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A Retrospective Study of Opium Addicts in Deaddiction Camps and Rural Community in Western Rajasthan

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ABSTRACT Drug abuse problem is worsening day by day specially in the Thar desert of Rajasthan. Generally people start opium at social gatherings as it is customary to offer. It affects the socio-economic conditions of the addicts family in long run. Though it is customary and a must to offer opium in all social functions, but opium business is done underground due to government laws. A method to tackle the problem is to organise de-addiction camps in the villages. The prevalence rate of opium addicts is never reported earlier, this study shows a prevalence rate of 13.4% of adult males in western Rajasthan. Caste-wise addiction rate as reported is interesting and important to understand, the pivotal position of caste in rural Rajasthan. They start opium above the age of 20 years and the consumption quantity gradually goes up. Generally around the age of 45 years they opt for de-addiction which is seldom available. Camp approach of de-addiction is felt to be the best method in the emic sense of the problem. A social movement may bring about a change in the customs of the people of this region.

INTRODUCTION

Drug abuse is a burning problem of India, where the use of drug is increasing day be day. Opioids are common drugs used by addicts. Now-a-days, the government as well as health authorities, are deeply concerned with this problem and de-addiction of drug users is being undertaken on a large scale for the last few years. The problem is mainly urban based. However interestingly the use of crude opium is common in rural western Rajasthan. There crude opium is customarily offered to people in almost all social gatherings including death ceremonies, marriages, group meeting and so on. It is a common practice to offer opium to all whom one meets, just like smokers offer ciggaratte, tobacco chewers offer tobacco and some people offer pan or nuts. This practice is deeply rooted in the culture of the rural areas. Opium is smuggled from Madhya Pradesh and the Udaipur division of Rajasthan where it is grown. It is sold at a rate of Rs. 11 to 18 per tola (10 grams). The compulsive use of opium has become an economic burden for addicts, especially in drought conditions. Under such circumstances, people request for their de-addiction. Some doctors and social organizations have come forward in this field. They organise opium de-addiction camps in villages. Some 40-50 people are admitted for 10 days in the camp, which is organised in the village school buildings or some other social organisations in the villages. Opium is abruptly withdrawn and analgesics and sedatives are given in heavy doses to relieve the suffering caused by the withdrawal syndrome. The present study is an attempt towards quantifying the problem of opium addiction in adult males (above 20 years of age), and studying the addicts coming forward for de-addiction in camps. The success and

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Table 1 : Age and caste distribution of opium addicts in de-addiction camps

Caste	Age in years					Total		Mean age at de-addiction
	<30	30-39	40-49	50-59	60+	No.	%	
Rajput	15	39	55	48	16	173	21.1	44.5
Jat	24	64	89	73	19	269	32.9	44.0
Meghwal	5	16	31	31	7	91	11.1	46.1
Vishnoi	3	20	18	13	7	61	7.5	44.2
Others	19	55	69	60	21	224	27.4	44.5
No.	67	194	262	225	70	818	100	44.5
%	8.2	23.7	32.0	27.5	8.6	100	—	—

drawbacks of the camp approach for the solution of the problem is discussed.

MATERIAL AND METHODS

The Sucheta Kriplani Shikhahan Sansthan, Manaklao, is one such voluntary social organization, located in the Osian Teshil of Jodhpur district, working for a multifaceted development of villages in the desert. It has organized 46 such opium de-addiction camps from 1978 to 1987. The records available at this centre about these camps, were analysed to study the characteristics of people de-addicated by the treatment in the camps. These camps catered mostly to the Osian and Bhopalgarh teshils. Opium consumption and sale is legally not allowed and therefore information regarding the use of opium is either concealed or under reported. In this regard enquiry to addicts or their families would not have proved fruitful. So two localmen from each villagewere taken into confidence by establishing a good rapport. Independently, both these men were interrogated about every person listed in the voters list of the village. Information about all opium addicts were noted and analysed, to ascertain the prevalence.

OBSERVATIONS

Profile of de-addicted Persons in Camps

In all, the records of 818 persons de-addicted in 46 camps was available and analysed. All the de-addicted persons were males with a few exceptions. The majority of them were Jats (32.9%), Rajputs (21.1%), Vishnois (7.5%) and Meghwals (11.1%). Their mean age at de-addiction was 44.5 years and was independent of caste (Table 1).

Table 2 : Distribution of de-addicted persons as per quantity of opium consumed and duration of addiction

Duration in years	Consumption of opium in total as per month					Total no. of persons		Mean Consumption (Tola/month)
	<3	4-9	10-18	19-30	31+	No.	%	
<3	12	13	4	2	0	31	5.0	6.3
3-10	21	114	81	36	9	261	42.0	12.4
11-20	12	68	108	56	11	255	41.1	16.8
21-30	0	21	16	21	0	58	9.3	15.4
31-40	1	5	6	3	1	16	2.6	15.2
Total No.	46	221	215	118	21	621	100.0	13.8
%	7.4	35.6	34.6	19.0	3.4	—	100.0	—

The majority of the addicts (83.1%) were taking opium for the last 20 years and 89.2 per cent, took 4 to 30 tolas (40 to 300 gm) crude opium per month. The quantity of opium consumed increased with the durations of addiction in the first 10 years only. Those who had just started the habit in the previous three or less years, were consuming singnificantly smaller quantity (6.3 ±5.8 tolas per month) than the old addicts (mean 14.1 tolas per month). The mean consumption was 13.8± 9.9 tolas per month (Table 2).

The majority of addicts had started taking opium around 25 to 34 years of age and the age at starting was independent of caste as seen in table 3. The mean age of starting opium addiction was 30.7 ± 8.98 years.

Table 3 : Age at starting opium addiction in addicts in de-addiction camps and addicts in two villages

Age at starting opium addiction (in years)	*Persons in de-addiction camps*		*Addicts in villages*	
	No.	*Per cent*	*No.*	*Per cent*
<15	21	3.5	1	0.7
15-19	44	7.2	3	2.0
20-24	107	17.6	18	12.2
25-29	129	21.2	19	12.9
30-34	118	19.5	25	17.0
35-39	74	12.2	34	23.2
40-44	59	9.7	18	12.2
45-49	30	4.9	13	8.0
50-54	18	3.0	9	6.2
55-59	4	0.7	3	2.0
60+	3	0.5	4	2.7
Total	607	100	147	100.0
Mean age at starting	30.7	—	36.0	—

Most of the addicts were either illiterate (63.3%) or their literacy was below the primary school level (31.1%) Only 4.8 per cent of the addicts had formal education, upto primary and 3.8 per cent upto middle or secondary. Their educational status, however, did not affect the age of their starting opium. The mean age for starting opium was 31 years in illiterates, 29.8 years in literates below the primary levels, 30 years in those with education upto primary and 30.1 years in those addicts who had passed middle and secondary school.

The social customs of offering opium to friends, relatives, companions and so on, was the reason for starting consumption of opium in 49.2 per cent of the addicts.The second important cause according to the addicts was some illness, in 12.3 per cent cases, it was a chronic cough or asthma and some other ailment in 20.0 per cent cases. 12.3 per cent of the addicts started the addiction, because of the stress of hard work required for agriculture and labour in mines; they took it initially to boost up their working capacity. Only 1.5% addicts said that they took the drug for first time in order to overcome some deep sorrow, caused by the death of close relatives. 4.6 per cent of the subjects confessed that they stared taking opium as it increases the sexual potency (libido).

Addicts in the Population of the Two Villages

The male population above 21 years was 1194 in these villages, of which 160 or 13.4 per cent were opium addicts. High prevalence of addiction was observed in Rajputs (21.1%), Jats (20.9%), Meghawals (16.9%) and Vishonis (8.0%), while it was as low as 7.7 per cent in other castes. Prevalence was high in population above 40 years, and reached its peak in the 50-59 years age range (33.3%) (Table 4).

The majority (79.4%) of them were addicts for last 3-20 years and the quantity of opium consumed increased alongwith the duration for the first 20 years. About 30 per cent of these addicts were consuming 3-10 tolas of opium per month for last 3-9 years (Table 5).

The age at the beginning of addiction was 30-39 years in 40.2 per cent addicts, which was more than the age observed in the de-addicted persons in the camps which averaged between 25 and 35 years (Table 3).

Table 4 :Age and caste-wise prevalence of opium addiction in male population above 21 years in two villages

Caste	No of addicts in different age groups					Total no. addiction		Population	Prevalence %
	<30	30-39	40-49	50-59	60+	No.	%		
Rajput	3	8	13	16	16	56	35.0	267	21.0
Jat	1	7	7	7	5	27	16.9	129	20.9
Meghwal	0	3	13	8	4	28	17.5	165	16.9
Vishnoi	0	3	3	1	1	8	5.0	100	8.0
Others	4	2	18	12	5	41	25.4	533	7.7
Total Addicts No.	8	23	54	44	31	160	100	—	—
%	5.0	14.4	33.7	27.5	19.4	100	—	—	—
Population	482	250	214	132	116	—	—	1194	—
Prevalence (%)	1.7	9.2	25.2	33.3	26.7	—	—	—	13.4

DISCUSSION

The aim of the present study is to high- light the magnitude of the problem of opium addiction and to discuss the success and draw backs of the camp approach in de-addiction programmes.

Since, during the study we found that opium addiction starts in males above the age of 20 years, focus of the study was confined to males twenty one years and above, and on the prevalence of addiction in the same group. This was found to be 13.4 per cent generally, but inter village difference were remarkable. The prevalence of addiction was 5.1 per cent in village Birani and 18.3 per cent in village Nandiya, respectively Village Birani is dominated by Vishnois who are forbidden by religious scriptures to consume opium. Although many of them have, despite this, started consuming opium of late, the prevalence of opium addiction is still very low in the Vishnoi dominated villages. On the contrary Nandiya is a Jat/Rajput dominated village where opium consumption is a common practice in every social gathering and the high prevalence of addiction here is well expected. These two villages were chosen to show the dichotomy of the camp catchment area.

The majority of addicts start consuming opium around 25-34 years of age and some of them go for de-addiction by the age of 45. While the remaining may be continuing it for their whole life. The average consumption is about 11 tolas per month which would cost around Rs. 200 per month. This expenditure is likely to continue recurringly through out their life span.This obviously will effect the socio-economic status of the family as a whole.

Table 5 : Quantity of opium consumed and duration of addiction in addicts in two villages

Duration (in years)	Consumption of opium in total per month				Total no. of addicts		Mean quantity consumed (Tola/month)
	3	3-9	10-18	19-30	No.	%	
3	7	2	0	0	9	6.0	2.6
3-10	19	45	11	4	79	52.3	7.3
11-20	1	15	15	10	41	27.1	13.5
21-30	0	1	2	16	19	12.6	2.4
31-40	0	0	1	2	3	2.0	21.0
Total No.	27	63	29	32	151	100	10.9
%	17.9	41.7	19.2	21.2	100	—	—

De-addiction facilities are very seldom available. Since large segment of the active adult male population of this region indulges in opium addiction, this must be an important factor contributing at their poverty and disturbing the overall economy of the community. It may be an important reason why women are now coming forward to earn. In fact, it was interesting to not, that a majority (about four fifth) of the labour, working at famine relief activities in this region, were women.

Many villagers requested the investigators to organise opium de-addiction camps in their villages.It shows that the de-addiction camps are really useful to the community, where the community felt the need of such camps and requested to organise more camps. This is an emic evaluation of the problem without any external factors stimulating the population. Hence camp approach of de-addiction may be taken as successful alternate to the problem. However, individually addicts are afraid of pain and suffering caused by the withdrawl syndrome and some of them also believed that they would die if they left opium. This fear is more in elders than youngster that may be the reason for the high proportion (60%) of older people (above 50 year of age) among addicts in the community, while it was only 36.1 per cent in the opium de-addiction camps. The same may be the explanation for the higher age at starting opium in the addicts of the villages than those in the camps.

The major castes consuming opium were found to be Rajputs, Jats, Meghwals and Vishnois, respectively. Among addicts the proportion of Rajputs living in the community was 35.0 per cent which was more than in the camps, which was only 21.0 per cent. The reverse is true for Jats. Some de-addiction camps attracted more Jats than Rajputs. It may be because Rajputs have been the rulers of the area for many decades, and would still like to continue the prestigious practice of consuming and offering opium at their Rawlas (house of Thakurs). However opium de-addiction camps have attracted all sections of the community including the schedule castes and all age groups, except the older people.

As has been shown, most addicts started the habit because it is customary to eat it at social gatherings.

Only small percentage of the addicts started the habits in order to alleviate physical or mental pain. This is obvious that this problem of opium addiction of western Rajasthan is a problem deeply rooted in the culture of the people. Hence it is necessary to organise a social movement and public awareness in this region, by which people should understand that offering opium neither elevate the status nor relives physical and mental pain. The socio-economic consequences of opium addicts should also be explained so that the people will realise the magnitude of the problem. The authors feel concern about the problem of this region and expect the voluntary organizations, government and the people at large will come forward to look into the matters in detail.

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