

## Impact of Addiction on Family: An Exploratory Study with Reference to Slums in Kolkata

PEARL ARLAPPA, SHRAWANI JHA\* and S. JAYASEELI

St. Xavier's University, Action Area III, B, Newtown, Kolkata, West Bengal 700160, India.

### Abstract

Addiction is a cancerous evil that is spreading its poisonous fang all over the world, effecting states, communities and individuals. In India the drugs that are commonly abused are heroin, cannabis, opium, pharmaceutical preparations, alcohol and tobacco. It has been seen that addiction to a or a combination of substances not only effects the health of the individual and the economy of country but also has a detrimental impact on the family, giving rise to socio-economic problems which further result in chronic mental health issues. The paper highlights three major areas, i.e., socio-economic background of the respondents, the various social impact of addiction in a family and the possible intervention strategies to address the phenomenon of addiction. This paper is an outcome of case studies conducted in ten households with drug-dependent members and Focused Group Discussions with the youth and women of the concerned families living in the Tangra slum of Kolkata. The cases were acquired through snowball sampling method with the help of a Non-Governmental Organisation working in that area. The result of the research is that there are multiple stressors-like abuse, conflict, financial problems, etc., in a family which trigger addiction and this addiction in return results in dysfunctional family structure, affecting their mental health and community life, thus, creating a scope for Social Work intervention. The research describes the several multi-facetted consequences of addiction that not only affect the individual but also their family. Consideration of such factors will help in planning future social work interventions.



### Article History

Received: 27 March 2019  
Accepted: 15 July 2019


### Keywords

Addiction;  
Family;  
Mental Stressors;  
Social Work Intervention.

**CONTACT** Shrawani Jha ✉ [shrawanjha.04@gmail.com](mailto:shrawanjha.04@gmail.com) 📍 St. Xavier's University, Action Area III, B, Newtown, Kolkata, West Bengal 700160, India.



© 2019 The Author(s). Published by Enviro Research Publishers.

This is an  Open Access article licensed under a Creative Commons license: Attribution 4.0 International (CC-BY).

Doi: <http://dx.doi.org/10.12944/CRJSSH.2.1.07>

### Introduction

According to the World Health Organisation (WHO) the term addiction can be defined as the 'repeated use of a psychoactive substance or substances, to the extent that the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means.' Such behaviour has a detrimental effect not only on the individuals but also on their families (Marina Barnard, 2005). According to Aristotle "*man is a social animal...*" All her/his actions have a cascading effect on the people he / she is connected to.

According to the WHO website 3.3 million people die due to addiction to alcohol, globally, each year. The same site states that around 31 million people, all over the world, are victims of drug abuses. WHO reports stated that the average per capita consumption of alcohol of an Indian man was 14.5 litres in the year 2016. 16 crore or 160 million Indian citizens are core consumers of alcohol and 3.1 crore Indians abuse cannabis. There are several policies and regulations in India that prevent the promotion of drugs and alcohol. Among the 29 states in India West Bengal makes its way to the top ten states with significant population that needs help with addiction. According to official reports, 29267.72 kg of cannabis was seized in West Bengal in 2017. This indicates a high level of consumption of addictive substances in the state. The most commonly abused substances (NCB, Annual report 2017) in the capital city of Kolkata are illicit substances (marijuana/cannabis, opium) and licit drugs (alcohol and tobacco). The urban poor in Kolkata use local spirits, marijuana and tobacco.

This paper tries to explore the impact of addiction on the family of the addicts. The paper focuses on the cases of ten families with an addicted member, living in the Tangra slum of Kolkata, (Earlier Known as Calcutta) West Bengal. The Authors were placed in the slum for their fieldwork; therefore, the paper contains observations in the field and comments from the report.

Tangra is a slum in central Kolkata. It has a significantly large migrant population belonging to different sections of the economic spectrum. It is a congested yet developed slum with manual daily labour being the main occupation of the people of the slum. Residents of the slum mostly work in the tannery, garbage recycling units and slaughter houses located close to the slum. The slum also houses a significantly large population of rag-pickers. Workers working in the above-mentioned industries work under adverse conditions, devoid of safety measures, safety equipment's, breathing aids and welfare measures. For example, nothing is done by the employer to prevent respiratory hazards that occur due to the inhalation of the strong fumes coming out from chemical and biological wastes. The nature of work is laborious, extensive with little to no reward or appreciation. Workers in this sector are shunned and abhorred by the mainstream society. They feel insignificant and dejected. Therefore, they drink and abuse addictive substances to forget the low economic rewards they receive, the pains of labour and the smell of chemicals from their mind.<sup>2</sup>

The researchers have observed a strong sense of bonding among the slum dwellers of Tangra. Though there are conflicts, bitterness and jealousy among the residents, in times of need everyone is ready to help the other. The slum is visibly divided into various paras/parts each of which is home to a different migrant community. The Tangra slum is not devoid of social evils like child marriage, trafficking, domestic violence, child labour, dropouts, unemployed youth and political violence. However, efforts are being made by the newly educated youths of the community to avoid these social ills. But unfortunately, the youth of the community is constantly being tempted to fall into the clutches of substance abuse.

### Objective

**The research was started with three broad objectives in mind. They are as follows**

1. To understand the impact of addiction on the family members of the addict who were living in the slum.
2. To try and fathom the scope for social work intervention.

3. To devise ways in which the community can be involved in these interventions to fight addiction.

### Methodology

Qualitative research method has been used for the study. The study design was based on the objectives of the research. The study was conducted in a slum named Tangra, situated in Kolkata, West Bengal. The slum was purposively selected as the researchers were well acquainted with the people and the institutions of the slum. Ten families with a drug dependent member were chosen through exponential non-discriminative snowball sampling method for the study. Personal interviews were conducted with the female head of the families with semi structured interview guides. Focus Group Discussions were held with the family members to gain more insight into the problem. Observation and field notes of the researcher have also been incorporated in writing the paper to substantiate the results and discussion presented in the paper.

Seva Kendra Kolkata, a developmental organization working in the area for more than 9 years have also helped the researchers in conducting the research. Secondary data was collected from journals and articles available on the internet. To fulfill the ethical consideration consent of the members of the families to be interviewed was undertaken and was approved by the University and the Seva Kendra Kolkata. All the names have been changed to protect the privacy of the participants.

### Case Studies and Results

Human beings are not isolated individual but social beings who have biological and emotional ties with people around them. Such ties are formed before birth or formed during the process of socialization. The same is true for an addict. So, when an individual comes under the influence of a substance, it is not only s/he, who is affected, but also his/her family members, relatives, friends and even the community suffers. Based on the case studies the impact of substance abuse on the family of an addict are presented and analyzed. This section also discusses the factors that lead to substance abuse and also try to give a gender perspective to the phenomena of Alcoholism in the slum based on the findings of

focus group discussion and field observations of the researchers.

#### Case Study: 1

Amina, aged 30, has an alcoholic husband and two young children aged 5 and 8. Amina has never been to school and her husband is literate without formal schooling. The children go to the local primary school. They live in a rented, pucca house (according to Ministry of Statistics and Programing, India Pucca house is defined as a house in which walls and roof are made of following materials. Wall materials: burnt bricks, stones, cement concrete, timber, ekra etc.), with all basic amenities like bed, almirahs (wardrobes), television, etc.

Her husband works in the plastic factory as a daily wage earner. His work involves segregation of different types of plastics that are generated as waste material.

When Amina got married, she lacked maturity to understand that her husband was an alcoholic. Amina faced no physical or economic abuse, but she remains upset and sad that her children may take up the same habit when they grew up.

Unable to change her husband, Amina suffers from a sense of helplessness. She said that it was the nature of work that had forced him into alcoholism.

The case highlights the issues like illiteracy, disempowered wife, hazardous and uncertain conditions of work as a cause and manifestation of addiction in the family. As discussed above it can be seen that the women have started to accept the act as it has become a normal part of people living in slum areas. Though, they are aware of the consequences of addiction on the person as well as the family. But due to community norm and external environment they tend to develop a sense of acceptance due to the unfavorable condition for de-addiction.

#### Case Study: 2

Mrs. Shreeporna (aged 56) lives in a joint family with her son, daughter in law and her little granddaughter. She is unable to help her son end his substance use. According to her, the family is financially stable

as they have a steady income from twelve rooms that they have given on rent in the slum. Besides, she also has a tailoring business of her own. Shreeporna closely monitored her son's upbringing, and education. The son started a glove making business and later got married. Her daughter in law works at home (she does tailoring work and stitches the garments for the people in the community). After marriage the son got into alcohol and substance abuse. He has lost physical and emotional wellbeing and interest in business. He remains drunk for most part of the day, has become self-harming and fights with the family members.

Mrs. Shreeporna found her son's addiction and behavioural change to be the result of misunderstanding with his wife. She said that there was some argument between the couple which led her son into addiction. She added that she was trying to hold the couple and family together and bring change into their lives. However, the son was not willing to share the problem with his mother.

Addiction has strained the relationships in the family. The helpless condition of the mother, wife and daughter can be witnessed in the case. Due to social norms the son was unable to express his emotions and thus resorted to substance abuse.

### **Case Study: 3**

Priya's Shahid (aged 32) grew up in the slum and did not complete primary education. He started working in the garbage recycling unit. Adverse conditions of work and peer pressure forced him into alcohol abuse. Shahid was in early twenties when he started abusing alcohol.

After marriage his wife Priya (aged 28), requested him to give up drinking, but he said that it had become a habit/part of life for him. Addiction has not caused financial problems for the family but has caused emotional problems as they realize that an unhealthy practice like alcoholism could result in physical problems for Shahid. There was a sense of helplessness and acceptance because of the social background in which alcohol abuse by male members was considered as natural and normal.

Priya shared that the slum environment was not conducive to changes like giving up alcoholism. According to her, drinking is mainly due to peer influence. Every day after work young men spend time together and drugs and alcohol are an essential part of such gathering.

Priya, and other family members tried de-addicting him with the help of local Ayurvedic medicines but failed. Priya wants to keep her son away from addiction, but she is afraid that the social factors that led his father into addiction might lead their son also into it. She is uncertain about how successful she would be as the external environment makes every youth vulnerable towards such evil practices. She feels that education can only keep people away from addiction and so she wants her children to study hard and become learned so that they understand the ill effects of addiction and keep themselves away from addictive substances.

Alcoholism has caused helplessness on the part of the wife and her worry about the future of her family, husband, and the child. The strong influence of the peer group on the individuals of the slum was also observed. Such peer influence is not only leading to alcoholism or substance use but also are not conducive for individual, who may try to give up the habit for their physical, emotional, psychological well-being as it has gradually become a part of their everyday life.

### **Case Study: 4**

Chandra's husband Salim, a seventy-year-old man has been abusing alcohol for the last fifty years. His wife (aged 65) works in the nearby leather factory and their sons work as daily wage earners. They live in a joint family where Salim is blamed for wasting the family's hard-earned money for his addiction. He suffers from liver related problems and is unable to work. Salim's wife is old. But she works to financially support her sons so that they do not blame or orally abuse their father. Salim forces his wife to give him money to buy his drinks or otherwise he becomes abusive and violent.

The family lives in a one room rented house and has poor living conditions. His family members cope with financial and emotional strain because of Salim's addiction and abusive behavior.

The old lady has to work to finance her husband's addiction more than that to have some amount of dignity for her own self. She faces abuse and violence from her husband and blame from the sons and daughter in laws which cause emotional strain for her. Relationships in the family are strained. It can be seen that the addicted person is in condition of major health risk but no one in the family is trying to help him in reducing or giving away alcoholism because it has led to a sense of detachment for the sons with their father. Due to his constant act addiction they have lost the emotional bond with one another which is also affecting their relationship with their mother as even though they know that she does not have any role in their father's addiction but it she who blamed for it.

#### **Case Study: 5**

Mrs. Sabrina is 30-year-old, living in a one room shanty in the slum with her family of five members. Her husband, aged 35, is a daily wage worker (in a wood factory) and an alcoholic. There are days when the husband remains drunk and cannot go to work. Sabrina and her mother in law are subjected to physical and verbal abuse regularly. Sabrina works as a paid domestic worker in the nearby residential complex and ensures that her children (aged 12, 8 & 5) had enough to eat every day. The children go to school.

Sabrina was a victim of child marriage. She got married when she was only twelve years of age. Her husband had the habit of drinking. But Sabrina was too young to foresee the consequences of the problem.

According to Sabrina she had tried to run away from her husband and went to her parents but every time she was brought back by him. She comes back thinking about her children being raised without their father. She loudly stated that her husband loved her and "cannot live without her." Sabrina's husband indulges in fights with the neighbors. The children of the family silently observe their parents.

Sabrina's husband did not ill-treat the children, but they were being adversely affected.

Sabrina justified her husband's drinking by saying that he was physically weak and alcohol helped him get rid of the pain. If the husband is stopped from drinking it would lead to his death. The days when he doesn't drink, he suffers from shivering, shortness of breath, anxiety, and mood swings etc. which Sabrina refers to as "throwing tantrums to get a drink."

She said that had her children not been there she would have left her husband. She tried hard to hide her pain and misery and avoided eye contact with the researcher.

During the home visit it was observed that the family was poor, the house required immediate repairing. Children of the family were at home when there were supposed to be in school. They are growing on their own without any guidance or supervision. The youngest child was playing on the street with children double his age. The family was dressed in shabby and torn clothes which pointed out to poverty and parental negligence.

The overall observation of the case was that the family has accepted alcoholism as a part of life. "When one cannot change others, then it's easy to change oneself..."

The multidimensional suffering of the woman of the household can be observed in the case stated above. The family suffers from poverty, children remain uncared for. The future of the children and the family is at stake. Even when a woman makes an attempt to remove herself from her stressful situation, society, to uphold the traditional family values, forces her back into the same situation demanding great sacrifices from her for the sake of her children.

#### **Case Study: 6**

Bina (29) is a frail looking young lady. She works 10 hours a day as a paid domestic worker to support her family. Her husband has been addicted to cannabis and alcohol for the past 5-6 years. The addiction is so severe that he is unable to contribute to the family's income or help his wife in her domestic chores. Initially Bina was irritated and frustrated with

the situation. She was unable to cope and wanted to file for divorce. Fearing parental and societal sanctions she continued with her marriage. Though Bina and her husband live under the same roof they are more distant than ever. Bina has stopped talking with her husband and expects nothing from him. She is dependent on her parents who support her financially and also look after her children when she goes to work.

Bina has tried to de-addict her husband. She had admitted her husband to de-addiction clinics thrice. However, it was not helpful as he would relapse as soon as he returned home. The children remain neglected since the parents are unable to provide emotional support to them though all their material needs are taken care of.

Bina is herself addicted to smoking as was evident from the tobacco stains on her teeth.

The reason why the husband is not giving up on his addiction is that no one has tried to hear his perspective. Everyone including his wife expects him to be happy as he has everything (a house, a wife and children). They fail to address the root cause of the problem. Thus, all the treatment he is getting is superficial. The woman is forced to get herself employed and work hard to maintain her children. Bina could have escaped from such a marriage, but parental and social pressure forced her to continue with such a marriage. Children are the worst sufferers in the family as they silently observed everything and no-one acknowledges the fact that they are aware of the family situation.

#### **Case Study: 7**

Parweena (23) was so frightened that she was initially hesitant to talk about the issue with the researcher. Her husband is into extreme level of alcoholism, he cannot skip it even for one day. It is a nuclear family with only three members i.e. the couple and a girl child (5 years old). Although he fulfills the financial need of the family but during financial crisis his first preference goes to alcohol. In case of failure to get drinks, he harms himself by cutting his wrist. This is followed by violence on his wife. There are frequent episodes of domestic violence which has affected Parweena more mentally

than physically. She has tried to bring her husband out of addiction but has failed.

Parweena has become a submissive person. Her daughter is afraid of her father and hardly talks to him and does not share her feeling with her mother. Therefore, the amount of mental trauma that the child is going through is unimaginable but nobody has tried to de-addict him. An interesting fact shared by the Parweena was that her husband does not drink when they visit her in-laws. She said that it shows that he can do without alcohol but he is not taking any initiative to stop alcohol abuse.

Effect of addiction on the family can be seen in the above-mentioned case. The wife suffers from emotional abuse and psychological trauma more than the economic deprivation. The daughter is growing up in a disturbed family which may result into lack of emotional and psychological wellbeing for her and it might make her also a submissive person like her mother as the emotional trauma is hampering her development thereby affecting her self-confidence and behavior. It is also important to mention here that the addicted person is also in danger as can be seen that he tried to harm himself physically or can be stated as his attempt to suicide which might had have major consequence on his health. This act not only provides a clear vision of the extreme level of addiction but it also gives an insight into the tremendous amount of stress and lack of physical and mental wellbeing he is going through.

#### **Case Study: 8**

Muskaan(28)'s husband(33) was an extreme alcoholic owing to the patriarchal mindset where alcoholism is a normal activity which men usually indulge in. His distant family members and peers urged him to continue with drug abuse. Muskaan's effort to stop him from drinking went unheard. When he tried to keep himself away, his friends made fun of him saying that he was a henpecked husband. Peer pressure would again take him back to his habit. Drinking led to absenteeism from work, financial crisis, physically and mental stress in the form of irritation, there were also several incidences of domestic violence leading to mental trauma for her. She then decided to take a stand for herself and her in-law was also supportive to her. She stopped cooking for few days for his husband and told him

that if he continues to take alcohol then she would not give him food and had series of arguments about the ill habit, its effect on his physical and mental wellbeing on them and on their child. As an impact of this incident, the episodes of alcohol abuse reduced drastically although it did not end but the situation has improved. It can be said based on the observation by the case worker that client has become very assertive in nature and keeps the alcohol abuse behaviour of her husband in check. She wants to give her child a better environment to grow and also to reduce the factors of vulnerabilities for him.

In the above mentioned case we could see some act of bringing about behaviour change in the addict by her wife. It is also to be noted that peer pressure is a factor for addiction like most of the cases presented in the paper. However, the combined and collaborated action of the family members have resulted in however little change possible. This also shows that even though the external environment is not conducive for de-addiction but familial environment can play major role in reducing or gradual elimination of addiction with constant support, reasoning etc.

#### **Case Study: 9**

Mina's (28) family is one where occasion drinking habit is common and accepted by all. She has seen this in her family from childhood as her father and uncles used to abuse alcohol. So, seeing her husband practicing the same was not a different experience for her. Hence there was no disapproval from her side for her husband abusing alcohol. She understands that alcoholism is an unhealthy practice and has major consequences on physical and mental wellbeing of the abuser. But nobody opposed him as he was full-filing his responsibilities towards his family. His actions are justified and acceptable on the ground that he is an occasional drinker and does it under the influence of friends and peers. It does not affect his relationship with his family members. It is evident that Mina's socialization process justifies alcohol abuse by men. According to her nothing can be done if men themselves do not give up such habits. According to Mina there is no question of acceptance or opposition as it is totally a matter of willingness of the male members.

The process of socialization plays a very important role in shaping our opinions and outlook about things and situation around us. This is very evident in the case presented above. We can see that there is a sense of acceptance in her as she has been experiencing such situation from her childhood and it has become such a normal part of her living that she does not even consider it as an issue of concern as she does not take a clear stance as to totally accept or discard addiction. There is no scope for self realization as acts of addiction has been normalized by the communities.

#### **Case Study: 10**

Our society is a patriarchal one and people of all ages form stereotype attitudes and behaviors. Patriarchy undermines women's dignity. Mrs. Mousami living in Tangra, in a family of four, is a victim of domestic violence. Her husband, the only earning member of the family, is a daily wage worker, a bread earner for the family, who earns approximately two thousand per week. He was addicted to alcohol before the marriage in the influence of the friends and continues to remain same till today. Though he is a bread earner the maximum money is spend for the alcoholism and intoxication. Due to which, the couples are inflicted to fights and quarrel generally every day of their life. Thus, it has disoriented their daily routine and the psychological development of the children. As an alcoholic-dependent he also creates a misunderstanding and disintegrated relations with the neighbors. She said that, it has become a concern and she tried to bring change in him. Thus, she fled to her sister's house, to provide him an atmosphere of her absence but it paid no prize. However, he compensated in delivered a gifts items for her and some expensive articles for the family.

The above presented case is evidentially speaks about the influence of patriarchy in the addiction. It also gives us an insight into the fact that women does not have much of a decision making power or self worth in the absence of financial independence for her as he spends the income without consulting her wife and also he tries to compensate the emotional and mental stress with some material rewards.

### Reasons for Addiction

Addiction to a substance is usually a result of a serious of event and circumstances in an individual's life. The circumstances and the consequent progression of an individual into addiction is completely unique and case specific. However, the researchers though their focus group discussion with the youth and women have tried to generalize the factors that influence the people of Tangra to misuse substance.

### Nature of Work

People have to work in dark factories with poor lighting and ventilation. The stench from burning and chemically treating animal skin in the tannery and rubber in the rubber factor are unbearable for any human being. It was observed that the men and women would be covered in soot (black dust) that would not only spoil their appearance but also when inhaled caused chronic respiratory disorder. The work relationship was also identified as stressors for the individuals. The employers were often abusive and exploitative. They did not pay the wages at the appropriate time and employees were retrenched if grievances were put forward. Thus, these poor hygiene factors in the place of work along with the insecure nature of work become the main reasons for substance abuse. These findings are similar to the results found by Head *et al.*, (2004) which stated that in men the efforts-rewards imbalance was linked with alcoholism. The men in Tangra slum community have to put in tremendous amount of physical labour for which they get a very low income in return.

### Influence of the Community Life

The people are forced to drink under the pressure of peers. Drinking is used as a tool to fraternize. Marriages, social gatherings, or even casual meeting among friend is incomplete without Alcohol. It has rather become a bonding factor in the community. One needs to drink at special occasions to express their happiness. Therefore, the most determined of minds get corrupted when the values on which the community functions are in a way promoting addiction.

### Peer Influence and Media

The solution to all problems according Hindi movies is to empty a bottle of alcohol. Therefore, in a problem ridden environment, innocent adolescent minds

find a cheap and effect way of escaping their grim reality through local spirits. This solution has been advocated over the years through various "trusted" actors who are termed as influencers in modern times. Therefore, a lot of work needs to be done with youth of the community. Counseling and guidance should be provided to ensure that their problems are heard. They need to be equipped with life skills like problem solving and coping mechanisms.

### Family Pressure

Children in all families are viewed as the hope for the future. But in the slum's children are viewed as saviors who would elevate the family from its miseries. A lot of pressure is put on the children to work hard or study hard. They are burdened with responsibility from a young age. Early marriage adds more hay to the bundle of responsibility. Marital discord leads to unhappiness and depression. Sometimes stress can be caused due to misinterpretation of concern and guidance from family members, as orthodox disciplinary rule. When, the responsibility becomes excessive to handle people resort to substance abuse as way of relieving their stress.

### Negative Socialization

Children see their fathers or mother who drink or abuse drugs. To them it is a regular occurrence. They never questioned it but associated drinking or smoking as an adult activity. Therefore, the trend is that, 'drinking' in the slums is an initiation activity.

One who doesn't drink or smoke is not considered as a mature or complete adult.

These are the most common factors that were observed which have directly or indirectly influenced individuals in slums to take up drinking. Some other factors that emerged in the FGD that is worth mentioning are: easy access to and regular supply of alcohol and drugs, lack of vigilance on the part of the police and hidden support from political parties.

### Impact of Addiction

Addiction is a social evil. It limits the development and functioning of the addicted individual and of the people related to them. The sufferings of the family are case specific and unique. However, after analyzing the above-mentioned cases and on the basis of their observation of the focus group



discussion, the researchers have tried to generalize the impact of addiction on family under the following heads:

### **The Family Economy**

It was observed that there a feminization of the household economy. Women are forced to go out and work. In a patriarchal society this is an indicator of the deplorable condition of the family. Women work for multiple employers to earn enough to run their households. A major portion of their income is spent on medicine and alcohol/drugs.

### **Dysfunctional Family Structure**

Family is the basic unit that fulfils the primary needs of an individual. Addiction causes disturbance in the functioning and equilibrium of the family structure. This prevents the individuals from satisfying their primary needs. Poor communication is the first indicator, though the women are earning the money in most cases the decision as to how and where and to what extent the money is spent depends on the male head. Women have very little opportunities to express their opinion. All the cases indicate to a high incidence of violence and abuse in the family which results in fear and submission. It was observed that the family lives under a constant feeling of unpredictability and uncertainly around the alcoholic member. There is also the presence of Perfectionism, i.e., parents put unnecessary pressure on their children to "help" them excel in live and prevent them from getting addicted

### **Impact on Married Life**

It was observed that there is marital imbalance in the family. Both partners become distant and do not communicate their feeling to each other like they used to. Addiction breaches the trust between the partners. The couple blames each other for their misery; the addicted members blame their spouse for not understanding their problem and therefore drink more. The non-addicted spouse often feels neglected in the marriage. If there are children in the family, the sober spouse may also feel like they are a single parent. Nothing is balanced as the addicted spouse pursues self-serving behavior. Unless something changes, all the promises to do better, become lip-service. A spouse can really feel abandoned because of this. The other potent treat to the sober spouse is violence. In the slum,

it is common knowledge that the people who are alcoholics are violent and aggressive whereas drug addicts are more submissive due to the effect of hallucinogens. There were several instances in the cases that there were regular episodes of wife-biting, under the influence of alcohol. These episodes were so horrifying that the spouse even had to be hospitalized. Another consequence of this violence is that the wife runs away from the home. In most of the case studies women admitted that they have on occasions tried to escape the abusive relationship by running way. This indicates to the impact of alcoholism on the mental and physical health of the spouse. Constant physical and verbal abuse visibly weakens the spouse. The women showed since of anxiety, acute depression and acute fear. In one of the cases it was also seen that the sober spouse due to stress took to smoking.

### **Impact on Children**

In all the ten case studies the children of the family where effected the most. They were subject to abuse, parental pressure, peer pressure and negligence. The parents in these cases are guilty of parental denial. Maybe they psychologically try to defend themselves from accepting the fact that their children are also getting affected. Thus, they continuously stated that the children have a happy childhood, they are devoid of worry. The parents are proud to state that violence doesn't take place infant of children and so according to them the children are not aware of the violence that is prevalent in the household. This however is far from the truth. The children are aware of their surroundings though they might not fully comprehend it. They feel alone and upset but find no emotional support except their peers who are in a similar situation. Neglect also puts their safety at risk; the children of the Tangra slum are prone to trafficking and becoming victims of sexual abuse. The parental control over all aspects of their life becomes a burden for them. They may exhaust themselves trying to surpass their parent's expectations, as they feel that they are never able to please their parents or fulfill their hopes. Children in these families also often witness the convergence of poor communication with their caregivers that frequently results in domestic violence. They try to seek attention of their parents by getting into fights with their peers in the slum, by not attending school, by throwing tantrums, etc., Although these

difficulties may not be overtly diagnosable with a physical or psychological disorder, the patterns have significant developmental, social, and interpersonal consequences. Common emotions these children experience, as observed over a period of one year working in the field are: anxiety, fear, depression guilt, shame, loneliness, confusion, and anger. They suppress these feelings; they may sometimes turn to drugs or alcohol to deal with their own pent up thoughts or emotions.

### **Impact on parents of Addicts**

The parents of the addicts suffer from a sense of guilt which triggers anger towards to child. The parents are blamed by society for not socializing the child in the proper way. The parents are even blamed by the spouse of the addict for hiding the problem of addiction in the family. In some case the parents have to support the addicted child's family, using up all the saving. Thus, the parents of addicts are socially shunned, emotionally broken and financially crippled in the Tangra Slum.

### **Impact on Community Life**

Addiction is very common in the slum community every 2<sup>nd</sup> household has an addicted individual. Therefore, there isn't a lot of stigma attached to this behavior. Rather there is a lot of uproar when attempts are made to stop open use of substances or alcohol. Fights and violence at the end of social events due to intoxication is a very normal occurrence. People view these fights as a source of entertainment. Therefore, people in the slum lack the solidarity on this particular issue to actually take a sustainable measure. Recently however with the help of the NGO working in the slum a huge Anti-drug abuse Campaign was initiated which was partially successful in addressing the issue of open and illegal sale of indigenous liquor and spirits.

### **A Gender Perspective to Alcoholism**

An interesting finding in the case studies, FGD and fieldwork observers was the role that society plays in promoting addiction. Drinking and smoking in the Tangra slum community is associated to be an activity related to the male sex. This finding is in line with the section '*Variations in amount and pattern of drinking by status within a society*' of the WHO report 2018. Therefore all the male members fall prey to this tradition of alcoholism. The women of the family

become desensitized to the situation. Alcoholism becomes normalized; it becomes a characteristic of the family. Young unmarried women expect their husbands to also drink. The other reason for this blind acceptance of this social evil is the dominating nature of the patriarchal family structure. Women are not allowed to question the actions of the male member. The women of the slum are empowered in matters of obtaining their civil rights from the state municipal cooperation but are equally disempowered to question or protest against the actions of their male relatives. All kind of protest is curbed with violence and abuse.

It would be wrong to say that women of the family are the only victims, as the men in the slums are even more vulnerable. They are expected to be happy and satisfied with the situation they are in. They have no-one expect for addicted male members as role models. They are not given the opportunity to share their problems even with their peers. If one even mistakenly shares his melancholy, he is labeled to be a "girl" and is teased by his peers and his own family. Thus, men in the slum have to express their happiness through drinking. Therefore, Alcohol is no more just an escape from reality rather it has become a symbol of male power, authority and domination in the Tangra slum.

Thus, Social Work intervention becomes inevitable as the perception of the people have to change. A controlled demolition of current societal norms and institutions is required. A free and open space of the genuine expression of emotions is required, which will not only prevent addiction but also strengthen the bonds between individuals and families.

### **Part: 3**

#### **The Role of Social Workers Intervention in Drug Abuse**

Drug abuse is an infectious virus. A social worker has an obligation towards the society to free it from the clutches of drug abuse. In this regard, he/she needs to work round the clock and save the society from this alarming menace.

The role of social worker is directing, helping and supporting people in their need. Using the methods and tools of social work, the social worker needs to

identify the root cause or problem that occurs in an individual, family and community. The initial stage of the course of action is to detect the occurrence of alcohol or substance abuse in the community. The principles of social work play a key role and act as a guiding force to a social worker offering the work at hand a professional touch. Besides, social workers are challenged to practice and exercise non-judgmental attitude and accept the occurrence of such social evil without bias towards the victims. However, clarity about one's role and a resolute spirit to ward off the evil and free the society and the addicts are necessary tools to go ahead. In this paper we are dealing with the specific problem of substance abuse, especially drug abuse or drug addiction. In this regard, the social worker must march forward: To engage with the topic of substance use, to motivate people to change the problematic substance use and, to support people to bring an alteration in their substance use.

#### **Identification and Assessment**

Identifying and assessing the strengths and limitations of an individual is important. It is a sensitive issue and needs an effort on the part of a social worker to start a discussion or conversation with the members. The technique of observation performs a vital role in the stage of identification.

Social workers make a profile of the needs of children/family members or those negatively affected by the addict and their addiction. Social workers identify strengths and positive support in the person's life. They should be conversant with the laws, policies & programmes in relation to substance abuse, e.g. Mental Capacity Act 2005, the Care Act 2014, Mental Health Act 1983 (amended 2007), etc.

#### **Social Worker's Intervention in Providing Supervision and Guidance**

Social workers provide leadership training to the communities to take a stand against liquor & tobacco trading, trafficking and misleading young minds. They should stop buying and demanding banned substances and keeps a check, if any, on illegal activities going on in their locality and immediately informs the police authorities about it.

#### **Social Work intervention in the Community**

Social Workers should provide appropriate

knowledge to the people who enter in formal treatment settings and those who choose not to, because of domestic violence and peer pressure.

Social Workers should provide treatment referrals for family members (children, spouses, adult parents) where appropriate such as: family therapy, couples' therapy, play therapy, social skills training, parental training, psychiatric services etc.

Social worker needs to enter into communication and consensus with the individual and family members to develop a lasting maintenance and prevention plan, including planning additional activities or routines to eliminate substance use

An acceptable attitude and behavior of the parent should be the role model in shaping their children's attitude inclined towards healthy practices, and keep them away from alcohol, cigarettes, and drugs because they are the greatest influence in their children's lives.

Especially, those parents who are facing substance abuse problem could share their experiences and make their children understand the hazardous effects of indulging in substance abuse.

Adequate sports and games facilities should reach to every corner of the country. Employment opportunities should be made available so that young men/women do not suffer from aimlessness and depression.

School social workers should help children develop hobbies; take part in games and recreational activities so that they know what to do with their leisure time. An empty mind is a devil's work shop. They should keep a regular check on every student's performance, behavior, attendance. If any student is found suspicious, they should immediately inform parents and take appropriate actions. Social worker counsels, encourages and advices the parents to go for the neuropsychological testing if needed for the development of the child.

Social workers should have knowledge of local and national organizations working for prevention of drug abuse, treatment and recovery of addicts and provide referral services to their clients. They should

educate clients with substance use disorders about pregnancy prevention and provide education about risks of drug exposure on fetus.

Social workers should Review and modify post intervention care plan periodically. Advocate the individual, their children, family members and communities to legal alternatives to control the supply and demand of substances.

Social workers should make referrals to other agencies or helping professionals as needed. Initiate re-referral to specialist agencies if problematic use is a risk or has re-emerged. Help, develop and support mutual aid and peer controlled sustenance networks or group activity.

### **Involving the Community**

The social worker has to actively fight against addiction and need to take the help of social institutions. The social worker has to network with the primary school of the slum to carry out sensitization programmes on substance abuse. During the group sessions vulnerable students have to be identified to start Casework intervention. At the school level social works can empower the children to carry out rallies, street plays and campaign within the community on public holidays to generate awareness.

The youth clubs of the community have to be empowered so that they carry the torch in the battle against addiction. They have to be encouraged to de-motivate their peers to take up addiction. They would be against of positive reinforcement.

The law enforcement agency has to become a partner in all the initiatives. The social work has to ensure that the duty-bearers carry out all them responsibly in a transparent and efficient manner. This would mean that all the illegal wine shops selling harmful indigenous alcohol would be seized and necessary arrests would be made.

The religious institutions in the slum can also help address the issue. The illiterate masses of the slum are religiously inclined. Modern scientific information can sometimes become mere jargons to them. Therefore, the recognized religious leader can appeal to the religious sentiment of the masses by emphasizing addiction to be religiously prohibited.

This hegemonic instruction would be received faster by the addicts and sincere efforts would be made by the family and the addicted individual to give up the use of the addictive substance.

These are the few ways in which the social worker can involve the community to address the issue of addiction.

### **Conclusion**

The research paper is in congruent to other studies in this field. The studies by WHO have described the gender dynamics and stereotype in the Addiction. Addiction has evolved and seeped into the patriarchal social system. According to the UNDP report, tilted Women and Drug abuse: the problem in India, it is stated that the burden of the family economy is on the women as the addicts often resort to absenteeism. This puts them at a risk and result in mental health problems like stress, mood swings, depression which intern impacts their physical and social wellbeing. W. J. Filstead, (1981) in his paper discussed the toxic environment of violence and abuse in the family of an addict. He also compares how the children with addicted parents have behavioral problem due to the uncertain and unpredictable environment as compared to children on sober parents.

Thus, to conclude we can say that everyone is trying to survive in this world with their distinctive problems. The people living in the slums of Tangra are also trying their best to navigate through the changing tides of time. They are trying to adjust to the dynamic socio-political environment and its influence on their finances. Unfortunately, when the tide turns into a tsunami and too much is expected from individuals then they look for routes to escape and take to substance abuse as it becomes their life jacket in an ocean full of problems. However, this escape is to some extent self-serving as the individuals forget that they are not alone in their journey. They are not the lone victims. Their families and close associates, who are either providing care or are depended on the individual, also suffer. In retrospective they suffer more than the individual, for in most of the cases they are unaware of what to do or how to provide help. Therefore, in the end there is acceptance of the addicts, their addiction, the absenteeism from work, the abusive relationships, domestic violence, the disruptive childhood and a weary old age

accompanied by regressive family economy and deteriorate family's physical and mental health. Nevertheless, the social work professionals with their strategic community and family intervention cutting across different ages, gender, occupation and stages of addiction, can prove to be the silver lining on the dark cloud.

#### Acknowledgement

The researchers would like to thank the ten families and the fifteen women and youth who cooperated with them. We are obliged to them for willingly sharing their life experiences and difficulties.

We want to show our gratitude to Sava Kendra Calcutta for supporting us to conduct the study. We would sincerely like to express our respect and acknowledgement to our departmental faculties Dr. Sucheta Paul and Dr. Rupa Biswas for constantly guiding and mentoring us.

In the end we would praise our benevolent Divine Benefactor for providing us with this opportunity.

#### Conflict of Interest

No

#### References

1. Anderson, C. (2010). Presenting and evaluating Qualitative Research, *American Journal of Pharmaceutical Education*. Available at : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2987281/>
2. Banerjee, A. (2016). Migration in Slums of Kolkata: Examining Migrants Labour Market Outcomes, Working paper for National Institute of Urban Affairs under SHRAMIC Portal.
3. Dechenia, T., *et al.*, (2010). Substance use among adolescent high school students in India: A survey of knowledge, attitude, and opinion. *Journal of Pharmacy & Bio Allied Sciences*. Available at : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3147098/>
4. Enoch, D. (1998). Children of Alcoholics: Are They Different? National Institute on Alcohol Abuse and Alcoholism No. 9 PH 288, Available at <https://pubs.niaaa.nih.gov/publications/aa09.htm>
5. Filstead, W.J.; McElfresh, O. and Anderson, C. (1981). Comparing the Family Environments of Alcoholic and "Normal" Families. *Journal of Alcohol and Drug Education* 26(2):24-31.
6. Head, J. Stansfeld S.A., Siegrist, J. (2004). The Psychosocial Work Environment and Alcohol Dependence: A Prospective study. *Journal of Occupational and Environmental Medicine*. 61:219-224
7. Marina, B. Drugs in the family: The impact on parents and siblings. Available at : <http://www.jrf.org.uk/sites/default/files/jrf/migrated/files/1859353207.pdf>
8. Miller, A. The role of social workers in the fight against drug abuse. Available at: <https://work.chron.com/role-social-workers-fight-against-drug-abuse-11513.html>
9. Ministry of Social Justice and Empowerment, Government of India. (2002). Women and Drug Abuse: The Problem in India. Highlights of the Report UNDCP Regional Office for South Asia. Available at : [https://www.unodc.org/documents/hiv-aids/publications/drugs\\_abuse\\_problem\\_web.pdf](https://www.unodc.org/documents/hiv-aids/publications/drugs_abuse_problem_web.pdf)
10. Narcotics Control Bureau, Government of India (2017). Annual Report, Available at : [http://narcoticsindia.nic.in/upload/download/document\\_id17c3433fecc21b57000debd7ad5c930.pdf](http://narcoticsindia.nic.in/upload/download/document_id17c3433fecc21b57000debd7ad5c930.pdf)
11. National Survey on Extent and Pattern of Substance Use in India, (2019). Magnitude of Substance Use in India Report. Ministry of Social Justice and Empowerment, Government of India. Available at : [http://socialjustice.nic.in/writereaddata/UploadFile/Magnitude\\_Substance\\_Use\\_India\\_REPORT.pdf](http://socialjustice.nic.in/writereaddata/UploadFile/Magnitude_Substance_Use_India_REPORT.pdf)
12. Rockville. (2004). Substance Abuse Treatment and Family Therapy, Chapter 2: impact of substance abuse on family. Substance Abuse and Mental Health Services Administration (US) Available at : <https://www.ncbi.nlm.nih.gov/books/NBK64258/>

13. Shikha M. *et al.*, (2017). A Study of Socio-Demographic Profile of Substance Abusers Attending De-Addiction Centres in Kolkata City. *International Journal of Health Sciences and Research*. Available at : [http://www.ijhsr.org/IJHSR\\_Vol.7\\_Issue.2\\_Feb2017/12.pdf](http://www.ijhsr.org/IJHSR_Vol.7_Issue.2_Feb2017/12.pdf)
14. Singh, N. K. *et al.* (2012). Perceive Family Environment among Parents, Spouses and Siblings of Alcohol Dependence Patients: A Comparative Study. Available at : <https://www.omicsonline.org/perceive-family-environment-among-parents-spouses-and-siblings-of-alcohol-dependence-patients-a-comparative-study-2155-6105.1000126.php?aid=6990>
15. University of South California Libraries (2018). Organizing your social sciences research. University of Southern California. Available at : <http://libguides.usc.edu/writingguide/methodology>
16. World Health Organization (WHO) (1994). Lexicon of Alcohol and drug terms, retrieved from : [http://www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/)
17. World Health Organisation (WHO). (2018). Global Status Report on Alcohol and Health 2018. World Health Organisation. Available at : [https://www.who.int/substance\\_abuse/en/](https://www.who.int/substance_abuse/en/)