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Pax Lumina

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A Quest for Peace and Reconciliation

THE VIOLENCE OF SUBSTANCE ABUSE



Pax Lumina

A Quest for Peace and Reconciliation

**What is addiction, really?
It is a sign, a signal,
a symptom of distress.
It is a language that tells us
about a plight that must be
understood.**

– Alice Miller



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A Quest for Peace and Reconciliation

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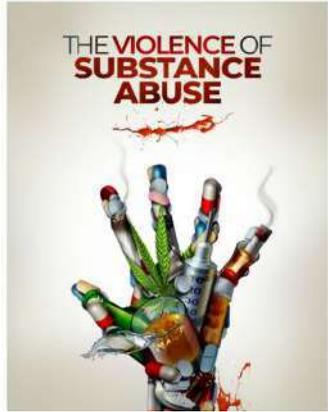
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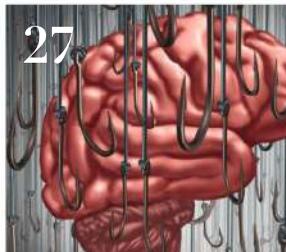
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Substance Abuse

A Cocktail of Avarice, Violence, and Tragedy

Editorial

Abuse in any form disables and destroys the principal participant and all others connected with the evil process. Though, in this issue, we are focusing on the violent repercussions of substance abuse, all other types of abuse, whether that be of money, power, or relationships, are equally damaging. Unfortunately, the damage does not stop with the annihilation of the principal victim; it extends to the family, society, and ultimately to the human race itself.

All violence is evil and destructive, but the violence of substance abuse kills not just the present but the future too, as it is mostly the young who are its victims.

A victim, by definition, is in a powerless position to extricate himself or herself from the hopeless situations he or she is in. And help is needed here. The stories from different countries illustrate how those around the victim can bring hope and healing. All addictions constrain the free will of the human soul. Most human beings get used to some behaviours, habits, and even substances. But normally, a person does not lose his or her efficiency in the process. But in the case of an addiction, the person becomes powerless before the addictive behaviour or substance. In short, addiction extinguishes the human spirit.

On the other hand, let us also keep in mind the fact that the production and consumption of substances like alcohol and tobacco have been indulged in by people in different regions and cultures throughout recorded history. However, there have always been social, cultural, and religious restrictions and inhibitions limiting the overuse and abuse of these substances. But today, substance abuse has become a gargantuan evil that is threatening to destroy the future of humanity for the following reasons:

Money is the major driver of the drug trade today. The transnational drug cartels control the operations right from the poppy fields to the hopeless child in school. Though money cannot be a true motivator for human beings, it can be a powerful stimulator for human greed. Therefore, to counter this large-scale structural violence, people of goodwill have to join together to support the victim.

Another aspect is the application of modern technology to formulate and evolve more potent biochemical drugs with very short addiction timespan. This is a great danger to young children in schools and colleges who can get addicted in a short time and destroy their lives and future. Thus, the problem appears formidable both from the supply and demand sides. The victims appear powerless. Money and technology seem to be abetting the evildoers. What has to be done and by whom?

Pax Lumina has collected a few stories of hope and thoughtful actions from different parts of the world. We are publishing those to demonstrate that even under the onslaught of violent and greedy forces of evil, hopeful action is possible. But this action has to be globally collective, involving all those from the family onwards. Governments, non-governmental organisations, and cultural and religious institutions will have to join in this struggle to save the future of human beings.

While wishing all our readers, writers, and other participants of Pax Lumina a productive, peaceful, and hopeful 2024, I request the participation of each one of you in our peacebuilding efforts.

Jacob Thomas



**Strength does not come from physical capacity.
It comes from an indomitable will.**

– Mahatma Gandhi





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SUBSTANCE ABUSE IN MEXICO

**The Struggle Against
Stigmatisation, Criminalisation
and Incarceration**

Implementation of prohibitionist policies for drug users has had three relevant consequences: confinement, incarceration, and stigmatisation. **For the first of these, treating substance users as addicts and sick people is linked to the proliferation of rehabilitation clinics, but these places lack governmental oversight.**



Although Mexico has been recognised as one of the main opium-producing countries in the world today (United Nations Office on Drugs and Crime, 2021), we are also alarmed by drug consumption.

Mexican consumers have rampantly transitioned from natural drugs to synthetic drugs, especially amphetamines, methamphetamines, ecstasy (MDMA) or stimulants for medical use. According to the Observatorio Mexicano de Salud Mental y Consumo de Drogas (2023), in 2022 the highest demand for treatment was for users of synthetic drugs (46% of total cases, followed by alcohol and cannabis).

Another emerging drug with a medical origin is fentanyl. The main consumption centres are in the border cities with the US, like Tijuana, Ciudad Juárez and San Luis Río Colorado. The consumption and production of synthetic drugs in Mexico have boomed since 2009 and 2010 (Asmann, 2021), following the tightening of legal measures against drug manufacturing laboratories in the United States.

The production, consumption, and trafficking of drugs in Mexico has been marked by the prohibitionist and punitive paradigm implemented since the 1970s. This paradigm has had harmful effects on the population and users of psychoactive substances.



Since the implementation of the ‘war on drugs’ by President Felipe Calderón, crime rates and violent deaths have increased exponentially. After 2007, the homicide rate per 100 thousand inhabitants increased to more than 20 homicides. There have also been cases of human rights violations such as torture, forced disappearances, and extrajudicial executions.

Implementation of prohibitionist policies for drug users has had three relevant consequences: confinement, incarceration, and stigmatisation. For the first of these, treating substance users as addicts and sick people is linked to the proliferation of rehabilitation clinics, but these places lack governmental oversight.

This vision also has the conception that consumers cannot decide on their consumption and treatment. Furthermore, in a society as unequal as Mexico, those who have access to mental health and addiction treatment services are a small percentage of substance users.

Another effect of the prohibitionist paradigm has been the massive incarceration of people accused of carrying or trafficking drugs, even in personal doses established by law (Ley General de Salud). The populations most affected have been low-income people and youths. In addition to socioeconomic disadvantages, gender, ethnicity, or skin colour can aggravate the situation of the incarcerated population linked to drug consumption.

Finally, the stigmatisation of drug users has effects on different spheres of their health and social relationships. In the personal sphere, it is difficult to seek professional help for fear of

judgement, discrimination and rejection by their families and support networks. In addition, stigma can trigger or worsen mental health problems. Undoubtedly, stigmatisation is socially and culturally related to the criminalisation of drug users.

In Mexico, the punitive narrative legitimises the marginalisation of drug users, which has consequences not only in terms of discrimination, but also in terms of obstacles to accessing rights such as health, housing, employment, and basic services.

At the governmental level, there are two conflicting visions: the militarised security strategy -- part of the punitive paradigm -- versus the efforts of the National Commission on Mental Health and Addictions (Conasama), which tries to implement

a vision of not criminalising users of psychoactive substances and separating violence from consumption to advance in the reduction of drug use from the family, the community and society (Programa de Acción Específica. Salud Mental y Adicciones 2020-2024).

This contradiction continues to claim lives and victims. However, if the prohibitionist paradigm remains in force at the national and international level, efforts to implement a public health approach that serves users and producer communities will become a list of unfulfilled good wishes.

Civil society organisations and academic institutions have developed various actions to create an anti-punitive and anti-militarist

narrative, placing human rights, public health and citizen security at the centre.

These actions include:

1. Accompanying substance users and populations affected.
2. Communication and media campaigns to destigmatise and decriminalise drug users and producing communities.
3. Legal strategies on issues of self-consumption and non-criminalisation.
4. Academic research which provides evidence on the social effects of the punitive and prohibitionist paradigm.
5. Lobbying in multilateral and international organisations to present the situation in Mexico.

In conclusion, the efforts of civil society and academia encourage us to adopt an approach to address drug consumption problems through harm and risk reduction. Public health and differentiated care for the most affected populations should involve social justice, the right to the free development of personality and community security initiatives focused on peacebuilding.

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DRUG BUSINESS AND MEXICO

A MEXICAN - GANDHIAN
PERSPECTIVE



A dramatic change occurred in the 1930s when heroin and cocaine started to be consumed in the USA mainly due to the prohibition of alcohol imposed at that time. **Owing to the demand and supply, smugglers of Mexico began to smuggle those two drugs plus marijuana to the US.**



and others. Thus, Mexico emerged as the best bridge for transporting drugs from the south to the USA. The first cartel of organised crime began at the Gulf Coast. It was initially run by a businessman Juan N Guerra. The trade flourished and it developed into a highly profitable business controlled by the mafia.

The next great leap forward occurred in the 1960s and 1970s when marijuana became a popular drug with the so-called baby boomer generation and the new Hippie culture. So, thousands of tonnes of marijuana were shipped to various parts of the USA, managed by new groups like the Guadalajara cartel.

The business was so big that government officials were attracted by the economic boom created by this new drug market and facilitated the production, transportation and direct distribution. This was controlled by Mexican organised crime.

In the 1980s and 1990s, cocaine became the favourite drug of American society. Most of this drug was produced in Colombia by the well-known Medellin Cartel run by Pablo Escobar. Again, Mexico took advantage since the cocaine had an easier route through Mexico. The cartels were also confabulating with Mexican government authorities.

The centre of production was Colombia but transportation and distribution were run by the Mexican Mafias. Today Mexican cartels control most of the world's trafficking – a staggering 70 percent of the drugs transported to the USA.

People view drugs as the worst of intoxicants and a killer. But drugs are not just intoxicants only. It is a billion-dollar business and that is why it is hard to combat and eliminate it. Mexico plays a key role in this business and contributes to all consequences associated with the drug industry.

The Emergence of Mexico in Drug trafficking

The drug story in Mexico began in 1884 when marijuana production, commercialisation and consumption became illegal. Little was done then to enforce that law. Consumption was small and soldiers were the main consumers.

A dramatic change occurred in the 1930s when heroin and cocaine started to be consumed in the USA mainly due to the prohibition of alcohol imposed at that time. Owing to the demand and supply, smugglers of Mexico began to smuggle those two drugs plus marijuana to the US.

A very big opportunity opened up when a partnership was established between the smugglers of Mexico with the Italian Mafia

In the 1980s and 1990s, cocaine became the favourite drug of American society. Most of this drug was produced in Colombia by the well-known Medellin Cartel run by Pablo Escobar. **Again, Mexico took advantage since the cocaine had an easier route through Mexico. The cartels were also confabulating with Mexican government authorities.**



From left to right: Dr.Marcela Granados Shroma, M.P. Mathai, Er.Fernando H.Ferrara, Below is the hero JP, all in NPT t shirt.

The drug industry has converted Mexico into a den of crimes. Statistics show that in 2023 more than 85 percent of the total murders in Mexico - around 40,000 – are related to the fight between drug mafias and the police.

How did Mexico Become A Key Player in This Business?

It happens that Mexico is the next-door neighbour to the US, one of the greatest consumers of drugs. Also, 50 percent of the population of Mexico is poor and has to emigrate to the USA to make a living. At present 15 million Mexicans live there. Many of the youth who fail to get into the US find the drug business as a potential area to realise their dream of affluent living, despite the high risk to life involved in the operations. As is clear from a popular saying among the Mexican youth, they seem to believe “It is better to live five years as a king and not 50 as a fool.”

Gandhi Came to Monterrey

In an important turn of life, I lived in India for nine months to study the work of Mahatma Gandhi. I was fortunate to have such eminent teachers as Ravindra Varma, (Sevagram Ashram, Wardha), and Prof. M. P. Mathai (Mahatma Gandhi University, Kottayam, Kerala).

I learned from them about the Gandhian technique of Satyagraha and the Constructive Programme. In 2007 Prof. Mathai (from India) visited Mexico and conducted workshops on Gandhian Nonviolence and trained our youth in Satyagraha. This became an annual



The drugs business in Mexico had grown to \$40 billion per year and represented more than 12 percent of the total exports of Mexico in 2023.

The collateral consumption effect has created an internal market in Mexico. It is reported that today, 5.5 percent (7 million people) consume at least one of the illegal drugs.

Drugs and similar products are addictions that kill people and destroy societies. Its business functions in the same way as any other corporation, except that it is illegal and is run by unscrupulous people, ready to do anything for money.



With the gang leaders after signing the peace treaty



programme. Rev. Carl Kline, a veteran peace activist from Brookings, U.S.A., and a friend of Prof. Mathai, also joined us and supported our nonviolence journey.

Escalating and intensifying violence was the most distressing problem in Mexican society. Most of the violence was generated by people associated with the drug cartels. Our youth was its worst victim. We decided to address the problem.

Concerned and bold young people who were trained in our workshops came forward to undertake the task. As a first step, we formed a forum called 'Mesa de Paz' (Peace Round Table) and started a series of discussions on how to address the problem. The forum discussed violence, peace, drug abuse, personal and social transformation and others.

In one of the monthly gatherings, we decided to initiate a programme to empower young activists. Thus, we formed another platform - 'Another Gear'.

This was restricted to boys and girls under 30 years and christened it 1 @ 1 Paz (One to One for Peace). It was based on Gandhi's famous concept of Swadeshi – the neighbourhood principle. We held a non-violence training programme every Saturday for one year. A three-day workshop was also organised. Many enthusiastic youths from other NGOs also joined us.

One of the participants in 1@1 Paz was a young man called Juan Pablo Garcia Aguinaga alias 'JP'. He was the leader of a large gang in Monterrey, the capital of the State of Nuevo Leon, (and our home city). Fed up by and tired of violence JP was yearning for peace. He unloaded his burden on a Catholic nun, Madre Guillermina Burciaga. She sent him to one of our workshops.

And that turned out to be a historic event. Endowed with commendable leadership abilities

and fearless to the hilt, JP vowed to work to transform young women and men, girls and boys, entrapped in the drug gangs.

We understood that Gandhian Swadeshi was the talisman for us. It was meant to transform oneself and the immediate persons near you, and that was easier and more effective than trying to transform a large group.

From the workshops, we learned many things but the following points were of vital importance for our work among the gangs.

- Transformation will be better one by one
- Transforming the boys and girls would result in a chain reaction.
- Choosing suitable boys or girls is a key issue
- Transformation needs training
- Helping the gang members return to the mainstream requires putting them back in schools or finding them jobs on a case-by-case basis.
- Caring for them by treating them with dignity is the strongest weapon of all.

Based on these lessons/principles JP and his associates launched a new NGO named 'Nacidos Para Triunfar' (Born to Triumph). Today, it works to bring about a transformation among the youth.

To cut the story short, NPT, as a result of their heroic and dedicated work, succeeded in converting and integrating into the mainstream more than 200 gangs and 5000 gang members.

NPT got 14 peace treaties signed by rival gangs involving more than 150 different groups and cartels. Prof. Mathai signed as the Main Witness in the first Peace Treaty signed by the gangs in Monterrey in July, 2011.

JP and his NPT performed a love miracle. The atmosphere of violence we live in has changed considerably. Peace has become a priority for us.

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THE VIOLENCE OF SUBSTANCE ABUSE

A **FOCUS** ON THE **YOUTH**
IN THE **INFORMAL**
SETTLEMENT IN **KENYA**



Factors that lead to an increase in substance abuse in Kenya are lack of parental care, stress, depression, unemployment, and poverty. A study conducted also concluded that other factors, such as the influence of the media, low levels of education, and culture have played a role. Some youths perceive the use of drugs as appealing and having some form of superiority.



In many countries around the world, there is widespread use of substance abuse among youth expanding beyond the usual regions. Yearly, 320,000 young people aged 15-29 years die from alcohol-related causes, resulting in 9 percent of all deaths in that age group globally.

In Kenya, substance abuse has become an issue of great concern just like the rest of the countries in the world. The problem of substance abuse is a big threat to Kenyan society among the youth and young adults are the most affected groups.

In Kenya, statistics indicate that 27.7 percent of students in learning institutions and 77.1 percent of non-student youth in Kenya are long-term abusers of substances. In the informal settlement, the crime rate, which is directly related to substance abuse, has escalated to very disturbing levels.

The government has witnessed numerous behaviour disorders and social maladjustments among the youth. Beastly acts such as rape of old women and minors, and grisly murder of innocent people are increasing day by day. The culprits of these criminal acts turn out to be very young people who are under the influence of substances.

However, the youth seem to think of experimentation with substances as an acceptable part of a transition into adulthood. This paper explores the violence of substance abuse, with a focus on the youth in the informal settlements and the government's intervention in substance abuse in Kenya.

Background

Traditionally, before colonisation and Christianity, most African cultural rules and principles strictly limited the circumstances under which drugs and intoxicants could be used or consumed. Therefore, a strong sense of social cohesion served as a protective mechanism against the abuse of alcohol or any drug.

Today, the use of substances is common, especially among the youth, particularly in the informal settlements. Based on the Nairobi Slum Survey, adolescent males are more than 20 times more likely to engage in substance abuse and five times more likely to consume alcohol than girls. Although substance abuse affects the population as a whole, the youth in the informal settlement are the most affected. This is because young people are easily enticed to experiment.



Kenya has become a transit route for drug trafficking, which is threatening the future of the youth in the slums who are recruited as traffickers. Between 2011 and 2014, the United Nations Office on Drugs and Crime ranked Kenya among the top four African nations for the consumption of substances. **The youth, especially, are vulnerable to the vice owing to peer pressure, media influence, poor guidance, and role models.**



Factors that lead to an increase in substance abuse in Kenya are lack of parental care, stress, depression, unemployment, and poverty. A study conducted also concluded that other factors, such as the influence of the media, low levels of education, and culture have played a role. Some youths perceive the use of drugs as appealing and having some form of superiority.

Hence, the effects of substance abuse pose serious challenges to the current and future generations. Substance abuse among youth has been associated with increased risk for mental illness, suicide, high-risk sexual behaviour, HIV/AIDS, school dropout, and poverty.

The Concept of Substance Abuse

Reports of young people's lives being ruined by substance abuse are rampant. Kenya has become a transit route for drug trafficking, which is

threatening the future of the youth in the slums who are recruited as traffickers. Between 2011 and 2014, the United Nations Office on Drugs and Crime ranked Kenya among the top four African nations for the consumption of substances. The youth, especially, are vulnerable to the vice owing to peer pressure, media influence, poor guidance, and role models.

Generally, substance abuse refers to the use of any substance, be it alcoholic, non-alcoholic, legal, or illegal, for mood alteration. However, the top of the list of most abused substances includes unlicensed alcohol, cannabis, tobacco, and miraa (Khat). The country has also witnessed a rise in the abuse of substances such as cough mixtures, sleeping pills, and inhalants like petrol and glue amongst street youth.

Impact and Effect of Substance Abuse

The impact of substance abuse is reflected in an overburdened judicial system, a strained healthcare system, lost productivity, environmental destruction, mental illness, and violence. Today, domestic violence has also been rampant, especially among the youth who are substance abusers.

Informal settlements have a record of high crimes against humanity linked with substance abuse, while the perpetrator is found to be intoxicated or using substances. They are sometimes involved in murdering their girlfriends or lovers.

However, drug trafficking, street crimes, and violence are seen as common trends among substance abusers. Both abusers and traffickers among the youth in the informal settlements remain vulnerable to the vice. The effect of the use of substance abuse among youth is not only on individual users and abusers but also on their families and society as a whole.

Substance abuse can lead to an increase in aggressive behaviour, such as forced sexual acts or suicide attempts. Conversely, the users of cannabis drugs are associated with armed violence, rape, defilement, and homicide, among other serious crimes, which is common among the youth in the informal settlements.

The impact of substance abuse is reflected in an overburdened judicial system, a strained healthcare system, lost productivity, environmental destruction, mental illness, and violence. **Today, domestic violence has also been rampant, especially among the youth who are substance abusers.**



In the long term, the family and the victims of substance addiction suffer significant financial losses when the youth, who are into substance abuse, become a burden to their family's resources that have been dedicated towards their rehabilitation.

Government and Community Intervention

Substance abuse is a global problem that needs intervention at all levels. The wider effects have prompted the government to intervene to remedy the situation. Various laws and policies have established specific agencies tasked with combating drug and substance abuse.

Since 2000, there has been a sharp rise in the consumption of substances among the youth. The government recognised the seriousness of the substance abuse problem, and initiated the National Campaign against Drug Abuse (NACADA) in early 2001.

The organisation is charged with the responsibility of coordinating the activities of individuals and organisations in the campaign against drug abuse. Its mandate is to initiate a public



education campaign and develop an action plan aimed at curbing drug abuse.

In the light of this, the government has also invented some modalities that have been designed to address the mitigation of substance abuse among the young population through treatment and rehabilitation programmes.

The government is also using community forums convened to sensitise and educate the community on the dangers of drug and substance abuse through collaboration with healthcare providers and law enforcement.

Conclusion

Concisely, the problem of substance abuse today is more than just social and economic issues. The trend of consumption of substance abuse has led to violence in families and among the youth, which has increased over time despite efforts by government agencies and the community at large to counter and control the effects.

In addition, faith institutions, being a tool that helps society live godly lives, are taking part in the fight against drug and substance abuse. There are still several challenges facing the programmes, including inadequate funding, inadequate facilities for rehabilitation or treatment programmes, lack of public support, and corruption. However, the government and other actors such as NGOs, community and faith-based organisations need to work together to curb the vice of substance abuse.

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AN INTEGRATED ATTEMPT TO **ERADICATE** **SUBSTANCE ABUSE**



Our world has always emphasised scientific, religious and intellectual knowledge at the expense of emotional and mental healthcare.

Brazilian physician and psychiatrist Augusto Cury in his book, 'Educating the Emotions' said, 'Science has produced physical giants and emotional dwarfs.'^[1]

The outcome of this emphasis on physical excellence rather than mental wellness is that 'the people are eloquent in speaking of the world around them but dumb before their feelings. They are competent in carrying out objective aims but incompetent in confronting their losses and frustrations.'

Such emphasis has made most people intellectually, relationally and economically superior. However, in terms of knowledge about mental health, they are found wanting when the rough ripples of life challenge them.

Mental health is necessary for making healthy life choices during all the stages of human development, ranging from childhood to adulthood. The World Health Organisation describes it as 'a state of well-being in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community.'^[3]

Mental health is a state that revolves around the individual's determination to manage the probable outcomes and activities on the social, physical, emotional, biological, and intellectual dimensions. Mental health affects how individuals interpret what they feel about any pleasant or unpleasant situation. In the long run, mental health moulds how we face the challenges in our lives.

In this regard, what can be a logical relationship between mental health and substance abuse?

The degree of mental health can influence individuals to indulge or not to indulge in substance abuse. On the positive side, good mental health can be key and influential in managing and solving life challenges rather than opening the door to emotional and neurological disorders.

Good mental health can be reached once a person resolves disorders such as stress and depression which can arise from stigma, social exclusion, discrimination and financial challenges. It is a mentally healthy individual who can ably search for and apply proper answers that



The majority of the respondents showed that alcohol dependence had occurred because they had many unresolved life challenges. **These made them fall into stress, misery and depression. When they encountered challenges, they resorted to alcohol.**



are not harmful to his or her life. It can help individuals solve challenges rather than give way to resentments, paranoia and harmful defensive mechanisms that may accommodate substance abuse.

Unhealthy mental states can cause damage as a person mismanages life's challenges. It can make an individual choose unpleasant solutions to counteract unfavourable human situations.

Substance abuse is used 'as a way of coping with specific types of emotional pain in the absence of adequate solutions and meaningful social relationships.'

What is central to this hypothesis is that the failure to get a lasting solution to the emotional struggle leads a person to rely on short-lived solutions. It is this aspect that pushes the person to use drugs so that he/she can suppress the pain. Thus, substance abuse as a harmful behavioural activity can be an outcome of poor mental health.

Poor mental health is characterised by depression and stress which may have resulted from unresolved life challenges. This has been a cause of alcohol abuse in Uganda. My pastoral experience of alcohol abuse addicts at Elpis Rehabilitation Service, a physiotherapy clinic in Uganda, in June 2023 revealed that managed mental health can lead to avoidance of substance abuse.

From the interpersonal sharing with the alcohol abuse victims and their caretakers, the majority of the respondents showed that alcohol dependence had occurred because they had many unresolved life challenges. These made them fall into stress, misery and depression. When they encountered challenges, they resorted to alcohol.

The Way Forward

To solve the abuse of substances, we have to talk about mental health in our societies. As the

Some religious leaders spiritualise the challenges of substance addiction. They say divine intervention is the only way to manage the abuse of substances. **This is being said at the expense of teaching the people self-control, temperance and life management skills.**



World Mental Health 2023 theme emphasises mental health being a universal right, mental health concerns have to transcend from being only personal to public and governmental concerns.

This can be done by the cheap accessibility of psychiatric and counselling services. Mental health awareness campaigns in schools and social gatherings have to be strengthened. Activities that boost our mental health such as having enough time to relax or have enough sleep, being creative enough and trying to interact with nature have to be emphasised.

Religious leaders, in conjunction with the Ministry of Health, have to gain knowledge about mental health. They have to be equipped with the skills to manage stress, depression, and other challenges. I have observed some religious leaders spiritualise the challenges of substance addiction. They say divine intervention is the only way to manage the abuse of substances.

This is being said at the expense of teaching the people self-control, temperance and life management skills.

As British government reformer Samuel Smiles asserts, in his book 'Character', religious pastors have to teach their followers that 'to let a man or woman give the reins to his or her impulses and passions, then from that moment he yields up his or her moral freedom.'^[4]

In conclusion, mental health has to be looked at as a vital way to restore our communities from substance addiction. If people take care of their mental health, there is a possibility of reducing substance addiction.

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UNVEILING BURKINA FASO'S STRUGGLE AGAINST SUBSTANCE ABUSE



NECESSITY OF NONVIOLENT STRATEGIES IN A GLOBAL CONTEXT

More unfortunately, drugs serve as a vital source of terrorism plaguing Africa, particularly the Sahel countries like Burkina Faso, Mali, Niger, Chad, and Mauritania.

The trafficking of narcotics enables armed group leaders not only to sustain themselves but also to purchase weapons and maintain their troops.



The consumption of drugs and substances constitutes a self-inflicted form of violence, impacting not only individual health but also community well-being and global stability. To address this issue, prioritising nonviolent strategies over repressive measures like police actions and incarcerations is paramount.

This shift highlights the effectiveness of peaceful approaches, such as education, community engagement, rehabilitation, and establishing support networks, as more desirable and impactful. In Burkina Faso, the proactive engagement of the government, non-governmental organisations, and volunteers is essential in combating this challenge.

The escalation of substance abuse poses a grim reality, primarily affecting the younger population globally. Drug problems have a disproportionate impact on vulnerable and marginalised communities, especially in underdeveloped regions and the global South.

These groups suffer from increased violence due to drug trafficking and lack of access to essential medicines. They are more prone to drug use disorders and related diseases like HIV while facing barriers to receiving proper treatment and services.

Additionally, impoverished individuals with limited opportunities are more easily drawn into illicit drug activities such as cultivation, production, and trafficking. The United Nations Office on Drugs and Crime World Drug Report

2023 indicates a pervasive surge in drug consumption, impacting a staggering 296 million individuals worldwide, with 39.5 million necessitating treatment.

Shockingly, in 2019 alone, drug-related deaths climbed to a staggering 494,000, while only a meagre one-fifth of affected individuals received the necessary treatment for associated disorders.^[1]

Within Burkina Faso's population of 22.1 million, where 45.3 percent constitutes youths under 15 years old, the issue of drug abuse significantly impacts the younger demographic. The statistics from the National Committee for Drug Control (NCDC) and those from the Ministry of National Education show that drug addiction and drug consumption are gaining ground in schools, with 736 students apprehended for drug possession or consumption between 2014 and 2017.^[2]



In response to this scourge, the government and non-governmental organisations involved in youth support are actively engaged. The NCDC plays a pivotal role in orchestrating actions among stakeholders. **It undertakes various missions, including executing government policies, formulating national and international decisions, and presenting an annual report on the nation's drug scenario.**



Although cocaine transits through Burkina Faso without targeting the local market, a notable increase in demand, particularly among young people, is evident. Studies in the capital city, Ouagadougou, have unveiled drug consumption in primary and secondary schools, with cannabis emerging as the predominant drug of choice.

More unfortunately, drugs serve as a vital source of terrorism plaguing Africa, particularly the Sahel countries like Burkina Faso, Mali, Niger, Chad, and Mauritania. The trafficking of narcotics enables armed group leaders not only to sustain themselves but also to purchase weapons and maintain their troops.

Additionally, drug consumption allows forcibly recruited youth to commit atrocities without remorse or repentance. Dramane Franck Levis Compaoré, the permanent secretary of the National Committee against drug trafficking, asserts that drugs serve as a vital resource for terrorism.

He highlights that drug trafficking not only sustains the lives of terrorists but also funds their acquisition of weapons. Furthermore, the consumption of drugs plays a role in giving children recruited by armed groups the audacity to commit appalling acts.

The children and adolescents who come and kill, who slaughter without trembling, obviously are under the influence of drugs. If they don't take these products, regardless of the brainwashing they undergo, they cannot dare to confront adults, often even to shoot or slaughter them, he emphasised. ^[3]



In response to this scourge, the government and non-governmental organisations involved in youth support are actively engaged. The NCDC plays a pivotal role in orchestrating actions among stakeholders. It undertakes various missions, including executing government policies, formulating national and international decisions, and presenting an annual report on the nation's drug scenario.

Since the enactment of national legislation in 1999 regulating drug control, Burkina Faso has ratified several international conventions focusing on narcotics. Out of a total of 16 facilities providing care for drug users, 11 have mental health services, four specialise in social reintegration, four offer specialised outpatient services for substance use-related disorders, and three provide low-threshold services, three general healthcare services, two non-hospital-based treatment services for

substance use disorders, and two therapeutic community services.

Overall, these structures collaborate with 19 healthcare facilities, 17 social services, nine prisons, and four specialised services for treating drug addiction and alcoholism. Regarding drug user care, 12 facilities provide symptom withdrawal management, while 15 facilities offer long-term psychosocial assistance lasting more than two weeks.

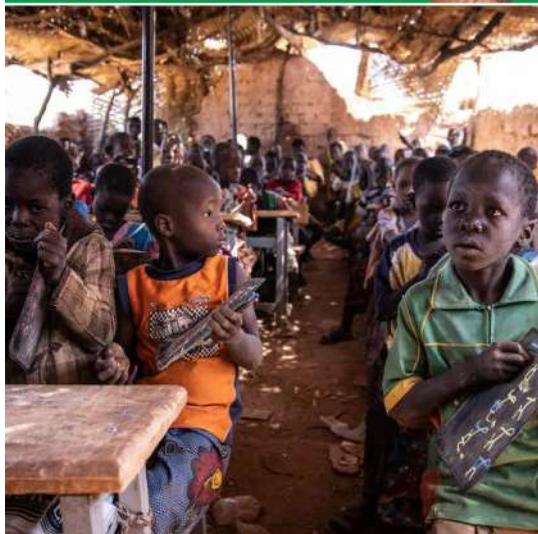
Around ten structures provide educational/vocational training, six offer employment creation assistance, five provide housing assistance, and three offer low-threshold services. In 2021, there were 597 detoxifications, 511 instances of housing assistance, 365 instances of long-term psychosocial assistance (over 2 weeks), 70 professional training sessions, and 34 employment creation aids.

In 2021, these 16 facilities treated 776 cannabis users, 272 alcohol consumers, 196 nicotine users, 115 opiate users, and 36 cocaine users. [4] However, these efforts deserve to be culturally and spiritually rooted in the diverse, secular African traditions.

Strengthening the battle against drug addiction by integrating African values involves adopting traditional community-oriented approaches and cultural values deeply embedded in various African societies. Engaging local communities in the fight against substance abuse can entail organising community gatherings, dialogues, and ceremonies that promote discussions on healthy living, well-being, and mutual support.

Respecting elders and communal decision-making processes are fundamental African values. These principles can be integrated into educational initiatives, leveraging the wisdom of elders to impart knowledge on the dangers of substance abuse and guide the youth toward healthier choices.

Moreover, encouraging intergenerational communication can foster mutual understanding and support in tackling substance abuse issues. Integrating culturally sensitive counselling, healing rituals, and spiritual guidance within treatment and rehabilitation programmes can resonate more deeply with individuals battling substance abuse.



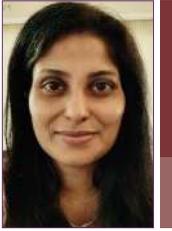
Furthermore, promoting economic empowerment initiatives rooted in African values of communal support and entrepreneurship can provide alternative opportunities for those vulnerable to drug-related activities.

Empowering individuals through skills training, job creation, and economic support not only reduces the likelihood of resorting to drug-related activities for survival but also strengthens community resilience against substance abuse.

Ultimately, by intertwining African community values, respect, spirituality, and economic empowerment into nonviolent strategies, Burkina Faso and other African nations can create more inclusive and culturally relevant approaches to combat substance abuse, fostering healthier and more resilient societies.

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- [2] <https://kaceto.net/spip.php?article13352>
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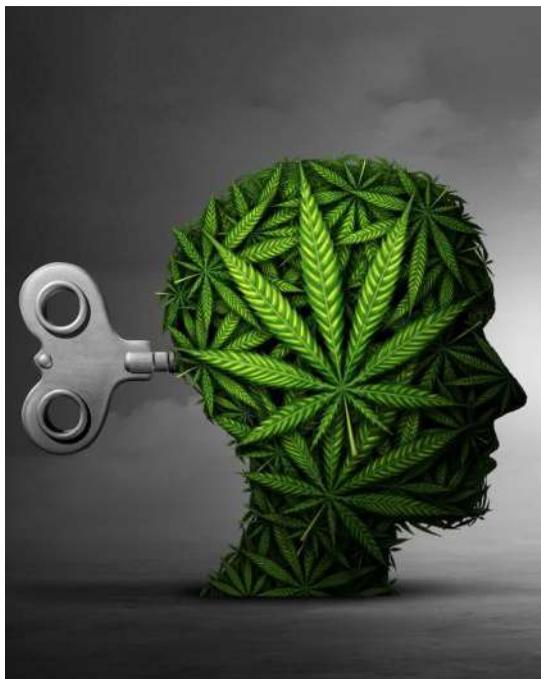
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NEUROBIOLOGY OF ADDICTION AMONG ADOLESCENCE

(Disclaimer: The views expressed in this article do not necessarily represent the views of the Food and Drug Administration or the United States)





Substance abuse refers to the excessive use of a drug in a way that is detrimental to self, society, or both. This includes both physical and psychological dependence. Physical dependence results from extended drug use causing withdrawal symptoms upon discontinuation of the drug, whereas, psychological dependence signifies a compelling desire to persist in drug consumption even in the absence of physical dependence.^[1] In this context, substance abuse among adolescents in schools and colleges is a critical concern demanding serious attention.

Various physiological changes, psychosocial stressors and emotional factors challenging adolescents seem to make them particularly susceptible to substance abuse. Adolescent substance abstinence, use, misuse, abuse, and dependence are influenced by a myriad of endogenous and exogenous causal pathways.

These encompass various factors, including environmental, social, physiological, personality-related, cognitive, and implicit cognition factors. Each category plays a distinct role in shaping adolescent behaviours related to substance use.

Environmental factors may include access to a drug distribution route and neighbourhood influence, while social variables include peer substance use and peer offers, parental substance

use (particularly impactful if the family lacks cohesion), and family history of psychopathology and conflict.

Other factors include susceptibility to substance use such as impulsivity, sensation seeking, anxiety sensitivity, and aggression. Cognitive factors include expected enjoyment, escape, and expressions of rebellion or independence^[2].

Neurobiology of Addiction

Addiction is increasingly being viewed as a disorder of motivated behaviour. The dopaminergic mesolimbic system is key in the circuitry of reward and motivated behaviour and includes the following:

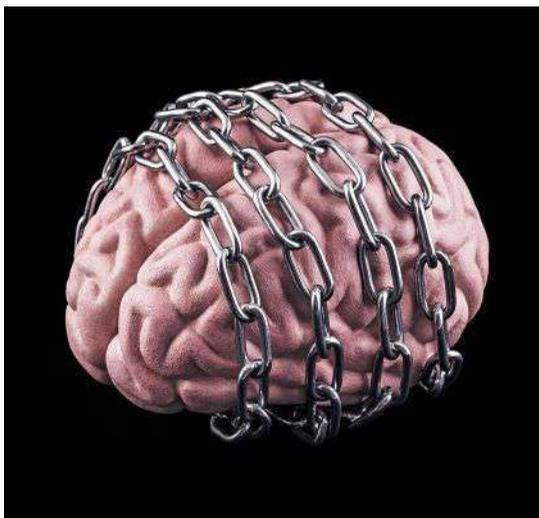
- The nucleus accumbens which is implicated in learning to predict rewards and to express adaptive behaviours.
- The orbitofrontal cortex, which is involved in stimulus evaluation — telling us ‘what we want’, being able to wait for larger rewards over immediate but smaller ones, and impulse control.
- The amygdala, which responds to the intensity of rewarding and aversive stimuli and also links motivationally relevant events with neutral stimuli and the autonomic and endocrine systems.

Nearly all substances of abuse cause an increase in synaptic dopamine, although through different mechanisms. The acute pharmacological actions of drugs of abuse and the enduring neuroplasticity produced by these drugs are key factors in addiction. Dopamine transmission plays a crucial role in the rewarding effects and reinforcement of drug-seeking behaviour by initiating neuroplasticity involving dopamine receptor-mediated changes, critical for addiction development.

The rewarding effects of addictive drugs are linked to dopamine transmission in corticolimbic brain regions. The neuroplasticity induced by repeated drug-induced dopamine release primarily resides in excitatory synapses, especially glutamatergic synapses in the caudate and nucleus accumbens. Changes in glutamate release, dendritic spine morphology, and glutamate signalling contribute to addiction's pathological neurobiology.

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Dopamine transmission plays a crucial role in the rewarding effects and reinforcement of drug-seeking behaviour by initiating neuroplasticity involving dopamine receptor-mediated changes, critical for addiction development.



Environmental stress significantly influences addiction development and expression in adolescents. Both acute stress and addictive drugs activate corticolimbic dopamine transmission and corticotropin-releasing factor transmission. The correlation between addictive drugs and stress in adolescents, particularly psychostimulants is well-documented.

The neurobiology of addiction in adolescents is characterised by the unique developmental processes occurring in the teenage brain. During adolescence, the brain undergoes significant changes in structure and function, particularly in areas associated with decision-making, impulse control, and reward processing.

The prefrontal cortex, responsible for executive functions, matures gradually, while the limbic system, involved in emotional responses and reward, develops more rapidly. This imbalance creates a heightened susceptibility to impulsive behaviours, including experimentation with addictive substances.

Adolescents exhibit heightened sensitivity in the brain's reward system, particularly the mesolimbic pathway, which is rich in dopamine receptors. This heightened sensitivity makes teenagers more susceptible to the reinforcing effects of drugs and increases the likelihood of repeated substance use. Moreover, the developing adolescent brain is more prone to lasting neuroadaptations induced by drug exposure, potentially leading to long-term changes in neural circuitry that perpetuate addictive behaviours.

Types of Substances

Different types of substances are abused, each with its own set of outcomes and risks. Some common types of substances that are prone to be abused by adolescents include:

- Opioids: heroin, morphine, meperidine
- Hypnotics and sedatives: barbiturates, diazepam, chlordiazepoxide hydrochloride
- Stimulants: amphetamine, cocaine

Positive social support and access to resources contribute to recovery while socio-environmental networks, such as community-based therapy, schools and environmental resources, can aid prevention and mainstreaming of high-risk youths.



- Hallucinogens: lysergic acid diethylamide, phencyclidine, mescaline
- Volatile hydrocarbons: gasoline, paint thinner, nail polish
- Cannabinoids: marijuana, hashish
- Alcohol

Each substance exerts distinct neurobiological effects, influencing various neurotransmitter systems and neural pathways.

Alcohol: Alcohol enhances the inhibitory effects of gamma-aminobutyric acid receptors, leading to increased neural inhibition. This contributes to the sedative effects of alcohol and plays a role in its addictive potential. Alcohol also disrupts the delicate balance of glutamate, an excitatory neurotransmitter. This disruption contributes to cognitive impairments and is implicated in the development of tolerance and dependence.

Opioids, such as heroin or prescription painkillers, activate mu-opioid receptors in the brain, producing analgesia (numbness) and euphoria. This receptor activation is a key factor in the reinforcing effects of opioids and the development of addiction.

Opioids induce the release of endorphins, the brain's natural opioids, contributing to the perceived pleasure associated with opioid use. The activation of the endorphin system reinforces the rewarding properties of opioids.

Cocaine and stimulants like methamphetamine interfere with the reuptake of dopamine, prolonging its presence in the synapses. This

leads to an exaggerated activation of the reward system, contributing to the intense euphoria and reinforcing the addictive nature of these substances.

Stimulants hyperstimulate the brain's reward pathways, particularly the mesolimbic dopamine system. This heightened stimulation contributes to the development of addiction by reinforcing drug-seeking behaviours and creating strong associative memories.

Nicotine addiction occurs through neuronal nicotinic acetylcholine receptors. Studies on smoking tobacco reveal dopamine release in the ventral striatum, reducing craving.

The context of drug use influences neural and subjective effects.

Cannabis activates dopaminergic reward pathways, and cannabinoid receptors are densely located near midbrain dopamine neurons. While structural changes are not significant, long-term cannabis use affects cognitive function and cortical function.

Prevention and Treatment Approaches

The prevention and treatment of adolescent substance abuse and dependence disorders involve both cessation and prevention approaches. Cessation focuses on stopping current substance use, and addressing psychological dependence and withdrawal, while prevention targets antecedents to avoid future negative consequences. Programmes may combine both approaches for maximum effectiveness.



Positive social support and access to resources contribute to recovery while socio-environmental networks, such as community-based therapy, schools and environmental resources, can aid prevention and mainstreaming of high-risk youths.

Peer-led group meetings form a key component of community-based therapy. Clients experience heightened responsibilities and privileges as they advance through structured phases of treatment within the community. This approach is adapted for adolescents undergoing substance use disorder treatment within the therapeutic community framework.

Treatment approaches require an understanding of the neurobiology of addiction in teenagers that may facilitate targeted interventions and early prevention strategies, thus focusing on mitigating impulsivity and reward sensitivity. Such an approach emphasises abstinence, primarily through inpatient or residential care.

Primary care physicians can contribute by screening for problems and referring youths to drug user and mental health counselling. Additionally, physicians can be trained to act as agents of outpatient treatment, particularly with minimal programming.

Addressing extreme populations like runaway youths requires innovative screening methods, considering their limited contact with traditional care systems. Recovery should extend beyond treatment ideologies to encompass recovery principles from addiction to alcohol and other drugs. Recovery is conceptualised as a multifaceted process involving physical, mental, social, and spiritual changes, moving beyond a pathology-based focus to wellness.

Future Directions

Leaving high school (12th Grade) marks a critical phase where teens are expected to navigate new opportunities, including career pursuits, financial independence, independent living skills, and social adventures.

The transition to adulthood involves assuming roles like parenting and economic provider, leading to sacrifices and increased responsibility. The importance of appropriate interventions and a sense of hope is needed for young adults facing hurdles.

Current research has largely focused on single psychiatric conditions, and future efforts should prioritise interventions tailored to adolescents with both substance use and mental disorders, ensuring a comprehensive and effective treatment approach that considers individual needs and contexts.

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CIVIL SOCIETY RESILIENCE DURING THE PHILIPPINE DRUG WAR



The drug war sparked the most significant civil society-based opposition and participation.

This holds significance when considering the weak State and strong society theory, which views the societal actors' role in challenging and influencing the State.



The brutal war on drugs waged by the government of former President Rodrigo Duterte in the Philippines between 2016 and 2020 left a startling number of people dead. There was State-sanctioned impunity and a flagrant disregard for both local and international norms.

The President waged one of the bloodiest attacks against the poor in recent Philippine history, silencing opposition, accusing human rights organisations, and withdrawing from the International Criminal Court.

However, the drug war also sparked the most significant civil society-based opposition and participation. This holds significance when considering the weak State and strong society theory, which views the societal actors' role in challenging and influencing the State.

From this point of view, societal actors, which include non-State actors, use their capabilities and soft power to claim their space in governance. This is based on the thinking that governance is not only reserved to the State.

Many writers have written about the robustness of civil society in the Philippines. Human rights alliances, for instance, were instrumental in ending the two decades of dictatorship from 1971 to 1986 of the regime of Ferdinand Marcos.

Within the environmental field, NGO networks around the nation have embraced and created community-based development strategies, incorporating people's organisations into participatory processes. These organisations have also led the charge in protesting against Marcos and his cronies of environmental plunder.

Let's fast-forward to the Drug War under Duterte when NGOs and communities played a critical role in mobilising opposition to the abuse of State power.

David Lozada's article for the 'Melbourne Asia Review' highlights the coordinated efforts of many NGOs and civil society groups in analysing the complex reaction to the drug war in the Philippines. He emphasised the work of 300 NGOs to get the UN to denounce extrajudicial killings in the Philippines. In 2020, 60 international advocacy networks petitioned the UN Human Rights Council to conduct an international probe into the country's human rights situation.

Another non-State group, the Philippine Universal Periodic Review Watch, has called for an end to the killings. Working with other non-governmental groups, these activists saw the extra-judicial killings as a grave threat to human security, similar to the dangers that the country's military conflicts pose.

The NGOs played a crucial role in providing legal assistance to marginalised individuals, recognising the law as the only means for them to seek protection.



What stands out, however, is Marcos Jr's acknowledgement of the abuses in the past administration's anti-drug programme, **signalling a move toward community-based approaches to integration and rehabilitation in his July 2023 State of the Nation Address.**



One notable example is the Free Legal Assistance Group, which challenged police directives and provided legal support to families facing arbitrary actions by law enforcement. Incidents involving ordinary citizens, such as mothers who lost their sons and children due to police abuse, have been carefully documented. For instance, Rise for Life and For Rights collected testimonies to present as an illustrative case to the International Criminal Court.

Through participatory methods of interventions and Community-Based Behavioural Drug Treatment (CBDT), communities also play a critical role in tackling drug use. The CBDT is a comprehensive approach that includes screening, education and awareness, treatment and rehabilitation, primary health and livelihoods, and community service. It places a higher priority on rehabilitation than punishment. This method is participatory and open to the public since it involves the family and the community.

Professors Regina Hechanova, Ph.D., and Mendiola Calleja, Ph.D., from the Department of Psychology at the Ateneo de Manila University, have researched local governments delivering CBDT programmes. Such community-based programmes involve the village government or barangay assisting drug users, as evidenced



by a barangay endorsing a user's participation in the programme.

The CBDT approach to drug use faces significant limitations due to the need for more attention given to health by local and national governments. This starkly contrasts with the successful use of community-based resource management approaches during environmental change in the Philippines. Research into CBDT indicates that the community-based strategy for drug use will continue to face challenges in the coming years.

Even though civil society organisations actively opposed the previous Duterte administration for violating the human rights of suspected and actual drug users, the current administration, headed by Bongbong Marcos Jr., who ran alongside Sarah Duterte as his vice president, has continued the drug war policies set forth by his predecessor. Regrettably, media sources indicate that the killings continued from the previous year.

What stands out, however, is Marcos Jr's acknowledgement of the abuses in the past administration's anti-drug programme, signalling a move toward community-based approaches to integration and rehabilitation in his July 2023 State of the Nation Address.

However, there is a significant discrepancy between the president's statements and the prevailing situation, suggesting that more work needs to be done.

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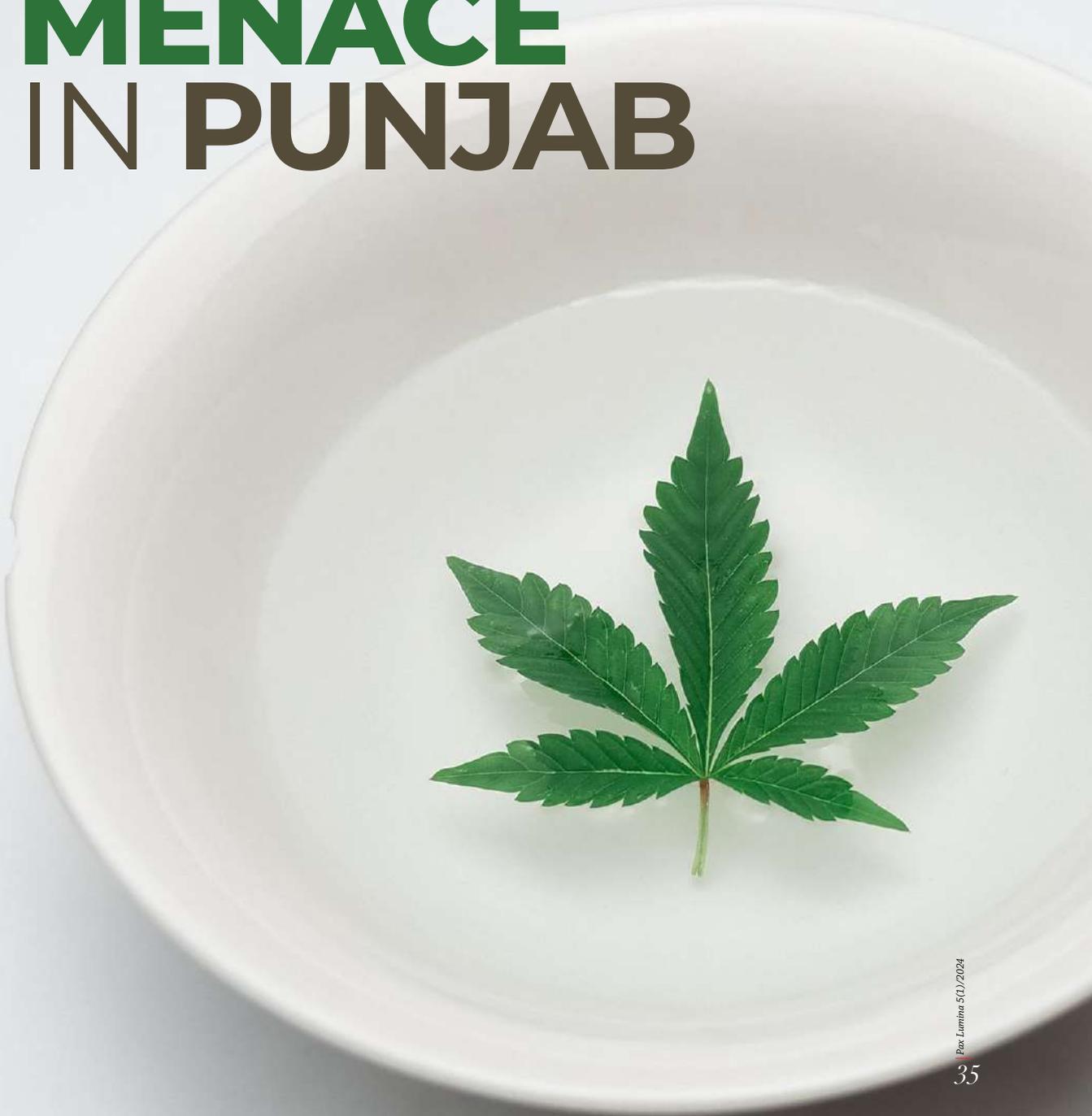




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FIGHTING THE DRUG MENACE IN PUNJAB



During the past thirty years, our social involvement was limited to village animation, women, and youth empowerment. However, during the past decade, we felt the need to address the prevalent drug menace which was affecting the young.

The scenario presented a Herculean task yet we never lost hope. Collaboration and networking were the strategies adopted. The focus was on four districts, in a radius of 100 kms from our centre.



Jaan Hai Toh Jahan Hai Pyaare' is an 18th-century Urdu idiom. It states that only if you live my dear, you have the world ahead of you.

As I write this, what fills my mind is the untimely demise of one of our close associates of our educational institution, due to drug abuse. A vibrant Punjabi youth got into the cauldron of drug abuse. He was newly married and soon to be a father at the time of his demise. Such loss of life is irreplaceable and a huge blow to the family and neighbourhood. The print media publishes such deaths daily due to drug abuse.

In a recent submission to the Punjab and Haryana High Court, the Director (Bureau of Investigation) of the State police department, LK Yadav, revealed alarming statistics regarding drug-related fatalities in Punjab.

Punjab recorded 266 deaths due to overdoses of narcotic and psychotropic substances from April 1, 2020, to March 31, 2023. The breakdown indicated 36 deaths in 2020-21, 71 in 2021-22, and a staggering 159 in the most recent year, ending March 31, 2023.

This revelation came in response to a directive from the High Court in connection with a petition filed by one Nidhi from Jalandhar. The court had instructed the Bureau to furnish an affidavit detailing the total number of deaths resulting from narcotic drug and psychotropic substance overdoses during the mentioned period. (The Indian Express, Chandigarh, Dec 25, 2023).

During the past thirty years, our social involvement was limited to village animation, women, and youth empowerment. However, during the past decade, we felt the need to address the prevalent drug menace which was affecting the young.

The scenario presented a Herculean task yet we never lost hope. Collaboration and networking were the strategies adopted. The focus was on four districts, in a radius of 100 kms from our centre. Working with local village youth groups under the umbrella of District Nehru Yuva Kendra (NYK) and other like-minded NGOs we could make inroads at the grassroots level.

Multipronged awareness programmes were envisaged and executed at different levels. These included exhibitions, blood donation camps, cycle/motorbike rallies, essay writings on the topic, quiz competitions, football and volleyball matches, focused group discussions, seminars, workshops, street plays, long stage plays, and group and personal counselling sessions. The awareness programmes were organised during formal and non-formal gatherings, festivals, specific occasions and wherever the youth gathered in large numbers.

We collaborated and networked with bureaucrats, police personnel, sub-divisional and district magistrates. They supported our efforts either directly or indirectly. Teaching and non-teaching staff of the secondary schools, professors and management of colleges and private universities extended tremendous support towards this awareness programme followed by treatment and rehabilitation.

We also facilitated on-campus awareness campaigns besides village-level programmes. For treatment and rehabilitation, the Red Cross Society's collaboration was used.



A group of playwrights and actors with their formal group, 'Kranti Kala Manch', translated our vision and mission into stage plays and 'nukkad-natak' (street play) formats and performed at the grassroots level in hundreds of villages. It was run as a project for five years under the banner of 'Sankalp Society Rupnagar'. On an average one youth was de-addicted every month.

The focus was at the consumption level and the target group was the youth below 35 years in rural and urban areas. The problem was so rampant that almost every second youth in certain villages had become drug-dependent. Most of these youths in the rural area were males. College students, who were both males and females, also needed to be focused upon since the influence and reach of drug peddlers were visible on college campuses.

Here is a success story: Sanjay (name changed) was studying in class seven when he decided to leave school. When he turned sixteen, he joined a local transporter as a helper. His parents did not care much. None guided him with his personal development.

Gradually a youth who peddled drugs ('Chitta') at the village, introduced drugs to him. Initially, drugs were for free. Later, he was forced to steal and rob things to pay off the peddlers. However, that youth left drug use when three of his friends died due to overdose. Sanjay had four friends to share drugs intravenously, which soon developed into a group for stealing and gang robbery.

Sanjay used to steal stuff from his home. His father threw him out. His mother supported him on a personal level. He was booked for three cases of robbery at the local police station.

After a couple of months into drug dependency, Sanjay left his home and village. Financial constraints and the ill effects of drug dependency on his body forced him to return. He promised his family members that he would leave drugs.

Thereafter, he contacted a volunteer of 'Sankalp Society Rupnagar'. His blood tests proved positive for HIV and Hepatitis C. The centre has no medical facilities to treat those who are positive for these diseases. He was referred to the Civil Hospital.

Meanwhile, our volunteer met Sanjay's father to make him aware his son was a patient and would need special care and treatment. However, social stigma and ruptured family relationships prompted his father to keep Sanjay out of the house.

His elder sister-in-law had threatened the family to choose either Sanjay or her. She said both could not live under the same roof. If Sanjay came to stay, she said, she would do things which would have drastic consequences for the family.

During his treatment, his sister-in-law visited him at the hospital and witnessed his pitiful condition. She took pity on him and allowed him to come home. After the necessary treatment at the hospital, he was taken back to the Red Cross-run de-addiction centre for a while. Nowadays, Sanjay stays at home and undergoes rehabilitation procedures at home.

Irrespective of multiple hurdles and stigma, people are coming forward to beat the drug menace collectively, especially at the consumption level. Consistent and concerted efforts from all quarters are mandatory at this juncture.

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PREVENTING SUBSTANCE ABUSE

Changes are inevitable. But in the past few years, the world witnessed the worst of disastrous changes.

Substance abuse is one of the deadliest issues as per the data released by the World Drug Report 2023. The report launched by the UN Office on Drugs and Crime (UNODC) estimates that 39.5 million are drug users.

This is a 45 percent increase in the number of people who suffer from drug use disorders and also marks an acceleration of the environmental devastation and crime rates.

Over the years, natural substance use has been replaced by illicit synthetic substances with a drastic increase in its popularity and feasibility. The network that connects the consumers across boundaries helped the spread despite any hurdles. Age, gender, ethnicity, nationality, and qualification have no role in the matter of supply or consumption.



There are a lot of initiatives and awareness programmes that could be organised under the government using all its machinery effectively. Many times, the authorities are not visibly motivated or just a handful of passionate service personnel come forth to have an exemplary work done. This lack of initiation and coordination helps the huge drug lobbies.

Laws are meant to be strictly followed as an epitome of a civilised society where an individual is socially responsible. In many of the developed countries, substance use is monitored by vigilant and effective coordination between governmental and non-governmental organisations.

Whereas, in developing and underdeveloped countries that lack these monitoring systems, the strengthening of supply chains is a matter of concern. To 'strengthen the prevention and treatment of substance use, including narcotic drug abuse and harmful use of alcohol' is the health target 3.5 of the 169 targets under the United Nations Sustainable Development Goals for 2023.

Despite the resources to withstand substance use and related disorders, the psycho-social influence must be dealt with. The human brain has been widely studied over the years. Researchers have explored the uniqueness and the pivotal role that it plays in all its functions.

Long-term or irreversible changes have been found in the population due to prolonged use of substances. But there is a ray of hope. The brain has an innate capacity, known as

Over the years, natural substance use has been replaced by illicit synthetic substances with a drastic increase in its popularity and feasibility. The network that connects the consumers across boundaries helped the spread despite any hurdles. **Age, gender, ethnicity, nationality, and qualification have no role in the matter of supply or consumption.**



neuroplasticity, that reverses the ill effects and regenerates cells during recovery and sobriety.

School and college populations have fallen prey to the dark network, which takes advantage of the vulnerabilities of such a population to develop and propagate the largest network of consumers and drug dealers.

The artificial dopamine rush in those brains is never for the good. But these 'young brains' are helpless as they are just nearing the completion of their development and lack adequate support. Peer pressure has always been the reason for the introduction of gateway drugs but the actual epidemiology of why a child, with lack of confidence, relies on substances is never discussed.

The situational, environmental and genetic information is never understood and the causal factor that prevails is hidden. It thus aggravates the situation. Many times, the personality and childhood experiences of an individual are directly linked with substance use disorders. Comorbidities must be seriously considered and ruled out as there are always chances of misinterpretation that prevent an individual from getting the best results.

An increase in the recovery rate is always a source of inspiration. One among the hundreds of such testimonials is the case of a 19-year-old from North East of India who consulted for treatment for substance abuse. The psycho-spiritual mode of treatment helped him not only to recover but also to work for a similar cause, helping many young lives.



Treatment helps the individual to gain insight and work towards a positive change. No single approach can help sort out this issue. Re-educating young minds on the pros and cons is the need of the hour as these tender minds can be easily manipulated and influenced.

As the markets have explored innovative ways to attract customers, the prevention strategies should also be on par, to fight the odds. Interactions and discussions with professionals in the field of training, counselling and education have to be held to share concerns and understand the behaviour and attitude changes of the student community.

The Delhi Commission of Child Rights conducted a study on the rate of substance abuse among children. About 100 percent of children who are in crime, 95.5 percent of children in childcare institutions and 93 percent of children on the streets consume narcotics. While the government implements the best possible measures, both the benefactors and the authorities must strive forward to maximise the results and minimise the shortcomings.

Educating young minds on how substances affect an individual socially, psychologically, and physically plays a pivotal role. Because of the stresses in an individual's life and lack of resources on how to effectively cope with those, this leads to abuse of substances and leads to problems in other areas of life.

Research has proved that crises in the family, strained relations, co-dependency, lack of self-esteem, poor academic performance, and lack of financial management are the reasons. This leads to dysfunction of organs and often leads to chronic diseases.

The World Health Organisation states that second-hand smoke kills around 1.3 million people globally every year. Many students drop out of schools and colleges, engage in anti-social activities, and collapse the efforts of different like-minded organisations that work for the betterment of society.

Skill training programmes must be promoted in the years to come. Personality development programs enable children as well as teachers to be the torchbearers to spread awareness on the importance of skill training globally.

As the markets have explored innovative ways to attract customers, the prevention strategies should also be on par, to fight the odds. Interactions and **discussions with professionals in the field of training, counselling and education have to be held to share concerns and understand the behaviour and attitude changes of the student community.**

Pioneering institutes and organisations like the Christian Medical Association of India, New Delhi.

The Total Response to Alcohol and Drug Abuse (TRADA), an integrated rehabilitation centre of addicts at Kottayam, Kerala helped thousands over the past 36 years of service in the field of addiction management reaching out to a wide population involved in managing addiction.

The TRADA Institute of Social Sciences, the academic wing has emerged as a platform to educate the kith and kin of those with addiction-related problems and also the society at large.

The institute offers courses related to addiction management, broadcasts the need to refrain from the abuse of substances and prevention of relapse, and works hard to equip the human resources to fight against addiction and its consequences.

Therefore, the institute was successful in educating and bridging the gap between the beneficiaries and the benefactors who work in the field of addiction management through various programmes.

In modern-day society, a teetotaler might be shamed and the use of substances be normalised as a matter of social status. Whether educated or not, rich or poor, humans have to be responsible and resourceful in making wise decisions to avoid a regretful future.

Sustainability is the global slogan for the survival of future generations. It is not to be



restricted concerning physical resources. Human resources is the best of resources and let the present generation be never defamed for being mere spectators of the global changes.

Re-education, skill development, developing insight, coordination of services, and awareness programmes, are all efforts to fight the same cause. As the world wakes up to hear the unheard and the most disheartening mishaps day by day it's an alarm call to exercise one's responsibility.

Sr. Dr. Joan Chunkapura, MMS is a clinical psychologist. She is the Principal and Secretary of Total Response to Alcohol and Drug Abuse Institute of Social Sciences, Kottayam.



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FREEDOM FROM ADDICTION



Alcoholism became widespread and intoxicants posed a formidable threat to the peace and wellbeing of families and society. **What was most disturbing was the gradual but imperceptible progression of people, including the students and other youth, from alcoholic beverages to drugs.**



When I joined the faculty of St. Peter's College, Kolenchery, a rural liberal arts college in Kerala, South India, in the last quarter of the last century the State campuses were cauldrons of student politics.

The most notable feature of the campuses was violent clashes between members of student organisations controlled by major political parties. Everybody knew that alcohol played a decisive role in campus violence. Consumption of alcoholic beverages by students had become so commonplace that it was almost taken to be the order of the day.

The anarchy let loose upon the campuses through recurrent student unrest and clashes and the frequent use of intoxicants made creative academic discussions impossible. The majority of the students, faculty and concerned citizens stood aghast at it. Something serious was happening below the surface of the unrest and violence.

This was noticed by the discerning few on the campuses. It was the infiltration of drugs and drug peddlers into the campuses. While novices among students were trapped in consumption, occasional and social drinkers were converted into a clientele. Dependency had taken root.

From Alcohol to Substances

Academic campuses don't exist in a vacuum. They are also organic extensions of the society in which they exist and function. During the

above-mentioned period not only the campuses but Kerala society at large was becoming alcoholic in the sense that supply and consumption was becoming disturbingly widespread and fashionable.

Serving liquor at social functions, including religious functions, became almost customary and cocktails were becoming commonplace. It appeared as though no social event could be complete without a cocktail. Kerala society was becoming alcoholic.

Alcoholism became widespread and intoxicants posed a formidable threat to the peace and wellbeing of families and society. What was most disturbing was the gradual but imperceptible progression of people, including the students and other youth, from alcoholic beverages to drugs.



For Gandhi, liberating the country also meant liberating the people from all social evils like ‘the drink evil’.

The Prohibition Council of India was established to realise the dream of an ideal society where all types of intoxicants would be legally banned.



It was an emerging trend. I was deeply disturbed by it. It impelled me to join the anti-alcoholic movement emerging in Kerala at that time - the Kerala State Prohibition Council (PC for short), the State chapter of All India Prohibition Council. The aim was to address the problem of alcoholism and substance abuse.

The main objective was twofold: to educate the people on the dangers of ‘the drink evil’ on the one hand and to prepare and mobilise public opinion to compel the State to control and ultimately impose a step-by-step legal ban on the manufacture, sale and consumption of all types of intoxicating drugs and drinks.

The demand for legal control and ban on intoxicants in India has a history behind it. It was Mahatma Gandhi who popularised the

demand for prohibition by including it as an item in his famous Constructive Programme. It was his package for reconstructing Indian society.

Before entering public life, Gandhi had travelled extensively in Indian villages. One of the ground realities that upset her was the extensive prevalence of alcoholism. Though local manufacture and use of intoxicating beverages was not uncommon in Indian society, liquor was neither manufactured nor traded on a business scale nor used extensively anywhere in the country.

It was the British colonial government that introduced liquor as an industry in India and legalised its manufacture and sale, mainly to increase government revenue. It was also part of the civilising agenda of the colonial power.

Gandhi saw that the liquor industry, though profitable to the government, pauperised the rural masses and destroyed their health and domestic peace. So, for Gandhi, liberating the country also meant liberating the people from all social evils like ‘the drink evil’. The Prohibition Council of India was established to realise the dream of an ideal society where all types of intoxicants would be legally banned.

Lessons Learned from Campaigns for Prohibition

In the 1980s, Kerala witnessed extensive anti-alcohol campaigns including three major satyagrahas. Side by side with taking part in the campaigns I spent time also studying various aspects of the problem of alcoholism by examining available literature, helping in field studies and consulting experts.





Based on such studies, I concluded that a comprehensive and integrated approach was required to address the problem effectively. I could identify three components as crucial to it – educating and conscientising the public through all possible means to refrain from using intoxicants of all types, mobilising public opinion for a step-by-step legal ban on the production, sale and consumption of liquor and organising and supporting the establishment of de-addiction centres for assisting alcoholics who require such support.

In short, the integrated approach included components of temperance, prohibition and treatment, to use familiar terms.

To sum up, will we be able to address the problem of alcoholism and substance abuse effectively only by incorporating these three components – conscientisation, legal restriction, medical intervention including psychological and spiritual therapy.

It will be futile if we accept and follow any one of these, ignoring the rest. This is what we witness in the field today. Some groups advocate only

temperance. They seem to ignore and forget the fact that however well you conscientise people and do moral sermonising if intoxicants, including liquor, are easily available in their neighbourhood they will become easy victims to it again.

It is indisputable that one of the main reasons why people drink is the easy availability of liquor and that precisely is why legal restrictions on the availability of liquor become crucial.

Mere preaching or offering medical support will be of little use if liquor is easily available. It would be equally ineffective and even counterproductive to insist on imposing prohibition without being adequately supported by education, conscientisation and medical and psychological support.

That is why an integrated approach to the problem is of vital significance.

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SUBSTANCE USE DISORDERS

**MAGNITUDE, CAUSES,
DISORDERS, MANAGEMENT
AND PREVENTION**

Among Indian states, alcohol use was highest in Chhattisgarh, Tripura, Punjab, Arunachal Pradesh and Goa. **After alcohol, cannabis and opioids are the next commonly used substances in India.**



“I’m not telling you it is going to be easy. I’m telling you it’s going to be worth it!” - Anonymous

Substance use disorders (the use of alcohol and other psychoactive substances) are a major public health problem in many countries including India. It not only adversely affects the physical and mental health of individuals but also impacts the socio-economic well-being of countries. The recent epidemic of increased substance use among adolescents and young adults in India is a matter of concern.

The Magnitude

The National Survey on the ‘Extent and Pattern of Substance Use in India’ - 2019¹ showed 14.6 percent of India’s population uses alcohol. Its use is 17 times more common among men than among women (27.3 percent in men vs 1.6 percent in women).

Among Indian States, alcohol use was the highest in Chhattisgarh, Tripura, Punjab, Arunachal Pradesh and Goa. After alcohol, cannabis and opioids are the next commonly used substances in India.

The use of cannabis was about two percent with the highest use in Uttar Pradesh, Punjab, Sikkim, Chhattisgarh and Delhi.

About two percent of the population uses opioids which include opium, heroin (brown sugar) or pharmaceutical opioids. The North Eastern States of Sikkim, Arunachal Pradesh, Nagaland, Manipur and Mizoram have the highest prevalence of opioid use in the general population (more than 10 percent).



About 1 percent of the population uses sedatives and another 0.7 percent uses inhalants. For a country like India with 1.4 billion people, these numbers are frighteningly high.

Causes: Moral Model Vs Medical Model

Why do people use alcohol and other psychoactive substances? Why do many of them become addicted? Our thinking was initially based on the moral model which propounds that a man or a woman takes alcohol or drugs on his or her free will. It’s wrong and morally bad. It is a crime against society. Hence, public drinking is punishable in many countries.

If they can’t pay the fine, they will have to go to jail. But many believed it was harsh and unsympathetic. Besides, there was hardly any evidence that punishment would ever deter people from drinking. Public campaigns for total prohibition were mostly based on this ‘moral model’. But history taught us, total prohibition was a failure in most places where it was implemented.

Hardly any evidence that punishment would ever deter people from drinking. Public campaigns for total prohibition were mostly based on this 'moral model'.
But history taught us, total prohibition was a failure in most places where it was implemented.



All this changed when E Morten Jellinek (1890-1963) published his influential book, 'The Disease Concept of Alcoholism' ² in 1960. He argued that an alcoholic is ill and not a wicked person.

He delineated three important concepts:

- i) Some people have a specific vulnerability for alcohol
- ii) Excessive drinking progresses through well-defined stages and the person reaches a stage when he can no longer control his drinking or stop drinking by himself
- iii) Alcoholism leads to various mental and physical disorders. Modern science has accepted the value of Jellinek's medical model without discarding the moral model.

The moral model may apply to the entire population but the medical model is necessary when we treat a person with alcohol dependence. Any policy based entirely on the moral model is bound to fail.

Stages of Alcoholism

The first stage is social drinking where a person drinks in moderation without causing any harm physically or mentally. This is the norm in many Western countries and is accepted as a part of their culture. Medical personnel have very little role here.

The next stage is Alcohol Abuse or Harmful Use. Here, alcoholism or substance use had led to either physical or mental harm. This is a stage when we should provide medical and psychiatric help to enable his recovery and further worsening.

The next stage is Alcohol or Drug Dependence. Here there is an irresistible urge or a compulsion to take alcohol (or a drug) on a continuous or periodic basis, to experience its effects or sometimes to avoid the discomfort of its absence.

Also present are withdrawal symptoms (if alcohol/drug is not taken), tolerance (taking increasing amounts to get the same effect), inability to control the onset, termination or amount of alcohol/drug consumed and progressive neglect of alternate pleasures or interests.

Unfortunately, the person persists with the alcohol or drug-taking behaviour despite clear or overt evidence of harmful consequences. For example, a person with liver cirrhosis may continue to drink even while knowing that he can die from this.



Psychiatric and neurological complications include depression, mood disorders, delirium, dementia and suicide. **It may be shocking to know, 10 percent of all alcoholics and drug addicts commit suicide.**



Harmful Consequences

People should be made aware of the physical and mental health consequences of alcohol and drug use. Physical complications include hepatitis, liver cirrhosis, pancreatitis, acid peptic disease and accidents. Intravenous drug abusers often develop complications like thrombosis, infections, damage to arteries, endocarditis, Hepatitis B or C, HIV disease and drug overdose.

Psychiatric and neurological complications include depression, mood disorders, delirium, dementia and suicide. It may be shocking to know, 10 percent of all alcoholics and drug addicts commit suicide.

Management of Alcohol/Drug Addiction

In the early stages, these can be managed by general practitioners, physicians and smaller hospitals even on an outpatient basis. But when addiction has developed, specialist psychiatric services at a de-addiction centre may be necessary.

A person addicted to alcohol or drugs may be unable to stop the habit by himself. If he tries to do so, he may go into delirium (an acute confused state) which can be life-threatening. Hence admission to a hospital often becomes necessary.

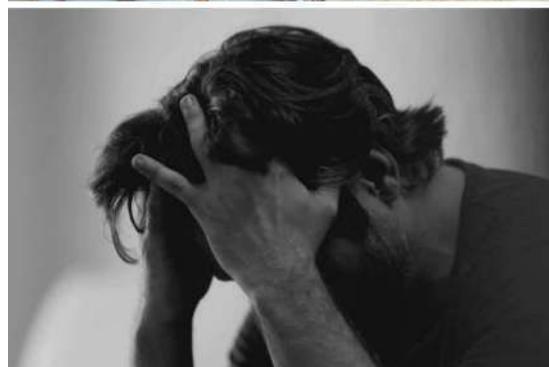
Stages of Motivation

The best results are possible when the person has good motivation to stop alcohol or drugs.

There are several stages for this motivation:

- i) **Pre-contemplation stage:** Here, the person denies he has any problem and will try to justify his behaviour as part of normal social living
- ii) **Contemplation stage:** Here, the person accepts that a change might be necessary. Still, he will not be fully committed to it.
- iii) **Decision:** Here, he makes the final decision to seek help. He might decide on outpatient care or admission in a de-addiction centre.
- iv) **Maintenance:** The gains from treatment are maintained and consolidated to prevent relapse into drug-seeking behaviour.

Despite all these efforts, many people may relapse into drinking or drug-seeking patterns. But they can always be brought back with sustained effort and continued psychosocial support.





Prevention

Preventive strategies are most important and should be focussed on:

- i) **Availability:** We must not make alcohol or drugs easily available. Every effort should be made to stop the illicit trafficking of drugs. Similarly, making alcohol available at every nook and corner is a bad idea.
- ii) **Vulnerability:** As we have discussed, certain persons will be more vulnerable to alcohol or drugs. They can be identified and special preventive measures must be targeted towards them.
- iii) **Social Environment:** It should be such that it discourages the use of alcohol and drugs especially among adolescents and youth. If society is not vigilant about illicit drug trafficking, it will lead to serious consequences. Besides, our society should be supportive, empathetic and inclusive so that people do not take to alcohol or drugs when faced with a life crisis.

Social Factors and Prevention

In prevention, addressing social factors is very important. Some of them leading to addictive behaviours are poor education, unemployment, poverty, being victims of crime or assault and lack of social support.

At the community level, all criminal activities should be curbed and there should be no scope for drug deals or drug trade. In industry, drug addiction leads to sickness, absence from duty, decreased productivity and increased security costs.

Hence, industry should set aside part of their CSR funds to curb this social evil. Governments should ensure higher investment in health and mental health and strengthen policing and the criminal justice system.

Conclusion

Substance use disorders should be a major concern for our contemporary society.³ It is the society's responsibility to shield our adolescents and youth from this scourge. Apart from parents, community gatekeepers like teachers, educational institutions, religious leaders, press, NGOs, the medical community, mental health professionals, police, judiciary and other law enforcement agencies should all work together to achieve this goal.⁴

The best prevention against substance use is fostering and promoting mental health. Governments should make mental health a priority and empower people to face the challenge of alcohol and drug abuse.

"Rock bottom became the solid foundation on which I rebuilt my life."- J.K. Rowling

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THE OPIUM CRISIS IN CHINA IN THE 19TH CENTURY MIRRORS THE OPIOID CRISIS IN AMERICA TODAY

- AMITAV GHOSH

Author of the Book on the Opium Trade,
'SMOKE AND ASHES!'



When acclaimed Indian author Amitav Ghosh taught at Columbia University, USA, he would go to the Low library. Years later, during his research for his book on the opium trade to China, he discovered that Abiel Abbot Low, after whom the library was named, was one of the biggest opium traders in Canton (Ghosh's recent book on the opium trade is called 'Smoke and Ashes').

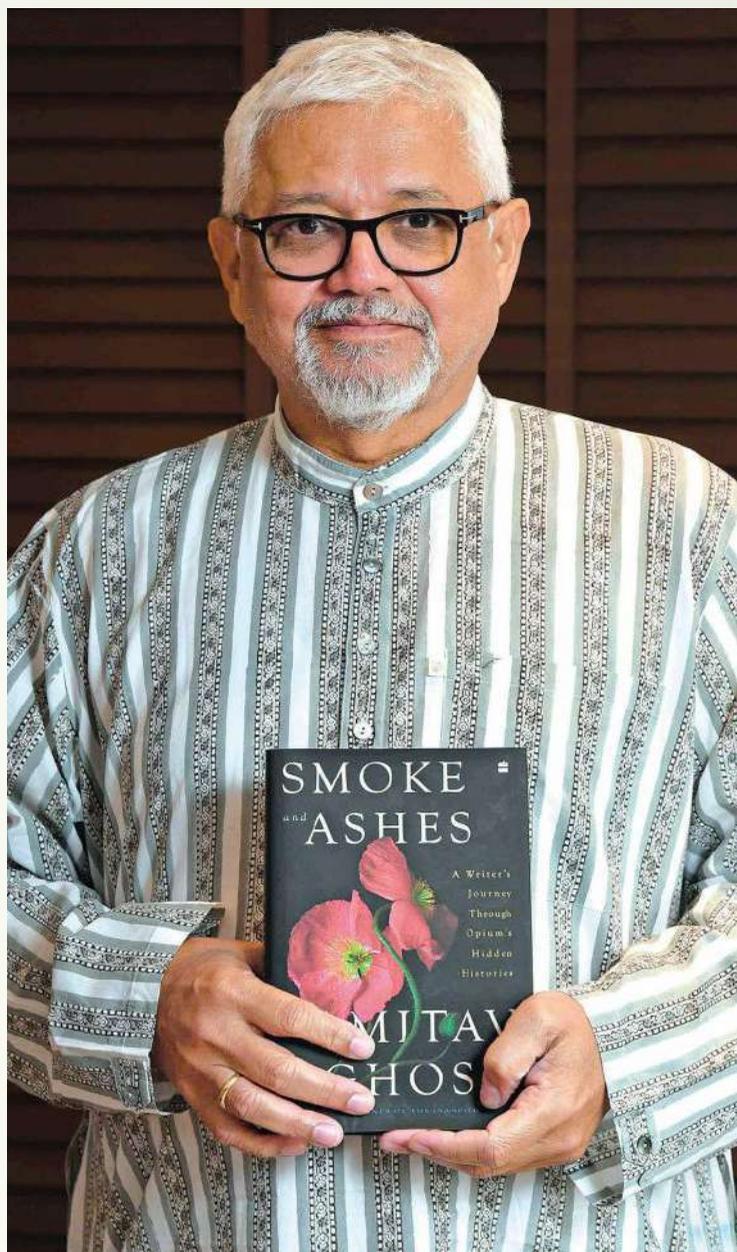
Soon after America achieved its independence, on July 4, 1776, the country found itself cornered. "They could not trade with the British colonies," said Ghosh, while in conversation with Siddharth Vardarajan, editor of 'The Wire' in Delhi on July 23, 2023. "The same was the case in the Caribbean and Canada. The British were blockading them from Europe. So, China became their lifeline."

Within months after the British left America, the first major expedition set off to China from New York. They bought tea.

The Americans tried to pay for the tea with ginseng, which was easily available in America, apart from liquor, leather and fur. "But that was not enough," said Ghosh. "So, eventually, like the British, the Americans started sending opium to China. They sent it through Turkey, because it had a small opium growing region near Anatolia."

Boston-based Thomas Handasyd Perkins became the leading entrepreneur in the export of opium. "The Americans would come to Bombay to get supplies," said Ghosh.

Interestingly, Ghosh said, the American merchant community maintained a silence regarding the opium business. So nobody knew about it. "For generations, the silence continued," said Ghosh. "To peddle opium to white Americans would have been shameful, but to do that in China was considered normal. In fact, the Americans blamed the victims. They said that because Asiatics were physically feeble, they became dependent on opium. They obscured their role in creating these dependencies."



Indian author Amitav Ghosh

The business boomed in India, too. Earlier, the exports would be around 200 chests a year. Then it went to a few lakhs a year.

History

But it was only when the Dutch arrived in India in 1602 that they traded in opium for the first time. They sent it to the Dutch East Indies. "Holland grew incredibly rich from the opium trade," said Ghosh. "The Governor General of Java returned home with the equivalent of [Microsoft Founder] Bill Gates' fortune in guilders."

But in India, once the British overcame the Dutch at the Battle of Bedara in 1759, they established a monopoly on the opium trade. And they rapidly expanded the opium-growing regions from Patna to Allahabad.

Ghosh said that they sold a part of the opium in South-East Asia, but the bulk of it was sent to China. “This was the opium from eastern India,” said Ghosh. “The British did this because they had complete military control of this region. They did not have military control over western India. That was because the Maratha States were militarily powerful. They fought the British to a standstill repeatedly. And they helped the local merchants to get into the opium trade.”

It was only after the Battle of Asayi in 1803 that the British gained complete ascendancy over the Maratha States. “However, almost every commercial entity in Western and Central India was deeply involved in the opium trade, if not in the export but certainly in the growing of opium,” said Ghosh.

They included the Hindus, Muslims, Christians and the Parsis. “They made enormous fortunes,” said Ghosh. One of the biggest opium traders was Rogério de Faria of Goa. According to Ghosh, some of the large commercial enterprises of today can be attributed to the opium trade in the 18th century.

In eastern India, the British cut out the local merchants from the trade. “The trade was run by a Scottish cartel,” said Ghosh. “The only community that could compete with them was the Marwaris. The migration of the community into Calcutta began with the opium trade. They had been skilled in handling opium in the Marwar region of Rajasthan. The rock star at Kota was a man called Seth Bahadur Mal. Because of Malwa opium, they could hold their own against the Scots.”

The major justifications of the opium trade were that the demand existed. “So, the thinking was, if we don’t meet it, someone else will,” said Ghosh. “And when you supply opium to the people, it will create its own demand.”

Once the British overcame the Dutch at the Battle of Bedara in 1759, they established a monopoly on the opium trade. **And they rapidly expanded the opium-growing regions from Patna to Allahabad.**

In America, the Sackler group of companies started marketing opioids — OxyContin, in particular, in 1992. “Once they began publicising it, the demand rose,” said Ghosh. “Over a ten-year period, it grew ten thousand fold.”

Interestingly, Ghosh said the opium crisis in China in the 19th century mirrors the opioid crisis in America today. “In China, a critical moment was reached when opium was discovered in the palace at Beijing,” said Ghosh. “Opioids have been found in the White House. It is now in all the major seats of power across the West now.”

What opium did was to undermine structures of State. “That is what opioids are doing in America now,” said Ghosh. “It is creating huge corruption. The medical system becomes complicit. It reaches the police.”

Ghosh mentioned that in northern Mexico the State has evaporated. Apparently, a large amount of arms which the US was sending to Ukraine have ended up in northern Mexico, as well as the underworld in America. “Opium is also playing a major part in the problems of the Northeast [of India],” said Ghosh.



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BOOK
REVIEW

INSIDE THE GRIPS OF ADDICTION

‘HIGH ACHIEVER:
THE INCREDIBLE
TRUE STORY OF ONE
ADDICT'S DOUBLE LIFE’
BY TIFFANY JENKINS

Pax Lumina 5(1) / 2024 / 54-55

‘**H**igh Achiever: The Incredible True Story of One Addict's Double Life’ by Tiffany Jenkins is a compelling memoir that highlights the author's journey from addiction to recovery. Brought out by Harmony Books, New York in 2017, this raw and honest narrative, divided into 51 chapters, offers an exploration of the challenges she faced while maintaining a seemingly successful exterior.

The book skilfully navigates the complexities of addiction, mental health, and societal expectations, providing readers with a thought-provoking and emotional experience.

Jenkins unveils the harrowing depths of her struggle with addiction while juggling the facade of a high-achieving life. Crafted like an intriguing fiction, ‘High Achiever’ spans the entire life of Tiffany with a compelling narrative of her prime days as an active opioid addict.

Jenkins takes you inside the grips of addiction, spiralling despair, traumatic heartburn, agonies of loneliness, forceful isolation, and the desperate decisions it breeds. Jenkins breaks through the stigma and silence to offer hope and inspiration to anyone battling the disease.

Her style of writing is both candid and introspective.

Here is an excerpt:

‘I was trapped—and surrounded by guards. Trapped in this cell, in this broken body and this warped mind. I had nowhere to go. There were no clocks, so I had no idea how long I’d been here. My world had become grey, completely void of colour. It was as if the warden wanted to strip us of any reminder of the outside world.’

One of the standout aspects of ‘High Achiever’ is Jenkins' unwavering determination to rebuild her life. “As I sat down on the cold metal chair across from the nurse, I suddenly realised how shitty I felt, physically. The chair was freezing, yet somehow I was sweating. My bones began aching and my eyes watered uncontrollably. I was sick.”

The motivational power of Jenkins' testimony lies in its authenticity. **Her story is not a glossy, sanitised version of recovery but a raw and unfiltered account of the struggles and triumphs.**



adds depth to the book’s impact, fostering empathy and understanding.



Her journey is a testament to the strength of the human will and the capacity for change. Through therapy, self-reflection, and the support of loved ones, Jenkins navigates the challenging path to recovery.

The motivational power of Jenkins' testimony lies in its authenticity. Her story is not a glossy, sanitised version of recovery but a raw and unfiltered account of the struggles and triumphs.

Moreover, ‘High Achiever’ addresses the societal expectations that often contribute to the stigma surrounding addiction. By revealing her double life, Jenkins challenges preconceived notions about what an addict looks like, emphasising that addiction can affect anyone, regardless of outward success. This dismantling of stereotypes

The ultimate message by Jenkins revolves around resilience, redemption, and the transformative power of personal growth. It emphasises the importance of self-reflection, determination, and seeking support in overcoming challenges.

Through her compelling narrative, Jenkins encourages readers to confront their challenges, fostering a belief in the transformative power of resilience and the possibility of rebuilding one’s life, even in the face of the darkest moments.

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LIPI, Kochi and the Centre for Peace and Justice-XLRI, Jamshedpur jointly organised an online certificate course in Peace Studies from September-December 2023. The course aimed at fostering peace and reconciliation in the contemporary context along with the right attitudes, values, and professional skills.

Regular input sessions lasting more than three hours on Saturdays, with copious study materials supplied ahead of each session, were professionally conducted by experts from LIPI, XLRI and other institutes of international repute.

The resource persons included Prof. Edgar Antonio Lopez (Pontificia Universidad Javeriana, Bogota, Colombia), Dr. Sophia Opatska (Catholic University, Ukraine), Dr. Kifle Wansamo (Hekima Institute of Peace Studies and International Relations, Nairobi), Dr. Jane Kimathi (Peace Practitioner, Kenya), Prof. Ted Peters (CTNS, Berkeley, California), Adv. Irfan Ali Engineer (Director, Centre for Study of Society and Secularism, Mumbai), Dr. Paramjyot Singh (Chairperson, Centre for Peace and Justice, XLRI, Jamshedpur), Dr. Soumendra N. Bagchi (XLRI Jamshedpur), Prof. Dr. K. Babu Joseph (Former Vice Chancellor, Cochin University of Science and Technology, Dr. Jacob Thomas IAS, Retd. and Editor, Pax Lumina and Academic Coordinator, LIPI), Prof. Dr. M.P. Mathai, Dean,



LIPI & Adjunct Professor, Gujarat Vidyapith), Ms. Dayabai (Social Activist), Prof. Kuruvilla Pandikattu (Chair Professor, JRD Tata Foundation on Business Ethics, XLRI, Jamshedpur, Dr. Augustine Pamplany, Director, ISR, Aluva, Prof. Neena Joseph (Former Professor, Institute of Management in Government, Prof. K.M. Mathew, Former Professor, KUFOS, Kochi, Dr. Denzil Fernandes (Professor, Indian Social Institute, Delhi), Dr. Binoy Pichalakkattu (Director, LIPI, Kochi), et al.

Participants were from a wide spectrum of backgrounds including civil servants, advocates of human rights, university professors, legal luminaries, human rights activists, working professionals, bureaucrats, social workers, artists, and researchers.

The following topics were covered during the programme:

- Understanding peace
- Conflict transformation
- Identity, violence and empathy
- Communal Harmony
- Reconciliation
- Structural inequalities and human rights,
- Gender, caste and violence,
- Science and technology
- World religions and peace
- Art and peace
- Environmental peace
- Education for peace.
- International peace initiatives

All the sessions were interesting as well as inspiring.

The major attraction was the field-related project under the supervision of the members of the faculty. Participants presented their project works at the end which included peace works among the Warli Tribal communities of Maharashtra, peace and reconciliation practice in Kenya, the Gussadi dance of Andhra, women rights, contemplative dialogue, movie reviews, peace journalism, and law and peace.

During the valedictory function on December 9, Prof. Jacques Haers SJ (Co-Chair, IAJU Task Force for Peace and Reconciliation) and Dr. Jezeela Sherif (Writer/Artist, Kochi) were present along with Fr. Dr. E.P. Mathew, the Provincial of Kerala Jesuit Province.

The course was useful and meaningful. It was not exam-oriented but aimed at building the right perspective for a culture of peace. It was felt that more such courses should be offered to the members of the faculty of various institutions and the collaborators so that they could become true ambassadors of peace and reconciliation everywhere.

Rex Angelo is a former Professor at Loyola College, Vijayawada, Loyola Academy, Secunderabad, and St Xavier's College, Jaipur.



LETTERS TO THE EDITOR

Pax Lumina 5(1)/2024/58



Dear Editor,

November 2023 Pax Lumina is an impressive collection of articles. You are remarkable to be able to bring it together. I am sharing the same with all my contacts.

Best Wishes,

R. Srinivasa Murthy,
Professor of Psychiatry (Retd.), Bangalore

Dear Editor,

It is a great magazine, with strong challenges in South Asia. I read specially about Manipur.

Frederic Fornos, SJ, International Director,
Pope's Worldwide Prayer Network, Rome.

Dear Editor,

Thank you very much for the wonderful Pax Lumina issue on 'The Primacy of Empathy'. The articles truly capture the need for cultivating the virtue of empathy in India and the world today. Unfortunately, the over-emphasis on ethnic, caste, religious, linguistic, and cultural identities blind people from realising that all human beings have the same basic needs and share similar hopes, aspirations and the struggles of life in the changing modern world today. As a result, empathising with people different from us is becoming extremely difficult due to the pervasive hate propaganda demonising communities on the basis of their identities. I hope this issue of Pax Lumina opens the eyes of readers to the great need of promoting a culture that values empathy irrespective of one's identity so that we are able to care for all sections of society in the world today. Congratulations to the Pax Lumina team once again.

Denzil Fernandes, Guwahati.

Dear Editor,

Thanks for Pax Lumina November 2023. Great authors. Topic is dealt with seriousness and depth. Hearty congratulations to Team Pax Lumina.

Ramlat Thomas, Calicut.

Dear Editor,

What a rich Issue of Pax Lumina! Especially love the book review. Empathy is my favorite topic too. Stay Blessed and continue to spread the spirit of Empathy to the world strongly.

Preethy Thomas, Milpitas, California.

Dear Editor,

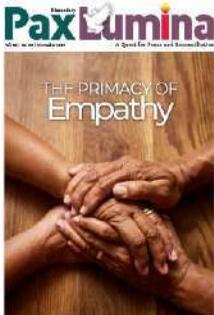
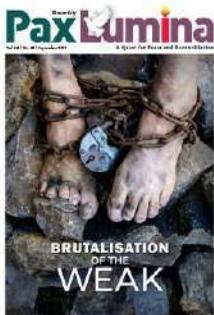
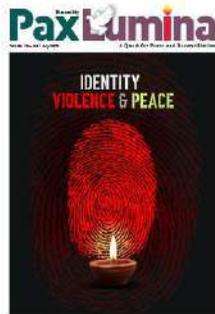
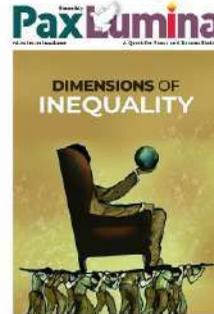
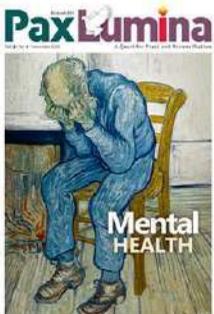
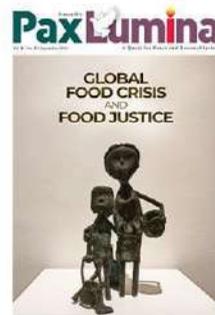
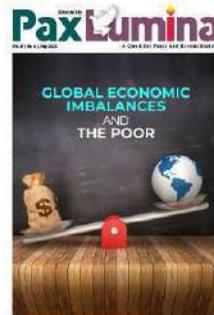
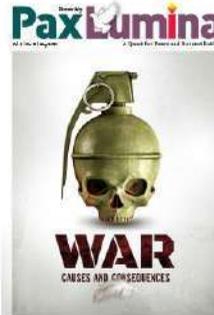
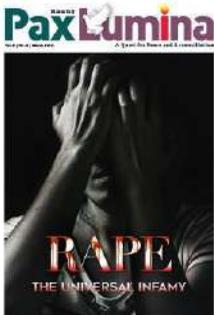
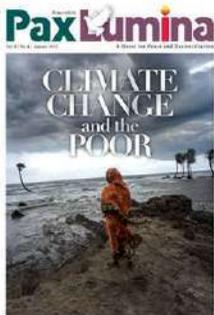
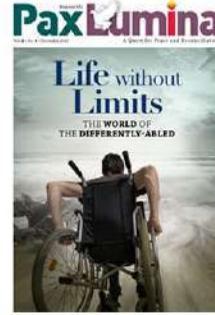
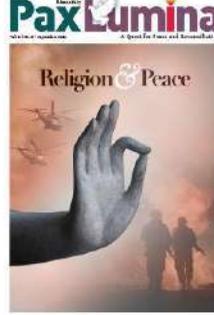
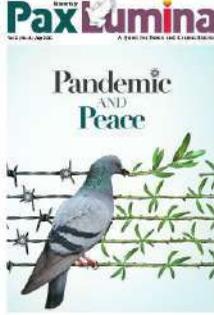
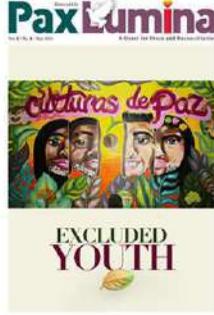
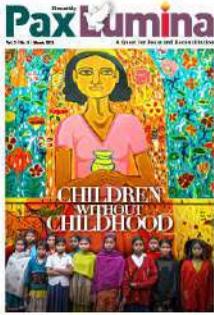
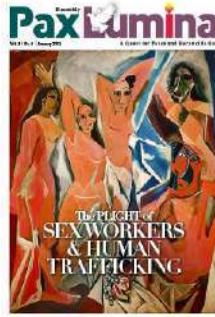
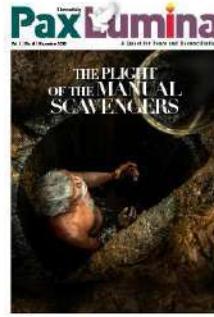
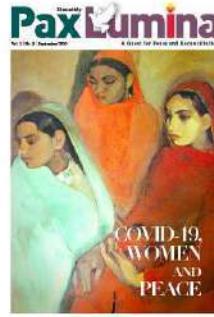
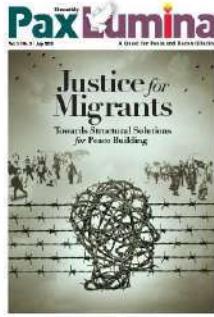
I am beyond words looking at this issue of Pax Lumina. Deeply appreciate the variety of perspectives from great people as usual.

Roy Sebastian, Kathmandu.

Dear Editor,

Many thanks for the November edition on empathy. I think it is very good - fresh, stimulating and timely. I know that productions take a lot of time, consideration and effort so just to let you know how much it is appreciated and well received.

James Hanvey SJ, Rome



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**Drugs are a waste of time.
They destroy your memory and
your self-respect and everything that
goes along with your self-esteem.**

– Kurt Cobain

