

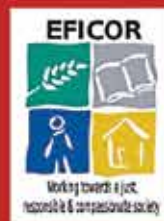
# वेदिकीकरण

Issue 3, 2018

Evangelical Perspectives on Mission and Ethics



# DRUG ABUSE



**Do not offer any part of yourself to sin as an instrument of wickedness,  
but rather offer yourselves to God as those who have been brought from death to life;  
and offer every part of yourself to him as an instrument of righteousness.**

*Romans 6:13 (New International Version)*

**Drishtikone** means perspective or viewpoint in Hindi. The magazine seeks to provide a space in which Christians can share their perspectives and points of view on wholistic mission in India.

Our Vision is that **Drishtikone** will motivate change in readers. The experiences of development practitioners, theologians, grassroot workers and others demonstrating God's love in a practical way, will influence and encourage Christians to join the struggle for peace and justice in this country.

**Drishtikone** seeks to present a Biblical perspective on social issues and provide readers with information and models of engagement in wholistic concerns. It is a forum for evangelical reflection and dialogue on development issues in India.

**Drishtikone** is published three times a year by EFICOR to mobilise Christian reflection and action. Financial contributions from readers are welcome to support EFICOR in its efforts to influence the mind towards action.

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*Letters to the Editor...*

Dear Editor,

Amidst loads of work piled up on my desk, I couldn't resist gleaning over Drishtikone that promptly reaches me. The last page on, "Ideas for Action" on the Air Pollution issue is a creative move. This can be used as a poster in community/office set ups.

Thank you.

Faith Kulothungan  
Maharashtra Village Ministries  
Maharashtra

Dear Editor,

Drishtikone issue on 'Air Pollution' has put the spotlight on a very urgent and important issue that is affecting not just our health but our very existence. The articles are relevant and thought-provoking, and will certainly raise awareness on the problems and possible solutions to tackle the growing threat of air pollution.

My best wishes and hope you will continue the good work!

Thank you,

Esther N. Hanghal  
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Dear Editor,

Thank you for sending me the issue on 'Air Pollution' and keeping me informed. I truly value the information given in the magazine.

Prayers and best wishes,

Varsha  
Delhi

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## *Editorial...*

A stark reality which haunts humanity since the advent of opium (as a relaxant) is the increasing trend of drug abuse in countries across the world. This has enormous impact on not just the individuals who are addicted to drugs but to their children, families and society. Its influence can be seen in the rising cases of violence against women and children, high suicide rate among the youth, etc.

Drug abuse which was once considered a problem primarily for city dwellers is now becoming increasingly common in the suburbs and rural areas. Each year there are many reported overdose deaths due to drug use/drug addiction. It has now affected many people regardless of race, gender, age, economic status or region. Global statistics show that deaths related to drug abuse and dependence have been increasing over the years - statistics with regard to this are in some of the articles in this issue of Drishtikone. This shows that there is great need for care and rehabilitation of the victims. The Government of India has attempted various measures to control and combat the entry of illicit drugs in the country. Even as it tries to control the availability and use of drugs, a proper framework and policy guidelines should be made mandatory to be followed at every level of entry and use. As per data given by the Integrated Rehabilitation Centre for Addicts (IRCA), the government has only 401 functional rehabilitation centres - for an estimated 3.4 million drug abuse victims. That is an average of 8, 478 drug abuse victims per rehabilitation centre as per IRCA. It is worth noting at this point that many civil society organisations and the church in India have done commendable work in trying to rehabilitate and reform many of the victims. The church in India also needs to be more upfront in dealing with the drug menace. At the same time, a sincere attitude of love and acceptance for the victims is needed as the church continues the good work of reforming many lives gone off course. This issue, therefore, seeks to bring awareness to the readers to be kind and loving instead of adopting a judgmental attitude towards the victims.

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# Drug Abuse

**Dr. Chawnglungmuana**

President Nixon declared a “War on Drugs” in 1971. In the latest UN General Assembly Special Session (UNGASS) 2018, world leaders admitted that the “War on Drugs” has failed.

The non-medical use of prescription drugs has become a major threat to public health and law enforcement worldwide with opioids<sup>1</sup> causing the most harm and accounting for 76% of deaths where drug use disorders were implicated, according to the latest World Drug Report 2018, released by the United Nations Office on Drugs and Crime (UNODC). As the World Drug Report (2017) clearly shows, there is much work to be done to confront the many harms inflicted by drugs to health, development, peace and security in all regions of the world.

Drug abuse has become one of the most complex epidemics to threaten the global community in the present century. No country is free from this epidemic, and it has tormented law enforcement officials, health care providers and policy makers worldwide. The war against drugs has grown stronger, but the epidemic has also grown stronger. Even highly developed countries like the United States have failed to check the drugs menace, and in India, we have witnessed serious drug abuse problems in recent years, even among conservative communities. The illegal drugs trade has caused havoc and left a trail of destruction in many parts of the globe. Pictures of addicts being treated in places like monasteries by monks have plastered the walls of reputed newspapers like Time.

India has long been a preferred smuggling route of illegal Opioid drugs, notoriously from the Golden Triangle area. We have failed to check this illegal smuggling and have somehow become a thriving market for these illegal drugs instead. North Eastern states, due to their close geographical proximity to Myanmar have struggled with the drugs menace for the last two or so decades. Many parts of Northern and Central India have seen a recent spike in drug abuse. States like Punjab are reeling from the drugs menace, and the scale of the problem has become undeniably immense and worrisome. Prescription drug abuse is growing in India, and there has been significant diversion of these drugs with abuse potential from the mainstream pharmaceutical market. Recognising the dire situation,

the Supreme Court of India has recently directed All India Institute of Medical Sciences (AIIMS) to formulate a national action plan to combat the drug menace.<sup>2</sup>

We have failed to understand the complex nature of drug abuse. Drug abuse is a chronic relapsing mental disorder that can be treated. It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control, and those changes may last a long time after a person has stopped taking drugs. But more often, we tend to view it as a menace to society, and we continue to stigmatise and discriminate those who are affected by the disorder. Due to this prevailing perception, access to treatment is delayed; often leading to increased morbidity and overdose death, and their families suffer silently.

Drug abuse and the resulting addiction is a complex disorder which seriously affects the physical and mental health of a person. Due to its relapsing nature, it cripples the person and renders him/her helpless. It brings along a myriad variety of co-morbidities – physical ill-health, mental disorders and a host of communicable diseases like HIV and AIDS, Hepatitis B and C, and even Tuberculosis. Even Opioid Substitution Treatment (OST), which is one of the best treatment options available for treating Opioid Dependence, has been incorporated into the National AIDS Control Programme of India. Considering the health risks which are closely associated with drug abuse, it has become a critical public health issue. Recovery is a long and tedious journey where a variety of treatment options have to be considered. No single treatment is effective, and treatment has to be tailored for each individual, depending on their social environment.

Considering the concern raised by the Supreme Court of India, it is evident that more and more young people are affected by drugs and it has even become a preferred social interaction medium among many youths. Affected families fail to identify drug abuse among their children early, and that is one of the main reasons why treatment often fails, as their children have already been deeply addicted to drugs. Most commonly, these children or youths started experimenting with over-the-counter pharmaceutical drugs and other illegal soft drugs like Marijuana<sup>3</sup> which are considered as Gateway

<sup>1</sup> Opioids – These are illegal or controlled psychoactive drugs – both synthetic and semi-synthetic, derived from Opium. They are previously termed Opiates, which is a natural alkaloid found in the resin of Opium poppy.

<sup>2</sup> <https://indianexpress.com/article/india/supreme-court-asks-aiims-to-formulate-national-action-plan-to-combat-drug-menace-5269765/>

<sup>3</sup> Scientific name is Cannabis sativa, also called Cannabis, is a psychoactive drug obtained from the Cannabis plant.

Drugs that often progress into hard-core drugs like Heroin<sup>4</sup> and Methamphetamines<sup>5</sup> which are highly addictive. When addiction sets in, that is when the real problems start trickling in. It causes havoc to their family and social environment and brings along anti-social elements which often results in social problems, accidents, unlawful activities and imprisonment.

The terrible impact of drug use on health can be seen in related cases of HIV, hepatitis and tuberculosis. Almost 10-15% of new HIV infections are through sharing of infected needles and syringes; in some areas, even as high as 25%. In Eastern Europe, Central Asia, Middle East and North Africa, decline in new HIV infections have halted and reversed again in the last 5 years. Much of this negative reverse trend has been attributed to injecting drug use. Prevalence (and even incidence) of Hepatitis C infection among injecting drug users is very high, some areas even record figures as high as 80-90%. Resurgence in Tuberculosis infection has been noted, especially among drug users who are commonly co-infected with HIV. Multi-drug resistant TB (MDR-TB) is also commonly observed among these key populations. A variety of co-morbidities accompany drug abuse, and as it often afflicts young adults, productivity significantly suffers too.

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Apart from the health impact, drug abuse also results in a number of social problems. It devastatingly cripples relationships, marriages, home and family environments, education and employment, and sharply reduces the productivity of a person. A number of legal consequences follow drug abuse too. Imprisonment due to drug abuse and/or drug related cases remains high in most of the prisons, in some areas even as high as 40-50%. Even in other correctional facilities and rehabilitation homes, drug users are the majority population. Psychiatric Wards in hospitals are flooded with drug abuse cases. Many drug users face social castration and are left homeless. When we consider the adverse effects and impact of drug addiction - to a person, his family, his social environment, we can understand that it requires a herculean effort to treat and manage.

Due to our poor understanding of drug abuse and addiction, access to treatment is often delayed. In a conservative society like India, many affected families tend to ignore the problem due to fear of social stigmatisation, and by the time they approach health care providers, the problem is already in an advanced stage. Also, mental health disorders are poorly understood, and the health care professionals who are adept in dealing with drug addiction – Psychiatrists

<sup>4</sup> It is also called diamorphine among other names. It is an opioid most commonly used as a recreational drug for its euphoric effects.

<sup>5</sup> It is a potent central nervous system stimulant that is mainly used as a recreational drug and less commonly as a second-line treatment for attention deficit hyperactivity disorder and obesity.

and Clinical Psychologists are often viewed as shrinks who treat people who are mentally unstable. Those who access treatment are often dismayed by the prolonged treatment course and frequent relapse. Many resort to spiritual interventions. Even in a developed country like Russia, scientific treatment of drug addiction has been ignored, and “cold turkey detoxification treatment” has been promoted, which became one of the most controversial debates during the United Nations General Assembly Special Session (UNGASS) in April 2016.<sup>6</sup>

Considering the complex nature of drug addiction and its somewhat futile treatment effort, it is evident that those who are already affected have a poor chance of complete recovery. In this regard, it is of utmost importance that we focus our attention on drug abuse prevention. But where do we stand in our efforts to prevent drug abuse? Worldwide we have seen some good examples of drug abuse prevention models, especially among school children and young adults. During the International Association for Adolescent Health 11th World Congress on Adolescent Health in October 2017, a host of countries presented interventions which were aimed to minimise adolescent health risks, particularly on substance abuse. Countries like China have adopted a life skills approach and effectively incorporated these interventions in their adolescent health programmes. In India, our efforts to provide school-based intervention through the Adolescent Education Programme failed to materialise. Individual efforts like the one in Jharkhand (presented during the World Congress)<sup>7</sup> have had some promising results. However, much more needs to be done to ensure affordable access to effective scientific evidence-based prevention, treatment and care for the people who desperately need help, including those in prison settings.

Globally, the war on drugs focuses on three areas – Supply Reduction, Demand Reduction and Harm Reduction. Law enforcement agencies, the Anti-narcotics squad and the government provides the Supply reduction intervention, but it is an uphill task as the drugs trade is the second most lucrative business in the world, only next to the arms trade. Countries have often failed to check the movement of illegal drugs. Some have even resorted to decriminalising the use of such psychoactive drugs like the case of legalising Marijuana in Netherlands. It is quite surprising to realise that some highly conservative Muslim countries like Bangladesh and Pakistan are grappling with drug addiction.

<sup>6</sup> <https://www.theguardian.com/world/2016/apr/20/ungass-russia-drug-treatment-heroin-methadone>

<sup>7</sup> UDAAN in Jharkhand – Government of India, Ministry of Human Resource proposed a Nationwide Adolescent Education Program (AEP) which was undertaken by the NCERT. Jharkhand state took up the initiative through collaboration with the State AIDS Control Society and Department of Education. Launched in 2006, it became one of the largest interventions of its kind in North India and reached out to more than 500,000 adolescents through the UDAAN curricula in classes IX and XI in almost 1500 government secondary/senior secondary schools. The initiative is also recognised by the National AIDS Control Organization (NACO). [www.c3india.org/what-we-do/girls-education-and-youth-development/udaan/](http://www.c3india.org/what-we-do/girls-education-and-youth-development/udaan/)

Sources from the Narcotics Control Bureau, India stated that many of the Amphetamine-type Stimulants<sup>8</sup> from the Golden Triangle area<sup>9</sup> have been smuggled to these countries.

As long as the demand for drugs exists, the illegal trade is bound to flourish. Leaders of three countries – Mexico, Guatemala and Colombia, who are hard-hit by drug-related crimes, have called for a more 'humane solution' to the drugs problem that goes beyond a focus on enforcement and criminalisation during the UNGASS 2016.

Demand reduction interventions are critically inadequate. In India, the Ministry of Social Justice and Empowerment (MSJE) handle this intervention, but efforts have not been intensified. Most of the interventions are institutional in approach, and resources including human resource and facilities often fail to meet demands. There exists little provision for social re-integration and after-care treatment services are deficient. Those who receive institutional treatment return to the same social environment where chances of relapse remain high. As mentioned previously, due to the complex nature of drug abuse and addiction, there is a need for multi-dimensional approach to treat the affected. Institutional treatment alone is unable to treat the problem; we need to combine multiple approaches. A host of factors are involved in the recovery process including family environment. Family interventions, fellowships with peers (like Narcotics Anonymous), spiritual healing interventions etc. needs to be considered and included in the post treatment plans. It is inspiring to note that the Supreme Court of India has come to realise the grave situation and requested AIIMS to formulate a national action plan.

Harm Reduction, on the other hand, has been largely incorporated with the National AIDS Control Programme, as drug using populations are one of the key target groups under the NACP. A variety of co-morbidities accompany drug abuse which includes physical and mental health problems, psychiatric disorders, communicable diseases like HIV and AIDS, Hepatitis B and C, and Tuberculosis. Injecting drug users have become the bridge population that transmits these serious diseases to the general population. Interventions under NACP provide harm reduction in the

## “How have the Faith-based organisations and the Christian communities reacted to this drug abuse problem? Christian communities have an important role to play in combating the drug menace.”

form of needle syringe exchange programmes, opioid substitution treatment, and safe sex promotion. It is heartening to note that national efforts are underway to integrate Hepatitis B and C prevention programmes with the NACP. Tuberculosis programme (RNTCP)

has already been integrated with the NACP too. In spite of these efforts, harm reduction interventions are poorly understood, and many communities still reject such interventions.

How have Faith-based organisations and Christian communities reacted to this drug abuse problem? Christian communities have an important role to play in combating the drug menace. Drug abuse seriously affects the mental and spiritual health of a person, and scientific treatment alone cannot fully address their needs. Social integration and rehabilitation is a key element of the recovery process, which FBOs and Christian communities can play a vital role. Due to the social impact of drug abuse like family disharmony, broken relationships and trusts, Christian communities need to intervene to bring about healing, which cannot be adequately addressed by science alone. Churches need to embrace interventions to lower demand and reduce harm in order to educate their congregations, and raise awareness about the issue. Their role in drug abuse prevention interventions cannot be undermined.

Until and unless we put up a concerted effort, we are currently on the losing side. The illegal drugs trade is on the rise, the drugs cartel and smuggling chain have become more organised and stronger, and this has brought deep-seated corruption which often cripples the fight against drugs. The World Drug Report 2018 paints a bleak picture - an increase in illegal drug use worldwide, rising global drugs trade, an increase in the non-medical use of prescription drugs, a sharp spike in the number of drug overdose deaths etc. Considering these figures, we seriously need to intensify our efforts to combat the drug menace, assess and revise our existing strategies, combine evidence-based interventions with community participation and advocate with policymakers to strengthen drugs control efforts and management policies.

<sup>8</sup> Amphetamine-type stimulants (ATS) refer to a group of drugs whose principal members include amphetamine and methamphetamine.

<sup>9</sup> It refers to the area where the borders of Thailand, Laos, and Myanmar meet at the confluence of the Ruak and Mekong Rivers. It has been one of the world's busiest drug trafficking regions.

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# Current Drug Abuse Scenario and Treatment Options in India

**Mr. Subasish Chatterjee**

6 Drug abuse is definitely one of the most important social concerns across all nations, particularly among the developing and underdeveloped countries of the world. In a country like India, drug and alcohol dependency became prevalent with the use of cannabis in the sixties following the lifestyle of rock-and-roll bands, such as the Beatles, but the all-time high which bewildered parents and learning institutions and the Government was in the late 70's and early 80's when Afghanistan was closed and heroin found its way to the young people in our major cities, including Calcutta as it was known at that time. Then in order to make it available to the youth in the lower middle class and street level, heroin was substituted by a cheaper opium derivative, Brown Sugar, which became increasingly popular with the youth. Being highly addictive, physical withdrawal would set in quickly and thousands of young people became victims. It was then that the Government took an initiative and world-wide people were addressing the new menace. The Nineties were years of seminars and workshops and collaborating with UNODC and both Asian, African and Western Governments sitting up to take stock. In recent years, it has spread like an epidemic in Punjab and Haryana and even Rajasthan, where drug abuse was unheard of, even a few years ago. Opioids (or opium derivatives) have been the killer drug in the North-Eastern states due to its proximity to Myanmar. In fact, substances such as Heroin and Brown Sugar are essentially made from opium. In the "Golden Triangle", Myanmar is probably the only country where open production of Heroin from opium cultivation is clearly visible. The other countries in the 'Golden Triangle' have either significantly reduced drug production and/or have legally banned them.

Today the main opium producing countries are located in the 'Golden Crescent' that includes the whole of Afghanistan, parts of Pakistan, Iran and Iraq. Most of the production and smuggling takes place from these countries to most parts of the world for different grades of Heroin. Today, the Golden Crescent is a far bigger source of opium and heroin production than the 'Golden Triangle.'

In India, opium is traditionally cultivated in different parts of northern India mainly for medicinal purposes. In fact, opium and its derivatives that is morphine and morphine-based are absolutely necessary in the pharmaceutical industry (no surgery can actually be done without them). However, increase in opium production via different means are being done on the sly with hardly any regulation/control by the Government and opium that is sold in the black market is being used to manufacture high grades of heroin and its cheaper derivative, Brown Sugar. It may be mentioned here that heroin is the most potent drug in the world in terms of its addictive potential. Surprisingly, alcohol continues to be the No. 1 drug that is abused internationally. There are more cases of alcoholism than any other forms of drug-dependency or abuse. In India (and probably in the rest of the world), alcohol dependency which includes various forms of country liquor, still happens to be the most abused substance. In most of the treatment centres in India, alcohol dependency is the most common reason for treatment. This is not to state that consumption of other drugs has remained the same or has declined. In India drug dependency is unfortunately on the rise and has taken up epidemic proportions in certain pockets of the country, including the North-East. Injecting drug use is easily visible in the North-Eastern states, but is not found in such large proportions in other parts of the country in spite of the survey conducted by NACO. Figures provided by NACO do not seem to match the actual figures of drug abuse by people who come for treatment.

## Treatment Overview

In the Cover Story article written by Dr. Chawnglungmuana, I will have to disagree with what has been claimed in the article that Opioid Substitution Treatment (OST) is one of the best treatment options available for Opioid dependency. As far as we are aware, substitution or harm reduction programmes have found very little success in India simply because there are not enough regulated systems by the Government to help the patient to continue the therapy and then to gradually taper off the substitute drug that minimises withdrawals. As the prerogative of having the substitute drug



lies solely with the patient, in most cases, the drug from the counter is invariably stopped and the person reverts back to the chemical that he has been abusing. India unfortunately, does not have a structured methodology where there is a punitive measure for discontinuing the substitute drug that ultimately leads the patient to a much lower dosage facilitating the transition to a detoxification and then to complete abstinence. While injecting drug abuse does have the risk of contracting Hepatitis B and C, it has been observed that HIV contraction due to sharing of syringes is still a very small percentage in India, although it has been increasing in other parts of the world. Unsafe sex still constitutes by far the largest cause for contracting HIV simply because the HIV virus will have to be in a blood product in order to exist. The virus cannot live outside blood products for more than a minute.

The treatment for drug abuse will finally have to be geared more towards abstinence rather than substitution in India. It is important for the government to truly understand the situation that exists at the ground level and to have more legislation as well as avenues for treatment than what exists today. It is true that stigmatisation is definitely a hindrance to address this fast-growing social menace in India, the government needs to be more realistic and concerned about this massive problem rather than spend time with fictitious figures that are often generated through surveys. Psychiatrists insist on a medical cure when it has been absolutely validated that there is no medical cure for this disease. The desire to do drugs can only be temporarily decreased so long as the affect of the medicine (usually another drug) is continued, but there is no solution to the way the brain responds through the limbic system and the way certain neurotransmitters are enhanced due to drug intake. Although the brain does reduce the number of receptors (of dopamine, for example), the complex effects of the pleasure system are yet to be negotiated.

Residential rehabilitation centres are a good option for a country like ours and the Spiritual Principles of 12-Steps have been most successful in addressing this problem. A combination of therapies has also worked well in different parts of the world, but looking into the context of our

**“The treatment for drug abuse will finally have to be geared more towards abstinence rather than substitution in India. It is important for the government to truly understand the situation that exists at the ground level and to have more legislation as well as avenues for treatment than what exists today.”**

country, it may be a good idea to segregate people from different income-groups and tailor the programme according to such profiles.

As far as demand and supply reduction is concerned, it will truly be an uphill task for the government to reduce drug peddling. In fact, unless some drastic measures are taken (as was done in parts of the Golden Triangle area and China), it will be hard to stop drug peddling and smuggling simply because of the money involved. It would probably be a better idea to improve treatment procedures and a greater focus on education and awareness for negotiating this problem. It must necessarily be a priority area of the government and more resources have to be channelled into it. At the moment, it is not a priority area of the government and the Ministry of Social Justice and Empowerment, MSJE, has only been able to scratch the tip of the iceberg.

Faith based organisations, especially Christian based definitely have an important role to play in this grave matter. This is because of the value placed on the individual in spite of his problem. Such acceptance and affirmation based on looking at people from God’s viewpoint (the premise that every individual is made in the image of God and has intrinsic value), from our experience of working with drug abusers in the Arunoday Midway Home, has proved very effective in overcoming deep barriers, of rejection, remorse, helplessness and worthlessness from which most addicts suffer.

The 12-Steps principles, we believe can easily relate to Christian ethics and to Scripture. If the patient is motivated along the Steps of the programme, it can really do wonders in terms of recovery. At the same time, it is a challenge to implement it in our country and often it has to be modified to the actual drug history of the client in treatment settings as Spiritual growth is becoming increasingly scarce especially among the youth of today. Thus, evidence-based approaches including Spiritual principles of recovery and an effective follow-up plan may go a long way to wean people away from the disease of drug dependency in India.

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# An Approach to Restoring Broken Lives

**Mr. Albert P.J.**

The Cover story article of this issue has brought out the complex nature of drug abuse and its components very well. As mentioned by Dr. Chawnglungmuana, drug addiction is a lot like other diseases, such as heart disease as they both disrupt the normal, healthy functioning of the body, have serious harmful effects and are in many cases, preventable and treatable. If left untreated, they can last a lifetime and may lead to death. Drug addiction is not just about heroin, cocaine, or other illegal drugs but also includes alcohol, nicotine, etc. Drugs or opioids are one of the most problematic illegal substances globally. Opioid abuse is associated with complications in various spheres of the user's life, in the life of his/her family, and in society.<sup>1</sup>

**8** In his article, however, the usage of the terms 'drug addiction' and 'drug abuse' has been in a somewhat similar tone. I would like to point out that though the terms are similar, both have different implications. Drug abuse is when you use legal or illegal substances in ways that should not be. Many people abuse drugs to feel good, avoid stress or avoid facing real life problems. The abuser usually is able to change his/her unhealthy habits or quit it altogether. Drug addiction is when a person cannot stop using the drugs. The urge to get and use drugs happens most of the time even if he/she wanted to quit. Once addicted, a person's brain is wired to repeat experiences that make the person feel good. The brain is filled with a chemical called dopamine which triggers a feeling of intense pleasure. So, an addicted person keeps seeking out drugs in ways that are beyond their control.

Once introduced, drugs can quickly take over a person's life. They have a hard time controlling their need to take drugs even though it causes many problems for themselves and their families. Occasional drug use, such as misusing an opioid to get high, can have disastrous effects, including overdose and dangerously impaired behaviours. The likelihood of developing an addiction differs from person to person, and no single factor determines whether a person will become addicted to drugs. In general, the more risk factors a person has, the greater the chance that taking drugs will lead to drug abuse and addiction. Protective factors, on the other hand,

reduce a person's risk. Risk and protective factors may be either environmental or biological. The youth are particularly at risk due to peer pressure and influence.

Under the International Classification of Diseases - 10th revision (ICD -10), given by the World Health Organization (WHO), two distinct diagnostic entities of drug abuse exist:

1. Harmful use: A pattern of substance use in which a user experiences physical or psychological harm by substance use, and despite such harm, continues to use the substance. During harmful use, though the user is not dependent on the particular substance, he/she still suffers from adverse consequences related to the use of the substance and continues the substance even though he experiences these harms. The user may or may not be using the substance on a daily basis.
2. Dependence: This is a pattern of substance use in which the substance is used on a daily/almost daily basis, and the substance use and associated behaviour takes precedence over other behaviours/activities that were important to the individual. In this pattern of substance use, a number of symptoms generally appear in the physical, psychological and social domains that form the diagnostic criteria of dependence.

Usually, an individual progresses from the stage of use and harmful use before going on to develop dependence on the substance.

Research reports show that in India, a vast majority of the Injecting Drug Users use opioids as their primary drug of choice. These opioids include heroin (pure or the impure - 'smack'/'brown sugar') as well as pharmaceutical opioids such as buprenorphine, pentazocine and dextro-propoxyphene. The opioids may be injected either alone or in combination with other substances. The other substances are combined with opioids to enhance the pleasure of opioids.

The choice of opioids for the purpose of injecting differs from one region to another. In the north-eastern region, heroin and dextropropoxyphene are the most commonly used opioids; impure heroin, known as smack and buprenorphine

<sup>1</sup> Indian Journal of Psychiatry. 2017 Jan-Mar; 59 (1):39-45. doi: 10.4103/psychiatry.IndianJPsychiatry\_37\_17.

are the most commonly used opioids in metropolitan cities such as Delhi, Mumbai, Chennai and Kolkata. In states such as Karnataka, Andhra Pradesh, Chattisgarh, etc., pentazocine is the most commonly injected opioid. In the states of Punjab and Haryana, buprenorphine is the choice of opioid injectors. Thus, the opioids injected are either heroin or its impure variety, that is manufactured and sold illegally only for the purpose of abuse, or pharmaceutical opioids which are also manufactured and sold in pharmacies/chemist shops for their medicinal value.

With the growing concern of addiction and abuse rate, the Government as well as various civil society organisations formulated various measures and policies to curb the menace. As mentioned in the Cover story article, Opioid Substitution Therapy (OST) has been one of the successful interventions to rehabilitate the addicts worldwide. In India, under the National AIDS Control Programme, OST was introduced as a HIV prevention strategy among IDUs and it was formally integrated in National AIDS Control Programme (NACP) in 2007. A study on Opioid Substitution - Buprenorphine in India, done by the United Nations Office on Drugs and Crime, Regional Office for South Asia (UNODC-ROSA) in collaboration with the AIIMS (Delhi) in 2010 developed a peer reviewed protocol for implementing intervention of Oral Substitution Buprenorphine (OSB). The study demonstrated that it is possible to administer long term use of buprenorphine to treat opioid dependence. They found that opioid substitution with buprenorphine is an effective and feasible medication for long-term treatment of opiate dependence in India.

Opioid substitution therapy (OST) has demonstrated better retention rates than other existing treatment strategies. OST is currently available in 77 countries. Of these, most countries use methadone as the OST medicine, followed by buprenorphine. In India, OST has been available since the early nineties when buprenorphine started being used in some Government hospitals as well as by some NGOs. Buprenorphine's unique effects and pharmacology makes it an attractive and clinically beneficial treatment option. The World Health Organization (WHO) has included buprenorphine in the 'WHO Model List of Essential Medicines'.

From our experience of working with the addicts at Abhayam Home in Bangalore, we have found a similar trend experienced by the addicts - unhappy childhood, love, care, belonging, fear, physical abuse, sexual abuse, emotional abuse, grief and shame. Addiction binds a person's potential from being the best that they can be. Their money, energy and time revolve around satisfying the craving of their next shot of intoxicant. Like a chained prisoner, addiction weighs down the individual. Unable to be set free, they wallow in

self pity and helplessness, using the substance that ruined their lives to comfort them once again leading to a vicious circle that costs them all their lives.

To be rehabilitated, a willing heart to change is first of all required for healing. Healing is difficult since it affects all areas of life - biological, psychological, social and spiritual. Dr. Chawnglungmuana has also rightly pointed out the need for a multi-dimensional approach to treat the affected and that institutional treatment alone is unable to treat the problem of drug addiction. I agree with what he has mentioned that there are a host of factors involved in the recovery process including family intervention, fellowships with peers (like Narcotics Anonymous), spiritual healing interventions etc. for post treatment plans.

From my experience, I have laid down the various problems faced by the addicts and ways to rehabilitate them –

#### 1. Physical

The addicts are physically drained out. While they are in addiction, they will not eat anything so they need rest, proper meal and sleep. They go through severe withdrawals during this time, so they need to get medical or professional help because withdrawals can even be fatal.

#### 2. Psychological

Engage in individual and group therapy, they can talk to the counsellors about their anxiety and fear. They should engage their mind creatively for reading, playing, music and other activities.

#### 3. Social

Start building relationship and trust with family and friends. They should not remain aloof and idle. They should make amends with people they have hurt and if possible, restore relationships with family and friends.

#### 4. Spiritual

Help the addicted person to develop their purpose in life. Forgiveness is very important to move forward, help them to forgive and go ahead in life. Help them to connect with God.

These are a few of my suggestions. We have also incorporated a multi-dimensional approach in dealing with the addicts at Abhayam Home and it has brought about tremendous change among the many addicted victims.

*(Mr. Albert P.J. is the Executive Director of Abhayam - A Rehabilitation Centre based in Bangalore, Karnataka. He can be reached at [albert@abhayamtrust.org](mailto:albert@abhayamtrust.org), [www.abhayamtrust.org](http://www.abhayamtrust.org))*

# FACTS

To assist the alcoholic/drug dependent persons -  
National Toll Free Helpline -

# 1800110031

Heroin, methamphetamine and prescription drug use and abuse is on the rise, while heavy cocaine use has remained relatively steady. Drug abuse statistics show that between 600,000 - 700,000 people are regular cocaine users.

- Cocaine use peaked in the late 1980s and early 1990s and has fallen since.
- Methamphetamine is on the rise in rural areas.
- Methamphetamine is mostly abused by people aged 15 - 25.
- Prescription drug abuse is rising sharply particularly among teenagers.
- The use of "club drugs" such as ecstasy, GHB, Ketamine and LSD is on the rise, particularly among teenagers who, incorrectly, believe these drugs are harmless.
- Based on data from the combined 2009 to 2014 National Surveys on Drug Use and Health, about 1 in 8 children (8.7 million) aged 17 or younger lived in households with at least one parent who had a past year substance use disorder (SUD).
- About 1 in 10 children (7.5 million) lived in households with at least one parent who is addicted to alcohol.
- About 1 in 35 children (2.1 million) lived in households with at least one parent who is addicted to drugs.
- Every day, India sees 10 suicides related to drug abuse - and one of them is from Punjab.
- Data provided by the National Crime Records Bureau, showed that the states of Maharashtra, Madhya Pradesh, Tamil Nadu and Kerala are at the top of the chart for drug-related suicides.

## List of Rehabilitation Centres in India

### ABHAYAM

#4, 3rd A Extn. Lake View Residency,  
Horamavu Agara. Horamavu P.O.  
Bangalore - 560 043.  
+91 80 2531 5749,  
+91 99805 91002  
abhayambangalore@gmail.com  
Helpline No. +919980591002

### Kripa Revival Centre

No. 1/1, Narayanswamy Building,  
Kempe Gowda Circle, Kempe Gowda Road,  
Dasarahalli - Yelahanka Main Road,  
HA Farm Post, Hebbal, Bangalore -560024,  
Karnataka.  
91-80-6452-6462  
info@kriparevivalcentre.org  
www.kriparevivalcentre.org

## Bangalore

### Anunitha/Cadabam's Rehabilitation centre

Gulakamale Village,  
Near Kaggalipura, 17th Mile, Kanakapura Road,  
Post Taralu, Bangalore - 560 082.  
Phone: +91 - 9611194949  
Email: info@cadabams.org  
Website: www.cadabams.org/anunitha/contact.php

### Art of Living Deaddiction Centre

Near Main Gate,  
Sri Sri Ayurveda Hospital Campus Udayapura Post,  
Kanakapura Road, Bengaluru  
Karnataka - 560 082.  
Phone: (080) 67976710 (+91) 9739094453  
Email: aoldeaddiction@ssach.org

**Umeed Wellness Centre  
(Drug/Alcohol  
Rehabilitation)**

114/2, IGNOU Road,  
Neb Sarai,  
New Delhi - 110 068.

Contact person:  
Mr. Girish (Gary)  
Ph. +91-8800727020  
Email: [umeed.in@gmail.com](mailto:umeed.in@gmail.com)

**Sarvam  
Neuropsychiatric Centre**

Opp. Rajiv Gandhi Khel Stadium  
Village Paploha, Tehsil Kalka  
Panchkula District,  
Haryana - 133 302.

Sunrise Foundation  
Sector No. 20, Plot No. 17,  
Flat No. 6, Rachana Apartment,  
Krushnanagar, Chinchwad,  
Pune - 411 019, Maharashtra  
Phone: +91 7972 937 910 /  
+91 9922426706  
Email: [info@sunrisefoundationindia.com](mailto:info@sunrisefoundationindia.com),  
[popathajare1@gmail.com](mailto:popathajare1@gmail.com)

Arunoday Midway Home  
48, Ripon Street  
Kolkata 700016  
West Bengal  
Email: [emcalcutta@gmail.com](mailto:emcalcutta@gmail.com)  
Website: [www.amidwayhome.org](http://www.amidwayhome.org)

NASHAMUKTI KENDRA MANIPUR  
Yairipok Azad bazar, Top Golai,  
Imphal East District, Manipur, Phone: +91 8575439191

NEW HOPE DE-ADDICTION CUM REHABILITATION CENTRE  
Olnam, Tiddim Road, Imphal, Manipur, Phone: 0385-2564537

ORSINI CARE HOME  
(De-Addiction Counselling And Rehabilitation Centre)  
Kharja Dolaigaon, Near Kishan Bazar,  
Dist. Bongaigaon, Assam, Phone: 09435691603

NEW LIFE FOUNDATION  
Village Saidpur, Part - 1, Near Rahimdukan, P/O Sunabarighat  
Dist. Silchar, Assam - 788013.

UTTAR KRISHNAPUR,  
Ex- MLA Complex, Silchar 13, Cachar, Assam  
Mobile: +91 9954453386, +91 8876890634, +91 8876503386  
E- Mail Id:- [kamrul.slif@gmail.com](mailto:kamrul.slif@gmail.com)  
Contact persons: Pradip Kumar Deb  
Address: - Lakhi Sahar, Ward No - 5, Hailakandi  
Mobile: - +91 9707774382

KAMRUL ISLAM LASKAR  
Address: - Berenga - II, Nath Para, Silchar, Mobile: - +91 9954453386

**Safe House Wellness Retreat**

D 1, Pali, Sohna Road,  
Faridabad - 121 004  
Phone number: +919717886633, +919910066383  
Email: [info@safehouse.co.in](mailto:info@safehouse.co.in)

**SOCIETY FOR PROMOTION  
OF YOUTH & MASSES**

SPYM Centre 111/9, Opposite Sector B-4,  
Vasant Kunj, New Delhi-110070  
Phone: 011-26893872  
Email: [info@spym.org](mailto:info@spym.org)

**DAYANEETA SOCIAL WELFARE SOCIETY**

**Dayaneeta Drug De-addiction &  
Rehabilitation Center, Delhi**  
Tajpur Road, Near Lakra Public School  
Village Bakhawarpur,  
Delhi -110 036.  
Ph. No.: 011-27722195, 9212420720, 9911613400  
Email: [dayaneeta2009@gmail.com](mailto:dayaneeta2009@gmail.com)

**DAYANEETA SOCIAL WELFARE SOCIETY**

Meghalaya  
Ladmukhla,  
West Jaintia Hills,  
Meghalaya - 793 009.  
Ph. No.: 8131855251,  
9911613400  
Email:  
[dayaneeta2009@gmail.com](mailto:dayaneeta2009@gmail.com)

LAMKA REHABILITATION  
AND RESEARCH CENTRE  
Churachandpur - 795128,  
Manipur, Phone: 03874-233340

**Delhi & NCR**

**AATMAN Health and Wellness,**

Church/Mall Road,  
68/8, Park Lane, JK Farms,  
Vasant Kunj, New Delhi - 110 070.  
Mail us: [info@aatmanhealthandwellness.com](mailto:info@aatmanhealthandwellness.com),  
[aatmanhealthandwellness@gmail.com](mailto:aatmanhealthandwellness@gmail.com)  
Phone: +91-870108257, +91-9618122848

**Roar Wellness**

Contact Person: Mr. Sanjay Mathur  
Address: Akhil Farm, 1 Daisy Lane,  
Off Central Drive,  
DLF Chattarpur Farms,  
New Delhi - 110 074.  
Mobile: +91-8130109221  
Mobile: +91-9811313800  
E-mail: [help@roarwellness.org](mailto:help@roarwellness.org)

**DAYANEETA SOCIAL WELFARE SOCIETY  
Kher Bye-pass Road, Near Kiran Palace,**

Opposite Mobile Tower,  
Allgarh, Uttar Pradesh.  
Ph. No.: 9212420720, 9368899077, 9368899066  
Email: [dayaneeta2009@gmail.com](mailto:dayaneeta2009@gmail.com)

**DAYANEETA SOCIAL WELFARE SOCIETY**

Registered Office:  
H No. 237, Pkt-II, Sector A-10  
DDA Flats, Narela, Delhi -110 040.  
Ph. No.: 9212420720  
Email: [dayaneeta2009@yahoo.com](mailto:dayaneeta2009@yahoo.com)

**ASHA BHAWAN TRUST OF INDIA  
HEADQUARTER**

Asha Bhawan Building, Kadipur Industrial Area, Pataudi Road,  
Gurgaon, Haryana -122 001.

Phone: +91 1244221543, Mobile: +91 9250928910, +91 9250928907  
(From 9:30 am to 1:00 pm and from 3:00 pm to 6 pm)  
Email: [info@ashabhawan.org](mailto:info@ashabhawan.org) Website: [www.ashabhawan.org](http://www.ashabhawan.org)

**OTHER CENTRES OF ASHA BHAWAN**

**Bye Lane No.2, House No. 2**  
Opposite War Cemetery  
Nabagraha Road, Silpukhuri  
Guwahati, Assam  
PIN 781003  
Phone: 3612665594, Mobile: 8471940541

**Plavaracode**  
Chanthavila Sainik School P.O  
Rajesh Lane Near Mavinmodu Bus Stop  
Kazhakuttom  
Thiruvananthapuram, Kerala -695584  
Mobile: 9567793111

**House No. 126**  
C/o Panmelgal Langol Tarung  
West Imphal, Manipur - 795004  
Mobile: 9612164913

**Nongrah, Nongpdeng Block B**  
Shillong, Meghalaya - 793006  
Phone: 3642537787, Mobile: 9402197608

**House No. 79, Ward No. 5**  
Church Road, Opp. Latha Baptist Church  
Chumukedima, Dimapur, Nagaland - 797103  
Phone: 3862240233, Mobile: 7085062373

**Azad Building**  
Near Lucky Cement Store, Saidpura Village  
Derabassi, Barwala Road  
Mohali (Chandigarh), Punjab - 140507  
Phone: 1762533577, Mobile: 8968185577

**A-112 Shivpuri**  
Budhsinghpura, Sanganer  
Jaipur, Rajasthan - 302011  
Phone: 1416599388, Mobile: 9214028295

**H. No. 5, Amrit Nagar**  
Canal Road, Borkhera, Kota,  
Rajasthan - 324 001  
Phone: 7446999002, Mobile: 7300069776

**Farley House**  
54 Havelock Road  
Ooty (Nilgiris), Tamil Nadu - 643006  
Phone: 4232444100, Mobile: 8220016002

**154, Sadar Para Main Road**  
Brahmapur  
Near Balaksanga Club  
Kolkata, West Bengal - 700096  
Phone: 3364504316  
Mobile: 9631255471/ 9230622617

# From Drug Dependent to Christ Dependent

**Rev. Dr. S. Samraj**

When it comes to “Christian Perspectives” on any issue related to human sufferings, calamities, one may ask the question, what is the “Biblical Mandate” for me as a Christian? What is my response to this particular given issue that affects me and my fellow human being?

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Colossians 3: 17 says, “And whatever you do in word or deed, do all in the Name of the Lord Jesus, giving thanks to God the Father through Him.” As a Christian, when it comes to responding to the issue of “Drug Abuse”, there are a varied spectrum of issues to address, as there are various stakeholders that are involved in the whole arena of drug abuse. One can see the range of people involved in this area - ranging from those who produce, distribute, use, misuse, benefit, control, regulate, research, terminate, and so on. These include - the drug companies, farmers, the government, NGOs, United Nation Bodies, church, religious bodies, drug peddlers, drug mafia, the police, the drug control and regulatory bodies, civil society organisations, de-addiction centers, hospitals, medical and clinical experts, counselors, the addicts, their families, relatives, local neighborhoods and so on. There can be interventions ranging from prevention to rehabilitation and advocacy to research.

However, in this article, the primary focus is on Christian response - primarily to respond to the habituated and chronic abuser of the drug, and his immediate family. Through the addicted behavior, his body, mind, soul and spirit is damaged. In the process of deterioration as well, he induces potential damage to his immediate family subsequently to a large clientele near and far. Our response comes to those who are



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primary drug abusers, as Jesus says, he came to save the lost. The Bible says we are the temple of God and have no right to defile His temple. Jesus demonstrated again and again, to love the sinners, but not the sin. As every sin brings and leads to death. Addiction can be considered as sin. There are many Biblical references

- Galatians 5:19-21; Romans 13:13-14; Isaiah 5:11; Proverbs 23:31-32; Proverbs 20:1. Many may disagree, and understand addiction to be a behavioural issue. However unless we see the root of the addiction as sin, a Christian response to the issue, and the need for the Saviour Jesus is not able to be appreciated. The response of a Christian can be nothing less than -

- What the Lord responded to the one caught (red handed) in the very act of adultery and brought to Jesus
- What the father's heart and response to the prodigal son was and who made a decision to come back to his home
- The shepherd's response when he lost the one sheep, while the 99 returned to their sheepfold.

The prayer of a chronic drug abuser would be, 'How can I come out of this mire clay, the deep pit, quick sand, which I have tried all I can but unable to come out?' Total transformation is only possible when a drug abuser is introduced to Jesus Christ who can restore his body, soul and spirit. Only the church can offer support that can address all these. When a church wants to or goes to work among Drug addicts, quite often, they think of the resources they are lacking - technical and programmatic skills, the funds and resources that are required for rehabilitation of drug abusers.

But the truth is, as a church, we do have most of the resources that the most technical and specialist agencies working among the drug addicts have. Without Christ, all intervention to drug abuse is incomplete. However, the church is still sinking into their own inhibitions, feelings of inadequacy or expertise and continues to be deceived. When the focus of the church is to win souls that are captured under the bondage of evil, there would be power of the Holy Spirit working through the church, removing all barriers and obstacles.

When you look into the root cause of drug addition, one can trace significant influence of brokenness, lack and loss of love, breach in trust, strained relationship, loss or separation from loved ones and so on. For every such root cause of the drug abuse, there is a Biblical response. With the power of the Holy Spirit, prayerfully helping to overcome their deep rooted hurt and bitterness issue by issue, and asking for power to overcome the addicted behavior by directing them to Jesus, provides an answer to every problem.

The 3 S's (Save, Support and Sustain) cannot be ignored when the church helps the drug abuser and his/her families. Save: from their current situation. Understand the compulsive behaviours in which they are in the clutch of and which compels them to continue in their addiction. Go to the root cause, rather than just treating the symptoms. Most times, this takes most of our time, not just days, but years. So the question is - Are we committed to address this issue while it is very vital? Sadly, the church still lack many of the "S's" that are required to address this issue. However as a Church, 'Save' the person and family not just from their physical conditions, environment, and situations, but also from their spiritual bondages and sinful life. This work is the biggest challenge, that Christ alone can do, for which He has appointed the Church with the power of the Holy Spirit. There is no one other than Jesus, who can save the sinner and set the people free from their bondages. It is the primary

**“...as a church, we do have most of the resources that the most technical and specialist agencies working among the drug addicts have. Without Christ, all intervention to drug abuse is incomplete.”**



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We are called to walk the extra mile, help till it hurts, forgive endlessly and support the restoration of the

individual. When Andrew and the other disciples asked Jesus, “Teacher, where are you staying?” Jesus answered, come and see. They went the next day. Andrew invited his Brother Peter saying, we have found the “Messiah”. Through this Peter, the Church was founded. God’s sustained plan of planting the Church on the rock is fulfilled when the Teacher invited John’s disciple to come with him and stay. The Church needs to extend its support in this manner. Are we ready, willing

to provide support to those who depend on drugs to convert their life to “dependence to Christ?” This is a real support that the church can offer to the chronic addict to sustain their life, apart from all other support which is temporary and perishable. The church should not undermine, ignore, or dilute the support that sustains life. People need physical Manna as well when they receive spiritual Manna. Jesus was aware of this and physically addressed this need every time when people were hungry and thirsty. So, the church can continue to mobilise resources, such as food, clothes, protection from severe climatic conditions such as winter, rain and summer, treatment for their chronic diseases, seasonal diseases, cutting their hair, treating their unattended wounds, organising programmes such as medical checkups, restoring relationships with their families and dear ones, counseling, fellowships and so on.

There is no harm for the Church to participate in harm reduction programmes, needle exchange programmes, income generation programmes, behavior modification, etc.,

run by national and international agencies. However, if the focus is not on the '3 S's' (SAVE, SUPPORT and SUSTAIN), all our efforts yield very little in the end. The Church can better serve those who are drug dependent than other agencies or institutions and shift their dependence to Christ.

A casual drug abuser eventually becomes a chronic addict and progressively moves into complex situations, where he becomes homeless, s likely to lose his/her family, experience hopelessness, infections (HIV, TB are common among the chronic addicts), poverty, unemployment, stigmatisation, physical and mental trauma, etc. We need to pray fervently for the response as a local Church. The verse, that the church often uses, "Harvest is plenty and the workers are few", is also applicable in the area of drug abuse, the workers are few but the need is great. So pray to the Lord of harvest, that He sends in more workers from His church, who would go with the conviction to take Christ to these broken souls in a consistent manner. Therefore, the Christian perspective on Drug Abuse depends on '5C's' which are the core responses: Church, Christ, Cross, Conviction, Commitment and Consistency.

Today we talk of, and are part of, various nets. Social nets, internets, development nets, religious nets, professional nets. When Jesus called Peter to catch men, he had to get rid of his old net, but began to use the "Church", a new net whose

designer is Jesus himself. Today the Church in its redemptive work use a series of nets to Rescue, to Repent, to Revive, to Restore, to Rehabilitate and to Revisit. As a church, we have a strong net, however, how often and how well do we use the church for this specific purpose of caring for the drug addicts? A highly underused and unused opportunity is the Church.



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**“Today the Church in its redemptive work use a series of nets to Rescue, to Repent, to Revive, to Restore, to Rehabilitate and to Revisit. As a church, we have a strong net, however, how often and well do we use the church for this specific purpose of caring for the drug addicts? A highly underused and unused opportunity is the Church.”**

up in a stage of numbness, inactiveness, and overwhelming experience seeing that the tasks before them are still enormous mountains and we accomplished very little or nothing. All our efforts, energy, resources and strength are drained with no results. Many withdraw their ministry with drug addicts at this stage. When a church wants to help the

drug addicts, there are a series of issues that they would encounter. In a brief initiation by our El-Shaddai Church ministries with Drug Abusers, we hear the expressions of the heart longing more for restoration.

- They want to:
1. Come out of the addictions
  2. Unite back to their families
  3. To accept Christ

and leave their sinful life

4. Take up a job and live honestly and decently.

Prepare to face and encounter several challenges as we respond:



- We required detox and rehabilitation centres which can really help the addicts to come out of their addictions, rather than reinforce their addicted behaviours.

- To help them to gain skills and jobs, to restart their dignified life in a non-discriminatory environment.

- Opportunity for regular input from the Word of God, worship and fellowship in local churches.

- Required medical, nutritional, rehabilitative support and follow-up, still many challenges in these areas.

- Restoring them with their families.

- Prevention of new entrants into addiction, as more and more in their pre-teen and teenage years enter into addictions.

- Prevent pre-mature deaths among the addicts.

- When it comes to complete transformation of life, “We ought to obey God rather than man: decision to follow Jesus, no turning back in any situations”. The church can set standards on its response to the human needs, not as directed by the physical realms but by the Spirit of God. No human interventions bring any transformation in life, unless the Spirit of God intervenes. Many of the weapons that the church uses, may not even be understood in the physical realm, however the world will know by its fruits and outcomes of life, when it is transformed.

- Raise local leadership who can take risks, and also develop good shepherds, who can lay down their lives for the sheep who have gone astray.

#### **How do you plan ahead with your (as church and as Christian) involvement with the issue of Drug Abuse:**

- **When you are at the starter:**

- I do not have any prior involvement, however I have a burden: It is a best place to begin your journey. Start praying, which would be a strong foundation to your future ministry in the area of Drug abuse.

**“The church can set standards on its response to the human needs, not as directed by the physical realms but by the Spirit of God. No human interventions bring any transformation in life, unless the Spirit of God intervenes. Many of the weapons that the church uses, may not even be understood in the physical realms, however the world will know by its fruits and outcomes of life, when it is transformed.”**

- To help with your prayer receive prayer newsletters from those who already serve in this area;

- Collect secondary data - find out gaps, bring them to the throne of grace

- Visit individuals and families affected by this issue - spend unhurried time with them, pray for them and pray with them

- Visit institutions and churches, those who are already in this field (such as Asha Bhawan, El-Shaddai Church, EHA, Jackie

Pullinger’s ministry among the addicts)

- Interact and participate in the networks and professional forum work on this issue, however go forward as the Lord leads you/your church.

**If you have already taken some steps forward, the next steps would be:**

- Reflect back to confirm that the initiatives are rooted in the Word, increase prayer and fasting

- Consolidate, plan prayerfully to strengthen the current work and initiatives

- Strengthen the local leadership, staff and raise human and other resources

- Resource mobilisations

- More and more dependence on God and to pursue His ways.

In conclusion, one can say, still we (the Church as a whole) have a long way ahead in responding to the spectrum of issues in the area of “Drug Abuse”. However, it is not by might and power, but by the Spirit that we can resist this enemy. The Church should not restrain itself from using the God-given weapons such as the Word of God, Prayer, Fasting, using the Name of Jesus and the blood of Jesus as a key to deliverance. Since drugs have lived long with us, we have lost the sense that this is an enemy to conquer. Church, it is the time to wake up and destroy this enemy utterly, no more tolerance.

*(Rev. Dr. S. Samraj, serves with the El-Shaddai Church, which focusses on establishing wholistic churches among the most vulnerable and marginalised communities and lead them in to wholistic discipleship. He can be reached at samrajindia@gmail.com)*

# Cleaned out: A Story of Transformation

## The Initial Days

*I had a happy childhood growing up under the care of my family who loved me a lot. My father had served in the army and my mother worked with the Government. I grew up with a brother and a sister who really loved me. My parents gave me freedom to choose whatever I wanted right from my childhood. I always spent most of my free time with friends, leading a carefree life. I used to have many friends in the neighbourhood. We went to school but would long for the holidays. As soon as the exams were over, we would stay up with friends the whole day and have 'fun' times. Those were the times when we first got introduced to intoxicants. It was a 'cool' thing to be able to smoke with friends. So, we started off by smoking and then graduated to drinking the 'local rice beer'. Soon, we started drinking liquor as we tried and explored stronger varieties. This was quickly followed by taking over-the-counter pharmaceutical drugs. We picked up this habit from each other. We did all of these out of curiosity and the desire to be accepted by friends. We then got addicted to marijuana and heroin in no time. We would take drugs, share it together and live for the moment. If we missed out on the drugs, we found it very difficult. During those moments, we thought that we could easily come out of these addictions anytime we wanted, but I was proved wrong; the more I consumed drugs, it got deeper and deeper into my system. I spent the whole of my teenage years struggling with addiction and depression. Had I known how difficult it would be to come out 'clean' from this addiction, I would have never started it!*



Photo: www.pixabay.com

Many care givers or rehabilitation homes tend to ignore the emotional/mental issues faced by drug abusers, such as - anger issues or very low self-esteem that the person has and instead focus only on the spiritual aspect. The person might be angry at his/her family due to some unresolved issues and as a result causing the person to consume drugs all the more. Since none of the rehabilitation centres focussed on what Rick really needed, his family decided to send him to a Residential Care and Rehabilitation Centre in Delhi. He now recollects that the only possession he had at that time were the clothes which he wore, and nothing else.

In this Centre, he realised that spiritual input was not as rigorous as the earlier rehab homes. But their approach was also not easy to follow. They went through a period of detox for a minimum of 10 days, where the focus was on their physical needs and issues. They were given detox medicines during this period. He struggled through the withdrawal symptoms, when he felt every bone and muscle in his body twitch longing for the drug. An addicted person needs a great deal of tolerance to bear the pain of withdrawal and to resist craving for the drugs.

After completing this period of detox, the next step was a longer treatment programme which involved coping strategies or life skills to deal with various personal struggles. They were asked to set goals for themselves to deal with issues like anger - where they were given professional counselling and guidance by psychiatrists. The supervisors guided each of them to overcome these issues and helped them achieve their targets on a daily basis. Gradually, the target was increased for bigger goals like completely giving up the craving for the drug. They were encouraged to relate well with the other inmates - to motivate and help each other as each one struggled to come out of their addiction. This, for Rick, was very good as it kept him motivated. With the rigorous discipline, concern of the supervisors as well as appropriate medical care, he managed to overcome all these, and he got 'cleaned out' of the drug addiction.

## The Struggles

It was in 1996 that Rick came for the first time to Delhi in search of a rehabilitation centre. He was also kept in several rehabilitation homes in his home town, but they turned out to be ineffective. He said that their approach of rehabilitation was focused mainly on the spiritual aspect, and no medical care was given. From the early morning hours, the inmates would be given spiritual input of how one should be cleaned of worldly sins, reading the Bible, etc. However, this approach alone did not work for him.

In 1999, Rick got an opportunity to join one organisation in London. He went to volunteer there as an intern. The organisation served drug addicts, the elderly and mentally challenged. They have a day care centre which caters to their various needs and he would serve in whatever capacity he could. While he was working there, he said that he found meaning and purpose in life as he served the drug addicts and many others who were in need of help. Having this exposure also gave him a fresh new outlook of life. Rick came back to India and settled down in Delhi with his wife and two young daughters.

### Relapsed again?

*I relapsed back to my old addiction after I returned from the UK. I got married and had two daughters and we were living a very happy life. However, I somehow got hooked again. It was during this second phase of trying to withdraw from addiction that I struggled the most. The most difficult period was the period of withdrawal and I knew very well that it would take at least 5 days for complete withdrawal from the drug. Every minute of that time was sheer torture, during which I had all kinds of experiences - suicidal tendencies, mood swings and severe depression. My wife and I nearly got divorced due to my state. My brother-in-law was very concerned and came to help us. I can say that it was his simple, gentle way of reproving and encouragement from the scripture which helped me to finally come to sense and reach a turning point. I made up my mind once and for all that this is it! I have had it now and it is enough! I need to reform!*

### A reformed life

*It is purely the grace of God which has enabled me to be reformed and be restored to normal life. Ten years ago, my reality was a life ridden with addiction and a crippling low self-esteem. I can say now with confidence that I am a happy and satisfied father. My daughters are studying in a Government school. When I came for the first time in Delhi, the clothes that I wore were the only possession that I had. God has blessed me a lot now. I even own a car which I could purchase recently with my earnings. I am grateful to my church which accepts me and trusted me to be able to take up various responsibilities. Physically, I have also become healthier. I rediscovered my talents. I have begun singing in the church and also in various other social awareness programmes instead of singing in bars or other*

**“Even a chronic intravenous hard drug addict like Rick - who almost lost his life and marriage to addiction - is now leading a fully recovered life and becoming an inspiration for others.”**

*places. I also learned that whatever talents I have, I could utilise it for God's glory. I could initiate awareness programmes at my home town through the MTV Staying Alive foundation catering to the youths during 2002. We gave music lessons and also conduct singing classes for free. We used the platform as an opportunity to create awareness about Prevention of Alcohol and Drug Abuse among the youth. We believe that these programmes would somehow prevent many young people from falling into the trap of deadly addictions. My involvement in the church and ministering to others has helped me build my confidence as I live each new day. I cannot thank the Lord enough for blessing me much more than I can imagine. My dream is to set up a Rehabilitation Centre for drug addicts some day so that I can help those who struggle like me.*

It is vital that drug addiction should be prevented from entering our homes and society. We cannot forcibly make anyone reform his/her ways. As we try reforming many addicts to the right path, we need to realise that it is very easy for a drug abuser to relapse again as we see from Rick's experience. Besides giving medical care, there are many other factors which help a drug abuser to really come out of addiction. These include - family support, acceptance of the church - to open its doors to drug addicts and involving them in various ministries of the church, showing genuine love and concern.

This is a true life story of change to motivate those who may have been afflicted by any kind of substance abuse or who have friends or relatives chained by addiction. If you feel or know someone is addicted to drugs, we urge you to get immediate help for the person. Even a chronic intravenous hard drug addict like Rick - who almost lost his life and marriage to addiction - is now leading a fully recovered life and becoming an inspiration for others. His experiences show that recovery is possible. It is possible for you or your loved ones or someone you know to lead a transformed and happy life. It is our belief and prayer that God will restore many of the lives and homes broken as a result of drug addiction.

*(This wonderful story of change was shared by Rick to Joan - who works with EFICOR. We thank Rick for the willingness to share his story without any inhibitions. Joan can be reached at joan@eficor.org)*

# My Amazing Journey

I was born and brought up in Delhi, though my parents were originally from Punjab. My father was working with the Government and my mother a homemaker. I was the eldest among my siblings - a brother and a sister. My parents were committed to their faith since my childhood days. I was not very keen to follow religious duties as a child,



Photo: www.pixabay.com

We were about 25 members who motivated and supported each other.

I got married in 2000 and we struggled setting up our new home. I was doing a small business during that time. However, we had to close the business as it was not running well and I was without any source of income or job once again. At this time, I came in contact with another rehabilitation

**18** instead I loved being in the company of friends. As I started doing some of things that they were doing, I was happy that I got accepted into their group. I did not realise that I was slowly getting trapped into addiction. Besides alcohol, we smoked marijuana and inhaled other intoxicants such as -

brown sugar. My addiction caused my family to go through various crisis, especially financial crisis. My father had to even sell off some of his property to recover the loss! Eventually, I was sent off from my family's home. This made me a resentful addicted person.

With the help of some friends, I landed up in a rehabilitation centre in 1998 as an inmate. Two years stay in this centre made me realise the need to reform my ways. I could say that the rigorous disciplined lifestyle imposed on us was very effective in making us recover from our addictions. I had to deal with various withdrawal symptoms as a result. I became extremely restless and irritable during those days. I was also given medical care as I struggled along. I joined the Alcoholics Anonymous group and we meet on a regular basis - reading the Bible, singing, praying and meditating together.

centre once again in 2002. I worked there for 12 years. I had always dreamt of setting up a Rehabilitation Centre on my own - to help many who are addicted to substance or alcohol abuse. I could finally set up a Residential-cum-Rehabilitation home in 2015. By the grace of God, it

has been running quite well and we have about 40 inmates at present. I am grateful that I could now give support to many helpless victims who are in need of rehabilitation. I thank God, my wife and son who gave support to turn my dreams into a reality.

**“...I was happy that I got accepted into their group. I did not realise that I was slowly getting trapped into addiction... My addiction caused my family to go through various crisis, especially in terms of finance. My father had to even sell off some of his property to recover the loss!”**

My message to the youth is to stay strong and not be influenced by social media or friends who are already into the deadly addiction, as it is very difficult to come out once you are in.

(This real life story has been shared with permission to Joan, who works with EFICOR. Personal identities have been removed. She can be reached at joan@eficor.org)

# Catch Them Young

*In Assam, a state affected by flood every year, a local non-government organization involves children in educating communities to understand the changing nature of hazards. Capacitating children through education, mockdrills, training and preparation of school safety plans for a better disaster response.*

The children of Dhemaji and Lakhimpur districts in upper Assam have gone to war. The enemy: regular devastating flood. It is unusual as many children are often ignored as the least capable of managing hazards. But the Assam based NGO - Rural Volunteers Centre (RVC) thought otherwise. According to the RVC, children are the worst victims of flood but their knowledge base or capacity to cope with hazards have not been spruced up ever. The vulnerability of children to hazards is also very high. The situation turns grave during flash floods or heavy storms which are quite unpredictable. Experiences of RVC in the river basins of Simen, Gai and Jiadhah Rivers (tributaries of Brahmaputra) in Dhemaji District reflect that during flash floods, children were found alone in their home, while their parents were busy in agriculture work in the fields. Similarly, in many instances during heavy storms, children were far away from their homes busy with their studies in schools. Thus, the Sishu Duryug Pratirodh Samiti (SDPS, Children Disaster Risk Reduction Committee) came into being.

Though calamity is temporary in nature, it leaves behind scars that remain for days. Many children die during floods and others sustain injuries. Many are left orphaned; the mental trauma of children affected by flood is difficult to cure. Given children's vulnerability to any form of disaster, it becomes imperative to enhance their knowledge of any form of natural disaster. In the face of constant hazards, it is important to equip them adequately with appropriate training to tackle such crises. The existing disaster relief and rehabilitation activities of Government and various NGOs usually does not focus on building the capacities of children to address emergency situations caused by flooding. The Central Board of Secondary Education (CBSE) has introduced disaster management in its curriculum while the Secondary Education Board of Assam is yet to do the same.

The traditional flood coping mechanism of the community is adequately strong in the state and well knitted to combat natural flood (resulting from monsoon rainfall). But intensive human intervention (deforestation, setting up of extractive industries on the upper reaches of water system, obstruction to the river flow caused by construction of mega bridges etc.) on the river basins has changed the flow of the rivers thereby making flood more unpredictable and devastating.

This has weakened the traditional coping mechanisms of the community. In such situations, children are more vulnerable.



Photo: EFICOR

The core strategy of the Sishu Duryug Pratirodh Samiti (SDPS, Children Disaster Risk Reduction Committee) is to educate and build capacities of the children. This is because it would be easier to educate children on the changing trend of floods with reference from their text books. Keeping in mind the above need, the SDPS has incorporated it in the curriculum of the lower Primary and Middle English schools in Brahmaputra Basin of Dhemaji district.

Formation of SDPS is followed by formation of four task forces: early warning task force, rescue task force, camp management task force and health task force. Each task force consists of six student members (three boys and three girls each). The formation of task forces is followed by training of task force members by volunteers of RVC and also involving Government departments concerned. Follow up orientation camps are organised periodically as per decision of the school management committee. After two or three orientation meetings, the SDPS along with the task forces, volunteers of RVC and school teachers work out the vulnerability and risk map for the school as well as the school safety plan. Mock drills to address calamities like flood and earthquakes are taken up by the task force regularly with support from volunteers of RVC and school teachers. All these efforts have put in place risk mapping and working out safety plans for the schools every year. A direct impact is that the children in Dhemaji district have sent a proposal to Sarva Siksha Abhiyan Mission for constructing schools on raised stilts to fight floods better. To sustain interest of the children in the committee, efforts have been made to engage them in other initiatives such as participating in various competitive items, etc. All these efforts have ensured a new generation that is better equipped in hazard mitigation and management.

*(Adapted from the book 'Turning the Tide: Good Practices in Community Based Disaster Risk Reduction', published by EFICOR and Sphere India, 2010, pp. 52-54)*

# Books on our Desk

## Chasing the Dragon

By Jackie Pullinger

Publisher: Hodder And Stoughton, 16 February, 2006. Pages 272

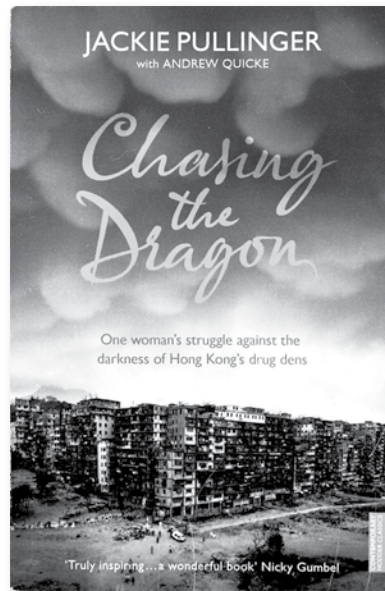
### Mr. Lalboi Mangte

The book presents the biography of a woman named Jackie Pullinger who had a missionary zeal and a sincere desire to heed her calling. This wonderful book is written by Jackie herself as she fulfills her journey of following God's calling.

Being an obedient and tenacious lady, she sets out on a journey of faith taking a slow boat going on the longest journey ever in 1966, praying all along the way to know where to get off. She finally reached the infamous Walled city of Hong Kong. To those of us who thought of Hong Kong as a flourishing major port and global financial hub with a skyscraper-studded skyline, it is in stark contrast as this same city was called 'Hak Nam' meaning darkness. Hong Kong was a place of terrible darkness - physically and spiritually. Almost every business done there was illegal and the people were morally blind and unwelcoming. The city was a haven for gold and drugs smuggling, illegal gambling dens, extremely poor sanitation, pornography, prostitution and all other kinds of evil. The term 'Chasing the dragon' itself refers to the Chinese way of taking drugs! The people who never 'chased the dragon' in public did so in the drug dens and lavatories. With no money, no job and no prospects, she embarked on an adventure in this part of the city.

Some of the experiences she had are worth mentioning. Ah Tong, one of the most depraved gang leaders who lived off his collection from the brothels, was one of the first addicts to experience Jesus' love through a life-changing experience. He was a mean hearted person who accepted Jesus' love after being miraculously healed in the hospital, which changed his life forever.

The unreasonable love of Poon Siu Jeh (as Jackie was called) for Chan Wo Sai and Nikolas when they were completely rejected by the schools and the churches is exemplary. It also reminds us of the disappearing grace in our modern Churches which keeps the vile, sinful and needy people from really experiencing the very inclusive grace of God.



The book also gives an insight as to why young girls get into prostitution and drugs. The unloving, uncaring and indifferent society doesn't help them either. One of the remarkable aspects of the book is the way God works, once we put our trust in Him. The gifts of the Holy Spirit, mostly of tongues, are one such. The language of the Spirit seemed to be the medicine the drug addicts badly needed. In the book, Jackie mentions that after using the gift of tongues Siu Ming changed from a drug addict to a kind, trustworthy, hardworking and spiritual person. 75 addicted boys in the first 20 months of the setting up of the House of Stephen experienced being reformed of their addiction without pain and trauma. In

the House, during the whole withdrawal episode, Poon Siu Jeh and her team prayed in tongues for the addicts and also encouraged them to do the same which they received from the Holy Spirit. This made the transformation seem painless and successful. However, this process of withdrawal is not always an easy and simple process, though it was not revealed in the book. It was mentioned that one of the boys, Bibi, did not experience difficulties during the withdrawal process. This can make readers like me wonder whether it would be a really easy process as described in the book. It has portrayed that transformation happens as a result of pure faith and work of the Holy Spirit.

The book is a wonderful reminder to show us that, faith and the work of the Holy Spirit can bring healing and transformation. However, it has totally detached itself from the medical science perspective. There are many proven benefits in using some other drugs like lower dose of opioids during the period of withdrawal. What is needed is a multi-faceted approach in dealing with drug addiction and bringing transformation.

*(Mr. Lalboi Mangte is currently pursuing his Masters in Physical Education from the University of Delhi.*

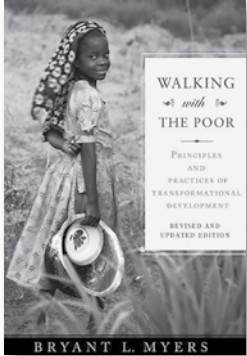
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## Walking with the Poor

By Bryant, L. Myers

New York: Orbis Books, 2011. Pages 386

### Mrs. Joan Lalromawi



The first edition of this book appeared in 1999 and this is a revised edition printed in 2011. The book highlights how Christian mission can contribute to dismantling poverty and social evil. Myers proposes an understanding of development in which the physical, social and spiritual aspects of life are interrelated.

Myers argues that in order to work effectively with the poor, one must be able to address both the traditional world view and respond to a modernist world view from a Christian perspective. Myers is of the opinion that most people have a restricted view on poverty, seeing it only as some form of need which exists, be it for food, a decent place to sleep, clean water, knowledge, skills and access to services like health systems, finance and so on. The solution Myers offers is to address the problem of poverty in a holistic way. Relieving poverty is not a matter of choosing what type of help needs to be given, but to properly analyze the cause of the problem and then to produce sustainable solutions. Because poverty manifests itself in physical, social, mental and spiritual areas, addressing poverty should also take place within all of these areas. Therefore immunising children, improving food security and reconciliation are all parts of the process of bringing development to the community. It is therefore clear that Myers' suggestion is not only merely handing out gifts to impoverished people as many well-meaning people and organisations do. Transformational development is about charting a better future for the community which entails a process through which the community clarifies for itself what really matters and what does not.

As the book presents a very thorough account of the issues and problems in effective transformational development from a Christian perspective, it is suitable for development professionals, pastors, community leaders and to those interested in transformation and development as it provides practical suggestions, methods, resources and thought provoking ideas on bringing solutions to end poverty. The book is as valuable to pastors, community leaders, and concerned citizens as it is to development professionals.

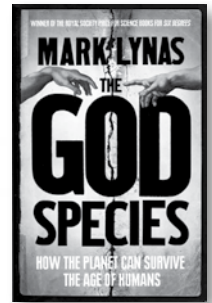
*(Mrs. Joan Lalromawi works with EFICOR. She can be reached at joan@eficor.org)*

## The God Species

By Mark Lynas

Fourth Estate Pub. Ltd. 2012, Pages 288.

### Mrs. Julie Bellingham



We humans, otherwise known as the 'God Species' (because we have taken over God's role and now we are in charge) have deployed our new-found powers in disastrous ways by bringing the planet to the edge of catastrophe. Mark Lynas points out that the Earth system has inherent ecological limits ('planetary boundaries') and he convincingly argues that we have already crossed the line on three of these limits by causing the climate to warm, biodiversity loss and in our use of nitrogen. Lynas believes that our job – as creators, innovators and stewards – is to do what we can to nurture and protect.

According to Lynas, we cannot blame overconsumption, our lifestyles, morality, or our capitalist economic order for these problems (as the environmentalists are prone to do, much to Lynas' consternation). He argues that any solution that asks people to reduce their consumption, accept lower or zero economic growth or to reduce the number of children they have is doomed to fail. Lynas skirts around the fact that essentially it is the excessive consumption patterns of the global North and our global economic order that is obsessed with profit which have seen us fail so miserably in environmental sustainability. There is also little recognition that the ones that are disproportionately suffering from climate change are the poor in the global South who, with their low-consumption lifestyles, have done little to warm the planet. Rather than encourage the rich to sacrifice and commit to a lifestyle of austerity, Lynas claims that the answer to living sustainably lies in competition and innovation. He has great faith that developments in technology will allow all of our aspirations to grow and prosper to be recognised. If you are not already an advocate for nuclear power, then Lynas will challenge you to reconsider. He also provides interesting arguments in support of genetically modified crops, geo-engineering, and placing monetary value on natural resources and wildlife.

The God Species is an informative and enlightening read. It clearly highlights how we have failed in our role as stewards of the Earth but provides cause for optimism - these global environmental problems are solvable if we collectively recognise the critical importance of living within the planetary boundaries.

*(Mrs. Julie Bellingham lives in Delhi and is volunteering with EFICOR. She can be reached at jbbellingham@gmail.com)*

# Serving communities, Serving God: The Bethel Pentecostal Church

## Pastor Nathaniel Marandi

The Bethel Pentecostal Church was set up in Dandkhora, Katihar in Bihar during 1953 under the initiative of Sister Emma Kaland, a missionary from Norway. Subsequently, missionaries Miss R. Haugstveit and Miss G. Ecornrud from Norway took on the task of setting up the ministry of the church after Emma Kaland left. Since 1989, Rev. Benjamin Murmu who was the Pastor and chief functionary and Mr. Nathaniel Marandi (Pastor and Administrator) took up the responsibility of sustaining the work left behind by the pioneer leaders. After his death in 1987, Pastor Benjamin's son Mr. Gayus Murmu took up the work of the Ministry.

The main motivation of the church in doing development work was in response to the great need of food, medicine and education in these areas. Emma Kaland, the pioneer leader, gave medical care to the sick and needy people in the community as she was a nurse by profession. She had a dispensary where many would come for help. She also visited the other neighbouring villages and motivated them from the Word of God. Many people accepted Christ as their personal savior, of their own free will. The Bethel Pentecostal church became actively involved in working with the poor and the needy. However, the community was skeptical of the work of the church as they had a preconceived notion that the church would propagate religious conversion. Many people were hesitant to send the children, especially the girls, to the school set up by the church and were also fearful of the medical care given to them. However, despite all these challenges, the Church continued the good work as they were clear of the vision and mission of the church - which is to motivate and uplift the people in the society to be literate and to become responsible

citizens of the country, by leading a God-fearing life. The church also started setting up schools for the children during 1965 to 1976 but it could not be sustained for long. Later in 2015, the church started setting up a school again. Many poor children could gain primary education through the school. The children could continue their higher education and some of them eventually got admitted into various technical training like nursing, engineering, etc.

Due to extreme poverty, people do not even have toilets in their homes. Hygiene and sanitation were at its worst and many were falling sick. Through the initiative of the church,



Photo: Nathaniel Marandi

toilets were constructed in the village. Around 300 toilets were constructed by availing the Swachh Bharat scheme of the Government. These helped the community to maintain better hygiene, sanitation and good health. The church helped them to avail the widow pension, old age pension, Aadhar card, Opening of Bank accounts, clean water supply through tube-wells and the village roads were constructed by the initiative of the community members themselves.

The church has been able to put its Christian faith into practice and brought tremendous transformation to the community in Dandkhora. It continues to develop the people, to be faithful and responsible citizens of the Country and to serve God and humanity. The Bethel Pentecostal church continued demonstrating the good work in this part of the country.



Photo: Nathaniel Marandi

*(Pastor Nathaniel Marandi serves as the Pastor of the Bethel Pentecostal church.*

*He can be reached at - [nathanielmarandi@yahoo.in](mailto:nathanielmarandi@yahoo.in))*



# Altering the Mind over Temptations

**Mr. Prem Livingstone Navaneethar**

The September 23, 2018 issue of the Sunday Times newspaper boldly declares in the front page - "Drug driving on rise, but cops clueless". In case of drunk driving, there are breathalysers to test; but for drug driving, there is no mechanism available for cops except physical appearance and behaviour. All addictive drugs are mind altering. It is not only altering the mind, in addition, it creates a craving for it throughout the whole life of the person. Therefore, it is necessary to look at what the word of God says about temptation and mind.

One important thing we should take note of is how to guard and strengthen our minds, because the battle for sin always starts in the mind. There are two biblical truths that would lead us away from the temptation of drugs or alcohol. The first is that, our body is the temple of the Holy Spirit.

**Read and Reflect:** 1 Corinthians 6:19-20; 1 Corinthians 14:20

Do you think that your body is a temple of the Holy Spirit? How do we keep ourselves clean from being polluted with sin?

If you are clear that your body belongs to God, you will be able to guard it from being polluted with other things which cause harm and affect the mind.

The second biblical truth is that God gave us minds and hearts to know him, love him and discern his will.

**Read and Reflect:** 1 Peter 2:11; Luke 21:34-36

In what ways do we fall into temptation and how do we keep ourselves safe?

In most situations of life, there's a herd mentality. This is much stronger among the youth as they try to follow the herd – who are already into addictions. We should condition our minds and hearts to the love of God rather



than thinking of ways to do pleasurable activities for our own selfish desires. There is a saying, 'Let the herd stampede over the cliff without you.' Use your mind to warn them, not join them. Drunkenness and getting high due to drugs lead us away from the kind of sober-mindedness and self-control that is essential in using the mind for the glory of God.

In the Lord's Prayer we say, "And lead us not into temptation, but deliver us from evil" (Matt. 6:13). The temptation is not uncommon in the present world as we often get attracted to our own sinful desires, hence, the help of God to withhold from temptation is necessary. When tempted, no one should say, "God is tempting me. For God cannot be tempted by evil, nor does he tempt anyone; but each person is tempted when they are dragged away by their own evil desire and enticed. Then, after desire has conceived, it gives birth to sin; and sin, when it is full-grown, gives birth to death" (James 1:13-15).

We are to take control over what goes in our minds. Temptation is conscious and giving in to this conscious thought resulting in sin is wrong. There are times we must not entertain even the thought of temptation. The scripture warns us in Romans 6:13, "Do not offer any part of yourself to sin as an instrument of wickedness, but rather offer yourselves to God as those who have been brought from death to life; and offer every part of yourself to Him as an instrument of righteousness." With an attitude of not being overwhelmed by sinful thoughts, one can live a victorious life every day, in every circumstance and live a completely clean life. Those who live a Christ-led life will turn away from addictions and other destructive, mind-altering drugs, and move towards living a meaningful and purposeful life for God and for others.

*(Mr. Prem Livingstone Navaneethar works with EFICOR as Manager - Organisational Effectiveness and HRD. He can be reached at [premlivingstone@eficor.org](mailto:premlivingstone@eficor.org))*

# IDEAS FOR ACTION - IN DEALING WITH DRUG ABUSE AS AN INDIVIDUAL

- Watch out for signs of substance abuse by children or even adults.
- Develop and maintain positive family rituals. Routines help children feel safe to grow emotionally and psychologically. Set up regular rituals to help children develop a sense of safety and stability.
- Treatment is often needed to address drug or alcohol addiction because it is incredibly difficult to successfully quit on one's own. Seek treatment for addiction and do not hesitate to get immediate professional help as it is always better to get help at the earliest.
- If you suspect someone is having a problem, the best thing you can do for their safety and well-being is to help them seek treatment from a well maintained drug rehabilitation centre.
- It is important to show respect towards the addicted persons. Refrain from making derogatory statements about addicted persons as it can damage their self-esteem.
- Follow professionals' recommendations in a rehabilitation home. It is critical to work with social workers, addiction specialists, and the family members of the addicted persons.
- Positive social support is integral to the success of a treatment programme, as well as essential in helping maintain focus after treatment. It is important to have family, friends and others involved in the treatment process through family therapy or going with them to social support groups.
- Get healthy. Whether you're the spouse of an addicted parent or an addict yourself, safeguard and maintain your health and well-being. Use anxiety-relieving strategies, such as journaling, yoga, or deep breathing, to manage and reduce your stress. Regular exercise is another way to alleviate the stress related to addiction while boosting self-esteem and self-confidence.

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## AS A CHURCH

- As a church, you may ask your congregation to set aside time to visit rehabilitation homes - talking with the inmates to motivate and encourage them. Your church can offer support to these homes by partnering with them.
- A judgmental attitude is very damaging for an addicted person. Open your church to addicts.
- As a Church, be receptive to the needs of drug addicts and alcoholics, and demonstrate love and concern.
- Ensure that the addicts are not left aside from the church activities, encourage them to participate in all the church activities.

# Would you like to support Drishtikone?

Drishtikone has been available to all of you without any subscription rates or other charges for the past few years. We were supported by partners from abroad who faithfully contributed to the publication of Drishtikone. We at EFICOR are now moving towards making the publication of Drishtikone self-sustaining with the support of all our readers. We therefore request all our readers to come forward and to contribute towards the publication of Drishtikone so that it can continue to be made available to all our readers.

To sustain the publication of Drishtikone you could pay for your issue. We also encourage you to contribute to make the issue available for other readers incapable of making their payment. From your responses we recognise that over the years Drishtikone has been a blessing to all our readers and it has been instrumental in shaping evangelical thinking on several social issues and inspiring them towards action. Partner with us in influencing the nation.

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