

EXPERIENCE OF ADULT ADDICTS IN A DE-ADDICTION CENTRE

Neha Kardam^{1*}, Dr. Dolly Florence Murmu² and Dr. Monu Singh³

^{1*}Assistant Professor, Department of Home Science, Bhagini Nivedita College, University of Delhi, New Delhi, India,
nehakardam126@gmail.com

²Associate Professor, Department of Human Development & Childhood studies, Lady Irwin College, University of
Delhi, India, *dolly.florence@lic.du.ac.in*

³Assistant Professor, Department of OD and HRM, Gitam University, Hyderabad campus, Hyderabad, India,
msingh4@gitam.edu

ABSTRACT

Substance abuse leads to stagnation and deterioration in adult addicts, severely affecting their psychological and physiological well-being. This study seeks to explore the environment of a de-addiction centre and how it contributes to preventing substance abuse. An in-depth case study method was employed on a selected sample to understand the lived experiences of individuals undergoing treatment in a de-addiction centre.

The research included a pilot study conducted in a residential care facility for drug addicts. Primary data were collected through interviews and personal diaries (inventories) maintained by the addicts to assess how the centre supports them in overcoming addiction.

Findings revealed that 4 out of 7 participants entered treatment unwillingly. All participants were male, aged between 18 and 58 years, and most began using drugs under peer influence. During the detoxification process, individuals gradually developed a sense of recovery and self-control, reinforced by the daily repetition of the motivational mantra “just for today.”

Keywords: *Adult addicts, De-addiction centre, Substance Abuse, Experience*

INTRODUCTION

Substance abuse is always a prevalent activity among adult addicts. It is a threat to mankind for the ages. Some of the addictive drugs include illicit and licit ones that are commonly found by users—for instance, tobacco, alcohol, pills, Ganja (marijuana), and bhang. The perception of the society is that “never changed” means death, incarceration, and dire consequences for the addicts. There are several stories of addiction that show how the person gets into different forms of substance use under peer pressure. These substances make them feel “good.” Constant thinking about the next use makes them feel uneasy and impulsive. Gradually, a person becomes dependent on their substances. Over time, the brain is altered in certain ways; they become a compulsive user, and their drug use gets out of control. Therefore, the urge to use drugs dominates the person’s behaviour. Due to which a person faces enormous implications, including unmet needs; health, mental, and misconduct behaviour; financial hardship; social and family disruption; feelings of resentment; increased sexual desire; spiritual bankruptcy; and legal problems.

According to the American Psychiatric Association (2013), in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-V), “The essential feature of a substance use disorder (SUD’s) is a cluster of cognitive, behavioural, and physiological symptoms indicating the individual continues using the substance despite significant substance-related problems.” The diagnosis of substance use disorder is based on all 10 classes of substances with the exception of caffeine. Alcohol, caffeine, cannabis, hallucinogens (including phencyclidine), inhalants, opioids, sedatives, hypnotics, and anxiolytics can develop addiction involving the process of acute drug use to the development of drug-seeking behaviour. Pathological pattern of behaviours. Criteria 1-4—Impaired control over substance use (craving). Criteria 5-7—Social Impairment. Criteria 8-9- Risky Use of the Substance. Criteria 9- Failure to abstain despite the difficulties caused by the usage. Criteria 10-11—Pharmacological Tolerance and Withdrawal (DSM-V, 2013).

There are 31 million people suffering from drug use disorders. The compulsive behaviour of using drugs draws miserable lives of an addict, between life and death. The rise of the deaths is ongoing. Many addicts died from drug overdoses; the rest of the drug users live with the greatest health effects: more than half of them live with hepatitis C, and one in eight lives with HIV all over the world. The causes of drug use among addicts differ from country to country under the social and economic circumstances. The availability of drugs is increasing day by day within and outside the borders of the country. The supply of drugs increases the uses of drugs in both strata of the society. India falls into two contrasting categories. First, drugs are used for recreational activities to add fun and pleasure. Second, drugs are used to cope with their difficult circumstances (World Drug Report 2018).

There are many studies that are evident that show male addicts are more numerous compared to female addicts. The reasons for initiating drugs for males and females are varied. The risk factors for drug abuse in males are low socio-economic background, association with drug-using peers, failure in academics, stress and inadequate coping skills, and anti-social behaviour and delinquency. This means males use drugs for social defiance (Sharma and Tyagi, 2016). On the other hand, female who have experienced adversity (physical neglect, abuse and sexual abuse) are more likely to internalize it as anxiety, depression, and social withdrawal. Reports have shown high rates of post-traumatic stress disorder. This means females use drugs for self-medication. (World Drug Report 2018).

The prolonged use of drugs gives birth to devastating unintended consequences. The use of drugs impacts an individual as well as a family. The addict hardly recognizes his/her behaviour as abnormal. As a result, addicts are referred to as a “monster” in the family and society. Dysfunctional behaviours interfere with a person’s normal functioning in the family, the workplace, and the broader community. Such as disruption of attachment, untold emotional pain for every member of the family, rituals, roles, routines, communication, conflict, violence, role reversal, fear, social life, and finances. Due to these reasons, many of the addicts are neglected and abandoned due to the unchanged behaviour of drug use by the family. Only a few addicts get attention for their treatment for substance use disorder and reintegration into the social mainstream. A report of research has shown that the majority of the male addicts seek treatment for the substance abuse problem in a de-addiction centre (Gupta, Kaur, Singh, Kaur, and Sidhu, 2013) (Kumar, Nehra, Kumar, Sunil, and Gupta, 2013). In contrast, the proportion of women, ranging from 1 to 10%, seeking treatment for substance abuse. This may be an under-representation because of the greater stigma and child care responsibilities for women (G and G, 2002).

Drug addiction is multifaceted. It has led to huge increases in damage to an individual life and society as a whole. The stigma of drug abuse can be removed and overcome with greater understanding of drug use disorders. The renewed effort could support the people with substance use disorder. The services of delivering prevention and treatment should aim for reducing consequences related to drug abuse.

This study is an attempt to know about how addicts live their lives in a de-addiction centre and how programs of a centre help in prevention, treatment, care, and rehabilitation services to minimize the problems related to substance abuse. The researcher has formulated the idea to investigate how adult addicts lead a life in a de-addiction centre for the treatment of substance use disorder.

1. To investigate the factors that led by adults into substance abuse.
2. To explore the everyday lives of adults in a selected de-addiction centre.
3. To find out the initiatives taken by a de-addiction centre to prevent substance abuse amongst adults.

METHODOLOGY

The purposive sampling method is adopted for obtaining the sample. The sample comprised seven addicts. In a de-addiction facility, the addict should be under the age of 18. Mostly they were college-going students, businessmen, and professionals with banking. Participants for the study were identified as compulsive users of a substance by a centre. This study was carried out to get from a single de-addiction centre. The data was collected for over approximately two months, and necessary information for the research was successfully obtained. The locale of the sample was a de-addiction centre in Saket, Delhi.

Tools for Data Collection

The study proceeded with a pilot study in a different residential care centre for drug addicts in Mundka, Delhi. The researcher tested their tool (interview guideline) in a de-addiction facility on a targeted sample. However, head of the centre did not allow the researcher to move further with the interviewing other participants. Thus, researcher had to find another centre for the same study. As the primary strategy for gathering data, a semi-structured interview was used, which involved direct communication with the respondents for over 45 minutes to one hour in English and Hindi language. The guideline for administering interviews focuses on factual facts and opinions on pertinent issues. The interviewing process starts with inquiries on demographic information, such as sex, age, marital status, type of family, educational background and socio-economic status. Thus, to increase the accuracy and applicability, specific improvements have been made. Addicts were also asked intriguing questions like feeling on their first day, difficulties they faced while adjusting and steps to prevent substance abuse. This made the interviews lengthy yet engaging and helped to provide a complete understanding of their lives.

Permission for Study

The study received ethical approval from the Institutional Ethics Committee (IEC), Lady Irwin College, Registration No. ECR/212/INDT/DL/2014. The research was carried out under the supervision of Dr. Dolly Florence Murmu, faculty of Human Development and Childhood Studies, Lady Irwin College, India.

Constraints in data collection

The researcher's biggest challenge is obtaining permission from the de-addiction centre to conduct the study. Whilst finding the various de-addiction centers by referring to the information provided on an internet, all the de-addiction centers were responding with either no response or disinterest in the

study. Eventually, researchers found a centre through the hit-and-miss method over a week. Furthermore, the head of the centre has given their approval and helped to select the participants based on their behaviour and readiness which clearly explained the purpose of the study to them.

Data analysis

Qualitative analysis helped in building a picture of what life is for adult addicts in a de-addiction centre. An interview has been taken from the participants. Responses were recorded of participants who were on tape. The transcription method and inventories were used for describing the in-depth case profile of an individual. All the names of the participants were changed to maintain anonymity, and several themes were identified.

Self-determined path of addicts towards recovery

Case study -1

Prashant is 30 years old, a married man. When he was five years old, he moved to the United States with his family. He began drinking and smoking while he was in his adolescent years, and his friends were the one first introduced him to gateway substances.

In his interview, he vividly recalled and revealed that he attended one of the parties, where he consumed alcohol and cigarettes with his associates. While drinking, he felt his body was experiencing the “best sensations ever; life seems simple and less stressful, and time is no longer a valuable resource.” After experiencing this, his need compelled him to attempt again. He developed a habit of smoking and drinking throughout time in search of the best feeling ever. To satisfy his escalated urge for substance, he was engaged in selling drugs with his friends. Moreover, he began spending a significant amount of money and was accused in seven cases. Such as stealing cars, drug possession, and indulging in deceitful employment. As a consequence, he was given a substantial prison term. Subsequently he becomes friends in jail with another prisoner who introduced him to narcotic analgesics—heroin. After finding a new substance, he began taking heroin in the form of injections every day. He described his feeling in an interview about his usage that “Drugs are basically like a fuel to me. I need drugs daily. It was nothing if I had no gas (drugs). I drive slowly until the next morning.”

Later, at the age of 22, he got married. He kept his addiction a secret from his wife. He said in his

interview that “he noticed himself whilst on heroin; he felt less worry and full of energy. Thereby, he was not concerned about his kids and stated in a conversation, “I was physically present for my children, like I used to prepare sandwiches and pack them in bags. However, I was constantly pondering about my next use, followed by a soaring need for drug dependence, gradually his married life. With time, his wife found 7 grams of heroin in the year 2013. He lost his trust and kept telling a lie to his wife about the usage of drugs. According to him, if he stops taking drugs, he becomes more vulnerable. He exhibited the strong emotions of having bad days in his interview. He stated, “When I am not on drugs, I am suffering from severe vomiting, fever, diarrhea, sleep disturbances, and no food.” Therefore, he concluded that substance dependency was his only alternative. On the other hand, he found himself emotionally and spiritually detached from his daughters and wife. He stated that “when on my drugs, I worked 19-29 hours a day, 7 days a week. I was a workaholic. I made money, and she spent it and often got fearful about getting conned.” As a result, he was unable to maintain a satisfactory relationship with his wife, and he cheated on her. He stated in his interview that “I cheated on my wife once, though I take my marriage seriously. But it happened because of drugs.” After finding him unfaithful and continuously using drugs, she found him evasive towards marriage. His wife pushes him out from her home. Following that, he returns back to India to live with their parents. When he arrived in India, his parents learned that he was still on drugs. Immediately, they decided to get admitted to a de-addiction centre.

Experience of de-addiction centre

Prashant was picked up against his will on 27th November 2014 by a team of 5 bouncers, two counsellors, and one dog. When he came to the centre, it was in a state of blackout. His first day is spent recuperating from the blackout. As he regained his consciousness after two days, he displayed a behaviour of extreme anger and jitteriness. Moreover, he was exasperated towards the staff of a de-addiction centre by being rude and rancorous. He stated in his interview that “I want to murder everyone in the place. I screamed at a doctor to go fuck himself; I’ll kill your family. You can’t keep me here. I’m not a citizen of this country.” Whilst during his initial days, he felt stuck in a centre. He was despised in the atmosphere of a centre. He was annoyed and didn’t comply with the rehab guidelines at first. He got impulsive and aggravated while performing a routine at a centre on a daily basis. Subsequently, he was deeply agitated and rampant by his thoughts of why he was here of for what cause he was here. Henceforth, in the clinic, he went through his tormented journey of a divorce. He felt disheartened after losing custody of his children. He disclosed in his interview that “I lost custody of my children. And it is the worst setback I have ever suffered. It’s entirely on my wife. Either I can see my children or not.” He found himself in a beleaguered situation of his life ever. He also splashes his feelings about financial dearth in the future. He added in his interview that “I have

to pay my wife. God knows! How much do I have to pay her. I hurt my parents too. My wife cut them of my kids. That's going to be turmoil. Because of addiction, I lost everything. Even in the divorce document, everything is written about my addiction." Furthermore, he extrapolates his divorce as a menace of a bumpy ride. He felt frail, struggling in his most gloomy phase. Gradually, with the help of a clinic's treatment, he decided to come out from his oyster shell. Later on he began interacting with other patients and staff members in a centre. He felt at ease as he spoke with them. However, he could not really share his emotions or personal experiences with any of his roommates. Furthermore, he avoided maintaining his diary, in which he was expected to reflect on his prior life story. Gradually, after a month, he became good friends with one of his housemates. He mentioned in his interview, "His name is Manoj; whenever I talked to him, felt relieved and motivated to recover from my addiction. Correspondingly, I started to take initiative to speak with other members also." In such a way, he relishes a better relationship with other roommates and staff members. Certainly, he reached a decision and recognizes that he needed a space for treatment of his addiction. Slowly he opened up with other mates and started expressing his sentiments. As a resultant he begins to live comfortably while adhering to the centre's program, "just for today."

Case Study -2

Rahul is a 25 year old guy. He resided in Kolkata with his parents. He belonged to a status of middle income group. Whereas his father is the only breadwinner of his family and mother is a homemaker. He is an eldest son, and shares his sibling bond his only sister. His sister was pursuing her academics in one of the college of a Kolkata. Sketching and active, on a social media was an old pursuit. Besides that he had a very active social life and could be found hanging along with his friends. He began using drugs during his undergraduate years. He revealed in interview that he came to know about substance through his friends. His friends were used to have marijuana on a regular basis. He smoked cannabis (marijuana) at an unusual location. His friends did offer him marijuana (cannabis) rolls to him. He could not really recollect his memories how he felt first time while using it.

However, he said during his interview that "that was a blank state to describe to someone." following experimentation, he fell unconscious for some time and when he got cognizant, sensed a fire in belly about his next use. Gradually, he found himself spellbind towards his dependence on marijuana (marijuana). He bleeds him time whilst hanging with friends instead of investing himself in studies. Regardless he is more interested in an arranging a subsequent used along with them. He commented in his interview carelessly that "nobody cares whether I am attending a college or not. I used to attend classes once or twice in a semester maybe." By the time, he finished his studies acquiring his master's degree. And ceased an opportunity by earned a job in one of the India's renowned company.

On the other hand, his acquired behavior of using drug became an addiction with time. In an interview, he testified his habit by admitted that “smoking ganja was a morning breath to me.” Gradually he became a dysfunctional to maintain his self care routine, for instance, sleepless and impulsive nights, hounding unhygienic and negotiating with his meals every day. Moreover, he also started sharing a chronic relation with his family members. He retrospect’s about an episode his parents during a time of writing a journal (inventory) that “I harmed my parents during using days of a drug. It was started with heated argument by me with my parents. It happened by mistake but certainly my fault. Father said not to close the door of my room. I was furious and angry over the issue. I closed the door with great force then, I heard my mom letting out howling cry. I have never heard her cry like that before. I immediately opened the door to know what happened. I saw my father one of the fingers snapped in the door. His finger was completely hanging loose with blood dripping all over the floor.”

Evidently, he impelled to embody himself in senseless violent behaviours on a regular basis. He used to cause a trouble his parents for money to procure a drug henceforth. His parents became incessantly vigilant towards him to unwrap the reason behind his violent actions. In that course of time, his mother arrested a smell of an unidentified substance from their bathroom. At that moment, His parents became acquitted with his substance use. Furthermore, his family belief towards him shrunk, and since they no longer trusted him. Thereby he tirelessly dishonest to his parents noticed his usage. Inevitably, His parents noticed no change in him. As a consequence, they decided to put him in a rehabilitation centre.

Experience of de-addiction center.

On his first day at a facility, he felt deceived by his parents, as he picked up despite his consent. In an interview, He reasoned “Are dhokha dia kyun dia!” (why my parents betrayed me). He found himself baffled and fell abhor towards his family. He was an exasperated at is family whilst kept questioning what his parents did to him. Though his days of a first week was passed, reconsidering about contingency, where his parents had dumped him. He alleged his parents in an interview that for a while he felt terrified and said “I’m here because my parent’s but I kept my feeling in the form of a sketch I drew”. Thereupon, He hurriedly stood and rushes to his room from which he, brought schematics illustration of his initial day at a centre. Subsequently, he drew himself in this stretch, was wearing a sports t-shirt and short pant. He was seated on a chair as faced towards the wall and a wooden board on his head. He was enforced to position focus only on the floor.

Figure 1. Sketch made by Rahul about his first day of a center



Afterwards, he kept reckoning about how he would live about from his family. He desired to speak with his parent's. However, he was unable to do so. Later on, He had accepted a situation in which he was. He was let himself got detoxified in accordance with a procedure of a centre. During his treatment, staff members were spectator of peevish temperament with other addicts. He also complained about as he was arrested in the symptoms of withdrawal. Incipently, he felt headache, vomiting and itches in his body. Slowly and steadily he abided by a treatment. He was tuned with other addicts by using his old trait of being socialise. Therefore, he was comfortable in talking and intrigued about their lifestyle of other addicts. Correspondingly, he rendered in his interview about intricacies of an environment of a centre. He added that "sometimes I felt irritated when other members engaged in physical fight with each other." He also exhibit emotion of assuaged for other roommates. He panged and said in his interview "why members were focused on writing about his past story. Many times I debated with them." Linked with chain reaction, He had to deal with pejorative comments which turned to heated arguments with members. After a couple of weeks, he stopped drawing a feeling of being rebuking towards other males. Henceforth, He was consciously attentive about his attitudes and actions. He stated in his interview that "I'm focusing on my behavior. I'm trying to work upon my anger like try to maintain my positive attitudes towards other." Deliberately, he upheld himself with the treatment of a centre, and follows an adaptive learning to stay sober and clean. He also started contemplating of his counselling session in a group. Thus, he felt at ease and efficacious to his treatment in a centre.

As a resultant, he blends with a procedure of his treatment swiftly and started writing in his inventories (diary). He wrote as a testimonial in his diary that "I like the environment here, even though I have got opened up with everyone." Evidently he found himself comfortable at a centre and realised that doing drugs was a dark period in his life. Hence, he was determined to his affirmation and began to supervene his daily routine of a centre contently and spiritually. Slowly his mental health is better than his using days of drugs. He expressed his feeling in his sketch he made.

Figure 2. Sketch made by Rahul about gaining his spiritual feeling



In this sketch he expresses his feeling of spirituality. He wears a religious dress, an involving into worship. Correspondingly, continuing to follow him through his inventories, I discovered that he experiences strong urges of drug. Often He exhibits a symptom of a severe migraine. He soothes his urge with having something sweet. After a few months, He met his parents for the first time and had a good time with them. His parents were delighted to see significant changes in him. He also felt happy to during his interview and said “Aaj papa se baat karke acha laga. Maine maafi bhi mangi”. Now I feel much more cheerful and inspired than before. I have realised that my bad feelings don’t have a chance to surface not even from external source. I uses a technique everyday to prevent from my addiction which says “JUST FOR TODAY.” At the end of his interview he owes his recovery to centre. He showed a sketch which dedicated to a centre.

Figure 3. Sketch made by Rahul dedicate to a centre for his recovery.



In his sketch, he depicts a helping hand as a centre, these hands shaping a clay pot (symbolises guiding an addict). He also writes a message says “Helping hand to form a better.”

RESULTS

The current study attempted to deeply understand individual’s experience of adult addicts at a de-addiction centre, to learn more about their daily lives, and to look into how to overcome addiction through an addict.

Several themes were identified under the following categories:-

- i. Demographic profile of an addicts
- ii. Various drugs used by addicts
- iii. First drugs addiction

- iv. Various reasons for using drugs
- v. Effects on daily life on an individual
- vi. Effects on daily life on family
- vii. Attempt to overcome addiction by a centre
- viii. Attempt to overcome addiction by an individual

Demographic profile of addicts

In table A, rendered information is presented about addicts residing in a de-addiction centre, out of 28, only 7 were included in this research. The pseudonym has been adopted to represent the participants in the study. The age range of the addicts was 18-58 years, and all of them were male. Analysis indicates five of addicts were unmarried, 2 were married and one of them is going through their divorce while being in the centre via online mode. Each one of an addict had been raised in nuclear families. Approximately 6 addicts began using substances during the course of their teens, whereas only one addict started taking chemical substances during his middle childhood.

Every patient was first exposed to the gateway substances through their friends. Although 3 addicts were educated until high school, 2 of addict were graduated and one of them is going through an examination of under-graduation, whilst one addict ended schooling up to primary standard.

Table-A: Demographic Profile of Addicts

1.	Pseudonyms	Prashant	Rahul	Kuldeep	Sagar	Suraj	Ram	Ajit
2.	Age (yrs)	30	25	58	40	24	24	18
3.	Sex	Male	Male	Male	Male	Male	Male	Male
4.	Marital status	Divorced	Unmarried	Married	Unmarried	Unmarried	Unmarried	Unmarried
5.	Types of Family	Nuclear	Nuclear	Nuclear	Nuclear	Nuclear	Nuclear	Nuclear
6.	First drug addiction	Alcohol	Marijuana	Alcohol	Cough Syrup	Alcohol	Marijuana	Thinner
7.	Age of initiation	13 yrs	19 yrs	21yrs	13 yrs	18 yrs	17 yrs	6 yrs

8.	Close people takes drugs	Friends	Friends	Friends	Friends	Friends	Friends	Friends
9.	Total no. of year spend into drugs	17yrs	4 yrs	37 yrs	27 yrs	6 yrs	7 yrs	12 yrs
10.	Educational level	High School	Masters	Graduated	High School	Under-graduation	High School	Primary School
11.	Socio-economic Class	Middle Class	Middle Class	Middle Class	Middle Class	Middle Class	Middle Class	Lower Class

Various drugs used by addicts

1. Narcotic Analgesics (heroin, Brown Sugar)
2. Stimulants (cocaine, tobacco, pills)
3. Depressants (Alcohol, Pills)
4. Hallucinogens (LSD-Lysergic Acid Diethylamide)
5. Cannabis (Marijuana, charas, hashish)
6. Others (Cough Syrup, Pen Thinner)

These are common drugs used by addicts at various levels. About 5 addicts used multiple drugs followed by 2 addicts were found using only alcohol.

First drug addiction

1. Tobacco (cigarette)
2. Depressants (Alcohol)
3. Cannabis (Marijuana)
4. Others (cough syrup, Pen Thinner)

About 3 addicts were initiated by alcohol and cigarette followed by 2 addicts were initiated by smoking marijuana (Ganja). The other 2 addicts initiated by inhalants in their stage of middle childhood.

Various reasons for using drugs

In a current study, many reasons were found for using drugs through in-depth case studies. All of the drug users were convinced to use drugs "by friends" in a different setting during celebratory occasions or as social drinkers "for the sake of fun or to enjoy the present moment of their life" by doing so.

Out of 7, 5 start with "gateway substances" (cigarettes and alcohol), followed by 2 addicts were started to experience hallucinations and a sense of timelessness. Once they experimented, they constantly wondering about their first experience with when they will use it again. Gradually, dependents developed an urge to use their drugs and intensifying the doses day by day to achieve the desired feeling to "feel high." The unmet constant urge to next use that developed in all addicts was aggressiveness, weakness, feeling of low motivation, and a lack of interest in recreational activities. All addicts were using their substances relentlessly to escape from everyday life and their familial commitments.

Effects on daily life in a life of an individual

All the addicts were struggling with unmanageability in their lives, for instance, daily routines, sleep disturbances, sanity, and eating patterns. About three addicts were experiencing speech difficulties. All the addicts faced difficulties in approaching a positive life and were detached from social circles due to frequent mood swings. About six addicts started losing interest in the workplace due to their endless thoughts about their next use of drugs. This causes heated arguments with their colleagues during working hours. It is also found that 2 out of 7 addicts were losing interest in their studies and more often bunked school. 6 addicts have been suffering from mental health problems, whereas 1 addict was found to indulge in sexual activity during a withdrawal phase in a de-addiction centre through inventories. 3 out of 7 addicts were suffering from health problems such as tuberculosis, kidney failure, and blackouts. All the addicts were found emotionally detached from their families; for instance, they were physically present for their family members but emotionally absent from them because they were constantly thinking about the next use of drugs. As a resultant they felt insomnia, nausea, and vomiting when they did not have their substance. All of them were experienced physical weakness due to the loss of motor control, episodes of blackouts and seizures, spiritually bankrupt; for instance, addicts started telling lies and stealing money from home and they also often engaged in heated arguments which were then converted into physical and verbal abuse with their family members. This family disruption is loud enough to cause disturbances in the nearby neighbourhood as well.

Effects of daily life on family

Consumption of drugs of all addicts causes major disruptions in their families. All of the addicts quickly became involved in regular conflicts and battles with their families over money. As a result, the family undergoes substantial financial repercussions, for instance- Heated arguments of all addicts with their family members over demand of tidy sum of money on their daily basis. Gradually all the addicts were started sharing a sense of depression with family after being caught using drugs. Family

started suspecting them whenever addicts get out alone from house. The family of all addicts were kept thinking about “Is he taking drugs right now? Or How to influence the addicts to become a sober and serene” it was found in the study family members also felt poor work performance at workplace due to stress and unhealthy atmosphere. This often family member faces poor communication, isolation and conflict at home or outside.

Attempt to overcome addiction by a centre

In table B shows daily routine of a Centre. It provides treatment with duration of three months. Centre helps in preventing addiction rather than curing it. Centre has model of training protocol for an addict. The protocol assesses the addict with ascertain following:

- Individual capability and willing to begin a programme
- Physical limitation of individual
- Current health status
- Interview with family for collaborative data

Centre motivates an addict towards their treatment of recovery. Centre has one medical officer, two counsellors, and six other staff members including cook, sweepers, and security guard. It was found that centre uses following steps to treat addiction of addicts: Detoxification (15 days), Prayer, Meditation and yoga, 12 steps programme, Counselling session, Writing of Diary (Inventory), Sponsor a role model, Group therapy, Daily routine of a centre. It was found that all addicts were learning their life manageable by following daily routine of a centre.

Detoxification (15 Days)

To recover from addiction, one must first complete this stage of treatment. An addict's body goes through this process of detoxification from previously taken alcohol or narcotics. When a drug user quits using it, withdrawal symptoms may persist for a week or 15 days. However, Detox is utilised to properly treat these signs and symptoms.

Prayer

The centre uses a prayer from Alcoholics Anonymous to help with overcoming addictions. The "Serenity Prayer" is a prayer asking God to help addicts change their behaviour. All addicts did their prayer in the group by gathering in a main hall in the early morning.

Meditation and Yoga

Followed by prayer, addicts performed various exercises (asanas) and simple breathing techniques to practice living in the present moment, balancing emotions and strengthening physical health.

12-steps Programme

The centre currently uses this method to provide support and care to members recovering from drug addiction disorders. For cure the relapsing condition, this 12-step programme is built on self-help, behavioural, spiritual, and cognitive elements. Participants in this approach recognise their helplessness over their drug addiction and surrender to a higher power for healing. As an outcome, individuals reported less dependence on their drug.

The programme suggested 12-steps are as follows:

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of god as we understood him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have god remove all these defects of character.
7. Humbly asked him to remove our shortcomings.
8. Made a list of all persons we had harmed, and become willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with god as we understood him, praying only for knowledge of his will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs (Alcoholics Anonymous the 12 steps).

Counselling Session

The belief of a centre regarding drug use disorder is supervening psychological dependency rather than physical reliance, whereby accountable reasons are stronger to the likely cause of relapsing. As a result, the centre implements a treatment that is mostly centred on cognitive behavioural therapy to assist people in becoming sober.

Writing of Inventories (Diary)

In this stage, an individual reflected on the questions provided by a centre in their particular Diaries called as Inventories. For example, how am I feeling today, what are my feelings for others, what are

my ideas for today, what have I learned this day, and what are my future plans? The use of this method focuses on detecting and correcting illogical thinking to prevent and coping relapse from addiction.

Sponsor a role model

The centre formed a self-help group in which senior members were granted the position of sponsor or expertise in the self-help process to assist others in their recovery. This is considered as a psycho-social method based on the 12 step concept and its ideals and practises. In general, these programs are known as Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) (AA).

Group Therapy

Group therapy sessions may provide comfort to addicts because they bring social components to the treatment of drug and alcohol addiction. This allows addicts to learn about their peers' recovery processes and feel less isolated on their drug-free journeys by allowing themselves to recover from their addiction.

Daily routine of a centre

All addicts begin their day in a centre with a ritual by getting up early in the morning around 6:45 a.m. They brush their teeth Followed with washing their face and hands. After that at 7:45, they all engage themselves in physical exercises or yoga. When they finished with task of physical fitness, at 8:45 a.m. he comprehends a book of literature. In this session, they learn about importance of rehabilitative treatment for addicts. At 9:45, they return back to their room and adore their breakfast. They followed a specific diet in which included eggs, chicken, and additional supplements. Some of the addicts was feeling crippled in the Hindi language to understand, they doesn't attend a counselling session. In the meantime they decode a every step of the 12-step programme sequentially and emulate it into their diaries. However rest of them attend a following session with counselling. Hereafter, they enjoy their lunch time at 1:00 p.m. As meridian approaches, they all took a catnap about an hour. At 3:30 p.m. group discussion began. Simultaneously, they continue to write and contemplate the 12-step approach which they follow every day. They all wrap up their evening with workout at the hall from 4:40 to 6:00 p.m. As they return back from a hall, appreciates a moment of evening Tea. Thereafter clock drawing near to dark hours, they takes a quick shower as per their choice and straight head for a relaxation in their rooms. At 9:15 they took their final meal of a day. Immediately they hit the hay followed by a brief meditation.

Table-B: Daily routine of a De-addiction center

Monday	Wake - up 7:00 a.m.	Prayer 7:10 a.m.	P.T 8:00 a.m.	Meditatio n 8:30 a.m.	Readin g 10:00 a.m.	Writing 11:00 a.m.	Input 12:00 p.m.	Group Discus si-on	Inventory 7:00 p.m.
Tuesday	”	”	”	”	”	”	”	”	Meeting
Wednesda y	”	”	”	”	”	”	”	”	Inventorie s
Thursday	”	”	”	”	”	”	”	”	Meeting
Friday	”	”	”	”	”	”	”	”	Inventorie s
Saturday	7:30 a.m.	7:45 a.m.	”	”	Free	Input	Free	Free	Meal Making
Sunday	”	”	”	”	Free	Free	Free	Free	Free

Breakfast – 9:15 a.m.

Lunch – 1:15 a.m.

Dinner – 9:15 a.m.

Attempt to overcome addiction by an individual

About 5 addicts came to the centre with reference to family, followed by 2 addicts who came to the centre of their own will. About six addicts curb their primary drug by smoking cigarettes, followed by one addict who doesn't smoke cigarettes. All addicts use this affirmation "just for today" in a programme. This affirmation is used by addicts as a mantra to prevent their addiction. The mantra helps them to remain positive and have a stable mindset to curb their habit. All addicts were considering that sharing during group therapy is the best tool for freeing themselves from resentful thoughts. All the addicts prefer to eat sweets to curb their urges (the feeling of having drugs). About 6 addicts remain to connect with counsellors for their further guidance, whereas 1 addict doesn't share their feelings on an individual basis. All addicts kept themselves busy in the routine of a centre to avoid thinking about drugs by doing assigned duties, reading novels or newspapers, and writing inventories (reflection on themselves). All addicts reported gaining spirituality by being honest with them. One of the addicts portrays his gain in spirituality by sketching a picture. In which he touches the feet of God with a feeling of soberness and serenity.

Conclusion

This study attempted to investigate the lifestyle of adult addicts in a de-addiction centre. At first, I was pre-occupied by endless thoughts. I'm inquisitive to learn how a de-addiction facility provides a space which promotes preventive measures of drug usage and how an individual live in a de-addiction centre. Also I want to understand why individuals take drugs so profoundly and in effect how people

are battling with substance use disorder. The study exhibited that influence of peer group and lack of coping abilities are the primary causes of drug addiction among young adults. Hence, factors such as urge to explore, feeling of high, for sake of fun, and escape from reality. There are accountable doorways for addicts to engage in compulsive drug seeking behaviour and uncontrollable urge for drug which weakens a person's self-control or will power. Subsequently, reported consequences related to psychologically in the adult addicts showed as lose their self-esteem and plagued by feelings of guilt and humiliation for using drugs on an everyday basis. Moreover, a person addiction can disrupt a family's ability to function adequately. Members of the family find it embarrassing to admit that these unwanted and disturbing circumstances occur frequently in their lives. As result, these circumstances had a disastrous sequel in their later life considering predominately psychological impact on it. In view of this, maladaptive behaviours of addicts bespeak an arduous relationship of the family with them.

Furthermore, it was found in the current study is that it is difficult for addicts to prepare their minds to battle against the filthy, disordered and corrosive addiction. As reported, few of addicts relapsed whilst struggling with their substance use disorder; uninvolved with no treatment at all. However, an effective intervention helps an addict accentuating on a need-based approach. Therefore, de-addiction centre encourages the addicts to step into their centre based treatment for better therapeutic results. Thus, all addicts experience shows that de-addiction centre serves the benefit in improving the condition of addicts. The centre has used treatment which primarily focussing on a 12-step approaches using integrative approach which provides an understanding about a recovery process to an addict. Subsequently, rehabilitation facility opens the route for minimizing the impact of psychologically and physically. By reason of addicts and service providers of rehabilitation formed a positive attitude. This explicates a harmonious relationship between them which develop an optimum environment for a treatment and compliance. Hence, this may help the addicts to begin living a new and healthy life. In addition to, while researcher was observing a group therapy sessions, some addicts who did not participate in the study shared their distaste for the centre. This is because the centre often imposes severe penalties on addicts as a result of their actions. These episodes are referred to as "spare parts" by rehab staff. Therefore, on the flip side, this corrective measure taken by centre has greater detrimental effects. In this situation an addict might be holding hatred and hostility against both family members and centre employee. On account of a terrible time of spare parts, the chances of relapsing are higher for addicts following treatment. Also, this rehabilitation centre only accepts the admission of male addicts. However, services are challenged by limited number of seats and designed for only men. As a resultant, no female addict is treated ever in the centre due to lack of adequate services and care.

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References

1. DSM-V TR: “Diagnostic and Statistical Manual of Mental Disorders” Fifth Edition, Text Revision. Copyright 2013 American Psychiatric Association.
2. World Drug Report 2018 (United Nations publication, sales no. E.18.XI.9). Accessed from https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_2_GLOBAL.pdf
3. Sharma.P. and Tyagi.A : “A study on adolescent drug abuse in India”; AIJRHASS 2016. Accessed from <http://www.iasir.net>, ISSN(o):2328-3696
4. Gupta.V, Kaur.P, Singh.G, Kaur.A, Sidhu.B.S : “A study of profile of patients admitted in the drug de-addiction centers in the state of Punjab”; International Journal of Research in Health Sciences. July-Sept 2013;Volume-1, ISSN (o):2321- 7251
5. Kumar.V, Nehra.K.D, Kumar.P, Sunilla, Gupta.R :“Prevalence and Pattern of Substance Abuse: A study from de-addiction center”; Department of psychiatry, PGI-MS, State Institute of Mental Health, Rohtak, 2013 Vol.16.No.1
7. G.Reid and G. Costigan, Revisiting “The hidden Epidemic”: a situation assessment of drug use in Asia in the context of HIV/AIDS(Fairfield, Victoria, Australia, center for Harm Reduction/Burnet Institute, 2002)
8. Alcoholics Anonymous the 12 steps. Accessed from; Available online; <https://www.alcoholics-anonymous.org.uk/about aa/the- 12-steps-of-aa>

