance of recovery, these learned and altered addicts get involved in the same circle, as counsellors, as supervisors, as project directors, as mentors. When interviewing the person , who has also been under recovery and maintaining abstinence since 10 years ,positively stated, that he is lucky and thankful, for being an addict in his earlier life, because if he was not then he

would not have been introduced to this certain kind of life style. Thus the 12 step programme followed by the rehabilitation centre, and the Anonymous meeting groups which encompasses various literature, somehow alters the morality and the ethical establishments in a person. People are seen to become more religiously active through a sense of believing. It is this sense of common belief of morality, religiosity, and productivity which circulates through the structure of 12 steps that alters a person's self as a whole, namely spiritually, physically and mentally.

What I have largely experienced while talking to these people, is that this section of people both the addict and their family members who are in association with these groups, are very positive and happy as persons or at least try to be. They don't worry about life so much and live everyday at a time. The motto "*one day at a time*" is a very important concept in the lives of people affected by addiction.

The basic construction of these meetings groups, is the arrangement of a network process, where the diseased can thoroughly be in association with the system, where one can find a kind of his own, and help one feel the sense of belonging materialised through familiarity and a sense of recognition through understanding and of course a common background of distress.

Alcoholic anonymous group was created by two recovering addicts, intended reaching to people who were facing similar consequences of addiction, when according to them, a recovery could be maintained through a process of spiritual, mental and physical healing. Thus, an alteration of self as a whole was being emphasised as a sign of recovery. Unlike what medical sciences states, this community strongly believes and dictates the concept of complete abstinence from it use of substance. This concept is what largely distinguishes from the treatment of alcoholism or addiction from medical sciences. In medical science a person can retrieve back to a normal social drinker after his maintenance of addiction is successful through medicine. The concept of healing as a whole is not taken into account. The literature followed or written by this community such as **the big book** and **the blue book**, and various **international journals** largely mentions about not just addiction a disease but also acknowledges the character similarity of the diseased. Thus a commonality in personality defect which is seen in addicts can be addressed through a holistic healing process, practised and propagated by these set of closed community.

These meetings are conducted worldwide. And through attending these meeting the members enter into what they commonly refer to as a fellowship program. This fellowship though has no paper approved verification, but it is verified

through the condition of the diseased and desire to abstain from substance use. To clarify the above argument we can look at an article published in the **NA Way Magazine**- *the International journal of Narcotics Anonymous (in the sharing section)*; [October 2008, Volume twenty five number four]:

HOW IT WORKS

MY NAME IS KIRAN. I AM FROM NEPAL. WITH ONLY EIGHT MONTHS CLEAN, I HAD TO MOVE TO QATAR (ON THE PERSIAN GULF) FOR A JOB. IT WAS VERY HARD, AS I WAS TOLD THAT IT WAS TOO EARLY IN MY RECOVERY TO MAKE SUCH A MOVE. I HAD TO MAKE THAT MOVE DUE TO SOME FAMILY REASONS. I WAS SERVING AS TREASURER IN MY HOME GROUP IN DAMAK. MY FELLOWSHIP THERE GAVE ME LOTS OF COURAGE AND SUPPORT BEFORE MY DEPARTURE. ONE MEMBER GAVE ME A COPY OF THE NA WAY MAGAZINE AND TOLD ME TO CONTACT THE NA WORLD SERVICES STAFF TO SIGN UP FOR A SUBSCRIPTION. I WAS TOLD THAT THE MAGAZINE WOULD HELP ME IF I COULD NOT FIND ANY MEETINGS IN THE GULF. I CAN STILL REMEMBER THE HUGS WE GAVE EACH OTHER BEFORE I LEFT. WHEN I REACHED QATAR, I FELT VERY LONELY, ESPECIALLY SINCE WITH THE LANGUAGE BARRIER THERE WAS NO ONE FOR ME TO COMMUNICATE WITH. SO MANY OBSESSIONS CAME, BUT ONE SENTENCE FROM THE PROGRAM HIT ME: "NO MATTER WHAT HAPPENS, YOU MUST NOT USE." I FINALLY DECIDED TO EMAIL THE NA WAY MAGAZINE. I DID NOT EVEN HOPE TO GET A QUICK RESPONSE, BUT SOMEONE WONDERFUL FROM THE WSO QUICKLY RESPONDED TO ME AND SPREAD THE WORD ABOUT MY ISOLATION IN THE

GULF. SOON, AN NA MEMBER FROM A NEARBY COUNTRY CONTACTED ME AND MANAGED TO GIVE ME HIS PHONE NUMBER, AS WELL AS THE NUMBERS OF SOME NA MEMBERS IN QATAR. THE WSO HAS ALREADY ENTERED MY ADDRESS IN THE DATABASE TO RECEIVE A SUBSCRIPTION TO THE MAGAZINE, AND I AM HOPING TO RECEIVE IT SOON. THE WHOLE THING HAPPENED SO QUICKLY THAT IT WAS AMAZING TO HAVE ALL THIS WITHOUT PUTTING IN MUCH EFFORT—EXCEPT HAVING THE DESIRE NOT TO USE. I AM PLANNING TO WRITE MORE AFTER GETTING CONNECTED WITH THE FELLOWSHIP FROM HERE. THANKS TO NA, THE WSO, MY WONDERFUL FELLOWSHIP, AND MY HIGHER POWER.

KIRAN K, DOHA, QATAR

JANUARY 2005

Thus a network of connection seems to be circulating through the fellowship program. When interviewing a person, who has been in constant association with the Alcoholic Anonymous, but recently went under relapse said “it was my fellowship that brought me back to a normal self again”. The AA programme believes in the process of relapse as a part of recovery. Recovery in their terms and understandings precisely means abstinence from substance abuse as long as possible. And this recovery needs years of practice and self alteration. Hence these 12 steps prove to be equivalent to a new religion which they need to imbibe within self to maintain a normal life style like a normal human in the society. Thus when the person above who had been completely abstaining from alcohol, when went under relapse, it was his fellow members which brought him for detoxification, helped his mother to arrange all the official work of the hospital. Thus what can be seen is a strong sense of community feelings within

the members of the group. They work for each other to overcome the faults in their lives, hence work as support group.

What once during the time of substance abuse becomes a space which leads to isolation, confinement and resentment, later through attending these meeting groups creates a space of socialization within this circle. The input sessions in the rehabilitation centre precisely emphasises on the importance of attending these meeting groups after the three month rehabilitation programme is completed. The need to be in constant association with counsellors, sponsors and members of meeting group is primarily subjected as a device for being under recovery. A belief that, a person who needs to maintain abstinence, must always be an active member of these groups.

Though alcoholic anonymous and the narcotic anonymous group strongly maintains the anonymity, but this group has great openness to anyone who needs help or feels at a disposition regarding his or her conditions of addiction. Thus individuals who might still be using his or her substance of use, or might not consider himself or herself as an addict but still has problems regarding intake of substance such as social drinker are widely called into attending these meetings. However Anonymity is an unaltered condition for these groups. Though there are open meetings held sometimes for non members to attend, the members of the meeting community precisely need to maintain anonymity of his fellow member's identity and the discussions in the group.

However the anonymity character has a different dimension attached to it. It is seen that the members who have been active for a number of years, has overcome with the fear of disclosure. Their years of being under recovery, brings a sense of self acceptance and they start to be put as role models for other addicts. Anonymity of identity is premier in the earlier stages of addiction which later turns into a concept of role model. Thus anonymity in terms of identity is not of a very solid structure.

The concept of Goffman's stigma stands at place in this context. Stigmatization plays a significant role in understanding the anonymity phenomenon of this group. Though in terms of identity disclosure, anonymity remains to be sometimes on a lighter side of the process, but the life history or the discussions through sharing is very much confined within the groups. It is the process of sharing which allows an addict to maintain a process of recovery. And in these meetings they share, speak of their ills or wrong doings through inventory which leads to a process of self realization or self imaging. Hence with every session they narrate their life experience, which remains to be anonymous. Thus along with identity closure, the fear of social acceptance because of bad conduct

which often leads to crimes and deviances, forms a reason for confinement during days of recovery.

On conducting a study on this field, the intentions of further confinement within these groups can be detected. These people return to the society to be accepted as normal but most of them remain to be rooted to these programmes through constant involvement and contribution. Even if society sees them as 'normals', they learn to demarcate themselves as being in an incurable state. As already stated, the counsellors in the rehab are majorly recovering addicts. Thus, addicts during the entire process of recovery remain to be in fixated terms with the 'kind of their own' at some level or the other. They believe in contributing in some way or the other to the lives of someone who deliberately need help or support. They feel happy serving someone in need. Hence they work as a group in a network ever reaching out to kinds of their own and then accepting them and making them a part of a community where they can be physically, mentally and spiritually mended. They, who call themselves as educated addicts, are organised individuals, who learn to live their lives in a peculiar way. They claim to be lucky for their addiction, because otherwise they would never attain such knowledge of life at a spiritual level and religious level. Their Idea of existence of God is very strong. When I was asked about my religion by a mentor, I replied by saying I don't believe in the idea of religion, I was told that this is just a phase and eventually God will show itself to me!!!

ALANON AND FAMILY ANONYMOUS MEETINGS: ADDICTION AS A FAMILY DISEASE

She has been attending Alanon meeting since 9 years. A young middle-aged woman she was with a bright face, beautiful, bold, smart practicing law. It was personally eye-opening to see such a strong figure to fall prey to such a disease. However, this disease that she acquired is not the acute disease of addiction, but an associative disease, which develops when you are in constant association with an addict, such as your husband, son and wife.

"I always knew my husband was a social drinker. I was unaware of the fact that my husband was an alcoholic.

It was the time when my husband without any supervision abruptly stopped drinking for two days. Eventually he went under seizure and was taken to the hospital. It was in the hospital that I came to know about the condition of addiction my husband had developed.

I was constantly blamed for his alcoholism, not only my in-laws blamed me, but also my own parents, specially my mother. I was stigmatized by my surrounding society. My neighbours started naming me as drunkard's wife. I stopped attending social meetings, gatherings, marriages. When I attended a marriage, I had to wait for my husband to finish with his drinking in the function, till everyone leaves. Later I stopped dressing up properly for the fear of further discrimination. My neighbours started avoiding me I began isolating myself. I avoided socialising with people with the fear of disclosure about my personal life, and that people will eventually take advantage of my condition. I became insecure. I became overtly conscious about my physical presence in a public space, and was always suspicious of people gossiping about me.

I began distrusting my husband's every action. My mental stability was deteriorated. I stopped talking to him properly. I got into fights every day with my husband. There were times when all the windowpanes of my house were broken. I had to paste newspapers on the windows, because I knew it was no

use fixing the glasses. And when the people visited, I used to make some excuses for the broken windows. I became mentally diseased without carrying the real disease.

I completely neglected my 6 months old son and my six year old daughter. My whole attention was pre-occupied with my husband's moves and his moods. I completely submitted the care of her children to an outside help.

My daughter started showing disturbances in her attitude. Complains from her school became alarmingly high. She became aggressive, irritated, rude and rough in her behaviour. She regularly got into fights with her school mates. The situation where her drunkard father went to drop her to school, smelling of alcohol, made her extremely conscious around her friends. Thus, the disease crept into my daughter's life too.

I tried everything in my knowledge. I tried medications and even tried leaving my husband for a few days. Nothing worked out for me and my family. My husband could not control his addiction. It was 9 years earlier when I was introduced to ALANON meeting group, when my husband was admitted to a rehabilitation centre. And my life changed after that."

Her entry in the ALANON meetings changed her entire attitude towards a morbid and a handicapped life. When her husband was inside the rehab, she started attending these meetings regularly every week. She mentions the first day she attended the meeting she slept well at night, after a long time. Her first encounter in the meeting surprised her, as what she saw was happiness, positivity in the members of the group. She wondered if they at all knew what she was going through. But when she was introduced to two ladies whose history was just as morbid as hers, she wondered if the secret behind this could be achieved through this meeting. The two ladies, had husbands who were clean for 8 and 7 years. She also met a woman whose husband relapsed after maintaining recovery got under substance use again. She after a long gap of atrocities, felt at place. She knew she was not alone striving for normalcy in life. She felt encouraged, hopeful, motivated and alive again. She recovered from a mental illness, weighing her down. Now she does not feel obliged to the condition of her husband anymore. She takes care of her children as well and most importantly herself first. Her daughter also recovered in the entire process, and her school now credits her for her well manner behaviour. She has been

attending these meetings since 10 years now and when asked will she further do so, she replied *“till the day I physically can”*.

ALANON and FAMILY ANONYMOUS groups provide help to anyone whose life has been affected by an addict. ALANON works for Alcohol effected people, and FA works with people affected by other forms of addiction. Addiction is a family disease, which not only affect the physical and mental health of the person having the disease of addiction, but also creeps into the life of family members. When in a member of a family becomes an addict, he effects his surrounding environment who is in direct association with him, hence becomes a family disease. Mother, father, son, daughter, sister, brother are seen to be affected so much that they face a mental imbalance, and go into a phase of anxiety, depression, irritation ad a personality alteration. Addiction as a family disease becomes chronic in nature. On interviewing a mother of an addict, she said that she started acting like a mad person- *“I would go out of the house after a fight with my son, not knowing what I was wearing and without my slippers, I would roam around. I would become a mad person, if I did not attend these meetings.”* She faced a similar experience, of assortment in life after attending these meetings. She says *“I have submitted my son to a higher power- God, I don’t worry about him anymore. I don’t worry how late if he comes at night; I have learned to control my anger. I do not worry if he comes alive or dead. God has given me that strength. The meeting has given me that strength.”*

These groups also work under the 12 step programme regime. They submit their son, father, daughter, husband, wife to a higher form of power. They surrender their hope through prayers to god and leave everything to almighty. These groups allow a person to come back to a normal life where they are advised to look at the situation of addiction in an alternative way. They learn to focus on the better part of life, on themselves and rest of the family members who they have been neglecting all the while. They are given advice regarding how to react to the addict in the family, and how to tackle certain situations. In an interview a lady mentioned about her friend who with the help of her meeting group had developed a strong character. *“Her husband, who was an alcoholic, once attempted to ablaze her, by setting the end (pallu) of her ‘sari’ on fire. What she did was, she sat still without moving in her chair. When her husband saw her not struggling or react he himself out of fear started putting the fire on her sari off, with his own bare hands. The meetings made her so strong. She became a very different person in comparison to the day one.”*

The family members develop a form of resistance against the effect of being in the surrounded by an addict. What they call this process is ‘leaving with love’.

They leave the addict into the hands of god, and accepts the fact that he might never come back, or even if he came back might slip away again. They accept the fact that they cannot control anybody's actions but themselves. So they start altering themselves through daily inventory, and works on self building. The concept of addiction as an incurable disease works throughout the program. They too have their own sect of literature, which they follow in every meeting, such as the red book.

It is largely seen that people who attend these meetings and stay, become active member of these organisations. They say, the people who stick to these programmes are '*chosen by god*', because this program entirely changed their life. There are women, who still come to the meetings, even after they have separated from their husband. Women whose husband died of addiction also come to these meetings groups. They feel more at place within these group premises, which forms a sort of homogenised community. They take the role of **alternate family**, where they feel they are understood accepted and accompanied. For them the meeting not only showed them the path of how to get over addition but also guided them to live a better life and live like a 'good human being'.

Hence meeting groups works as an alternate source of family which becomes a space intimate socialization, driven by social experience and life history. Therefore they form a community in their own constructed dimensions and stick together by a sense of community feeling.

THE STATE PROCEDURE: HARM REDUCTION POLICY AND ORAL SUSTITUTION THERAPY

Addiction may be of any kind. Many of us are addicted or obsessed with a certain particular subject. But what delineates any form of addiction to the acute form of addiction, we are referring to in this paper? The answer to this question is productivity of a human. An unproductive human is of no use to the society. Hence deriving from Foucault's concept of 'biopower' and 'governmentality', we see how a non productive population of a society is administered through

certain acquirement of knowledge of human body. The direct investment of these concepts can be seen in the state initiated procedure regarding the subject of addiction.

Harm reduction is a set of practical strategies and ideas aimed at **reducing** negative consequences associated with drug use. **Harm Reduction** is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

WHO came up with such a policy to minimalize the consequences of addiction at mass level. This programme was introduced by WHO, ten years ago, and has been introduced in India a year back.

Gauhati Medical College has introduced this Harm Reduction Strategy in THE ORAL SUBSTITUTION THERAPY CENTRE of their hospital.

The harm reduction policy and the oral substitution therapy basically targets at bringing out a productive element out of a non productive entity. When asked to Dr. Hemendra Ram Phukon about the advancement of these procedures, he suggested that these policies checks that the productive unit of the society which is the 'human' does not go to waste. Oral Substitution Therapy follows the procedure of giving a person who is addicted to a certain drug, a small dosage of an alternate drug such as Methodane, which keeps in control the withdrawal symptom, as well not sedating a person, hence maintaining his or her productivity. Dr. Phukon had an enlightening belief in the purpose of the programme. This procedure was undertaken by the state through medical assistance and introduced in certain government hospitals, where a person needs to register and take his daily dosage inside the hospital itself.

What conditions a person here is that he is handed over to another form of dependence, which invariably manages to keep his productivity intact, so as to virtually fall into the category of 'normals'. Thus, what the state calls to be Harm Reduction Policy, where an addict does not go on to commit deviances in the society, is handed over an another form of substance to keep an addict and the society out of inconvenience.

But when interviewing the project director of the rehabilitation centre, his comments on this form of controlled casualties were to some extent broader than what medical procedure suggested. Though he mentioned the addicts who could not afford mentally and physically to undergo the program of the rehabilitation centre, could use oral substitution therapy as an alternate resource, but these initiatives does not substantially work for an individual in the long

run. Though OST and HRP brings out a method to maintain a productive society, but an individual as a whole remains to be dependent and remains to be addicted. His use of substance decreases and is legalised but he still remains a dependent on drugs. And most of the time, a person is seen to get addicted to the alternate substance or go back to a relapse.

CONCLUSION AND ANALYSIS

Working in a rehabilitation centre as an intern has worked in my advantage. I was to a large extent able to gain trust of my subjects, which proved to be very useful for my study. Also speaking to Dr. Hemendra Ram Phukon gave me a broader lens to approach my scope of analysis. This paper receives very intrinsic detailing of a closed community of addicts and look at the life of an addict from a different standpoint. However, a few major analysis can be extracted from my entire study, which gives this research its meaning.

One of the major emphases I am attempting to put forward is the picture of a formation of a closed communalised group of population, which existence remains to be veiled in the society. Addicts remain to be in constant association with people of their own kind, through institutional arrangements of meetings and various other agencies. Though recovering addicts, over time goes back to the society, as cured and normal people, they maintain a deep rooted adherence to their identity as addicts who need to maintain a recovery process. And this is achieved by being inside a community. A sense of commonality in history, builds up a space where a feeling of belonging to a certain community, leads to adherence to such a level. People who maintain the 12 step program throughout their lives, imbibe it within ones' self as a religion in itself. Thus addicts following 12 steps programme maintains a different religion, and accept the fact that they can never go back to being 'normals' in the society. Their religion asks them to abstain from certain things and certain procedure of worldly pleasures, thereby separating them from experiencing society in a normal way.

Further, this sense of homogenous feelings also is inscribed within families of addicts as mentioned in the earlier section. Families attend meetings even when their main purpose no longer stands valid. What they adhere to is a community of who can understand the language they speak. Thus what is constructed in this form of socializations is that of an alternative family.

People affected by addiction and addicts, build up bonds like kins in a family, through certain institutional practices who stick together and help each other. They follow the same religion, have a common history and understand meanings of life in a similar fashion.

Also, the basic way of interpreting addiction is a condition which leads to loss of manageability in life. And it is this manageability which is targeted to be achieved by various institutions. Hence the basic aim is to produce a productive unit out of an unproductive subject. However gaining productivity has different meanings attached to it in different centres. Where in a rehabilitation centre, a moral, spiritual and physical recovery is aimed at; medical sciences look at the meaning of productivity of a human in a very instrumental way. Oral substitution therapy stands to be a very vivid example of such an attempt. However no matter what remains to be attached to the meaning of productivity, addicts are constantly made to realise their abnormality and their limitations. Those who continue to survive as an addict tries to fall back in to the society in their own possible way, others who don't remains to stick to addiction, which ultimately leads to death. The larger question here arises is that how do one look at an addict? Is an addict cause of a diseased society or is a diseased society cause of an addict?

