A Mind

LIBERATED FROM ALCOHOL AND DRUGS

Buddhist Psychology Manual of Prevention and Treatment

Shakya Nanayakkara

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Shakya Nanayakkara

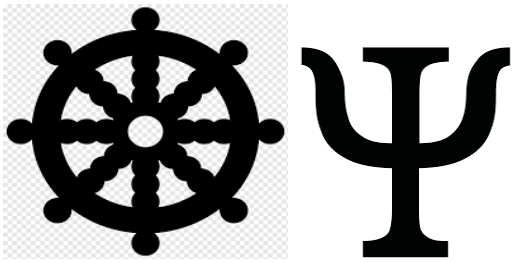
Attorney at Law, Solicitor (England)

PgD in Psychology (Colombo), PgD in Labour Studies (Colombo)

MA in Buddhist Counselling (Kelaniya),

Visiting Lecturer in Health Promotion (Rajarata University)

ISBN 978-955-98755-3-6
Bar Code 9 789559 875536



According to Buddhist Psychology, most of our troubles stem from attachment to things that we mistakenly see as permanent.
H.H. THE DALAI LAMA

Published by:

International Buddhist Programme for Addiction Recovery and Prevention (IBPARP)

Healthy Lanka

91, Church Road, Gampaha, Sri Lanka

Namo tassa bhagavato arahato sammāsaṃbuddhassa

This book is dedicated to

his yeoman services to bring people free from alcohol and drugs, including me,

my mentor

Professor Diyanath Samarasinghe
FRCPsych, DSc (*Honoris Causa*)

I Thank

Most Venerable Dr Ittapane Dhammalankara Maha Nayaka Thero, the chancellor of the University of Sri Jayewardenepura, Sri Lanka, for inviting and motivating me to write this book,

Members of Healthy Lanka, Sri Lanka Temperance Association, FORUT, ADIC, and staff of the National Dangerous Control Board for discussing with me issues on alcohol and drug prevention and treatment,

Minister of Public Security Hon. Tiran Alles and The President of Sri Lanka Hon. Ranil Wickramasinghe for trusting me and appointing me as the head of drug control in Sri Lanka,

Secretary, Mr Viyani Gunathilaka and the senior officials of the Ministry of Public Security, Board members of NDDCB, NATA and BCGR, IGP Mr Deshabandu Tennakoon and the officers of the Police Department, Mr Dilan Gunarathne commissioner and Department of Community Corrections who support solving the alcohol and drug-related issues,

Prof. Sumanapala Galmangoda, Prof Wasantha Priyadarshana, Prof Ven. Miriswaththe Wimalagnana Thero, Prof Ven Raluwe Padmasiri Thero, Dr Ashoka Welitota, Dr Rathnasiri Rathnayaka, Ven. Dr Wadinagala Pannaloka Thero, Prof Rajitha Pushpakumara, Dr D.D Senadheera and Dr Iromi Ariyaratne for supporting me in studying Buddhist Counselling Psychology,

Mahendra Jayasinghe, Chamika Jayasinghe, and Ven.Vajirarāmavāsi Gnanaseeha Thero,

My wife Sepalika and two sons, Achinthya and Santhush, for encouragement, and

Mr Jagath and the Sarani Publications staff for supporting this manual's printing.

Preface

Alcohol and drug use is a global problem in both developing and developed countries, and its prevention has become a priority in many communities worldwide. This is mainly due to the negative impact of alcohol and drug use on humans' physical, mental, social, and spiritual well-being and the high expenditure on those substances, particularly among low-income families. Alcohol and drug use, if prevented, could facilitate development and improve the quality of life. In the past, the efforts of managing the problems related to alcohol and drugs primarily focused on the policies that control the availability of those substances.

Individuals use alcohol, tobacco, and other drugs as they have developed attachments and cravings for those drugs due to ignorance. When this attachment or craving for alcohol or drugs is removed, they can easily quit alcohol or drug use without having any relapses. Children and youth also could be prevented from initiating drug use with the right kind of education through threefold training and developing necessary wisdom. Buddhism discourages alcohol, tobacco, and other drug use in all its forms. In Buddhist teachings, fundamental ethical rules that a practising lay Buddhist or clergy are expected to follow are the five precepts, *Pancha sīla*, and the fifth precept, abstinence from alcohol and other intoxicants. Buddhist Psychology is enriched with various techniques and methodologies to remove attachment and craving. These methods could be adopted for the prevention and treatment of alcohol and drug use.

This book discusses the motives, aetiology, and psychopathology of alcohol and drug use through the Buddhist psychological perspective such as proliferation (*papañca*), pervasions (*vipallāsa*), attachment, and defilements firstly; secondly analyses the alcohol and drug use behaviour and intentions of getting out of addiction, through Abhidhamma *citta* and *cētasika vibhāga*, using unwholesome and wholesome consciousness. Next, the book identifies and analyses how Buddhist Psychology could address to bring an everlasting solution for addictive behaviours, developing virtue, concentration, and wisdom, using mindfulness (*cattāro satipaṭṭhānā)* practices and various other methods enshrined in early Buddhist literature as tools for cognitive and behavioural transformation towards abstention. Therefore, the methods explained in this book do not belong to a faith-based approach to drug prevention and treatment.

As Buddhism has the solution for alcohol and drug problems, every Buddhist vihara, monastery, or meditation centre should be a centre for treatment and prevention. This book will help a *kalyāna mitta* to help the children, youth, women and alcohol or drug users to liberate their minds from alcohol and drugs. I thank FORUT International, Healthy Lanka and the National Dangerous Drugs Control Board of Sri Lanka for supporting me in developing this manual. I request addiction counsellors, psychologists, psychiatrists, medical personnel, Buddhist priests, meditation masters, damma teachers, and community leaders to try this manual in their communities and treatment settings. This book will help anyone studying psychology to understand how Western and Oriental psychology could combine to help remove the suffering of individuals by promoting mental health and well-being. This book further sheds light on how wisdom (*paññā*) could be combined with bare attention in mindfulness practices when liberating minds from alcohol and drugs, and it will probably help to bring the "mindfulness efforts" back to the original context.

Shakya Nanayakkara
09th April. 2024
Gampaha, Sri Lanka
shakya@healthylanka.lk
WhatsApp/ phone: +94773786788

INTRODUCTION BY PROFESSOR **DIYANATH SAMARASINGHE**

FRCPsych, DSc (*Honoris Causa*),

'A Mind Liberated from Alcohol and Drugs'

Liberating minds is not the job of religious establishments. They are mostly into caging liberated minds within their edifices or somehow nailing any free minds floating around to their rigid view of the world. Religious practices and rituals leave as little room as possible for the human spirit to escape. Underlying the actions of these organizations to tame the unimpeded flourishing of free thought is the urge to further their own gains – in popularity, power or influence and cash. Buddhist sects and institutions are not very different from others, in this regard.

And what of the philosophies on which these organizations or entities are grafted? Most religions do not claim that they wish to promote the liberation of human thought and openly advocate for the opposite. Adherents of believers are provided the comforting assurance of unlimited rewards in a promised later life, in return for restraining their impulses to free thought. Buddhist philosophy appears to stand apart from other religious views in allowing, and indeed encouraging, free and liberated thought. But the actions of organized Buddhist establishments do little to boost the questioning and examining stance of its philosophy. Many adherents argue that the religious establishment's survival is necessary to ensure that the philosophy has a vehicle through which to spread, or indeed, survive. Without the structures, which require faith to maintain, Buddhism would have gone the way of Confucianism or Socrateism.

What are the implications of all this for using liberation as a lever to escape entrapments of alcohol or other drugs? If we turn to Buddhism for this, we would do better to utilize its liberating philosophy than employ the rituals of its ensnaring establishment – however convenient and nurturing the latter may be. How the Buddhist worldview can help set free the drug adherent is not expounded widely. Shakya Nanayakkara's book addresses this lacuna energetically. It constitutes a comprehensive examination of the relevance of Buddhist philosophy to issues related to substance use. Also, it takes on frontally the challenge of providing ideas and blueprints for practical application.

Examining the subject matter set forth here offers us varied rewards. First is the stimulus to further explore. And not only about the given subjects. We are provoked, for instance, to think further about what the overall Buddhist view says about life or existence itself and the need for liberation. There is the allied question that arises, of whether different schools of Buddhist thought have differing views on the matter. Some Buddhist views may not be Buddhist at all, in the eyes of other Buddhists. Mahayana and Hinayana – or Theravada to use the less pejorative name – each agrees that the other too is a Buddhist school. But are sects or sub-sects that go by the names Vajrayana, Tantrism or the alleged neo-Buddhism of Navayana, considered an undisputed part of the family? The neo-Buddhists' view of liberation may be seen as primarily social.

Liberation in the Hinayana or Theravada view of existence should concern us here in Sri Lanka. Two main topics have to be considered, regarding its application to alcohol or other substance use. First is the conception of what liberation means in the Theravada view and how it applies to substance use. The second is how much of that is relevant to the individual drug user now cocooned in almost the opposite view. The rather esoteric analyses of the Dhamma may not have appealed to someone unfamiliar with the religion's fundamentals. What is the best package to offer substance users – most of whom may not be particularly interested in the potential benefits of liberation? Will it be easier to channel them into ritual practices and socialization in the religious movement? This is the main strategy of other 'religion-based' treatment and rehabilitation strategies. These and other issues can be better handled if one takes the trouble to follow Shakya Nanayakkara's arguments and the basis of his recommendations.

His application of Buddhist percipience to the symbolic and other baggage that is attached to alcohol deals with the world beyond addiction. People whose alcohol use has reached a stage where they consume it without any external influence are not the only individuals to whom the liberation approach applies. Those at other stages of consumption, as well as those who do not consume alcohol at all, often hold the same positive mental image of it. Some attributions made to alcohol's effects can be described as magical. The attractive aura is built mostly through social or psychological factors, which include overt and covert marketing by the alcohol trade. These can be countered through empirical evidence and resultant understanding. This book sets out another approach to it: how Buddhist analysis could be mobilized in removing alcohol's illusory attraction.

While the ideas set out by Shakya Nanayakkara, properly applied, can help individuals now bound to the restrictive use of alcohol, tobacco or other 'drugs', they apply further afield. These can, for example, be of much value to people who produce and market these substances. Liberation from currently unseen self-imposed binds, through insights available in this book, can be of immense benefit to alcohol, tobacco and other drug peddlers. 'Addicts' and other varieties of substance users are bound by fetters that are rather visible and superficial unless their brains too, have begun to be damaged. Their troubled lives make them receptive to change as well. But the alcohol, tobacco and other drug traders or manufacturers do not have the prod of day-to-day problems to encourage reflection, which can lead to liberation. We should pity them more than the users.

We may have failed thus far to properly use the potential benefits of 'liberation', to help people free themselves from substance use shackles. The idea has been used even less to help those peddling these substances – to help them recognize realities connected with their miserable vocation. Their urge to examine or question how they live is probably not strong. A seemingly comfortable life does not readily provoke a desire for improvement. This applies not only to drug dealers but to the rest of us too. The liberation angles explored in this book offer pathways to a better life not only for pitiable traders and marketers of these substances. Some ideas here can stimulate us all to escape our own self-satisfied complacency.

There are under-explored facets of the Buddhist approach to psychology, which go beyond liberation and apply beyond substance use. The examination of unwholesome mental factors and how they lead to 'addictive' behaviour and to misplaced attraction towards substance use can just as well be used to understand some of our other stupidities. There are also the benefits available from exploring the positive side of mental life. These go beyond the better-known wholesome or spiritual aspects, encompass a range of qualities translated here as 'beautiful' mental factors. Some are beautiful simply to imagine, even if they have not yet been experienced.

The major strength of Shakya Nanayakkara's exposition is that it is not limited to theory and concept, however engaging these may be. Nor does it rely on profound-sounding but vague recommendations for practice. We find here many specific suggestions for action that can be applied and tested in day-to-day life right now. Religion-based approaches do not commonly offer big results during our lifetimes – with the exception of alleged miracles. But producing miracles is not made available to the ordinary person. What is set out in this book, on the other hand, can readily be converted to action by us ordinary people, with the results being entirely testable. The time scales involved allow rejection of the offered approaches, if the results so demand.

Mundane methods whose efficacy can be tested through our own observations do not quite fit in with the ritual-and-faith-driven side of religious experience. To qualify as a religion, an approach must have a strong element of magic. Magic may relate to miracles on earth, so loved by the gullible parts of our psyche. It also takes the form of exalted states and alleged supernatural mental powers. The highest forms of religious mystique are derived from their claimed ability to direct our detritus to desired domains after death. Blissful futures offered in unseen promised lands have great power over us, even

stronger than the rewards assured by the stock-market. Too great an emphasis on testable results robs an approach of its magical and captivating elements.

Take away the magic, and we are left only with a straightforward scientific method. An approach that liberates drug adherents with little recourse to faith may not appear to be religion-based at all, to some Buddhists. It may fit in more with the views of those who belong to the so-called mentalistic schools of Buddhism. The two aspects are not necessarily opposed to each other and identifying them as separate or distinct elements can be regarded as artificial. Mental liberation does require a good dose of physical practice.

Diyanath Samarasinghe (samara-singhe@hotmail.com)

Contents

Buddhist Perspective of Alcohol and Drug Use 1

Known History of Substance Use and Controls

The practice of using intoxicating substances as mood enhancers has been in existence since the beginning of human civilisation. Alcohol or ethanol is one of many intoxicants that have been used in several cultures for millennia. While the actual origin of alcohol is unknown, there is evidence suggesting that the use of alcohol dates back to the Neolithic Period, to about 10,000 BC (Hanson 1997-2013). Mead, one of the oldest known forms of alcohol produced for consumption, is an intoxicating drink from fermented honey brewed as early as 8000 BC. Throughout history, alcohol has served a wide range of functions in society, from being used as a medicinal substance with antiseptic and analgesic properties (Hanson 1997-2013) to being considered a medium of sociability and celebration, often perceived as a marker of status. Alcohol's long history is also evident when looking at the decline of the Roman Empire, a significant turning point in world history estimated to have occurred in 476 AD, which some historians have attributed to alcohol. Before modern science, many religions, including Buddhism, Islam, Christianity, and Hinduism, recognised the negative consequences of alcohol use.

Today, alcohol, after caffeine, is regarded as the most commonly used mood-altering substance. The production of alcohol has seen significant changes since pre-modern times. Though some societies still follow traditional methods of producing alcohol, industrial methods of production are widely used in many countries and are fast replacing or displacing traditional methods. Alcoholic beverages made through modern techniques are also replacing or displacing certain traditional varieties of alcohol. This process of displacement, initiated during the European colonial era, continues in several countries and is further driven by mass marketing and other promotions, particularly for European-style alcoholic beverages.

Despite its popularity and the fact that many would not consider it to be a drug, alcohol's adverse effects have long been known. At present, despite the existing formal restrictions on the trade of alcohol and the scientific evidence proving its harmful effects on the body, alcohol continues to be responsible for more cases of disease, disability, and death than both tobacco and illicit drugs (Murray and Lopez, 1996). The official restriction on alcohol dates back thousands of years and is said to have been included in the earliest legal documents. For example, the Code of Hammurabi, the earliest known written legal code composed in about 1780 BC, included three articles governing the behaviour of tavern keepers (Hammurabi 2000, 108-110; Gruenewald, 2013).

The traditionally and legally permitted uses of alcohol do not alter the nature of its effects. Ethyl alcohol acts as a potent depressant on the central nervous system and could be very dangerous, even lethal, when consumed in large quantities. While those who consume alcohol regularly are at risk of becoming dependent on it, prolonged use of alcohol could devastate physical, social, emotional, and spiritual health. According to the World Health Organization (2013), dependence is an extreme form of psychological and physical interaction between an individual and a particular thing or person. The individual depends on the thing or person to function normally or survive. In terms of alcohol, in particular, dependence involves repeatedly using alcohol to ensure a favourable state of existence or to avoid a state that is not favourable. Dependence is characterised by behavioural and other responses that include the compulsion to use alcohol on a continuous or periodic basis to experience its perceived effects and sometimes to avoid the discomfort of its absence. While all alcohol users may not show constant tolerance to the substance, one user may be dependent on more than one drug at a time.

The prevention of alcohol, tobacco, and other drug use is regarded as a high-priority social development issue today, considering its adverse effects on the individual, the family, and the community. This is especially taking into account the high prevalence of the use of drugs and the related problems in society. One of the main reasons for the high prevalence of alcohol and drug use is its widely perceived image as a desirable substance built upon the various expectancies held towards it. A critical starting point in challenging the use of alcohol or drugs effectively is to reduce the positive outcome expectancies related to them. This book aims to provide basic knowledge on how alcohol and

drug expectancies could be challenged towards effectively enabling users to become free from alcohol and drug use and dependency based on Buddhist psychology.

Alcohol and Drug Use in Buddhism

Buddhism discourages alcohol, tobacco, cannabis and other drug use in all its forms. In Buddhist teachings, fundamental ethical rules that a practising lay Buddhist or clergy are expected to follow are the five precepts*, pañca sīla,* and the fifth precept, abstinence from alcohol and other intoxicants. According to World Health Organization (WHO) reports, worldwide, 3 million deaths every year result from the use of alcohol; this represents 5.3 % of all deaths. The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people a year across the globe. More than 7 million of those deaths are the result of direct tobacco use, while around 1.2 million are the result of non-smokers being exposed to second-hand smoke. About 275 million people used drugs worldwide in 2020, while over 36 million people suffered from drug use disorders, according to the 2021 World Drug Report released by the United Nations Office on Drugs and Crime (UNODC).

Lord Buddha, in his significant suttas that address lay disciples and the Buddhist code of discipline (*gihi Vinaya)* for householders, has mentioned the adverse effects of the use of intoxicants such as alcohol and drugs and strictly advised reasoning to avoid the use of such substances. The Sigālovāda Sutta is one such discourse (*sutta*) that explicitly explains the family and social relationships and provides essential instructions and teachings that pertain to man's socio-economic and spiritual progress. Sigālovāda Sutta (DN 31) explains six ways of squandering or wasting wealth, and spending money on alcohol use is one of the six.

Katamāni cha bhogānaṃ apāyamukhāni na sevati? Surāmerayamajjapamādaṭṭhānānuyogo kho gahapatiputta bhogānaṃ apāyamukhaṃ. Vikālavisikhācariyānuyogo bhogānaṃ apāyamukhaṃ. Samajjābhicaraṇaṃ bhogānaṃ apāyamukhaṃ. Jūtappamādaṭṭhānānuyogo bhogānaṃ apāyamukhaṃ. Pāpamittānuyogo bhogānaṃ apāyamukhaṃ. Ālassānuyogo bhogānaṃ apāyamukhaṃ.

"And what six ways of squandering wealth are to be avoided? Young man, heedlessness caused by intoxication, roaming the streets at inappropriate times, habitual partying, compulsive gambling, bad companionship, and laziness are the six ways of squandering wealth".

When describing the ways of wasting money of a layperson, Buddha identified *Surā meraya majjapamādaṭṭhānānuyogo,* which is indulgence in intoxicants that cause infatuation and heedlessness, as the very first point, and it is even a truth for today when analysing the causes for poverty among poorest of the poor. The other five points described in the sutta also have a direct link to alcohol and drug use. People who use alcohol are strolling in the streets at unseemly hours, moving from pub to pub all night long, and this problem is termed binge drinking, a pattern of drinking that brings a person's blood alcohol concentration to a dangerously high level. Due to the alcohol use in this manner, the quality time that they should spend with family members becomes limited, and the safety of the family members is also put at risk on many nights.

Individuals who use alcohol are indulged in habitual partying, and they accompany their alcohol use with singing, dancing, music, and many other recreational occasions. Modern-day gambling, such as casinos, mainly involves alcohol and a variety of drug use. Alcohol and drug use are not done in isolation. They have a drinking company, a group of people together promoting and dragging each other for the alcohol or drug use behaviour. Using alcohol and drugs leads to laziness both physically and mentally. From the moment one starts using alcohol or drugs, he becomes dizzy and drowsy, making all his actions and functions slow. The following day, he feels tired and hungover, experiencing various unpleasant physiological and psychological effects that make him lazy. His ability to work effectively and engage efficiently in livelihood activities will be reduced, so his earnings will be in jeopardy.

Next, this Sigālovāda Sutta explains six evil consequences of indulging in intoxicants, which cause infatuation and heedlessness.

Cha kho'me gahapatiputta ādīnavā surāmerayamajjapamādaṭṭhānānuyoge: sandiṭṭhikā dhanajānī, kalahappavaḍḍhanī, rogānaṃ āyatanaṃ, akittisañjananī, kopīnanidaṃsanī paññāyadubbalīkaraṇītveva chaṭṭhaṃ padaṃ bhavati. Ime kho gahapatiputta cha ādīnavā surāmerayamajjapamādaṭṭhānānuyoge.

i. visible loss of wealth, - *sandiṭṭhikā dhanajānī*
ii. increase of quarrels, - *kalahappavaḍḍhanī*
iii. susceptibility to disease, - *rogānaṃ āyatanaṃ*
iv. earning an evil reputation, - *akittisañjananī*
v. shameless exposure of the body, -*kopīnanidaṃsanī*
vi. weakening of intellect. - *paññāyadubbalīkaraṇītveva*

Visible Loss of wealth, - *sandiṭṭhikā dhanajānī*

It can be observed that in most developing countries, among the large number of families living below the poverty line, a sizeable portion of the family income is spent on alcohol, tobacco, and other drug use. Some estimates show the average amount spent in each family on alcohol, tobacco, and drugs to be as high as two-thirds of their total income. While the direct impact of alcohol consumption, namely morbidity and mortality, are more clearly visible and tend to receive considerably more attention from those involved in preventive efforts, the indirect impact of the high expenditure on alcohol is far more significant, imposing an immense economic burden on the families most stricken by poverty, particularly in terms of nutrition, housing, education, maternal health, and child care.

When initiating community action in development work, community members could be asked to calculate the amount the community spends on alcohol, drugs, and tobacco. This can be calculated with data available at the national level adjusted or extrapolated to the community level or observing the expenditure by a representative sample in the community and generalising that number to population figures or the number of families. When calculated, many are surprised to see the enormous amount of money spent by the community on alcohol, tobacco, and drug use. Reducing this by 50 per cent may probably solve many problems related to poverty in such communities.

Individuals who use alcohol, tobacco, or drugs can calculate their daily, monthly, or annual expenditure on these substances and project how much they are going to spend if they continue the use in the next ten years. Further, they can visualise if that money is saved and utilized wisely and what could be achieved. Family members could also work on the same calculation regarding their fathers' or husbands' substance use and start a dialogue within the family about preventing or reducing the expenditure.

Increase of quarrels, - *kalahappavaḍḍhanī*

Alcohol and drug-induced misbehaviour, or the so-called "drunken behaviour", is a major underlying factor in the social injustices faced directly by the families of users and indirectly by other members of society. Users of alcohol and drugs deliberately make their use of these substances an excuse to avoid or evade family and other responsibilities, break the existing norms and values, and engage in improper and occasionally violent behaviour. This behaviour is often reinforced by the social sanction it receives so that it may sometimes grow in severity, reaching a point where the user resorts to intimidating and physically assaulting others. In this way, drug users are granted a special privilege by their families and by other members of society after having used alcohol or drugs.

Even as they suffer physically and mentally, victims of abusive alcohol or drug users continue to believe that the users were unaware of their actions as a result of being under the influence of alcohol and that

the abuse was unintentional. Rather than blame the person for their use of alcohol or drugs, they would typically place the blame on the substance itself, pardoning the user's behaviour with statements such as "one has to stop using alcohol" and "one must not drink too much", both of which are examples of statements generally made in response to alcohol-induced behaviour. There is, however, evidence proving that contrary to what is commonly believed, individuals are very much aware of their actions even after alcohol or drug use. Those who use alcohol or drugs continue to do so mainly because their behaviour is pardoned and accepted.

Susceptibility to disease - *rogānaṃ āyatanaṃ*

It is well known that a large number of preventable deaths occur annually throughout the world as a result of alcohol, tobacco, and drug use and that a significant portion of wealth, particularly among low-income families, is spent on substances. However, the actual impact of alcohol, tobacco, and drugs on physical health tends to be underestimated. In reality, the extent of the adverse effects of alcohol and drugs on physical and mental health is immense. It leads to the gradual deterioration of the essential quality of life within the family and the community. Intoxicants such as alcohol directly affect the health of the user, causing discomfort and illness. The most significant impact of intoxicant use is felt in labour productivity, which is significantly reduced due to diseases resulting from alcohol, tobacco, and drug use, most of which require extensive treatment.

Alcohol and drugs have also been connected to a wide range of social problems. Rape, theft, and violence, for instance, are among the many crimes that are often related to alcohol. These problems seriously affect the physical and mental health not only of the users and their families but of other members of society as well. While the mental suffering of the victims of alcohol-related misbehaviour can have adverse effects on their overall well-being, the users too may suffer mentally due to their alcohol dependence, which in turn could be very damaging. Alcohol or drug users also prevent themselves from reaching their fullest intellectual, social, and emotional potential as a result of substance use. It may be said that the indirect consequences of alcohol and drug use are just as serious as their direct consequences and, therefore, require equal attention. However, health workers and other responsible persons tend to focus more on the immediate health problems connected to alcohol or drugs, often neglecting their indirect consequences either as a result of being unaware or underestimating the full extent of the latter.

Earning an evil reputation - *akittisañjananī*

When a person becomes dependent on alcohol or drugs, his whole life starts to revolve around this alcohol or drug use behaviour, neglecting his other life activities. Even the modern-day DSM 5 (*Diagnostic and Statistical Manual of Mental Disorders)*, which is a reference book on mental health and brain-related conditions and disorders, explains that substance use disorders span a wide variety of problems arising from substance use and cover 11 different criteria. It explains the pathetic situation and ill reputation of alcohol or drug users.

1. Taking the substance in more significant amounts or longer than you should.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending much time getting, using, or recovering from substance use.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances repeatedly, even when they put you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Need more substance to get the desired effect (tolerance).
11. Development of withdrawal symptoms can be relieved by taking more of the substance.

This negligence and noncaring nature make the alcohol or drug user vulnerable and subject to other extreme forms of social exclusions, notably homelessness, persistent offending, and sometimes street prostitution. They will face various employability barriers and other social and criminal justice problems. Labelling them by society as alcohol abusers or drug users affects their family members, and most often, these family members also become marginalised and live in shame. This condition is termed co-dependency.

Shameless exposure of the body - *kopīnanidaṃsanī*

When someone starts habitually using alcohol or drugs, he starts disrespecting and violating others' rights, and this begins with his family members. He habitually starts neglecting his household responsibilities and gradually expands this attitude and irresponsible behaviours toward broader society. His shame (*hiri*) and fear (*ottappa*) of unwholesome deeds gradually decline, and they develop the two unwholesome mental factors, *ahirika* and *anottappa.* Shamelessness (*ahirika*) is the absence of disgust and shamelessness at bodily, mental, or verbal misconduct, a status of lacking moral shame. Fearlessness of wrongdoing (*anottappa*) is the absence of dread of committing bodily, mental or verbal misconduct. It occurs due to a lack of respect for self and others. We have to understand that this behavioural transformation occurs not due to the chemical or pharmacological effect of alcohol but as an adaptation to the alcohol or drug use behaviour.

Even today, it can be seen at the village level that after using alcohol, some people go on the roads abusing others and shamelessly exposing their private parts of the body. They walk like this, pretending that they do not know what is happening and exhibiting to others that they are under the influence of alcohol. However, if a police officer with a uniform or a village bully comes to the scene all of a sudden, they become respectful and well-behaved and mostly pretend that they have not used alcohol or drugs.

Weakening of the intellect - *paññāyadubbalīkaraṇītveva*

Alcohol and drugs can damage brain cells. Specifically, it can damage the dendrites of neurons. Dendrites are specialised protrusions of neurons that bring information into the cell body. Thus, damaging the dendrites can cause problems relaying information between brain cells. This damage mainly occurs in the cerebellum, the part of the brain concerned with learning and motor coordination. Two thousand five hundred years ago, The Buddha mentioned this in Sigālovāda Sutta as alcohol and other intoxicants weaken the intellect and cognitive functioning - *paññāyadubbalīkaraṇītveva.*

As we are going to discuss in detail in some chapters to come, alcohol, tobacco, or drug use is done through unwholesome consciousness (*akusala citta*) with unwholesome mental factors (*akusala cētasika*). Wisdom (*paññā)*, being a wholesome mental factor, does not get opportunities to operate in alcohol or drug users' consciousness so that, day by day, their intellect becomes weaker.

Sigālovāda Sutta has identified six evil consequences of sauntering in the streets at inappropriate hours. As most alcohol addicts and drug users do not come home till late at night, these evil consequences are relevant to alcohol and drug users as well.

Cha kho'me gahapatiputta ādīnavā vikālavisikhācariyānuyoge: attā'pi'ssa agutto arakkhito hoti puttadāro'pi'ssa agutto arakkhito hoti, sāpateyyampi'ssa aguttaṃ arakkhitaṃ hoti, saṅkiyo ca hoti pāpakesu ṭhānesu, abhūtavacanaṃ ca tasmiṃ rūhati, bahūnañca dukkhadhammānaṃ purakkhato hoti. Ime kho gahapatiputta cha ādīnavā vikālavisikhācariyānuyoge.

i. he is unprotected and unguarded,
ii. his wife and children are unprotected and unguarded,
iii. his property is unprotected and unguarded,
iv. he is suspected of evil deeds,

v. he is subject to false rumours,
vi. he meets with many troubles.

In the same sutta, the Buddha mentioned six evil consequences of associating with bad friends (*Pāpamittānuyogādīnavā*)
Cha kho'me gahapatiputta ādīnavā pāpamittānuyoge: ye dhuttā, ye soṇḍā, ye pipāsā, ye nekatikā, ye cañcanikā, ye sāhasikā, tyāssa mittā honti. Te sahāyā ime kho gahapatiputta cha ādīnavā pāpamittānuyoge.

"There are young householders, these six evil consequences in associating with evil companions, namely: any gambler, any libertine, any alcohol or drug dependent, any swindler, any cheat, any rowdy become his friend and companion.

In his famous statement, "Man is, by nature, a social animal", the great thinker Aristotle describes human beings' innate need for meeting, interacting, and maintaining relations with each other. Communicating with others is essential in day-to-day life. It is common among peer groups to meet occasionally at a particular location to engage in friendly conversation and share in good humour. More often than not, such meetings occur while sharing food and drink. While alcohol is one of the items shared in this way at casual gatherings, in some groups, the use of alcohol or drugs is compulsory. The passing around of the bottle of alcohol or the toasting and raising of glasses contributes to the feeling of togetherness and solidarity that strengthens the bond between the group members. Eventually, alcohol or drugs become symbolic of this feeling of solidarity as well as of one's membership in the group and as the aim of many who aspire to enter the group is to be accepted as equal members, they too would initiate the use of alcohol or drug when meeting with the group and may continue using it to escape being cast out. This implies that they are less dependent on alcohol or drugs than they are on their peer group.

When looking at the larger social context, alcohol use is most often seen at private events within the family or more significant social events, which generally occur either during leisure and festivity or simply during relaxation times when there is no festive occasion in particular. Individuals, both young and old, sometimes drink at family celebrations and at meetings with peers, which gives a remarkable acceptance of alcohol use in social settings.

When someone is trying to quit his alcohol, tobacco, or drug use, his drinking, drug-using, or smoking partners do not easily allow him to leave. They usually praise and provide some critical reasons for continuing the substance use and discourage the attempt of such quitting.

In Sigālovāda Sutta, Buddha has mentioned nine reasons that will destroy a man and using intoxicants is also cited as one of the reasons;

Akkhitthiyo vāruṇī naccagītaṃ
Divāsoppaṃ pāricariyā akāle
Pāpā ca mittā sukadariyatā ca
Ete cha ṭhānā purisaṃ dhaṃsayanti.

"Dice, women, liquor, dancing, singing, sleeping by day, sauntering at unseemly hours, evil companions, avarice — these nine causes ruin a man.

Akkhehi dibbanti suraṃ pivanti
Yantitthiyo pāṇasamā paresaṃ
nihīnasevī na ca vuddhasevi
Nihīyare kā'apakkhe'va cando.

"Who plays with dice and drinks intoxicants, goes to women who are dear unto others as their own lives, associates with the mean and not with elders — he declines just as the moon during the waning half.

Yo vāruṇī adhano akiñ cano
Pipāso pivaṃ pāpaṃ gato
Udakamiva iṇaṃ vigāhati
Akulaṃ kāhiti khippamattano.

Who is drunk, poor, destitute, still thirsty whilst drinking, frequents the bars, sinks in debt as a stone in water, and swiftly brings disrepute to his family?

Na divāsoppasīlena rattimuṭṭhānadessinā,
Niccaṃ mattena soṇḍena sakkā āvasituṃ gharaṃ.

Who by habit sleeps by day and keeps late hours, is ever intoxicated, and is dissolute, is not fit to lead a household life?

The Five Precepts

Abstinence from alcohol and other intoxicants is one of the Five Precepts, the fundamental code of ethics, the bare minimum, undertaken by practising Buddhists, both laymen and clergy alike. The Five Precepts are essential in maintaining one's morality, or *sīla*. These Five Precepts are recited as part of almost every Buddhist ceremony or sermon as a regular practice. Breach of this Precept by Buddhist monks is a *pācittiya* offence, deserving of confession. However, practising Buddhists are expected to regulate their behaviour, as it is personal, with no authority punishing non-observance.
The precept is recited in Pali as follows:

Surāmerayamajjapamādaṭṭhānā veramaṇī sikkhāpadaṃ samādiyāmi

A literal rendering of the Fifth Precept in English is:

"I undertake the training rule to abstain from fermented drink that causes heedlessness."
"I undertake the precept to refrain from intoxicating substances which lead to / condition to carelessness or heedlessness."

The translation of Bhikkhu Bodhi is, 'I undertake the precept to abstain from wine, liquors, and intoxicants that are a basis of negligence. ' The word 'intoxicants' could be changed to 'intoxicating substances. ' The Oxford Dictionary defines 'intoxicant' as 'an intoxicating substance.'

Although the Pali recitation mentions only three kinds of intoxicants: sura (distilled liquors), meraya (fermented liquors), and majja (intoxicants), modern-day translations consider the definition more broadly, covering intoxicants including, but not limited to, liquor and drugs. For example, tobacco or cannabis use in all its forms, including smoking or chewing, also comes under this precept.

In this precept, *"veramaṇī sikkhāpadaṃ samādiyāmi"* is the same as in other precepts; it is "I undertake the precept of abstaining from." Next is the controversial first section, including four parts of *Surāmerayamajjapamādaṭṭhānā; sura+meraya+majja+pamāda+thāna.* Pamāda means heedlessness or the opposite understanding of heedful diligence (*appamāda*). *Thāna* can be translated as condition, reason, cause, basis or resulting. The word *pamādaṭṭhānā* does not appear in the other four precepts.

The point to consider is that abstaining from intoxicating substances is relevant because it affects the functioning of the mind. The entire teaching of the Buddha is for the development of the mind to see things in their true nature, and taking intoxicating substances hinders such mind development.

It is reported in the viss.wordpress.com/2014/07/22/alcohol-in-the-Theravada-Buddhist-context "that the intent of the Fifth Precept is perhaps more important than the specific types of intoxicants mentioned. The general understanding of the Fifth Precept has been expanded to cover a variety of mind-altering drugs that reduce/weaken awareness. Drugs taken for medication and consumed as sustenance in tiny amounts (e.g., alcohol-soaked tiramisu) are exempt.

Among kinds of ***Surā***, the following are mentioned in the Buddhist sacred scriptures;

1. A wine prepared from rice (*Piṭṭhasurā*)
2. Prepared from sweet cakes (*Pūvasurā*)
3. Prepared from boiled rice and also with ferment and spice (*Odanīyasurā*)
4. Prepared from dregs or sediments of Surā (*Kiṇṇapakkhittasurā*)
5. Prepared from cake or bread (Sambhārasaṃyuttasurā)

***Meraya*;**

a. prepared with extracts of flowers (*Pupphāsava*)
b. prepared with extracts of fruits (*Phalāsavo*)
c. prepared with extracts of honey (*Madhvāsavo*) and
d. prepared with extracts of sugar (*Guḷāsavo*) mixed with various spices
Kāpotikā and *Pasannā*: two other types of liquor mentioned in the Vinaya.

In traditional Theravada interpretation, violation of the Fifth Precept occurs when the four factors are present: (1) the intoxicant; (2) the intention of taking it; (3) the activity of ingesting it; and (4) the actual ingestion of the intoxicant. There is no gradation or a scale of bad or good: Theravada Buddhism makes no difference between having one unit of drink and blacking out from alcohol, whatever the amount, the offence is committed. The Fifth Precept is also unique in that it is the only one that deals with oneself, one's body, and mind, while the first four (no killing, no stealing, no sexual misconduct, no lying) are concerned with a person about others. The philosophical reasoning behind this is that indulging in intoxicants influences how a person interacts with others and ultimately increases the risk that he will violate the other four precepts.

Abstinence from intoxicants is central to the Buddhist practice, as it sets the stage for a practitioner to live a considerate and mindful existence, one that is conducive to the development of concentration, wisdom, and ultimately realising *Nibbana*. Buddhism is about achieving and maintaining clarity in everyday life, preventing an obscuration of reality, and having ceaseless mindfulness in every action, every thought, and every spoken word, as those are all intangibly tied to karma (*Kamma* in Pali), which governs and explains cause and effect in life. Mind-altering substances can tamper with sustained mindfulness, raising the chances of risky behaviour to the detriment of other living beings, be it oneself, animals, or other people".

Great Buddhist writer and translator Bhikkhu Bodhi, in his article "A Discipline of Sobriety," mentioned that.

"If we were ordered to walk along a narrow ledge overlooking a sharp precipice, we certainly would not want to put ourselves at risk by first using a few drinks. We would be too keenly aware that nothing less than our life is at stake. If we only had eyes to see, we would realize this is a perfect metaphor for

the human condition, as the Buddha himself, the One with Vision, confirms. As human beings, we walk along a narrow ledge, and if our moral sense is dulled, we can easily topple over the edge, down to the plane of misery, from which it is extremely difficult to re-emerge.

However, it is not for our sakes alone, nor even for the broader benefit of our family and friends, that we should heed the Buddha's injunction to abstain from intoxicants. To do so is also part of our responsibility for preserving the Buddha's Sāsana. The Teaching can survive only as long as its followers uphold it. In the present day, one of the most insidious corruptions eating away at the entrails of Buddhism is the extensive spread of the drinking habit among those same followers. If we genuinely want the Dhamma to endure long, to keep the path to deliverance open for all the world, then we must remain heedful. If the current trend continues and more and more Buddhists succumb to the lure of intoxicating drinks, we can be sure that the Teaching will perish in all but name. At this very moment of history when its message has become most urgent, the sacred Dhamma of the Buddha will be irreparably lost, drowned out by the clinking of glasses and our rounds of merry toasts."

All these citations very clearly explain that alcohol use leads to *pamāda,* heedlessness, carelessness or negligence. In Buddhism, the word *appamāda,* translated to English as diligence, heedfulness, circumspection, or care, is a quality one should cultivate from the beginning to the end of the path to liberation. *Appamāda* is about feeling alive, fully present, and attentive to what we are doing, and one of the stages of mindfulness.

In Dhammapada, *appamāda vagga*;

Appamādo amatapadaṁ, pamādo maccuno padaṁ
Appamattā na mīyanti, ye pamattā yathā matā

Heedful diligence is the path to the death-free, and heedlessness is the path of death. The heedfully diligent do not die; the heedless are as if already dead even though they are alive.

We have to question whether alcohol hinders heedful-diligence *appamāda* or causes *pamāda* heedlessness due to the pharmacological effects of such substance or is psychological and mind-made due to habituation and social learning. It is true that alcohol and many other drugs, such as heroin or cannabis, slow down the nervous system and act as depressants that create discomfort in the body. After using the substances, the individual focuses mainly on this discomfort, so he loses concentration on other objects, leading to heedlessness. Furthermore, alcohol and drugs gradually become the signal (*saññā*) of losing inhibitions through pervasions (*saññā vipallāsa*), and this will be explained in detail in the next chapter.

Parābhava Sutta

Pali word "*parabhava*" can be translated as decline, downfall, or deterioration. In this discourse, from Saṃyutta Nikāya (SN.vs.91-115), the Buddha has described the conditions leading to the downfall or decline in an individual's social, moral, and spiritual aspects. The discourse consists of twenty-five verses and explains twelve such factors that lead to the decay and corruption of beings. One of the verses is as follows;

Itthidhutto surādhutto - Akkhadhutto ca yo naro

Laddham laddham vināseti – Taṃ parābhavato mukham

The man who is addicted to women (given to a life of debauchery) is a drunkard and a gambler, and as what he earns gets destroyed due to squandering — these habits are the cause of his downfall.

Surādhutto means a person who got addicted to alcohol use. Here, the Buddha has stated three forms of addictive behaviours that will result in one's decline not only financially but also morally, socially, and spiritually. One who gets addicted to seeking sensual pleasures in sexual misconduct, alcohol or drug use, and compulsive gambling will resort to any other immoral activities as well to fulfil one's demand from addictions. In addition to financial destruction, these addictive behaviours can also result in broken families and severe health problems, including death, rejection by society, and involvement with the law. Abstaining from consumption of alcohol and sexual misconduct are two of the five precepts of morality (*pancha sila*) in Buddhist practice, and it is said that one who consumes alcohol is also capable of breaking the other four precepts of killing, stealing, sexual misconduct, and telling lies.

Mangala Sutta

The word "Mangala" means "blessing", "auspicious sign", or "good omen" that makes life happy for individuals. Once the Buddha was asked about the true meaning of "blessing" (*Mangala*), and in response, the Buddha delivered the discourse known as *Mangala Sutta*, in which thirty-eight highest blessings were declared for personal attainment. In that sutta, the following verse says that refraining from alcohol or intoxicants is a blessing.

Ārati virati pāpā

Majjapānā ca samyamo

Appamādo ca dhammesu

Etam mangala muttamam

To cease and abstain from evil, Abstaining from intoxicants. Moreover, to be diligent in practising the Dhamma is Blessing Supreme.

Majjapānā- intoxicating drinks, *samyamo* - refraining; forbearing or abstaining, *appamādo* - diligence; mindful; not heedless; not careless, *dhammas* - (with) the Dhamma

If someone abstains from using alcohol, tobacco, or other drugs, he or she could be a healthy, virtuous, and intelligent person. The alcohol or tobacco industry or drug mafia could not fool him. Through his penetrative understanding, he may have figured out the myths and realities of alcohol and other drugs. He is less vulnerable to diseases, and his money is saved.

Uposatha Sutta AN 8.41

In this Sutta, Buddha explained the nature of the Aryan discipline, explicitly saying that all Arahants throughout their life refrain from using liquors and intoxicants as the intoxicants cause carelessness. Buddha said, "All of you have given up the taking of liquors and intoxicants. You abstain from drink, which causes carelessness. For all of this day and night, in this manner, you will be known as having followed the Arahants, and the Uposatha will have been observed by you. This is the fifth factor of the Uposatha".

'''Yāvajīvaṃ arahanto Surāmerayamajjapamādaṭṭhānā pahāya surāmerayamajjapamādaṭṭhānā paṭiviratā. Ahaṃ pajja imañca rattiṃ imañca divasaṃ surāmerayamajjapamādaṭṭhānaṃ pahāya surāmerayamajjapamādaṭṭhānā paṭivirato. Imināpaṅgena arahataṃ anukaromi, uposatho ca me upavuttho bhavissatī'ti. Iminā pañcamena aṅgena samannāgato hoti

"Bhikkhus. Aryan disciples in this Religion reflect thus: "'All Arahants, for as long as life lasts, have given up the taking of liquors and intoxicants (*sura-meraya-majja-pamadatthana*), of that which intoxicates, causing carelessness. They are far from intoxicants."All of you have given up taking alcohol and intoxicants. You abstain from drink, which causes carelessness. For all of this day and night, in this manner, you will be known as having followed the Arahants, and the Uposatha will have been observed by you. This is the fifth factor of the Uposatha".

Advantages of Being an individual abstains from alcohol and drugs;

According to the commentary of the *Khuddakapāṭha*, there are thirty advantages of not taking alcohol and drugs:

Surāmerayamajjapamādaṭṭhānā veramaṇiyā atītānāgatapaccuppannesu sabbakiccakaraṇīyesu khippaṃ paṭijānanatā sadā upaṭṭhitasatitā anummattakatā ñāṇavantatā analasatā ajaḷatā anelamūgatā amattatā appamattatā asammohatā acchambhitā asārambhitā anussaṅkitā saccavāditā apisuṇāpharusāsamphapalāpavāditā rattindivamatanditatā kataññutā kataveditā amaccharitā cāgavantatā sīlavantatā ujutā akkodhanatā hirimanatā ottappitā ujudiṭṭhikatā mahāpaññatā medhāvitā paṇḍitatā atthānatthakusalatāti evamādīni phalāni. Evamettha pāṇātipātādiveramaṇīnaṃ samuṭṭhānavedanāmūlakammaphalatopi viññātabbo vinicchayo. KhpA. : p. 34

1. Swift recognition of past, present, and future tasks to be done 2. Constant establishment of mindfulness 3. Freedom from madness 15 Possession of knowledge 5. Non-procrastination 6. Non-stupidity 7. Non-drivelines 8. Non-intoxication 9. Non-negligence 10. Non-confusion 11. Non-timorousness 12. Non-presumption 13. Un-enviousness 14. Truthfulness 15. Freedom from malice and harsh speech 16. Freedom from dullness both night and day 17. Gratitude 18. Gratefulness 19. Non-avariciousness 20. Liberality 21. Virtuousness 22. Rectitude 23. Non-angriness 24. Possession of conscience 25. Possession of shame 26. Rectitude of view 27. Great understanding 28. Wisdom 29. Learnedness and 30. Skill in understanding good from harm.

Vera Sutta AN 5; 174

In this sutta, the Buddha has categorically expressed that alcohol or drug use leads to pain and displeasure.

''Yaṃ, gahapati, surāmerayamajjapamādaṭṭhāyī surāmerayamajjapamādaṭṭhānapaccayā diṭṭhadhammikampi bhayaṃ veraṃ pasavati, samparāyikampi bhayaṃ veraṃ pasavati, cetasikampi dukkhaṃ domanassaṃ paṭisaṃvedeti, surāmerayamajjapamādaṭṭhānā paṭivirato neva diṭṭhadhammikaṃ bhayaṃ veraṃ pasavati, na samparāyikaṃ bhayaṃ veraṃ pasavati, na cetasikaṃ dukkhaṃ domanassaṃ paṭisaṃvedeti. Surāmerayamajjapamādaṭṭhānā paṭiviratassa evaṃ taṃ bhayaṃ veraṃ vūpasantaṃ hotī''ti.

Householder, when an individual takes distilled drinks, fermented drinks or intoxicating substances and that which causes heedlessness because one is taking them causes fear and hate here and now and causes fear and hatred in the hereafter—the individual feels pain and displeasure. However, an individual who refrains from distilled drinks, fermented drinks or intoxicating substances and that which causes heedlessness because one is not taking them does not cause fear and hate here and now nor cause fear and hatred in the hereafter—one feels neither pain nor displeasure.

Dhammika Sutta (Sn 2;14)

Dhammika Upasaka, with five hundred others, visits the Buddha at Jetavana, expressing his praises and asking what the life of a monk and that of a householder should be. The Buddha proceeds to lay down

the course of conduct to be followed by a monk and the virtues to be cultivated by a layman. When referring to householder's behaviour, the Buddha advised refraining from alcohol or drug use and ill the effects of such use. The two stanzas referring to the use of alcohol are as follows;

''Majjañca pānaṃ na samācareyya, dhammaṃ imaṃ rocaye yo gahaṭṭho;
Na pāyaye pivataṃ nānujaññā, ummādanantaṃ iti naṃ viditvā.

Whatever householder this Dharma approves,
This maddening drink should never be indulged,
Nor make others drink, nor approve if they do,
Knowing it leads to a mind that's disturbed.

''Madā hi pāpāni karonti bālā, kārenti caññepi jane pamatte;
Etaṃ apuññāyatanaṃ vivajjaye, ummādanaṃ mohanaṃ bālakantaṃ.

Fools do many evils because they are intoxicated,
While causing other people to be negligent.
This basis of demerit should be avoided,
However, fools are delighted, confused with, mind upset.

Prevention of Alcohol and Drug Use

Broadly defined, "prevention" is the effort to forestall or reduce the manifestation of a particular adverse condition. The Buddhist approach to alcohol and drug prevention described and discussed in this book focuses on treating the problem at its root rather than on treating the effects of the problem. Therefore, the drug prevention process could be defined as the self-realisation of the unpleasantness, uselessness and emptiness of substances such as alcohol, tobacco, heroin, cannabis or methamphetamine, which leads to abstinence. This is the process of removing the reasons within an individual that contribute to initiating and continuing substance use. This approach is best explained through the short anecdote given below.

There once lived a kind man near the banks of a river where the water was deep and very rough. It was so fierce that anybody who tried to cross it, not knowing its nature, would fall in and get carried away by the firm, powerful current, unable to swim to safety. The man, feeling great pity for the people, took it upon himself to rescue those who fell in and revive them. As he had spent his entire life by the river and knew it very well, this was no difficult task for him. However, the number of people who fell in was increasing rapidly, so the number of people who needed to be rescued was overwhelming. No sooner had he saved one person than another would cry for help. The man was so busy trying to rescue those who fell into the river that he had no time to travel upstream to find out why they were falling in. He was, therefore, left to struggle day after day, dragging countless unfortunate people out of the river with no hope of stopping them from falling into it once and for all.

This anecdote shows the 'downstream' approach traditionally taken in many societies to meet human needs and solve problems, particularly in counteracting issues such as alcohol and drug use. There is a widespread tendency to wait for the problems to develop until they reach severe proportions before any assistance is given, often at a very high cost. Many alcohol and drug users are rescued only to be sent back to the same environment that led them to the user in the first place, so they are at high risk of reverting to their former habits. Therefore, successful prevention efforts require a 'proactive' rather than a 'reactive' approach focusing on keeping individuals out of the 'river' rather than attempting to 'rescue them after falling in. This approach does not mean that those already entrapped in the use of alcohol and other drugs would be neglected but that the attention of the social system would be directed 'upstream' at the cause rather than the effect.

The inability to cope with the complexity and immensity of alcohol and other drug problems in society typically has held to the platitude that "an ounce of prevention is worth a pound of cure". The effort in this respect, however, has never matched the conviction, as observed by Smart (1979), when he stated, "Although an ounce of prevention may be worth a pound of cure, we have not been able to provide a gram of either for alcohol and drug problems".

Types of Alcohol and Drug Users and Their Distribution in Society

Individuals, in general, could be categorised into four major groups about their consumption of alcohol:

- Consistent non-users
- Potential users (Non-users with the possibility of becoming users)
- Occasional users
- Habitual or dependent users

Consistent non-users
Consistent non-users are those who do not use alcohol or drugs such as heroin, cannabis, or methamphetamine, even occasionally. While most of the population generally falls into this category, in most cultures, most consistent non-users are women. Some are abstained from using substances due to cultural, health or religious reasons. Few people refrain from using alcohol and drugs as they have realised that substance use is unpleasant, painful, and has no beneficial effects. They have no craving or attachment to substances and have their minds liberated from substances.

Potential users
Those who are at risk of initiating alcohol or drug use are referred to as potential users. School children and youth, for example, are at a high risk of being exposed to, and later on initiating, alcohol or drug use as they have a created positive image about substances. This group comprises a relatively large portion of the population, especially in poorer communities.

Occasional users
Occasional users are those who limit their consumption of alcohol or drugs to special occasions, seldom or never consuming it regularly. Subgroups such as occasional heavy and light users may exist within the larger group of occasional users.

Habitual users
Habitual users are those who use alcohol or drugs on a daily or regular basis and are entirely dependent on those substances.

The distribution of persons in an entire population ranges from individuals who do not use alcohol and need no particular reinforcing behaviour to prevent the initiation of alcohol use on one extreme to those who use alcohol frequently and who are less likely to respond to any prevention initiatives on the other. While this should be taken into account when initiating a prevention programme, the extent of the distribution of the various groups of users and non-users must also be understood. The primary purpose of prevention is to create an environment in which non-users are not induced to use alcohol while users are inspired to reduce or discontinue using it. As each individual varies from the other, working on prevention with different individuals requires an array of intervention strategies to be used with each. Those who fall into the middle groups of the range above are at high risk of initiating alcohol or drug use and also have the potential to increase the use of the substance significantly. Any prevention programme should take these middle groups as their prime target to ensure effectiveness.

The strategies used in prevention could be categorised as primary prevention, secondary prevention, and tertiary prevention. The purpose of primary prevention is to discourage the initiation of alcohol or drug use, especially among children and adolescents. Here, it must be added that primary prevention should target all individuals in a group as it is impossible to predict with certainty which of them is

likely to develop an alcohol problem amongst a large number of individuals who have been exposed to alcohol or drug promotions. The purpose of secondary prevention is to discourage the escalation of alcohol or drug consumption by occasional and experimental users and to encourage them to return to non-use. Tertiary prevention strives to end the compulsive use of alcohol and drugs and to reduce the adverse effects of abandoning its use through treatment and rehabilitation.

Understanding the Aetiology of Alcohol and Drug Use Through Buddhist Psychology

2

Aetiology is the study of the causes of a particular disease. To simplify the complexity of this term about alcohol and drug use, a question can be raised: "Why do people use alcohol and drugs?". The simple answer to this question from both Buddhist and modern psychological perspectives is the same; that is, people use alcohol and drugs because they crave for using alcohol or drugs. This craving (*tanhā*) or motivation for alcohol and drug consumption can be broadly explained as desire/impulse/wish (*chanda*), holding (*upādāna*), affection/liking (*pēma*), attachment *(ādāna*), bondage (*bandana*), or attractiveness (*manuññatta*) towards alcohol or drug use. When thinking about designing a treatment plan or developing prevention strategies, it is essential to analyse how this craving for alcohol or drugs developed in the mind of the user.

The use of alcohol and drugs is associated with a complex combination of personal and social factors. In addition to availability, the acceptability of alcohol and the social milieu that recognises it as pleasurable and positive also promote alcohol or drug use. These factors encourage individuals to initiate and continue the use of alcohol and drugs. Those who are most vulnerable to alcohol and drug use are generally alienated from families, schools, and religious institutions and are also more susceptible to specific psychological or physical problems. Though those who initiate the use of alcohol and drugs often do so with the expectation that their problems will be alleviated, in reality, the problems they face increase due to the consequences of alcohol or drug use.

Many people believe that using alcohol is pleasant and comforting. The same attitude is held by users of tobacco, heroin, cannabis, and other drugs towards those substances. Immediately following the consumption of alcohol, users report a feeling of well-being and reduced anxiety. This leads to the general belief that the effects of alcohol are pleasant (euphoric) and anxiety-reducing (anxiolytic), and users behave accordingly. However, research findings in the area of alcohol expectancies suggest that the euphoric effects of alcohol and drugs, such as "getting high" or "getting a kick", occur, not due to the real pharmacological effects of alcohol but due to the individual's expectations, beliefs and their positive attitudes towards alcohol and drugs. For example, alcohol impairs the coordination of the limbs, yet some consume it before, for instance, dance to perform better. It is, however, the subjective belief that alcohol increases self-confidence that enables better performance. Further, users and non-users alike often believe that alcohol enhances social communication and comradeship. This results in the perception of alcohol as a symbol of camaraderie and as a substance that minimises social distinctions and differences. Alcohol is, therefore, expected to be a substance that brings cheerfulness, good fellowship, and friendliness, which are highly valued by human beings, and alcohol users are often observed to be more open and talkative following the use of alcohol.

The conventional wisdom or the commonplace understanding of intoxicants in society is based on the belief that alcohol and other drugs have pharmacological effects on the brain that cause one to lose all inhibitions and engage in behaviours that are not possible when sober. The general public and even some professionals in the medical and legal professions share this belief. Hence, an individual dependent on drugs or alcohol tends to receive less blame than their sober counterpart, decidedly an advantage to the alcohol or drug user. This general belief also creates a permissive environment in the family, the neighbourhood, and the community, allowing individuals the freedom to behave irresponsibly. Contrary to these popular beliefs, research on the effects of alcohol and other drugs shows that most of the behavioural effects of alcohol are not solely due to its pharmacological effects. For instance, in a study by Shown et al. (1980), subjects were asked to rate their alcohol expectations, ranging from a large group of positive expectancies. The analysis of the findings revealed certain common global expectations: social or physical pleasure, assertiveness, and relaxation or tension reduction.

In another study, Christiansen, Goldman, and Inn (1982) investigated alcohol experiences among adolescents and listed six factors associated with alcohol. According to the survey, the most common expectations of alcohol were that it was a magical transforming agent and that it aids in the reduction of tension or a diversion from worries. There was also the widespread tendency to view alcohol as a substance with the potential to increase power or aggression, increase social or physical pleasure, and bring about the modification of social or emotional behaviour. These expectations were common among the users of other drugs, such as heroin and cocaine as well. The findings of the study showed that alcohol or drug use was generally viewed as a positive activity not only by users but by a large number of non-users as well. There is a tendency among young people to initiate and continue alcohol or drug use, believing that it has positive effects.

Given these widely prevalent attitudes towards alcohol and drugs, one may understand that the initiation of alcohol or drug use can be arrested only if the majority of the community can see the total experience of substance use as harmful, useless and unpleasant. Those involved in prevention efforts must analyse and learn how the forces that promote alcohol or drug use make it appear attractive. They must also know how these influences on the individual could be counteracted. In taking steps towards the prevention of alcohol and drug use, another essential point to note is how the influence of alcohol and drugs, based on expectations, may vary from person to person.

Alcohol and Expectancies (*patthanā, appekkhā*): One Gets What One Expects

Broadly defined, alcohol expectancies are the shared beliefs concerning alcohol that exist in society. Individuals develop a view or position (*diṭṭhi*) about alcohol, which are the cognitive, affective, and behavioural outcomes that an individual expects to occur following the use of alcohol. According to Buddhist psychology, expectancies are explained as *patthanā* or *appekkhā*. *Patthanā* in taking alcohol is nothing but a form of greed for substance use. Just as expectancies vary from person to person, the nature of these expectancies varies depending on the context. Any expectancies could influence and reinforce the behaviour of individuals. As stated by Marlatt (1990), expectations could motivate individuals to use alcohol by reinforcing its effects. Alcohol expectancies are rooted in the expectations of the alcohol user, a complex bio-psychosocial construct. According to the Expectancy Theory, alcohol-related expectancies are the interaction between alcohol, the environment, and the person. The theory states that people tend to consume higher quantities of alcohol when their expectancies of it are positive as influenced by the environment in which they live.

According to Goldman et al. (1990), the effects of alcohol are determined more by the learned expectations of alcohol than by the biochemistry of the substance. Goldman et al. (1990) define alcohol expectancy as information that reflects the reinforcement value of alcohol stored in the mind as memory templates that can later influence alcohol use. The data thus stored could take several forms, including language-based details such as words, phrases, and statements related to alcohol and other forms of information that are not language-based. Marlatt and Rohsenow (1980) state that many of the effects of alcohol are the result of individual expectations rather than the pharmacological effects of the substance. This is especially true of occasions on which alcohol is consumed in small quantities. Darkes and Goldman (1993) conducted an experiment to measure the effects of alcohol on two groups of subjects, one of which was given the actual drug (‘drug treatment group’), and the other which was given a placebo (‘non-drug group’) and led to believe that the placebo was actual alcohol. Scores were given to each group based on the extent to which subjects showed the effects of the substance they had consumed. When compared, the scores of both groups showed very little difference. In another study, a sample of university students was divided into two groups. One was given a substance that closely resembled alcohol but contained no alcohol, and the other was given actual alcohol. It was observed that both groups of students showed similar behaviour regardless of whether or not they had consumed alcohol (MacAndrew and Edgarton, 1969).

Other studies further confirm that expectancies related to alcohol are primarily responsible for the behaviour following the use of alcohol. For example, MacAndrew and Edgerton (1969) are of the view that cross-cultural studies are an essential means to isolate the pharmacological effects of alcohol from those of alcohol-related expectancies. They state that expectations of alcohol or alcohol expectancies are developed as a result of observing how others react to alcohol and its use. The behaviour observed

could vary from person to person and culture to culture, so the effects of alcohol differ considerably throughout the world. Lant et al. (1975) and other researchers demonstrate that the expectancies of individuals on alcohol influence aggressive behaviour more than any other type of behaviour.

The above studies reveal that the motivation to consume or not to consume alcohol in a given individual at a specific time and place very much depends on the expectancies (*pattanā* and *appekkhā*) that the individual holds concerning alcohol. The expectancies of alcohol could, therefore, be considered the most critical factor in determining the final pathway to alcohol consumption. Though the expectancies that control and influence alcohol use are shared among all alcohol users, these expectancies, unlike many uncontrollable factors, could be modified and changed. Thus, the prevention of alcohol dependence should be geared towards challenging and changing the positive outcome expectancies or wrong cognition of alcohol.

Buddhist analysis of the distortion/perversion of alcohol and drug expectancies (*Vipallāsa* on Alcohol)

People consume alcohol and drugs because they believe that alcohol and drug use are beneficial and pleasurable, and they evoke positive effects such as forgetting problems, relieving tiredness, giving courage and confidence, and many more. These are nothing but distorted views (*diṭṭhi-vipallāso)* of that substance. When someone uses alcohol or drugs, they may wrongly perceive that they are enjoying, forgetting problems, and easing tiredness, and these are the perverted or distorted perceptions (*saññā-vipallāsā).* Then, they create an attractive image and positive thinking pattern around alcohol, which is an elaboration upon perception, a perverted or distorted thought *(citta-vipallasa)* on alcohol consumption.

Distortions of thought *(citta-vipallasa)* concern the next higher level of mental processing when we think about or ponder things in our minds. The mind tends to elaborate upon perception with these thought patterns, and if our thoughts are based upon distortions of perception, then they, too, will be distorted. Eventually, such thought patterns can become habitual and evolve into distortions of view *(ditthi-vipallasa).* Furthermore, these three levels of distortion are cyclical — the perceptions are formed in the context of our views, which are strengthened by our thoughts. All three work together to build the cognitive systems that wrongly identify that alcohol and drug use is fun and beneficial.

Users might become so convinced that alcohol use is pleasurable and beneficial that no amount of evidence to the contrary from their own eyes or reason, nor the advice of others, will shake their beliefs and assumptions. Many individuals are stuck in a mistaken view about alcohol and drugs.

Let us examine the perverted or distorted views (*ditthi-vipallasa)* part of the positive outcome expectancies the individuals wrongly hold and the reality of that ditthi-vipallasa.

Wrong Expectancies of alcohol use/ perverted views (*Ditthi Vipallasa)*	Reality Correct view through *Paññā*
Alcohol helps to Forget Problems.	Problems aggravate, and new issues arise.
Alcohol helps to Ease Tiredness.	Tiredness increases, and there are difficulties sleeping and resting.
Alcohol use is Pleasurable, and it evokes happiness.	Unpleasant Experience, Boring. Alcohol impairs happiness.
Alcohol helps to Relax.	Alcohol increases the tension. Difficult to relax
Alcohol use Increases Self Confidence.	Become Dependent on Alcohol and Drugs; self-control and self-confidence fade away.
Enhance Sexual ability	Decrees Sexual ability
Chemically dependent, cannot stop	Psychologically dependent, can stop

Table 1

What are distortions/perversions (*vipallasa*)?

The Vipallasa Sutta of Aṅguttara Nikāya explains three levels of perversions operating in four modes.

Cattāro·me, bhikkhave, saññā-vipallāsā citta-vipallāsā diṭṭhi-vipallāsā. Katame cattāro?
Anicce, bhikkhave, niccanti saññā-vipallāso citta-vipallāso diṭṭhi
vipallāso; dukkhe, bhikkhave, sukhanti saññā-vipallāso citta-vipallāso diṭṭhi-
vipallāso; anattani, bhikkhave, attāti saññā-vipallāso citta-vipallāso diṭṭhi-
vipallāso; asubhe, bhikkhave, subhanti saññā-vipallāso citta-vipallāso diṭṭhi-vipallāso.

"Monks, there are these four perversions of perception: perversions of mind and perversions of view. Which four?

I. 'Constant' about the inconstant is a perversion of perception, a perversion of mind, a perversion of view.

II. 'Pleasant' about the stressful is a perversion of perception, a perversion of mind, a perversion of view.

III. The 'Self' with regard to the non-self is a perversion of perception, a perversion of mind, and a perversion of view.

IV. 'Attractive' about the unattractive is a perversion of perception, a perversion of mind, a perversion of view.

These are the four perversions of perception, perversions of mind, and perversions of view. (Vipallasa Sutta: translated from the Pali by Thanissaro Bhikkhu)

About alcohol and drugs, the perversion could be easily understood by applying the individual's positive expectations of alcohol and drugs, according to the Vipallasa Sutta. The Buddha explained Vipallasa Sutta to help the beings attain the final liberation, the supreme bliss of Nibbāna. However, the formula could be used to detach someone's bondage to substances at the mundane level, the *Nirodha,* from alcohol and drugs.

I. Individuals think the consumption of alcohol and drugs brings permanent solutions, and these substances are natural, and in true nature, they provide sound effects. They further think alcohol and drugs can produce positive effects that they expect, such as giving courage, relieving anxiety, or easing tiredness. In reality, alcohol and drugs such as heroin and cannabis cannot offer these effects as an inherent quality of those substances. Therefore, they are inconsistent with the expectation of *anicca*. Identifying and considering *anicca* alcohol as *nicca* is a distortion (*vipallasa),* and this realisation will help someone to liberate his attachment (*Nirodha*) from substances.

II. When using alcohol and drugs, what individuals really feel is unpleasant, suffering or *Dukkha.* When asked about the alcohol, heroin or cannabis experience and how it feels to various body parts separately, they mostly report as follows;

Head: Little pain in the head, Headache, Heavy headedness, rotating feeling, drowsy
Body: Decline in energy and liveliness, impaired coordination, imbalance, a warm flushing of the skin, itchiness, slow,
Mouth: Bitter, Dry Mouth,
Stomach: Nausea, Vomiting

All the above symptoms are painful and suffering. Although individuals crave and chase after alcohol and drugs, their real nature is pain and suffering. However, on most occasions, people report they feel pleasure from alcohol and drug use, and this is a *vipallasa* explained under the second category in vipallasa sutta.

III. People are not only consuming alcohol and drugs, but they adore and worship them as idle. They develop a strong dependency on alcohol and think that all the power for living comes from that substance. After a certain point, although he takes drugs, he feels the drug has taken over his life. They personify and create a "self" around alcohol so that alcohol or drugs become magical and powerful

and finally become a slave to alcohol. The Alcohol Dependence syndrome in ICD-10 has six central features, which are termed diagnostic guidelines, of which the presence of three or more occurring in a clustered way, typically over 12 months or more, is required for the diagnosis. The features are:

(1) a strong desire or sense of compulsion to use alcohol [this is "craving", which typically occurs after an initial amount (the "priming dose") has been consumed];
(2) impaired capacity to control alcohol consumption in terms of its onset, termination, or levels of use;
(3) preoccupation with alcohol use, as manifested by important pleasures or interests being given up or reduced, or a great deal of time spent in activities to obtain, use or recover from the effects of alcohol ["salience" of alcohol consumption];
(4) evidence of tolerance … with significantly increased amounts needed for the desired effect or diminished effect with the same amount;
(5) a physiological withdrawal state when alcohol use is reduced or ceased … or the use of alcohol to relieve or avoid withdrawal symptoms; and
(6) persistent alcohol use despite clear evidence of harmful consequences.

Alcohol dependence is defined in ICD-11 as: "A disorder of regulation of alcohol use arising from repeated or continuous use of alcohol. The characteristic feature is a strong internal drive to use alcohol, which is manifested by an impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use alcohol. Physiological features of dependence may also be present, including tolerance to the effects of alcohol, withdrawal symptoms following cessation or reduction in use of alcohol, or repeated use of alcohol or pharmacologically similar substances to prevent or alleviate withdrawal.

When the alcohol or drug user comes to this stage, he has created a permanent "self" in alcohol or drugs. He considers "everything is alcohol", which is a *vipallasa* or distortion of its true character. With this created dependence, individuals always need more to get satisfaction and chase behind the substance. Looking at substances without biases and preconditions and with penetrative insight *(vipassana*) only may reveal that it is not alcohol that holds the individual, but the individual holds alcohol or drugs. Then, they will understand that alcohol C_2H_5OH (ethanol) is nothing but a dull or neutral chemical without any aura of power, and there is no permanent "controller nature" in alcohol or drugs, at least to a level of detaching from the substances they are attached to.

Consumers of alcohol and drugs consider their consumption and the substances as *Subha* that is pure, beneficial, or attractive. People have misconceptions that alcohol, such as red wine, is good for health. Sometimes, they toast with alcohol, such as a glass of whisky or beer, wishing for "good health", a performing ritual for "purifying" each other. However, it is a well-established fact that Alcohol, tobacco, and drug use are the main contributors to non-communicable diseases. Alcohol and Drug use lead to poverty, social injustices, and impairment of happiness, and all of these are *asubha* or unattractive features. Valuing the bad or ugly (*asubha),* alcohol, and drugs as (*subha)* is a perversion (*vipallasa*).

Alcohol and Drugs become attractive through Proliferation (*papañca*)

The use of alcohol and many other drugs, such as heroin and cannabis, is unpleasant, painful, and unbeneficial and leads to many health and social problems. For example, alcohol is a depressant. Ethanol is a depressant that reduces the level of activity of the central nervous system. The neurotransmitter receptors are generally insensitive to ethanol (Hunt 1985). However, ethanol has been reported as a specific and powerful substance that affects the function of at least two particular types of neuronal receptors: Gamma –Amino Butyric Acid (GABA) receptors and glutamate receptors (Koob et al., 1998). GABA and glutamate are chemical neurotransmitters that account for much of the inhibitory

and excitatory activity in the brain. When the terminals of one cell release GABA into receptors on the next cell, that cell becomes less active and when glutamate lands on a glutamate receptor, that cell becomes more active. In this way, many circuits in the brain maintain the delicate balance between excitation and inhibition.

Alcohol increases the activity of the neurotransmitter GABA (Ticku and Burch 1980; Davis and Ticku 1981). Since GABA inhibits neuron activity, enhancing GABA functions reduces the excitability in many neural circuits. As alcohol increases the inhibitory activity of GABA receptors and decreases the excitatory activity of glutamate receptors, individuals would typically experience drowsiness and lethargy immediately after using alcohol, users would experience drowsiness, and many other sedating effects (Hanson and Venturelli, 1995).

When imbibed, ethanol is metabolised predominantly in the liver, where an enzyme called alcohol dehydrogenase or ADH breaks ethanol down into acetaldehyde. This, in turn, is broken down by another enzyme called acetaldehyde dehydrogenase to form acetate, which is metabolised to carbon dioxide and water. The intermediate product, acetaldehyde, is a toxic chemical that induces a "flushing response" characterised by facial flushing, nausea, and vomiting. This reaction occurs as a consequence of high blood acetaldehyde concentration.

The Chemical Effects of Heroin

To a person who uses heroin without the related social conditioning and the influence of the common misconceptions or positive outcome expectancies associated with it, the experience of its effects would be decidedly unpleasant. On using heroin for the first few times, a user would typically feel a decline in energy and liveliness and may experience severe coughing, vomiting, nausea, headaches or heavy-headedness, itchiness, and other forms of physical discomfort. These resulting symptoms are, without doubt, reported to be unpleasant.

Heroin is generally used through smoking, inhalation, and injection. Smoking involves wrapping a small quantity of heroin in a tube of paper which is then set alight on one end, and the fumes are sucked in from the other as with a cigarette. Through smoking, only 20% of the heroin enters the body. Inhalation involves placing a quantity of heroin on a sheet of lead, which is then heated over a flame. The fumes emitted are inhaled using paper rolled into a tube. Unlike smoking, the effects of heroin experienced through inhalation are immediate. The technique of injecting heroin, in liquid form, directly into the body is common in some countries. The reality of the heroin experience is unpleasant, dull, and painful.

Madupindika sutta analysis of alcohol and drug use through proliferation

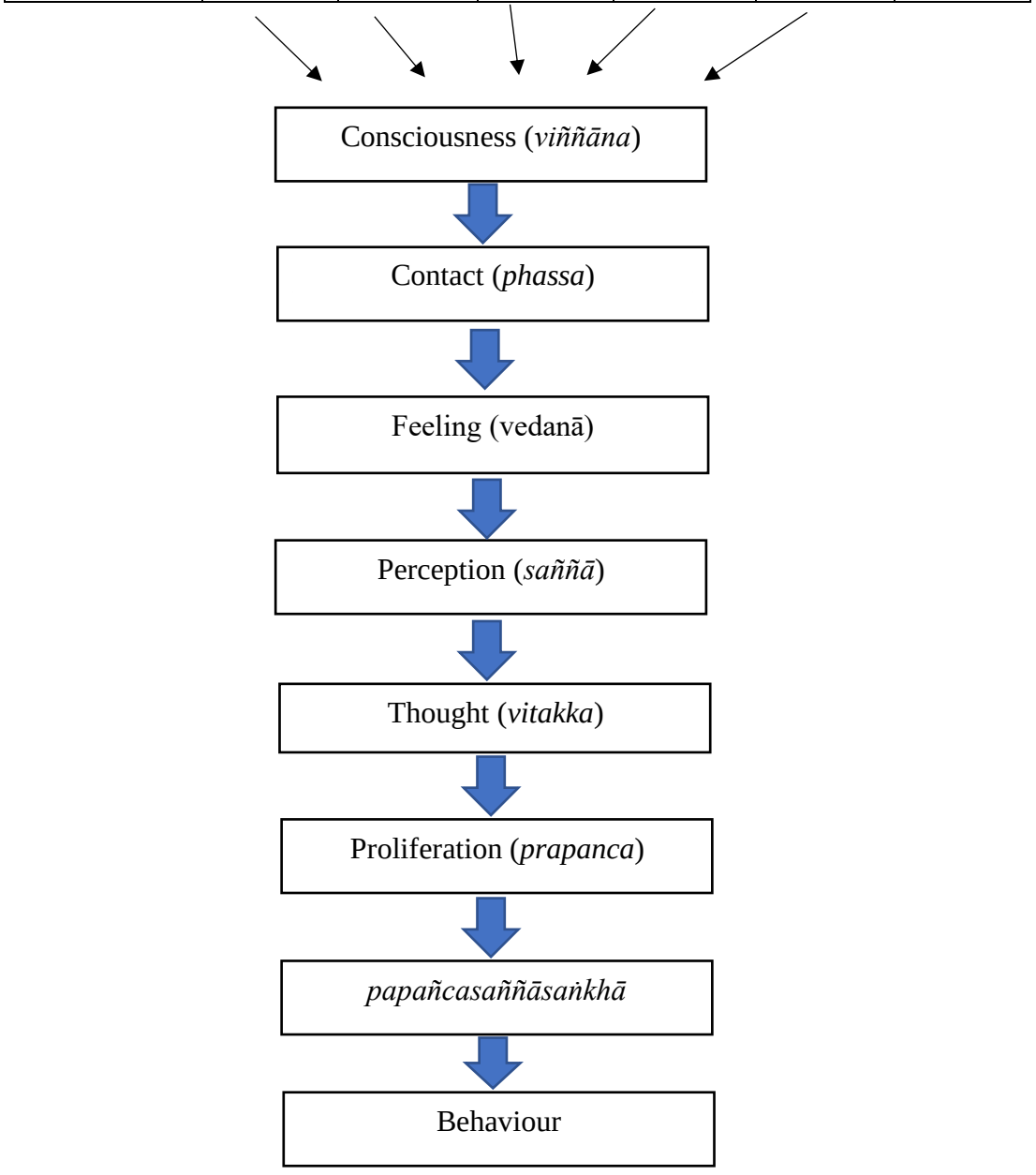
Although alcohol, heroin, and cannabis are depressants, as discussed, consumers of alcohol or drugs, as well as the majority of the general public, have developed distorted perceptions (*saññā-vipallāsā*), distorted thoughts *(citta-vipallasa)* and distorted views (*diṭṭhi-vipallāso)* on alcohol or drugs resulting creating a positive image or concept around substances. Analysing how this positive concept is made is essential in developing effective prevention and treatment strategies. Buddhist psychological explanation of developing such a concept is presented in Madhupindika Sutta of Majjhima Nikāya.

''Cakkhuñcāvuso, paṭicca rūpe ca uppajjati cakkhuviññāṇaṃ, tiṇṇaṃ saṅgati phasso, phassapaccayā vedanā, yaṃ vedeti taṃ sañjānāti, yaṃ sañjānāti taṃ vitakketi, yaṃ vitakketi taṃ papañceti, yaṃ papañceti tatonidānaṃ purisaṃ papañcasaññāsaṅkhā samudācaranti atītānāgatapaccuppannesu cakkhuviññeyyesu rūpesu. Sotañcāvuso, paṭicca sadde ca uppajjati sotaviññāṇaṃ…pe… ghānañcāvuso, paṭicca gandhe ca uppajjati ghānaviññāṇaṃ…pe… jivhañcāvuso, paṭicca rase ca uppajjati jivhāviññāṇaṃ…pe…

"Dependent on eye and forms, eye-consciousness arises. The meeting of the three is contact *(phasso)*. With contact as a requisite condition, there is feeling (*vedanā)*. What one feels, one perceives (*sañjānāti* -labels in the mind). What one perceives, one conceives or thinks about *(vitakketi)*. What one thinks about, one objectifies or proliferates (*papañceti)*. Based on what a person objectifies or proliferates, the perceptions and categories of objectification or proliferation assail them (*papañcasaññāsaṅkhā*) about past, present, & future forms cognisable via the eye……"

"Dependent on intellect and ideas, intellect-consciousness arises. The meeting of the three is contact……. Based on what a person objectifies, the perceptions and categories of objectification assail them about past, present, and future ideas cognisable via the intellect.

Physiological Basis	**Eye**	**Ear**	**Nose**	**Tongue**	**Skin**	**Mind**
Environment	**Form**	**Sound**	**Smell**	**Taste**	**Touch**	**Idea**



Alcohol user sees alcohol bottles, glasses, bar or drinking settings, and many other features associated with alcohol use. Meeting the objects, eye, and eye consciousness together is contact (*phassa*). Contact (*phassa*) is the contact between the external sense object, the internal sense organ, and the consciousness (*viññāna*). When an object presents itself to the consciousness through one of the six senses, this mental factor arises – contact (*phassa*). It is the mental factor at the point of inception of the thought. By this consciousness, one mentally "touches" the object that has appeared, thereby initiating the entire cognitive event, such as experiences by feeling, perceives by perception, and wills by volition, enabling one to recognize an object that the mind has once perceived through the senses. This cognitive process is explained in Madhupindika sutta, as illustrated in the diagram above.

When there is contact (*phassa*), there is feeling (*vedanā*). *Vedanā* is the mental factor that feels and enjoys the taste of the sense object when it comes in contact (*phassa*) with the senses. It is the affective mode in which the object is experienced as pleasurable, painful, or neutral. According to Madupindika Sutta, what one feels, one perceives (*sañjānāti).* Perception (*Saññā*) takes note of the sense objects as to colour, form, shape, name, etc., enabling one to cognize and recognize an object that the mind has once perceived through the senses. It is a mere perception but interprets and identifies objects with memory support. At this stage, people recognize, due to past experience, that what is in the bottle is whisky or this is a glass of beer. Still, up to *vedanā*, the process occurs on a very impersonal note based on the general formula of causality (*paṭiccasamuppāda*).

Then comes the stage of thinking (*vitakka*), where the process takes a personal approach, which is a deliberate activity. Initial application (*vitakka*) applies and introduces the mind and its mental factors to the sense object. In general terms, *vitakka* means the sense of notions, ideas, thoughts, or reasoning. *Vitakka* is also called *sankappa*, intention, or thought and, as such, is distinguished as *micchāsankappa* or wrong intention when it engages in unwholesome consciousness and *sammāsankappa* or right intention in wholesome consciousness. When it is developed and cultivated, *vitakka* becomes the leading factor of the First Fine material (Rūpāvacara) Jhāna, which inhibits sloth and torpor (*thīna-middha*). Typically, this thinking process is accompanied by two other critical mental factors (*cētasika*), sustained application (*vicāra*) and decision (*adhimokkha*). *Vicāra* sustains the mind and its mental factors on the sense object by letting them repeatedly examine the object. It manifests as anchoring those phenomena in the object to understand the object. *Vicāra* is also a *Jhāna* factor that inhibits *Vicikicchā* (Doubt or Indecision). *Adhimokkha* makes decisions or unshakable resolutions about the sense object, like a judge who decides a case. It settles with conviction, an awareness by which one stays with what the mind has logically established as 'Just this one'. (*imaṃ evāti sanniṭṭhānakaraṇaṃ*) Alternatively, this is so and not otherwise.

According to the Madhupindika discourse, what one thinks about, one objectifies or proliferates (*papañceti)*. Proliferation is a complex concept in Buddhist psychology that explains the cognitive process developing in a negative or unwholesome direction. Papañcakhaya Sutta (Udāna 7.7) by Dhammapāla says: passion is a proliferation, aversion is a proliferation, confusion is a proliferation, craving is a proliferation, the view is a proliferation, and conceit is a proliferation. Proliferation, objectification, or *prapanca* is the end product of the cognitive process where someone develops a wrong concept about an object. This is the lousy learning of the individual, learned through conditioning, social learning, or cognitive learning. For example, ideas or myths such as alcohol is pleasurable, drugs help to forget problems, and alcohol helps to ease tiredness are some examples of proliferation, wrong learnings or wrong objectification around alcohol and drugs.

The cognitive process is cyclical and could happen in forward and backward directions. The last step of the process is the manifestation of *papañcasaññāsaṅkhā* from *papañca*. *Papañcasaññāsaṅkhā* has three words, *papañca + saññā + saṅkhā*. This is providing value to the *papañca* or value over the recognition (*saññā*) of that object. This creates an attachment (*tanhā),* conceit (*māna), and* wrong view (*diṭṭhi)* over the recognized object. Venerable Buddhaghoṣa explains this as *taṇhāmānadiṭṭhi* or *papañcasampayuttā saññā, saññānāmena vā papañcāyeva vuttā* that is: "perception associated with the proliferation of craving, conceit and views; or just 'proliferation through naming perceptions.

Individuals attach or attribute value to alcohol and drugs and develop concepts such as "alcohol is great", "smoking is fashionable", or "drugs are fun". *Papañcasaññāsaṅkhā* on alcohol and drugs leads to craving, which in turn leads to *upādāna* or grasping alcohol or drugs tightly and finally develops a worldly existence of addiction (*bhava*), which eventually creates suffering (*dukkha*).

The thinking process (*vitakka*) of developing a deluded image (*papañca*) of alcohol and drugs

Alcohol use is usually initiated and continued because of the view that it is fashionable, rewarding, and attractive, even if there is a price to pay. This notion holds that alcohol consumption, like many other acquired human behaviours, is a learned behaviour usually performed in a social context. There are many socially acceptable reasons and occasions for alcohol use. Various social rewards for the use of alcohol, as well as famous personalities or role models that engage in drinking behaviours, result in a wide variety of alcohol-related practices being integrated into day-to-day life. Drinking alcohol typically has a social function, involving two or more persons interacting with one another and reacting to a social stimulus.

Alcohol is usually consumed at events such as parties, festivals, celebrations at the end of examinations, and on holidays, all of which share certain standard features such as;

- A spirit of happiness and cheer
- A friendly gathering

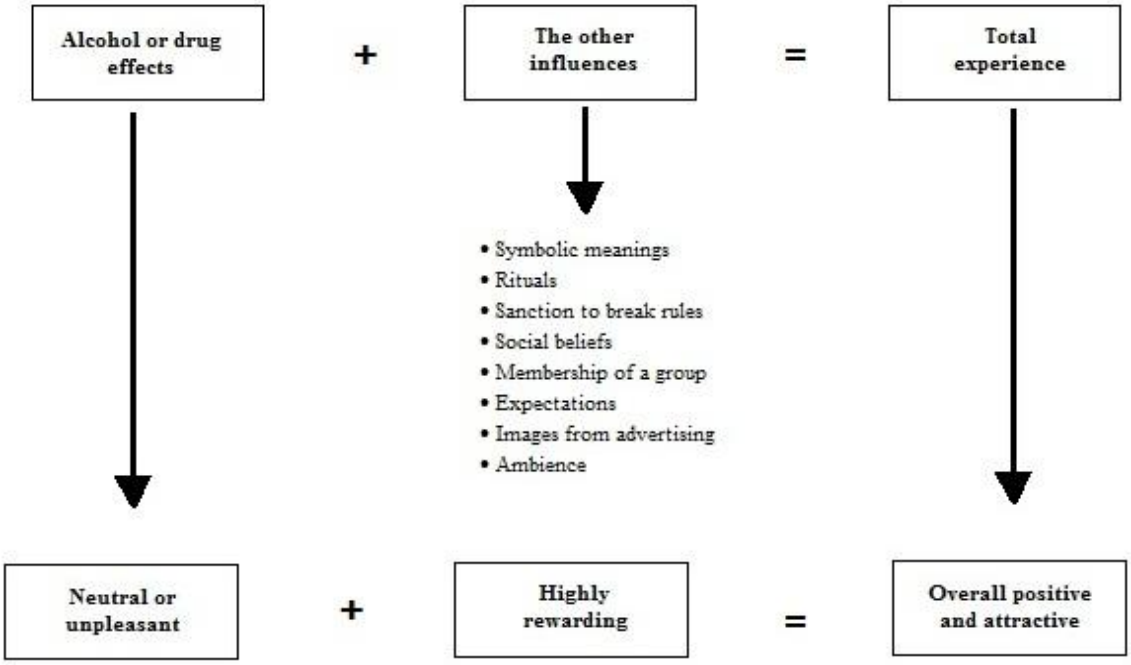


Fig.2: Psychosocial Factors that Make Alcohol and Drugs Attractive

The attribution of the increased feelings of joy and goodwill to alcohol at these events could be explained through the two learning processes: classical and operant conditioning and social learning. Conditioned responses are a significant part of the learning that takes place. However, behaviour cannot be explained solely through conditioned responses alone as humans can think, plan, believe, expect, and anticipate; individuals are by no means passive responders to stimuli. Conditioning and thoughts represent different levels of learning and reciprocally influence each other. Conditioned responses can be made and unmade by thought, while conditioning can influence thought. Humans can unlearn what

they have learned using their cognitive abilities so that the strength of the conditioned responses changes over time.

What is noteworthy is that alcohol is usually consumed on occasions that are already characterized by happiness and a sense of freedom. In such settings, it is easy to assume that the presence of alcohol is the cause of the feeling of joy or relaxation experienced on these occasions. In reality, however, if alcohol is used on such occasions over a long period of time with the belief that it is the cause of enjoyment, the users begin to associate the feeling of pleasure with alcohol use gradually. Alcohol then acquires the aura of being fun-filled and pleasurable through repeatedly pairing it with positive emotions, a process known as classical conditioning. Through this, alcohol becomes the symbol (*saññā*) of pleasure, and this is a perceptional distortion (*saññā vipallasa)*.

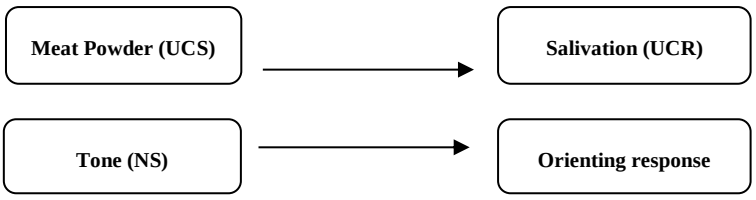
Proliferation through Association (Classical Conditioning)

We do not see things as they really are. Our understanding of objects is distorted and covered with a mist due to ignorance. So does the general notion people hold that alcohol and drug use is pleasurable, beneficial, and significant, which is a conditioned phenomenon. Buddhism very deeply discusses the interrelationship of causality and conditioning. *Idappaccayatā* is a Buddhist term translated as "specific conditionality" or "this/that conditionality". It refers to the principle of causality–that all things arise and exist due to specific causes (or conditions) and cease once these causes (or conditions) are removed. This principle could be applied to the cessation of alcohol and drug use. Therefore, it is essential to understand how dull chemicals such as alcohol (ethanol), tetrahydrocannabinol (cannabis), or diacetylmorphine (heroin) acquire beneficial properties which are quite the opposite of their pharmacological properties through conditioning and other forms of learning.

Classical conditioning, also known as “Pavlovian conditioning” or “respondent conditioning”, was the most basic type of learning to be discovered and studied within the behaviourist tradition (Huitt and Hummel, 1997). It refers to the behavioural technique of pairing a naturally occurring response to a particular stimulus with another stimulus. It is expected that after repeated pairing of the two stimuli, the response to the first stimulus would be shown when exposed to the second. The primary theorist in the study of classical conditioning was Ivan Pavlov, a Russian scientist trained in Biology and Medicine, who discovered the learning process somewhat accidentally while studying the digestive system of dogs (Huitt and Hummel, 1997; Horvath et al., 2013). In other words, classical conditioning involves the repeated pairing of a stimulus that produces a natural response in an individual with an unrelated stimulus that does not naturally produce the response to the first. This eventually leads to the individual learning to connect the two stimuli, finally showing the natural response to the former when exposed to the latter. Classical conditioning can then be called a form of “learning by Association”.

The Study of Classical Conditioning: Pavlov’s Classic Experiment

Phase I: Before conditioning



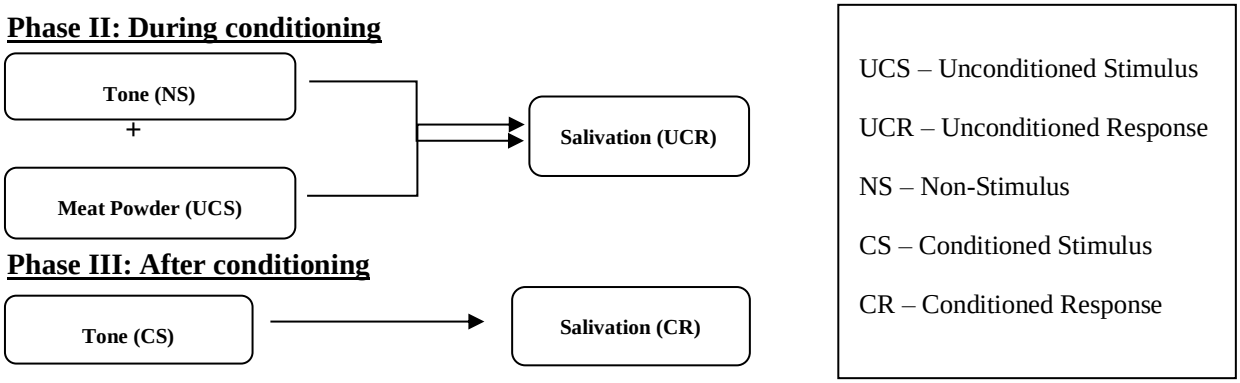


Fig.3: The process of Classical Conditioning

As discussed above, classical conditioning was first studied in Pavlov's celebrated experiment conducted in 1927, in which he observed the natural reaction of salivation in dogs. Pavlov's experiment involved examining the natural process of salivation (Unconditioned Response) in dogs when presented with food (Unconditioned Stimulus) and when paired with the sound of a bell (Non-Stimulus). Sounding a bell a few seconds before the meat powder was given to the dogs over time, the dogs began to salivate (Conditioned Response) at the sound of the bell (Conditioned Stimulus) even when food was not given. This process is briefly shown in the diagram above (Fig. 2).

Alcohol or other drugs may come to evoke the feeling of pleasure in the manner shown in the following diagram (Fig. 3).

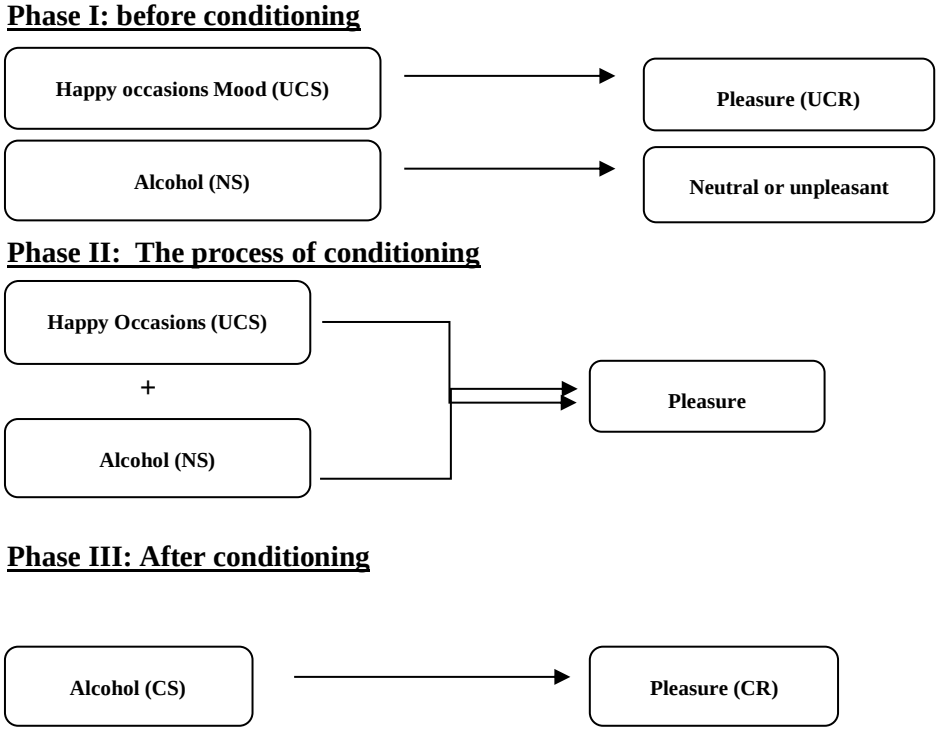


Fig.4: Application of the Classical Conditioning Process to Alcohol Use

Through classical conditioning, alcohol can become a symbol (*saññā*) of pleasure and happiness, even though, in reality, the chemical effects of alcohol, heroin, and many other drugs are unpleasant, and the

experience of using it is uninteresting. When in a social context, individuals learn to rely on alcohol to relax and enjoy or as a performance enhancer following the repeated association of alcohol with the mood they strive to achieve in the given context. With time, alcohol gradually becomes a necessary condition for reaching the desired mood.

Let us examine the conditioning process of heroin, cannabis, or other drugs. The first instance of cannabis or heroin use, as well as the other instances that follow, usually takes place on pleasurable occasions and is based on various expectations. Examples of such occasions include:

- At a place where friends gather for casual conversation
- At a concert given by one's favourite band
- During a trip with friends
- On an occasion when one is free from the supervision of adults and experiences much freedom and independence
- At the end of a day's work, when one wishes to relax
- During sexual activity
- On Occasionally, one experiences a thrill about doing something against the law.

Occasions such as these are, in themselves, pleasant, exciting and enjoyable. However, those who use heroin or drugs on such occasions perceive the enjoyment as derived from the use of cannabis or heroin and not from the occasion. The repeated pairing of the happiness brought about by a pleasurable occasion with the use of heroin or drugs gradually leads the users to feel that heroin, cannabis, or drugs cause the feeling of joy experienced on enjoyable occasions. Eventually, heroin alone would be sufficient to evoke the same sense of joy. In this way, users become conditioned to respond to heroin or drugs by feeling happy through the learning process known as Classical Conditioning.

Conditioning plays a vital role in human behaviour. For instance, while the aroma of newly baked bread, a stimulus directly connected to food, is likely to cause hunger in most individuals, stimuli not directly related to a specific activity may evoke the relevant response, too. For example, sexual arousal is conditioned by a variety of stimuli other than those directly involved in sex, such as the sight of the hands or legs. A clock indicating the nearing time one drinks tea or coffee can produce a thirst for those beverages.

The symbolic association of particular images or objects with certain situations colour the individual's subjective perception of the world. Symbols are valuable tools for evoking desirable emotions and moods. For example, the presence of a Christmas tree dramatically contributes to creating a festive mood. This phenomenon cannot be explained by analysing the botanical characteristics of pine trees alone. Similarly, coloured pieces of fabric can influence people's moods, evoking feelings of patriotism and national pride if those pieces of cloth are national flags, especially if they are hoisted on occasion that evoke feelings of patriotism and national pride.

Symbols are not consistently recognized as symbols. While it is well known that the festive feelings brought about by the presence of a Christmas tree are by no means the results of the inherent properties of pine trees, the symbolic function of alcohol and other drugs is not generally recognized in the same manner. In other words, it is unlikely that these substances' feelings of pleasure and goodwill believed to be evoked would not be considered in isolation from their chemical properties. When individuals look at their alcohol or drug use mindfully (*sati*), employing lucid awareness and bear attention with clear comprehension (*sampajañño*), the wisdom (*paññā*) arises on the actual or factual nature of alcohol and drug use.

The many symbolic effects of alcohol come into effect at its very sight, smell, and taste, even before it is consumed. For example, two friends in the act of "having a good time with a glass of beer" do not wait for the alcohol to be absorbed into their bodies and reach their brains to experience feelings of happiness, goodwill, and comradeship. Their mood peaks at the very first sip of beer or even at the mere sight of the unopened bottles. Thus, the perceived feelings of happiness, cosiness, goodwill, and

comradeship thought about by a glass of alcohol are experienced because the glass of alcohol has come to be symbolic of these feelings and not because it has any inherent properties that could create them.

Proliferation through the Operant Conditioning process

As discussed above, users who repeatedly take alcohol, heroin or any other drug on pleasurable occasions eventually come to see those substances as the main element that creates happiness and a sense of festivity. As a result, such substances become a symbol of positive emotions, particularly those experienced at special events. Eventually, to users who become accustomed to only experiencing feelings of joy and festivity with the use of alcohol, heroin or other drugs, any special event or celebration would cease to be joyous and festive without drugs. In other words, pleasurable occasions would become cheerless to users who see alcohol or heroin as necessary to create the feeling of cheer. This acceptance of drugs eventually makes it easier for its users to extend to other aspects of their day-to-day lives so that they would eventually need alcohol or drugs to complete even the most mundane tasks.

In this way, users form a solid mental bond with alcohol, cannabis, heroin or other drug, and their habit of using them becomes a regular part of their day-to-day events. Alcohol or drug use, which was once limited to only a few days, for instance, weekends, would then become a daily activity. In a situation in which alcohol or drugs are not available, users would experience the same severe discomfort that a person who is forced to abandon a long-held habit would, even if it is for a short time. The use of alcohol, ice, heroin or other substances after a period of non-use would then immediately eliminate this feeling of discomfort, hence the function of drugs as a "reinforcer", a substance perceived as something that could eliminate discomfort or bring about a positive outcome.

Alcohol or drug users eventually learn to perceive ordinary situations without the use of drugs as uncomfortable and that it is necessary to use drugs to ease the feeling of unease and discomfort. By repeatedly using alcohol or drugs to feel comfortable, the idea of alcohol, tobacco or heroin being a drug that brings relief becomes reinforced in the minds of the users. In this way, through the process of Operant Conditioning, alcohol or drug users wrongly learn that substance is an essential part of their lives.

Perversion or Distortion (*vipallasa*) regarding Heroin and other Drugs

Despite its unpleasant effects, there is a tendency, especially among young people, to view heroin, cannabis, and methamphetamine with awe and to be attracted to their use. Despite the initial experiences of drowsiness, abdominal discomfort, dizziness, nausea, and muscle pain, those who use heroin or other drugs view it as the attractive claim that its effects are pleasant. As mentioned in the previous chapter, this phenomenon occurs not as a result of the chemical effects of heroin but as a result of social conditioning and expectations that cast heroin in a positive light. It is then not surprising that a person who uses heroin without this conditioning would report the experience to be highly unpleasant.

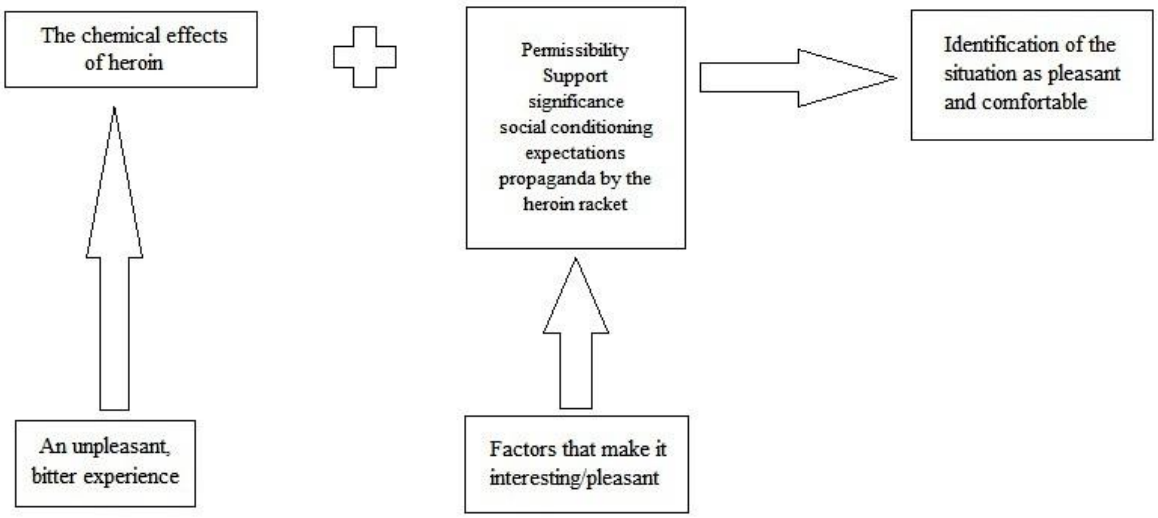


Fig.5: The process of heroin becoming perceived as attractive and pleasurable

Distorted perception (*viparīta saññā*) of relaxation

People who use alcohol and other drugs to "ease fatigue" are generally considered to be those who are engaged in demanding jobs and are in the habit of taking a break for a quick drink at the nearest bar. For them, the feeling of relaxation they experience from their visits to the bar is more a result of the intermission in the strain of the monotony of their work than of the drinks they consume. The rationale for this is the same as having intervals at schools or intermissions at a theatre or cinema.

The most frequently used perception (*saññā*) of alcohol is its function as an indicator to mark the distinction between monotonous daily routines and well-deserved leisure time. It is natural for people to feel a sense of achievement and self-satisfaction after completing a task. Those accustomed to using alcohol after completing a job, however, begin to attribute their sense of satisfaction and feeling of well-earned rest to the alcohol and not to the completion of their task. Alcohol then becomes an indicator of relaxation to them. Other similar perceptions of relaxation among those not in the habit of using alcohol may be centred on a cup of tea or on changing from the clothes worn to work to the more casual and comfortable clothing worn at home. Thus, for an individual who continuously associates alcohol with rest, it becomes a symbol of relaxation, just as a cup of tea or a change of clothes.

Distorted perception (*viparīta saññā*) of adulthood

The use of alcohol, tobacco, or other drugs is often perceived as a symbol of adulthood. Many teenagers demonstrate the use of alcoholic beverages or drugs deliberately to project an image of reaching a certain degree of maturity. Furthermore, alcohol is often used as a sign of exclusiveness or as a status symbol. It is known that the alcohol industry uses these perceived images of alcohol to its benefit as a means of marketing its products. Phrases such as "the feeling, the flavour", for instance that are used to promote alcohol indicate a sense of exclusiveness associated with the substances even though the harmful potential of both is commonly known, and there is a sense of taboo related to both. For instance, alcohol use is anathema for sporting persons, although certain brands of beer actively promote rugby tournaments and other sporting events.

They wrongly held a perception (*viparīta saññā*) of rebelliousness.

Some people, particularly youth, tend to use alcohol, tobacco, and other drugs as a means of rebelling against the traditional values and norms of society. Teenagers may experiment with alcohol or drugs for the sheer thrill of exploring something that is considered taboo or 'venturing into forbidden territory, deriving from it a sense of enjoyment. Young boys may see alcohol as a symbol of 'manliness', using it to feel 'macho' or to develop a heightened sense of masculinity. Among women and young people, alcohol is more likely to be perceived as a symbol of independence and liberation, with many initiating the use of the substance as a way of breaking away from the traditional expectations concerning women. From this perspective, society's intense fear of alcohol and drugs may be the very cause of its attraction to a daring few in the manner that other thrill-seeking activities such as mountain climbing and sky diving are sought after for the mixed feelings of joy and fear that they evoke. Taking risks or 'living on the edge' enables those who engage in them to achieve status in their respective peer groups.

The use of alcohol usually involves special rituals and utensils. For example, decorated bottles and ornate glasses are often used when storing and serving alcohol. These factors add glamour to alcohol use and become as important to the users as the alcohol itself. Drinking wine in a plastic cup would have a different effect than drinking it from a specially designed glass. Alcohol-related rituals, so ardently followed by those who use alcohol, gain so much significance that the substance is not merely consumed but is held in high esteem or reverence. How the alcohol is brought to the selected location, the seating arrangements of the group are made, the alcohol is served, and the group commences drinking, as well as the glasses or cans used, are all seen as unique and very different from drinking other "ordinary" beverages such as water, fruit juice, or soda. Rituals such as these and drinking behaviour are learned since childhood. This is supported by a study showing pictures of events that occur in daily life, some of which depicted individuals drinking various liquids to children. The children were then asked to describe the pictures and name what they thought the adults in the photos were drinking. It was found that children as young as three years of age were able to recognize which of the adults in the pictures were drinking alcohol.

Proliferation through social learning:

Membership in a Group

In his famous statement, "Man is, by nature, a social animal", the great thinker Aristotle describes human beings' innate need for meeting, interacting, and maintaining relations with each other. Communicating with others is essential in day-to-day life. It is common among peer groups to meet occasionally at a particular location to engage in friendly conversation and share good humour. More often than not, such meetings occur while sharing food and drink. While alcohol is one of the items transferred in this way at casual gatherings, in some groups, the use of alcohol is compulsory. The passing around of the bottle of alcohol or the toasting and raising of glasses contributes to the feeling of togetherness and solidarity that strengthens the bond between the group members. Eventually, alcohol becomes symbolic of this feeling of solidarity and of one's membership in the group. As the aim of many who aspire to enter the group is to be accepted as an equal member, they, too, would initiate the use of alcohol or drugs when meeting with the group. They may continue using it to escape being cast out. This implies that they are less dependent on alcohol or drugs than they are on their peer group.

When looking at the larger social context, alcohol use is most often seen at private events within the family and more significant social events that generally occur either during leisure and festivity or simply during relaxation times when there is no festive occasion in particular. Individuals, both young and old, sometimes drink at family celebrations and at meetings with peers that give acceptance to alcohol use in social settings.

Sanction to Break Rules

There is a tendency in many societies to pardon drug or alcohol-induced misconduct or view it with tolerant permissiveness. As a result, alcohol and other drugs are often used as alibis by those who engage in unacceptable behaviour to gain special privileges from family members and society in general. Some may occasionally use this social sanction to intimidate or physically assault others who continue to pardon them, believing that the abusive behaviour was unintentional. In such situations, it is the alcohol rather than the alcohol user that is blamed for the abusive behaviour and all other shortcomings. Following a violent episode, users may resort to statements such as, "I had too much ……..", "I can't remember a thing ……", and "I was under the influence of it ……..." in an attempt to escape blame for their actions.

Studies on violence against women and rape, in general, reveal that the perpetrator is blamed less if proven to have been intoxicated at the time of committing the crime and more if proven to have been sober. It has been widely observed that following the use of alcohol or other drugs, individuals tend to engage in offensive and abusive behaviours that they would not dare to attempt when they are sober. These observations show that the use of alcohol is believed to be the direct cause of unacceptable and violent behaviour. Medical professionals and legal professionals also sometimes share the belief that alcohol reduces inhibition and is widely accepted in many other fields as well.

Contrary to the popular notion that alcohol inhibits the individual's capacity to think rationally and causes them to show uncharacteristic behaviour, recent research suggests that people's mental capacity is in no way hindered following the use of alcohol (Critchlow, 1986; Bodini, 1986; Islieb, Vuchinich, and Tucker, 1988; Higgins and Harris, 1988). The so-called alcohol-induced behaviour is often a mere pretence, and those who engage in such behaviour are well aware of their actions. For example, a man who beats his wife after a session of drinking does so, knowing that he will not be held accountable for his actions the following day. People who use alcohol to harm others to gain the false strength and courage that they thrive on usually choose as their victims the persons whom they consider weaker than themselves. It has been observed that those who behave abusively following alcohol use typically do so only with those who are more fragile, less powerful, more vulnerable, or more tolerant and permissive. However, they immediately appear "normal" if and when accosted by those who possess more strength and power than themselves, for example, a police officer.

Pardon for Poor Performance

People naturally strive to behave in a way that ensures they are perceived as competent and intelligent. It is generally accepted that there are certain exceptional circumstances based on which inadequate behaviour and poor performance are generally excused, for instance, fatigue or illness, unfavourable environmental conditions, faulty equipment, immaturity or oversensitivity, etc. The general assumption that alcohol and drugs interfere with or disrupt performance makes it possible for individuals to present alcohol or drug use as one of these exceptional circumstances or as an alibi for poor performance. Some may, therefore, give it as an excuse to justify poor performance to avoid criticism, a process termed a "self-handicapping strategy".

Some believe that by consuming alcohol or drugs, they could feel free to perform poorly at tasks that they have no confidence in serving and to escape or mitigate negative feedback. This is part of the more general notion that individuals use alcohol or drugs to avoid responsibility for their actions. It trades on the general assumption that alcohol generally interferes with or disrupts performance, which paves the way for what is known as self-handicapping strategies. Those who handicap themselves deliberately, in this case by consuming alcohol or drugs, may not find their failures or inabilities as embarrassing as they would have if they had been sober. In this case, people take refuge in the subjective belief that their failure or poor performance is not due to their inabilities but due to their use of alcohol or drugs, thereby increasing their levels of self-confidence and relieving their anxiety.

While some may have consumed alcohol believing that they would have a ready excuse if they failed in an activity that they attempted, others may attribute their failure to not having consumed alcohol before attempting the activity, despite the availability of evidence to the contrary. For instance, a person who is unable to dance, as well as others, may claim that he would have put up a better performance had he consumed alcohol before his attempt. This claim may seem paradoxical as it is well-known that alcohol impairs the coordination of the limbs. For the self-handicapped person, however, it is not embarrassing to dance poorly after consuming alcohol. In this case, the person's poor performance is not due to their poor abilities but to the effects of alcohol. The subjective feeling is that alcohol "increases self-confidence or relieves anxiety".

Alcohol and Tobacco industry strategies

Alcoholic beverages and tobacco products are promoted in various ways, including advertising, sponsorships, and an assortment of marketing strategies. The extent of this activity is such that the promotions of alcoholic beverages and tobacco have become part and parcel of everyday life, even to the degree that many promotional strategies have become subtle and almost unnoticeable.

These advertisements glamorize alcohol and tobacco use and sensitize people subconsciously to being drawn to its use. This promotion and glamourization make individuals develop concepts (*papañca*) about alcohol and drugs. In most of these advertisements, there is an attempt to link the brand or the product with desirable images. Consequently, alcoholic beverages are associated with social or sexual success and with rich and sophisticated lifestyles. Advertisements usually include visual examples of attractive people engaged in exciting and pleasurable activities, depicting alcohol use as being uniformly beneficial with no indications of its potentially harmful effects. The repetitive association of alcohol and tobacco use with positive images, just as with the classical conditioning approach, serves to create, over some time, a sense of attraction towards it among the general public, especially among children and youth. Furthermore, the widespread penetration of these advertisements into the mindset of the general public ensures that alcohol and tobacco are "normal" products, making them more or less like an ordinary consumer product. The strategies used by the industry promote distorted views *(vipallāsa)* concerning alcohol products.

The Heroin and Cannabis Racket and Drug Mafia

One of the main reasons why heroin, cannabis, and other drug use have currently become a matter of significant interest is that it is part of an enormous racket taking place globally. The racket surrounding heroin, cannabis, and other drugs plays a vital role in building its image as an attractive substance that increases a person's level of happiness and well-being. What people experience when using heroin or cannabis is not necessarily due to its chemical effects alone. The experience of using heroin or cannabis is heavily influenced not only by its actual chemical effects but also by several beliefs and expectations regarding it that have been strategically developed by the racketeers and others involved in promoting its use.

Through the use of highly effective strategies, racketeers and drug cartels can significantly influence people to initiate the use of heroin, cannabis, or other drugs and continue to use them habitually. The drug cartel also uses these strategies to prevent the discontinuation of heroin use. Therefore, when working to avoid the use of heroin and drugs within a community, it is essential to understand what strategies the racketeers employ within the said community. With adequately planned intervention programmes, it is even possible to prevent the initiation and continuation of heroin, cannabis, or another drug by taking the very strategies and misconceptions that promote it and using them to guide both users and non-users to question the drug and its use.

Expectancies

The physical and mental changes generally attributed to alcohol are often contradictory to the effects that its chemical properties have on the body. For example, after consuming alcohol, some people report feeling happy, while for others, the mood changes to sadness; some become more pleasant and amiable

while others become hostile; some are aroused, becoming more passionate or aggressive, while others become calm and docile, and some fall silent while others become more talkative. Alcohol, when viewed from this perspective, takes on the perceived properties of a magic elixir. The chemical or pharmacological effects of these substances cannot explain this biphasic response to alcohol and other drugs. Other considerations, such as psychological factors, the individual's learning, and the environment in which the person lives, help to shape the behaviour related to alcohol and other drugs.

Let us take heroin as an example and examine how the process of proliferation (*papañca*) takes around heroin and becomes magical and attractive to the user.

The Normalization of Heroin

Once they have formed a strong bond with heroin and have developed the habit of using it regularly, users will eventually feel weak and uncomfortable if they do not use it. They would also need it before performing any task. To them, heroin becomes a substance with extraordinary properties that can increase efficiency and effectiveness. They also come to see heroin as a necessity in their day-to-day activities and feel that it is absolutely essential to use it to engage in their occupations or other forms of work, in sexual activity, in pleasure and recreational activities, to sleep, to stay awake, or to experience joy and sorrow.

Users who become highly dependent on heroin believe that it is only by using heroin that they can gain more satisfaction from life or respond better to others. Though this is a misconception, it becomes the truth to the users. They believe that they are motivated to accomplish anything in life only by using heroin and that heroin has the natural capacity to give them the motivation they need to complete any task successfully. The bond between heroin and heroin users is, in this way, further strengthened. However, those who observe this situation critically would be able to recognise that, in reality, the use of heroin only decreases efficiency and fruitfulness.

Heroin as a Means of Evade Responsibility

Heroin users are generally "excused" by society, and their behaviour is "permitted" due to general misconceptions such as "heroin impairs the thinking process" and "heroin users are unaware of their actions". We must understand, however, that despite these widely held misconceptions, users are, in fact, fully aware of their actions despite having used heroin. When faced with police officers, for instance, they would typically attempt to run away to safety or act as though they had not used any drugs. Heroin users are also fully aware of the amount of money in their wallets and the transactions that they do, even when suffering the effects of heroin.

These specialized behaviours show that people are fully capable of functioning rationally and with judgment even after using heroin or most of the drugs. Still, many are permissive towards the unfavourable behaviour of heroin users, excusing it on account that it is the heroin that should be blamed for the actions of the users rather than the users themselves. The following are a few examples of the permissive behaviour towards heroin use.

- A heroin user accused of theft is excused because the act was the result of desperation created by heroin. He can escape blame by using heroin as an excuse.

- A heroin user is generally excused from seeking employment. Their wives or parents look after them. This leads to him learning to believe that heroin use is advantageous in that it is a more profitable means of survival than earning a living through hard work.

- As other members of their households tend to view the behaviour of the heroin users sympathetically, they (the users) are invariably released from household chores. They are excused for returning home late at night and waking up late in the day.

- Heroin users also have the unfair advantage of being able to threaten other family members, especially the weaker ones and demanding money as they are aware that they would not be judged for their behaviour and that the blame would be placed on the heroin.

- Heroin users would typically employ specific tactics to escape the inquiry and supervision of others at home, such as parents. The constant use of these tactics would gradually create a distance between the heroin users and other family members, leaving them free to continue with their use of heroin and giving them a sense of freedom. Though this sense of freedom was achieved through the use of various tactics, they attribute it to the use of heroin. This further reinforces their behaviour.

Heroin and Drugs Use as a Source of Power

A heroin user is likely to be identified as an exception or as one who stands out from mainstream society as a result of heroin being viewed as an illegal drug and its use, a frightening act attempted only by a daring few. Today, drugs have become the most accessible means by which a person who was once unnoticed in the community could gain the attention of others, that is, provided others around them view the use of drugs as something extraordinary or fear it. On the other hand, if the general view of drug use is that it is weak, cowardly, and unintelligent, it would, to a great extent, become less attractive, and people would feel less motivated to use it as a means of gaining attention.

However, as most societies still perceive heroin or drug use as daring and dangerous, it is still regarded with awe and people, especially youth, may use it as a bold statement of deviance. In contexts such as these, drug users enjoy a position of uniqueness, possessing a certain degree of power that others would not dare to confront. This situation is created not by the use of drugs but by the attitude of the general public towards it.

Some drug prevention programmes also define heroin use as a dangerous act. It must, however, be borne in mind that during adolescence, it is those very acts that are perceived as complex and deviant that become most appealing, and the use of drugs during this stage comes to be viewed as bold and heroic. Therefore, in programmes that aim at creating awareness of drug prevention and in treatment and rehabilitation programmes, it would be helpful to portray drug use, in this case, heroin use, not as a dangerous and frightening act but as an act that is foolish and cowardly. In other words, the existing mindset that views heroin use as a significant feat should be changed.

Heroin and Drugs as a Means of Entry to a Peer Group

The peer group plays a significant role during youth, emerging as a source of pleasure and enjoyment and as the primary means by which young people can communicate, express their views and opinions, and form their identities. If the use of heroin or drugs is an accepted norm of a particular peer group, all members of the group may be motivated to use heroin and drugs. Drugs come to be valued as a symbol of identity within the group, and those who use them are accepted as members. To each member of the group, bonding with other members becomes more critical than the drug itself, yet it is heroin that enables them to do so. They, therefore, adopt the habit of using heroin or any other drug as a means of remaining within the group. This is especially true if the most powerful member of the group, the group leader, is a drug user, and others are expected to use drugs to win his favour. Any group member who refrains from doing so would be eyed with contempt by other members and risk being rejected and excluded from the group.

Those who learn to associate heroin with the group leader may eventually come to think of heroin itself as a source of power. Heroin and group membership may also become so closely associated that though members of the peer group accept each other out of goodwill, such acceptance would be attributed to the use of heroin. Another factor that motivates members of these peer groups to continue using heroin is the fear of rejection. As youngsters feel the need for the companionship of peers strongly and fear

that rejection by the group would result in extreme loneliness, they use heroin to avoid rejection by their peer groups.

The Emulation of Heroin or Drug-Using Celebrities

Most, if not all, individuals tend to emulate the celebrities whom they admire. Children and youth are likelier to attempt to imitate the behaviour of their favourite characters in movies, TV programmes, or books. Celebrities such as the actors who play these characters, as well as famous singers and athletes, come to be admired and respected, with many of their fans striving to imitate their style of dressing and other habits. Fans experience positive emotions when thinking of their favourite celebrities and unconsciously associate the same feelings with the habits of these celebrities as well. In this way, the use of cannabis, heroin or any other drug by celebrities who are widely admired and emulated would add value to these harmful substances. The drug comes to be associated with the appearance and talents of the relevant celebrity. Though a youngster may be unable to achieve the celebrity's appearance and skills, they would still be able to imitate their favourite celebrity through the habit of drug use.

For example, if it becomes known that a famous singer uses cannabis or heroin, there may be fans of the singer would be motivated to do the same. Suppose the most feared thugs or sportspersons in a particular community become known as heroin users. In that case, others who long for the same might be influenced to use heroin with the expectation that they, too, would be able to reach a similar level of strength and power and, as a result, achieve the same level of prestige as those they admire and seek to emulate. Even though the experience of using heroin is unpleasant, the fact that such famous personalities use it is sufficient to transform it into something desirable. Heroin then becomes a means of forming a pseudo-personality.

The Distinctive Method of Using Heroin Cannabis or Methamphetamine

It is not uncommon to find people using alcohol and cigarettes openly in public. The use of heroin or other drugs stands out as distinct from these because it is done in seclusion. Attitudes such as:

- 'I can use it without any disturbance.'
- 'I can use it even in the toilet'
- 'I can hide the packet (of heroin).'
- "Only a skilful person can manage the apparatus when using ice."
- 'I can use it without others seeing.'
- 'I can share it with my friends when we are alone and use it together.'

The secrecy of heroin or ice use makes it more attractive and exciting to people, especially youngsters, and it is this very sense of secrecy and adventure that motivates many to experiment with heroin. The process of using heroin, as shown below, possesses a certain distinctive ritualistic quality that could be enticing to users.

- The preparation of equipment: Finding and preparing the sheet of lead for heating the heroin, the paper to roll tubes for inhaling the fumes, the matches for lighting the fire, and other necessary items, ability to handle beker or bulb when using methamphetamine (ice)
- Selecting a secluded area and deciding on the seating order of the group
- Developing a particular skill for using heroin, cannabis or ice
- Dividing the heroin into small quantities so that it is easy to use

- The skill necessary to use the equipment
- The use of specialised terminology, for example, the term "shot", which refers to the paper tube

The above projects an image of heroin and other drug use that may lead to it being perceived as an intriguing, daring act. This is because of those characteristics that set it apart from one's routine or the mundane activities of day-to-day life.

How Money Is Collected to Buy Heroin or Ice

As opposed to the genuine effort and hard work put in towards earning a living, the money to purchase heroin or methamphetamine is usually gathered by theft, intimidation, and trickery or by running an illicit business. This adds yet another dimension to the culture associated with heroin and drugs, thereby enhancing its value among users. It is not uncommon to find the users of heroin and other substances operating as street hawkers, who trick buyers into purchasing goods of dubious origins. Similarly, robbery and intimidation, too, require a great degree of skill and alertness. The use of particular terms concerning these tactics (for example, terms commonly used in the Sri Lankan context: "*jalataras", "jaltong", "gĕmak", and "marishi*") together with planning the robberies and succeeding in them also serve to increase their intriguing nature further and bring greater satisfaction to those who engage in them. All of these acts eventually culminate in the use of heroin. This makes heroin or drugs gain further significance in the lives of users.

Furthermore, as all group members collect money, it is perceived as an "adventure" or a "thrilling experience" among the group members. This further strengthens the bond among them so that the various methods used to collect money to purchase heroin or ice become a key element in producing group solidarity.

The Emergence of a Subculture Based on Cannabis Heroin or Ice

Heroin, cannabis, and other drugs gain recognition through their popularity among many subcultures, of which such substance use is the major characteristic. These subcultures believe 'everyone uses it' and 'it is freely available" or "you can get it anywhere". In such an environment, heroin and other drug use are normalized and justified by ideas such as 'everyone uses heroin these days.' and 'unlike in the past, it is now freely available'. A look at the statistics, however, shows that those who use heroin within subcultures actually make up a minority of society when taken as a whole.

Drug Use as a Lifestyle

The lifestyle of heroin or drug users, especially the more dependent users, revolves around heroin and drugs. They would typically wake up late in the morning because of the after-effects of the heroin they used the previous night and spend the rest of the morning looking for ways in which they could raise the necessary money to buy more heroin. Having found the money they need, they would spend the rest of the day looking for a means of obtaining heroin (which may, on some days, be a challenging task), the equipment to use the heroin, and an isolated place to use it. Then comes the process of getting together as a group and sharing the heroin among themselves. While this is, in itself, a time-consuming process, more time is spent recuperating from the drowsiness and other effects that heroin causes. In this way, heroin occupies a central part of the users' lives, especially those who reach the more severe stages of dependence in which they perceive heroin as the leading cause of their existence.

Once they reach this stage of dependence, heroin users experience an extreme sense of fear if they are asked to abandon their use of heroin. As their existence revolves around heroin use, quitting their habit would leave a great void in their lives. The reason for this is that heroin users gradually construct a lifestyle for themselves in which they attribute great importance to heroin, taking the substance as the leading cause of their existence. Prevention programmes should, therefore, involve helping users to understand that their lives are not controlled by heroin but that their current lifestyle is a result of their

constructing a lifestyle based on various learned false beliefs about heroin. Understanding this would make it possible for users to realize that it is possible to become completely free from heroin use. For example, it would be likely to make them aware that believing that heroin controls their lives only gives the drug undue recognition and power. This drug-using lifestyle is nothing but the bodily tie of clinging to rules and rituals or wrong practices *(sīlabbataparāmaso)* explained in Buddhist psychology.

The Recognition of Heroin as a Stronger Drug than Cigarettes or Alcohol

Individuals use heroin and drugs due to conceit (*māna*), an inflated mind that makes the foundation of pride and disrespecting others while thinking they are great. The Atthasālinī defines conceit (*māna*), stating the abhidammic position: ``...Herein conceit is fancying (deeming, vain imagining). It has haughtiness as characteristic, self-praise as function, desire to (advertise self-like) a banner as manifestation, and greed dissociated from opinionatedness as proximate cause. It should be regarded as (a form of) lunacy.' In Visuddhi Magga, the characteristic of *māna* is stated as "the inconstant of pride is that it has the characteristics of haughtiness. Its function is arrogance. It is manifested as vain-gloriousness. Its proximate cause is greed dissociated from views. It should be regarded as like madness."Youngsters, especially those with a relatively limited degree of understanding and maturity, may see heroin or drug use as a symbol of adulthood and initiate the use of heroin to feel older and more mature. As heroin is generally attributed more power than other substances such as tobacco and alcohol, teenagers and young adults may use it to stand out among others of the same age group. How heroin is perceived leads to it being viewed with awe. This is again a result of how heroin is perceived rather than of any of its chemical properties. Users in a society in which heroin use is viewed negatively as foolish and weak would not feel or be viewed as daring and heroic. Similarly, if other substances such as alcohol and cigarettes are perceived more positively, heroin would also be considered in the same way and accepted as an addictive, intoxicating substance. This would result in a higher level of tolerance towards heroin use than if heroin was viewed as not having any significant chemical effects. Therefore, when conducting a programme for the prevention of heroin, it would be essential to challenge the use of cigarettes and alcohol as well.

The Thrill of Experimenting with Heroin Through Curiosity

Experimenting with anything that arouses curiosity possesses a certain thrill, especially if it is forbidden and should be tested in secret. As a taboo exists on heroin and using it is seen as an act of rebelliousness, youngsters often see experimenting with heroin as exciting. Youngsters may also become attached to heroin because they feel that they can only enjoy life and the changes between adolescence and adulthood by using it.

However, it must be understood that the thrill or the feeling of excitement experienced when secretly experimenting with heroin is not a result of the chemical properties of the substance but the sheer sense of deviance and rebelliousness associated with it, the reason that one has gone against the ordinary social norms. Heroin becomes symbolic of rebelliousness and the act of breaking away from the strictly enforced norms of society so that users view it as a source of freedom.

Justifying the Use of Heroin

After using heroin for an extended period, the heroin user would typically attempt to explain or justify the effects of heroin and even the discomfort it causes. For example, excuses such as the following are not uncommon.

- "It is not doing me much harm."

- “I only feel sick if I take a lot of it.”
- “I stop using it whenever I want”
- “Everybody uses it nowadays”

Through such excuses, heroin users give heroin a certain degree of value and importance in their lives without realising it. In other words, any lie, if repeated several times, would begin to feel like the truth; hence, when heroin users continue to justify their use of heroin, they begin to believe their own beliefs become the truth. This could also occur if they are in the company of others who justify the use of heroin so that they accept the views of the group as their own.

Heroin and Drugs as a Means of Expressing Opposition

Some people decide to use heroin as a means of taking revenge on others, believing that if others see them hurt or suffering, they will feel sympathy towards them (the users). Similarly, heroin could be used by some as a means of opposing their position within their families and how other family members treat them. If the users achieve the response they expect, their habit of using heroin to fight others will be reinforced. On the other hand, the reactions of others could be used to neutralize the effect created by heroin. If the family of the heroin user responds unfavourably, they could weaken the esteem with which the user holds heroin.

The Learned Expectations from Heroin Use

Despite its natural chemical properties, several “marvellous” characteristics have been attributed to heroin through various beliefs existing in society. A close look at these characteristics reveals that most of them have been created by racketeers and users who promote heroin for multiple purposes.

- “You see a world full of colour” – To sleep or to stay awake
- “If you use it once, you have to continue” – To relax or to become more active
- “Whoever who has started using it hasn’t stopped” – It helps when doing something that requires effort
- “It increases the level of enjoyment” – To experience increased sexual pleasure

If a person hears such statements often enough, even before starting to use heroin, after they use heroin, they may be convinced that its effects are pleasant, no matter how unpleasant they may be. When looking at statements such as the above, their contradictory nature is evident, and it is clear that they do not seem to be grounded on any firm basis.

However, guided by this belief system and the expectations towards heroin, users are led to perceive even the discomfort it causes as pleasant. Heroin leads its users to wrongly experience its effects under the influence of the expectations held towards it, for example, that it “gives power”, “makes one feel comfortable”, “makes one feel Heroic”, or that it is “frightening and risky”.

The Use of Heroin as a Compulsory Ritual

When heroin is used over an extended period, it becomes a compulsory ritual in the lives of users, with its use becoming an essential part of their lives and the central focus of their day-to-day activities. Therefore, when users begin to quit using heroin, they will undoubtedly experience severe discomfort.

This is another form of *sīlabbataparāmaso*. Just as those who are compelled to abandon a specific habit would feel insecure, heroin users too would experience an extreme sense of fear and insecurity should they be made to leave their daily ritual. The primary basis for such fear is the complete change of lifestyle and the void left by the absence of heroin.

Another reason why users may fear quitting heroin use is the potential loss of all the advantages and privileges that they once gained from the use. Furthermore, if the prevalent false belief that 'those who use heroin can never stop' has taken root in the mind of the user, it could increase their level of fear. In this way, the bond between the user and the substance is strengthened.

The fear of having to abandon heroin alone could cause severe physical and mental discomfort in users. They may experience agony, such as muscle pain, uncontrollable defecation, and the fear of death. The pain caused by anxiety could further increase the feeling of fear, so pain and fear continue to feed each other and gradually grow in intensity. In such cases, users may see heroin as a means of escaping the agony, taking it as an essential element in their lives. If users have at any point attempted to abandon their habit through a false initiative that had led to further agony, they would be more likely to feel the need for heroin.

Other Ways in Which Heroin Gains Importance

- The normalization of using heroin through the media and frequent discussion
- The use of heroin secretively, giving it the sense of being 'something special'
- The distinctive way in which heroin is bought and sold
- The witnessing of heroin being openly used on certain occasions, such as the laying of concrete at a construction site (which usually takes place overnight), political propaganda activities during elections, and the holiday season
- The belief that one would be able to achieve more than one is otherwise able to without putting in much effort and without the necessity to be skilled in a particular activity
- The belief that one would be able to achieve one's wants and needs with the use of threatening behaviour
- The perception of heroin as a means of enabling one to get relief from a stressful situation by diverting one's thoughts elsewhere
- The seemingly simplistic lifestyle of its users
- The preference for being able to sleep and not participating in any strenuous activity after using heroin
- The expectation that heroin brings about a complete transformation of the heroin user into a more active and sociable individual
- The belief that heroin enables users to escape from the world (which they see as an unpleasant place that they are unable to understand or enjoy)

Abhidammic analysis of alcohol and drug use 3

Developing an addiction or dependency on alcohol or drugs is a mental condition or a mental disorder. Consciousness or mind, the incorporeal energiser of the body, is mentioned in the Pāli Nikayas in three cognate terms: *mano, citta,* and *viññāna*. Although it is used the equivalent in the meaning, in different places, *mano* represents rational and intellectual faculty *(manāyatana or mano-dhātu), viññāna* represents the field of sense and sense reaction, including sensory and perceptive activities. In contrast, *citta* represents the subjective aspect of consciousness. According to Abhidhamma, citta is one of the four irreducible ultimate categories, with the other three, *cētasika, rūpa,* and *Nibbāna*. As mentioned by Professor Karunadasa, early Buddhism recognised three basic principles regarding consciousness: Dependent arising of consciousness, consciousness does not exist as an isolated phenomenon, and thirdly, the reciprocal dependence of consciousness and body, *nāma - rūpa* relationship. Consciousness is neither that which cognise (agent) nor that through which cognition takes place (instrument), but the process of cognising an object.

Many functions of the consciousness are expressed in Saṃyutta Nikāya, such as *nivāreti* –obstruct, *cinteti* – thinking, *ārādheti* – convince, *paggaṇhati* – holds out, *upasaṃharati* – focus concentrate and gather, *matheti* – agitate, *pahañña*ti – destroy, *vyāsiñcati* – corrupts, *adhimuccati* – feels attached to, and this help to understand the nature of *citta* when combined with wholesome and unwholesome *chētasikas*. The mind is the forerunner of human life. The Buddha says, "The world is led by thought, swept away by the thought and under the power of thought" (A-11).

Abhidhamma presents its analysis of consciousness concerning four plains, namely sense sphere consciousness *kāmāvacara* (54), fine material spear consciousness *rūpāvacara* (15), immaterial sphere consciousness *arūpāvacara* (12), and supramundane *lokuttara* (8 or 40), along with *cētasikas*. There are 52 *cētasikas,* Universal (7) Occasional (6). Unwholesome (14) and wholesome (25). Both *citta* and *cētasikas* arise together, cease together, and have the same object and same base. *Citta* coordinates the *cētasikas* and thus functions through dominance (*adipatibhāvena*).

Dammasangani starts by questioning what is wholesome and unwholesome (*katame dammā kusalā / akusalā*). Unwholesome and wholesome consciousness and mental factors in those *cittas* could be analysed through the behaviour of alcohol and drug use and with the intentions of someone trying to recover from the addiction. Buddha had recognised that using intoxicants such as alcohol led to losing heedfulness, a quality essential to achieving realization. Heedlessness in this context means moral recklessness, obscuring the clarity of mind to understand the bounds between right and wrong. A traditional Buddhist reason for abstaining from alcohol and drugs is that intoxication inevitably leads to the breach of one of the five precepts. When analysed, it could be observed that someone uses alcohol or other intoxicants with unwholesome consciousness. Therefore, alcohol, tobacco, cannabis, heroin or any other drug use behaviour is unwholesome.

According to Abhidhamma, alcohol use consciousness is one of the twelve types of unwholesome consciousness. Unwholesome consciousness (*Akusala cittas)* is divided into three categories: eight greed-rooted consciousnesses (*lōba mūla cittas*), two hatred-rooted consciousnesses (*dōsa mūla cities*), and two delusion consciousnesses (*Mōha mūla cities).* No one can use alcohol or drugs with wholesome consciousness (*kusala citta*) other than for minimal medical purposes.

Greed rooted consciousness (*lōba mūla cittas*) (8)

1. Consciousness, unprompted, accompanied by joy, and associated with the wrong view. *Somanassa-sahagataṃ, diṭṭhigatasampayuttaṃ, asankhārikam ekaṃ*.
2. Consciousness, prompted, accompanied by joy, and associated with the wrong view. *Somanassa-sahagataṃ, diṭṭhigatasampayuttaṃ, sasankhārikam ekaṃ*
3. Consciousness, unprompted, accompanied by joy and dissociated from the wrong view. *Somanassa-sahagataṃ, diṭṭhigatavippayuttaṃ, asankhārikam ekaṃ*.

4. Consciousness, prompted, accompanied by joy, and dissociated from the wrong view. *Somanassa-sahagataṃ, diṭṭhigatavippayuttaṃ, sasankhārikam ekaṃ*
5. Consciousness, unprompted, accompanied by equanimity and associated with the wrong view. *Upekkhā-sahagataṃ, diṭṭhigatasampayuttaṃ, asankhārikam ekaṃ*.
6. Consciousness, prompted, accompanied by equanimity associated with the wrong view. *Upekkhā-sahagataṃ, diṭṭhigatasampayuttaṃ, sasankhārikam ekaṃ*
7. Consciousness, unprompted, accompanied by equanimity and dissociated from the wrong view.
Upekkhā-sahagataṃ, diṭṭhigatavippayuttaṃ, asankhārikam ekaṃ
8. Consciousness, prompted, accompanied by equanimity, and dissociated from the wrong view. *Upekkhā-sahagataṃ, diṭṭhigatavippayuttaṃ, sasankhārikam ekaṃ*

Hatred-rooted consciousness (*dōsa mūla cittas)* 02

1. Consciousness, unprompted, accompanied by displeasure and connected with aversion.
Domanassa-sahagataṃ, paṭighaasampayuttaṃ, asankhārikam ekaṃ.

2. Consciousness, prompted, accompanied by displeasure, and connected with aversion.
Domanassa-sahagataṃ, paṭighaasampayuttaṃ, sasankhārikam ekaṃ.

Delusion-rooted consciousness *(Mōha mūla cittas)* 02

1. Consciousness, accompanied by equanimity and connected with skeptical doubt
Upekkhā-sahagataṃ vicikicchā-sampayuttaṃ ekaṃ

2. Consciousness, accompanied by equanimity and connected with restlessness.
Upekkhā-sahagataṃ uddhacca-sampayuttaṃ ekaṃ

Let us examine the first Greed Rooted citta as an example. When someone uses alcohol, saying it is pleasurable, with the wrong view that alcohol helps to provide joy, and if he drinks it by his own choice, the citta that arises is *Somanassa-sahagataṃ, diṭṭhigatasampayuttaṃ,* asankhārikam ekaṃ. Cittas become different due to the associated mental factors or *cētasika*. The nature of alcohol and drug use thinking and behaviour could be analyzed through these associated cētasikas.

The following seven universal mental factors are associated with this *citta.*

Contact (*Phassa)*—contact with alcohol and tongue, body, eye, nose, ears, mind, and viññāna. When there is no alcohol, there will not be this contact (phassa). Most supply reduction strategies, such as closing down bars and limiting the opening hours of alcohol sales points, prevent this *phassa* so that the problems related to alcohol will be reduced.

Feeling (*Vedanā)* – Alcohol or drug experience is usually painful but experienced as pleasurable (*sōmanassa*) due to perversions.

Perception (*Saññā)* - perceive alcohol as the symbol of pleasure, symbol of relaxation, a symbol of adulthood, the symbol of rebelliousness, a symbol of macho due to pervasions of perception (*saññā vipallasa).*

Volition (*Cetanā)* – the intention of using alcohol, thinking it is pleasurable and beneficial, which is a *citta vipallasa.* Volition (*Cetanā)* is the conative intentional or volitional aspect of cognition which organizes and coordinates its associated mental factors in acting upon alcohol use. *Cetanā* acts on its

concomitants, moves or urges in using alcohol, and acts on accomplishing the task; thus, it determines action or behaviour and moves towards the unwholesome direction.

One pointedness (*Ekaggatā)*: This mental factor of one-pointedness unifies and focuses the mind on its object, which is the use of alcohol or drugs. With the help of *ekaggatā, the* mind fixes on drugs, preventing wandering and distraction. However, this one-pointedness or concentration is *miccā samadhi*, which is unwholesome.

Mental life faculty (*Jīvitindriya):* Mental concomitants are vitalized and sustained by mental life faculty or *Jīvitindriya*. It infuses life into *cetanā* and other concomitants. With alcohol use, the strength of the mental factor Jīvitindriya become weaker, so the alcohol user becomes psychologically and physically inactive and sedated.

Attention (*Manasikāra):* Attention is turning the mind towards the object (alcohol), the mental factor responsible for the mind's advertence to the object, by which the object is made present to consciousness. This is the mind's first confrontation with an object and directs the associated mental concomitants to the object. In the alcohol or drug-using citta, attention is unwise (*ayonisomanasikāra)*. With the continuation of alcohol or drug use, the strength of *manasikāra* becomes weaker, diminishing the overall attention.

The Occasionals (pakinnaka)—6

Initial application (*vitakka*) and Sustained application (*vicāra*). In general terms, *vitakka* means the sense of notions, ideas, thoughts, or reasoning. *Vitakka* is also called *sankappa*, intention, and as such is distinguished as *micchāsankappa* or wrong intention when it engages in unwholesome consciousness. *Vicāra* sustains the mind and its mental factors on the sense object by letting them repeatedly examine the object. It manifests as anchoring those phenomena in the object to understand the object. Alcohol or drug users have wrong thinking, which promotes, mystifies, and glamourises their alcohol, tobacco, or drug use, which develops into a concept (papañca) through the proliferation process that recognises alcohol or drug use is pleasurable, magical, and beneficial. Vitakka of an unwholesome nature are three types: sensual thoughts (kāma vitakka), hating thoughts (byāpāda vitakka), and cruel thoughts (vihimsa vitakka), and all three types are associated with alcohol and drug use. In treatment, the thoughts of renunciation from alcohol or drug use (*Nekkhamma vitakka*) have to be developed and promoted by the user. Therefore, modification of thoughts (*vitakka* and *vicāra*) is a central component of alcohol and drug treatment.

Decision (*Adhimokkha)*: Firmly deciding whether this is alcohol or this drug that produces pleasure and not otherwise. Arriving at this decision is based on ignorance. Visuddhimagga (XIV, 151) explains *adhimokkha* as the act of resolving, which is resolution. It has the characteristic of conviction. Its function is not to grope. It is manifested as decisiveness. Its proximate cause is a thing to be convinced about. It should be regarded as a boundary post owing to its immovableness about the object. Bhikkhu Bodhi (2003), p. 82, defines *adhimokkha* as releasing the mind onto the object. Hence, a decision or resolution has been rendered. It is compared to a stone pillar owing to its unshakable resolve regarding the object. In alcohol or drug-using consciousness, this adhimokkha is unwholesome, and during the treatment, this unwholesome nature should be transformed into wholesome.

Energy (*viriya*) is the state of being energetic or courageous to support, uphold, and sustain associated mental factors over the object, such as using drugs or alcohol and not allowing them to subside. Viriya is regarded as a controlling factor (*Indriya*) because it overcomes idleness. It is also considered one of the five powers (Bala) because its opposite idleness cannot shake it. Therefore, treatment efforts have to be more potent than their virii for using alcohol or drugs. When using alcohol or drugs, *viriya works as a* wrong effort (*miccā vāyāma)*.

Zest (Pīti): Having joy or pleasurable interest in the sense object is *pīti*. It could be found in both wholesome and unwholesome consciousness by creating interest in the object, but it is not a feeling or sensation. Hence, it does not belong to the feeling group (*vedanakkhandha*). Although alcohol use is unpleasant in reality, *lobha mūla* alcohol or drug use unwholesome consciousness has *pīti* in an unwholesome manner based on created *vipallasa* and *papañca* due to ignorance (*avijjā*). With the understanding of the emptiness (*suññata*) of alcohol and drugs through removing the attributions and elaborations, the individual starts experiencing the bliss of abstinence with zest (*pīti*) in his wholesome consciousness.

Desire (*Chanda):* Will, interest, desire, or *Chanda* means eagerness to act or wish to do (*kattukamyatā*), that is, to work or achieve some result. This mental factor could be present as *kāmacchanda*, which is sensual craving, one of the Five Hindrances (Nīvarana), or kattukamyatā Chanda, the mere wish-to-do. The desire for alcohol or drug use arises from ignorance and delusion. As a result of treatment, a desire should be developed in the dependent individuals to renounce the attachment to such substance based on wisdom and intelligence (*paññā*). The most straightforward and fundamental of all human desires is the desire to be happy and free from suffering. This wholesome form of desire has to be promoted in the alcohol or drug recovery process by self-realisation that alcohol and drugs impair happiness.

Unwholesome mental factors

Greed *(Lōba): Lobha* is the strong desire for sensual objects, which includes all degrees of selfish desire, longing, attachment, craving, and clinging. Due to this attachment and clinging to the sense object, unhappiness occurs; therefore, attachment (*lobha or tanhā*) is the cause of suffering (*dukkha samudaya*). Alcohol and drug users have a strong attachment or craving for alcohol or drug use. Treatment should aim at removing this *lōba*, the attachment and craving toward alcohol or drugs.

Wrong view (*Ditthi*): Here, as an unwholesome cētasika, *ditthi* is used in the sense of the wrong view (*miccā ditthi*) or seeing wrongly. Its characteristic is the unwise and unjustified interpretation of things due to holding incorrect knowledge, beliefs, and attitudes regarding the sense of objects. Alcohol and drug users have the wrong view of alcohol and drugs, such as "I enjoy alcohol" or "alcohol is pleasurable". In treatment, these wrong views have to be corrected with wisdom (*paññā*) or developing *ñāna* on alcohol and drugs.

Delusion (*moha*) is the ignorance of the true nature of sense objects (alcohol and drugs), a synonym for Avijjā and one of the three roots of evil ordinary to all unwholesome types of consciousness. It creates confusion about the fundamental nature of alcohol or other drugs, and alcohol and drug addicts are under the wrong understanding that alcohol use is pleasurable. This non-penetrative or concealing nature of moha opposes wisdom (*paññā*). Alcohol and drug users are ignorant about alcohol and drugs, although they pretend that they know everything about those substances. Individuals see alcohol and drugs as permanent (*nicca*), pleasant (*sukha*), self or person (*atta*), and beautiful (*Subha*) due to this delusion (*moha*). Removing this moha attached to alcohol and drugs is an essential part of prevention and treatment.

Shamelessness (*ahirika*) is the absence of disgust and shamelessness at bodily, mental or verbal misconduct, a status of lacking moral shame. Alcohol or drug users have no shame for breaking the fifth precept and being fooled by the alcohol industry drug racketeers.

Fearlessness of wrongdoing or moral recklessness (*Anottappa) is the absence of dread of committing bodily, mental,* or verbal misconduct. This occurs due to a lack of respect for self and lack of respect for others. A drug user mostly has no fear of breaking the fifth precept or of any illnesses caused by alcohol or drugs.

Restlessness (*Uddhacca): Uddhacca is the restless state of mind that* leads to instability. This unsettled state of mind is opposed to collectedness (*vipassana*). When someone is using alcohol or any other drug, his mind becomes unsettled due to a lack of coordination, uncertainty, drowsiness and nausea.

Conceit (*māna*): Conceit has the characteristic of arrogance or haughtiness. Its function is self-exaltation or self-praise, such as 'I am the best, I know most, I have no equals in the world'. It is manifested as ostentatious pride, especially in one's achievements. This conceit or pride is of three kinds: the equality conceit (māna), the inferiority conceit (omāna) and the superiority conceit (atimāna). Māna is also a by-product of *moha* and *lobha.* Moha gives the wrong view that the 'permanent and attractive self' exists, and lobha clings to this oneself or persons. Many people use alcohol or drugs to show off their masculinity and strength, which is a form of conceit (*māna*). Removing this māna is an integral part of the recovery process.

In the second greed-rooted consciousness, sasankhārikam citta, probably bad friends may prompt him to use alcohol; therefore, *Thīna,* Sloth – laziness, *Middha* – Torpor tiredness also may present in the citta. Especially when someone is heavily drunk, becomes tired and inactive, and thinks to stop using, but his bad friends force him to use more, saying, "One for the road". Sometimes, individuals know the terrible effects, but to keep company with others, they use moderate amounts of alcohol, and in such events, arising greed-rooted cittas are *Upekkhā-sahagataṃ.*

After using alcohol, some people become aggressive and engage in violence, while others also accept it as tolerant permissiveness. Some deliberately use alcohol to harm others. On such occasions, two unwholesome dosa mūla citta, *Domanassa-sahagataṃ, paṭighaasampayuttaṃ, asankhārikam ekaṃ* or *sasankhārikam ekaṃ* become in operation with the mental factors such as

Dosa- Hatred, *Dosa,* or *paṭigha* is the second unwholesome root, which comprises all kinds and degrees of aversion, ill will, anger, irritation, annoyance, and hostility. When someone encounters an undesirable object, anger or aversion arises. Both depression and fear are also other manifestations of *paṭigha* as they strike or go against nature. Usually, anger is directed toward a powerless person, and fear is created when an influential person does something offensive. When an alcohol or drug user experiences withdrawal discomfort, hatred (*dosa*) rooted consciousness is alternatively in operation with other unwholesome consciousnesses, which leads to depression and disillusionment. On most occasions, alcohol or drug use triggers to behave angrily and break social rules through learning and conditioning.

Issā – Envy has the nature of being jealous of others' prosperity and success. Its function is to be dissatisfied with others' progress and development. It is manifested as an aversion towards that other's progress. Alcohol and drug users develop jealousy and suspicion over their wives and neighbours. They use a large portion of their earnings for alcohol use without sharing it with family members, and they indirectly develop envy against their family members.

Macchariya – Stinginess conceals one's prosperity; contrary to *Issā*, this is subjective. The characteristic of avarice or stinginess is concealing one's success when it could be shared with others. Its function is not sharing someone's resources with others. Alcohol and drug users develop this as a part of their disorder. They allocate money primarily for their alcohol or drug use and evading family responsibilities and household duties.

Kukkucca is worried or remorseful after doing something wrong or not doing any good. It is the state of having done amiss and subsequent regret or grief. Kukkucca is one of the five Hindrances and is used together with Uddhacca. Due to their positive outcome expectancies of alcohol or drugs, users become happy and satisfied until they get their first dose of alcohol or drugs. After imbibing the first dose of alcohol, they start to feel the discomfort of alcohol use, although they do not report it to the group. They have to pretend and show that they are enjoying, with all the feeling of discomfort. However, behind the mind, they regret and grieve about their alcohol or drug use. This is one way of worry or remorse *kukkucca* operates with alcohol use.

Sometimes without *lōba* or *dōsa cētasika,* individuals use alcohol for no specific reasons, just due to their addiction or due to peer pressure, with *Upekkhā-sahagataṃ vicikicchā-sampayuttaṃ ekaṃ* (suspicious mind) or *Upekkhā-sahagataṃ uddhacca-sampayuttaṃ ekaṃ*.

Doubt (*vicikicchā*): Doubt here signifies spiritual doubt, the inability to place confidence in the Buddha, the Dhamma including Causal Relations and Four Noble Truths, the Sangha, and the threefold training of *sīla samadhi and paññā*. Doubt (*vicikicchā)* makes someone incapable of deciding and hinders the path to liberation from alcohol and drugs. Most clients seeking treatment have a deeply ambivalent attitude towards any change process. They entered with minds divided, partly wanting to change and partly not wanting to and deeply frightened at the expected change. This fear of change, fear of freedom and grasping at alcohol or drugs create anxiety. Doubt reduces the self-efficacy of the drug user in his recovery process.

Most of the time, individuals drink alcohol or take drugs not because they want to use them but due to the fear of others in the drinking setting that they may reject them from friendship if they don't participate in the drinking session. Others may think the same way, but the drinking process continues without anyone's proper intention. In such situations, *moha mūla cittas* may be in operation. Uddacca or restlessness may probably lead to such conditions as no one knows why they are drinking.

Buddhism discusses sins or unwholesome acts. Some individuals are with the idea that alcohol use is not a sin or unwholesome act, but it leads to committing sins or unwholesome acts. With the above citta analysis, it is very well understood that someone uses drugs or alcohol with unwholesome or *akusala cittas* and not with wholesome or *kusalā cittas*. This kind of analysis of consciousness about alcohol and drug use may be helpful when planning the treatment process.

According to Buddhist psychology, alcohol and drug dependence is a psychological illness or *cētasika roga*. In Roga Sutta of Aṅguttara Nikāya Buddha, we introduced two types of illnesses: bodily and mental illnesses.
'*Dveme, bhikkhave, rogā. Katame dve? Kāyiko ca rogo cetasiko ca rogo…Te, bhikkhave, sattā sudullabhā lokasmiṃ ye cetasikena rogena muhuttampi ārogyaṃ paṭijānanti, aññatra khīṇāsava*.
But apart from those whose taints have been destroyed, it is hard to find people in the world who can claim to enjoy mental health even for a moment. *Khīṇāsava* means the individuals who have destroyed taints and refers to Arahants. Besides Arahants, all ordinary people (*putujjana*) are subject to psychic abrasions. The word *Khīṇāsava* is made up of two words: Khīṇa means eradication, and āsava typically means an intoxicating substance, which refers to cankers or taints. DN Saṅgītisutta explains three types of āsavas (*tayo āsava*): Sensual desire (*kāmāsavo*), attachment to existence (*bhavāsavo*), and ignorance (*avijjāsava*). *Niddesapāḷi* has added another one, the wrong view (*diṭṭhāsava*).

Regarding alcohol and drug use, sensual desire (*kāmāsavo*) means the attachment to five objects of sensual pleasures (*pañcakāmaguṇiko rāgo*) such as the visible form, sound, smell, taste, and texture of alcohol types or drugs. This sensual desire (*kāmāsavo*) can be expressed as lust, craving, gratification, or delight towards alcohol and drugs. When using alcohol for some time, a relationship between alcohol and an individual ventures and automatically creates an attraction. Some people become happy and delighted at the mere sight of unopened whiskey or wine bottles. People keep alcohol bottles in a cabinet in a decorative manner. These examples show the attachment to the sight of alcohol or drugs. Some individuals are attached to the specific type of aroma of alcoholic beverages. Attachment to the taste is evident in wine-tasting culture, which turns to wine snobbery. Mostly, beer is bitter, and hard liquor tastes terrible on the tongue, though individuals pretend that they enjoy the taste and then get attached to it. When someone imbibes alcohol or takes drugs, what he feels in the head, stomach, or total body is rather unpleasant. Some individuals have developed an attachment to this dull, intoxicated feeling. These five attachments can be interpreted as sensual desire (*Kāmāsava*). This attachment leads to the compulsion (*ajjhosāna*) of alcohol and drug use. Careful examination with mindfulness will reveal that having this sensual desire for alcohol or drugs is nothing but an illusion, and alcohol or drugs cannot produce in reality what the user expects.

At the mundane level, addiction to any substance can be understood through attachment to existence (*bhavāsavo*). Alcohol, heroin, or any drug addict has the will, liking, or desire to become a dependent person on that substance and to behave like a person with an addiction. Addiction is mainly a mental state rather than physical, created by an individual to a substance like alcohol, cannabis, or heroin or a behaviour such as gambling through intense greed (*abhijjha*) and desire (*chanda*). After some time with the habitual use of alcohol or drugs, the individual creates an existence (*bhava*) as a drug addict, or the individual becomes a drug addict.

Bhavāsava as addiction

The conventional belief about heroin or any other drug is that they are chemicals that are naturally addictive. In the present times, when heroin is generally perceived as a chemically addictive substance, it is worth examining to what extent the chemical qualities in heroin are addictive. Broadly defined, addiction is the tendency to engage in a particular behaviour continuously. In standard terms, this is known as a habit. People engage in many things in their day-to-day lives out of habit, for example, learning to exercise regularly, eating certain types of food, enjoying a particular status of power, and even engaging in habits that are not generally acceptable, such as gambling or betting on races. When looking at these habits, it is noticeable that they do not occur due to the chemical effect of a substance on the body. Instead, they are learned.

If one becomes accustomed to a particular habit, the inability to engage in the habit would undoubtedly cause significant discomfort. For example, a woman in the habit of performing a religious ritual daily at a particular time would feel very uncomfortable if, for any reason, she was unable to do so. This feeling is not generated by the religious ritual but rather by the mental conditioning that creates a deeply rooted bond between the woman and her habit. A man who gambles or bets on races daily would feel uneasy if he cannot engage in betting. A person who exercises daily would feel uncomfortable if they cannot do so even for a day. The leading cause for this discomfort is the mental bond they have formed with this habit (*bhavāsavo*) over time. Similarly, a person who has become accustomed to a certain status of power, such as a parliament or minister member, would feel depressed once deprived of that power due to the bond they have formed with power.

These behaviours become compulsory and ritualistic (Sīlabbataparāmaso) not because of their innate qualities but because of the habit of engaging in them regularly. However, experiencing discomfort at being unable to engage in a regular habit could cause several chemical changes within the body. This is due to the thought process itself, as it is known that thoughts could trigger chemical responses. For instance, for a person who exercises daily, physical exercises eventually become a regular, compulsory part of their life. If the person is unable to perform their usual exercises on a particular day, they could feel uncomfortable both mentally and physically, feel lazy to perform other tasks or experience different forms of uneasiness even though the same person may not have experienced such discomfort when not exercising before they developed this particular habit. Such a change in reaction could be the result of chemical changes that occurred within the brain as a result of the development of the habit.

In this way, the long-term habitual use of alcohol, heroin, or any other drug would, if stopped, result in the user experiencing several difficulties, which include the fear of death, uncontrollable defecation, severe physical pain, extreme depression, irritability, inability to concentrate, and loss of appetite. These are partly because, over an extended period of use, alcohol, heroin, or the drug becomes a regular and integral part of the life of the user, and they form a deep psychological bond with the substance and the habit of using it. We can then understand that the gradual reduction of this psychological bond (*bhavāsavo*) would significantly reduce the difficulties experienced by the user when breaking from the habit of heroin or drug use, making it easier to leave the habit altogether.
Notably, the difficulties experienced by those breaking from the habit of compulsive gambling are similar to those reported by former heroin users. However, heroin use poses the possibility of having some unpleasant chemical effect on the body, and gambling does not. Heroin or drug users who have temporarily quit their drug use without eradicating the attachment to the substance also show a tendency

to revert to their old habits at all costs, regardless of all taboos and obstacles. If they are unable to do so due to strict restrictions, their reactions could be extreme, to the extent that they feel intense physical pain, fear, depression, insomnia, and even suicidal thoughts. All these are mind-made and occur due to the attachment to existence (*bhavāsavo*) as a drug user or to the drug-using lifestyle. This is the craving for being an addict.

Tolerance as a mind-made phenomenon through *Bhavāsava*

The prolonged use of alcohol, heroin, or any other drug eventually leads to a gradual increase in the quantity of the substance a person takes daily. A person who starts using one packet of heroin a day would, with time, increase the amount of heroin used at each session to two packets, continuing to increase the quantity of heroin they use gradually. The traditional explanation for this tendency is that when the body is exposed to a specific chemical, it progressively gets accustomed to it and develops a tolerance. Though this reasoning provides a solid explanation for heroin addiction, it may not be adequate to work from within this framework when conducting activities to prevent its use. Several experiments have also revealed that in this situation, the tolerance towards heroin is more a result of a change in the state of mind rather than of any physical changes within the body that result in the development of tolerance. This conclusion can be arrived at not only through scientific experiments but through observations in day-to-day life as well.

For example, as discussed in previous paragraphs, a man in the habit of gambling or betting on races would gradually increase the amount of money he gambles over some time. If he initially makes a bet of Rs. 500/-, he would gradually increase this amount to Rs. 1000/- or 2000/-, and given more time, even this amount of money would be insufficient so that eventually, he making bets of amounts as low as Rs 500/- or 700/- would be unthinkable. He would even go to the extent of selling his property to raise money to meet his needs. This behaviour is by no means the result of a chemical change in his body.

Similarly, those who engage in physical exercises daily would gradually increase the strenuousness of their exercises. Those who jogged half a mile at first would gradually increase the distance to 3, 4, or 5 miles, and when they did so, jogging for half a mile would no longer bring the same amount of satisfaction that it used to, even though it was initially sufficient. Here, too, the reason to get accustomed to more strenuous exercise is more the result of a psychological bond (*bhavāsavo*) formed in connection to it rather than a physical effect of the training itself. Our minds are not satisfied with what we have but always demand more.

The above examples make it possible to understand that just as with other habits, those who become accustomed to heroin use would gradually increase the dosage of the substance taken at each session. This occurs not mainly because their bodies develop a certain tolerance but because they need it more. Heroin consumption, which was once a random act, then gradually becomes normalized, developing into a compulsion, a habit to which users become firmly attached. This is nothing but self-created suffering.

Ignorance (*avijjāsava*) of Alcohol and Drug Use

In the Aviṭjjā sutta (AN 45.1), Buddha said, "Monks, ignorance is the leader in attaining unskillful qualities, followed by lack of conscience & concern. In an unknowledgeable person immersed in ignorance, a wrong view arises. In one of the bad views, the wrong resolve occurs. In one of the wrong resolves, … the improper action occurs. Alcohol and drug use is a wrong action resulting due to the ignorance of the user regarding alcohol and drugs. They do not know the actual harm of alcohol and drug use. They are ignorant of how alcohol and drugs impair happiness, and how any amount of alcohol use is non-beneficial. As discussed, the proximate cause of alcohol and drug-related suffering is craving (*tanhā*), and *Avijjā* is the distant cause of the same suffering from alcohol and drugs. Therefore, for the

eradication of craving for alcohol and drugs, realising the proper knowledge about alcohol and drugs is an important initiative as it turns to the liberation of knowledge (*vijjā vimutti*) of alcohol and drugs. According to Avijjā Sutta, five hindrances (*pañca nīvaraṇāni*) are the nutrients or food (*āhāra*) for ignorance (*avijjā*). These five hindrances are;

1. Sensory desire *(kāmacchanda)*
2. Aversion *(vyāpāda)*
3. Sloth and torpor *(thīna-middha)*
4. Restlessness and Remorse *(uddhacca-kukkucca)*
5. Doubt *(vicikicchā)*

These five hindrances are compared and explained in a metaphor of someone looking at his reflection in a water-filled ball.

1. sensory desire*(kāmacchanda)* is like water with dye in it, which discolours the perception;
2. aversion *(vyāpāda)* is like boiling water, which puts someone at risk of burning
3. sloth and torpor (*thīna-middha*) are like water over which algae grow, causing stagnation;
4. restlessness and remorse (uddacca- kukkucca) are like water that is swept up by strong winds that sway back and forth;
5. Doubt (vicikicca) is like a murky, muddy water that is obscuring sight.

According to Samma Diṭṭhi Sutta (MN- 9), ignorance is the non-knowledge of the Four Noble Truths. When applying this principle to alcohol and drug use, it could be understood as

a. Non-comprehension of the suffering from alcohol and drugs,
b. Non-comprehension of the cause of this suffering, which is the craving for alcohol and drugs
c. Non-comprehension of the way of cessation of suffering from alcohol and drug use, which is no realization of the emptiness, unpleasantness and uselessness of substances
d. Non-comprehension of the path leading to the cessation of alcohol and drug use

This ignorance about alcohol and drugs can be expressed as non-understanding, non-awakening, non-enlightening, absence of wisdom, lack of insight, or delusion about substances.

Wrong view (*diṭṭhāsava*) of Alcohol and Drugs

A wrong view (*diṭṭhāsava*) is an ideological fixation or belief pattern someone holds over an object or phenomenon. Alcohol and drug users have a stereotypical thinking pattern about their drug use. These ideological fixations are not supported by empirical evidence but by speculations developed over their wrong social learnings. Based on these false views, individuals develop expectations of alcohol, tobacco, heroin, cannabis, and other drug use.

Many experiments done in the West also have confirmed that the wrong view (*diṭṭhāsava*), wrongly held expectations, or belief patterns on alcohol and drugs are the leading cause of drug addiction. According to Goldman et al. (1990), the effects of alcohol are determined more by the learned expectations of alcohol than by the biochemistry of the substance. Goldman et al. (1990) define alcohol expectancy as information that reflects the reinforcement value of alcohol stored in the mind as memory templates that can later influence alcohol use. The data thus stored could take several forms, including language-based information such as words, phrases, and statements related to alcohol and other information that are not language-based. Marlatt and Rohsenow (1980) state that many of the effects of alcohol are the result of individual expectations rather than the pharmacological effects of the substance. This is especially true of occasions on which alcohol is consumed in small quantities. Darkes and Goldman (1993) conducted an experiment to measure the effects of alcohol on two groups of subjects, one of which was given the actual drug ('drug treatment group'), and the other which was given a

placebo ('non-drug group') and led to believe that the placebo was actual alcohol. Scores were given to each group based on the extent to which subjects showed the effects of the substance they had consumed. When compared, the scores of both groups showed very little difference between them. In another study, a sample of university students was divided into two groups. One was given a substance that closely resembled alcohol but contained no alcohol, and the other was given actual alcohol. It was observed that both groups of students showed similar behaviour regardless of whether or not they had consumed alcohol (MacAndrew and Edgarton, 1969).

Other studies further confirm that expectancies related to alcohol are primarily responsible for the behaviour following the use of alcohol. For example, MacAndrew and Edgerton (1969) are of the view that cross-cultural studies are an essential means to isolate the pharmacological effects of alcohol from those of alcohol-related expectancies. They state that expectations of alcohol or alcohol expectancies are developed as a result of observing how others react to alcohol and its use. The behaviour observed could vary from person to person and culture to culture, so the effects of alcohol differ considerably throughout the world. Lant et al. (1975) and other researchers demonstrate that the expectancies of individuals on alcohol influence aggressive behaviour more than any other type of behaviour.

The above studies reveal that the motivation to consume or not to consume alcohol in a given individual at a specific time and place very much depends on the expectancies that the individual holds concerning alcohol. The expectancies of alcohol could, therefore, be considered the most critical factor in determining the final pathway to alcohol consumption. Though the expectancies that control and influence alcohol use are shared among all alcohol users, these expectancies, unlike many uncontrollable factors, could be modified and changed. Thus, the prevention and treatment of alcohol and drug dependence should be geared towards challenging and changing the alcohol or drug-related wrong view (*diṭṭhāsava*) or positive outcome expectancies of alcohol and drugs.

Thoughts of liberating from Alcohol and Drugs

When someone is refraining from alcohol or drugs or thinking of liberating themself from alcohol and drugs, the intentions are skilful and wholesome so that the acts and thoughts are wholesome and resulting good results. For that moment, their attachment or cravings for the substances are at least temporarily suppressed (*tadanga pahāna*), and their minds get purified. According to Buddhist psychology, when an individual refraining from using alcohol or drugs or any alcohol or drug user contemplates liberating his mind from alcohol or drugs in an alcohol or drug-promoting environment such as Sense-Sphere (*kāmāvacara lōka),* he may mainly act with eight Sense-Sphere Wholesome Consciousness (*kāmāvacara-kusalacittāni*).

Sense-Sphere Wholesome Consciousness (*kāmāvacara-kusalacittāni*) are as follows;

1. Consciousness, accompanied by joy, associated with knowledge, unprompted. *Somanassa-sahagataṃ ñānasampayuttaṃ asaṃkhārikam ekaṃ*

2. Consciousness, accompanied by joy, associated with knowledge, prompted. *Somanassa-sahagataṃ ñānasampayuttaṃ sasaṃkhārikam ekaṃ.*

3. Consciousness, accompanied by joy, dissociated from knowledge, unprompted. *Somanassa-sahagataṃ ñānavippayuttaṃ asaṃkhārikam ekaṃ.*

4. Consciousness, accompanied by joy, dissociated from knowledge, prompted. *Somanassa-sahagataṃ ñānavippayuttaṃ sasaṃkhārikam ekaṃ.*

5. Consciousness, accompanied by equanimity, associated with knowledge, unprompted. - *Upekkhā-sahagataṃ ñānasampayuttaṃ asaṃkhārikam ekaṃ.*

6. Consciousness, accompanied by equanimity, associated with knowledge, prompted.
Upekkhā-sahagataṃ ñānasampayuttaṃ sasaṃkhārikam ekaṃ.

7. Consciousness, accompanied by equanimity, dissociated from knowledge, unprompted.
Upekkhā-sahagataṃ ñānavippayuttaṃ asaṃkhārikam ekaṃ.
8. Consciousness, accompanied by equanimity, dissociated from knowledge, prompted.
Upekkhā-sahagataṃ ñānavippayuttaṃ sasaṃkhārikam ekaṃ.

To better understand the functions of the above eight consciousness (*mahā kusala cittas*), it is essential to analyse the 25 wholesome or beautiful mental factors (*cētasikas*) associated with these cittas.

The Beautiful Mental Factors—25 (sobhanacetasika)

There are 25 Beautiful Mental Factors (*Shobhana cētasikas*), which may be divided into four subgroups.

1. *Sobhana sādhārana* – (19) those invariably present in all *sobhana cittas*.
2. *Virati* – (3) those connected with abstinence from immoral actions, speeches, and livelihood.
3. *Appamaññā* – (2) those connected with 'Boundless states.
4. *Paññindriya* – (1) that is connected with wisdom or insight.

The universal, beautiful factors (*sobhana sādhārana*)

1. Confidence (*saddhā*): *Saddhā* is well-established confidence or faith in the Buddha, the Dhamma including Causal Relations and Four Noble Truths, the Sangha, and the threefold training of *sīla samadhi and paññā.* When *saddhā* associates with the *citta*, all the defilements, such as *lobha, dosa*, and *moha*, disappear, resulting in the purifying (*sampasādana*) of the mind. This *Saddhā* is not blind faith or belief but confidence based on wisdom. It professes confidence in and trust with a sense of assurance based on knowledge and understanding. In the alcohol and drug treatment setting, *saddhā* can be interpreted as self-efficacy, the confidence the individual has in the liberation process from alcohol or drugs. Developing confidence (*saddhā*) in the individual's ability to quit and liberate from drug use is an integral part of the treatment process. The strength of the self-realization that alcohol and drugs are unpleasant (*appanīhita*), useless (*animitta*), and empty (*suññata*) is also could be defined as confidence (*saddhā*), and this self-realization is a gradual process.

2. Mindfulness (*sati*): Mindfulness or attentive awareness (*sati*) is the presence of mind or bearing in mind over the sense object and attending to it nonjudgmentally, without having any attributions and biases. It has the characteristic of steadiness and not floating away (*apilāpana*) from the object, not letting things go unnoticed and resulting in a strong perception (*thirasaññā*). It is the opposite of superficiality and obliviousness. If one is mindful of the six sense-doors to note what is observed, it can stop defilements from entering the mind so that *sati* is manifested as guardianship. This unbiased, non-judgemental observation has to be developed first and then applied to observe alcohol or drugs in the treatment process. When someone follows the alcohol and drug use experience mindfully with *sati*, with effort (*viriya*) and wisdom (*sampajañña*), he will develop the self-realization that alcohol and drugs are unpleasant (*appanīhita*), useless (*animitta*) and empty (*suññata*).

3. Shame (*hiri*): Hiri is the presence of disgust and shame at bodily, mental, or verbal misconduct, a status of having moral shame. When an alcohol or drug user understands how he got deceived and fooled by the alcohol or tobacco industry or by the drug mafia, he should be ashamed of using alcohol or drugs and refrain from using such substances. With the improved understanding, he may realize that alcohol or drug use is not beneficial but rather unpleasant and dull, and anyone who uses alcohol or drugs is nothing but a fool.

4. Fear of wrongdoing (*ottappa*): Fear of wrongdoing (or moral responsibility) is the presence of dread of committing bodily, mental, or verbal misconduct. This occurs due to respect for self and others. In the process of recovery from alcohol or drug use, the individual's contemplation of financial outlay and health consequences of alcohol and drug use and how his use hiders his progress in his life develop this ottappa for using alcohol or drugs. Generating fear and disappointment of becoming an addict will always help the individual to quit and be free from substance use.

5. Non-greed (*alobha*); Non-attachment to sense objects and greedlessness are the main characteristics of *alobha*. This positive virtue involves generosity without expecting personal benefits, active altruism, and renunciation. Non-adhesion to an object is its chief characteristic. As attachment or greed (*lobha*) is the cause of suffering, the non-greed or detachment leads to the end of suffering. When an individual is abstaining from alcohol or drug use with his own will, his cravings for the substances at least temporarily get suspended. His developed detachment or renouncing attitude (*nekkhamma sankappa*) from alcohol or drugs will liberate his mind from alcohol or drugs.

6. Non-hatred (*adosa*): Non-hatred has the characteristic of lack of ferocity or non-opposing. It is not a mere absence of hatred or aversion but has positive virtues such as mildness, friendliness, gentleness, and forgiveness. It removes annoyance and brings peace to the mind. When developed, it appears as the sublime quality of loving-kindness (*mettā*), promoting living beings' welfare without selfish affections. Alcohol or drug use is a self-harming act, and it harms the drug user's close family members and society at large. Therefore, developing *mettā* is a part of the treatment process. Once *adosa* is developed, people can remove their withdrawal discomfort easily and permanently.

7. Neutrality of mind (*tatramajjhattatā*): *Majhattatā* means middleness. *Tatramajjhattatā* is the impartial view of objects that keeps the mind in the middle of everything. It is not the neutral feeling of *Upekkhā* but the mental attitude of balance, detachment, and impartiality. As Bhikkhu Bodhi mentioned in the Comprehensive Manual of Abhidhamma, when developed, the neutrality of the mind becomes the sublime quality of equanimity towards living beings. As such, it treats beings free from discrimination, without preferences and prejudices, looking upon all as equal.
Alcohol or drug users use alcohol or drugs when they are happy or sad, to be active or relaxed, when they win or when they lose, so any extreme event could be a trigger for using alcohol or drugs. Developing *tatramajjhattatā* is a vital intervention to control and manage the triggers and develop calmness in the mind.

8 & 9. Body- tranquillity (*Kāya-passaddhi*) and Mind- tranquillity (citta passaddhi); Passaddhi is tranquillity, calmness, quietude, or serenity; therefore, kāya-passaddhi is the tranquillity of mental factors of mental concomitants. It is the tranquillity of the body of mental factors—namely, *Vedanā* (feeling), *Saññā* (perception), and *Sankhāra* (mental states). Citta-passaddhi is the tranquillity of mind or consciousness. They were described in pairs because they occur together, and together, they oppose their opponents. Developing Body- tranquillity (*Kāya-passaddhi*) and Mind- tranquillity (citta passaddhi) will be essential to overcome the withdrawal discomfort and restlessness in the recovery process. This could be improved through Samadhi meditation.

10 & 11. Body Lightness (*Kāya-lahutā*) and Mind Lightness (*Citta-lahutā*); Lahutā means buoyancy or lightness, so body lightness (Kāya-lahutā) suppresses the heaviness of the mind and mental factors, and mind lightness (Citta-lahutā) hides or subsides the heaviness of consciousness. *Kāya-lahutā* and *citta-lahutā* are opposed to *thīna* and *middha* (sloth and torpor), which cause heaviness and rigidity in mental factors and consciousness.

12 & 13. Body Malleability (*Kāya-Mudutā*) and Mind Malleability (*Citta-Mudutā*); Mudutā is the suppression of stiffness and resistance in the mental body and consciousness. Body Malleability (*Kāya-Mudutā*) subsides the rigidity (*thambha*) in the mental factors, and Mind Malleability (*Citta-Mudutā*) subsides the rigidity in the consciousness. When challenging the conventional wisdom and wrongly

held beliefs about alcohol and drugs, developing Body Malleability (*Kāya-Mudutā*) and Mind Malleability (*Citta-Mudutā*) is a necessary intervention.

14 & 15. Body Wieldiness (*Kāya kammaññatā*) and Mind Wieldiness (*Citta kammaññatā*); Kammaññatā means workableness or serviceableness so that it is a state of being easily handled of mental factors and consciousness. In achieving a liberated mind from alcohol or drugs, one has to work with his mind and mental factors through the process of threefold training (*trishikshā*), sīla, samadhi, and paññā. The individual has to think out of the box and turn the unwholesome thinking (*vitakka)* into wholesome thinking (*vitakka)* in the mind, as explained in Paṃsudhovaka Sutta (MN), firstly removing gross defilements and then the subtle defilements. Then, the mind becomes workable without being too soft or rigid, just as gold to work on so that one can apply oneself to *kusala* with confidence and patience. Wieldiness is the opposite of the "hindrances", such as sensual desire (*kāmacchanda*) and anger or hate (*vyāpāda*), which cause mental unwieldiness.

16 & 17. Proficiency in mental factors (*cētasikas*), *kāya pāguññatā,* and proficiency in consciousness *citta pāguññatā.* According to the Dhamasangani (par 48, 49), this pair of *cētasikas* consists of fitness, competence, and efficiency. *Pāguññatā* is fitness, competence, or efficiency in the performance of wholesome deeds (*kusala*). The Atthasālinī (I, Book I, Part IV, Chapter I, 131) explains that the proficiency of *cētasikas* and *citta* suppresses mental illness and that they are the opponents of the corruptions, such as shyness, which cause mental illness. Cognitive proficiency helps to sustain a healthy and skilful mind that creates psychological efficiency. When an individual uses alcohol or drugs, his proficiency in cētasikas, *kāya pāguññatā,* and proficiency in consciousness *citta pāguññatā* become lowered and delays his judgments. Long-term use of alcohol makes this psychological delay a habit that leads to heedlessness (*pamada*). Therefore, in the treatment process, improving *kāya pāguññatā* and *citta pāguññatā* is a vital component.

18 & 19. Uprightness of mental factors (*cētasika*), *kāya-ujukatā,* and uprightness of mind (*citta*), *citta-ujukatā.* They refer to the uprightness or straightness in the mental concomitants and the consciousness, respectively. According to the Dhamasangani (par 50, 51), this pair of *cētasikas* consists of straightness and rectitude without deflection, twist, or crookedness. Thus, they are opposed to crookedness, deception, and craftiness due to illusion or deceit (*māyā*) and treachery (*sāṭheyya*). Alcohol or drug users live in an elusive world created around alcohol, cannabis, heroin, or other drugs. They employ treachery and many cunning methods to deceive others and get money for drugs. In rehabilitation, they must improve straightforwardness and assertiveness by developing *kāya-ujukatā* and *citta-ujukatā* as a part of their cognitive transformation.

20, 21 & 22. Three abstinence (*virati cētasika*): These are the mental factors that are responsible for deliberately abstaining from wrong conduct by way of speech, action, and livelihood. They are:

• abstinence from wrong speech, *vaci-duccarita virati* – Right speech (*Sammā vācā*)

• abstinence from the wrong action, *kāya-duccarita virati* - Right action (*Sammā Karman*)

• abstinence from wrong livelihood, *ājīva-duccarita virati* – Right livelihood (*Sammā ājīva*)

Abstaining from alcohol or drug use is also a wholesome act. However, there is no specific *cētasika* allocated to it, but it comes under *kāya-duccarita virati* - Right action (*Sammā kammanta*). Selling alcohol or drugs is a prohibited trade in Buddhism, and refraining from selling alcohol or drugs is a link to the right livelihood (*Sammā ājīva*). This abstinence is achieved in three ways;

Natural abstinence (*Sampatta virati)* – Due to *hiri ottappa* or other wholesome *cētasikas* with good intentions, abstinence from evil deeds such as using *alcohol* or drugs.

Abstinence as a policy or by undertaking precepts (*Samādāna virati*)—Some individuals abstain from using alcohol or drugs as a policy or because they have observed five precepts (*pañca sīla*).

Abstinence by eradication (*Samuccheda virati*) – When individuals eradicate relevant defilements, they maintain abstinence from the connected evil deeds. When the mind is liberated from all the attachments

and cravings towards alcohol or drugs, they do not use them as they do not find any good reason to engage in such activity.

23 & 24. The illimitables (*Appamaññā*): Compassion (*karuṇā*) and Appreciative joy (*muditā*);

Compassion (*karuṇā*): *Karuṇā* is the mental factor that promotes the removal of suffering in others and accompanies *kusala citta* only when there is an opportunity for them. As Visuddhimagga explains, compassion (*karuṇā*) is characterized as promoting the aspect of allaying suffering. Its function resides in not bearing others' suffering. It is manifested as non-cruelty. Its proximate cause is to see the helplessness in those overwhelmed by suffering. It succeeds when it makes cruelty subside and fails when it produces sorrow. Alcohol or drug users spend their money selfishly on their drug use. They evade family responsibilities covering their alcohol or drug use. Developing *karuṇā* by contemplating the pitiful state of their family members, such as mothers, children, or wives and engaging in household work will be an easy first step in their path to recovery.

Appreciative joy (*muditā*): *Muditā* is the mental factor of appreciating someone else's good fortune. This is not a feeling but being glad and unenvious, opposing jealousy. Alcohol or drug addicts develop a condition of pathological jealousy, and developing *muditā* is a way to overcome those difficulties.

25. Non-delusion (*amōha or paññа*); *Paññā, Ñāna*, or *Amōha* are the three words most used to explain this mental factor which exercises predominance over other mental factors in comprehending things, understanding the fundamental nature of things, so it is called the faculty of wisdom (*Paññindriya*) or the faculty of knowledge. Alcohol or drug users are deluded about alcohol and drugs, and developing wisdom (*paññа)* is the final path to liberating the mind from alcohol and drugs.

It could be identified as 12 specific essential wisdom or knowledge (*Ñāna*) that must be developed to liberate the mind from alcohol. There can be more. These *Ñānas* are as follows;

01. Understanding (*ñāna*) that alcohol does not help to relax but increases tiredness (no *cittekaggatā* but *uddacca)*
02 Understanding (*ñāna*) that alcohol does not allow one to forget problems but aggravates problems. – (*jaṭāya jaṭitā pajā*.)

03 Understanding (*ñāna*) that one feels in the body after using alcohol is unpleasant. – (*dukkha and dōmanassa*)
04 Understanding (*ñāna*) that alcohol impairs happiness. – (*dukkha* or *appanīhita*)
05 Ability (*ñāna*) to see alcohol and pleasure separately. (*surā- sōmanassa*)
06 Understanding (*ñāna*) that alcohol-induced misbehaviours are done with reasonable volitional control. (with *Domanassa-sahagataṃ, paṭighaasampayuttaṃ, asankhārikam ekam)*
07 Understanding (*ñāna*) to identify alcohol promotions.
08 Immune (*ñāna*) to alcohol promotional social learnings.
09 Understanding (*ñāna*) of gender neutrality after deconstructing masculinities and femininities. – (overcoming *atimāna/hīnamāna*)
10 Understanding (*ñāna*) of dependence (habit formation) as a psychological issue (*mano pubbangamā dhammā*)
11 Understanding (*ñāna*) with confidence that one can definitely quit alcohol use. (Self-Efficacy – *Saddhā*)
12 Ability (*ñāna*) to see the comfort (*pīti, sukha*) of leaving alcohol use.

Four Noble Truth Analysis of Alcohol and Drug Use

The Four Noble Truths comprise the essence of Buddhist teaching that encapsulates the path to liberation. These four truths are called Noble as they deal with reality and help release individuals from suffering. In three successive suttas of the Sacca-saṃyutta (SN 56.7–10), it is said that things that one should 'think (*vitakkeyyātha*)' about, 'reflect (*cinteyyātha*)' about, and talk about when one does think,

reflect, and talk is: "'This is dukkha" … "This is the origin of dukkha" … "This is the cessation of dukkha" … "This is the way going to the cessation of dukkha"'.

Those Four Noble Truths are;

I. The Truth of Suffering (*Dukkha*) – there is suffering
II. The Truth of the Cause or Arising of Suffering (*Samudaya*) – there is a cause for suffering
III. The Truth of the Cessation of Suffering (*Nirodha*) – Suffering has an end.
IV. The Truth of the Path Leading to the Cessation of Suffering (*Magga*) – there is a path to that end of suffering.

To have a better understanding of alcohol and drug-related problems and suffering, their cause and their cessation, the Four Noble Truths analysis could be used with the guidance of Buddhist psychology.

***Dukkha* of Alcohol and drugs (suffering)**

In Dhammacakkappavattana Sutta, the Buddha explains the suffering (*dukkha*) as follows;

Idaṃ kho pana, bhikkhave, dukkhaṃ ariyasaccaṃ: jātipi dukkhā, jarā·pi dukkhā, byādhi·pi dukkho maraṇam·pi dukkhaṃ, appiyehi sampayogo dukkho, piyehi vippayogo dukkho, yampicchaṃ na labhati tam·pi dukkhaṃ; saṃkhittena pañc·upādāna·k·khandhā dukkhā.

"Now this, monks, is the Noble Truth of dukkha: Birth is dukkha, ageing is dukkha, sickness is dukkha, and death is dukkha; sorrow, lamentation, pain, grief, and despair are dukkha; association with the unbeloved is dukkha; separation from the loved is dukkha; not getting what is wanted is dukkha. In short, the five clinging aggregates are dukkha.

Jātipi dukkhā (Birth is *Dukkha*): When someone starts to use alcohol, tobacco, or drugs, it develops a dependency in the individual, and he will be bone as an alcohol or drug-using or dependent person. This second birth starts his process of self-inflicted suffering from alcohol or drugs. Once the dependence is developed, whether he is an occasional user or a habitual user, a party or event that he enjoyed without using alcohol or drugs now becomes dull without alcohol. His money is drained for drug use, and he encounters financial difficulties. Therefore, his becoming an alcohol or drug user is itself suffering from *Jātipi dukkhā*.

Jarāpi dukkhā (Aging and decay are *Dukkha*): When someone starts using alcohol, tobacco, or drugs, with the continuation of the use, his appearance becomes older than his age. His appearance becomes uglier, and his body functioning becomes weaker. This physical and mental weakness leads to the suffering of *Jarāpi dukkhā*.

Byādhi·pi dukkha (Becoming ill is *Dukkha*): Alcohol, tobacco and illicit drugs have been linked to a greater likelihood of developing a chronic disease or worsening the symptoms of an existing chronic disease. For example, drinking alcohol leads to an increased risk of cardiovascular disease because regular drinking can lead to an increased heart rate, high blood pressure, weakened heart muscle and irregular heartbeat. This can then result in a heart attack or stroke. Alcohol has also been linked to various cancers, such as liver, stomach, or bowel cancer. In addition, alcohol is also a risk factor for liver disease, including alcoholic hepatitis, alcoholic cirrhosis and fatty liver.

Tobacco use has also been linked to many chronic diseases. Cigarettes contain several harmful chemicals which have been connected to various chronic diseases, including cardiovascular disease (heart attack and stroke), cancer (of the lungs, mouth, lips, throat, stomach, liver, pancreas, kidney and bladder), lung disease (asthma and bronchitis) and type 2 diabetes. The use of some illicit drugs has also been linked to an increased likelihood of developing a chronic disease. For example, cannabis use leads to lung disease/heart disease, and stimulants such as amphetamines or cocaine develop heart attack, stroke or endocarditis.

Maraṇam-pi dukkhaṃ (Death is *Dukkha*): In Sri Lanka, with a population of twenty million, around 40000 people die every year due to alcohol, tobacco and drug use, and most of them are men. This makes nearly 35000 women become widows, and almost 65000 children become fatherless. According to World Health Organization (WHO) reports, worldwide, 3 million deaths every year result from the use of alcohol; this represents 5.3 % of all deaths. The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people a year across the globe. More than 7 million of those deaths are the result of direct tobacco use, while around 1.2 million are the result of non-smokers being exposed to second-hand smoke. All these deaths bring suffering to the individual and beloveds, which could be interpreted as *Maraṇam-pi dukkhaṃ.*

Appiyehi sampayōgo dukkha (Association with the unbeloved is *Dukkha*):

Drug or alcohol users often associate with groups of other drug or alcohol users. They are only gathered together to encourage each other's drug use and not to get their minds free from that use. It is unfortunate and suffering (*dukkha*) to associate with such a group. The friendship between them is not to honestly share sorrows and joys and help each other's development but only for using alcohol or drugs.

Piyehi vippayogo dukkho (separation from the loved is *dukkha*)

Alcohol or drug users usually belong to a family as a father or son. He has many obligations towards the family to his dearest wife and loving children. When he becomes more dependent on alcohol or drugs, his family bond gets loosened, and he is dragged away little by little from his loved ones and towards alcohol and drugs. This separation will be a suffering for the drug user as well as for the family members. The money and time that has to be spent on the well-being of family members now will be spent on alcohol or drugs.

Yampicchaṃ a labhati tam pi dukkhaṃ;(**not getting what is wanted is dukkha**)

Once someone turns to the use of alcohol or drugs, he will gradually follow the habit, and many of the things that he used to enjoy in life will slowly fall away from him. He may avoid talking to relatives or friends except by drinking alcohol at a wedding or party. Because of this, his everyday life will be gradually removed from happiness. Most of the people he associated with in life would be alienated from him due to his alcohol use, and few would be left with only the alcohol or drug users. After developing the craving and attachment for drugs and entering into the being (*bhava*) of a person with an addiction, he is deprived of many of his needs and wants, so he has to live with unsatisfactoriness and with an unfulfilled urge without getting what he wants. Individuals do not get what they expect from alcohol or drug use. This non-occurrence of expected satisfaction brings more suffering and unhappiness.

Reflection on alcohol or drug use suffering

With the above instructions on the first noble truth, Dukkha, individuals attending the treatment sessions can be asked to reflect on how they felt pain, suffering and embarrassment during the period they engaged in drug use.

- They can specifically think about the pain, suffering and unpleasantness they felt and the harmful behaviours and actions they engaged;

a) Before using the substances, especially when getting ready for use, such as finding money and substances, including withdrawal discomfort.
b) While using the substances, how they felt the drug experience in their head, body and stomach.
c) After using the substances

- They can contemplate the other costs and negative consequences in finance, social and family relationships, health, reputation, appearance and sexual relationships.
- They can note how family members and loved ones suffer due to their drug use.
- They can think about the missed opportunities during the drug use period.
  With this analysis, the individual who attends the treatment process will be able to understand that the alcohol or drug-using activity itself is nothing but pain and suffering.

The Truth of the Cause of Alcohol and Drug use related Suffering (*samudaya*)

In Dhammacakkappavattana Sutta, the Buddha expounds the cause of suffering (samudaya) as getting attached to something and craving (*tanha*), the attachment or clinging. It is the clinging for sensual pleasure (*kāma tanha*), craving for becoming *(bhava tanha*) and craving for annihilation (*vibhava tanha*). As discussed in previous chapters, the cause of the alcohol or drug use is craving or attachment created for the drugs. Individuals are not only using substances, but they adore them, crave them and are attached to them. This craving often leads individuals to fixation, obsession, and the delusional belief that they cannot be satisfied and happy without getting the drugs that they crave. This repetitive craving and obsessive drive to satisfy the craving leads to addiction. Until this attractiveness and craving are removed, individuals continue their substance use. The efficacy of the drug treatment depends on removing the cause; therefore, looking at the cause for the arising of drug-related suffering is necessary in the treatment process. We can identify this attachment based on sensual pleasure (*kāma tanha*) when a heroin or cannabis user explains his relationship with those drugs. Following are some such statements expressed by heroin users;

“I cannot think of a life without heroin.”

“Heroin gives me the greatest satisfaction.”

“I will die without heroin.”

“I will do anything to get heroin.”

“Heroin is what I want the most in my life.”

“I feel high when I think about heroin.”

In most of the drug users' lives, what they always crave is the next dose of substances. They are not only using substances but love and adore them. They expect a sense of pleasure through alcohol and drug use and always want another dose, just like a hungry ghost and want more of it. Thus, this thrust is insatiable, constantly seeking substances, and their greed is inordinate. When such a bond is created around substances, it cannot be broken by giving them any medicine, but only through changing cognition can an individual be liberated from this bond.

Many substance users worship the substance that they use, and drug use is ardently followed as a religion. Drug-using behaviour becomes a compulsive ritual and *sīla*. They willingly create an existence as a person with an addiction, and this is a craving for becoming *bhava tanha*. Individuals engage in drug use as a religion think as follows;

“I get the biggest push and support in my life through heroin”.

“Using heroin always makes me calm and quiet.”

“Heroin is my refuge, no any other relief.”

“Heroin use is mandatory”

“I am scared to skip the next heroin dose.”

“My life becomes empty without using heroin.”

“Heroin use is our tradition, culture and habit.”

These drug users contemplate the feeling of wanting to become an addict, caught in a realm of ambition and attainment - the desire to enjoy a drug-use lifestyle. Many become addicted to this lifestyle rather than the drug, and this is *sīlabbataparāmaso*. Alcohol and tobacco industries promote this alcohol or tobacco use lifestyle through their propaganda machine. They target women and the affluent class to market high-end products, promoting exclusive lifestyles with alcohol and tobacco. This temptation to use alcohol, cannabis, tobacco, or other drugs could be explained by a craving for becoming (*bhava tanha*).

Sometimes, drug-using individuals begin to crave to be free from drug use as soon as possible, and when they cannot succeed, they become frustrated and move away from the treatment process. This is the craving for annihilation (*vibhava tanha*). It can be observed that craving for substances is conditioned not only by pleasurable feelings but also by unhappy and unpleasant feelings. The individual in distress with their addiction craves to be rid of it and longs for release and happiness. Drug-using individuals who came to the path of recovery must be made aware that recovery is a gradual process, progressing through virtue *(sīla*), concentration (*samadhi*) and wisdom (*paññ*a).

Reflection on the Cause of Alcohol and Drug-related Suffering

- Individuals engaged in the recovery process could be asked to reflect on their reasons for using the substances.
- They can be asked to mindfully observe whether they got what they expected from those substances.
- Careful examination will reveal that what they got from substance use was somewhat utterly opposite of what they expected.
- They can then come to the self-realization that craving for substance is useless. There is nothing positive or beneficial to desire in alcohol, cannabis, heroin, or any other drug.
- They can note the emotions, sensations, and thoughts that came to their mind when abstaining from the use of substances and identify them as cravings. They can reflect on troubling memories, shame, guilt, grief, and unmet needs behind the craving.
- They can contemplate many positive, beneficial, and wholesome things they had to give up to maintain their drug use. Relationships, financial status, social and legal status, health, and opportunities are some of these things.
- They can consider what made the alcohol or drug use more important than what they had to give up
- They can identify the wrongly held beliefs that fuel the craving and aversion towards alcohol, cannabis, heroin, or other drugs.
- They can concentrate on the wrong behaviours and rituals (*sīlabbataparāmaso*) they engaged in and remove their ignorance of those wrong practices and rituals related to substance use.
- Examining their own clinging for sensual pleasure (*kāma tanha*), craving for becoming *(bhava tanha*) and craving for annihilation (*vibhava tanha*) towards substances and contemplate the futility of these clingings.

The Truth of the Cessation of Suffering (*Nirodha*) from alcohol and drugs

The Third Noble Truth follows a logical sequence of the first two. If there is suffering and a cause of suffering, then it logically follows that eliminating the cause of suffering leads to the cessation of suffering, which is *Nirodha*. Removing the attachment and craving (*taṇhakhyo*) for alcohol and drugs brings the cessation and renouncing of alcohol and drug use, which is a state of mind liberated from alcohol and drugs or *Nirodha* from alcohol and drugs. It is the state of complete cessation of craving for substances. When the attractiveness of the image of alcohol and attachment (*lōba, tanha*) to drugs is eliminated, the mind becomes liberated from those substances. Users are ignorant about alcohol and drugs, and ignorance is not seeing things as they really are. They can understand the reality of substances and have a knowledge and wisdom (*paññā*) of alcohol and drugs as they are (*yatābhūthañaṇa*). The task of Buddhist psychological therapy is to develop a reflective mind to let go of delusion. Only others can help to attain this realization. Still, the individual should comprehend and realise substances' emptiness, purposelessness, and uselessness so that *Nirodha* from substances is within himself and self-realization is attained through reflection and contemplation. The mind that is open to the Four Noble Truths can reflect upon the suffering created by the bondage to alcohol and drugs and develop the natural insight into non-attachment and non-suffering.

In Dhammacakkappavattana Sutta, the first sermon, Buddha expounds on the cessation of suffering: complete cessation (*nirodho*), giving up (*cāgo*), abandoning (*paṭinissaggo*), release (*mutti*), and detachment (*anālayo*) from that craving. All that is subject to arising is subject to ceasing. When the conditions change, the addiction to substances also changes. Therefore, the journey to recovery or *Nirodha* from substance use can be embarked on a positive note that anyone can definitely get out of the substance use. With the giving up of craving for alcohol and drugs, one also gives up suffering from alcohol and drugs, the *Nirodha*, the extinction of suffering. Nirodha is the unconditioned state where wrongly learned concepts about alcohol and drugs are unlearned and deconditioned. This *Nirodha* (from substances) is a blissful state described by the Buddha as *khema* – security, *suddhi* – purity, *paṇīto* – sublime, *santi* – peace and *vimutti* – release.

Reflection on the Cessation of Alcohol and Drug-related Suffering

- What resources, strengths and opportunities someone has to recover from substance use?
- Is using alcohol or heroin uplifting or depressing?
- What does attachment to alcohol or drugs feel like?
- Isn't it an unnecessary misery that someone is caused by attachment to a substance such as heroin?
- Doesn't that non-attachment to drugs lead to non-suffering and happiness?
- List reasons to be confident that you can recover from drug use.
- Do you find any positive or beneficial effects of using alcohol, cannabis, heroin, or any other drug? If there is any benefit, contemplate and reflect on them and understand that they have no beneficial effects.
- Understand that alcohol or drug use is unpleasant even at the optimum levels.

Path to the Cessation of Alcohol and Drug-related Suffering.

In Buddhism, there is the Noble Eightfold Path (*ariya aṭṭhangika magga*), the way out of suffering and to the goal of freedom or liberation. Even the Buddha has trodden this path, which is therefore named the Antient Path. The Noble Eightfold Path is the road map for a person's recovery from addictions, as it contains efficient applications that can be operationalized in daily life. This Path is also sometimes called the 'Middle Way' because it advocates a lifestyle that avoids both self-mortification and

hedonism, and it guides moral conduct and cognitive behavioural changes, not out of fear of any supernatural agency but out of the intrinsic value in following such a path. This path is for Buddhists and every understanding individual who can follow it, irrespective of religious beliefs. The Noble Eightfold Path is as follows;

I. Right view — *Sammā-diṭṭhi*
II. Right thought — *Sammā-saṅkappa*
III. Right speech — *Sammā-vācā*
IV. Right action — *Sammā-kammanta*
V. Right livelihood — *Sammā-ājīva*
VI. Right effort — *Sammā-vāyāma*
VII. Right mindfulness — *Sammā-sati*
VIII. Right concentration — *Sammā-samādhi.*

Sammā can be translated as authentic or noble. *Sammā-diṭṭhi*, the noble authentic or right view, is the knowledge and understanding of the Four Noble Truths related to alcohol and drugs with wisdom (*paññā*). In drug treatment and prevention, *Sammā-diṭṭhi* provides the perspective and helps to understand the starting point, the destination, and the successive landmarks to pass as practice advances towards liberating the mind from alcohol or drugs. This right view or understanding (*Sammā-diṭṭhi)* about alcohol and drugs governs the attitudes, actions and whole orientation to a drug-free lifestyle. Especially among children, wrong views and attitudes about substances formulated in the mind can be maintained in silence. However, this conceptual orientation may influence the structure of the perceptions, develop values, and provide positive meaning to drug-using behaviour patterns. Therefore, early interventions to establish the right view of alcohol and drugs are an essential component of prevention.

Sammā-saṅkappa is the right thought (*vitakka*) or right intention. Most alcohol or drug users have the wrong view of substances. Thus, the penetrative view of the true nature of the substances gained through deep reflection and validated through investigation, along with the restructuring of cognition, sets the mind moving towards liberation from alcohol and drugs with a new vision. This application of the mind towards freedom from drugs is what the *Sammā-saṅkappa* means. According to Buddhist psychology, *Sammā-saṅkappa* is the intention of renunciation, which opposes the wrong intention governed by a desire for alcohol and drugs. Drug users flow with the current of desire for drugs, seeking happiness through the use of them, imagining they will find satisfaction. The Buddhist approach to renunciation is turning away from craving, resisting, and eventually abandoning the desire to remove suffering.

The following chapters explain the path to liberation from alcohol and drug use through developing threefold training, mindfulness and other Buddhist therapeutic applications.

Working with Communities and Initiating Action 4

Every Buddhist temple, monastery, Buddhist centre, or meditation centre, whether practising Theravada, Mahayana, Vajrayana, Zen Buddhism or secular Buddhist practices, could be a place initiating community intervention to prevent children and young people from initiating alcohol, tobacco or other drug use in the neighbouring communities and a place for alcohol and other drug users to get counselling and dhamma therapy to recover from their addiction. A Buddhist monk, dhamma teacher attached to the Dhamma School of the temple or dāyaka society members can lead this process based on the Buddhist psychological principles explained in this book.

In a broader sense, "community" refers to a group of people living and working in close geographic proximity in a specific city, town, village, or neighbourhood. A community can also be defined in ethnic, tribal or cultural terms as a group of people living in close proximity, sharing certain common ethnic and cultural traits such as the same language and the same set of rituals and traditions. Community is generally a major influencing factor in the lives of its members. For this reason, the programmes that aim to counteract problems within the community would be more effective if they motivated the community as a whole towards taking collective action. Community Action is, therefore, an essential concept in prevention and treatment. When looking at issues connected to alcohol, tobacco, and drug use within the community, it may be observed that drug-related problems are complex, inconsistent, and unevenly distributed. Therefore, to tackle them effectively, it is necessary to develop comprehensive prevention programmes involving multiple target groups in various settings. It is also essential to obtain the broadest possible participation from community members.

In recent years, various research findings and evaluations, as well as the experiences of social workers involved in alcohol and drug prevention, have indicated the need for comprehensive alcohol and drug prevention efforts that affect the community as a whole. These include involving multiple community levels, various sectors and organisations, and strategies. A drug-free community can be created through the process of community empowerment. Empowerment shifts the responsibility for planning and decision-making from agencies and professionals to the community so that the community is responsible for implementing, progressing, and sustaining the programmes.

Community Empowerment Paradigms

Table 2 below refers to the main differences between the service delivery by organisations and the empowerment of communities.

Delivery of service	Empowerment of Communities
Professionals are responsible: Doing it for the community	Responsibility is shared: Doing with the communities
Power is vested in agencies.	Power resides with the communities.
Professionals are seen as experts.	The community is the expert.
Planning and service are responsive to each agency's mission	Services and activities are planned and implemented based on community needs and priorities
Planning and service delivery need to be more cohesive.	Planning and service delivery are interdependent and integrated.
Leadership is external and based on authority, position and title	Leadership is within the community, based on the ability to develop a shared vision, maintain a broad support base, and manage community problem–solving.
Ethnic and cultural differences are denied.	Ethnic diversity and special populations are valued.
External linkages are limited to networking and coordination	Cooperation and collaboration are emphasised
The decision-making process is exclusive.	Decision–making is inclusive
Accountability is to the agency.	Accountability is to the community.
The primary purpose of evaluation is to determine funding	Evaluation is used to check programme development and decision–making
Funding comes in a lump sum.	Funding is a critical issue.
Community participation is limited in providing input and feedback	The community is maximally involved at all levels

Table 2: Differences between the Service Delivery Model and the Community Empowerment Model

Initiating Community Drug Prevention: Promoting Prevention through a Community Action Team

Alcohol and drug prevention activities within the community could begin as part of the daily routines of community members. For example, community members could start by changing attitudes among their peers and others they may meet and interact with daily. However, to launch a comprehensive communitywide prevention programme, it is necessary to form a small core group within the community or a Community Action Team of about 5 to 10 members. Prospective members of the team should have one or more of the following:

- An interest in community work.
- The ability to give feedback on the process.
- The ability to devote time to participate in team activities
- Familiarity with the community and its problems

The recruitment process of community members to the team should begin with informal discussions through which participants are convinced of why they would be best suited to participate in prevention activities. A minimum of five to ten community members should be recruited to the team among the participants in the discussions.

Discussions should emphasise on the following points:

- the community must prevent young people from initiating alcohol and drug use by taking appropriate steps even before they initiate it.

- There are many measures available that can be implemented with regard to the above, and continuous effort will ensure success.

- Preventive work should be regarded as the responsibility of and a challenge for the local community rather than that of any outside agency.

- The prevention of alcohol and drug use will make life happier, more pleasant, and more enjoyable for all the members of the community.

Obstacles to Community Mobilization

While discussing the recruiting of members for the team, specific questions and objections may inevitably arise. The following are some of the commonly asked questions and their responses.

- *How could we stop those who are dependent on alcohol or drugs?*

The message conveyed to the community should be that the programmes aim not at tackling alcohol and drug dependence at first but at preventing the initiation of alcohol and drug use by non-users, especially children and youth. Another objective of the programme is also to minimise the problems related to alcohol or drug use. When users realise that prevention is not a vendetta against them but an effort to protect society, they could be persuaded to support the prevention efforts. This includes the cooperation of the entire community, including users and non-users.

- *Prevention work has been done even in the past, but no good has come out of it.*

The current situation could have been much worse if no prevention activities were carried out in the past. Those involved in alcohol and drug prevention are now equipped with innovative approaches that are much more promising and enjoyable.

- *Prevention activities will offend alcohol or drug users*

The alcohol and drug prevention programmes are not a battle between the users and the non-users. The community as a whole suffers from the consequences of alcohol and drug use. Therefore, the community as a whole must respond to the problem. Prevention efforts are for both users and non-users alike. Thus, the prevention approach outlined here should not offend current users. All the activities are done with *mettā* and *karuna.*

- *Will the families of illicit brewers suffer if alcohol consumption falls?*

The money spent on alcohol could be saved for other activities that generate income and employment. How the funds could be invested in this way must be explored. Such investment will be of more excellent value to the community. When considering the harm caused to the families of alcohol users and the families of those who manufacture illicit alcohol, it could be observed that the quality of life for both is considerably low. Therefore, the loss to the illegal alcohol trade is not a significant loss to the community or the families of those connected to it.

- *Can we implement alcohol and drug prevention activities alone?*

These activities must be implemented in groups. It is also necessary to enlist the support of others in the community. Activities can start with families closely associated with the temple and Dhamma school. Any opportunity in a community can be utilised and involved in this endeavour. Initially, convincing some community members to join the prevention efforts may only be possible. This should be seen as a manageable obstacle in the early stages of the prevention programme. The support of even a few individuals is enough to achieve the desired results.

After forming the community action team, the next step would be to mobilise a wider group of individuals to launch alcohol and drug prevention efforts in the community. Unlike the more traditional approaches, through this new approach, the responsibility of carrying out prevention activities should not be entrusted to specialized agencies and professionals. It should instead be assigned to the members of the community. Members of the larger group should then be recruited from within the community itself. The most crucial element for success is the level of enthusiasm and interest of the group itself. Table 2, given below, shows the significant differences between the traditional and new approaches to alcohol and drug prevention.

Traditional approach	**New approach**
Fear tactics are central, and the harm caused by the effects of alcohol and drug use is greatly exaggerated.	Both the harm as well as the basis of the alleged positive effects of alcohol use are challenged. The fact that the so-called positive effects of alcohol and drugs, for example, enjoyment and the forgetting of worries, are not due to the chemical effects of these substances but the result of a permissive environment and social beliefs and expectations (*vipallasa*) is stressed.
To a great extent, the prevention message is delivered by experts, elders, or the clergy using a didactic process.	Expertise is built within the community itself, and the expected change is brought about with the participation of all community members through self-realization.
Activities are often limited to seminars, lectures, and the like	Activities are not confined to unique campaigns and similar activities but are incorporated into the individual's daily routine.
Often seen as a struggle between the non-users and users.	Prevention is recognized as a joint activity involving all levels of users and non-users. Activities are done with metta, karuna, mudita and upekka.
More disciplined and serious-minded people are involved	All types of individuals are involved. A successful intervention effort will need the combined efforts of a multifaceted task force.

Table 3: Differences between the Traditional and New Approaches to Prevention

The community action team must look for ways to make prevention efforts efficient and effective. This requires assessing the current situation and planning, monitoring, and evaluating the prevention efforts. These are aspects of prevention programmes that most people, though keen to work in the community, often tend to neglect. The team then must ensure that all its members are interested in planning and assessing the programme's progress and maintaining their interest.

The community action team must seek answers to the following questions to understand how the community is organised.

-Which organisations and systems make essential decisions for the community?

-Who are the key persons in the community?
-What are the existing problems related to alcohol and drug use?
-What are the patterns of alcohol and drug use within the community?
-What are the beliefs and attitudes regarding alcohol and drugs within the community?
-What are the influencing factors that promote alcohol and drug use?
-What are the alcohol and drug prevention programmes that already exist?
-What are the existing pieces of legislation relating to alcohol and drug use?

This enables the people to identify the extent of the problems related to alcohol use within the community. Quite often, allowing members of the community to discover for themselves the extent of the harm caused by alcohol, tobacco, and drugs alone is sufficient to initiate a response. The realisation of, for example, the sheer enormity of the annual expenditure on alcohol, tobacco and drugs is usually shocking to many, so much so that they are motivated to eradicate the use of alcohol and drugs. People can similarly be guided towards discovering how alcohol and drug use promote injustice and the exploitation of the weaker segments of society.

Another factor that could motivate community members to take action towards alcohol and drug prevention is the prospect of using the money that would otherwise be spent on alcohol, tobacco, and drugs for the development of the family and the community. Therefore, the community action team must calculate the total cost of alcohol, tobacco and other drugs over a given period and make the community aware of their findings. One way this could be done is by randomly selecting a sample of approximately 50 families for a survey, then calculating the amount spent on alcohol, tobacco, and drugs among these families over a given period, and generalising the findings to the entire community. The total cost of alcohol, tobacco, and drugs among members of the community as a whole was assessed by observing the members of the community who use alcohol and drugs, investigating their personal expenses related to such substances, and based on the observations made, assessing the total amount spent on alcohol tobacco and drugs over a stipulated period.

The expenditure on intoxicants can also be estimated by establishing friendly relationships with the licit and illicit sales outlets that sell alcohol within the community. Those who have regular contact with such sales outlets are also ideal for carrying out inquiries of this nature. Once the necessary figures have been obtained, the community could be informed of the findings that suitably emerged from the assessment. Suppose an evaluation is conducted at the initiation of the alcohol prevention programme. In that case, another evaluation should be performed after about 1 to 2 years to measure the changes within the community resulting from the programme. Though measuring the actual rate of alcohol consumption within the community may prove to be difficult, the changes among the members of the community about factors such as the perceptions of alcohol use and drunken behaviour could be assessed and analysed more easily.

Establishing Indicators

To ensure the likelihood of success, an overall impact expected to be achieved through the programme should be determined at its outset, and the progress made towards this impact should be continually assessed. The observation of the changes in attitudes towards alcohol use, as well as the extent of alcohol use, forms a strong foundation upon which the overall impact could be developed. Having proper quantifiable data provides a solid basis for assessing the effects. The next step would be to establish measurable indicators based on the various areas covered by the impact. Assessment of the indicators should then be conducted regularly.

Identifying resources

Resources are essential in conducting prevention activities. While the community's people are one such resource, all organisations, groups, institutions operating within the community, community leaders,

and other stakeholders could also be considered valuable. By incorporating alcohol prevention activities into the existing activities of the organisations, groups, and institutions and lobbying with community leaders and other stakeholders, the chances of achieving success through the prevention programme could be increased. When working with the former groups, it is essential to lead them towards realising the outcomes of preventing alcohol use in a way that furthers the aims and objectives of their organizations and institutions. This realisation could further strengthen their support for the prevention programme. It is, therefore, essential, at the very outset, to correctly identify the available resources and consider them when planning the alcohol prevention programme.

Educating the Community in the Buddhist Psychological Way

The Buddhist monastic and lay communities are interdependent. Even today, the community members receive teachings and guidance from monastics, while the monastics receive food, clothing, shelter, and, in some cases, all of their material requirements from the laity. Throughout his lifetime, the Buddha counselled individuals from all walks of life. Early Buddhist literature indicates that the Buddha employed a wide variety of techniques in dealing with people of different natures and diverse problems, which can be applied at all times. His advice was life-transforming and brought everlasting solutions to mostly psychological issues of suffering. Therefore, Buddha was introduced by two epithets: physician (*bhisakka*) and surgeon (*sallakatta*). Ovādapatikāra is one such technique, along with other techniques, such as removing defence mechanisms helping through *anuggaha* and *anusāsanāpātihāriya*, used by the Buddha. These methods could be utilised when educating communities on alcohol and drug prevention and treatment.

In the early Buddhist teaching, the word counselling was referred to as advice (*ovadati),* teaches (*anusāsati*), and declares (*deseti*). These were used in the advice therapy according to the person and situation. In *Ovādapatikāra*, Buddha sometimes proclaimed (*ācikkhati*) specific dharmas, explained or analysed (*vivarati, vibhajati*) phenomena that occurred, or declared (*deseti*) specific Vinaya rules. In Pāli, *patikaroti* means treatment. Therefore, we can understand that *ovādapatikāra* means treatment through advice. It has been expressed in Dutiyaovāda Sutta that "when there are no bhikkhus who are exhorters: this is a case of decline". Buddha further said in the sutta, "Exhort the bhikkhus, Kassapa, give them a Dhamma talk, either I should exhort the bhikkhus, Kassapa, or you should. Either I should give them a Dhamma talk or you should". In Kevadda Sutta, the Buddha declared that he and the monks use the miracle of teaching (*anusāsanāpātihāriya)* to attract more people to dhamma learnings and change their behaviours. These counselling interventions were sometimes brief, using a concise method (*saṃkhittena*) or detailed (*vitthārena*).

The main aim of this advice therapy is to correct or modify the unsuitable thoughts or behaviour of the client. Rather than only looking at the symptoms, understanding the very core of the factors or determinants of the client's problem is the approach of Buddhist psychotherapy. Making the client aware of their problem is also considered a high priority. Everyone is suitable to receive such advice until attaining Arahantship. This therapeutic advice will prevent the client from becoming involved in any further misconduct and neutralise the determinants that cause the psychological problems. Dhammapada, verse 76, explains that one should follow a man of wisdom who rebukes one for one's faults, as one would follow a guide to some buried treasure. To one who follows such a wise man, it will be an advantage and not a disadvantage. If a person commits any wrong, correcting him after advising and giving him a second chance is one of the Buddhist approaches to behaviour modification.

This is evident in Sāmaññaphala Sutta, where King Ajatashatru confessed that he had killed his father to become king. The Buddha replied: "Yes, great king, a transgression overcame you in that you were so foolish, so muddle-headed, and so unskilled as to kill your father — a righteous man, a righteous king — for the sake of sovereign rulership. However, we accept your confession because you see your transgression as such and make amends by the Dhamma. For it is a cause of growth in the Dhamma and Discipline of the noble ones when seeing a transgression, one makes amends by the Dhamma and exercises restraint in the future. In Ambalatthika – rahulovāda Sutta/ MN 61, Buddha's advice, "Rahul, an action with the body should be done after repeated reflection; an action by speech should be done

after repeated reflection; an action by mind should be done after repeated reflection". When examining these *suttas, ovādapatikāra* should perform with great compassion and loving-kindness towards the client. Lord Buddha is referred to as the Great Compassionate One (*mahākārunika*).

Most of the individuals who have developed alcohol or drug dependence disorders have a wrong view, distorted perception (*Viparita Saññā*), and erroneous cognition. As their judgments are irrational, there is a need for restructuring their cognition. Advice therapy tries to train the individual's body and mind to broaden their perspective of their problems and connect contextual affairs. In Dantabhūmi Sutta (MN 125 PTS: M iii 128), an individual with psychological problems is compared to a wild elephant, a wild horse, or a wild ox so that ***ovādapatikāra*** includes taming strategies. Punnovāda Sutta (MN) is another sutta in which Buddha communicates with Venerable Punna using ovādapatikāra, where Punna was made aware of the dangers of living in Sunaparanta Janapada. Lord Buddha's mode of explanation of a problem can be categorised in four ways.

1. Problems that ought to be solved categorically (*ekamsavyākaranīya*)
2. Problems that ought to be solved with counter-question (*patipucchāvyākaranīya*)
3. Problems that ought to be set aside (*ṭhapanīya*)
4. Problems that should be solved analytically (*vibajjavyākaranīya*) (A11, p.46)

On most occasions, *ovādapatikāra* began with *Dhammī-kathā* or the accusative form of it, Dhamiṃ Kathaṃ. When observing the *Gilana sutta* format, Lord Buddha's interventions started with "I hope you are getting better, monk. I hope you are comfortable. I hope that your pains are lessening and not increasing. I hope there are signs of their lessening, not their increasing." Lord Buddha engaged in Compassionate communication in changing behaviours and cognitive aspects of the individuals, with *mettā* and *karuṇā.* It is a purposeful communication, turning a passive listener into an active partner who provides responsive feedback. We can observe that Buddha's compassion regards the suffering of living beings as his suffering. It is referred to as "great pity based on sameness of essence" or empathetic understanding. *Mettā* is a multi-significant term meaning loving-kindness, friendliness, goodwill and non-violence, and this has been expressed throughout Pilindavacca stories. This Dhammī Kathā, which is a therapeutic communication, helps to instruct (*sandasseti*), inspire (*samādapeti*), rouse (*samuṭṭejeti*) and gladden (*sampahamseti)* the receiver. Pāli commentaries explain that by instruction, the Buddha dispels the listener's delusion; by inspiring him, heedlessness is dispelled; by rousing him, indolence is dispelled; and by gladdening, brings practice to a conclusion.

Changes Expected within the Community

The ultimate goal of alcohol and drug prevention education is to create an environment in which the non-users are not induced to initiate the use of alcohol or drugs, and users are inspired to reduce or discontinue the use of alcohol or drugs. To achieve this, the community as a whole remove the wrong view on alcohol and drugs by refraining from glamorizing and mystifying alcohol or drug use and related experiences. Members of the community could also take steps to reverse the existing positive image of alcohol, tobacco, and drugs created by the users who falsely glorify their experiences and others who attribute high status to intoxicants either deliberately or inadvertently.

This approach could be implemented by identifying the rituals and symbols that give value to alcohol and drug use and changing the social influences through creative and innovative activities. In the resulting changed environment, alcohol and drug use would eventually lose its aura of power, enjoyment, and relaxation and come to be viewed as a tasteless and unglamorous activity. The experience of using alcohol or drugs would be limited to its chemical effects, which are rather unexciting and unpleasant, as proven through mindful observations.

In an environment in which alcohol and drugs are not glorified and glamorised, even those who have used those substances over a prolonged period would begin to recognise the difference between their

socially learned pleasant effects and their actual unpleasant chemical effects. Those who are mainly dependent on alcohol or drugs may also start to realise that the positive feelings they experience when using intoxicants are mainly due to the relief from the withdrawal discomfort that they experience when refraining from alcohol or drug use.

As the community becomes increasingly enlightened on alcohol and drugs, it would be possible to observe a gradual decrease in the sense of enchantment and wonder attached to alcohol or drug use. The symbolic meanings attached to substances will also begin to decline in importance. The changes in the community can be catalogued as follows:

- People, especially non–users, begin to see the consumption of alcohol or drugs in a new light through the right view. They will cease to assume that substance use is a highly pleasurable experience and that it helps individuals to forget their worries and to relax. While alcohol and drug users are viewed with sympathy for the restrictions that alcohol or drug use imposes on their lives, they are not given special privileges to break social norms. Instead, the users are held accountable for their misbehaviour while under the influence of alcohol or drugs.

- On examining their experience with alcohol, occasional alcohol users begin to discover that what they experience due to the chemical effects of the substance is not pleasant. They eventually come to realise how the "culture" built around alcohol has become the main contributing factor to the joy experienced when consuming it. Users will find that the glamour of using alcohol or drugs has diminished as the community no longer views alcohol or drug use as unique and sees the users as victims. They will also discover that the community does not encourage them to victimize or molest others under the guise of intoxication and that they are held responsible for their actions just as they would have been sober.

- Regular or daily users of alcohol or drugs begin to understand that alcohol or drug use is only pleasurable to the extent that it reduces the discomfort that they experience when they do not consume it. They also admit to others that they are driven to use alcohol or drugs because of these withdrawal symptoms and not because of any pleasurable experiences produced by substances.

- Both the users and non-users work to prevent the spread of alcohol or drug use and recognise the losses that the community incurs as a result of the use of alcohol, tobacco,o, and drugs. Both groups do not see alcohol and drug prevention as a battle between users and non-users. Instead, the entire community unites in challenging the statements, expressions, practices, and rituals which give alcohol and drug use a special aura.

- An environment is created in which any individual who uses alcohol and drugs finds the experience to be unattractive, unpleasant and non-beneficial.

Action taken in the process of alcohol prevention can be summarised as follows.

1. Understanding the existing situation. 2. Understanding the ideal situation
3. Changing the environment towards the ideal situation through creative interventions

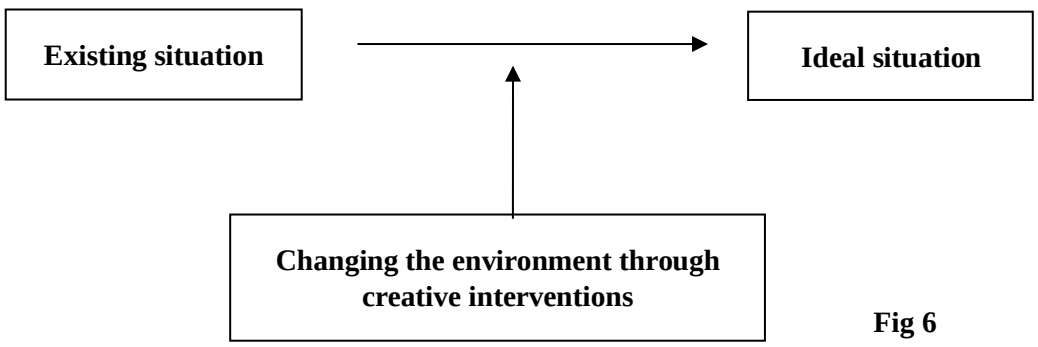


Fig 6

Existing Situation in the Community	Ideal Situation in the Community
Alcohol or drug-induced misbehaviour is pardoned under the assumption that it occurs without the knowledge of those engaged in it.	Inappropriate behaviour after alcohol or drug use is not excused. It is considered an attempt to deceive others while committing offences.
the absurd behaviour of an individual who has consumed alcohol is reinforced by the laughter and cheering of onlookers.	Reinforcement for such behaviour is not tolerated and is widely opposed.
An individual who has consumed alcohol or drugs is relieved of the responsibility for their work and family.	The individual is not relieved of responsibility; instead, he is expected to carry out all duties despite consuming alcohol.
Alcohol and drug use is perceived as enjoyable and satisfying.	Alcohol and drugs are perceived as not enjoyable but as an impediment to happiness
Alcohol or drugs are believed to be relaxing and reduce one's worries.	It is understood that the relaxing effects of alcohol are not due to its chemical properties. It is thought that alcohol contributes to problems and that one feels tired and uncomfortable when using it.
Advertisements or promotions of alcohol influence individuals.	Despite the messages communicated through advertisements, individuals can understand that the increase in self-confidence and the decrease in fear are not due to the chemical effects of alcohol but are due to social learning and conditioning.
The unpleasant effects of alcohol and drugs are not seen, questioned, or disclosed.	The unpleasantness of alcohol and the understanding that it causes discomfort are discussed openly without fear.
Alcohol and drug use is often glamorized and exaggerated.	Alcohol or drug use is portrayed as foolish and irrational. Attempts at glorifying alcohol are vehemently opposed.
The culture surrounding the use of alcohol and drugs is considered excellent and desirable.	The culture surrounding the use of alcohol and drugs is considered undesirable, hollow and ridiculous.
Individuals talk in favour of and patronize the use of alcohol and drugs	Not only does the community look down on alcohol and drug use, but the users, too, see themselves as trapped in the habit.

Table 4: Expected Situation Change in the Community

Guidance from Buddhist Psychology for Community Education

When working with the community to prevent drug use, the community action team leaders should work with four divine abidings (*Brahma vihara*): *Mettā, Muditā, Karuna,* and *Upekkhā* towards the community, alcohol and drug users and themselves.

Loving-kindness (*Mettā*) is defined as the mode of friendliness for its characteristics. Its natural function is to promote friendliness. It is manifested as the disappearance of ill will. Its footing is seen with kindness. When it succeeds, it eliminates sick will. When it fails, it degenerates into selfish affectionate desire. The community action team works for the happiness of others, including alcohol and drug users,

which eventually provides happiness for themselves. Loving acceptance of alcohol and drug users and having empathy for them will be a positive attitudinal change in the first stage, which reduces tiredness. However, alcohol and drug prevention in the community is a tiring effort.

Compassion (*Karuṇā*) is the desire to remove harm and suffering from others. Leaders should make their interventions with the community out of compassion. It is the ability to genuinely feel distress, pain, and suffering in others with empathy, as if it is one's own, and to wish them relief from suffering and distress. The actual feeling of compassion will make one want to take action to remove suffering in others. The negative emotions of cruelty and the wish to harm others will be countered by developing the virtue of compassion. According to Mahāyāna Buddhism, *karuṇā* is one of the two qualities, along with enlightened wisdom, to be cultivated on the bodhisattva path.

Soon after becoming the Samma Sambuddha, the Buddha instructed the group of the first sixty ordained Arahants to wander around the villages out of compassion for the world and spread the teaching among the people so they could also travel on the path and gain liberation from suffering. "Go forth, monks, for the happiness of the many, out of compassion for the world. There are beings whose eyes have little dust on them who will perish if they do not hear the teaching. However, if they hear the teachings, they will gain liberation". When someone has a good understanding of the myths and realities of alcohol and drugs, it is their responsibility to make that awareness and understanding of others who are still deceived by those substances with compassion.

Sympathetic, altruistic or appreciative joy (*Muditā*) is the quality of rejoicing at the success and prosperity of others. It is the ability to feel joy and happiness when someone else is experiencing success or happiness as if it is one's own. It can also be described as one's ability to share in others' success, joy and happiness. It is perhaps the most difficult of the four Brahma viharas to develop within oneself. When one feels sympathetic joy towards someone else's success and happiness, it will counter the negative feelings of resentment, envy, jealousy, or discontent over the success of others. When someone successfully recovers from addiction, he will prosper and become healthier, wiser and more prosperous. People who supported him in recovery have to be happy about his success.

Equanimity (*Upekkhā)* is the state of mind based on the wisdom that regards objects with impartiality, free from attachment and aversion. It helps to stay calm, steady and balanced in the face of the vicissitudes of life that one is confronted with. During worldly life, one could not avoid facing the eight earthly conditions (*attha lokadhamma*): gain and loss, honour and dishonour, praise and blame, and happiness and misery. Both successes and failures will be encountered when dealing with community-level prevention and treatment. Equanimity helps one stay calm and steady while facing the failures mentioned above, not only in oneself but also in others. It also allows one to remain composed and impartial with emotional evenness when faced with happy and exciting situations or difficult and provoking situations and people.

Educating the community on misconceptions of Alcohol and Drugs

5

Initiating Public Discussion

Following the formation of the community action team attached to the Buddhist temples, monastery, and meditation centre and assessing the need for alcohol and drug prevention, the next step of the community-level prevention programme is to reach out to create an accurate understanding of alcohol and drug use among the wider public. This could be achieved through a public discussion on the type of changes required to reduce and prevent the use of alcohol and other drugs within the community. Awareness could also be created by using the existing channels of day-to-day communication. In spreading knowledge among the community members, it is crucial to get the participation of community leaders, government officials, representatives from voluntary organizations, and as many individuals as possible from the various sections of the general public for a formal discussion. The venue should be where community members generally meet, such as a temple, meditation centre, school, community centre, or even the house of a well-wisher.

The general public, voluntary organizations, representatives from the clergy, sports organizations, and youth clubs could be invited to participate by displaying notices or posters in prominent locations within the community. It is also vital that alcohol users are represented at this meeting.

Preparation

This manual could be used as one of the primary resource materials in planning the programme and guiding the discussion at the initial meeting and subsequent gatherings. The following are helpful in preparing for the initial meeting with community members.

- Ensure that all the items necessary for the discussion are available at the beginning
- Notify potential resource persons who could contribute to the programme well in advance. It might be helpful to give them
- a reminder closer to the set date of the meeting
- Prepare an outline of the responsibilities that should be delegated to each participant after the discussion
- A designated person could facilitate discussion (this person could be selected with the help of the points outlined in the next section)
- The person conducting the discussion should thoroughly study the available subject matter relevant to the discussion. (The points regarding the agenda of the meeting are given in the next section.)
- Be prepared with a blackboard and chalk, a whiteboard and markers, or some other means of presenting the points discussed in writing at the meeting
- Have a pen and a paper to take down notes on the salient points, ideas, and any details arising from the discussion, as well as any decisions made

Agenda of the Meeting

The following is a suggestion to be included in the agenda for the meeting:

1. Welcome address and the reasons for the meeting
2. An explanation of the need for alcohol and drug prevention
3. Recommendation of the new methods based on Buddhist psychology
4. Discussion/brainstorming session
5. Plan a strategy and delegate responsibilities among the community action team members and any others present to reach children, youth, women and different levels of substance users.

Conducting the Discussion

At the very outset of the discussion, the participants should be made to understand the nature of the meeting. This meeting would not be a lecture but an open forum where the participants must air their opinions and views to reach a consensus. They would then be informed on the types of substances that are in everyday use, including drugs such as heroin, cannabis, tobacco, and alcoholic beverages that are used traditionally. It must be made clear that though there is a wide variety of addictive substances, only the most commonly used substances, in this case, alcohol, tobacco, and heroin, are discussed.

Discuss how Buddhism explains the importance of refraining from using intoxicants as described in Sigālovāda Sutta, Parabhava Sutta, Mangala Sutta, Uposatha Sutta, and Dhammika Sutta as explained in Chapter 1.

The calculation of the approximate expenditure on alcohol, tobacco, and drugs within the community during a day, month, and year must be shown in the discussion. If resources are available for a survey based on a sample from the community, such a survey could be conducted before the meeting, and a visualise of the current situation in the community, including the relevant data, could be presented at the meeting using tables and graphs. The participants at the meeting could then be asked to give their suggestions on how the money spent on alcohol and drugs could be used instead for community development work or genuine pleasure and entertainment.

A Few Points for Discussion

1. Participants should be made aware of the primary target for prevention interventions, namely the children and youth of the community, as these groups are at the highest risk of taking up alcohol and drug use in the future.

2. Achievable challenges for the community should be set. The top of most of these is to prevent people from initiating alcohol, tobacco, or drug use.

3. A consensus must be reached on the activities to be conducted through the prevention strategy.

   During the meeting, it should be explained that alcohol or drug users are often aware of the harm that they pose to the community by engaging in their use. Participants should be made aware of the primary effects of alcohol and drug use, for example, the large number of deaths directly linked to it. They should also be made aware of its secondary effects, such as the problems faced by the families of users as a result of the high expenditure on alcohol and drugs.

   The question of why people continue the use of alcohol or drugs despite their knowledge of the potential economic, social, and health problems that could occur as a result should be raised and discussed. Responses to the question below should be elicited from the participants.

- What are the most common reasons for alcohol and other drug use?

  The responses received could be noted on a black/whiteboard. These responses will likely include the following points; if not, participants could be presented with these points afterwards.

- For forgetting problems
- For easing weariness
- For fun and enjoyment
- For enhancing creativity
- For being "macho" or daring
- For Warmth
- For increasing appetite
- As a symbol of sophistication

Each of these points should be examined in detail to show that these expectations are nothing but delusions made through conditioning and social learning and developed through distorted views (*diṭṭhi-vipallāso),* perverted or distorted perceptions (*saññā-vipallāsā),* and_perverted or distorted thought *(citta-vipallasa)* on alcohol and drug consumption. Then, the wrong concepts are developed through proliferation (*prapanca*). It is important to analyse one by one how the wrong thought process (*vitakka and vicāra*) finally develops a myth or wrong concept (*papañca*), which is presently described as positive outcome expectancies. According to Buddhist teachings, there is no good reason for anybody to use alcohol, tobacco, heroin, cannabis, methamphetamine, or any other drug. Under the direction and leadership of the Buddhist temple, monastery, meditation centre, or Buddhist association, the community must be educated on the futility of alcohol, tobacco, or other drug use.

Myth (*miccā*) of Forgetting Problems

Though some people resort to drinking alcohol to escape the routine of life or forget their troubles, in reality, their problems do not cease to exist. Instead, the more alcohol is consumed, the worse the problems become. People may recount past problems when intoxicated, thereby becoming more depressed and anxious, and their problems tend to increase. For example, a man who may not hold grudges against his peers when sober may, while under intoxication, remember and dwell on past disagreements with his peers and any harm they may have done him. This would lead him to develop strong negative emotions, which he may act on by seeking revenge and attacking those involved in the disagreements or other harmful acts. This example shows that the ability to remember or forget problems is not necessarily an effect of alcohol or drugs but is more or less a result of a person's learned expectancies.

The participants at the meeting should be made to understand that despite the existing evidence to the contrary, the belief that alcohol enables one to forget problems continues to prevail in society. This belief can become further reinforced either advertently or inadvertently through specific actions. For example, parents may mention in the presence of their children that certain people drink alcohol because they face problems. Similarly, TV programmes and other print and electronic media portray characters that use alcohol as a remedy for their problems. This creates an idea among non-users, including children, that alcohol helps people to forget their worries. When such beliefs are expressed, they must be questioned and corrected immediately to prevent people, especially children and young adults, from believing baseless notions concerning potentially harmful substances.

Heroin or methamphetamine users, when asked, may admit having to face new problems as a consequence of their use of heroin or drugs. One would not likely receive any responses when inquiring whether they could find solutions to these problems. It is also observable that users generally make no progress in their attempts to solve the issues and that their problems have increased over tIt is, therefore, possible to conclude that using heroin or drugs is not a means of relief.

Another observable trend is that those who claim to use heroin or other drugs in times of difficulty also use it in situations that are relatively problem-free, such as parties or festivities. Heroin users must be

made to understand that encountering problems is a regular occurrence in day-to-day life. Everyone in the world faces problems, and it would be helpful to explore whether other healthy and wise individuals use heroin when facing similar issues. Users should also be made to understand that diverting one's attention through participation in alternative activities is a coping strategy used to deal with difficulties and the resulting stress and that alcohol, heroin, or methamphetamine use is one such activity as one's attention is diverted from the problem to the process involved in the use. Heroin use, like the consumption of alcohol, should thus be presented as a mere diversion, a means employed by many to numb or temporarily forget, and not a solution to the problem that, rather than being solved, would persist.

Alcohol, heroin, and other drugs may also be used as a means of escaping responsibility. As users are not expected, even by their own families, to shoulder any responsibility, heroin use is often seen by the users as advantageous. In an environment that is not as permissive and in which users are expected to perform their duties even while under the influence of alcohol or heroin, they may see the use more as an inconvenience than an advantage. Users must be made to understand that alcohol, methamphetamine or heroin do not possess any chemical properties that cause one to forget his problems but that if substance use is a method commonly used in one's subculture or in the mainstream culture to cope with difficulties, one may learn to use it for the same purpose, in other words, that the use of intoxicants to remedy problems is merely a learned response based on wrong perception (*saññā vipallasa*).

Just as alcohol users, heroin and other drug users quite often say that they use heroin or drugs to forget past unpleasant experiences. Heroin, cannabis, or methamphetamine by itself has no power to control one's memory. People may, however, use heroin or drugs to forget unpleasant experiences by imitating the behaviour of others who claim to use it for the same purpose. Within a social context that teaches that heroin can forget unpleasant memories, individuals may build the expectation that heroin enables them to forget their problems. While the use of heroin or drugs for this purpose is merely a learned response, it is not a behaviour produced due to the chemical or pharmacological effect of the substance itself. Some use heroin while reminiscing their past all by themselves and attempting to forget it. Forgetting in this way has no connection with the chemical properties of heroin or drugs. Users must then be made to understand that heroin or drugs have no natural chemical properties that would enable one to forget problems and that these perceptions are the result of wrong thinking patterns and wrong cognition of the peer group they associate with.

Myth (*miccā*) of Easing Weariness by Alcohol and Drug Use

People sometimes use alcohol after a hard day's work, believing that it eases their fatigue. Those engaged in demanding jobs are often in the habit of taking a break for a quick drink at a nearby bar and may eventually come to believe that it is the alcohol that they consume during this break that relieves their physical and mental weariness. Those who use alcohol in this way should be made to understand that the ensuing feeling of relaxation is due to the interruption of the strain or monotony of the job and not due to the alcohol used. The same is true of other breaks in daily routines, such as the school interval and the intermissions at a theatre or cinema.

Alcohol is also used as a means of celebration after completion of a task, especially perhaps one that is particularly challenging. Though there is naturally a sense of achievement and self-satisfaction on the completion of a task, a person accustomed to using alcohol to complete a job begins to attribute the feeling of satisfaction and fulfilment to alcohol. Hence, alcohol eventually becomes a symbol (*saññā*) of relaxation. The same reasoning could be applied to acts such as drinking a hot cup of tea or changing from the clothes worn to work to the more comfortable attire worn at home on returning home; both could become symbols of relaxation to those who engage in them regularly. Alcohol use for relaxation at the end of a day's work is then no different from other habits that non-users engage in for similar reasons.

Heroin methamphetamine or some other drugs are commonly seen among those who engage in strenuous activities or physically demanding tasks, such as among workers at construction sites or

among vendors who carry their wares from door to door. While heroin acts as a pain killer, it also makes one feel weak due to the reactions it causes within the body. Users must, therefore, put in more effort when performing a physically demanding task. However, through social learning or through watching their superiors work after using heroin or drugs, others involved in such work tend to emulate this habit, believing that the substance increases strength and the capacity to work faster and more efficiently. Apart from this, users go to great lengths to obtain their next dose of heroin; while some steal, others pay for it by performing various menial jobs that could be physically exhausting. Many heroin and drug racketeers would take advantage of this situation and use heroin or drugs as a means of extracting heavy work from their labourers for minimum pay. Hence, on days that they are not involved in severe work, labourers could be found using heroin. Though many labourers who use heroin are likely to claim that they used to be able to complete their tasks successfully and with ease as the said tasks require a high degree of speed and efficiency, in reality, they usually work fast regardless of whether or not heroin was used because they are required to do so either because of the nature of their work or the expectations of their employers.

Users may also have to work very hard and very quickly to obtain the next dosage of heroin or drugs as soon as possible due to their craving for that substance use. This increase in working speed is then clearly not due to the chemical properties of heroin or drugs but is due to the need for the drug built up within the user. To further disprove the myth that heroin or drugs increase efficiency, it could be observed that when asked if they were able to achieve any other goals, such as saving any money for their futures by working so hard, the replies of many users would show that apart from their use of heroin or drugs, they have done little or nothing else.

Myth (*miccā*) of Fun and Enjoyment from Alcohol or Drug Use

While the use of alcohol is commonly associated with pleasant emotions and sensations, the factual basis for this belief requires close examination. In the discussion, participants could be requested to consider the occasions on which people are most likely to use or be enticed to use alcohol. In response, the participants may state occasions such as parties, celebrations or festivals, meetings with peers at the end of examinations, trips, and special holidays, all of which share certain standard features, for example:

1. They are all characterized by a sense of happiness and joy
2. All these occasions involve a friendly gathering of people
3. Their overall atmosphere is relaxed

It is worth noting that as alcohol is usually consumed on occasions that are already characterized by a sense of happiness and freedom from responsibility, with time, it is possible that people may assume that it is the presence of alcohol that causes the feeling of happiness, joy, freedom, and relaxation. Alcohol would eventually be used on special occasions based on the belief that such occasions become enjoyable only as a result of the alcohol consumed. The reality, however, is that when alcohol is used on special occasions over an extended period, users will begin to believe that the enjoyment they experience on such occasions is created by alcohol. Hence, they will gradually begin to associate feelings such as pleasure with alcohol use. The act of using alcohol then acquires the image of being fun-filled and pleasurable.

If people were to experiment with alcohol use in settings that are devoid of the relaxed and happy atmosphere as seen at most social gatherings, their experiences would be very different, and they would be more likely to experience uneasiness. Alcohol users who leave the company of their group of fellow alcohol users may report feelings of severe discomfort once they are alone. At this point, people may recognize the effects of alcohol to be feelings of physical and mental discomfort. Nevertheless, as one gets accustomed to taking alcohol, one will learn to tolerate the discomfort and suffering and become psychologically conditioned to link alcohol with pleasure. A person who uses alcohol is then required

to pretend that the experience is pleasurable even though they would experience nausea, dizziness, thirst, and lack of coordination.

The effects of alcohol may not be felt when it is taken in small quantities. However, as one imbibes insignificant amounts of it, expectations may be activated in a way that one may feel pleasure and not experience any of its unpleasant chemical effects. The actual effects of alcohol are dizziness, nausea, thirst, stilted speech, and a lack of coordination, which, if experienced without having consumed alcohol, would make people seek medical attention. However, when the same symptoms occur following alcohol use, they are more likely to hide them and pretend to experience pleasure.

Heroin, cannabis, opium, and many other drugs do not possess any chemical properties that cause happiness. Instead, the feeling of relief experienced when using heroin following the mind-made withdrawal discomfort experienced when not using it is usually misinterpreted as happiness. The idea that heroin, cannabis, or other drugs generate happiness is further nurtured by social conditioning, the image of heroin and other drugs created by racketeers, the pervasions and proliferation of drug users, and various other forms of social learning. However, when viewed with bear attention with clear comprehension and mindfulness, free from all of these external influences, it could be observed that the experience of using heroin, cannabis, or other drugs use is unpleasant and insipid. A look at the responses given regarding the physiological reactions to heroin, as shown below, proves this.

- What does it taste like? “It is so bitter; it feels like my mouth is being scraped out.”
- How does your head feel when you take it? “It feels heavy, and I feel very dizzy. I find it difficult to stand up.”
- How does your body feel once you have taken heroin? “It feels lifeless and itchy. I feel like my body has broken down.”
- How does your stomach feel? “There is a terrible burning sensation, and it feels very unsteady. I want to vomit.”

Looking at the above responses, it is clear that none of them are positive. The question could then be raised as to what creates the feeling of happiness, fun, and enjoyment associated with alcohol, heroin, cannabis, or any other drug. It is also notable that those who use heroin or cannabis for the sake of enjoyment strongly oppose giving their spouses or children heroin so that they may also experience the same feeling.

Some users claim to feel light and free soon after using heroin. This could be explained by the fact that it is natural to experience relief when recovering from any mind-made physical discomforts (as described in a previous section), just as one would, under normal circumstances, feel comfortable when vomiting after a spell of feeling nauseous, when relieving oneself after a prolonged period of being unable to do so, and on sweating after a spell of fever. As heroin causes severe physical discomfort, which eases after a while, the “happiness” believed to be created by heroin is, in reality, the body naturally returning to its normal condition after deliberately induced physical discomfort.

Though alcohol, heroin, cannabis or other drugs do cause chemical reactions within the body, these are essentially depressive reactions as a result of which the body feels lifeless, and one’s skills and capabilities, as well as one’s ability to perform basic day-to-day tasks, diminishes. Therefore, it cannot cause pleasure through its chemical properties. However, heroin and drug users feel uncomfortable and find it impossible to function without drug use because of the solid psychological bond or craving that they have formed with it. Their reactions to alcohol, heroin, or other drugs are then artificially created. One complication arising from this is the inability to enjoy even the things that they once enjoyed before their addiction until they have first dispelled the discomfort they feel by using the substance.

Many users claim that alcohol, cannabis, or heroin enables them to enjoy life more than they would have otherwise been able to, such as watching a movie when asked, would not remember the plot of the story. Similarly, an individual who uses alcohol, heroin, or other drugs while listening to a song would

not recognise its tune and would find it difficult to interpret its lyrics. As the motor functions of the body are impaired, the alcohol or drug user would find it challenging to sing and dance as well.

Sometimes, when asked by heroin cannabis or other drug users about how they feel after heroin or drug use, they say it is an "inexplicable experience". The so-called "inexplicable experiences" reported by heroin or drug users are false tales that they concoct in their attempts to justify their use of heroin or drugs. Users are generally reluctant to disclose their actual unpleasant experiences following heroin use as they are aware of the disapproval that they are likely to face should they do so. They, therefore, attempt to escape the disapproval of others by fabricating false-positive experiences and presenting them as real, a strategy commonly used by any person trying to cover up an irrational habit.

Contrary to their claims of having inexplicable, essentially pleasant experiences, heroin users may, in reality, experience drowsiness, weakness, tension, and other discomforts. Rather than claim that these experiences are enjoyable (as most users know that such claims would be more ridiculous than convincing), they would attempt to protect their image by claiming they cannot explain their feelings. There is. However, there is some truth in such statements, as the level of discomfort users experience is so great that, for many, it is beyond explanation.

It is a popular notion that using a small amount of alcohol, heroin, or other drugs creates a euphoric effect, but overdosing is the problem. As alcohol, heroin, or cannabis acts as a depressant, their effects include a feeling of heaviness in the head and dizziness as well as discomfort and incoherence. Some, however, claim that though heroin does indeed have these effects, when taking a small dose of it, they would initially experience euphoria. It should be questioned as to whether this euphoria is a result of a chemical property of the drug or the social learning, conditioning, and expectations of the users. When analysing the effects of heroin and other drugs devoid of all forms of social learning, it is possible to see that its effects are consistent, whether in the initial or later stages.

An essential point for consideration here is the fact that many alcohol or heroin users report feeling euphoria only during the early stages of their use and, after a prolonged period of using heroin, do not report experiencing any such feeling. This may be an effect of what is known as the symbolic function of the substance and sometimes the 'Forbidden Fruit Syndrome' by which anything taboo or labelled as potentially dangerous is perceived as attractive. The initial feeling of euphoria is more an effect of psychological and social factors than chemical factors. Heroin users cease to experience this feeling of euphoria after prolonged heroin use when heroin becomes a compulsory ritual in their lives. They then tend to feel uncomfortable when not using the substance due to the solid psychological attachment they have by this time forged with it and use it as a means of easing this perceived discomfort.

The myth (*miccā*) of Enhancing Creativity

Some artists and artisans in the habit of using alcohol claim that it enhances their creativity. Though creativity is an inborn quality, through the process of conditioning, using alcohol before embarking on an artistic project could eventually result in artists and artisans beginning to regard alcohol as something that triggers creativity. Artists and artisans who use alcohol with this belief could be challenged with the question as to whether it would be possible for a person who lacks ideas to complete a particular project assigned to them (such as an essay) and suddenly be able to develop such ideas if alcohol is given to them.

Especially heroin and cannabis users say that after using the substances, they can concentrate on a given task better. As heroin or drug users tend to isolate themselves from others, it would appear to some that they can spend hours in deep contemplation. What happens is that following the use of heroin, cannabis, and many other drugs, people become inactive and lazy and are unable to compose their minds to form coherent thoughts. Apart from their discomfort, users cannot concentrate on much else. It is very evident that heroin or cannabis reduces one's ability to concentrate. This becomes clear when asking users questions to which the answers require a significant amount of attention and concentration, for example, whether they were able to come up with exciting ideas on a particular matter or whether they were able to create any marvellous works of art while under the influence of heroin cannabis or any other drug.

Myth (*miccā*) of Being "Macho" or Daring after using Alcohol or Drugs

Alcohol-induced misbehaviour is often used as a means of showing off to others, and those who engage in it are usually aware of their actions. At the discussion, the participants could be asked about the behaviour of a person following a bout of drinking and how it changes amid various others, for instance, how the person would behave before those of a similar or lower level of strength and power compared to how the same person would behave before those greater in strength and power, for example, a police officer. Typically, in the presence of the latter, alcohol users are likely to turn weak and cringe despite having the same amount of alcohol in their systems as in situations in which they are in the presence of the former and would behave aggressively. Alcohol users who thrive on this false sense of courage do not usually choose targets tougher than themselves.

One may then understand that alcohol-induced misbehaviour is directed at those who are weak and defenceless or at those who always tolerate and pardon such behaviour, citing alcohol to be its primary cause. For example, when an alcohol user beats his wife under the influence of alcohol, he is well aware that he will not be held accountable for his actions the next day.

The state of disinhibition reported by alcohol users is not so much a chemical effect of alcohol as it is an effect of alcohol-related expectancies based on the social milieu. In other words, people who consume alcohol and claim to misbehave due to its effects act more on what they have learned from society than on any chemical effects of alcohol. As alcohol-induced misbehaviour is pardoned or viewed with tolerance and permissiveness, in many societies, there is a tendency to blame the alcohol and not the user for aggressive behaviour. Alcohol is often used as an alibi or an excuse for unacceptable behaviour. As a result, alcohol users, following a few drinks of alcohol and a spell of inappropriate or aggressive behaviour, may often use statements such as the following to justify their actions:

- "I had too much……."
- "I was under the influence……."
- "I can't remember……"

It may be observed that in societies where there is no tolerance and pardoning of alcohol use, alcohol users are less likely to behave abusively.

Some drug users try to portray themselves as dangerous people. Due to their expectations of heroin, methamphetamine, or other drugs, some users may enter a state of submission in which they perceive themselves in a different realm where they can freely engage in deviant behaviour and act in ways that are harmful to others. This behaviour is often likely to be excused by others due to the belief that the user is unaware of their action when under the influence of drugs. Users may take unfair advantage of this assumption, using it to justify the intimidating image they may create for themselves in society. Their chances of enjoying the same freedom in a less permissive environment are decidedly slimmer. Those who use heroin and drugs to develop a threatening image do so only among those who tolerate or feel threatened by such behaviour. In the presence of a superior or more powerful figure, however, users who otherwise display threatening behaviour tend to cringe, becoming meek and humble. When working with heroin or other drug users, it is essential to make them understand that those who regularly use heroin tend to be in a constant state of fear and suspicion and that due to neglecting themselves, they tend to be unclean and unpleasant to look at and are therefore shunned by society. The reason why others avoid heroin users is then not that heroin users are intimidating but that they are unpleasant.

Just as discussed regarding alcohol users, contrary to the common belief that heroin and other drugs impair conscious thought, drug users are also fully aware of their actions. They can think with conviction even when under the influence of drugs. For example, a group of users overcome by lethargy following a session of using heroin would be able to get up, hide any packets of heroin that they possess, act as though they had not used any drugs at all, and even run away should police officers approach them. An individual with an impaired mind would be incapable of such action. However, many people

are under the influence of heroin or drugs; they can identify, through experience, ways in which to behave that are advantageous to them and can display these behaviours when they feel necessary. It is because they can think with conviction that users can return to their homes, be cautious when passing by police stations, know how much money they have with them and how much they have spent, and how they should hide away from others even after using heroin. Users can also behave normally when in the company of those who disapprove of their use and take maximum advantage of those who are more permissive and tolerant. In the latter case, the users may become aggressive and threatening in their behaviour, even going to the extent of selling the furniture in their own homes.

Some use heroin and drugs to gain popularity and to maintain a place of prominence within their peer group, as well as to earn and maintain the reputation of being harsh or intimidating within the community. Others may use the substance to draw others' attention when distressed. The notion that using heroin is a successful means of drawing attention is not an effect of the substance itself but of the perception of heroin persisting in society. Among a group of individuals that see the use of heroin as foolish and cowardly, the heroin user would be seen as weak rather than rigid and would, therefore, not be able to gain much popularity.

As many users tend to neglect themselves, be unclean and have untidy appearances, they draw people's attention more negatively and are not welcome amongst them. As the use of heroin brings out the weaknesses in users, the users are more likely to be excluded rather than included in society. If at all they gain a reputation, it would be one of contempt rather than respect. These facts could be pointed out to users as a means of showing them that heroin use is, in reality, disadvantageous.

Myth (*miccā*) of Increasing Self-Confidence

Though the development of self-confidence is not caused by the chemical properties of alcohol, cannabis, heroin, or other drugs, an individual heavily dependent on substances would feel incapable of completing any task and may experience significant discomfort under circumstances in which it is not available. The common belief that leads to this is that alcohol, heroin, or drugs are required to restore 'normalcy' so that when the substance is available and is used, it becomes possible to accomplish any task. This mindset is once again merely the result of the learned responses to drugs and by no means a direct result of their chemical properties. The mind-made heightened level of self-confidence among users following a session of alcohol, heroin, or drug use, however, is temporary. Therefore, they may sometimes gradually lose self-confidence in the following use. Furthermore, despite claiming high levels of self-confidence, some users would be reluctant to go to an important place or meet a person of status if asked to do so. Occasionally, heroin users may state that heroin diminishes nervousness. This may result from the substance becoming the symbol of enhancing self-confidence through conditioning or the permissive environment, which allows them to escape blame for any offensive behaviour and blame it on the substance drug instead, thereby being able to maintain their image in the eyes of others.

Guiding heroin or other drug users to reflect on how they faced problems before the period of their use of drugs is likely to reveal that during that time, they were able to meet those problems successfully, with no difficulty. They should also be made aware that the overwhelming majority of those who successfully face and overcome the challenges in their day-to-day lives can do so without using drugs. The question must then be raised as to what the problems overcome by heroin users are and what motivates them to seek their next dose of heroin with so much desperation. Questioning in this manner enables users to understand that they have, in reality, not been able to overcome any challenges with the help of alcohol or drug use.

Myth (*miccā*) of Sleeping Better

The same individuals who use alcohol, heroin, or drugs to sleep well on one occasion may use it on another day to stay awake and to be active at a party. It is impossible to determine the chemical

properties of alcohol or heroin based on the fact that the same substance may, on two different occasions, produce completely opposite results in the same person. This is because these results are produced by the user's expectations rather than by the substance itself. Even if one can sleep after using heroin or alcohol, it is not possible to rest comfortably as the metabolism process required to eliminate the heroin from the system prevents deep sleep and reaching the REM stage so that the body does not get proper rest.

Myth (*miccā*) of the Health Benefits of Alcohol, Cannabis Heroin, and Drugs

Some people have a belief that the general use of alcohol, cannabis, heroin, or other drugs has health benefits. Those who use heroin and cannabis especially believe that the substance can make the symptoms of other illnesses subside. In reality, the symptoms produced by alcohol, heroin, or cannabis are so intense that any symptom occurring due to another disease is undermined and goes unnoticed as the focus is more on the symptoms caused by substances. The illness would also go unnoticed because the user is generally preoccupied with finding the necessary money to buy heroin or other drugs and evading the law. On observing heroin and other drug users, however, it is possible to identify those who show the symptoms of illness despite having used heroin.

Further, once they abandon the use of heroin, users may experience other ailments, even minor ones such as a headache or toothache, with more intensity since they are no longer distracted by the effects of heroin and treat them as significant illnesses. There may be some medicinal use of cannabis. Morphine and some drugs are only suitable for specific diseases with a prescribed dosage but not for general recreational usage. When we visit a pharmacy, we do not buy all the medicine stored there and swallow it simply because they are medicine. Medicinal drugs are there to be used for a particular therapeutic purpose through prescription and with the right amount. Cannabis promoters always come up with the idea that cannabis is used to prepare Āyurvedic medicines. However, even in Āyurveda, cannabis is used after removing its toxicants using various treatment methods. Some scientists who were on the payroll of the alcohol industry tried to show that a small quantity of ethanol is good for cholesterol problems, but WHO overruled this idea and declared that there is not enough evidence to support that alcohol use is beneficial for heart problems. WHO has concluded that there are no beneficial effects of alcohol use.

Myth (*miccā*) of Chemical Addiction

Users who are heavily dependent on alcohol, heroin, or drugs may often claim that it is impossible to live normally after quitting substance use. By examining these claims closely, it is possible to understand and enable the users to understand that they (the users) find it impossible to live without drugs, not because they are unable to do so but because they have no intention to quit drug use altogether. The false belief that heroin use, once initiated, cannot be stopped is yet another tactic employed by the heroin racketeers. By instilling this belief in the minds of users, racketeers can ensure that they (the users) continue using heroin. However, the statement that “once the tube is placed in the mouth, it cannot be put down again”, which had once been widely spread in society, is now gradually losing ground as there are many who have been able to quit heroin use successfully and have gained complete independence from it. Those who have stopped using heroin in this way generally do not relapse into their former habit. This proves that once heroin is viewed for its actual properties, it would lose all its recognition and attraction and would be seen as an inactive, ineffective substance.

Any difficulty arising in avoiding heroin is because the motive for the former user to stop using it was not formed on a proper basis. If the justification for abandoning heroin use was based on an external stimulus, the absence of the stimulus could result in a relapse towards the use of the substance. To stop using heroin and to be completely free from its use are two very different matters. It is notable that many heroin users invariably end up stopping the use of the substance at some point due to various social factors. Motivating individuals to abandon the use of heroin entirely by pointing out the fact that many users who stop using heroin even temporarily can survive and carry on their day-to-day activities

is an effective strategy in weakening the bond that they have with heroin and in freeing them from their use of the substance.

Heroin or drug use comes to be perceived as attractive only if society continues to recognize and endorse the exaggerated and irrational image attributed to it. Similarly, if people do not know the substance accurately, they would avoid it out of fear. Those who learn to avoid heroin by depending on something else without being properly freed from their use of heroin may develop a deep sense of fear to even walk past a place at which heroin is sold. They may run away at the sight of a person who sells heroin or in the presence of a friend who uses it. This abnormal form of avoidance is not a sign of a user being completely free from the use. To those who possess accurate knowledge of heroin, it is merely another chemical with no 'magical' properties, so one may easily choose to avoid using it without experiencing any fear or anxiety.

Myth (*miccā*) of pleasure in Intoxication

Some individuals are of the view that they use alcohol or drugs such as heroin to get intoxicated and that becoming intoxicated is pleasurable. They should be asked how they feel in their head, stomach, or body when intoxicated. The word 'intoxication' is often used to describe the effects of alcohol or drugs by those who have not correctly examined the actual experience of such drug use. They do not possess correct knowledge of the use of the substance and its consequences, such as the discomforts caused by heroin or drug use, such as heavy-headedness and dizziness, nausea, abdominal pain, drowsiness, lifelessness, and itchiness. This shows the unpleasantness of using heroin or drugs, and these effects are all concealed under the broad umbrella term 'intoxication'. Freeing oneself or others from dependence on heroin or drugs cannot be done using such misleading terms. When users claim to have been 'intoxicated' after using heroin, they should be immediately questioned, and their accurate and actual experiences should be brought to light. According to Buddhist teachings, intoxication leads to heedlessness (*pamāda*), not paying attention to day-to-day real needs, and then neglecting life.

Myth (*miccā*) of warmth in alcohol use

Some use alcohol as a means of warmth in cold weather, claiming that they will feel warmer following a few drinks. In reality, alcohol causes the veins and arteries to expand and move closer to the surface of the skin. The same phenomenon occurs, for example, when doing strenuous physical exercises, which causes a flushed complexion, especially in those with fair skin. This process causes the body to emit heat faster, lose body heat, and feel colder, easily leading to hypothermia.

Myth (*miccā*) of alcohol as an appetizer

Alcohol is often viewed as a substance that enhances appetite. Some may believe that alcohol enables them to eat normally or better than they would otherwise be able to, and others may use it simply as an appetizer. People in the habit of consuming alcohol before or with meals may feel uncomfortable without it. These are yet more examples of how the alleged positive effects of alcohol are generated.

Interventions at the Community Level

Through community-level interventions, it is necessary to ensure that members of the community understand the basis of the presumed pleasure in alcohol and drug use. The community must be made aware that if a person uses alcohol or drugs when faced with a problem, the alcohol or drug use aggravates the situation rather than facilitates the process of solving or forgetting the problem. They must also be made to understand that any form of behaviour under intoxication is carried out under the complete volition of the user. Further, the community must be made aware that the social acceptance of alcohol or drug-induced misbehaviour is due to the existing social beliefs and not otherwise. The

basis of these beliefs is the assumption that alcohol inhibits the cognitive process and the ability to reason, thereby magically transforming users into beasts. Members of the community should be guided to challenge statements such as, “I was under the influence of alcohol….” and “I cannot remember a thing…” Such statements are commonly used as excuses for alcohol-induced misbehaviour. Therefore, community members should be trained not to pardon such behaviour.

Community-level interventions should also seek to rebut words and phrases that are connected to alcohol and drug use, such as “as high as a kite”, “smashed”, “one for the road”, “drink one”, “under the taboo”, “cheers”, “bottoms up” etc. All of these attribute connotations of fun and pleasure or strength and vitality to alcohol use. These words should be recognised as a means of hiding the actual unpleasant experiences of alcohol use. Similarly, the rituals and practices surrounding the use of alcohol must also be revealed to be a façade used to conceal its unpleasantness. This could be done by asking alcohol users to show their actual experiences of consuming alcohol via individual interviews.

Community interventions should seek to guide the community to view alcohol, tobacco, or drug use as a sign of a weak character and low self-esteem and to expose the use of alcohol for what it is (i.e., an unpleasant experience hidden by pleasant factors that form its setting and atmosphere). The community should be educated on identifying symbols that contribute to the positive image of alcohol and drugs, for example, sporting gear bearing logos and slogans that promote particular brands of alcoholic beverages that, in actuality, would demean the sport.

The community should also be educated on the subtle promotions of alcohol, tobacco or drugs seen in their day-to-day surroundings. These promotions can even be found within the home, for example, in the form of empty liquor bottles and wine glasses that are displayed as ornaments or gifts that are displayed as souvenirs. Similarly, awareness should be spread on the many jokes, yarns, and amusing anecdotes that either focus on or include alcohol users that portray them positively. The community should be made aware that by deriving amusement from such jokes, yarns, and anecdotes or by relating them to entertain others, people will inadvertently promote the use of alcohol and make it more socially acceptable. Hence, by not being amused by such stories and jokes, one could support prevention efforts by refraining from flaunting alcohol use.

Prevention activities should emphasise that alcohol and drug use is a violation of the rights of non-users as well. Taking tobacco use as an example, non-smokers have a right to live in a smoke-free environment, and smoking in public places, as a cause of inconvenience and a health hazard, is a violation of that right. A similar scenario could be drawn up for alcohol. For instance, the people of the community could be made to understand that alcohol users violate the rights of non-users by depriving them of an environment free from the odour of alcohol and the violent and abusive behaviour associated with its use. The actual effects of alcohol and how it impairs the well-being of the users should also be exposed, particularly that by harming their well-being, users are depriving themselves of their rights. This could be explained using, as examples, the various myths that glorify alcohol despite its actual adverse effects. For instance, though alcohol is served at parties to increase the level of enjoyment, what happens, in reality, is that alcohol decreases the pleasure of those who consume it. They are unable to enjoy themselves as much as they would have otherwise been able to as a result of the feelings of dizziness, nausea, and thirst, as well as the lack of coordination resulting from alcohol use. Similarly, while alcohol is viewed as a means of relaxation, the removal of the toxic metabolites found in alcohol from the body requires the prolonged functioning of the internal organs. Consequently, alcohol users end up experiencing increased fatigue and stress. In the alcohol prevention program, these examples could be used to show people, and especially the users, that by consuming alcohol, they are depriving themselves of their health and well-being.

Creating awareness of the high level of expenditure on alcohol is another effective and practical approach to conducting alcohol prevention activities at the community level. A significant number of financial resources are spent on alcohol and tobacco use, even in small communities. The total cost is borne by families, especially among the poorest, often exceeding the amount spent on essential needs. The youth of the community could be gathered and made to calculate a rough estimate or a close approximation of the total expenditure on alcohol within a given period. The amount calculated and how the amount spent on alcohol could otherwise be spent on development activities need to be

discussed with the community leaders. The total cost of alcohol use could then be compared with the total amount of funds allocated by the governments towards assisting the marginal groups of society, such as the recipients of state welfare assistance. Discussions on the wasteful expenditure on alcohol, tobacco and drugs can also be discussed with the owners of the sales outlets, and their assistance can be sought in the prevention of alcohol use, especially among minors, for example, by making it a social responsibility to refrain from displaying the promotional materials of the alcohol and tobacco companies.

Dealing with Promoters

Any efforts at alcohol and drug prevention will inevitably meet with opposition from the users and promoters of alcohol, tobacco, or drugs. Both groups can and will attempt to undermine prevention activities through subtle means, if not confrontation. In such instances, the opposition from the alcohol users and promoters could be neutralized by educating them through the awareness campaigns conducted within the community. It should be expected that certain users who are severely dependent on alcohol or drugs would attempt to disrupt prevention activities with derogatory remarks. Hence, it should be emphasized at the very beginning of the initial discussion that prevention activities are by no means a battle between alcohol users and non-users but that alcohol use is an epidemic that harms both parties alike. In this discussion, it is also necessary to illustrate that some users have unwittingly become agents of the alcohol trade without having any benefit.

Delegation of Tasks

Following the discussion of the above points, participants should be divided into groups, and a specific task should be assigned to each group. Campaign leaders should then be identified, and target dates must be set for completing their assigned tasks. This will form a handy and solid base for the Community Action Team's future initiatives. While each participant must take on at least a small task, the tasks undertaken should depend on each individual's level of interest and commitment.

The overall objective of the alcohol and drug prevention programme is to decrease the attractive image of alcohol and drugs within the community. When this attractiveness is diminished, alcohol or drug users and non-users who are sympathisers of alcohol use will reduce their attachment to substances, and this eventually reduces the craving for such substances. In such a changed environment, young people will be protected from being easy prey for alcohol and drug promotions. In contrast, current alcohol and drug users are motivated to discontinue their use. Participants in the discussions could agree to activities at various levels. They should be able to conduct activities independently. For example, a person in the habit of using alcohol at social events can agree to monitor the actual feelings they experience following the use of alcohol. The same person could also leave their companions, with whom they usually consume alcohol, for a short while and examine their reactions following the consumption of the drinks to assess whether their real sensations are pleasant or unpleasant.

The more active participants in the initial discussions could volunteer for more responsibilities. Some of them could undertake to educate a given number of people by holding casual discussions through informal contacts, preferably in informal settings, on how alcohol, tobacco, and drugs are promoted in everyday life, for example, how they are spoken of. Through casual discussions, this group could attempt to reverse the social influences promoting alcohol use. Another group could catalogue or assess the losses incurred by the users and their families and communities through the use of alcohol, tobacco, and drugs. Yet another group could spread awareness among as many members of the community as possible, suggesting that steps must be taken to minimise, if not completely eradicate, the losses due to alcohol and drug use.

Another possible community approach is to involve the members of the community to assess the existing positive beliefs about alcohol and drugs within the community and to assess any changes in these beliefs. Community action team members could also guide the community towards re-examining

their own beliefs. Some of the main points discussed earlier in this chapter should be useful in conducting prevention activities. The young people of the community could be mobilized and stimulated to challenge the social image of fun and enjoyment surrounding alcohol and drug use. They could be guided to study the words and rituals used by users and non-users that contribute to building a positive image of alcohol and drugs. They could also work out ways to challenge and change this positive image. Finally, the most interested persons could take on the task of approaching special groups of alcohol or drug users and situations and working with them to achieve positive changes. The core group of the community action team attached to the temple or monastery should arrange to meet regularly, for instance, every week, to review the results of the initial meeting and make plans to reach those community members who undertook different tasks at the initial discussion.

Establishing Groups and Subgroups

Prevention efforts by community members involve a collective effort by various groups and subgroups formed from among individuals of the community itself. These groups should consist of the groups that are most likely to be influenced by factors that promote alcohol use and that have the potential to create a significant difference in alcohol and drug use within the community, namely the:

1. Youth
2. Children
3. Women
4. Users

The following chapters describe how each group can carry out prevention activities.

Working with Youth in Primary and Secondary Prevention

6

Youth are considered to be a vital segment of society when discussing issues about alcohol, tobacco, and other intoxicants. Even though most young people do not use alcohol, tobacco, or drugs, they are susceptible to the influences of advertising and social learning, under the influence of which they may be more likely to initiate or experiment with alcohol and drug use. The direct and indirect promotions and advertisements of the alcohol and tobacco industry and indirect promotions of the drug mafia mainly target the youth, attracting them as new consumers for their products. It is, therefore, essential that the youth of the community are well-trained to understand the reality of intoxicant use and be involved in alcohol and drug prevention activities with their peers and with the community. Young people are generally energetic and enthusiastic, so they can easily be educated and motivated to take action. It must be recognized that building their capacity to take leadership in actions against the promotion of alcohol and drugs would be an excellent resource for prevention efforts.

Until recently, preventive education on alcohol and drug use for youth has been a didactic process. In the past, it was expected that young people, when told what to do, would obediently behave appropriately and refrain from using alcohol or drugs. While this approach has been proven ineffective and even counterproductive, preventive education has now moved away from it, seeking new ways of tackling the issue of alcohol or drug use among youth. There is a general agreement that one-time special events that only give away factual information on the ill effects of alcohol and drug use through fear tactics or testimonials of formerly addicted persons are not very effective prevention strategies. However, for a considerable period, these have been the main bases for the prevention of alcohol or drug use.

Buddhism is not limited to religion; it is truly an education involving threefold training*: sīla, samadhi and paññā, which leads to the wisdom,* understanding and discipline of life. Methodologies adopted in Buddhism in behavioural and cognitive transformation could be easily adopted when dealing with youths in preventing their alcohol, tobacco, and other drug use. The ultimate aim of Buddhism is liberating from all attachments and realising Nibbana. People use alcohol and other drugs because they have developed an attachment and greed (*lobha*) to those intoxicants due to the wrong view. Various Buddhist suttas used different words to express the nature of this greed, such as impulse (*kāmacchanda),* desire (*chanda*), excitement (*rāga*), enjoyment (*nandi*), thirst (*tanhā, pipāsā*), consuming passion (*parilāha*), or swoon or confused state of mind (*mucchā*) and these terms are helpful to understand the nature and the different levels of addiction to alcohol and drugs. In liberating from this attachment to alcohol or drugs, the right view (*Sammā ditthi*) has to be developed on alcohol and drugs.

Mahavēdalla Sutta of Majjima Nikāya explains the way of developing the right view.

"Kati panāvuso, paccayā sammādiṭṭhiyā uppādāyā" ti. "Dve kho, āvuso, paccayā sammādiṭṭhiyā – parato ca ghoso, yoniso ca manasikāro. Ime kho, āvuso, dve paccayā sammādiṭṭhiyā uppādāyā ti".

"Friend, how many conditions exist for the emergence of the right view?" "Friend, there are two conditions for the emergence of the right view: the voice of another (*parato ghoso*) or listening to correct teaching and wise attention (*yonisomanasikāra*). These are the two conditions for the emergence of the right view."

In communicating prevention messages to youths, firstly, there should be a worthy friend or a reliable educator, kalyāna mitta, who, with compassion, delivers the message. Secondly, the message's content or Dharma should be worthy, intellectual and penetrative to create the necessary transformation within the youths. These factors are included in the term "utterance of another person" (*parato ghoso*). Learned youth who comprehend the prevention message will be such good friends *kalyāna mitta* to deliver the message to his peers so that peer education is a cost-effective and efficient way of disseminating the right information among youths. According to this sutta, the second condition for the right view is the receiver's wise attention (*yonisomanasikāra*). This *yonisomanasikāra* is referred to as right attention,

wise reflection, critical reflection, analytical reflection, systematic attention, reasoned attention or wise consideration in various places in Buddhist literature, which indicates that it is not mere attention but thinking in terms of a causal relationship between how things arising and unfolding or fading away.

Āhāra Sutta explains that wise attention (*yonisomanasikāra*) is the food for the arising of the un-arisen seven factors of enlightenment or awakening (*sapta bojjhaṅga*) and the growth and increase of the arisen factors of enlightenment. The seven factors of enlightenment which lead to liberation are:

1. Mindfulness (*sati*)
2. Investigation of dhammas (*dhamma vicaya*)
3. Effort (*viriya*)
4. Rapture (*pīti*)
5. Tranquillity (*passaddhi*)
6. Concentration (*samadhi*)
7. Equanimity (*upekkhā)*

Although most youths are not addicted to alcohol and drug use, to emancipate from the positive and attractive image of alcohol and drugs in the mindset which has been created through conditioning and social learning, wise contemplation on alcohol and drug use is needed. They have to look at their own or any other person's alcohol or drug use mindfully (*sati*) and investigate how a dull chemical like ethanol has become attractive (*dhamma vicaya*). Changing long-standing beliefs is difficult, so they should try to comprehend them with effort (*Viriya*). Especially in Western culture, alcohol use is so typical and accepted that one has to think out of the box to understand the futile nature of alcohol use. Thinking of abstaining from using alcohol at the next party will be an alarming thought, at least for some youths. They may have to develop tranquillity (*passaddhi*) and concentration (*samadhi*) to have the right view of alcohol and drugs. In the later stages, looking at alcohol and drugs with equanimity (*upekkhā)*, that is, without any attraction or repulsion towards alcohol or drugs, is an essential factor for clear comprehension as both the attraction and repulsion create biases that cloud the reality of alcohol or drugs. According to the above-mentioned Mahavēdalla Sutta, liberation could be achieved in two ways;

1. Deliverance of mind (*cetovimuttiṃ)*; awareness-release
2. Deliverance by wisdom (*paññāvimutto);* discernment-release

When youths develop their mind on the ill effects and the consequences of alcohol and drug use, they may partly be liberated from alcohol or drugs as their moral standards and virtue are developed. When youths study in Dhamma school, just after meditation training or prevention education programme, they may refrain from using alcohol or drugs for a certain period. It can be observed that after some time, they again start using alcohol, probably moderately, as they have not entirely eradicated their attachments to alcohol. Only with wisdom could someone completely eliminate the attachment towards alcohol or drugs and be fully liberated from substance use. This liberation could be explained as Deliverance by wisdom (*paññāvimutto).*

As discussed in previous chapters, alcohol or drug use is an unwholesome behaviour that occurs due to the defilements (*kilesa*) in mind. When liberating from alcohol or drug use, it is a process of removing or overcoming (*pahāna*) those defilements. In Buddhism, five strategies or cognitive modifications are adopted to resolve problematic behaviours or psychological disorders.

1. *Vikkambhana pahāna*- Overcoming repression, i.e., the temporary suspension or pushing back of adverse things such as five hindrances, through the mental concentration (*samadhi*), just as a pot thrown into moss-clad water makes the moss aside
2. *Tadanga pahāna* – Overcoming by opposite or opposing the defilements through the factor of knowledge belonging to insight (vipassana), just as a lighted lamp dispels the darkness of the night.
3. *Patipassaddhi pahāna* – Overcoming by tranquilization

4. *Samuccheda pahāna* – Overcoming by total destruction, through wisdom, destroy all the relevant defilements or fetters that cannot sustain or continue any longer, just like a tree destroyed by lightning
5. *Nissarana pahāna- Overcoming* by escape, which is identical to the extinction and Nibbāna
   It is explained in Mahavēdalla Sutta that the right view is assisted by virtue, assisted by learning, assisted by discussion, assisted by tranquillity, and assisted by insight. Aided by these five factors, the right view has awareness release as its fruit and reward and discernment release as its fruit and reward. In the light of Mahavēdalla Sutta, when conducting alcohol and drug prevention programmes, paying attention to the following points will be helpful.

   I. A trustworthy person with compassion could deliver prevention education.
   II. Programme content should generate development in mind and wisdom.
   III. Content should analyze how alcohol and drugs became magical and attractive through the wrong view and conditioning and bad learning (*vipallāsa and papañca*)
   IV. Education programmes first be able to generate a behavioural transformation through virtue (*sīla*) and cognitive transformation through concentration (*samadhi*) and wisdom (*paññā*).
   V. Content should be able to suppress defilements through mind development and completely eradicate attachment to the substance through wisdom (*paññā*).

An effective strategy for introducing interesting and motivating long-term prevention programmes within the community is to form a group of youth volunteers who educate and transform their peers and organize and conduct community-level alcohol and drug prevention activities. This group should consist of female and male members who can meet regularly and are dedicated and committed to their common cause. Prevention programmes for youth should focus on demystifying and deglamourizing alcohol and drugs and the settings of their use. A better impact can be achieved if the activities of the youth group could be integrated with the broader community-level prevention activities conducted by the Community Action Team. The activities of the youth group should be planned in a way that the young people of the community are guided towards the self-realisation that the experience of using alcohol or drugs is unpleasant and uncomfortable. It is also essential that the youth are educated on how the use of alcohol is made pleasurable through the process of conditioning. To change the attitudes of youth towards alcohol and drug use, it is necessary to identify factors that promote it. This is a beneficial exercise that enables one to remove the effects of extraneous factors that are associated with alcohol or drugs, as it would guide non-users to understand better the chemical effects of the substance and how its use has been made pleasurable through these extraneous factors.

More often than not, young people tend to find that the idea of challenging any traditional norms and beliefs is exciting. Taking this into account, the members of the youth group and other young people within the community could be made aware that the idea that the chemical effects of alcohol or drugs are inherently enjoyable is based on shared social beliefs just as much as the attractive image of alcohol is. This way, challenging the existing beliefs on alcohol and drugs could be presented as a fun activity. Youth could take up the challenge to falsify the misconceptions of the image of alcohol and drugs as part of their daily routine. Furthermore, they could get involved in activities that would prevent the promotion of alcohol, tobacco, cannabis, heroin or other drug use. They could, for example, avoid wearing clothing such as T-shirts with promotional messages that encourage alcohol, tobacco or cannabis use. Similarly, they could urge the community's youth clubs and sports clubs to refrain from accepting any sponsorship from companies that sell alcohol or tobacco. Youth should gradually be made to understand that parties and other festivities would be more enjoyable without alcohol or drug use so that the non-users on these occasions would experience no discomfort and unpleasant situations as a result of the behaviour of the users. They should also be guided to observe the behaviour of alcohol or drug users at festivals and other celebrations, noting that the users, rather than actually enjoying themselves, are only pretending to do so. They could later expose this observation to the users by discussing the issue with them directly and openly asking them to express their actual experiences after drinking alcohol or taking drugs.

Youth Participation

Most young people get attracted to and initiate alcohol, tobacco, or drug use at special, typically cheerful occasions such as parties with a considerably low dosage and most of the time only symbolical, to show off "I used alcohol or drugs". After that, they would continue to use alcohol or drugs on various other occasions at different stages of their lives. A person who initiates alcohol or drug use during friendly encounters with others in low amounts may continue to use alcohol or drugs for a considerable period and, after that, would not be able to enjoy a social gathering without it. In the same way, alcohol or drug use would become associated with other occasions and events with similar consequences. As a result, over some time, more and more ordinary activities would become related to alcohol or drug use, and the users would eventually become less able to live normally and enjoy life. Hence, alcohol or drug use would become an obstacle to young people, impairing their ability to enjoy their life to the fullest.

The youth group would have the responsibility of challenging and correcting the false expectancies of alcohol, tobacco, cannabis, methamphetamine, and heroin use and the incorrect practices associated with the use in their community. They must, therefore, take a leading role in creating a better social background for the community's overall development. They must also be aware that the alcohol and tobacco industry and dealers persistently target children and young people by portraying alcohol or tobacco use as an act of the high society, deceiving them to make more money.

Furthermore, members of the youth must become aware, and make others aware, that by falling prey to these tactics of the alcohol or tobacco industry and the drug dealers, children and young people are in danger of becoming entirely dependent on alcohol, tobacco or drugs. As shown in Fig. 7, if people become dependent on alcohol or drugs during adolescence or youth, they are likely to continue alcohol or drug use into adulthood, and it would eventually occupy a central part of their lives. They would cast all other activities into a subordinate position so that their lives would be governed entirely by the use of alcohol or drugs. By increasing awareness of these long-term consequences of alcohol and drug use, it would be possible to prevent children and young people from becoming dependent on the substance.

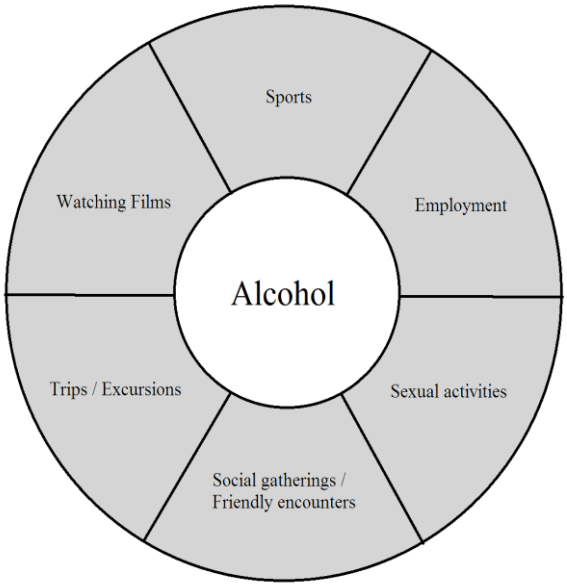


Fig.7: How Alcohol Becomes the Main Focal Point in The Life of an Alcohol Dependent Individual

Connecting with youth through both formal organizations and informal groups and getting them involved in alcohol and drug prevention activities gives them valuable life experiences that could improve their creativity and the ability to meet challenges even later on in life. Formal youth organizations include youths associated with monasteries or temples, youth clubs, football, cricket and other sporting teams, musical bands, and troupes of actors and dancers. There are also informal youth groups, such as groups of friends and other special groups, collectively organizing religious gatherings and other social functions.

Prevention Messages

As mentioned earlier, using alcohol or drugs is, in reality, an unpleasant experience. It becomes pleasant not due to the substance's chemical effects but due to the flawed values attributed to it by society. In other words, it becomes attractive due to environmental factors rather than natural factors. Therefore, in preventing alcohol use, it is essential to recognize the subtle effects of these environmental factors that make alcohol use be perceived as fun and enjoyable.

One way in which youth may learn to recognize alcohol use as attractive is if they witness a famous, much-admired person, such as a celebrity, consuming alcohol or drugs. Similarly, in situations where the majority of people use alcohol, many young people will find it humiliating to avoid using it. In these situations, even one who finds alcohol use to be unpleasant or unentertaining would be compelled to pretend otherwise to avoid humiliation. Here, the perceived unpleasantness of not using alcohol would far outweigh the actual unpleasantness of the effects of alcohol. Furthermore, those who claim to be more experienced in alcohol use would exaggerate the false expectancies surrounding it and its alleged benefits, thereby exerting more pressure on the non-users to consume alcohol. Even those who do not consume alcohol would often have no choice but to participate in activities that would encourage alcohol use, such as giving company to the users and being amused by their absurd behaviours.

The use of alcohol is often initiated at meetings with peer groups and continues due to certain social factors (see Fig. 6) that make it pleasant and attractive. As a result of being conditioned through these factors over an extended period, alcohol is transformed into a symbol of happiness. For example, youth may feel energized and exhilarated at the mere sight of a bottle of alcohol and attribute the cheerful mood prevailing at casual meetings with peers to alcohol.

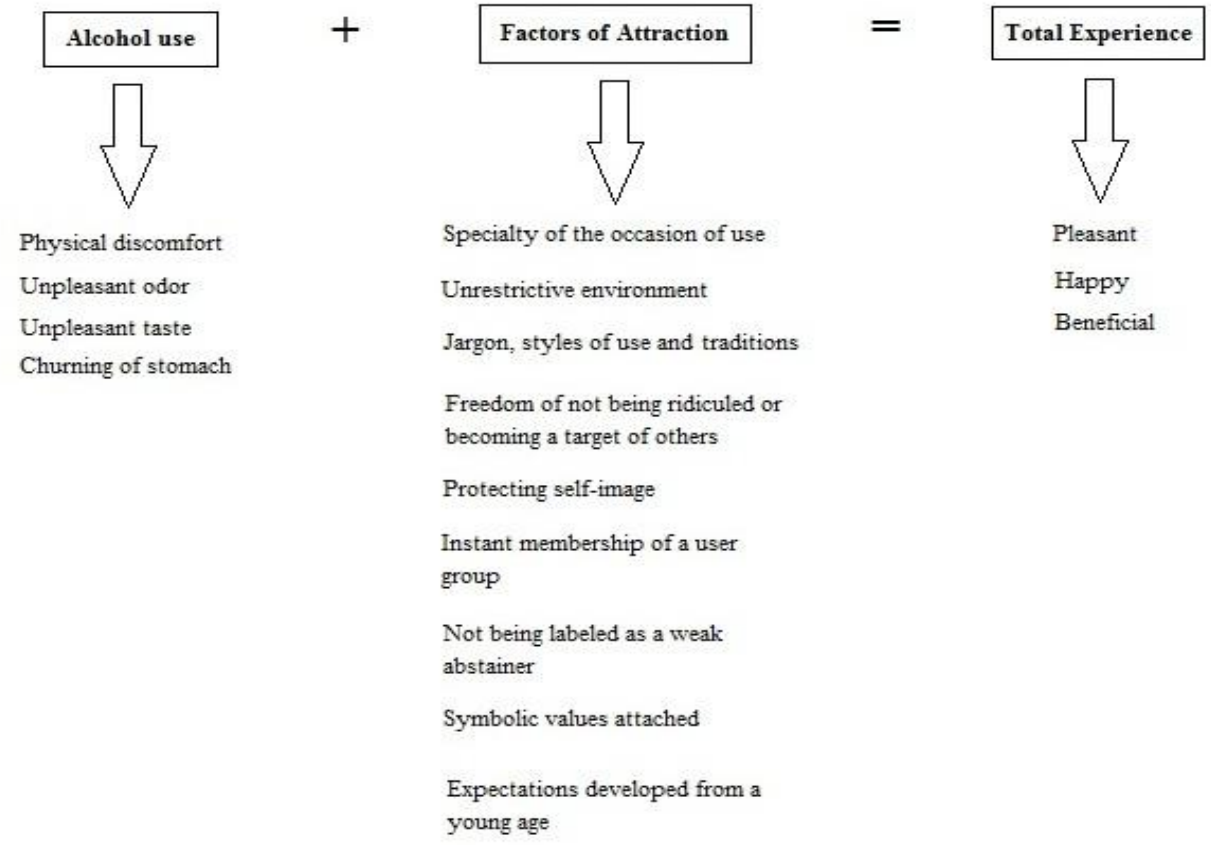


Fig. 8: How Factors that Make Alcohol Attractive Influence How Alcohol Is Perceive

Young people who initially associate alcohol or drugs with happy occasions would, over a while, learn to believe that no special occasion would be cheerful without it. Following prolonged conditioning, they may find themselves unable to enjoy any special event without alcohol. Similarly, they may gradually lose their ability to perform other tasks that they could generally do unaided, such as sleeping and eating, if alcohol is not available. One may then understand that getting accustomed to the use of alcohol seriously limits a person's normal capabilities. It is crucial to guide youth towards understanding this, as well as the fact that just as the initiation of alcohol use restricts the abilities of individuals, refraining from alcohol use enables one to think freely and logically, thereby maximizing the level of contentment in life.

Approaches to Avoid when Working with Youth

When working on alcohol prevention with youth, several points need to be taken into consideration. Taking a stance that strongly opposes alcohol use is not advisable as it carries the risk of giving the impression that the main objective of the programme is to stop "someone's use of alcohol". This would not be appealing to young people. Similarly, puritan or moral approaches or fear tactics have proven ineffective or counterproductive. Alcohol or drug prevention approaches should not be limited to lectures and seminars. Likewise, activities like protest marches or walks have little effect on changing the behaviour of users and non-users and are, therefore, of little value.

Reducing the Attractiveness of Alcohol and Drugs

As mentioned in the previous sections, the attractive image built around alcohol motivates young people to initiate its use. Members of the youth group should then question the basis for alcohol or drug use and judge the irrational acts committed by users under the influence of such substances. The youth group must understand and educate others that these acts are committed consciously and that the persons committing such actions should not be permitted or pardoned.

Parties and excursions are fun-filled and enjoyable events whether or not alcohol or drugs are present. The same applies to casual events such as meetings with relatives or friends and celebrations at the end of examinations. Any person would enjoy such occasions whether or not they are an alcohol user. Notably, the enjoyment at celebrations, festivals, and other events is derived from their environment rather than from the chemical effects of the alcohol consumed. However, it is often at these very celebrations and events that alcohol use is initiated, especially by young people. The youth of the community must be made aware that those who initiate alcohol use get trapped in the clutches of the alcohol industry and spend the rest of their lives miserably. The youth group and the other young people within the community should be brought to a level of understanding that they can boldly state that the "fun" at a party is not derived from alcohol or drugs and clarify that alcohol or drugs are in no way connected to the merry and joyous nature of the occasions. They should be enabled to recognize any attempts to glorify the use of intoxicants through interpersonal communications and the print and electronic media and work towards exposing these as lures that attract and trap individuals, especially children and young people, in a vicious cycle that is difficult to escape.

There is also the widespread misconception that having consumed intoxicants such as alcohol, a person could engage in indecent behaviour without restrictions. For example, laughing or crying loudly in a way that is disturbing to others would be considered unacceptable if done by a sober person but excused if done by a person under the influence of alcohol. Other misconceptions in society cast alcohol in a positive light; for example, the idea that those who consume alcohol are cheerful, amiable and open-minded and that those who do not are weak, timid, and incapable of achieving much in life. These misconceptions are so strong that many youths are motivated to become alcohol and drug users solely based on them gradually. It is, therefore, essential to encourage the youth to challenge the misconceptions surrounding intoxicants and expose the fact that users have curtailed their well-being and become trapped in the snares of the alcohol and tobacco industry and vendors. They should be made

to understand that those who do not use alcohol or drugs are more likely to enjoy life to the fullest. The youth groups should be capacitated to encourage non-users to convey subtle messages to the alcohol users that alcohol is in no way connected to their happiness or their behaviour and that they (the users) might, if they choose to, engage in the same behaviour even without using alcohol. In other words, non-users should be immunized against the advertising and marketing strategies used by the alcohol or tobacco industry to create and spread misconceptions about alcohol or tobacco. Statements such as the following are examples of how alcohol or drug use is (inadvertently) promoted in day-to-day life. Youth must understand and work towards correcting these wrong notions:

- "Drinkers are good-hearted fellows"
- "What is wrong if someone has a drink occasionally?"
- "When he is intoxicated, he is like a bird."
- "When he is drunk, he is like a child."
- "Isn't it manly to drink/use drugs? So, what is wrong with that?"

Another task of the youth group would be to train other young people to negate or "deflate" these irrational statements and oppose them through humour or by expressing disagreement through non-verbal cues. This could be done by directly challenging the actual alcohol or drug experience. For example, the statement "Our guys got together and had a few drinks yesterday" could be challenged with a statement such as "Does that mean you guys drank alcohol? Doesn't it stink?" Similarly, the statement "I had too much to drink" could be challenged with a statement such as "You mean your body is aching? What a pity!"

Young people could be encouraged to observe and counteract the antics employed by users to cover up and neutralize the unpleasant effects of alcohol through activities such as:

- Booing the users when they raise their glasses to cheer for deglamourizing substance use
- Asking the user about the actual physical sensations they feel when consuming alcohol or drugs
- Asking why savoury food items are eaten while drinking alcohol (Isn't it to cover up or reduce the unpleasant taste of the alcohol?)
- Refraining from laughing at the silly jokes and antics of those who are intoxicated

Additionally, they could encourage users who have not yet entirely quit the use of alcohol but are in the process of doing so to question other users on the actual experience of alcohol, even while drinking, with questions such as: "My head feels heavy now, how about yours?"

Working with the Community

Young people could play a vital role in the prevention of alcohol and drug-related problems by mobilizing their communities to participate in the prevention efforts. They could also create a network of community-based organizations and volunteer organizations working in their communities by disseminating information on absolute truth and the harm caused by alcohol, tobacco, cannabis, heroin, or other drug use.

The youth group could convey prevention messages to peers, children, adults, and users. They could spread awareness by displaying posters and banners in public places and distributing leaflets, pamphlets, and direct mailers to the general public. They could also facilitate the removal of any promotions and advertisements of alcohol or tobacco displayed in their communities in shops and boutiques or by the roadside. In addition to these, the youth group could intervene to reduce alcohol use at weddings, funerals, and other occasions in their communities and motivate the users to reduce and eventually quit using alcohol, tobacco and drugs.

Working with Children

As an energetic, enthusiastic, and dynamic group, youth could greatly help get the children involved in alcohol, tobacco and drug prevention efforts within their communities, especially by conducting exciting and enjoyable activities with children's groups. The youth group should understand that the importance of involving children lies in the fact that when the correct beliefs about alcohol are instilled early in life, its use is less likely to be seen as attractive and glamorous. Here, it would be helpful to improve the skills and talents of the children through activities such as singing, music, or sports. Children's clubs and camps could be instrumental in alcohol and tobacco prevention as these could be used to teach the correct attitudes and values among children. Children could also be guided to correct the misconceptions about alcohol use in their communities. For example, in reply to statements such as "Those men boozed yesterday, and one of them got high", children could be trained to say, "By high, do you mean he was drunk and feeling ill?" One of the main tasks of the youth group could be to teach the children in these areas and ensure that they develop an accurate understanding of alcohol, tobacco, and drug use.

Working with Users

Youth groups could engage in activities that discourage the consumption of alcohol, tobacco, or drugs within their households, neighbourhoods, and communities by revealing the unpleasantness and the uselessness of alcohol or tobacco use. Alcohol or tobacco users should not be avoided or disregarded in community-level prevention efforts. Instead, members of the youth group must have discussions with them in a friendly manner and assist them in reducing their consumption of alcohol, tobacco or drugs. They could discuss prevention concepts with the users and come to a consensus with them that even if they continue to use intoxicants, their misbehaviour would not be tolerated. They could also guide the users to question their actual feelings and effects of alcohol or drug use and help them to find ways to gradually reduce the quantity and frequency of alcohol, tobacco or drug use and eventually quit.

Working with Informal Youth Groups

The involvement of other community organizations is essential to ensuring a more effective community approach and to achieve better results. In working towards alcohol, tobacco, and drug prevention, the youth group could join hands with other informal groups operating in the area by networking with leaders and influential personalities within the community.

It should be clearly stated at the beginning that the intention of the programme is not to stop the use of alcohol or tobacco but to explore the possibilities of quitting alcohol or tobacco use and gaining complete freedom from it, as well as working towards establishing a new lifestyle more favourable to the community. The members of the informal groups could be involved in prevention activities whilst engaging in their day-to-day work. They could be educated on how to question the basis of alcohol use, throw light on the reality of the presumed pleasures of drinking, and demystify the misconceptions associated with alcohol and other drug.

Working with Young Women

Young men often use alcohol, tobacco, and other drugs to project a macho image to impress young women. This provides an excellent opportunity for the prevention of alcohol or other substance use, especially on the part of young women. Young female volunteers working with the youth group could be encouraged to convince young men that alcohol, tobacco, or drug use is not attractive to them; instead, it is dangerous to their health and portrays their weak personality. Through this, whenever men attempt to show alcohol as pleasurable and attractive, young women could weaken this image in many ways. For example, when a young man begins to drink before a group of young women to impress them, the latter could be taught to respond by speaking to each other (within earshot of the former) as follows:

- "He looks handsome, doesn't he?"
  "But he is ruining himself and his good looks by drinking!"

Likewise, two young women could deliberately initiate a dialogue in the presence of young men as follows:
One young woman could open the conversation with the statement: "Alcohol makes young men manlier, doesn't it?" the other could disapprove of the statement by stating: "No, it makes them look silly!" The conversation could continue on this note, with both women agreeing with the second woman's views.

Young women could also communicate a strong message on alcohol, tobacco, and drug prevention among their peers, stating that consuming alcohol or drugs is an act of cowardice, not courage. Using their creativity, young female youth group members could communicate and train other young women to share many preventive messages in interesting ways that do not take too much effort and time.

Empowering Youth Groups

Changing misconceptions about alcohol use presents a challenge for youth, both male and female. They are required to make positive changes within the community using their creativity and inborn talents towards the prevention of alcohol and tobacco use. This is also a good opportunity for them to gain valuable experiences to face challenges and conquer any challenges they may face later in life.

Continuity of Youth Groups for an Extended Period

Though youth groups can achieve remarkable results at the community level, sustaining these results is challenging. To maintain the dedication and interest of the group members, it is necessary to continuously conduct competitive and enjoyable activities and projects that suit their areas of interest and needs and produce short-term and long-term results. Every group member must be given equal opportunities to participate in activities according to their interest and ability. They should be assigned suitable tasks according to their capabilities. The activities must be well-planned and clearly explained.

To keep group members engaged, it is necessary to organise competitive inter-group and intra-group activities regularly. Youth group leaders should periodically discuss with the group members possible ways of increasing their membership, finding replacements for members who have left the group, and grooming other members to take on leadership roles in the future. Youth groups should also have work and contingency plans and maintain records of all activities.

Reviews and Evaluations

Reviews and evaluations should be conducted regularly at predetermined intervals. In addition to the progress of the group's activities and projects, it is also essential to assess the changes in knowledge, skills, and attitudes concerning alcohol use among the group members. Their suggestions, views, and opinions on prevention activities must also be considered. The effectiveness of the activities must be assessed to look for areas for improvement and to select which activities would ensure the stability of the prevention programme.

After the period allocated for the programme, the progress achieved should be measured according to the following indicators.

Some Indicators for Youth Groups

1. Non-permissiveness and intolerance of alcohol or drug use by the youth members, based on the knowledge that the behaviour of users within their homes and society is merely a pretence.

2. Awareness that the chemical effects of alcohol or drugs such as heroin or cannabis are unpleasant.

3. The ability to identify at least three factors that contribute towards falsely developing an attractiveness to alcohol or drug use.

4. Active participation in correcting the erroneous socially learned expectations associated with alcohol, tobacco, and other drugs.

5. The ability to self-declare nonuse of alcohol/drugs within the coming years based on the proper understanding of these substances.

6. The successful understanding of the difference between stopping and becoming free from the use of drugs and alcohol and their commitment to helping others become free from the use.

7. The ability to correctly understand the unnecessary expenses and social injustice caused by the use of alcohol, tobacco, and drugs.

8. The ability to properly understand at least three tactics or strategies used by the alcohol and tobacco industry to market their products.

Working with Children 7

Children learn things from their parents and other adults. Buddhism considers that parents are Brahma and pubbācariya, which means the first teachers. Parents teach their children how to stand, sit, walk, eat and drink (*Anguttaranikāya Aṭṭhakathā*: PTS: 2.203). Children learn drug use habits, especially alcohol and tobacco use, mostly from their parents, mainly at parties and festivities, probably in their very homes. Buddha said;

Pabhassaramidaṃ, bhikkhave, cittaṃ. Tañca kho āgantukehi upakkilesehi upakkiliṭṭhaṃ.

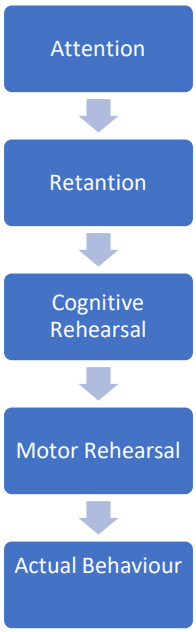
Radiant, monks, is this mind. Moreover, it is defiled by transient defilements.

Children's minds are comparatively pure, but through learning, they develop defilements that make them unclean. By the age of three, children can differentiate their parent's alcohol use from drinking other beverages and probably start developing an attachment to such substances, although they do not practically use them. The way the alcohol is used with special rituals, decorated bottles and ornated glasses, and the way the glass is held are some features that draw the attention of very young children over alcohol use. Just as smoking cigarettes in a unique way, the beautiful packaging of cigarettes also gets the attention of children. They record what they see and start proliferating it, finally developing concepts or positive images of alcohol and tobacco use. Bandura, in his social learning theory, explained this stage as retention. Then, they start imagining that they engage in drinking alcohol or smoking in their mind, and this is termed the cognitive rehearsal. In the next stage, they may roll a paper to make it like a cigarette and pretend to smoke, or, when drinking water, they may imitate their parents and pretend to drink beer, which is called the motor rehearsal. Once they become a teenager, they may engage in the experimental use of alcohol or cigarettes. If this real alcohol or cigarette use is positively reinforced, they may continue their alcohol or tobacco use. Once they understand the reality that alcohol or tobacco use is unpleasant and dull, that understanding may help them to unlearn the positive image of alcohol or tobacco created in their minds and be liberated from alcohol or tobacco use.

Observational Learning

Observational learning describes the process of learning by observing others, retaining the information, and then later replicating the behaviours that were observed. Several learning theories, such as conditioning, emphasize how direct experience, reinforcement, or punishment can lead to learning. However, a great deal of learning happens indirectly. For example, think about how a child may watch adults smoking or using alcohol and then imitate these actions later on. Observational learning is sometimes called shaping, modelling, and vicarious reinforcement. While it can occur at any point in life, it tends to be the most common during childhood.

The chart below shows children's observation of adult drug use leads to those children's future alcohol or drug use.



Draw attention to others' alcohol and tobacco use behaviours, advertisements (*phassa* -contact, *vedanā* – feeling)

Recording or memorising (*saññā*) alcohol and drugs, primarily as positive.

Positive thoughts, proliferation and imagining the use (*vitakka, prapanca, manōkamma*)

Bodily imitating the act of drinking and smoking (*kāyakamma*)

Experimenting with alcohol or tobacco use (*kāyakamma*). If this behaviour is positively reinforced, continue the use.

(Fig 9)

As the group that is most vulnerable to various influences in the environment and exposure to alcohol, tobacco, and drug use, children are a vital part of the alcohol and drug prevention programmes, and children mostly learn by doing. Therefore, it is necessary to describe prevention activities involving the community's children in detail. When planning the work to be conducted with children in children's clubs, schools, Sunday schools, temple groups and other settings, it is essential to design practical activities that interest the children and ensure their total cooperation in producing the desired results. Here, using a varied approach could prove more successful. Planning is essential as having an accurate knowledge of the specific changes aimed at it makes it more likely that the programme will produce better results. The first step toward planning the programme activities is to identify the indicators that would be used to assess the progress of each activity. There are many different indicators of progress in preventing the spread of alcohol, tobacco, and drug use. Before discussing alcohol or tobacco prevention activities for children, it is necessary to understand the changes expected from such activities thoroughly. Once this has been done, the programme will more likely proceed smoothly and produce the desired results.

Desired Changes in Schools, Sunday Dhamma Schools and Children's Clubs

The list given below is not in any particular order of importance. It is solely intended to convey a basic idea of the mood that must be created within the community through the alcohol prevention programme, ideally through consultation with all parties involved, especially the children. The points listed below are categorised according to the changes expected to occur among children, teachers, and other staff at schools or Dhamma schools, within the school environment, and in children's clubs.

- **Expected changes among children**

As a result of the programme, it is expected that the children:

- Understand the real harm of alcohol, tobacco, and drug use through the teachings in Sigālovāda Sutta.
- Understand why refraining from using alcohol and other intoxicants is a good virtue included in the Five Precepts.
- Study Mangala Sutta, Parabhava Sutta, and Uposatha Sutta to clarify Buddhist thinking on alcohol and the use of other intoxicants.
- Practice the basic steps of *ānāpānasati* meditation to cultivate mindfulness and concentration.
- Contemplate someone's feelings in the nose, tongue, throat, body and stomach when using alcohol (*Vēdananupassana*) and understand all those feelings are unpleasant.
- Contemplate and understand how the use of alcohol, tobacco, or drugs is made to appear attractive, fashionable, stylish or pleasurable, as shown in television dramas, songs, films, cartoons, magazines, and other media and even through parental and household discussions (*Dhammānupassana*).
- Understand the myths (*diṭṭhi vipallasa*) and reality (*diṭṭhi visuddhi*) of alcohol, tobacco and drugs.
- Be vigilant and recognise when an alcohol or drug-promoting thought arises in mind (*cittānupassana*) and remove or replace those thoughts with shame attacking or with right thoughts, as explained in Vitakka Santana Sutta.

- See the special rituals and antics of alcohol and tobacco users as silly and a cause for amusement.

- Laugh (among themselves) at those who try to 'show off" their use of alcohol or tobacco as something special or something to be proud of.

- Pity the people who need alcohol, tobacco, or drugs to boost their image.

- Enjoy making fun of or challenging people who try to show that they are enjoying life after having consumed alcohol or drugs.

- Recognize how their less mature or more gullible friends are made to think highly of these substances through the above promotions.

- Explain to their less perceptive friends how they are being targeted by schemes to make an old-fashioned and boring habit (i.e., alcohol or tobacco use) appear exciting and fashionable to children and have the need to protect their more gullible friends from these vicious influences.

- Make fun of and reduce the effect of the unique words, jokes, rituals, and behaviours that are used to make alcohol, tobacco, or drug use appear magical and unique.

- Learn to question the extent to which alcohol or drug use is wonderful and pleasurable and the reasons why people often have to be persuaded or even forced to continue using it.

- Can recognise that many of their older friends are merely pretending to enjoy alcohol, tobacco or drugs either because they are fearful of showing that they do not like its effects or because they are afraid of being ridiculed by their peers.

- Question those who consume alcohol, tobacco or drugs despite not seeming to enjoy its effects by asking them whether alcohol or drug use is a sign of weakness rather than strength.

- Ridicule adults who use alcohol or drugs voluntarily because they would not dare to express the real discomfort that they feel when using it.

- Create their own words, jokes and remarks to counter those who are used to making alcohol, tobacco or drugs appear special.

- Are vigilant about teenagers and young adults who try to fool their less intelligent friends into joining their groups and make them use alcohol, tobacco, or drugs as a condition of membership in the peer groups.

- Label or coin negative names to refer to the traders and other agents who promote or sell alcohol, tobacco or drugs – especially to their friends, parents, or relatives.

- Create their own forms of opposition to various entertainment events, parties, and other celebrations being organized to persuade people to consume alcohol or drugs.

- Develop ways to protest alcohol, tobacco, or use at events that are already enjoyable and entertaining by stating that alcohol or drugs only spoil their enjoyment at these events.

- Are sensitive to how some of their friends are made to see alcohol, tobacco, or drug use as a sign of being fashionable, ‘cool’, or 'macho'.

- Are careful about the numerous ways in which special occasions such as school events, trips, carnivals, celebrations, and sporting events are used to associate alcohol, tobacco or drug use with a mood of fun and enjoyment.

- Recognize the few individuals who make persistent attempts at promoting alcohol, tobacco or drug use, understand the reasons behind their efforts, and counteract such influences.

- Join other children to ensure that every child in their class at school or playgroup will not fall prey to the varied subtle and crude tactics that are used to promote alcohol, tobacco, or drug use.

- Encourage those who experiment with alcohol or tobacco use to judge their effects based on their own experience rather than be forced to accept what other users tell them they should experience.

- **Expected changes among teachers and other staff of schools, and adults in charge of child clubs and monks in the temple**

Expected changes among the above in response to alcohol, tobacco, or drugs and the related behaviour include:

- Recognizing the influence that alcohol or tobacco-using colleagues may have in promoting a positive image of alcohol or tobacco among children.

- Learning to ridicule and joke about the statements, actions, and various tactics used by colleagues who glorify the effects of alcohol, tobacco or other drugs.

- Directly confronting the attempts made by colleagues to attach fun and pleasure to alcohol. (These attempts may include the constant association of alcohol or cigarettes with social activities, trips and events).

- Developing their vocabulary and other responses to counteract the sense of glamour and mystery attached to alcohol, cigarettes or drug use (usually through the various assumptions, unique words and rituals that glorify alcohol use).

- Being vigilant about how the trade of alcohol, tobacco, or drugs attempts to reach children through messages and images, the association of alcohol and tobacco with fame (through celebrities) and sexuality, and certain situations and objects that make the use of alcohol or cigarettes look fashionable and rebellious.

- Learning ways of helping children associate alcohol, tobacco, or drugs with weakness, gullibility, the inability to achieve one's goals, and the lack of self-confidence.

- Strengthening children who are insecure or have a poor opinion of themselves to improve their self-image and self-esteem so that they do not feel the need for alcohol, tobacco, or drug use to compensate for their perceived inadequacies

- Becoming sensitive to how various forces, such as hidden paid agents, within the community discreetly carry out the promotion of alcohol, tobacco and drugs. (The discreet promotion of alcohol and tobacco includes 'market research', musical and dance events, competitions, private parties, and images in entertainment programmes freely broadcasted through the mass media and social media)

- Explaining to children the way the above forces operate and how to protect themselves and their less perceptive and wise friends from the influences of alcohol and tobacco use and its promoters.

- Addressing people whose use of alcohol or cigarettes indirectly promotes the substance among children. (This should be done to stop these practices)

- Getting the involvement of alcohol or tobacco users in cooperating with the school to reduce the attractiveness of alcohol and tobacco and to counteract the methods used to create this sense of attractiveness

- Demonstrating how those who are dependent on alcohol, tobacco and drug use regularly feel uneasy and uncomfortable (and how they spend most of their time anxiously waiting for the brief relief of the next occasion of alcohol or tobacco use)

- In the case of teachers and other members of staff who habitually drink alcohol or smoke, feeling embarrassed about and negatively viewing their use of alcohol or tobacco, even if they may continue using it.

- **Expected changes in the environment of schools/children's clubs/ community**

Expected changes in the above include:

- The premises of the school or children's club look clean, with no objects connected to alcohol or tobacco, such as empty bottles, beer cans or cigarette filter buts, to be seen littered in the area
- Traders in the locality are reluctant and embarrassed to sell cigarettes or alcohol in the vicinity of the school or children's club, even to adults.

- Local traders who sell cigarettes or alcohol address representatives of the tobacco trade at every opportunity, requesting them to block the various subtle means by which children may be influenced to smoke and drink. (It is also essential that local traders are sincere in these efforts)

- The sale and promotion of tobacco and alcohol in the vicinity of the school, damma school temple or children's club diminishes.

- Those who previously flaunted their use of alcohol or tobacco, especially in areas near the school, temple or children's club, are now anxious that children will view them negatively and ridicule them.

- Alcohol users would not display their use of alcohol or the alleged "drunken behaviour" near the school, temple or children's club for fear of being laughed at or ridiculed.

- Parents and other adults associated with the school, damma school or children's club (such as those serving food at the school canteen or the school's security guards) reduce their use of alcohol and cigarettes or quit using them altogether.

- Most community members talk positively about the school, damma school, or children's club and have a good impression of the children's activities in changing the school or children's club and its environment.

- How people in the locality use and talk about alcohol or tobacco has become more subdued.

- Some of those involved in alcohol or tobacco use and the trade of alcohol or tobacco are irritated with the school's or children's club's activities.

- Some users team up with those involved in the alcohol trade and their agents to publicly criticize the activities that the school, damma school or children's club is undertaking.

- Alcohol, tobacco, or drug users are reluctant to talk about their habits to students of the school or members of the children's club for fear of being ridiculed or challenged.

- The number of outlets that sell tobacco or alcohol in the vicinity of the school, temple or children's club is steadily decreasing

- Individuals working to promote alcohol or tobacco through various means such as TV programmes, films, entertainment activities, novels, and websites are aware of and dislike the activities of the school or children's club and have been addressed by the children (who attend the school or children's club).

- The positive manner in which alcohol, tobacco, or drugs are spoken of diminishes among families of students of the school, damma school or members of the children's club.

- Parents take an increasing interest in counteracting the commercial influences that subtly promote alcohol or tobacco, especially among children

- Those politicians or law enforcement authorities who support the spread of licit and illicit alcohol trade considers the school, damma school, temple or children's club as a problem.

Understanding the Basics

The above lists indicate the changes desired in schools, damma schools, or children's clubs that would start the process of successfully countering the spread of alcohol, tobacco, or drug use. Some common factors underlying these changes make it easier to identify the other necessary changes that should be created in the community. A few essential points to be followed in this process are as follows.

- Educate children that alcohol, tobacco, or drugs are empty substances (*suññata*) as they do not provide any benefits, cannot achieve any positive outcome expectancies (*animitta*) and are unpleasant (*appanīhita*).
- Develop an understanding of the methods (intentional and unintentional) used to promote alcohol, tobacco, or drug use. This understanding must be conveyed to all children in the group being worked with.

- Implement creative and exciting activities to prevent or counteract the methods used to promote alcohol, tobacco, and drug use. More active children could be assigned to lead these activities.

- Work towards reversing the idea that alcohol, tobacco, and drugs are unique, magical, and highly pleasurable. Those who perceive alcohol use and its effects as unpleasant or uninteresting should be allowed to voice their opinions as well.

Children should be encouraged and motivated to act independently and take the lead to create the desired changes within their community. Children, teachers, monks in the temple, other school staff, and adults in charge of children's clubs should be involved to make actions efficient. They need to

develop a system of regularly checking the progress of alcohol prevention activities and assessing whether the changes listed above are gradually being accomplished.

Planning

Simple procedures should be followed when planning an action. A suitable planning method begins by considering the desired changes and working backwards until the most relevant areas to start working on have been found. The following are three simple yet essential questions to consider in this process.

1. What is the ultimate change (final goal) to be achieved among children and within the community?
2. What preceding changes will lead to the ultimate change, and what will lead to those preceding changes?
3. Which changes, from the preceding changes, could be worked with immediately?

The most straightforward process in selecting the changes to be worked with would be to take one of the items from the list of desired changes drawn up at the initiation of the programme and apply it to these three questions, starting with the third question and working backwards to the ultimate change or final goal until the factors that contribute to it are determined. It must be noted that the factors chosen to work with should be realistic and practical. The following section further expands on this.

Understanding the Desired Results and Creating an Action Plan

Developing a deep, thorough understanding of the desired results is necessary to work out an effective action plan. For example, one may take the first item listed in the section "Expected changes among children" above, which states that children "see the special rituals and antics of alcohol users as silly and a cause for amusement". Here, it is expected that children will gradually cease to see alcohol as memorable, exhilarating or exciting and begin to see its use as an old-fashioned and outdated habit that is kept alive through the efforts of some people who make it look unique. It is also expected that children will no longer be deceived by the various unique words, rituals and other factors used to build up an exciting image of alcohol.

One way of achieving this result is to help children understand, through discussions and practical activities, that the "special" actions of alcohol users (such as words and rituals), although taken very seriously by the users, are, in reality, rather silly. Children who find these actions are not remarkable are less likely to see them as unique.

Determining the Contributing Factors

In initiating prevention programmes in the communities, an important step that must be considered is determining the factors that lead to the desired outcome. When taking the consumption of alcohol, the act of drinking the alcohol from a glass can, or the majority may not at present see the bottle itself as ridiculous. However, the prevention programme should aim mainly at creating the view that drinking alcohol is ridiculous among members of the community. In doing this, it is essential to identify the changes that must first occur to create this final result and what factors would lead the community to view the act of drinking alcohol as ridiculous and senseless. Several reference points or indicators by which the changes in the people's views can be measured should then be drawn up. Examples of these

are the number of people claiming that drinking alcohol is a display of stupidity or the number of people in public places who laugh whenever they see a person in the act of drinking. The next step is to identify the factors that lead to these indicators and persistently work backwards until a primary indicator or the desired goal to be used as a starting point is reached. A similar system of analysis can be applied to the various rituals associated with the serving and drinking of alcohol as a group or at a social gathering. By identifying each of the factors regarding alcohol and alcohol consumption, an analysis could be carried out as shown above, by which the community, especially the children, could be guided to observe the different ways in which alcohol is perceived and consumed. They could be shown that alcohol has a special set of rituals that develop a particular image and set of expectations regarding it. This would indicate that drinking is an exceptional activity or deviates from the norm. Children could then be guided to question these rituals of alcohol use.

Engaging in this type of analysis may extend over a considerable period, during which it is not unexpected that new ideas will emerge. For example, while analysing the nature of substance use in the community, it may come to light that children may learn to perceive the use of alcohol or drugs as natural and desirable if they frequently witness the use of alcohol by adults in their households or by celebrities who often appear in the electronic and print media. It is also possible to observe that adults and children who are more gullible would be more likely to be impressed by the rituals surrounding alcohol use. Those children and youth who are least aware of the actual effects of alcohol would be more likely to initiate its use by imitating the actions of celebrities.

During the course of the alcohol, tobacco, or drug prevention program, it is necessary to make the image of alcohol, tobacco, or drug use less appealing to the community, especially to children. This should be done by taking the most straightforward possible approach to changing the existing mindset. For instance, as it is easy for children to view alcohol, tobacco or drugs as objects of ridicule and pity when peers imitate celebrities who consume them, they should be guided to do so. Other ideas that could motivate children to question alcohol, tobacco, or drug use could also be developed along the same lines. For example, if done as a group, simply observing a person drinking alcohol in public could be amusing. Encouraging children to engage in such observations alone may be sufficient to achieve the desired results.

Deciding on the Necessary Actions

Once the path to the final goal has been decided on, it is possible to identify the steps that could be performed immediately. Children may initially be amused by the particular rituals and customs associated with the use of alcohol, but this could be achieved by working systematically on the factors that would eventually lead to this final result. A drastic change may not be evident during the early stages of the programme. However, even slight progress along the desired results is sufficient during these stages.

Following the identification of the changes that the programme seeks to achieve and the factors that contribute to them, the next step is to strategically spread ideas such as, “young people who use alcohol or tobacco to imitate celebrities should be pitied rather than admired” and “people drink to hide their weaknesses” among the children. The children selected and trained to take preventive action within their community would enjoy this strategy and are likely to participate enthusiastically. They should be

taught that even small actions, such as simply staring at those who publicly smoke or drink and flaunt their glasses/cans of alcohol, could contribute to progressing towards the ultimate goal.

Suppose the children's groups continue their activities. In that case, one can expect that other members of the community, especially other children, would also eventually begin to view alcohol or drug use as ridiculous. Further, if children repeatedly mention the absurdity of using alcohol or drugs in the presence of the users, it could be expected that the users, too, would begin to feel ashamed and attempt to quit alcohol or drug use. The children's group could also play a vital role in assisting other vulnerable and insecure children to develop self-confidence to be able to join the prevention activities and resist the temptation to experiment with alcohol or drugs later in life.

While the above analysis focused solely on the first item in the list, "Expected changes among children", a similar analysis could also be carried out for all the other desired changes. As the prevention plan is intended to be a long-term strategy, the inability to achieve significant results immediately should not be seen as a failure. It is essential to be persistent in the various strategies employed in the programme until it is possible to determine those that would best suit the community and then persistently work on the selected strategy towards a gradual change.

After the period allocated for the alcohol and drug prevention programme, the progress achieved with children could be measured according to the indicators shown below.

Some Indicators for Children's Groups

1. The ability to view the use of alcohol, tobacco, or drugs as a foolish act.

2. Develop a proper understanding of the tactics used through the media and other means to advertise alcohol or tobacco and the ability to avoid being influenced by these tactics.

3. The ability to view with contempt and ridicule everything that promotes the use of alcohol, tobacco, or drugs among children.

4. The extent to which children attempt to have a positive influence within the home in spreading proper knowledge regarding the use of alcohol and other substances

5. The ability to question the behaviours that promote the use of alcohol, tobacco, or drugs.

6. The extent to which children strive to educate peers who possess a limited understanding of alcohol prevention

7. The level of participation with other children as a group in advocacy activities.

Working with Women 8

According to Buddhism, all men and women, regardless of their caste, origins, or status, have equal intellectual and spiritual capabilities in achieving the highest goals in the purification of the mind leading up to enlightenment or *Nibbāna*. This is especially pertinent concerning the status of women during the time of Buddha, whom the Brahmanas traditionally prevented from performing religious rites and studying the sacred texts of the Vedas. The cultivation of the mind targets the eradication of all conditioning, including the stereotypical attitudes and roles of gender. Therefore, a liberated one is a gender-free or genderless person. The roles of mother and wife are very well elaborated in Buddhist literature. According to Sigālovāda Sutta, a mother or father has five essential responsibilities toward their children.

I. Restrain them from evil.
II. Support and encourage them to do good
III. Teach them a skill for a profession
IV. Support their marriage
V. In due time, hand over their inheritance to children

A paramount duty of a mother is to prevent her children from initiating alcohol, tobacco, or any other drug use. Although mothers perform great in nurturing their sons and daughters and preventing children from alcohol, tobacco, and drugs, it could be said that their duties did not perform up to the expected standards, resulting in many children becoming prey to the alcohol or tobacco industry or drug mafia. To overcome this problem, every mother should be trained to be an effective educator on alcohol, tobacco, and drug prevention for their lovely kids.

In the same Sigālovāda Sutta, wives are entrusted with five responsibilities towards husbands as follows;

I. Properly organized housework and performed her duties well.
II. Hospitable to relatives and kind to servants
III. Not being unfaithful
IV. Protect the earnings and stores
V. Skillful and industrious in all that needs to be done

It is the duty and responsibility of a wife to prevent her husband from becoming the prey of the alcohol or tobacco industry or drug mafia. In most families of alcohol, tobacco, or drug addicts, their wives and children are the ones suffering the most and becoming co-dependent. Wives should not allow their husbands' hard-earned money to be robbed by the alcohol or tobacco industry. Every woman, as a wife, should take the responsibility of preventing their husband from alcohol, tobacco, or drug use. In the cases of alcoholic or drug-addicted husbands, the wife could act as a co-therapist to treat the husband for such addiction in the family setting. In many societies worldwide, it has been found that the percentage of women who habitually use alcohol, tobacco, or drugs is usually lower than that of men. Yet, when considering the percentage of those who generally fall victim to the adverse effects of alcohol, tobacco, or drugs, it can be observed that the number of women affected is significantly higher than that of men. Women frequently become the victims of alcohol and drug-related violence and crimes. The perpetrators of these crimes and acts of violence more often escape blame under the excuse of the perpetrator being intoxicated at the time of the crime or act of violence. Often, especially among low-income households, a sizable amount of the family income is spent on the use of alcohol and tobacco. This is a significant drain on valuable resources that could otherwise be used to obtain essential family needs such as food, clothing, education, and medicines. As a result, women are compelled to shoulder additional family responsibilities to meet the needs of their families. It has also been found that women often become the target of several promotional campaigns carried out by the alcohol and tobacco industries.

Many women inadvertently contribute to the spread of alcohol, tobacco, and drug use due to the lack of awareness. Therefore, by creating awareness of alcohol, tobacco, and drug use and its consequences among women, it is possible to enable them to support and actively contribute to preventing the use of alcohol, tobacco, or drugs in their families and communities. As discussed in this chapter, women, in their various roles, could significantly contribute to the prevention of alcohol, tobacco, or drug use. At the community level, women could conduct discussions with their friends and neighbours on how the attractiveness of alcohol or drugs and their use could be reduced and completely eradicated. The following sections describe how women could integrate alcohol and drug prevention activities into women's societies, women's groups, and other community-based organizations. Additionally, women could act as pressure groups to lobby for effective policies with the local politicians and social groups, as well as advocate for effective national policies for the reduction of the problems related to alcohol, tobacco, and drugs.

When conducting alcohol, tobacco, or drug prevention activities with users, it should be borne in mind that most alcohol or drug users, even those who once consumed alcohol or drugs regularly, may not face much difficulty in abandoning alcohol use once they realize that they are only losing rather than gaining from it. Some heavy alcohol users may face withdrawal symptoms should they attempt to quit their use of alcohol suddenly. Most of these withdrawal discomforts are mind-made, but the initial process of quitting alcohol use should then take place gradually over some time, typically within about two weeks. During this process, women can provide them with continuous and much-needed support.

Identifying Women's Groups

A very effective strategy that could be followed when initiating community-level alcohol and drug prevention programmes is working through various associations and organizations within the community. Closely examining the community at the very outset of the programme would reveal places where women would typically gather as a group or that the women are already members of various associations and organizations, some more active than others. For example, women often tend to gather in groups at places of worship, pre-schools, or classes for cooking, sewing, and art. They may also meet at various women's societies and other charity and social welfare organizations.

Women may form groups at their places of work and education and community-based organizations that focus specifically on women's needs. When initiating prevention work with women, it is necessary to begin by identifying the women's groups and organizations that already exist within the community and work through them to introduce community-level alcohol and drug prevention activities. It would then be possible to gradually integrate alcohol and drug prevention activities into the regular activities of the women's groups, associations, and organizations. It is also helpful to note the external actors working with women's groups, such as family or public health workers. It would also be beneficial to get their involvement in drug prevention programmes through women's groups.

Before beginning work with the selected women's groups and organizations, they must become familiar with their functions, vision, mission, and objectives. This could be done by regularly participating in their meetings. Once this has been done, steps should be taken to make the women aware of alcohol, tobacco, or drug use and the related problems. They should be made aware of how their families, communities, and groups/organizations could benefit from participating in the alcohol and drug prevention programmes. Next, women's groups/organizations could be enlightened on how women inadvertently contribute to the promotion of alcohol or drug use. It is expected that once made aware of how they contributed to and can take action against alcohol use and the benefits of preventing it, more women's groups and organizations would be motivated to participate in alcohol and drug prevention activities.

Creating Awareness among Women

Spreading awareness among women involves training them to question certain factors surrounding alcohol or drugs and their use that are otherwise taken for granted as "normal". Once the women's

groups, including associations and organizations within the community, have been identified, the next step would be to select those groups through which prevention activities could be conducted. The selected groups should be made aware of how women unwittingly contribute to building their attractive image by accepting its use as a normal, pleasurable, and dignified activity. One way in which this happens is by taking the claims of users that alcohol increases the level of happiness and enjoyment at special occasions such as parties, weddings, and excursions.

The selected women's groups and, through them, other women in the community must be made aware that these occasions are equally exciting to users and non-users alike. The latter may enjoy such occasions more than the former as their happiness is not restricted due to the discomfort caused by alcohol. It is also necessary to make women aware that once they are trained to question alcohol, they will be able to identify facts such as this that would otherwise go unnoticed. During discussions with women, a question should be raised as to why it is usually men, not women, who generally claim that alcohol is a necessity at their gatherings with friends and colleagues.

Understanding How Women Encourage Alcohol and Drug Use

Before undertaking any alcohol and drug prevention activities, the members of the selected women's groups must understand how women inadvertently encourage the use of alcohol, tobacco, or drugs, especially within their homes.

1. Statements that justify alcohol use based on perceptions, especially about gender.

Women often encourage alcohol use by making statements implying that substances, especially alcohol, make men more friendly, hospitable, and manly, for example:

- "If a man drinks a little, does it matter?"
- "Is it polite to refrain from serving alcohol to a visitor?"
- "Is it proper not to serve liquor at our son's wedding?"

Women may also encourage alcohol use by arranging a separate area in their homes when organizing parties where the men could drink undisturbed and by preparing savoury snacks (bites) that help to cover up the unpleasantness of the alcohol. By doing these, women not only facilitate drinking but also endorse its social acceptance.

Developing a proper understanding of these subtle ways in which alcohol use is promoted is effective in enabling women to identify the essential starting points from which they could begin alcohol prevention activities at home.

2. Pardoning and sanctioning alcohol-induced misbehavior

In most cases of violent and abusive behaviour under the influence of alcohol, it may be observed that women tend to pardon or tolerate the bad behaviour rather than question it, thereby further endorsing alcohol-induced misbehaviour. Most often, this permissiveness is the result of women being under the wrong impression that the men who engage in such misbehaviour are not in the right mind and have no volitional control over their actions. Women who make statements such as those shown below inadvertently promote not only the use of alcohol but the misbehaviour associated with it as well:

- "Men do not know what they say and do when drunk."
- "Take no notice as he has crossed his limits."
- "Who takes drunkards seriously?"
- "I will not fight you back because you are drunk."
- "He is like a devil when he is drunk."
- "I must explain things to him when he is sober."

Despite statements such as above, it has been found that people who misbehave having used alcohol or drugs are, in fact, conscious and very much in control of their actions. It is due to this reason that a man who behaves abusively with a person who is weaker or less powerful than himself would behave "normally" when he encounters someone more robust or more powerful.

Alcohol or drug users take advantage of the erroneous social beliefs surrounding alcohol and drug use and become abusive, often resorting to the harassment of others, usually their wives and children. On the other hand, in an environment where such misbehaviours are not pardoned or sanctioned, it may be observed that the frequency and intensity of alcohol-induced misbehaviour are minimal. Therefore, women need to clarify such statements as those shown above and rectify the consequences of making such statements.

3. Accepting the common misconceptions about alcohol without questioning

A few common misconceptions about alcohol use are that it enables users to forget problems, relax, sleep well, ease tiredness, and many more. Some would even use alcohol as a medication. By accepting these views, not only do women facilitate the spread of alcohol use, but they also tend to sympathize with the users. As a result, women would sympathetically make statements such as,
"Oh, that man has to drink to forget his problems", or
"He takes a small drink because he is exhausted from working so hard".

Sympathetic comments of this kind further reinforce the misconceptions surrounding alcohol or drug use in the minds of the people. Stating this kind of phrase in front of children is extremely dangerous as children wrongly learn that after using alcohol or drugs, individuals do not know what they are doing.

Training Women in Alcohol and Drug Prevention

Buddhist approach to alcohol and drug prevention begins with having a right view on alcohol and drugs by challenging wrong views and misconceptions. Once how women contribute to alcohol or drug use has been identified, it would be possible to proceed in creating awareness of how women could take action to prevent alcohol or drug use. One of the significant steps in this regard is to counteract alcohol and drug-related misconceptions. Prevention activities should begin with the selection of women's groups for the alcohol and drug prevention programme. Members of these groups should then be trained to thoroughly question the basis of these misconceptions, probing into each misconception deeply and examining it in detail. This could be done by, for example, raising the question as to why alcohol users remember to take revenge for past disputes if alcohol enables them to forget problems. Another good starting point for questioning the misconceptions surrounding alcohol use is by asking about the use of the substance for relaxation. Members of the women's group must be made aware that all individuals feel relieved when taking breaks while engaging in hard work whether or not they use alcohol. This feeling of relief is because the intermission from work enables workers to relax and distract themselves from the monotony of the work. Rather than provide relief, what alcohol does is increase the fatigue the user's fatigue as the body has to work harder to remove the toxic metabolic substances that alcohol produces once it is ingested. This process further reduces the physical capacities of alcohol, tobacco, and drug users. Once members of the women's group are fully trained and are well aware of the actual nature of alcohol and drugs and their effects, they could educate other members of the community, especially women, on the misconceptions of alcohol and drugs, repeating the process of questioning and analyzing.

Apart from alcohol-related misconceptions, another area that could be questioned is the general acceptance of the multifaceted consequences of alcohol use. Women could be trained to ask how the same substance (alcohol) can produce two opposite effects in the same person on different occasions. They could raise questions as to the following:

a) Why do some use alcohol to fall asleep while others use it to stay awake, and why the same substance is used by the same users for both purposes on different occasions?

b) Why is it possible for some to be involved in active tasks such as dancing after a few drinks of alcohol while others feel relaxed and calm or become lethargic after drinking the same amount of alcohol, or why the same users may react to alcohol in both these ways at different times;

c) Why do some use alcohol to forget their problems while others use alcohol to revive their memories, even those of forgotten rivalries, or why does the same person use alcohol at different times either to remember or to forget?

In addition to these, women could also raise the question as to how non-users can face their problems, overcome fatigue, and fall asleep all without alcohol. By doing so, they could point out that alcohol does not possess all the properties that are attributed to it and that most of the effects of alcohol are merely imagined.

Apart from questioning alcohol, tobacco, and drug use, the women's group could mobilize other women in their community to participate in community-level alcohol and drug prevention activities. They could organize unique campaigns and other programmes that aim at spreading awareness of the myths of alcohol and drug use and the subtle ways in which it is promoted to create non-permissiveness towards alcohol or drug-induced misbehaviour and prevent alcohol and tobacco use in their homes and neighbourhoods. To contribute to prevention activities effectively, women must first understand the real harm caused by alcohol and drug use, as explained in Sigālovāda Sutta, and how the considerable amount of money otherwise spent on alcohol could be used instead to meet the needs of the family. With proper training and guidance, women could integrate alcohol, tobacco, and drug prevention activities into their day-to-day routines. Women could request their spouses or other family members and friends to decline to accept alcohol or tobacco products as gifts. The latter group could avoid patronizing and promoting alcohol and tobacco products by displaying logos, signs, and slogans that represent particular brands of alcohol.

Educating Children on the Consequences of Alcohol and Drug Use

Women, especially mothers, play a vital role in educating children on the actual effects of alcohol, tobacco, and drugs and teaching them that, in reality, alcohol or drugs are bitter, harsh, and unpleasant substances to use. Therefore, women must be educated on intervening with sons and daughters. Women could ask their children to:

1. Observe the unpleasant characteristics associated with tobacco and alcohol users, such as constant coughs, foul smells, and discoloured lips and nails.

2. Compare the general appearance of the tobacco and alcohol users with that of non-users and observe how users appear to be older and more tired than non-users of approximately the same age.

3. Observe the discomfort experienced by users, such as dizziness, a heavy head, difficulties in coordination, and nausea

Additionally, women should make children aware;

- the tactics employed by the alcohol users to hide their discomfort, such as singing loudly and out of tune, non-rhythmic clapping or dancing, drinking large quantities of water, overeating, and engaging in various other unacceptable activities

- that the discomfort experienced by alcohol users is so great that some are even forced to stay away from their regular day-to-day work and duties on the following day

- that alcohol use is a lifelong trap that would eventually become an impediment to the enjoyment of life and lead to the loss of freedom.

- of the short-term effects of smoking cigarettes or alcohol and drugs, such as discoloured lips and foul odour, and its long-term effects, such as disease and death. This knowledge would increase the likelihood that children would develop long-lasting negative feelings towards alcohol and its use.

- of the reasons why those who produce and market tobacco and alcohol products associate attractive sporting personalities and artists with alcohol is to cover up the realities of tobacco and alcohol use. Children must be enabled to understand that tobacco or alcohol use destroys the abilities of sporting personalities and artists

- that alcohol users do not have any sex appeal and are more unattractive than attractive.

Women as Peer Educators

As mentioned in previous sections, the women's groups, once trained, could play an essential part in educating other women in their communities on alcohol and drug prevention. Functioning as peer educators, they must enlighten other women on the misconceptions surrounding alcohol and drugs, the dangers of permissiveness towards alcohol or drug-induced misbehaviour, and the tactics used by the promoters of tobacco and alcohol to boost their image. The women's groups also have the responsibility to educate other women on how to avoid falling victim to the misconceptions and promotional tactics concerning alcohol or drugs and on how to prevent unconsciously pardoning and sanctioning alcohol and drug use and alcohol-induced misbehaviour. To do this, it is first necessary to identify those women who are more gullible or most likely to fall victim to tobacco and alcohol use, its promotions, and its consequences. It is also essential to understand the existing mindset of women, especially those who are more gullible. This mindset should be changed gradually, especially by the women themselves. As peer educators, members of the women's group should guide other women to challenge the beliefs surrounding alcohol or drugs by questioning them on their own and by observing users to draw their conclusions. For example, the belief that tobacco or alcohol is symbolic of "masculinity" could be challenged by questioning to what extent it is true based on their observations. Members of the women's group may observe that it is usually those men who are not confident in themselves and their "masculinity" that use and flaunt their use of tobacco, alcohol, and drugs.

Women who have tobacco, alcohol, or drug-using family members or married women whose spouses use tobacco, alcohol, or drugs should be made to understand the state of utter helplessness that alcohol or drug dependence could lead to. For example, a person who becomes heavily dependent on alcohol to fall asleep may not be able to do so if alcohol is not available. Similarly, a person who was once able to enjoy parties and other celebrations would no longer be able to do so if they became dependent on alcohol to experience happiness. In this way, the user would eventually become utterly reliant on tobacco, alcohol, or drugs to engage in processes or share feelings that should otherwise occur naturally. Users who are heavily dependent on alcohol may also become highly uneasy if alcohol is not available or if they are prevented from consuming it. Women must be made to understand that it is normal for a person to experience uneasiness when they are unable to engage in a particular habit and that even people who become accustomed to habits other than alcohol use, such as performing physical exercises at a given time, would feel uneasy if they fail to do so. This understanding is fundamental to women directly involved in working with alcohol, tobacco, or drug users.

Understanding Advertising Tactics in Promoting Tobacco and Alcohol

Educating women on the tactics used to promote tobacco or alcohol is especially important because these tactics are primarily used to target children. Women need to be made aware that the alcohol and tobacco industry attractively promotes alcohol or tobacco by using sporting personalities, artists, and

attractive young men and women to advertise their products in many subtle ways. “Alcohol could maximize your enjoyment and happiness” is a misconception that has led to the use of alcohol at sporting events, excursions, celebrations, and at the end of examinations. As tobacco and alcohol use is promoted to children as a glamorous and sophisticated act associated with adults, children would view it as something exciting to be secretly engaged in away from the watchful eyes of their parents or other adults. Children could, in this way, learn to view smoking and drinking as a breaking of prohibitions, rebelliousness, and the disregarding of authority, all of which become appealing, particularly during adolescence. It is, therefore, of vital importance that women, especially mothers and teachers who play an essential role in educating children, understand the tactics used to promote tobacco and alcohol. It is also vital that the women’s group educates other women on the necessity for parents to be able to openly discuss the real effects of alcohol or drugs with their children, especially within the current context.

Another critical area in which women can contribute is developing children's media literacy. Women should be enlightened on how tobacco and alcohol are promoted in print and digital media, including social media such as Facebook, and on how these promotions lead to the spread of misconceptions regarding these substances. Media literacy among women must be improved to enable them to understand the subtle methods used to promote tobacco and alcohol use in the mass media. For example, when a character in a television show is shown to drink alcohol due to specific problems he faces, women should be able to openly comment that he would only increase his problems by drinking and that such behaviour is foolish.

While training women to take preventive action, it is essential to educate them on the false image and misconceptions attributed to alcohol and drugs, which give it a powerful image or an aura that drives many non-users to become users, as well as the full gravity of the actual harm of alcohol or drug use. Women should jointly work with other groups involved in tobacco, alcohol, and drug prevention activities to change these misconceptions. They also play a pivotal role in making children aware that those who use and become dependent on various psychoactive substances are a weak and foolish segment in any population. At the same time, most non-users are the more powerful and active segment of society today.

Discouraging Tobacco, Alcohol and Drug Users

A practical step in reducing the value attached to intoxicants or deglamorizing it would be to openly express displeasure to the users, showing them that their use of tobacco, alcohol, or drugs is no longer impressive. The women’s group should educate their peers and children on how to express their displeasure in the presence of substance users verbally with statements such as “Alcohol makes you smell bad!” or “You look older than you are because you smoke!”.

As mentioned in the preceding section, women need to be enlightened about the advertising and promotional gimmicks of the manufacturers and marketers of cigarettes and alcohol. They could then use their knowledge to develop creative counter messages to discourage tobacco and alcohol users and neutralize the promotion of tobacco or alcohol, among others.

Within their homes, women could display messages such as “Thank you for not smoking in our house” or “Our house is free from the odour of alcohol”. In this way, they could suggest to their guests that they refrain from drinking or smoking with their spouses or other family members and that they refrain from visiting their homes to drink. Women could initiate a process of mobilizing their friends and family members to weaken the image of alcohol and make it increasingly difficult for the users to consume alcohol without restraint.

Reducing the Occasional Consumption of Alcohol

Most occasional alcohol users believe that the occasional use of alcohol gives them pleasure, happiness, relaxation, and freedom. As false beliefs about alcohol and its effects are widespread among alcohol

users and non-users alike, they (the users) may feel free to engage in unacceptable or irrational behaviour and escape from their responsibilities simply due to social acceptance (despite misbehaviours). It also is these false beliefs that contribute to the feeling of enjoyment when drinking alcohol. Their beliefs are often so strong that they are very easily relieved from the adverse effects of alcohol, based on psychological factors alone, even though the alcohol they consume is, in reality, damaging their bodies. In such cases, women, as spouses or friends, should discuss the basis of alcohol use with the users. This would gradually lead them to understand the actual nature of alcohol, which is unpleasant, unbeneficial, and dangerous to health.

Discussions could focus on the following points:

- The happiness and pleasure the users experience while drinking is derived from the environment in which it is consumed due to their expectations.

- In reality, alcohol is an unpalatable substance; its effects are distasteful and harmful, and it leads to discomfort.

- The same occasions or celebrations are enjoyed in the same way by the non-users as well.
- Alcohol does not impair one's consciousness and the ability to think with conviction. Users are, therefore, aware of what they do and need to be held accountable

Women may directly question the alcohol users on their actual feelings after alcohol use, requesting them to explain their real experiences honestly. The misbehaviours of alcohol users should be neither accepted nor pardoned at home or elsewhere. The silly behaviour of alcohol users should not amuse women and non-users. They should not allow the users to be relieved of their responsibilities in the household and workplace but should compel users to fulfil their duties even while intoxicated.

Especially as wives, women could take steps to prevent alcohol use within their homes by making the days on which their spouses return home intoxicated less pleasant by, for example:

- Reminding husbands of their responsibilities towards family and home and not giving any undue respect or care when they have used alcohol.

- Not preparing any special meals and expressing displeasure towards their spouses when they have used alcohol by making negative remarks such as "you smell foul".

- Expressing dissatisfaction with their sex life and discussing the economic difficulties at home.

- Refusing to prepare any savoury food items to be consumed with alcohol, stating that the food is used to "cover-up" for the unpleasant effects of alcohol.

- Not being amused by the silly jokes, yarns, and foolish behaviour of alcohol users.

- Not making any special arrangements for drinking at home.

- Being sarcastic about the rituals and practices associated with alcohol use and paying no particular attention to expressions of conviviality among alcohol users, such as "cheers".

- Making the days when their spouses come home sober more enjoyable.

- Treating spouses with more respect and care when they come home sober.

- Encourage their spouses by preparing delicious meals and paying compliments such as "You look smart today" when they come home sober.

- Engage in exciting conversations and encourage the children to be closer to their fathers when they come home sober.

- Discuss the negative experiences of alcohol in other families with their spouses when they are sober.

Preventing their spouses from becoming influenced by the use of alcohol among those in higher positions is another meaningful way in which women could contribute to alcohol prevention. Staff gatherings at which alcohol is often served are not uncommon at workplaces. In the workplace and at informal gatherings, those in higher positions could significantly influence the activities of their subordinates. When alcohol is offered at a party organized by a superior, declining would be interpreted as disregarding the host's authority. Many would have to accept the offer. Those who desire the company of people of higher social strata and aspire to become a member of their groups would be obliged to use alcohol because of the fear that if they were to decline, they would be perceived as unsophisticated and inferior. However, if a person could prepare himself to face such situations and maintain his stand on abstaining from alcohol use, it would be easier to face any pressure he may experience. Women could play a key role in assisting their spouses in developing self-confidence and encouraging them to refrain from using alcohol even when a superior offers it.

Assisting Users to Overcome Their Dependence on Alcohol, Tobacco or Drugs

When working with alcohol or drug users, especially those heavily dependent on alcohol or tobacco, there are several points that one needs to bear in mind.

- Any heavy tobacco, alcohol, or drug user could give up the use without medication. However, those with health complications resulting from excessive consumption of alcohol require urgent medical attention.

- It is preferable that users quit their dependence on alcohol or drugs in the family environment in their community

- Those who think their dependency is more due to chemical effects would find it more difficult to abandon the use. They are very likely to feel the psychological and physical discomforts severely when abstaining from their habitual alcohol or drug use.

  On such occasions, women could explain to alcohol, tobacco, or drug users that any person who is dependent on a habit would feel uneasy when they are unable to engage in it. For example, a baby sucking its thumb would react negatively when prevented from doing so. Similarly, a person in the habit of engaging in religious observances at a particular time would feel very uncomfortable if they could not. A gambler would feel the same discomforts when restricted from gambling. Rationalizing these situations would enable alcohol and drug users to understand better and overcome their difficulties.

- With habitual alcohol or drug users in a family, it is pretty normal that the rest of the family would gradually become immune to the behaviours and practices of the former. This makes it a challenging task to initiate a process by which a firm decision could be made to change the lifestyle of a habitual user.

  In such a situation, it would be necessary to get all family members to cooperate in making a collective effort to change the user's lifestyle. Attention also should be paid to those outside the family with whom the users would regularly associate with the potential to influence them.

- Even those users who are strongly determined to overcome their dependence on alcohol will experience some difficulty in quitting their habits because of their psychological attachment to the substance

It is, therefore, necessary to ensure that all possible assistance and encouragement are given to those determined to overcome their addiction to alcohol or drugs. The support given should be consistent as there could be many unsuccessful attempts before the users would finally succeed in quitting alcohol, tobacco, or drug use. Though making a firm decision to quit alcohol, tobacco, or drug use is the first step on the part of the users, they should be convinced that the dependency is more due to psychological factors, the process of cognitive learning and behaviour, than to physical characteristics.

- It is crucial that the users adapt to a new lifestyle by adjusting to new areas of interest and activities as ways of spending their leisure time

  While effective strategies (that take into account the new interests of the users) need to be developed with the people with some skills in handling alcohol or drug dependency, women, as wives, mothers, friends, and teachers, play a vital role in ensuring that the users effectively implement these strategies.

- Most people who use alcohol or drugs strongly believe that it could help to ease fatigue, forget problems, have fun, and relax.

  Recovery programmes should strongly emphasize that there is no connection between alcohol or drug use and pleasure, enjoyment, and relaxation. While challenging the users' misconceptions about alcohol or drugs, it is also necessary to understand the users' mental state. Care should be taken to build their confidence when working towards a lifestyle change. These efforts that take place in the treatment process should be reinforced by the women at home and in other settings.

Creating a New Environment to Facilitate an Alcohol or Drug-Free Lifestyle

As mentioned in previous sections, the use of alcohol or drugs could be gradually reduced by making the environment for the use less enticing, permissive, and supportive. To do so, the acceptance of alcohol or drug use should not be promoted, and any misbehaviour and its influence should not be pardoned. No special attention should be paid to substance use, and any misconceptions about alcohol or drug use, when expressed, should be challenged and corrected.

It should be borne in mind that the most significant difficulty any user would face when giving up the alcohol or drug-using lifestyle is coping with the void left by alcohol or drugs in their alcohol/drug-free lifestyle. The family members must collectively support the user to bear with the absence of alcohol/drugs, or else the new lifestyle could become very threatening to the former user, so much so that it could lead them to depression. The former users should be made to understand that the withdrawal symptoms that they experience during the initial stages of quitting alcohol, tobacco, or drug use are not due to the chemical effects of the substance but due to abandoning a habit that they had become deeply attached to.

It would be of great benefit to the users if they could stop alcohol or drug use as soon as they begin the process of recovery. Wherever it is not possible, the users should be advised and guided to gradually reduce the frequency of alcohol or drug use and the quantity of alcohol or drug they use in a day. It is essential to acknowledge and appreciate progress, no matter how small. The user should also know the advantages of reaching that recovery point. Further, their progress should be used to increase their confidence and their capabilities of reducing the use of alcohol, tobacco, or drugs and eventually quitting it.

It is essential to bear in mind that those who have quit alcohol, tobacco, or drug use may relapse if they are not entirely free from the attachment to the substance. Family members should, therefore, make an effort to prevent relapse by maintaining a solid relationship with the recovered person, preventing them from spending too much time in isolation and giving them appropriate responsibilities to keep them

fully occupied physically and mentally. These steps are vital in the recovery process. Family members could also improve their relationship with the recovering person by engaging in leisure activities that would eventually pave the way for them to be accepted and included in society. This would assist in the recovery process, making it easier for the recovering person to become completely free of alcohol or drug use.

Ensuring Consistency

Women could use the following activities to ensure consistency in the reduction of alcohol or drug use in their homes, workplaces, and communities:

- Making the environment conducive to abstinence from tobacco and alcohol use by removing items such as ashtrays and empty alcohol bottles and exhibiting phrases that would encourage abstinence.

- Reducing the attractive image of alcohol or drugs, reducing the unfair privileges attached to alcohol or drug use, and assisting the users to reduce and quit the use altogether gradually.

  A gradual reduction in the frequency and the quantity consumed within the households could contribute to the decrease in the total consumption of alcohol or drugs within the community and, at a broader level, within the country as a whole.

Buddhist Counselling for the Liberation (*vimutti*) from Alcohol and Drug Use

9

Counselling denotes a professional relationship between a trained counsellor and a client. This relationship is usually person–to–person, although it may sometimes involve more than two people. It is designed to help clients understand and clarify their views of their living space and to learn to reach their self–determined goals through meaningful, well–informed choices and through the resolution of problems of an emotional or interpersonal nature (Burks, H.M and Stefflre, B., 1979). Throughout his lifetime, the Buddha counselled people from all walks of life by preaching Dhamma. Early Buddhist literature indicates that he employed a wide variety of techniques in dealing with people of different natures and diverse problems, which can be applied at all times. His advice was life-transforming and brought everlasting solutions to mostly psychological issues of suffering. Therefore, Buddha was introduced by two epithets: physician (*bhisakka*) and surgeon (*sallakatta*). Advice therapy (*ovādapatikāra*) is one such technique, along with other methods, such as removing defence mechanisms helping through *anuggaha* and *anusāsanāpātihāriya*, used by the Buddha. In the early Buddhist teaching, the word counselling was referred to as advice (*ovadati),* teaches (*anusāsati*), and declares (*deseti*). These were used in the advice therapy according to the person and situation. In *Ovādapatikāra*, Buddha sometimes proclaimed (*ācikkhati*) specific dharmas, explained or analysed (*vivarati*, *vibhajati*) phenomena that occurred, or declared (*deseti*) specific Vinaya rules. In Pāli, *patikaroti* means treatment; therefore, we can understand that *ovādapatikāra* means treatment through advice. It has been expressed in Dutiyaovāda Sutta that "when there are no bhikkhus who are exhorters: this is a case of decline". Buddha further said in the sutta, "Exhort the bhikkhus, Kassapa, give them a Dhamma talk, either I should exhort the bhikkhus, Kassapa, or you should. Either I should give them a Dhamma talk or you should". *"Ovāda Kassapa bhikkhu, karohi Kassapa bhikkhūnaṃ dhammiṃ kathaṃ. Ahaṃ vā Kassapa bhikkhū ovadyeṃ, tvaṃ vā. Ahaṃ vā bhikkhūnaṃ dhammiṃ kathaṃ kareyyaṃ, tvaṃ vā" ti.*

In Kevadda Sutta, the Buddha declared that he and the monks used the miracle of teaching (*anusāsanāpātihāriya*) to attract more people to dhamma learning and change their behaviours. These counselling interventions were sometimes brief, using a concise method (*saṃkhittena*) or detailed (*vitthārena*).

The main aim of this advice therapy is to correct or modify the unsuitable thoughts or behaviour of the client. Rather than only looking at the symptoms, understanding the very core of the factors or determinants of the client's problem is the approach of Buddhist psychotherapy. Making the client aware of their problem is also considered a high priority. Everyone is suitable to receive such advice until attaining Arahantship. These therapeutic advances will prevent the client from being involved in any further misconduct and neutralise the determinants that cause the psychological problems. Dhammapada, verse 76, explains that one should follow a man of wisdom who rebukes one for one's faults, as one would follow a guide to some buried treasure. To one who follows such a wise man, it will be an advantage and not a disadvantage. If a person commits any wrong, correcting him after advising and giving him a second chance is one of the Buddhist approaches to behaviour modification.

This has been very evident in Sāmaññaphala Sutta, where King Ajatashatru confessed that he killed his father to become king. The Buddha replied: "Yes, great king, a transgression overcame you in that you were so foolish, so muddle-headed, and so unskilled as to kill your father — a righteous man, a righteous king — for the sake of sovereign rulership. However, we accept your confession because you see your transgression as such and make amends by the Dhamma. For it is a cause of growth in the Dhamma and Discipline of the noble ones when seeing a transgression, one makes amends by the Dhamma and exercises restraint in the future. In Ambalatthika – Rahulovāda Sutta/ MN 61, Buddha's advice, "Rahul, an action with the body should be done after repeated reflection; an action by speech should be done after repeated reflection; an action by mind should be done after repeated reflection". When examining

these *suttas, ovādapatikāra* should perform with great compassion and loving-kindness towards the client. Lord Buddha is referred to as the Great Compassionate One (*mahākārunika*).

Most of the individuals who have developed psychological disorders have a wrong view, distorted perception (*Viparita Saññā*), and erroneous cognition. As their judgments are irrational, there is a need for restructuring their cognition. Advice therapy tries to train the client's body and mind to broaden their perspective of their problems and connect contextual affairs. In Dantabhūmi Sutta (MN 125 PTS: M iii 128), such a client is compared to a wild elephant, a wild horse, or a wild Ox, so *ovādapatikāra* includes taming strategies. Punnovāda Sutta (MN) is another sutta in which Buddha communicates with Venerable Punna using *ovādapatikāra*, where Punna was made aware of the dangers of living in Sunaparanta Janapada. Lord Buddha's mode of explanation of a problem can be categorised in four ways.

5. Problems that ought to be solved categorically (*ekamsavyākaranīya*)
6. Problems that ought to be solved with counter-question (*patipucchāvyākaranīya*)
7. Problems that ought to be set aside (*ṭhapanīya*)
8. Problems that should be solved analytically (*vibajjavyākaranīya*) (A11, p.46)

The role of a counsellor when engaged with a drug user based on Buddhist psychology is explained in Saṃyutta Nikāya, where the Buddha described his approach to an issue.

1. I am here to exhort you (*aham ovādena*)
2. I am here to aid you (*aham anuggahena*)
3. I am here to instruct you (*aham anusāsanīyāti*) – (S iii, P.109)

From the initiation of the counselling process of gradually liberating from drug use until they achieve complete freedom, alcohol and drug users pass through several stages. The progress between stages is determined by the extent of the positive behavioural and cognitive changes towards freedom (*vimutti*) from drugs observed in the users. For instance, the realization that one must break free from the use of drugs is considered the first positive change and a sign of being in the first stage of freedom from alcohol, tobacco, or use. Even though users may not reduce the dosage of drugs taken daily, showing interest in simple tasks such as maintaining personal cleanliness, bathing daily, and performing other day-to-day chores could also be viewed as positive signs indicating progress in the recovery process. If, at some point in the recovery process, users decide to stop using alcohol or drugs, it is seen as a positive sign. The ideal situation of recovery is, however, when users reach the stage at which they can leave the use of alcohol or drugs completely (*Nirodha*) without any chances of relapse. To ensure achieving this stage of recovery, it is essential for those users who initiate the process to proceed through all the stages gradually until they reach a state of complete freedom and liberation from the use and feel no need or craving for alcohol, tobacco, heroin or any other drug. This total liberation is the everlasting solution for the suffering from alcohol or drugs.

In Udāyī Sutta, The Buddha advised venerable Ananda on counselling with Dhamma as follows;

It is not easy to teach Dhamma to others. You should establish these five things in yourself before teaching Dhamma to others."Which five?

"[1] Gradual talk (*Anupubbikatham*): The Dhamma should be taught with the thought, 'I will speak step-by-step.'

"[2] Talk on sequence (*Pariyāyadassāvī kathaṃ*): The Dhamma should be taught with the thought, 'I will speak explaining the sequence [of cause & effect].'

"[3] Compassionate talk (*Anuddayataṃ paṭicca kathaṃ*): The Dhamma should be taught with the thought, 'I will speak out of compassion.'

"[4] Talk without material expectation (*Na āmisantaro kathaṃ*): The Dhamma should be taught with the thought, 'I will speak not for material reward.'

"[5] Non-judgment (*Attānañcaparañca anupahacca kathaṃ*): The Dhamma should be taught with the thought, 'I will speak without hurting myself or others. The counsellor should not compare themself with others and praise themself.

Buddha has explained the step-by-step process of teaching Dhamma: "Pahārāda, just as the great ocean slopes gradually, slides gradually, inclines gradually, not abruptly like a precipice. So, too, Pahārāda, in this Dharma–Vinaya, the training is gradual, the task or the practice is gradual, and the way or the progress is gradual. There is no sudden penetration of final knowledge at all. (*anupubba sikkhā, anupubba kiriya, anupubba paṭipadā*)" The Pahārāda Sutta (A 8.19). The total liberation from alcohol or drug use for a user who is entrapped to drug use due to developed attachment and craving for a substance is also a step-by-step process.

The stages that a drug user goes through during the recovery process can be described as shown below. Alcohol or drug users could be in any of these stages when initiating treatment and could make slow progress, being in one stage for an extended period. The task of those working with users is to identify which stage the users are in at a given point and to provide the motivation to progress towards the next stage by giving the necessary inputs for the desired mental and behavioural changes.

Steps Towards Freedom from Drug Use

1. The drug user enjoys the ability to deceive others and the popularity and power among peers through drug use and, therefore, has no intention to abandon the use of drugs.
2. The drug user does not use drugs to gain power but shows no need to abandon the use.
3. The drug user feels the need to stop using drugs.
4. The drug user shows no sign of reducing the dosage of drugs but changes their behaviour towards maintaining personal hygiene and reduces the obstacles to performing their day-to-day activities.
5. The reduction in the amount of drug used at each session and the gradual progress towards becoming free.
6. The decision to stop using drugs altogether and quit drug use (temporally).
7. The stage at which the user hesitates between use and non-use, moving forward or backward in the recovery process.
8. The conscious identification and immediate correction of any drug-promoting thoughts and behaviours.

9. The reduction in the frequency of occasions on which users stumble in the process towards freedom from drug use.

10. Identifying the subtle elements/defilements that motivate individuals towards using drugs and eliminating these defilements.

11. Complete freedom from drug use (*Nirodha*) without the chance of regression or of return to the former habit.

(Fig 10)

The Difference between Stopping Drug Use and Freedom from the Use of Drugs

Stopping an individual from using drugs is not the ultimate goal or end of the treatment process for recovery. It is, instead, the intermediate stage of the process of freeing them from the habit of using the drug. The treatment or counselling process should enable the user to reach a stage of liberation from all the attachment to drugs in which they are fully aware of the real effects of alcohol, heroin, or any other drug use as unpleasant, unbeneficial, and no need to clinging into drug use. Changing the user's behaviour alone, such as merely stopping the habit of using drugs without the right cognitive transformation, is not enough to attain liberation from alcohol or drug use. To ensure the user develops a proper and accurate realisation and understanding of drug use as well as the reasons why the use should be stopped, the concentration (*samadhi*) and wisdom (*paññña*) on this unhealthy and non-productive habit have to be developed. This would result in producing everlasting solutions to the addiction problem and prevent the high risk of relapse. It is necessary for those working in counselling programmes to understand the stopping of drug use and the liberation from drug use, both of which are distinct, though there is no use of drugs in both situations. The difference is that in the latter situation, the drug user has been able to move away entirely from the use by breaking the bond they had with the substance and no longer shows any attachment or craving for it. This is accomplished through the conscious decision to gradually identify and eliminate the defilements connected to the use of drugs. This results in the devaluing of drugs in the mind of the individual as all those elements that once served to give the substance its perceived value is now not held with the same level of esteem. This results in complete abstinence from the use of drugs with no chance of a relapse into the former habit.

Freedom from drugs such as heroin or methamphetamine (ice) also means the diminishing of fear of the drug in that the former drug user would no longer feel uneasy when passing a place at which heroin or ice is sold or when encountering a friend who is still in the habit of using heroin or ice. The drug becomes, to those who gain freedom from it, merely a white powder or crystal and a chemical substance with no power to attract or induce fear and with no 'magical' properties. On the other hand, in the case of stopping the use of drugs without gaining complete freedom from it, the individual avoids drugs because of wrongly perceived notions constructed in their mind through the substance itself or external influences.

For example, one may temporarily stop drug use due to:

- Influence of one's parents, spouse, or friends
- Lack of finances
- Poor health conditions
- Fear of the police or other law enforcement authorities and their actions
- Fear of losing employment
- Personal gains such as inheriting property or avoiding divorce

- Social stigma and the criticism of others

Reasons for the Inability to Free Oneself from Drugs Despite Being Able to Stop Its Use

- The failure to successfully eradicate the attachment (*upādāna*) or psychological bond the user has with alcohol or drugs.
- The user continues to think highly and positively of alcohol or drug use.
- Only temporarily suppressing the cravings (*tadanga pahāna*) towards alcohol or drug use.
- Insufficient awareness of the uselessness of drug use and its deceptions; therefore, wrong thoughts (*miccā diṭṭhi*), ignorance(*avijjā*), greed (*lobha*), conceit (*mana*), and other unwholesome application of mental factors toward alcohol and drugs are still remaining with the user.
- The users are not sufficiently transforming cognitively or immunized to withstand the social pressure that attributes value and recognition to drug use. He has not developed enough wisdom (*paññā*) for liberation from drug use.
- Temporarily hiding the weakness towards or the fear of withdrawal from drugs.
- The feeling of emptiness after discontinuing the use of alcohol or drugs due to solid attachment.
- Failure to change the existing learned belief that stopping the use of drugs is an impossible task and a great challenge that requires an immense amount of willpower
- Changing one's behaviour by distancing oneself from alcohol or drug use without making any of the necessary psychological or cognitive transformations.
- Just stopping the use of drugs behaviourally due to pressure from others.
- Instability of the intention to quit drug use.
- The lack of understanding of the benefits of freedom from drugs.

The Transitory Period: Between Stopping Drug Use and Becoming Liberated from Drugs.

The decision made by users to merely abandon the use of alcohol or drugs is unstable and not permanent in nature, without breaking the deep psychological bond (*upādāna*) that they have formed towards the substances. Avoiding the use of drugs without having a firm decision to liberate from drug use could easily result in users reverting to their former habit should the reasons for relapse. In other words, refraining from using alcohol or drugs due to external influences is temporary in that any weakening in these influences would consequently result in the weakening of the resolve to refrain from drug use. Stopping the habit of using heroin without forming the proper mindset to do so would not create strong willpower in the individual to abandon alcohol, heroin, or any other drug completely.

Refraining from using alcohol or drugs without properly gaining freedom (*Nirodha*) from the use also means that though the user is, through a learned response, able to resist using drugs when it is offered casually automatically, they would find it difficult to resist when urged to use is more forceful. This may result in the user gradually moving back towards the previous habit of using alcohol or drugs, motivated by thoughts such as 'there is no harm in using it occasionally' or 'there is no harm in using it for only one day'. While drug users would easily fall prey to the prevailing attitude that 'it is difficult for those who stop using any kind of drug to continue refraining from the use', they may also use such

attitudes to rationalize their return to the use of drugs. Avoiding alcohol or drug use in a subculture that promotes the use further makes it difficult for them to resist the pressure to use.

Suppose users are not adequately guided to critically analyse the wrongly perceived ideas that alcohol, heroin, or other drugs help them forget their problems. In that case, they may return to the habit of depending on heroin to bring relief for their problems and then face much difficulty. Users whose decision to avoid heroin use is based on various factors other than the proper understanding of heroin and the awareness. This understanding alone is insufficient to become free from dependence on the substance. They must have the attitude and skills necessary to gain complete freedom from heroin and their reliance on it. In other words, as users have not developed a robust psychological immunity toward heroin, the use of the substance may once again emerge as an essential part of their lives. They may once again view heroin as a substance that brings several beneficial attributes and attracts the heroin user back to the use.

Some heroin users may also stop using heroin because they often expect recognition, respect, and praise from others, such as family members and friends, through their sobriety. Statements such as 'He/she used heroin before but has stopped it now' draw unnecessary attention to the heroin users, creating in their minds a sense of pride and satisfaction. However, with the decrease in such attention, with time, the recognition of the heroin users would also decrease, and they would enjoy less and less of the attention that they once used to. They may then again use heroin as a means of drawing the attention of others towards themselves.

Those who continue to attach a certain degree of importance to drugs may occasionally use them to show others that they are still in the habit of drug use, even after they have decided to abandon it altogether. Due to the inability to identify the minor factors that continue to attract them towards drug use, these individuals who begin by using small amounts of drugs to show off their use of drugs to others may gradually revert to the daily use of the substance. This may also happen if they continue to maintain ties with those who are still profoundly attached to alcohol, heroin, or drugs. Those who have not formed a steady mental resolve to avoid using heroin or other drugs may quickly become the victims of schemes by which alcohol or drug use is glorified and given undue value. These are the very schemes employed by those who continue to use alcohol or drugs and may be jealous of those who have been able to free themselves from its use.

Furthermore, those who receive residential treatment at rehabilitation facilities are likely to refrain from using drugs only in places where it is not available. Within such an environment, individuals may avoid using drugs such as heroin because of the rules and regulations of the institution and because of the behavioural change expected within it. However, suppose they do not develop the mental transformation necessary to move away from drug use altogether. In that case, there is a greater chance of returning to the use once removed from the institution's setting. Some users may, on the pretext of seeking treatment, enter these rehabilitation facilities to avoid specific difficulties they may face outside. Some may also see the prevention of their habit of drug use as a task of the personnel of the institution so that a lower degree or the complete absence of supervision could result in the users returning to the use of drugs.

It is worth noting the effect of repeatedly quitting and initiating the use of alcohol, heroin, or any other drug use on the psychological bondage between the user and the substance. This repeated abandoning of and returning to the use of heroin or drugs may prevent, to a considerable extent, the chances of gaining complete freedom from heroin or drugs as the drug users' self-efficacy for complete freedom from drug use may be weakened. In other words, they may fall victim to the *Abstinence Violation Effect (AVE)*, by which they would believe that total abstinence from drug use is impossible. Drug users may then see their return to substance use as a regular occurrence, which blocks their path to recovery. It is then necessary to create a situation in which users can think critically about the nature of their bond and attachment to the drug. Users should then be guided to understand that the return to alcohol, heroin, or other use is due to their failure to think critically about and question their attachment to the substances.

Initiating the process toward Freedom from alcohol, heroin, or other drug use

The motivation to initiate the use of drugs and the continuation of the habit is a learned behaviour. The learning processes are classical conditioning, operant conditioning, emulation, and the expectations built on the existing social system, by which one knows how to attach a specific value to and eventually forges a strong bond with such substances. Freeing the individual from the use of drugs entails facilitating the gradual unlearning of the beliefs and values acquired through these learning processes. This could be done as follows:

1. The present condition of the alcohol, tobacco, or heroin user must be continuously assessed and understood.

2. The importance of becoming free from drug use should continuously be communicated to the drug user for instilling motivation.

3. Alcohol, tobacco, or other drug use and related behaviours should gradually be changed with relevant interventions.

4. Analyzing how the user attributed meaning and value to the drug, thereby forging a bond with it and creating the grounds for the psychological changes necessary to gradually reduce and eradicate this bond.

5. It is also necessary to work with the family and community to whom the user belongs to create the required push and motivation towards achieving total freedom from drug use.

It is important to note that rather than in the given order, all of these steps should be carried out parallel.

Characteristics that Could Be Observed in Drug Users

When working with drug users, placing the trust and completely accepting their opinions on drug use and related behaviour could be erroneous and problematic. As their view on such substances is distorted, taking their statements at surface value could lead to several misperceptions of alcohol, cannabis, heroin, methamphetamine, or any other drug usage and its effects. Many newspapers and books published articles depicting inaccurate facts about alcohol, heroin, and other drugs, mainly promoting such drug use. When asked how the authors came across such details, they would state that all information was obtained through direct interviews with drug users. The main reason for the effects of heroin or other drugs to be wrongly portrayed in works of literature is then the unquestioning acceptance on the part of the authors of the claims made by such drug users.

Drug users who volunteer to assist such authors may do so due to their complete ignorance of the drugs or with the expectation that they may gain some unfair advantages by providing misleading information regarding the substances. It is, therefore, essential to check the accuracy, validity, and reliability of the data thus supplied, and it is advised that any action be taken with a degree of caution until such accuracy, validity, or reliability has been confirmed. Though many drug users may possess specific characteristics, these characteristics cannot be generalized to label or stereotype all drug users. They must only be treated as a set of guidelines or precautions to be used by those working with them. It is unnecessary to let these characteristics become an obstacle between those providing help and those receiving it.

Some Characteristics of the Drug User

Drug users typically:

- Easily influenced and deceived by social learnings and trends that promote alcohol, tobacco, heroin, cannabis, and other drug use as a result of being unable to analyze these trends by themselves critically.
- Tend to attach a high degree of importance to drug use, seeing drugs as a substance with miraculous properties and propagating this wrong image of alcohol and drugs to others as well.
- Strongly believe that alcohol and drugs possess various false characteristics attributed to them and the tendency to hold mistaken positive outcome expectancies of alcohol and drugs based on those wrongly held beliefs.
- Constantly need assistance from an external intervener (*kalyāna mitta*) who could guide them in developing the correct view and wisdom to free them from drug use, as in most cases, drug users are unable to assess the actual experience and effects of drugs by themselves.
- Promote the use of alcohol or drugs to others solely because of their addiction or ignorance.
- Are capable of developing an accurate understanding and attitude towards his drug use if willing to make an effort, with the support of a good teacher.
- Are in a constant state of suffering before, during, and after the drug use.
- Are very likely to have family problems, economic difficulties, problems regarding employment, health issues, and other social problems due to drug use.
- Have an intense craving and attachment to a drug formed based on misconceptions related to the substance and its use
- Strive to build a lifestyle based on the habit of using drugs, which they have constructed a high level of drug dependency within their minds, and live by it.
- Although they may initiate the use of the drug for some simple reasons, with time, they fall victim to the drug use in that they strongly believe those reasons to be the ultimate truth and are trapped to drug use out of habit.
- Are shunned or looked down on by others in the community due to their habit and related misconduct.
- The drug has become the most crucial part of their lives.
- Tend to have no ideas or opinions of their own and are predisposed to be influenced by social learnings and the belief system that promotes a false image of drugs
- They tend to have at least a small intention, deep inside, of stopping the use of drugs and coming out of the unhealthy habit.
- They are constantly in the process of finding some false excuse or lie or finding ways of tricking and deceiving others to maintain their use.
- Engage in crimes to fulfil their needs and use drugs as an excuse for their misbehaviour, especially in more permissive environments.

- Find it difficult to abandon the use of drugs despite several attempts to do so.
- They are prevented from making the maximum use of their potential and from enjoying life by their habit of using drugs.
- Persistently deceive themselves with the false notion that heroin creates enjoyment and happiness
- Suffer from shame, fear, insecurity, loneliness, and impatience and are constantly plagued by the feeling that they are doing something wrong.
- They are constantly in the state of swaying between leaving and returning to the habit of using drugs, and initiating it once again has become a regular pattern in their lives.
- Drug users are not doomed to be forever burdened by the weight of accumulated tendencies, but with the proper guidance and through their effort, they can unlearn and cast off all these tendencies and attain a condition of complete purity and freedom from their drug use. Applying proper Dhamma therapy in the context of the right understanding, a therapist can bring about radical alterations in the workings of consciousness and mould and restructure the seemingly immutable stuff of drug users' minds.

Obtaining Information regarding the Current State of Drug Users to Understand His Psychopathology

Recognizing and understanding the pathology of a psychological issue by the therapist is the primary step of any psychotherapeutic treatment. This is achieved through developing effective communication between the therapist and the client. Generally, individuals who develop a dependency on alcohol or drugs have a reason and purpose for becoming addicted, although they are unaware of it. There is guidance given in early Buddhist literature and post-canonical Pāli sources, which shed light on having a clear vision of a holistic view regarding a mentally disturbed person, such as a drug user, to recognize his psychopathology. Psychopathology is the factors and root causes which cause mental disorders to arise. Rohitassa Sutta says, "I tell you that there is no making an end of suffering and stress without reaching the end of the cosmos. Yet within this fathom-long body, with its perception & intellect, I declare that there is the cosmos, the origination of the cosmos, the cessation of the cosmos, and the path of practice leading to the cessation of the cosmos." This indicates that the therapist has to introspect and go into the conceptual world of the client holistically and recognize the client from his own world. In achieving this, the therapist has to powerfully and effectively listen to the client, and this point has been emphasized in the phrase ***sutava ariya sāvakā,*** which means one can enter the liberation path through listening dhamma. The therapist has to concentrate and understand the client's situation just as engaged in meditation.

This psychotherapeutic process can be explained in six stages, well documented in relation to the Pāli sources, by Professor Wasantha Priyadarshana:

1. ***Sutā*** or listening to the complaint of the client where the client purged about the story, ariyavamana noble catharsis
2. ***Datā*** or Therapeutic Reading in all three levels, beginning, middle, and end (ādi/majje / *pariyosāna)*
3. ***Vacasāparicitā*** or verification with therapeutic understandings
4. ***Manasānupekkhitā*** or visualizing why it occurred – the pathology
5. ***Ditthiyānusuppatividdū*** or comprehension of the illness about the individual and the context.

Therapy could be planned through (a) *Sila* Behaviour modification, (b) Samādhi Mental development, and (c) *Paññ*a cognitive transformation to provide an everlasting solution.

In **Roga Sutta**, Buddha said, "Bhikshus, there are these two kinds of diseases [illnesses]. What are the two? Disease of the body and disease of the mind (*Kāyiko ca rogo cetasiko ca rogo*)", and it is hard to find someone

without mental illness until attaining Arahantship. With this, it could be understood that the very base of mental illnesses is the unwholesome mental factors (*akusala cētasika*) applied in unwholesome consciousness. According to Dhamasangani and other Abhidhamma manuals, there are 14 unwholesome Cētasikas namely Moha – delusion, *Ahirika* - lack of shame, *Anottappa* - disregard for consequence, *Uddhacca* – restlessness, *Lobha* – greed, *Diṭṭhi* - wrong view, *Māna* – conceit, *Dosa* – hatred, *Issā* – envy, *Macchariya* – miserliness, *Kukkucca* – regret, *Thīna* – sloth, *Middha* – torpor, *Vicikicchā* – doubt. Unwholesome consciousness (*akusalacitta*) is consciousness accompanied by one or another of the three unwholesome roots—greed, hatred, delusion, and other unwholesome *chētasikas*. Such consciousness is called unwholesome because it is mentally unhealthy, morally blameworthy, and productive of painful results, including mental illnesses.

However, these three roots of greed, hatred, and delusion and how they operate to develop a psychological disorder such as drug dependency cannot be identified easily. For that, listening is essential; sometimes, noble silence could be used as a tool. In the Pali "*Ariyo tuhni bhave*" *ariyo* means noble, and *tuhni bhave* implies silence. Noble silence means no talking or non-verbal communication of any kind. The therapist has to observe the client's verbal and nonverbal behaviour to understand the client's disorder from a holistic point of view and through analysing how the unwholesome mental factors (*cētasika*) operate in unwholesome consciousness in the client's mind.

The mental proliferation process explained in *Madupindika Sutta* helps to identify the client's psychopathology and how he developed wrong perceptions, cognitions, and concepts. As discussed in previous chapters, this sutta explains the pathway of expanding the wrong concept, e.g., *rūpa + cakkhu + cakkhu-viññāna > phassa > vedanā/vedeti > sañjānāti > vitakka > papañca* and then to *papañcasaññāsaṅkhā.* Sakka-pañha Sutta explains the reverse path as *papañcasaññāsaṅkhā > vitakka > chanda > piyāppiya > issā-macchariya > verā* etc. The client's inner cosmos and how he developed wrong concepts and perceptions can be understood by applying this process.

Clients' psychopathology could be recognized and identified in detail through distortion of perception (*saññā-vipallasa*), distortion of thought (*citta-vipallasa*), and distortions of view (*ditthi-vipallasa*), and they are the causes of abnormal behaviour of alcohol or drug use. The mind tends to elaborate upon perception with these thought patterns, and if our thoughts are based upon distortions of perception, then they, too, will be distorted. Eventually, such thought patterns can become habitual and evolve into distortions of view *(ditthi-vipallasa).*

Another way of analysing the client's mentality through a holistic view is through *Pañca Nīvarana* (five hindrances), namely his too much attachment to sensual pleasure (*kāmacchanda*), intense anger (*vyāpāda*), mentally and psychically weak-mindedness (*tīnamidda*), tendency to be scattered and distracted of mind (*uddacca kukkucca*) and doubts and suspects everything around him (*vicikicca*). Further, these reasons for the abnormal behaviour could be understood through *Anusaya*, which means defilements submerged in the deep mind. Sangīti sutta and Yamaka (book of pairs) have mentioned seven kinds of such *anusaya*. They are Latent sensuous craving (*Kāmarāgānusaya),* Latent anger (*Patighānusaya*), Latent conceit (*Mānanusaya*), Latent erroneous opinion (*Diṭṭhānusaya*), Latent scepticism *(Vicikiccānusaya*), Latent craving for existence (*Bhavarāgānusaya*) and Latent ignorance (*Avijjānusaya*).

A person's psychological clinging can be analysed holistically through the Analysis of Five Aggregates (*pañcakkhanda*), Analysis of Six sense Faculties (*āyatana*), Analysis of Six sense Faculties and their objects, Analysis of Eighteen Elements (*dhātu*), Analysis of Four Nutriments (*āhāra*,) and Analysis of Dependent Co-Origination (*paṭiccasamuppāda*). Dividing the internal cosmos into its essential elements always provides clues to psychopathology. Analysing clients' Dukkha, Samudaya, and Nirodha and finding the path to that everlasting solution *dukkhanirodhagāminī paṭipadā,* based on the theory of four Noble Truths is well explained in *Dhammacakkappavattana Sutta, Mahāsatipaṭṭhāna Sutta,* and many other Pāli sources. Vasudha Magga's explanation of different Characteristics of people *Rāga-carita* - Greedy Temperament, *Dosa-carita* - Hating Temperament, *Moha-carita* - Deluded Temperament, *Saddhā-carita* - Faithful Temperament, *Buddhi-carita* - Intelligent Temperament, *Vitakka-carita* - Speculative Temperament is also shed light on finding the psychopathology as well as the treatment of the client.

In initiating the process of guiding the clients to recover from their drug use, it is necessary to obtain the following details to understand their inner cosmos and psychopathology.

1. Personal information such as name, age, permanent address, religion, and family details.

2. The user's motive for entering the recovery process, i.e., whether it is out of their own interest, because they were forced to do so, or because they want to escape the persecution of law enforcement authorities.

3. If the individual has previously received treatment: When the previous treatment was administered, what was its duration, what was the nature of the treatment, what were the methods used, and why did the individual abandon it?

4. Whether or not the user is in the habit of using other substances apart from mainly used drugs such as alcohol, cigarettes, or any other drug.

5. The present method in which the individual uses drugs and the means through which he obtains those drugs.

6. The dosage or amount taken at each session of the drug use and the frequency of these sessions.

7. The period of the drug use.

8. The maximum time the individual has previously abstained from using the substance and how he returned to using it.

9. The maximum time period of abstinence from drug use during the past six months, how the drug use was initiated during this time, and how it was stopped.

10. Procedures previously used to stop the use of drugs. Reasons for restarting the drug use.

11. The user's present lifestyle and behaviour patterns related to drug use.

12. The individual's living environment and surroundings

13. Whether the individual is currently employed and, if so, whether the drug use affects his day-to-day work

14. Problems occurring within the individual's family due to his use of drugs.

15. Details regarding the criminal record problems the individual may have had with law enforcement authorities and terms served in prison.

16. Any other physiological or medical problems suffered by the individual (apart from the direct effects of drug use, such as withdrawal discomfort).

17. The lifestyle, family, and socioeconomic background of the individual.

18. How the individual learned about or was introduced to drug use.

19. The social patterns revolving around the use of drugs that the individual is a part of, for instance, whom he spends most of his time with, with whom he uses drugs, and how their social networks changed with the use of drugs.

20. Details regarding the environment in which drugs are used, for example, whether there is a particular environment in which the individual feels more inclined to use drugs, how he obtains money for purchasing the substances, and whether there is a specific time of the day in which the drug is used and the factors that motivate the individual to use drugs.

21. The attitudes and beliefs (expectations) of the individual towards alcohol, tobacco, heroin, and other drugs.
22. How the individual sees and feels the use of drugs.
23. Details regarding any significant incidents faced by the individual.
24. The skills and capabilities employed by the individual when stopping his use of drugs on previous occasions
25. The extent to which the environment motivates the individual to stop drug use.
26. The reasons behind the user's decision to continue using drugs.
27. The extent to which the user is attached to substance and to which he gives it importance

The Importance of Motivating the Drug User to Move Towards Change

Throughout the recovery process, drug users may have several expectations concerning the therapist (*kalyāna mitta*) involved in helping them overcome their drug use. Therapists must understand the extent of their responsibility, and the users receiving help should understand the limits of the therapist's services. It is also essential for both the therapist and the user to maintain a certain distance from each other in order to ensure the complete success of the procedure. Both parties must accept that performing a miracle is beyond the therapist's capacity. For example, some of the expectations that drug users may have are to be instantly cured of their use of drugs, to gain any form of relief immediately, to be able to regain now all that was lost due to drug use, or at least a temporary but immediate change for the better. At the very outset, the users must understand that the responsibility of making progress towards freedom lies with them rather than the therapist.

Dhammapada Verse 160;

Atta hi attano natho - ko hi natho paro siya
attana hi sudantena - natham labhati dullabham.

One indeed is one's own refuge; how can others be a refuge to one? With oneself thoroughly tamed, one can attain a refuge (i.e., Arahatta Phala), which is challenging.

The initiation of the recovery process towards total freedom from the drug is then ultimately not the result of just listening to Dhamma Therapy but of the decision made by the drug users within themselves after being motivated and guided towards reaching such a decision. Recovery is a process for the client. The therapist can motivate and show the path to liberation from drug use and recovery.

In Ganaka Moggallana Sutta, a Brahmin Ganaka Moggallana approached the Buddha to ask about the gradual training, practice, and progress in the Dhamma and Discipline. Buddha taught him morality by taking precepts, guarding the doors of sense faculties, being mindful and fully aware, meditation, and abandoning the five hindrances and destruction of taints.

Then Brahmin Ganaka Moggallana asked Buddha why, after showing people the path, some managed to attain Nibbana, but others did not. After Buddha gave a simile to a man asking for directions to Rajagaha, Buddha replied: "So too, brahmin, Nibbana exists, and the path leading to Nibbana exists, and I am present as the guide. However, when my disciples have been thus advised and instructed by me, some attain Nibbana, the ultimate goal, and some do not. What can I do about that, brahmin? The Tathagata is one who shows the way." Just like that, a counsellor or therapist could show the path using

Dhamma therapy to liberation from alcohol and drugs. However, the drug user has to move along that path, step by step, until he gets free from his drug use.

Initiating the Recovery Process

It is essential to bear in mind that the process of recovery is not something that is done for the drug user but rather something that is done with the drug user. In other words, the user is not a passive treatment recipient but functions as a co-therapist. The therapist should not work as an expert but should motivate the users and create within them the ability to work with their expertise. The speed of the recovery process and the progress made are not in the hands of the therapist but are determined by the users receiving treatment, who should also be willing to face the challenges and accept the responsibility of this process. Therapists should not label or stereotype drug users and instead give advice; they must open up pathways for progress and guide, motivate, and create the correct atmosphere for the users to move towards those pathways. To do this, the therapist should:

1. Accept the drug users unconditionally with *mettā, karuna, muditā* and *upekkhā*.

2. Understand and show that they understand the feelings, worries, and pain of the drug users.

3. Provide clear and definite reactions and feedback to the users on the behaviour of users, their personal developments, and their intentions

4. Create openings necessary for the progress towards recovery

Understand that it is possible that throughout the recovery process, a user could move forward or backwards in that the recovery process may not always be a steady journey towards the end goal, which is total freedom from alcohol or other drugs. The progress of the user may fluctuate several times during the recovery process, and it is the therapist's task to ensure that they can face this fluctuation and persist in their efforts to gain freedom from drug use.

5. Maintain a close relationship with the users

6. Listen to the users openly, maintaining a neutral stance without prejudice.

There may be several levels at which users may be prepared to give up the use of drugs. It is, therefore, the task of the therapist to continuously encourage users to prepare themselves to give up the use of all kinds of addictive substances completely. This is important in creating the proper mindset within the users that would facilitate the proper implementation and success of the treatment. How quickly users receive treatment is determined by the speed at which they can prepare themselves to receive the treatment. This could differ from person to person. It is essential that once users make up their minds to receive treatment, treatment is sought as soon as possible. This is because any delay in doing so could result in users changing their minds about receiving treatment. Travelling a long distance to the treatment centre could discourage users from seeking treatment. For this reason, outreach services have been established in many areas to provide more effective treatment. Higher success rates could be maintained if these services are freely available and easily accessible to the users. Every Buddhist temple, monastery, meditation centre, or Buddhist department in a university or community centre should be a place initiating prevention and treatment to end suffering from alcohol and other drug use.

The degree of motivation and encouragement received from therapists, family members, friends, temple or *vihārā,* and neighbours, as well as the user's own need to stop drug use, may, together, serve as determining factors influencing the extent to which the user is prepared to give up using drugs. Therefore, the therapist must obtain the support and involvement of the family, friends, and neighbours when working with the users. Apart from this, therapists must continuously motivate users to free themselves from the use of alcohol, tobacco, cannabis, heroin, or other drugs to prevent them from losing interest or becoming less active in the recovery process. If the users have, up to the point of

receiving help, never devoted much time to thinking deeply about their use of drugs, the opportunity to do so should be provided. Self-efficacy should be developed in the users by encouraging them to identify their strengths and by drawing attention to their past victories, showing them that they are fully capable of building strong willpower within themselves to meet the challenge of overcoming their use of heroin.

Users should be reencouraged through the recovery process to remain with the programme. This is because, as mentioned earlier, they could either make progress or revert to a previous stage throughout the recovery process. Persistent reversion could reduce the users' enthusiasm toward the programme, and they may gradually drop out. Continuously encouraging could enable users to understand and prevent the adverse effects of reversion or relapse and its consequences. For instance, they should be shown that increasing the dosage of drugs for a few days after stopping is not a reason for them to give up the effort they put into the process of recovery or to give up on the entire process itself. More often than not, those who leave the recovery programme after being unsuccessful at their first attempt and return to it afterwards tend to lose confidence in it and are less motivated to continue. A proper approach must, therefore, be employed when encouraging and motivating these returnees.

Gradual talk is the preparedness of the counselee's mind for the treatment process. Buddhist psychology explains progressive talk (*Anupubbikatham*) as a technique for addressing the counselee with strong defilements to calm them down. A person with low intelligence and more defilement must go through a gradual process to understand the conversation quickly. In the gradual talk procedure, the counsellor could talk about generosity, compassion, eight worldly conditions, morality, etc. According to David J. Kalupahana, by this method of instruction, the counselee can lead towards psychological balance, "This is often achieved by indicating the possibility of attaining freedom and happiness through the gradual path of mental culture toward psychological balance that begins with the cultivation of simple virtues such as sympathy, generosity, charity, etc."

Though users often tend to name external factors such as family problems and economic difficulties when asked what led them to use drugs, they must be encouraged to understand that leaving the use of drugs is well within their ability and that they are fully capable of practising self-control and of preventing themselves from returning to their former habits. Therapists must bear in mind that if they, the ones who provide help, exert too much pressure on those who receive it, the latter could break away from the treatment altogether. It must also be noted that however enthusiastic the therapist is about providing help; users would only change at their own pace. In this sense, therapists and other individuals engaged in the helping process may be at risk of having unrealistically high expectations that the progress of the drug users they work with would be quick. As a result of these expectations, when the users show slow progress, not meeting the expected standard of recovery at a given point, therapists may develop strong feelings of disappointment, falling victim to negative attitudes such as 'we are not capable enough' and 'no matter what we do, we cannot produce any results". Such attitudes may seriously impact the therapists, damaging their ability to provide help. Therapists must, therefore, work at the same pace as the users and not treat any delays in progress due to their shortcomings. The help the therapist gives should be proportionate to the extent to which the help recipients, i.e., the users, are willing to open up and cooperate. While progress should be presented as a challenge to the users, they should be given full credit for the progress made. If the therapist tries to take all credit for such progress, it will hinder the user's journey towards freedom. Therefore, the therapist should be careful to avoid taking advantage of their relationship with the users, and they should prevent claiming credit for the latter's progress in developing their image. If this occurs, there is the possibility that the therapist assumes the role of a dictator with whom the user is in constant opposition.

A similar risk is that therapists may develop and project the view that they are specialists able to answer all questions and solve all problems. This could result in a decline in confidence in the therapist among users. It is essential to remember that users require not orders but guidance and motivation. They need a means to open new pathways towards progress that would enable them to control their feelings and reduce their vulnerability to external influences that cause discomfort or put them in difficult situations.

Throughout the progress towards freedom, drug users can be categorized into several main stages:

1. Those who show no desire to quit using drugs but continue to deceive others, such as their peers and family, and enjoy the popularity among their peers and the position of power within the community. They are not willing to enter the recovery programme.

2. Those who have just willingly entered the recovery programme to quit their use of drugs.

3. Those who are making steady progress in their journey towards total freedom from drug use.

4. Those who make steady progress but are stuck at a particular stage in the journey towards freedom from the substance they got addicted to.

5. Those who make irregular progress in the recovery process in that they move forward, stop and resume the process, often making mistakes, correcting them, and gradually reducing the frequency of these mistakes.

6. Those who have gained total freedom never to return to the use of any kind of drugs, including alcohol.

While the therapist should continuously give users adequate guidance and encouragement at each of these stages, there may be some users who could, with the advancement of their views on drugs, make progress based on self-motivation. The therapist could create the environment necessary for users to reach this stage within the recovery programme. The following are steps that could be followed by the therapist in motivating users in various stages of drug use to abandon their use of the substance and gain total freedom from it.

Steps That Could Be Taken by Therapists When Working with Users Who Have No Intention of Stopping the Use of Drugs

In working with drug users of the above category, therapists could:

- Question the users as to whether they enjoy and accept their position (as reputed drug users) in society.

- Show them that contrary to the expectation that drugs increase power and physical strength, they would be more robust and more powerful without the use of drugs and that using them would not in any way enable them to enjoy life more or have more power in society. Lead them to understand precisely how much they could do and achieve in the state of increased strength and power they could gain once they have gained total freedom from drugs.

- Guide them to remember the moments of happiness, the essential occasions in their lives, and the power they held before they began using drugs.

- Direct them to reflect on how alcohol or drug use has limited their freedom and affected their behaviour.

- Show them that they live in a constant state of fear and suspicion due to their use of drugs.

- Point out to them that using drugs does not make them more powerful but rather that it makes them weak and gullible enough to be deceived by the image of the substance and those who promote it.

- Show them that by using drugs, they have resigned themselves to be no more than puppets of the drug racket and its racketeers.

- Guide the users to assess themselves on their own and decide whether they are, in reality, happy with their lives

- Make users aware that by using drugs, rather than enjoying any position of power or prestige, they become unpleasant to others. This could be done by drawing a comparison between themselves and others of the same age who do not use drugs.

- Show them instances in which others belonging to their same age group enjoy themselves without the use of alcohol or drugs. Through this, users could be led to understand that they are unable to enjoy themselves self in the same way as a result of falling victim to drug use.

- Make users aware of how their use of drugs weakens their bodies and enslaves their minds, as well as of the uncertainty of their future and the difficulties that they would have to face during any contact with law enforcement authorities.

- Show them that using drugs such as heroin, cannabis, or ice only undermines their capabilities and that they are likely to face social ridicule and contempt because of it.

- Make users understand that their use of drugs becomes a problem only for themselves and their family members.

- Show users how alcohol, tobacco, or drug use causes mental strain and that abandoning the use of such substances could save them from that stress. Arrange for them to observe others who lead happy lives without using drugs.

- Point out to the users all the possible disadvantages that they may face due to their drug use. Analyse with him the benefits of freeing from substance use.

- Help users to make progress by enabling them to understand that drug use is an act of those who are weak and who have been deceived.

- Get the involvement of the parents, wives, other family members, friends, and neighbours of the user to decrease the pardoning and permissiveness towards drug use behaviours.

- Provide the necessary knowledge (emptiness, uselessness and unpleasantness) regarding drugs to the family members and friends of the drug users so that they would know not to view drugs as powerful and understand how they could make a difference in the lives of the users.

- Make the entire community aware that the drug users' actions and insolent behaviour when under the influence of such drugs are nothing more than an act to deceive others.

- Build an atmosphere in which drug users are viewed as weak and deceived by those around them. This can be done by showing that the fear the user's behaviour evoked is no more than a false pretence.

- Show users the extent of the damage they would do to themselves should they continue the use of drugs for the next five years.

- Point out to the users the instability and uselessness of life as a result of hesitation between using and not using drugs over an extended per

Steps for Motivating Those Who Enter the Recovery Process to Stop Drug Use

When working with users who enter the recovery process genuinely intending to abandon the use of the substance, the therapist should:

- Ensure that users thoroughly understand the course of treatment and obtain their consent and commitment before beginning the therapies.
- Begin by developing a cordial working relationship with the users, obtaining details about them, and being open to their ideas and attitudes that may surface during the conversation.
- Listen to the users' ideas and identify their likes and preferences.
- Help users understand that their use is something that could be overcome and that total freedom from alcohol or drugs is possible. Improve their self-efficacy.
- Create the need and enthusiasm within the users to progress in the recovery process and help them maintain the hope that they will make such progress.
- Show users, using scenarios that they are familiar with as examples, that after developing the necessary positive mindset, quitting the use of drugs would be easy.
- Complement and express happiness when drug users announce their interest in or their decision to stop their use of drugs and show them that their interest/decision to do so is indeed valued.
- Guide the users towards understanding that the power to break free from drug use lies entirely within them. Strengthen this awareness to form the basis for their complete recovery from drug use. Improve their self-confidence.
- Make users understand that the progress towards freedom from their use of drugs does not depend on external motivation but rather on internal motivation or motivation that comes from within the users themselves.
- Support the users in estimating the advantages and disadvantages resulting from their use of drugs. Help them to reach an understanding of the relief and ease they would feel once they stop using the substance.
- Engage them in a conversation about those who have left the use of drugs and those who are still in it.
- Look for ways for drug users to get external support from others, such as family members, friends, and neighbours, and discuss with them how they could assist in the recovery process.
- Ensure that the users agree that they are responsible for their progress towards abandoning the use of drugs such as alcohol, heroin, or cannabis and gaining total freedom from them.
- Establish practical methods by which the users could stop using drugs, becoming completely free from their attachment to the substance and their habit of using it regularly.

- Open the minds of the users to other possible reasons for which they could abandon the use of drugs.
- Discuss with the user's other problems they may have that are connected to their use of drugs and draw up a plan for the solutions to these problems.
- Show the users that the process of stopping the use of alcohol or drugs and gaining freedom from them is enjoyable as well as challenging.
- Prepare the users with a prior understanding of the obstacles they may encounter until they have fully developed the proper mindset for recovery and discuss how they could face and overcome these obstacles.
- Ensure the users understand they can measure their progress by completing the assigned tasks.
- Arrange an interactive discussion inviting former drug users to share their experiences on gaining freedom from the use of drugs. Ensure that they reveal the truth about drugs and their recovery.
- Understand the differences in results achieved among drug users regarding how each of them sees and understands the difference between stopping the use of drugs and gaining freedom from it.
- If the heroin, cannabis, or methamphetamine users also smoke cigarettes or drink alcohol as a habit, make them understand the importance of abandoning the use of alcohol or tobacco as well.
- Ensure that they understand that they will be responsive and reactive to the therapist's continuous help and support throughout their recovery journey.
- Guide users to understand that they can create the desired changes within themselves, and they have the potential to do so.
- Guide users towards a stable mindset essential for abandoning the use of drugs.
- Make users aware of what they have lost in life due to their use of drugs and of the losses they may face in the future should they continue to use alcohol, tobacco or substances, for instance, various social, economic, and health problems as well as problems in seeking employment and issues that affect overall happiness.
- Provide users with the opportunity to observe the positive side of the lives of their friends and others who do not use drugs.
- Inquire users about how they were viewed by society before and after they initiated the use of drugs and guide them towards the correct understanding of these views.
- Develop further the motivation, desire, and need within the drug users to abandon their use.
- Correct their negative outlook and help them develop a more positive outlook.
- Lead them towards a self-evaluation of their use of heroin.
- Provide guidance and assistance to enable users to set new goals in their lives.

- Conduct a practical discussion through which users could be made aware that their use of alcohol, heroin, cannabis, or other drugs is the leading cause of most of the problems in their lives and of how these problems could be remedied by abandoning drug use.
- Arrange for users to observe the experiences of those who have stopped and are free from using drugs.
- Help users to correct and modify the weaknesses in their personalities.
- Guide users to calculate the financial losses faced during the period in which they used drugs.
- Guide them towards reaching an understanding of the problems and injustices faced by their families and those closest to them because of their use of drugs.
- Show users that they are valuable members of society by bringing to their attention several points that confirm this. Discuss the points with them in depth.

From Abandonment to Total Freedom:

A Few Steps in Assisting Early Users Who Have Given up Alcohol or Drug Use to Progress Towards Total Freedom

In facilitating the adequate progress of ex-drug users who are in between stopping the use of the substance and achieving total freedom from it, the therapist should:

- Educate the former users on their victories throughout the recovery process.
- Motivate them to celebrate the above victories.
- Discuss with ex-users the fact that they have now moved beyond the stage in which they considered drug use to be a compulsory part of their lives.
- Make ex-users aware of their physical, psychological, and social achievements since they began the recovery process.
- Strengthen the ex-users mentally by discussing with them their previous state of helplessness and discomfort when using drugs and the state of awakening and happiness they could progress to after becoming free from drug use.
- Establish positive expectations in the minds of the ex-users regarding the state of freedom they could achieve.
- Explain how completing various activities leads to the personal development of the ex-users and continues to facilitate this development in this recovery process.
- Reinforce the decisions and efforts made by the ex-users towards completing these activities by praising and appreciating their choices and efforts. Discuss the advancement they made with them.
- Enable ex-users to see their advancement through discussing their progress with their family members and others.
- Ensure that ex-users are able to monitor their advancements in their day-to-day lives, for example, by getting them to note on paper the details such as the reduction in the dosage of

drugs, the reduction in the number of times they use drugs daily, and the allocation of time for other productive activities.

- Make the ex-users aware that they possess a strong personality and can face challenges. Engage them in the personality development process.
- Motivate the ex-users to reflect on the time when they used to consume drugs and to think about whether or not they were able to achieve anything during this time.
- Arrange for the family members of ex-users and others close to them to hear about their advancements throughout their recovery process.
- Guide the ex-users towards making and maintaining the stable decision to abandon the use of heroin and other substances and become free from the use, leaving no possibility for return.
- Facilitate the development of the ex-users self-esteem in a way that allows them to maintain a healthy level of self-confidence without underestimating or overestimating their abilities.
- Help the ex-users reach a stage at which they can look at their lives from a neutral point of view with equanimity (upekkhā) and treat both the happy and sad occasions objectively without becoming too emotionally involved.
- If and when the ex-users feel a lack of motivation to continue in the recovery process, encourage them by bringing their previous victories and achievements to their attention.
- If and when the ex-users become suspicious of the recovery process or lose confidence, bring to their attention the occasions they could face and overcome such situations.
- Constantly remind the ex-users that they have mastered the ability to become free from drug use.
- Educate the ex-users on the need for consistency in their progress towards recovery and provide them with the necessary motivation.
- Show the ex-users that they must continue their progress towards complete freedom and not allow the occasional setbacks to affect them.
- Help the ex-users to develop an accurate vision of stopping the use of drugs and gaining complete freedom from it.
- Develop the enthusiasm and dedication within the users to constantly make the cognitive and behavioural changes necessary for achieving freedom.

Facilitating Behavioural Changes through Virtue (Sīla)

10

The therapeutic approach of *sīla*

At Savatthi, the Brahman Jata Bharadvaja came to see the Buddha and, on arrival, exchanged courteous greetings with him. After this exchange of friendly greetings and courtesies, he sat to one side and asked the following question;

Anto jaṭā bahi jaṭā - jaṭāya jaṭitā pajā

Taṁ taṁ gotama pucchāmi - ko imaṁ vijaṭaye jaṭan'ti

The inner tangle and the outer tangle— beings are entangled in a tangle.

And so, I ask Gotama this question: Who succeeds in disentangling this tangle?

This stanza very well explains the pitiful situation of an individual who has developed alcohol or drug dependency. Tangle is a term for the network of craving towards alcohol or drugs of a drug user so that he has great difficulty in coming out of the use and encountering a great deal of health, economic, and social problems and suffering from that drug use. Alcohol and drug users are entangled, intertwined, and interlaced by drug-related problems. In answering the question, the Buddha shows the path to purification or liberation from the problems in the following stanza;

Sīle patiṭṭhāya naro sapañño - cittaṁ paññañ ca bhāvayaṁ,

ātāpī nipako bhikkhu - so imaṁ vijaṭaye jaṭan'ti

"When a wise man, established well in virtue, develops consciousness and understanding (insight),

Then, as a bhikkhu ardent and sagacious, he succeeds in disentangling this tangle.

According to the words of the Buddha, to solve the puzzle of suffering, an intelligent individual first has to establish well in virtue, cultivate the mind, develop samadhi and finally develop wisdom (*paññā*). The exact process could be applied to end suffering from alcohol and drugs. The human mind is so programmed for unwholesome tendencies and selfish clinging recorded so powerfully, to eradicate the sources of affliction and nurture the ideas of liberation, Buddhist psychology introduces the threefold training, that is, gradual training (*anupubba sikkhā*) gradual practice (*anupubba kiriya*) and gradual attainment (*anupubba paṭipadā*).

In Kimatta Sutta of Aṅguttara Nikāya (AN10.1), the Buddha explained how virtue leads to final liberation in a gradual process.

"Thus, in this way, Ananda, skilful virtues (*kusalāni sīlāni*) have freedom from remorse (*avippaṭisārō*) as their purpose, freedom from remorse as their reward. Freedom from remorse has joy (*pāmojjaṃ*) as its purpose and joy as its reward. Joy has rapture (*pīti*) as its purpose and rapture as its reward. Rapture has serenity (*passaddhi*) as its purpose and serenity as its reward. Serenity has pleasure (*sukhaṃ*) as its purpose, and pleasure as its reward. Pleasure has concentration (*samādhi*) as its purpose and concentration as its reward. Concentration has (*yathābhūtañāṇadassanaṃ*) - knowledge and vision of things as they are as its purpose, knowledge and vision of things as they are as its reward. Knowledge and vision of things as they have detachment (*nibbidāvirāgo*) as their purpose, detachment as its reward. Detachment has knowledge and vision of release (*vimuttiñāṇadassanaṃ)* as its purpose and knowledge and vision of release as its reward.

In the Bhaddāli Sutta too, the Buddha points to the gradual nature of the ethical training a person should undergo for perfect ethical transformation, comparing the whole process to the training of a thoroughbred horse. The Niddesa, a later text in the canonical tradition, reemphasizes the role of *sīla*, saying that it is the foundation, the initial practice, self-control and restraint, the first, the foremost among wholesome phenomena (*sīlam patitthā ādicaranam samyamo samvaro mukham pamukham kusalānam dhammā nam*)

The path to liberation from any psychological problem or disorder begins with morality, virtue, or *sīla*, the behavioural modification aspect of the problem and transforming the behaviour to an expected level. *Sīla* is the precondition for a successful liberation. If the roots of virtue are weak, contemplation and concentration for liberation will likewise be vulnerable. Establishing and fulfilling the virtue of unwholesome behaviour patterns of the problem and transforming the unwholesome and harmful behaviour to wholesome and positive behaviours is relatively less complicated than cognitive transformation, and the gradual process towards recovery could always begin with *sīla* with much less resistance. Virtue can be divided into *Viramana*, restraining, and *Samādāna* or social contribution.

When thinking about alcohol or drug use disorder, there are specific bodily and verbal behavioural patterns and basic thinking patterns that will further aggravate the problem. If the therapist can help the client prevent such negative behaviours bodily, verbally, or mentally, it will ease the client's trading on the path to recovery. That can be called *Viramana* or restraining *sīla*. On the other hand, certain bodily and verbal behaviours and some simple thinking patterns will help solve the problems. The therapist or counsellor should encourage and plan for the client to engage in such positive behaviours and thinking, called *Samādāna sīla*. This helps the client refrain from bad, protect the good, and cultivate a healthy mental attitude. Virtue (*sīla*) will help a person obtain the skills to live a life of sobriety.

Let us take another example: a person who is addicted to heroin who is treated in the community setting where he is living and how he could reduce his drug-taking (unwholesome behaviour) through *sīla* therapy. Through *sīla*, his heroin-using lifestyle has to be changed. Probably he may have been addicted to the drug-using lifestyle rather than the drugs.

They would typically wake up late in the morning because of the after-effects of the heroin they used the previous night and spend the rest of the morning looking for ways in which they could raise the necessary money to buy more heroin. Having found the money they need, they would spend the rest of the day looking for a means of obtaining heroin (which may, on some days, be a challenging task), the equipment to use the heroin, and an isolated place to use it. Then comes the process of getting together as a group and sharing the heroin among themselves. While this is, in itself, a time-consuming process, more time is spent recuperating from the drowsiness and other effects that heroin causes. In this way, heroin occupies a central part of the users' lives, especially those who reach the more advanced stages of dependence in which they perceive heroin as the leading cause of their existence. Through the *Sīla* approach, this lifestyle has to be changed through a strict code of behaviour. Some interventions could be as follows;

1. Improve their appearances by maintaining personal hygiene, shaving or trimming beards, having a haircut, etc. Provide medical and psychiatric support for medical conditions and co-occurring disorders.
2. Postpone or change the time the drug is used on a particular day.
3. Reduce the quantity or dosage of drugs, use in one session, gradually.
4. Reduce the number of daily sessions by which the drug is used.
5. Change the routes along which they travel. This is especially true if there are places at which drugs are sold along their usual routes.

6. Avoid the habits that lead to heroin use by changes such as waking up early, staying at home continuously for many days, avoiding friends who use heroin and other drugs, cutting off all ties with peer groups that use heroin, and not meeting these groups

7. In a given time, engage in worshipping Buddha, morning and evening.

8. Visiting the temple with family members every Sunday or whenever possible.

As Rahulovāda Sutta (MN 61) mentioned, clients should be trained to observe their bodily and verbal actions. Once they have developed their observation, they should be prepared to identify whether those actions lead to self-afflictions or affliction of others. Then, they can determine whether bodily or verbal acts or thoughts are wholesome or unwholesome. The development of these reflections improves his moral standards and virtue. The therapist should train the clients to guard their sense faculties towards external triggers and stimulations which lead to their psychological problems. When someone is confident in his *sīla*, this moral emotion becomes a healing power that could resolve the psychological problem.

Further, the therapist can look at virtue as explained in *Paṭsambbhidhāmagga*

1. virtue as volition – controlling through intentions.
2. virtue as consciousness-concomitant – Controlling arising other unwholesome *cētasika*
3. virtue as a restraint – Controlling through suppression (*tadanga prahāna*)
4. virtue as non-transgression – controlling as a personal policy, individual decision, or group policy.

By applying this *Sīla*, firstly through practice, the client will develop non-judgemental observation, moral reasoning, moral judgment, and moral behaviour about their alcohol or drug use problem. This will help to break the bond (temporarily) on problematic attachments which created the condition. Through practice, the client learns to guard the sense faculty, which limits the client's exposure to risk factors. Cultivating moral emotion and moral self eventually changes the brain's functioning and psycho-somatic functioning for better social protection. This client's unwholesome behaviour patterns transform into wholesome ones, creating a temporary recovery that should be developed further into an everlasting solution through *Samadhi* and *Paññā.*

The habit of using alcohol, heroin, or other drugs is a learned behaviour and is the result of wrongly learned beliefs and misperceptions. It must, however, be borne in mind that not all those who have developed such misperceptions are drug users. Even though these misperceptions and inaccurate beliefs add value to drugs and cast them in a positive light, it is only with the regular use of drugs that a strong bond is established between the user and the substance. Similarly, if alcohol, tobacco, heroin or other drug users do not give too much importance to substance use, they would find it considerably easier to stop using them.

The reason for users to continue using drugs is not the substance alone. Instead, it is because they have become accustomed to the lifestyle of using such drugs. Therefore, by changing this lifestyle, it is possible to minimize the use of drug use as well. This could be done by guiding the users to learn a new and more favourable lifestyle through their existing lifestyle involving drug use. For example, by directing users to recognize the physical discomfort and other problems they experience in their current lifestyle and repeatedly pairing these discomforts and issues with the ease of the new one, it could be expected that they would begin to see the use of heroin and other drugs as an unpleasant experience. In other words, just as individuals learn to perceive heroin and other drug use positively through the process of conditioning, the same process can also be used to teach them positive behaviours.

A Few Steps for Bringing About the Desired Behavioural Changes

In facilitating drug users to gradually change their behaviour, the therapist may encourage users to purify both their conduct and moral ideals in character or inner mind. A purified mind has an impact on

conduct, and good conduct also helps to cultivate the mind. The therapist should consider this delicate interrelationship, ensuring both sides are developed simultaneously. Both sides are bridged through volition (*cētanā*). Buddha declared *Cētanāhaṁ bhikkhave kammaṅ vadāmi, cētayitvā kammaṅ karōti kāyena vācāya manasà,* (An.-6.2.1.9-Nibbedhika sutta) -"It is volition, bhikkhus, that I call action. For having willed, one acts as body, speech, or mind." The therapist's task is to change the drug users' unwholesome volition to wholesome volition by developing non-greed (*alobha*), non-hatred (*adosa*), and non-delusion (*amōha*). Regarding this reciprocity, Bhikkhu Bodhi, in his article Nourishing the Roots, mentioned the following:

"The first step on this path is the purification of character and the efficient means for the restructuring of character the Buddha provides in the observance of *sila* as a set of precepts regulating bodily and verbal conduct. *Sila* as moral discipline, in other words, becomes the means for inducing *sila* as a moral virtue. The effectiveness of this measure stems from the reciprocal interlocking of the internal and external spheres of experience already referred to. Because the inner and outer domains are mutually implicated, one can become the means for producing deep and lasting changes in the other. Just as a state of mind expresses itself outwardly in action — in deed or speech —the avoidance and performance of certain actions can recoil upon the mind and alter the basic disposition of the mental life. Suppose mental states dominated by greed and hatred can engender deeds of killing, stealing, lying, etc. In that case, abstaining from killing, stealing, and lying can engender a mental disposition towards kindliness, contentment, honesty, and truthfulness. Thus, although *sila* as moral purity may not be the starting point of spiritual training, conformity to righteous standards of conduct can make it an attainable end".

The therapist may intervene with the drug users to;

- Minimize the problems they face daily with themselves, their family, and their workplaces. Discuss with them the facts in Sigālovāda Sutta, Mangala Sutta, and some other Suttas explaining good moral conduct. *Sīla* brings about a clear conscience in a person, leading to an inner sense of happiness resulting from the conviction that one does no wrong (*ajjhattam anavajjasukham patisamvedeti*).

- Postpone or change the times at which the drug is used on a particular day. When a thought comes to engaging in the use of drugs, the user could be asked to counteract it with a more substantial thought such as "No, I am not using it now; I control my senses and desire and postpone it". By practising this, the user gradually learns to control the desire and develop virtue. The conscious and deliberate exercise of restraining drug use gradually weakens the unwholesome tendencies. It produces a preliminary stage of calmness of body and mind that facilitates a deeper engagement with the deep-rooted psychological sources that promote drug use and neutralized the effects.

- Reduce the amount or quantity of alcohol or drugs used at each session. At the initial stage, alcohol users can contemplate that "although the alcohol is available, there is no need to empty the bottle", or smokers can develop the habit of only smoking half of the cigarette and throwing the rest away considering their health. They can gradually decrease the amount of use to a significant level.

In achieving the above two points, according to Buddhist psychology, controlling of sense organs, including the mind *(mano*), objects reaching the sense organs, consciousness created through sense organs, contact occurring at the sense organs, and feelings about alcohol, tobacco heroin, cannabis or any other drug could be considered as the development of virtue. In Anathapindikovada Sutta, instructions given to Anathapindika by venerable Sāriputta to establish virtue were as follows;

[Ven. Sāriputta:] "Then, householder, you should train yourself this way: 'I will not cling to the eye; my consciousness will not be dependent on the eye.' That is how you should train yourself. 'I will not cling to the ear... nose... tongue... body; my consciousness will not depend on the body.' ... 'I will not cling to the intellect; my consciousness will not be dependent on the intellect.' That is how you should train yourself.

"Then, householder, you should train yourself this way: 'I will not cling to forms... sounds... smells... tastes... tactile sensations; my consciousness will not be dependent on tactile sensations.' ... 'I will not cling to ideas; my consciousness will not be dependent on ideas.' That is how you should train yourself.

"Then, householder, you should train yourself this way: 'I will not cling to eye-consciousness... ear-consciousness... nose-consciousness... tongue-consciousness... body-consciousness; my consciousness will not be dependent on body-consciousness.' ... 'I will not cling to intellect-consciousness; my consciousness will not depend on intellect-consciousness.' That is how you should train yourself.

"Then, householder, you should train yourself in this way: 'I will not cling to contact at the eye... contact at the ear... contact at the nose... contact at the tongue... contact at the body; my consciousness will not be dependent on contact at the body.' ... 'I will not cling to contact with the intellect; my consciousness will not be dependent on contact with the intellect.' That is how you should train yourself.

"Then, householder, you should train yourself in this way: 'I will not cling to feeling born of contact at the eye... feeling born of contact at the ear... feeling born of contact at the nose... feeling born of contact at the tongue... feeling born of contact at the body; my consciousness will not be dependent on feeling born of contact at the body.' ... 'I will not cling to feeling born of contact at the intellect; my consciousness will not be dependent on feeling born of contact at the intellect.' That is how you should train yourself.……

"Then, householder, you should train yourself this way: 'I will not cling to what is seen, heard, sensed, cognized, attained, sought after, pondered by the intellect; my consciousness will not be dependent on that.' That is how you should train yourself."

Based on the methodologies explained in Anathapindikovada Sutta, the following steps could be taken in interventions.

- Reduce the number of daily sessions at which alcohol, heroin, or any other drug is used, for example:

  Changing their surroundings occasionally and comparing how they feel in different environments

  Making a plan or a timetable for each day and noting the advances made daily as a result of working according to the plan/timetable

  Increasing the amount of time spent at home. Engage in household duties as a father, husband, or son, especially mentioned in Sigālovāda sutta.

  Decreasing the amount of time spent with peers who use alcohol or other drugs.

- Improve their physical appearance by maintaining personal hygiene, shaving or trimming beards, having a haircut, and allocating time for cleaning, bathing, and arranging the room and environment nicely.

- Encourage the drug user to get medical or psychiatric treatment if they have any medical and psychological illnesses other than drug use disorder.

- Become aware of the pleasures they are missing in life because of their use of drugs or the inconveniences they experience due to alcohol or drug use, such as:

  The damage they cause to themselves and their lives

  The disadvantages and pressure that they have had to face from society

- Change the routes along which they travel. This is especially true if there are places at which drugs or alcohol are sold along their usual routes. This is a way of avoiding contact (*phassa*) with objects (drugs).

- Avoid habits that lead to drug use by making changes such as:

  Waking up early

  Staying at home continuously for many days

  Avoiding friends who still use drugs

  Cutting off all ties with peer groups that use alcohol or drugs and not meeting with these groups

  Gradually change the social groups that they (the users) interact with on a day-to-day basis.

- Reject invitations from friends who use drugs, making excuses such as:

  "I have to go to the police station today."

  "I have to go home early today. I have some work to do."

  "I have to go out with my family today."

- If friends who use drugs bring up the subject of drug use in a conversation, change the topic, for example:

Friend: Let us make a stop at (place at which heroin is sold) and stock up our supplies on the way.

You: I do not know what will happen to the cricket match. I think Jayasuriya (a cricketer) will play well. I am thrilled with how he has improved lately.

- Whenever the thought of using emerges, substitute it with other thoughts such as:

  "I am now in a recovery programme, so I must postpone my next dose of heroin."

  "I must do some active sports today."

- Whenever the thought of using drugs emerges, engage in some other activity.

  Watching television – engaging in a pleasurable activity

  Writing or exercising – engaging in a particular task

  Eating, Bathing, reading a novel., Cleaning the room

- Understand the psychological nature of addiction and engage in discussion on myths and realities of alcohol and drug use for the necessary cognitive transformation.

- After changing some behavioural aspects as explained above, select a date and stop the use of drugs entirely with a strong will. Determine not to change that position. This is an essential milestone in the process of recovery. Correcting and engaging in the right behaviour develops inward purity, which leads to wisdom.

- Instruct the ex-users to speak firmly to those who use drugs in a way that shows utmost disapproval, for example:

  "I can turn nasty if you try to influence me anymore to use drugs."

"Get out! The days that I allowed you to fool me are over!"

"Give me five good reasons why I/ you should use drugs!"

"I am not against your decision to use drugs. You have no right to be against my decision not to!"

- Realize how the drug users have become the target of social ridicule and contempt, for example:

  They are often accused of robbery

  They have difficulty making friends

- Remember all achievements and accomplishments without the use of drugs, for example:

  Life experiences such as family happiness

  Enjoyable moments experienced (without using drugs)

  The sense of lightness or freedom (before using drugs)

Therapists could help users with the above as follows:

- Discuss with the clients (ex-users) how they could rebuild their lives, assign tasks, and approve their progress through these tasks. Counsellors must also assess the client's amount of time spent at work, with friends, family, and society, look for ways to increase their happiness in these areas, and connect the users to them.

- Help clients to find new ways of enjoying life. The therapist's role is to provide ex-users with the necessary guidance. Some areas to consider are introducing new hobbies and interest areas, such as practising meditation, developing a sport, and learning to play a musical instrument.

- Develop the client's skills to cope with the changes that are constantly taking place in society by developing equanimity (*upekkhā*) and increasing their self-confidence in ever-changing life events. Equanimity is a perfect, unshakable balance of mind, rooted in insight and not independent of mindfulness. A person who practices equanimity is undisturbed and unperturbed when touched by the vicissitudes of life. The virtue and value of equanimity are extolled and advocated by several major religions worldwide. Equanimity helps individuals to free themselves from both excessive attachment and excessive aversion.

  Every person in this world has to undergo the eight vicissitudes of life (*Attha Loka Dhamma*) in their lives. That is gain and loss, good repute and ill-repute, praise and censure, pain and pleasure. No one gets through life without experiencing these realities from time to time. These waves of emotion carry us up and pin us down. They are a standard lot of humanity. Even great people and the virtuous are subject to these worldly conditions, which have existed throughout history. This equanimity demands a fair amount of determination and willpower to maintain a balanced mind. Over time and with constant practice, equanimity becomes an effortless process, and its practice becomes intuitive.

- Guide the users in deciding on their goals about employment, leisure, family, and other social relationships and monitor their progress towards these goals.

- Help users develop their personal goals in physical, mental, social, educational, and economic development.

- Draw up a systematic plan for the targets that the users hope to achieve.

- Identify the possible obstacles to achieving these targets.
- Find ways of avoiding these obstacles.
- Measure the progress from time to time and redirect the process.
- As the users gradually become accustomed to their new drug-free lifestyle, they build their skills and capabilities, which had, up to that point, deteriorated as a result of their use of drugs. To do this, their current lifestyle, which revolves around drug use, must be taken into account. Some behaviours to look for are:

  The disorderly manner in which the users attend to their work

  Lack of punctuality in completing tasks

  Neglecting personal health

  Lack of cleanliness

  Family problems

  Legal problems

  High expenses

  Physical weakness and emotional enslavement

The therapist needs to seek out the above problems and assist the ex-users in changing them to become accustomed to a regular, drug-free behaviour pattern. The therapist must also guide ex-users toward getting involved in more fruitful tasks. In doing so, it is essential to draw up a plan not only on how they would allocate their time throughout the day but also on how the time spent daily on using drugs would be allocated for some form of practical activity aimed at steering them away from the lifestyle of using drugs as well.

- Pay attention to whether the ex-users are having their meals on time:
- Make sure that the ex-users eat well. Ensuring that ex-users are given the foods that they enjoy is also helpful in encouraging them (the users) to become accustomed to eating proper meals regularly.
- Ensure that the ex-users have their meals at the proper time and consume the required amount of food.
- Explain to the ex-users what tasks they could do if they are ever overcome with laziness and guide them towards doing these tasks.
- Whenever the ex-users feel the urge to use drugs, encourage them to divert their attention to some other activity. It must be noted that by suddenly returning to the use of drugs in this way, users may use a large quantity of drugs, much larger than the amount previously used.
- Make a plan by which the users can do as much household work as possible.
- Discuss with the ex-users how any feelings of discomfort experienced could be replaced with comfort and how they could derive pleasure from such comfort.
- Show the ex-users how they could plan their future lives free from drug use. For example, how they would be able to look after their parents' needs and their children's education, and at a social level, how they could form new stable friendships and take responsibility in various associations and

committees. Similarly, ex-users could increase their pleasure by beautifying their surroundings and looking for means of earning a higher income.

- Take steps to decrease the importance that ex-users have attributed to drugs by showing them how they could gain even more satisfaction in completing their day-to-day tasks without drugs than with them.

- Show ex-users how they could see the progress they have made as a result of becoming less attached to drugs.

- Guide the ex-users to learning new ways to make their lives more enjoyable. Advise them not to engage in bodily verbal or mental misconduct but to engage in good bodily verbal and mental conduct. In Aṅguttara Nikāya Ekamsena Sutta (A 2.18) the Buddha said;

"Given that I have declared, Ananda, that bodily, verbal, and mental misconduct should not be done, these are the drawbacks one can expect when doing what should not be done: One can fault oneself; observant people, on close examination, criticize one; one's bad reputation gets spread about; one dies confused; and—on the break-up of the body…….

"I say categorically, Ananda, that good bodily conduct, good verbal conduct, and good mental conduct should be done."

"Given that the Blessed One has declared that good bodily conduct, good verbal conduct, and good mental conduct should be done, what rewards can one expect when doing what should be done?"

"Given that I have declared, Ananda, that good bodily conduct, good verbal conduct, good mental conduct should be done, these are the rewards one can expect when doing what should be done: One does not fault oneself; observant people, on close examination, praise one; one's good reputation gets spread about; one dies unconfused; and — on the break-up of the body, after death …..

- Guide the ex-users towards achieving the knowledge they require to become active, pleasant, and free individuals within their families and society.

- Encourage the ex-users to develop deep relationships with others who would play a vital role in supporting them in their new drug-free lives, such as their spouses, parents, and children.

- Develop the ex-users sense of self-worth and skills by showing them they are valued as individuals. Help them to recognize their value in society. Develop virtue in the four areas as explained by the Buddha: sīla as (1) *pātimokkhasamvarasīla* (restraints by the rules of discipline), (2) *ājīvapārisuddhisīla* (purity of livelihood), (3) *indriyasaïvarasīla* (restraint of the sense faculties) and (4) *paccayasannissitasīla* (proper conduct relating to the use of daily material requisites).

- Help the ex-users identify the benefits of abandoning the use of drugs and the disadvantages of using drugs.

- Show the ex-users the happiness and physical comfort they would feel once they stop using drugs.

- Assess the changes, the psychological and behavioural advances made by the users over time, and make them aware of them. They should be happy and enjoy the progress made.

- Guide the ex-users to identify and minimize their weaknesses and develop positive qualities by giving them written assignments regarding identifying weaknesses and positive attributes.

- Guide the ex-users to create an environment where they can live happily and comfortably.

- Direct the ex-users towards various sports and encourage them to engage in strenuous physical exercise until the point of perspiration.
- Instead of napping at odd times during the day whenever they feel tired, encourage the ex-users to get a good night's sleep. Convince them that naturally occurring sleep is much more fulfilling than short naps.
- Ensure that the ex-users complete all their assigned tasks easily and happily.
- Help the ex-users to work towards achieving acceptance within their community.
- Show the ex-users how they limit their freedom and happiness by constantly having to fear ordinary people and illnesses due to their use of drugs.
- Ensure that the ex-users can realize the extent to which they place pressure on themselves as a result of having to obtain and prepare for the daily session of using drugs.
- Guide the ex-users to view the group of people whom they once consumed drugs with as weak individuals. To do this, they must first be made to understand the behaviour pattern of the group and how drug use has weakened its members.
- Discuss with the ex-users how their physical appearance deteriorates because of the effects of drugs, which makes them unattractive. For instance, point out how drug use causes the darkening of skin tone, extreme weight loss, a sick or unhealthy appearance, and lifelessness.
- Explain to ex-users that they would feel happier once their physical appearance improves after stopping the use of drugs.
- Guide the ex-users to avoid the temptation of using drugs and to avoid pursuing them.
- Take action to stop the illegal means by which the ex-users earn money to buy the drugs.
- Encourage the ex-users to stop associating with the group that uses heroin or other drugs.
- Ensure that the ex-users do not return to the environment in which they once used drugs until they have an expected level of cognitive transformation.

Once an individual achieves the status of liberation from alcohol and other drugs after reaching the required level of cognitive and behavioural transformation, externally imposed restraints for avoiding alcohol or drugs become unnecessary and reach the cessation of it (*kusalasīlānam nirodho*) because a person has now acquired the disposition to the wholesome way of conducting oneself, that refrains from using alcohol or drugs without imposing externally as it were, the required discipline. The Buddha says here that one conducts oneself as a person in possession of *sīla* but without being directed or controlled by *sīla* (*the bhikkhu sãlavā hoti na ca sīlamayo*).

Developing Concentration (*Samadhi*) and Wisdom (*Paññā*) for Liberation from Alcohol and Drugs

11

Alcohol or drug users have developed concepts (*papañca*) about their alcohol and drug use through the process of proliferation and pervasions. To gain freedom from alcohol and drugs, users have to reverse that conditioning or learning process and unconditioned, unlearn or desensitize (*nippapañca*) their conditioned minds. Addiction to alcohol or drugs is a mindless state with cognitive dichotomies and wrong perceptions. Meditative practice or cultivating the mind is a treatment or therapy for this dependency. It helps develop mindfulness to see the reality of alcohol and drugs by restructuring cognition and resolving cognitive dichotomies. To overcome all the problems that alcohol and drug users encounter, they have to tread on the path of three-fold training: virtue (*sila*), concentration (*samadhi*), and wisdom (*paññā*). Virtue development and the modification of necessary behaviour were discussed in the previous chapter. Once settled down, the drug user has to concentrate and contemplate the drugs and his drug use until he sees the reality and futility of drugs and drug use. The Buddhist practice of meditation is the process of promoting enlightenment and relief from suffering, which could be applied to liberate someone from alcohol or drug use. In Buddhism, distortions in perceptions about people or objects, for example, exaggerating certain qualities of alcohol or drugs, are mental illnesses in the sense that reality is improperly perceived. Such perceptual misinterpretations are also described in Buddhism as categories of illusions (*vipallasa*). From a Buddhist perspective, addictive behaviour may be seen as a false refuge (*Sīlabbataparāmaso*) and a source of attachment that unwittingly, but inevitably, leads to suffering. Meditation or cultivation of mind helps to increase self-awareness and reduce labelling self as a drug user, let go of fantasies and disturbing thoughts about alcohol or drugs, and increase concentration to achieve necessary levels of wisdom (*paññā*) to be free from attachment or clinging to alcohol or drugs.

The root words of *samadhi* (sam +ā + √DHĀ) mean "to bring together" or the fixing of the mind on a single object. *Samadhi* is sometimes translated as "concentration," but it is a particular concentration. It is "single-pointedness of mind *(cittaṣsa ekaggatā*)," or concentrating with the entirely focused mind on a single sensation or thought object to the point up to absorption. Typically, drug users enter the therapeutic process, never having time to seriously think about their drug use, the nature of addiction, and question whether they got what they expected from their alcohol or drug use. Their time, money, efforts, and thinking all have dwelt around alcohol or drug use behaviour. After having some control over those meaningless and harmful behaviours through virtue (*sila*), they could develop the right concentration on suffering, the cause of suffering, and the path to liberate from suffering from alcohol and drugs.

Samadhi, the second training of the threefold training comprises the following approaches;

1) Guarding the sense doors (*indriyesu gutta, dvāra*) – When someone is contemplating his or another person's alcohol or drug use, he should take steps to control the sense doors without engaging in unwholesome activities or other activities. To have entirely focused attention on the meditative subject, they have to make an effort (*viriya*) to prevent receiving signals (*saññā*) from the sense doors.

(2) Mindfulness and clear comprehension (*sati sampajañño*)—The individual entering the treatment process should develop mindfulness (*sati*) and train to observe alcohol or other drug use processes as they are and without any biases so that they can clearly comprehend the reality of alcohol and drugs. This meditative process will generate or cultivate the necessary wisdom to liberate their minds from alcohol or drugs.

(3) Contentment (*santuṭṭhi*)—When knowledge increases and an enhanced understanding of the futility of drug use is gained, the trainee in the therapeutic process becomes happy and develops confidence in his sobriety.

(4) Overcoming mental hindrances (*nīvaraṇa pahāna*)—Obstacles always exist in meditation that make it difficult for the mind to focus on alcohol and drugs and comprehend reality.

The five hindrances are:

1. Sensory desire (*kāmacchanda*): seeking and craving for pleasure through the five senses of sight, sound, smell, taste, and physical feeling. This grasping can be suppressed by improved one-pointedness of mind (*cittassa ekaggatā*)
2. Ill-will (*vyāpāda*; also spelt *byāpāda*): feelings of hostility, resentment, hatred, and wishing harm on others. This can be suppressed by developing zest (*pīti*), the conceptual happiness related to the disposition of five aggregates.
3. Sloth-and-torpor (*thīna- middha*) half-hearted action with little or no effort or concentration due to low energy and motivation. This can be suppressed by taking the alcohol or drug prevention object firmly into the mind by developing an initial application or positive thoughts (*vitakka*).
4. Restlessness and worry (*uddacca – kukkucca*): the inability to calm the mind and focus due to one's excessive-high energy. This can be suppressed by developing sound and happy feelings (*sukha vedanā)*
5. Doubt (*vicikicchā*): lack of conviction or trust in one's abilities. This can be suppressed by developing a constant reflection on the myths and reality of alcohol and drugs.

The Buddha offers similes to illustrate the detrimental effect of the hindrances. The five hindrances to five types of calamity: sensual desire is like a debt, ill will like a disease, sloth and torpor like imprisonment, restless and worry like slavery, and doubt like being lost on a desert road. Release from the hindrances is to be seen as freedom from debt, good health, release from prison, emancipation from slavery, and arriving at a place of safety (D.i,71-73). The similes compare the hindrances to five kinds of impurities affecting a bowl of water, preventing a keen-sighted man from seeing his own reflection as it really is. Sensual desire is like a bowl of water mixed with brightly coloured paints, ill will like a bowl of boiling water, sloth and torpor like water covered by mossy plants, restlessness and worries like water blown into ripples by the wind, and doubt like muddy water. Just as the keen-eyed man would not be able to see his reflection in these five kinds of water, one whose mind is obsessed by the five hindrances does not know and see as it is his own good, the good of others, or the good of both. (S.v,121-24).

(5) The cultivation of four dhyanas. (*jhāna bhāvanā*) – When concentration (*samadhi*) on an object is developed to a deeper level, it comes to the Jānic or absorption stage where the contemplating thought or physical object becomes clearly visible and minute details also could be observed. At this stage, the meditator develops his own logic of thinking (*vitakka*) to understand the meditative or contemplating thought or object. Further, it creates a higher level of analysis (*vicāra*) over the object. With this Jānic level of logical thinking (*vitakka*) and analysis (*vicāra*), the meditator on alcohol or drug prevention cultivates liberating thoughts on the previous attachment to drugs. It develops great rapture that fills the person and further creates deep satisfaction, calmness, and alertness.

When right samadhi has been developed, through profound observations, wisdom arises to disentangle the bonds that the user tied himself to alcohol or drugs. In general, tranquillity or *"Samatha"* meditation aims to develop inner peace, which calms the mind to attain *samādhi,* where the mind can stay firmly at ease with the object of its choice. As the mind stays with the object, anchored on one point with no distraction or agitation, it becomes pure (*parisuddha*), elated (*udaggacitta*), delighted (*pahaṭṭhacitta*), malleable and workable (*kammaniyacitta)* to look at alcohol and drug use experience in a new light and fully liberate from alcohol or drugs. A concentrated mind has more force and power to penetrate through the thick layer of myths, considered conventional wisdom, that covers the reality of alcohol and drugs. A concentrated mind is lucid and mindful, like clear water, enabling us to see things with clarity.

Tranquillity achieved through *Samadhi* is a pragmatic solution for the troubled mind of a drug user. In Samadhi Sutta (SN 35.99), the Buddha advised, "Develop concentration, monks. A concentrated monk discerns things as they actually are present (*Samāhito yathābhūtaṃ pajānāti*).

Catasso imā bhikkhave samādhibhāvanā. Katamā catasso? Atthi bhikkhave samādhibhāvanā bhāvitā bahulīkatā diṭṭhadhammasukhavihārāya saṃvattati. Atthi bhikkhave samādhibhāvanā bhāvitā bahulīkatā ñāṇadassanapaṭilābhāya saṃvattati. Atthi bhikkhave samādhibhāvanā bhāvitā bahulīkatā satisampajaññāya saṃvattati. Atthi bhikkhave samādhibhāvanā bhāvitā bahulīkatā āsavānaṃ khayāya saṃvattati. Samādhi Sutta- AN 4.41 PTS: A ii 44

There are four developments of concentration. Which four? There is the development of concentration that, when developed and pursued,

- leads to a pleasant abiding in the here and now.
- leads to the attainment of knowledge and vision.
- leads to mindfulness & alertness.
- leads to the ending of the defilements (effluents).

Wise and mindful, you should develop immeasurable concentration [i.e., concentration based on immeasurable goodwill, compassion, appreciation, or equanimity]. When wise and mindful, one has developed immeasurable concentration, and five realizations arise within oneself. Samādhi Sutta- AN. 5.27, PTS A iii 24

Samādhi Sutta- SN. 22.5, PTS- S iii 13 explains the mechanism of getting addicted to alcohol or drugs by concentrating on alcohol and drugs in the wrong way (*miccā samadhi*).

Idha bhikkhave, bhikkhu abhinandati abhivadati ajjhosāya tiṭṭhati. Kiñca abhinandati abhivadati ajjhosāya tiṭṭhati: rūpaṃ abhinandati abhivadati ajjhosāya tiṭṭhati, tassa rūpaṃ abhinandato abhivadato ajjhosāya tiṭṭhato uppajjati nandi. Yā rūpe nandi tadupādānaṃ tassūpādānapaccayā bhavo, bhavapaccayā jāti, jātipaccayā jarāmaraṇaṃ sokaparidevadukkhadomanassupāyāsā sambhavanti. Evametassa kevalassa dukkhakkhandhassa samudayo hoti. Samādhi Sutta- SN. 22.5, PTS- S iii 13

There is the case where one enjoys, welcomes, and remains fastened. And what does one enjoy and receive, to what does one remain fastened? One enjoys, welcomes, and remains attached to form… feeling… perception… fabrications… consciousness. Delight arises as one enjoys, welcomes, and remains fastened to form. Any delight in form is clinging. From clinging/sustenance as a requisite condition comes becoming. From becoming a requisite condition comes birth. From birth as a requisite condition, then ageing and death, sorrow, lamentation, pain, distress, and despair come into play. Such is the origination of this entire mass of stress and suffering.

Before concentrating on alcohol and drugs, trainees could develop their concentration by engaging in breath meditation (*Ānāpānasati Bhavana*). This approach is mainly explained as developing mindfulness or mindfulness meditation. It involves focusing one's attention on the present moment, non-judgementally and with full awareness so that it cultivates awareness of the present moment and helps the individual observe his thoughts, feelings and bodily sensations without judgment. Combined with this developed concentration with basic wisdom *(sampajañña*), drug users become more aware of their craving towards drugs, triggers, and underlying emotional tendencies that lead to drug use so that they can better manage the drug problem. This developed awareness is crucial in recognizing and addressing the underlying causes of addiction.

Let me explain how I practice Ānāpānasati Meditation with the advice of my teacher, Venerable Kahatapitiye Sumathipāla Mahā Thero, at the Kanduboda Vipassana Meditation Centre in Sri Lanka.

1. Assume a comfortable posture sitting with crossed legs; keep the spine straight and let your shoulders drop.
2. Place your hands anywhere that feels comfortable. A common choice is to place them on your lap, with both palms upward, the left cradling the right.
3. Close your eyes if it feels comfortable. Just relax for a minute.
4. Bring your attention to your abdomen, feeling it rise or expand gently on the in-breath and fall or recede on the out-breath.
5. Keep the focus on your breathing, feeling the abdomen go through risings and fallings. Contemplate breathing by labelling the rising and falling.
6. Every time you notice that your mind has wandered off the breath, notice what took you away and then gently bring your attention back to your abdomen and the feeling of the abdomen rising and falling.
7. If your mind wanders away from your breath, bring it back to the breath every time, no matter what preoccupies it.
8. Practice this exercise for 20 minutes at a convenient time every day.

Concentrating on Alcohol and Drugs

The therapist can help the individual in the recovery process contemplate his alcohol or drug use by raising some questions. Some such questions were raised during the motivational process, and the therapist presented facts. Those questions and advice given may have helped the alcohol or drug user to enter into the treatment process and to start treading on the path of threefold training. In the *Samadhi* stage, the same questions could probably be raised to shed light on the recovery process. Some such questions are as follows;

1. How much money did you spend on alcohol or drug use when you were using drugs?
2. What were the expectations you had over your alcohol or drug use?
3. Take one by one the expectations they explained in answering question 2 and ask whether they got what they expected from their alcohol or drug use.
4. How did your alcohol or drug use negatively affect your happiness and well-being?
5. Why did you decide to enter into the treatment process?

When their concentration is improved on the above questions, their answers will be more elaborative and comprehensive; therefore, the therapist can tell the trainees to think further about those questions and be ready to provide better and qualitative answers with their improved understanding and wisdom.

One crucial awareness or understanding of a trainee in the recovery process should be the resolving of attributed pleasure to alcohol or drugs through the process of condition and social learning. The therapist may help the trainee have the right view of this by focusing attention on the following questions.

1. How does a user's head, stomach, or body feel when using alcohol or drugs such as heroin, ice, or cannabis?
2. Why do some people feel happy and excited at the mere sight of unopened bottles of alcohol or just seeing a packet of heroin?
3. Do people drink on happy occasions or become pleased on such occasions because alcohol is consumed?
4. If alcohol is a pleasurable substance, why is it that some people have to be forced to consume it, unlike, for example, chocolate?
5. Why is there more laughter, fun, and frolic at a party before alcohol use than afterwards?
6. Isn't it that innuendos (code words and hints) are used to refer to alcohol or drug use to hide the discomfort that it causes?
7. Why do alcohol users need alcohol to feel happy at a particular occasion, such as a party or a festival at which a non-user could feel satisfied without alcohol?
8. Why do alcohol users feel unhappy when alcohol is not available while others feel no difference?
9. Does limiting personal happiness to alcohol use increase or decrease a person's total ability to enjoy life?

10. Are the characters of alcohol, tobacco or drug users portrayed on TV and in films similar to the users in real life?
11. Is alcohol use/ drug use pleasurable?
12. Are alcohol or drug users in real life as sexually attractive as they are reporting?
13. Isn't it true that people consume alcohol or drugs in a particular situation out of fear of the others in the group?
14. Isn't it true that those who are more dependent on alcohol force others to drink more out of jealousy?
15. Why does a person usually wait until their group of friends meet to consume alcohol instead of consuming it alone?
16. Though people claim to feel happy at a party drinking with their friends, how do they feel when they leave the group?
17. Why do people consume bites (savoury snacks) along with alcohol?
18. When one member of a group suggests using alcohol, why does the mood of the group lift immediately, even without alcohol?
19. What are the common characteristics of the various occasions on which alcohol is used?

Expectations on Alcohol and Drug Use

1. Does alcohol or drug use make a person "cool"? If so, why do most people feel uncomfortable under the influence of alcohol or drugs?
2. Does alcohol or drug use make a person "macho"? If so, why do some people who use alcohol avoid getting into a dispute with those stronger than themselves?
3. Does alcohol or drug use make a person creative? If so, how many new artistic creations has the person been able to begin and complete under the influence of alcohol or drugs?
4. Does alcohol or drug use make a person more rebellious (strong) or weak?
5. Does alcohol or drug use make a person sociable or aloof?
6. Does alcohol or drug use make the user smarter than non-users? If so, why do some alcohol or drug users get into trouble with others?
7. Does alcohol or drug use make the users more sociable? If so, why do many alcohol or drug users always move with the same groups of people, limiting their sociability?
8. Do alcohol or drug users use alcohol as an alibi to accuse their wrongdoings?
9. Does alcohol or drug use really make a person more sophisticated?
10. Do people use alcohol or drugs to handicap themselves in order to cover up their own shortcomings?
11. Do alcohol or drug users really know about alcohol or drugs (alcohol literacy)?
12. Would a person who speaks openly under the influence of alcohol or drugs say something that could be to their disadvantage?
13. Why do people consume alcohol on one occasion to sleep better and consume alcohol on another occasion to be able to keep awake?
14. Is consuming alcohol or drugs in the household a violation of the right of the other family members to live happily and peacefully within the home?
15. Why do the reasons to use alcohol vary from one social milieu to another, e.g., from a happy social milieu to a sad social milieu?
16. How does a person drink alcohol to forget problems on one occasion and on another occasion drink alcohol and is reminded of old grudges?
17. Though people drink to forget problems, isn't it true that by drinking alcohol, they have only increased them?
18. Although people who drink alcohol use drugs to ease fatigue, does their fatigue decrease or increase because of the alcohol or drug use?
19. Will a person who drinks alcohol before sleeping be able to sleep well, or will they feel even more tired the next day after sleep?
20. Why does a person who uses alcohol or drugs to relax on one occasion use it on another occasion to become more active?
21. Is a person really able to relax while experiencing the physical discomforts of using alcohol or drugs?

22. If a person can drink alcohol before an exam, will it enable them to recall their subject notes better?
23. Do women who do more physical work at home usually need alcohol to ease their fatigue as much as men?
24. How is it that a person now needs alcohol or drugs to do certain things that they were able to do before without using alcohol or drugs?
25. Have you ever seen a person who does not use alcohol or drugs have several problems, but after he develops the habit of using alcohol or drugs, he has reduced dramatically the number of problems he encounters?

Removal of withdrawal discomfort of dependent users

1. Is it the alcohol or drugs or the stopping of work to consume alcohol/drugs (the intermission) that makes alcohol or drugs more pleasurable and relaxing?
2. How do alcohol or drug-dependent persons feeling discomfort return to normal or reach an even higher state of happiness just after holding alcohol or drugs in their hands, even if they have not used the drug yet?
3. Does the happiness and satisfaction of being immediately accepted as a member of a group outweigh the discomforts of alcohol or drug use?
4. Do people really cope with the stresses of day-to-day life better after using alcohol/drugs, or is it otherwise?
5. Do alcohol or drug users lead more productive lives than non-users, or is it otherwise?
6. Is the level of alcohol consumption inversely proportionate to the well-being of the person?
7. Is quitting the use of alcohol or drugs the same as being free from alcohol or drug use?
8. Is it not true that those who have limited their happiness and well-being cover up their own shortcomings by making others drink more on occasions on which alcohol is used?
9. Is it not true that those dependent on alcohol or drugs may see some of their friends reducing or quitting alcohol or drug use as a threat to themselves and their other drinking/drug-using companions?
10. Is it not true that the life of a person dependent on alcohol or drugs is dull and uninteresting?
11. Is not the expense of alcohol/drug use a loss to the individual, the family, and the community?
12. Is it not true that many non-users connected to the user, for example, the user's family members and friends, make sacrifices to support the lifestyle of the alcohol user?
13. How is it that a person sets out to purchase drugs because he experiences discomfort from not using them and feels relieved while returning home with the drugs in their pockets?

Pardoning and sanctioning of alcohol or Drug-induced misbehaviour

1. Why would an alcohol or drug user misbehave with those weaker than him under the influence of alcohol and behave "normally" with those who are stronger or of authority (E.g., Police officers)?
2. Why do people behave indecently in their villages after consuming alcohol behave decently after having consumed alcohol in a sophisticated place (E.g., a five-star hotel)?
3. Does the act of others relieving alcohol or drug users from their obligations make alcohol or drug use beneficial?
4. Why should a person who does something wrong under the influence of alcohol or drugs be excused while his sober counterpart who does the same deed is punished or reprimanded?
5. How is it that a person can find his way home under intoxication yet claims to be unable to remember what he did at the same time?
6. How is it that a person who cannot remember something he had done wrong under the influence of alcohol or drugs can remember the exact amount of money that was in his pocket at that time?
7. Why is a person under the influence of alcohol or drugs careful to choose to destroy things that are of lesser value and avoid destroying valuable things, especially those he owns, in their domestic violence acts?

8. Why does a person under the influence of alcohol choose to break things that would make more noise when breaking?
9. Why does a person supposedly able to talk "openly" while under the influence of alcohol avoid revealing anything that could be held against him later on?
10. Is it not the permissive environment concerning alcohol or drugs that encourages users to engage in misbehaviours, indecent acts, and violence under the influence of alcohol?
11. Is it not the people who pardon and sanction the alcohol/drug-induced misbehaviours that often become targets of alcohol/drug-related violence?
12. Is it not toleration of alcohol or drug-induced misbehaviours that enables the alcohol or drug users to break social norms of decent behaviour?
13. Should the wrongdoer be under the influence of alcohol, or should the alcohol per se be held responsible for any misbehaviour?
14. However much an individual is under the influence of alcohol, if he wishes to stab somebody, would he not choose the right person to stab, and wouldn't he be able to stab the person in the right place?
15. How is it that however much an individual is intoxicated, he is still able to find his way back home safely, no matter how difficult the route maybe?

The above questions could be taken as objects of thinking and cultivating the mind or meditation to improve understanding and wisdom on alcohol or drug use. Trainees must develop their deep thinking (Jānic level of vitakka) and deep analysis (Jānic level of *vicāra*) on each of these questions to clarify and obtain realization on alcohol or drugs. The therapist should guide the trainee as a *kalyāna mitta,* explaining each question for mental wakefulness. The ways to analyze these questions are discussed in previous chapters. There can be some specific areas where trainees are stuck and having difficulties resolving for better insight. The therapist should identify such areas and discuss those areas with the trainee. When the concentration is developed, the five Jānic factors, *vitakka vicāra pīti sukha* and *ekaggatā*, also develop, and with that temporary suspension of five hindrances (*pañca nivarana*) develop a wholesome mind and thoughts eventually bring tranquillity and calmness to the individual.

Sāmaññaphala Sutta: DN 2 PTS: D I 47 explains the right concentration as follows: Abandoning covetousness or greed concerning the world, he dwells with an awareness devoid of covetousness. He cleanses his mind of covetousness. Abandoning ill will and anger, he dwells with an awareness devoid of ill will, sympathetic to the welfare of all living beings. He cleanses his mind of ill will and anger. Abandoning sloth and drowsiness, he dwells with an awareness devoid of sloth and drowsiness, mindful, alert, and percipient of light. He cleanses his mind of sloth and drowsiness. Abandoning restlessness and anxiety, he dwells undisturbed, his mind inwardly stilled. He cleanses his mind of restlessness and anxiety. Abandoning uncertainty, he dwells on having crossed over uncertainty, with no confusion concerning skilful mental qualities. He cleanses his mind of uncertainty.

In developing Samadhi, individuals only temporarily suppress the attachment. However, four types of desires may prevail, and they can be utilised to motivate the individual to refrain from alcohol or drugs. Those four desires are;

- *Jīvitukāmo* (Desire for the Life) – alcohol and drugs ruin the life
- *Amaritukāmo* (Desire not to die) – abstaining from the use of alcohol and drugs improves life expectancy
- *Sukhakāmo* (Approach Motivation) – alcohol and drugs impair happiness (*sukha*)
- *Dukkhapaṭikkūlo* (Aversion Approach) alcohol and drug use is unpleasant (*dukkha*)

When the concentration (*samadhi*) develops further, individuals develop the ability to sustain abstinence and enjoy it even without *vitakka and vicāra*. At this stage, deliberate thoughts on abstaining from alcohol and drugs may not be needed as abstention becomes auto-piloted, instinctive or programmed thinking. This concentration will let go of the need to have an intoxicating experience, which eventually leads to giving up or renouncing the substance use.

Liberated mind from Alcohol and Drugs through Establishment of Mindfulness (*Satipaṭṭhānā)*

Alcohol or drug use brings sorrow, misery, pain, and suffering. As discussed earlier, people use alcohol or drugs because they have created an attractive image (*papañcasaññāsaṅkhā*) around alcohol and drugs and developed a craving for those substances. The Buddha provides a formula to overcome this sorrow and lamentation in Maha Satipatthana Sutta (Majjima Nikāya No. 10 and Dīgha Nikāya No. 22). Satipatthana Sutta starts explaining the theory as follows:

Ekāyano ayaṃ, bhikkhave, maggo sattānaṃ visuddhiyā, sokaparidevānaṃ samatikkamāya, dukkhadomanassānaṃ atthaṅgamāya, ñāyassa adhigamāya, nibbānassa sacchikiriyāya, yadidaṃ cattāro satipaṭṭhānā.

This is the only way, O bhikkhus, for the purification of beings, for the overcoming of sorrow and lamentation, for the destruction of suffering and grief, for reaching the right path, for the attainment of Nibbana the Liberation, namely, the Four Establishments of Mindfulness.

A person who is addicted to alcohol or drugs has to liberate himself from the attachment to a substance by purifying his mind through mindfulness practices. The everlasting solution for someone's addiction or dependence on alcohol, tobacco, heroin, cannabis, or any other drug, without any relapse, comes with this liberation from craving for the substance. This status could be attained through developing clear, intuitive insight or *vipassanā* into alcohol and drugs, seeing them for what they actually are. These four foundations of mindfulness are the ancient path of practice of liberation rediscovered by the Buddha.

Vipassanā can be translated as "Insight," a clear awareness of exactly what is happening as it happens. It is a logical process of mental purification through self-observation. *Vi* means special or supper, and *passanā* means seeing. Venerable Henepola Gunaratana defined *vipassanā* as "Looking into something with clarity and precision, seeing each component as distinct and separate, and piercing all the way through to perceive the most fundamental reality of that thing". As alcohol or drug user develops through virtue (*sīla*) and concentration (*samadhi*), the next level is to develop wisdom (*paññā*), and this could be achieved through distinctly and clearly seeing alcohol or drugs and their effects on the mind, body, and society at large. *Vipassana* means seeing in various ways, and when applied to meditation, it refers to seeing all objects or phenomena as impermanent (*anicca*), suffering (*dukkha*), and non-self (*anatta*). The principle of *Vipassana* meditation is to observe any mental or physical process that arises predominantly within the present moment. Thus, the concentration is not fixed on a single object but the momentary concentration (*khanika samadhi*) that arises when the mind is free from hindrances. At this stage, the mind can note whatever objects that arise predominantly, thereby revealing their true nature (*yathabhuta*).

Users fail to see the reality of alcohol or drugs because of preconceived notions and cravings and go after the mirages and deceptions of such substances. Their notion of alcohol and other drugs has become perverted (*viparīta dassana*). Buddhist psychology discusses three kinds of illusion or perversions (*vipallāsa*) that grip individuals' minds, namely the illusions of perception, thought, and view (*saññā vipallāsa; citta vipallāsa; diṭṭhi vipallāsa*). When a drug user is caught up in these illusions, he perceives, thinks, and views incorrectly: He perceives the permanence of alcohol or drugs (*nicca*) in the ephemeral nature of drugs and satisfactoriness or pleasurable nature in the unsatisfactory (ease and happiness in suffering) nature of alcohol and drugs; attributed or created self or essence, such as "magical substance" in what is not self but just a dull chemical (a soul in the soulless); beauty in the repulsive. Alcohol or drug users think and view in the same erroneous manner. Thus, each illusion works in the said four ways and leads the drug user astray, clouds his vision, and confuses him. This is due to unwise reflections and unsystematic attention (*ayoniso manasikāra*). Right understanding (or insight meditation— *vipassanā*) alone removes these illusions about alcohol or drugs and helps him to cognize the real nature of alcohol or drugs. Through this insight meditation, alcohol or drug-dependent individual realises the three marks or three characteristics of existence (*tilakkhaṇa)* that alcohol or drugs

never produce what expected *anicca*, the suffering of alcohol and drugs *dukkha*, and *anatta*, the emptiness of alcohol or drugs.

Vipassana meditation is also known as Mindfulness meditation because the Buddha taught this type of meditation in this Satipatthana Sutta or the Four Foundations of Mindfulness. The Pali word *'Sati*' means 'mindfulness or awareness of what is happening in one's body and mind at the moment, while *paṭṭhānā* means 'setting firmly or closely'. So Satipatthana means firm, close, the steadfast establishment of mindfulness on the present phenomenon which one is observing, not events that have passed away or have not arisen. Secondly, the word can be defined through *sati-upatthana*, which means establishing mindfulness.

The Buddha declared the four foundations of mindfulness (*cattāro satipaṭṭhānā). These four parallel techniques* differ about the object, as the only path (*Ekāyano maggo)* that will directly eradicate hostile forces in mind and realise the ultimate truth. It could be firmly stated with *Saddhā* that to entirely annihilate the defilements that lead to the use of alcohol or drugs, one has to develop wisdom (*paññ*a) on alcohol and drugs through four foundations of mindfulness. The next stanza of the Satipatthana Sutta explains the four foundations of mindfulness.

Katame cattāro? Idha, bhikkhave, bhikkhu kāye kāyānupassī viharati ātāpī sampajāno satimā, vineyya loke abhijjhādomanassaṃ; vedanāsu vedanānupassī viharati ātāpī sampajāno satimā, vineyya loke abhijjhādomanassaṃ; citte cittānupassī viharati ātāpī sampajāno satimā, vineyya loke abhijjhādomanassaṃ; dhammesu dhammānupassī viharati ātāpī sampajāno satimā, vineyya loke abhijjhādomanassaṃ.

"What are the four? Here, monks, regarding the body, abide by contemplating the body, being diligent and ardent, clearly knowing or comprehending, and mindful, free from craving and discontent regarding the world. Regarding feelings, he abides in contemplating feelings, is diligent and ardent, clearly knows or comprehends them, and is mindful and free from desires and discontent regarding the world. Regarding the mind, he abides in contemplating the mind, is diligent and ardent, clearly knows or comprehends, and is mindful and free from craving and discontent regarding the world. Regarding dhammas, he abides in contemplating dhammas, diligent and ardent, clearly knowing or comprehending, and mindful, free from desires and discontent regarding the world.

This stanza introduces four foundations of mindfulness, namely;

Kāyānupassana – Contemplation of the body

Vēdananupassana – Contemplation of feeling

Cittānupassana – Contemplation of mind

Dhammānupassana – Contemplation of Dhammas

The Satipatthana meditation process combines three factors, ***ātāpī*** **-** ardent or intense effort, ***sampajāno*** clear comprehension, and ***sati*** **-** mindfulness into the practice. The contemplation must be free from covetousness and grief, which stands for sensual desire and ill-will, the principal hindrances that must be overcome for the practice to succeed. Individuals engaging in the psychotherapeutic or counselling process should look at alcohol or drugs with ātāpī sampajāno satimā, that is, with diligent and ardent effort, clear comprehension, and mindfulness. The phrase *vineyya loke abhijjhādomanassaṃ* also be clarified. *Vineyya* means to keep away from or abstain from, and *loke* means worldly. Therefore, *vineyya loke abhijjhādomanassaṃ* should be understood as when contemplating the meditating object or process; the focus should be abstained or free from craving and discontent or aversion. When looking at or contemplating alcohol or drugs with mindfulness (*sati*), the focus should be without craving or attachment to alcohol or without hating or aversion to alcohol. This emphasizes the fact that mindfulness of alcohol or drugs cannot be accompanied by unwholesome mental factors (*cētasikas*) and not through *lobha dosa* or *moha* unwholesome consciousness (*akusala cittas),* so there cannot be mindful drinking or drug-taking. When someone drinks or takes drugs with a significant focus on that behaviour, there is no mindfulness (*sati*) but concentration (*ekaggatā*). The psychotherapeutic approach of looking at

alcohol or drugs mindfully is a wholesome act without *lobha dosa* or *moha* and with *saddhā, paññ*a, and other wholesome mental factors (*cētasikas*) and through wholesome consciousness (*kusala citta*).

As discussed in the previous chapter, Mindfulness or attentive awareness (*sati*) is the presence of mind or bearing in mind over the sense object and attending to it nonjudgmentally, without having any attributions and biases. Mindful observation does not involve preoccupied thoughts and concepts. Mindfulness does not occur automatically but is a quality to be cultivated (*bhāvetabba*). It is the lucid awareness of the present that has the characteristic of steadiness and not floating away (*apilāpana*) from the object, not letting things go unnoticed and resulting in a strong perception (*thirasaññā*). It is the opposite of superficiality and obliviousness. If one is mindful of the six sense-doors to note what one observes, it can stop defilements from entering the mind so that *sati* is manifested as guardianship. Once mindfulness has arisen, other enlightenment factors occur, culminating in actual knowledge and liberation. It turns the mind from unawareness to clear cognition, focusing the rays of consciousness upon the experiencing subject in its physical, sensory, and psychological dimensions, which helps to scrutinize and understand reality.

Sampajãna, the verb form *Sampajãnãti,* can be divided into *pajānāti* (they know) and the prefix *sam* (together), which often serves an intensifying function in Pāli compounds. Thus, *sampajãnãti* stands for an intensified form of learning, for "clearly knowing" or knowing every way in detail. *Sampajaññ*a helps to overcome unwholesomeness and establish wholesomeness. Finally, the Itivuttaka, a part of Khuddaka Nikaya, relates clearly to knowing to follow the proper advice of a good friend such as a counsellor or kalyāna mitta. According to Abhidhamma, *sampajaññ*a is a form of wisdom (*paññ*a). *Sampajaññ*a is the first level of *amōha* or *paññ*a, the wisdom of looking at an objective nonjudgmentally and without any biases, which translates to English as clear comprehension. In *vipassana,* the wisdom develops as a chain reaction. Application of mindfulness and clear comprehension with effort (*satisampajaññāya* with *ātāpī*) will help to develop further wisdom (*paññ*a) that is important for liberation. Looking at alcohol and drugs with *satisampajaññā* will help to see clearly the effects of alcohol and drugs, which helps to develop a liberated mind from alcohol and drugs. Mindfulness and explicit knowledge also contribute toward improving one's ethical conduct and overcoming sensuality, which helps to reduce the attraction and craving toward alcohol or drugs.

Contemplation of the Body – *Kāyānupassana*

Kāyānupassanā Satipatthana means contemplation of the body or mindfulness of any bodily process as it occurs. Maha Satipaṭṭhāna sutta gives some examples of *Kāyānupassanā,* that is to remain focused on the body through Mindfulness of Breathing, Mindfulness of the Four Postures, Clear Comprehension, Mindfulness of the thirty-two parts of the Body, Mindfulness of the Four Elements, and the Nine Carnal ground Contemplations. Alcohol or drug users' psychotherapeutic process that focuses on cognitive transformation could be started with *ānāpānasati* meditation or mindfulness of breathing. Maha satipaṭṭhāna sutta explains the way to engage in this meditation. I use here some popular translations of Satipaṭṭhāna with some adaptations.

Ānāpānasati- The mindfulness in Breathing

Kathañca, bhikkhave, bhikkhu kāye kāyānupassī viharati? Idha, bhikkhave, bhikkhu araññagato vā rukkhamūlagato vā suññāgāragato vā nisīdati, pallaṅkaṃ ābhujitvā, ujuṃ kāyaṃ paṇidhāya, parimukhaṃ satiṃ upaṭṭhapetvā. So satova assasati, satova passasati.

Moreover, how monks, does he, regarding the body, abide contemplating the body? Here, go to the forest, the root of a tree, or an empty hut; he sits down, having folded his legs crosswise, set his body erect, and established mindfulness in front of him, mindful he breathes in, mindful he breathes out. The format of *ānāpānasati* could be explained as follows;

1) Find your silence in a less disturbing place. Sit and find a stable position you can maintain for a while, either on the floor or in a chair. Allow your eyes to close, or leave them open and gaze downward toward the floor. Try to keep the back upright. Relax any areas of tightness or tension.

2) Begin by taking slow and deep breaths, noticing the natural airflow in and out through the nose. Tune in to the natural rhythm of the breath. With each breath, bring the full attention to noticing each breath. If you like, mentally note, "Breathing in… Breathing out.

3) Notice each breath as it enters the nostrils and goes down to the lungs, and notice how it causes the belly to expand. Notice each out-breath in which the belly contracts and air moves up from the lungs back to the nostrils and outer air. You can notice that the inhale is different from the exhale.

4) You will often get distracted by thoughts, feelings, and sounds in the room. When you discover your attention has wandered, notice it and gently return to your breath. Do not try to control breathing. Instead of wrestling with or engaging with those thoughts as much, practice observing, noting wherever your attention has been, letting go of those thoughts, and returning to the physical sensation of breathing. Breath is the anchor that can return over and over again when one becomes distracted by thoughts.

5) Let the thoughts flow freely. Let go of any sense of trying to make something happen. Just come back to breathing without causing any mental strain. If you find yourself mostly daydreaming and off in fantasy, devote extra effort to maintaining your focus on breath.

6) Continue to practice observing without needing to react. Just sit and pay attention as best you can. As hard as it is to maintain, that is all there is. Come back over and over again without judgment or expectation.

7) When you feel that you have done enough, gently open your eyes**.** Take a moment to notice any sounds in the environment. Consider how you feel right now. Notice your thoughts and emotions. Get ready for the rest of the day's activities.

Mindfulness practice on breathing does not require emptying of the mind or setting aside or suppressing thoughts with effort. Instead, it allows the individual to be constantly vigilant and aware of the processes and the contents of the mind so as not to allow them to interfere with his ability to observe quietly. Breathing is a process that happens automatically or involuntarily. Individuals learn to see processes objectively by practising breath meditation. This training is essential to look at alcohol and drugs and their use objectively, non-judgementally and without any biases. By engaging in this meditation, an individual starts observing the nature of his addiction in his own mind-body system and develops personal wisdom to enter into a self-healing process.

Dīghaṃ vā assasanto 'dīghaṃ assasāmī'ti pajānāti, dīghaṃ vā passasanto 'dīghaṃ passasāmī'ti pajānāti, rassaṃ vā assasanto 'rassaṃ assasāmī'ti pajānāti, rassaṃ vā passasanto 'rassaṃ passasāmī'ti pajānāti, 'sabbakāyapaṭisaṃvedī assasissāmī'ti sikkhati, 'sabbakāyapaṭisaṃvedī passasissāmī'ti sikkhati, 'passambhayaṃ kāyasaṅkhāraṃ assasissāmī'ti sikkhati, 'passambhayaṃ kāyasaṅkhāraṃ passasissāmī'ti sikkhati.

Breathing in long, he knows 'I breathe in long,' breathing out long, he knows 'I breathe out long.' Breathing in short, he knows 'I breathe in short,' breathing out short, he knows 'I breathe out short.' He trains thus: 'I shall breathe in experiencing the whole body,' he trains thus: 'I shall breathe out experiencing the whole body.' He trains thus: 'I shall breathe in calming the bodily formation,' he trains thus: 'I shall breathe out calming the bodily formation.

When the meditator engages further in the breath meditation mindfully, watching the breath as it is and simply knowing it, he may feel the breath becoming thinner, finer, and more subtle. Without trying to

control the breath, the meditator must be aware of its beginning, middle, and end, knowing if it is long or short. Whether long or short, this knowledge of the breath helps improve clear comprehension and mindfulness (*sati-sampajañña*). This is why the meditator is asked to be able to discern between the length and shortness of breath, to develop "clear seeing" of this process, as simple as it is. This will help the individual to look at alcohol and drugs and their use with clear comprehension and mindfully.

Iti ajjhattaṃ vā kāye kāyānupassī viharati, bahiddhā vā kāye kāyānupassī viharati, ajjhattabahiddhā vā kāye kāyānupassī viharati; samudayadhammānupassī vā kāyasmiṃ viharati, vayadhammānupassī vā kāyasmiṃ viharati, samudayavayadhammānupassī vā kāyasmiṃ viharati. 'Atthi kāyo'ti vā panassa sati paccupaṭṭhitā hoti. Yāvadeva ñāṇamattāya paṭissatimattāya anissito ca viharati, na ca kiñci loke upādiyati. Evampi kho bhikkhave, bhikkhu kāye kāyānupassī viharati.

In this way, regarding the body, he abides by contemplating the body internally, or by contemplating the body externally, or by contemplating the body both internally and externally. Alternatively, he abides by contemplating the nature of arising in the body, or he abides by contemplating the nature of passing away in the body, or he abides by contemplating the nature of both arising and passing away in the body. Alternatively, mindfulness that 'there is a body is established in him to the extent necessary for bare knowledge and continuous mindfulness. He abides independently (he lives emancipated from dependence on craving and wrong views), not clinging to anything in the world. That is how, regarding the body, he abides in contemplating the body.

One can contemplate his body internally *(ajjhattaṃ*) or the body of another person externally (*bahiddhā)* or both ways (*ajjhattabahiddhā).* Another way of interpreting this is contemplating the body subjectively *(ajjhattaṃ*) and objectively (*bahiddhā).* Most people who have psychological disorders or addictions lose their awareness of the body and become just nobody. With this *Kāyānupassana* meditational practice, such individuals become aware of the body and become somebody. Their focus and preoccupation with the mind with alcohol or drugs could be taken away from it through this focus on the body. After becoming somebody, following these instructions, and with developed concentration, an individual could contemplate how alcohol and drugs affect his body or another person's body or look at the effects of alcohol or drugs subjectively, objectively, or both ways.

Posture (*Iriyāpatapabbaṃ*) meditation

Puna caparaṃ, bhikkhave, bhikkhu gacchanto vā 'gacchāmī'ti pajānāti, ṭhito vā 'ṭhitomhī'ti pajānāti, nisinno vā 'nisinnomhī'ti pajānāti, sayāno vā 'sayānomhī'ti pajānāti. Yathā yathā vā panassa kāyo paṇihito hoti tathā tathā naṃ pajānāti.

Again, monks, when walking, he knows 'I am walking'; when standing, he knows 'I am standing'; when sitting, he knows 'I am sitting'; when lying down, he knows 'I am lying down'; or he knows accordingly; however, his body is disposed of.

This is the gathering of mindfulness towards the body position and movements. Through this, the meditator gets to know and be aware of the movements of the body parts such as the head, legs, and fingers, which leads to improved perception of the body and its movements, even a tiny deportment or posture of the body such as stretching bending looking forward or sideways. When practising *vipassanā*, the meditator must be aware of almost everything that is present without switching into autopilot mode. After practicing mindfulness on posture and movement, the meditator can think about how the energy is produced for these body movements. He can understand that food produces energy for the movement. Then, the meditator can think that if there is no food, there is no physical body, and the body depends on food. Further, the meditator could observe how desire or intention pushes the body when a movement occurs and become aware of the mind-body coordination. For example, if there arises a thought "I shall stand", this command goes to relevant mussels and, through contraction and relaxation of the mussels, produces the bodily expression. Later, he will understand the automation process and realise there is no "I".

This meditation is helpful for the meditator for increased self-awareness, letting go of fantasies and disturbing thoughts about alcohol or drugs, craving for such substances, and increasing concentration. According to Buddhist Psychology, almost all the problems and sufferings are self-created, such as

alcohol or drug problems and related sufferings. Recognition of addiction or dependency on drugs as a 'false refuge' and a preoccupation with past and future events related to alcohol or drug use as compared to the "here and now" of mindful awareness will help the individual to detach from the drugs.

Activity (*sampajānapabbaṃ*)

Puna caparaṃ, bhikkhave, bhikkhu abhikkante paṭikkante sampajānakārī hoti, ālokite vilokite sampajānakārī hoti, samiñjite pasārite sampajānakārī hoti, saṅghāṭipattacīvaradhāraṇe sampajānakārī hoti, asite pīte khāyite sāyite sampajānakārī hoti, uccārapassāvakamme sampajānakārī hoti, gate ṭhite nisinne sutte jāgarite bhāsite tuṇhībhāve sampajānakārī hoti. Iti ajjhattaṃ vā kāye kāyānupassī viharati…pe… evampi kho, bhikkhave, bhikkhu kāye kāyānupassī viharati.

Again, monks, when going forward and returning, he acts clearly knowing; when looking ahead and looking away, he acts clearly knowing; when flexing and extending their limbs, he acts clearly knowing; when wearing their robes and carrying his outer robe and bowl he acts clearly knowing; when eating, drinking, consuming food, and tasting he acts clearly knowing; when defecating and urinating he acts clearly knowing; when walking, standing, sitting, falling asleep, waking up, talking, and keeping silent he acts clearly knowing.

When practicing this, the individual's mind will always be preoccupied with what he observes in meditation and may not have time to think about alcohol or drugs. This lap will be the first step of cognitive training for abandoning the attachment to alcohol or drugs. In the sequence of gradual path of training, an essential skill the meditator develops through engaging in this *sampajānapabbaṃ* exercise is the application of clear comprehension (*sampajañña*) on activities, especially the alcohol or drug-taking behaviour to gain realization. Clear comprehension or clear knowledge is a cognitive process, seeing precisely everything in its entirety, with all mental faculties in balance. When engaging in an activity, *sampajañña* denotes three factors: applying knowledge before engaging in activities, while engaging in activity, and generating knowledge through the activity. According to commentaries on Satipatthana, there are four types of clear knowledge or comprehension.

1. *Sātthakasampajañña* – Clear comprehension of benefit or purpose
2. *Sappāyasampajañña* – Clear comprehension of suitability
3. *Gocarasampajañña* – Clear comprehension of domain pasture or resort
4. *Asammohasampajañña* – Clear comprehension of non-delusion

Clear comprehension of benefit or purpose (*Sātthakasampajañña)*; Mindfully considering the purpose or benefits of any activity before engaging is *Sātthakasampajañña.* Meditators should not engage in an activity without a wholesome (*kusala*) purpose or benefit. Through this *sampajānapabbaṃ* meditation, meditators learn to evaluate or engage in cost-benefit analysis in walking, sleeping, sitting, standing, dressing, talking, or even keeping in silence through the wholesome lens. After basic training of *sampajānapabbaṃ,* individuals engaged in the alcohol and drug treatment process could observe their alcohol or drug use behaviour internally (*ajjhattaṃ*) or any other person's alcohol or drug use behaviour externally (*bahiddhā)* whether there is a purpose or benefit. He can contemplate the pros and cons of continuing alcohol or drug use and quitting the use. With the help of the Buddhist psychotherapist or kalyāna mitta, these individuals could quickly identify that there are no benefits whatsoever in alcohol or drug use and seemingly beneficial effects are nothing but mind-made illusions developed through the wrong view (*miccā diṭṭhi*), pervasions (*vipallasa*) and proliferation (*prapanca*).

Clear comprehension of suitability (*Sappāyasampajañña):* When engaging in an activity, if a meditator considers the activity beneficial, next, he has to see whether it is suitable after considering what is suitable or not. Certain activities may be helpful to engage with but may not be ideal according to place and time. For example, preaching dhamma is beneficial, but trying to preach dhamma to an unruly mob may not be suitable, so the meditator should avoid such activity. A father may still consider that alcohol or drug use is beneficial due to a lack of awareness of such substances, yet should refrain from drinking alcohol or serving alcohol at a house party if he has young children, as his children may eventually learn that alcohol or drug use is fashionable and an accepted social norm.

Clear comprehension of domain pasture or resort (*Gocarasampajañña):* When meditating or engaging in the cognitive development process, the individual has to stay in his own domain or territory until his mind gets liberated. Then, he may not be disturbed by other factors or individuals. For meditating bhikkhus for liberation, according to the Buddha's words, the domain or resort is the four foundations of mindfulness (*cattāro satipaṭṭhāna*), and any action that moves him away from *cattāro satipaṭṭhāna* should mindfully be avoided with a clear comprehension of the domain (*Gocarasampajañña).* An individual who engages in the path to liberation from alcohol or drugs should always be in the recovering mood (locus of contemplative action) without coming out of that mood and engaging in activities that reverse the cognitive transformation process. Wherever he moves, whatever activity he engages with, he should always contemplate that he is on the path to recovery from alcohol or drugs. With a clear comprehension of the domain (*Gocarasampajañña),* he should avoid parties that serve alcohol or drugs, meet friends who could promote alcohol or drug use, or keep alcohol bottles or cigarette packets at home. He should avoid any activity that promotes alcohol, tobacco, or drug use with a mindful and clear comprehension of the domain (*Gocarasampajañña*) until his mind is fully liberated from alcohol or drugs. The way to contemplate his meditation objects (*kammaṭṭhāna*) which are the thoughts of liberation from alcohol and drugs should be utmost in mind (*kammaṭṭhāna sīsenava),* attending only to the thought of that meditation (*kammaṭṭhānam manasikarontova),* just with his subject of meditation in the forefront of the mind (*kammaṭṭhāna mukheneva)* and keeping to the idea of meditation (*kammaṭṭhānam avijahanto).*

Clear comprehension of non-delusion (*Asammohasampajañña):* With this knowledge, the meditator does not get deceived or confused by anything coming toward him. The alcohol or tobacco industry and drug mafia try to deceive the public, especially young people and alcohol and drug users have become prey to the said industries. Individuals who are progressing on the path to liberation from alcohol or drug use must always be aware of such tobacco, alcohol or drug promotions and apply clear comprehension of non-delusion (*Asammohasampajañña)* on activities they engage with from their body or what they see, hear, read, talk, or think about alcohol and drugs.

The sections of Reflection on Repulsiveness and the Nine Cemetery Contemplations

In the sections of Reflection on Repulsiveness of the body first, the meditator becomes aware of 32 body parts by reflecting on the body as;

'*atthi imasmiṃ kāye kesā lomā nakhā dantā taco maṃsaṃ nhāru aṭṭhi aṭṭhimiñjaṃ vakkaṃ hadayaṃ yakanaṃ kilomakaṃ pihakaṃ papphāsaṃ antaṃ antaguṇaṃ udariyaṃ karīsaṃ pittaṃ semhaṃ pubbo lohitaṃ sedo medo assu vasā kheḷo siṅghāṇikā lasikā muttam (matthalunganti).*

'in this body, there are head hairs, body hairs, nails, teeth, skin, flesh, sinews, bones, bone marrow, kidneys, heart, liver, diaphragm, spleen, lungs, bowels, mesentery, contents of the stomach, faeces, bile, phlegm, pus, blood, sweat, fat, tears, grease, spittle, snot, oil of the joints, and urine (and brain).'

In the cemetery contemplation, monks are advised firstly to contemplate one, two, or three days old dead bodies, swollen, blue, and festering, thrown onto the cemetery. So, the meditator applies this perception to his own body, thinking, "Certainly, my body, too, is exact, such it will become and will not escape it. Next, the monks are instructed to see a body thrown onto the cemetery, being eaten by crows, hawks, vultures, dogs, jackals, or different kinds of worms, and contemplate it. Then, the monks will contemplate a dead body reduced to a skeleton with some flesh and blood attached to it. This carnal ground contemplation continues further in nine stages until the dead body turns to a skeleton without flesh and blood, held together with sinews … disconnected bones scattered in all directions … bones bleached white, the colour of shells … bones heaped up, more than a year old … bones rotten and crumbling to dust – he compares this same body with it thus: 'This body too, is exact, it will be like that, it is not exempt from that fate.

Contemplating Alcohol or Drug Effects on the Body

In this way, in regard, the effects of alcohol, tobacco, or drugs on the body could be contemplated internally, externally, or both internally and externally by the individual who entered into the path of liberation from alcohol or drugs. He can contemplate as follows;

- In this body, there is the brain, which deals with thoughts and memory and coordinates the other body organs.
- In this body, there is the nose, which helps sense smell.
- In this body, there are ears that help to hear.
- In this body, there is the tongue that helps to taste
- In this body, there are eyes to see
- In this body, there is skin that covers the inside and helps to feel
- In this body, there is the heart that circulates blood.
- In this body, there are lungs to breathe
- In this body, there is blood
- In this body, there are bones
- In this body, there are mussels
- In this body, there is a liver to help
- In this body, some kidneys help remove waste.
- In this body, an immune system protects the body from germs.

After having an awareness of the body and the body organs, individuals can develop their meditation process by contemplating the harm caused by alcohol and drugs to each body's organ.

- In this body, there is the brain, which deals with thoughts and memory and coordinates the other body organs. Alcohol and drugs make it harder for the brain areas to control balance, memory, and speech, resulting in a higher likelihood of injuries and other adverse outcomes. Heavy drinking or drug use causes alterations in the neurons, such as reductions in their size. As a result of these and other changes, brain mass shrinks, and the brain's inner cavity grows bigger.
- In this body, there is a nose that helps sense smell. Alcohol or drug use and smoking impair sensing smell.
- In this body, there are ears that help to hear. Alcohol and drugs impair hearing
- In this body, there is the tongue that helps to taste. Alcohol, drugs, and smoking destroy taste buds.
- There are eyes in this body to see. After using alcohol or drugs, vision gets blurry.
- In this body, there is skin that covers the inside and helps to feel. The skin becomes pale and discoloured.
- In this body, there is the heart that circulates blood. With alcohol or drug use, the heart's ability to pump blood reduces. Smoking speeds up the clogging and narrowing of coronary arteries, which leads to a heart attack.
- In this body, there are lungs for breathing. Alcohol or drug use and smoke damage the lungs, which leads to lung diseases and lung cancer.
- In this body, there is blood. Alcohol and drugs cause high blood pressure and lower red blood cell count.
- In this body, there are bones. Alcohol or drug use affects bone density, leading to thinner bones and increasing the risk of fractures if falls. Weakened bones may also heal slower.
- In this body, there are mussels. Drinking alcohol can also lead to muscle weakness, cramping, and eventually atrophy.
- In this body, there is a liver to help digest fat and create a nontoxic environment. Alcohol and drugs damage the liver and lead to liver inflammation, including fatty liver, fibrosis, alcohol hepatitis, and cirrhosis.
- In this body, there are kidneys that help to remove waste and extra fluid from the body. Alcohol and drugs damage the kidneys and disrupt their proper functioning.
- In this body, there is an immune system that protects the body from germs. Alcohol and drugs weaken the immune system.

These are only some examples that the individual could engage in in the path to liberate his mind from alcohol, tobacco, or drugs. Most people have heard about the dangers of alcohol, tobacco, or drugs and their adverse effects on body organs only superficially. They do not pay much attention to it or think deeply about it. This kāyānupassana meditation contemplates the effects of alcohol and drugs on body organs and will develop *chintamaya paññ*a and meditative wisdom *bhvanāmaya paññ*a on alcohol and drugs.

Contemplation of Feeling (*Vēdananupassana*)

Kathañca pana, bhikkhave, bhikkhu vedanāsu vedanānupassī viharati? Idha, bhikkhave, bhikkhu sukhaṃ vā vedanaṃ vedayamāno 'sukhaṃ vedanaṃ vedayāmī'ti pajānāti; dukkhaṃ vā vedanaṃ vedayamāno 'dukkhaṃ vedanaṃ vedayāmī'ti pajānāti; adukkhamasukhaṃ vā vedanaṃ vedayamāno 'adukkhamasukhaṃ vedanaṃ vedayāmī'ti pajānāti;

Moreover, how, monks, does he regard feelings and abide by contemplating them? "Here, when experiencing a pleasant feeling, he knows 'I feel a pleasant feeling'; when experiencing an unpleasant feeling, he knows 'I feel an unpleasant feeling'; when experiencing a neutral feeling, he knows 'I feel a neutral feeling.'

Feeling (*Vedanā*) is the mental factor that feels and enjoys the taste of the sense object when it comes in contact (*Phassa*) with the senses. It is the effective mode in which the object is experienced as pleasurable, painful, or neutral. Its usage in the *vedanā* comprises both bodily and mental feelings. Meditators who contemplate or note feelings' pleasantness, unpleasantness, or neutrality are engaged in the Contemplation of Feeling (*Vēdananupassana*). The meditator has to look at the feeling objectively, just as a feeling and not as the person's feeling. He has to look at the feeling with clear comprehension and mindfully (*sampajañño satimā*). If not, due to distortion (*vipallāsa*), he may consider an unpleasant feeling pleasant. In the meditation, when the meditator experiences an excellent feeling, he has to say or think "good, good, good" or "pleasant, pleasant, pleasant". When he experiences an unpleasant feeling, he has to contemplate "unpleasant, unpleasant, unpleasant". This is a method of directing awareness to the very first stages of the arising of likes and dislikes by clearly noting whether the present moment's experience is felt as "pleasant", "unpleasant", or neither (neutral).

As Bhikkhu Anālayo mentioned about *Vēdananupassana* in his book Satipatthana, the direct path to realization is as follows; "*Thus to contemplate feelings means quite literally to know how one feels, and this with such immediacy that the light of awareness is present before the onset of reactions, projections, or justifications regarding how one feels. Undertaken in this way, contemplation of feelings will reveal the surprising degree to which one's attitudes and reactions are based on this initial affective input provided by feelings". The systematic development of such immediate knowing will also strengthen one's more intuitive modes of apperception, in the sense of the ability to get a feel for a situation or another person. This ability offers a helpful additional source of information in everyday life, complementing the information gained through more rational modes of observation and consideration.*

Individuals entering into the path of liberation from alcohol, tobacco and other drugs could engage in basic *Vēdananupassana* as explained above and then contemplate the actual alcohol or drug experience they had internally (*ajjhattaṃ*) or contemplate another person's alcohol or drug experience externally (*bahiddhā)*. This contemplation of feeling could be done subjectively or objectively. He can question bringing the past experience to the present as follows;

1. How did I feel about the alcohol or drug experience in my head?
2. How did I feel about the alcohol or drug experience in my nose?
3. How did I feel about the alcohol or drug experience on my tongue?
4. How did I feel about the alcohol or drug experience in my body?
5. How did I feel about the alcohol or drug experience in my stomach?

He can contemplate objectively or think about another person by questioning as follows;

1. How does someone feel about the alcohol or drug experience in his head?
2. How does someone feel alcohol or drug experience in his nose?
3. How does someone feel alcohol or drug experience on his tongue?
4. How does someone feel about alcohol or drug experience in his body?
5. How does someone feel alcohol or drug experience in his stomach?

The Buddhist psychotherapist or kalyāna mitta can help him to identify the real effects of alcohol or drugs on his or any other person's body. It can be summarized in the following chart.

***Vēdananupassanā*: Contemplating on the feeling of alcohol experience (*ajjattika bahijjā*)**

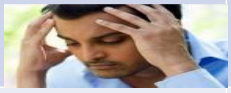
		Observing the feeling with mindfulness Present/past/ ajjattika/ bahijjā	Classification of feeling
Nose	*ghāna*	Stinky, Strong aroma, 	*Dukkha Dōmanassa*
Tongue	*Jivha kāya*	Bitter, Dry Mouth, **feel** irritated and dry Burning sensation in throat 	*Dukkha Dōmanassa*
Head	*kāya*	Little pain in head, Headache, Heavy headedness, rotating feeling, drowsy 	*Dukkha Dōmanassa*
Body	*kāya*	Decline in energy and liveliness, impaired coordination, unbalance, warm flushing of the skin, itchiness, slow,	*Dukkha Dōmanassa*
Stomach	*kāya*	Nausea, Vomiting 	*Dukkha Dōmanassa*

Fig 11

Through the contemplation of feeling (*vēdananupassana*), the individual on the path will realize that the experience of alcohol or drugs is unpleasant, dull, and suffering (*dukkha*, *dōmanassa*). Further contemplation deeply on this unpleasantness of alcohol or drugs will be able to liberate his mind from alcohol or drugs through the *vimōksha mukha* of *appanīhita*. Satipaṭṭhāna Sutta explains this deep practice as follows;

sāmisaṃ vā sukhaṃ vedanaṃ vedayamāno 'sāmisaṃ sukhaṃ vedanaṃ vedayāmī'ti pajānāti; nirāmisaṃ vā sukhaṃ vedanaṃ vedayamāno 'nirāmisaṃ sukhaṃ vedanaṃ vedayāmī'ti pajānāti; sāmisaṃ vā dukkhaṃ vedanaṃ vedayamāno 'sāmisaṃ dukkhaṃ vedanaṃ vedayāmī'ti pajānāti; nirāmisaṃ vā dukkhaṃ vedanaṃ vedayamāno 'nirāmisaṃ dukkhaṃ vedanaṃ vedayāmī'ti pajānāti; sāmisaṃ vā adukkhamasukhaṃ vedanaṃ vedayamāno 'sāmisaṃ adukkhamasukhaṃ vedanaṃ vedayāmī'ti pajānāti; nirāmisaṃ vā adukkhamasukhaṃ vedanaṃ vedayamāno 'nirāmisaṃ adukkhamasukhaṃ vedanaṃ vedayāmī'ti pajānāti;

"When feeling a worldly pleasant feeling, he knows 'I feel a worldly pleasant feeling'; when feeling an unworldly pleasant feeling, he knows 'I feel an unworldly pleasant feeling'; when feeling a worldly unpleasant feeling, he knows 'I feel a worldly unpleasant feeling'; when feeling an unworldly unpleasant feeling, he knows 'I feel an unworldly unpleasant feeling'; when feeling a worldly neutral feeling, he knows 'I feel a worldly neutral feeling'; when feeling an unworldly neutral feeling, he knows 'I feel an unworldly neutral feeling.'

Pleasant worldly feelings (*sāmisa*) are connected with what comes across in life in the form of sight, sound, smell, taste, thought, or things that an individual thinks belong to him. An individual should understand that alcohol or drug use impairs the experience of worldly pleasure. Wisdom, the individual

gains that alcohol or drugs impair happiness, which is an essential awareness for being free from alcohol or drugs. An individual can enjoy this *sāmisa sukha* when he abstains from using alcohol or drugs in a situation when others typically use alcohol, such as parties and festivities. When a meditator engages in meditation to develop good concentration and experience the rising and fading away of things without attachment, he becomes happy. This experience is an unworldly, pleasant (*nirāmisa sukha*) experience. When someone ultimately liberates his mind from alcohol and drugs, he will enjoy this unworldly enjoyable experience because it is on the path of renunciation. As discussed before, the physical experience of alcohol or drugs in the body is a worldly unpleasant experience (*sāmisa dukkha*) and the dependency developed towards alcohol and drugs could be labelled as an unworldly undesirable (*nirāmisaṃ dukkhaṃ)* experience. When someone is fully liberated from alcohol or drugs, alcohol or such drugs become just a chemical, and he does not attract or repulse the substance. Probably they may get a neutral feeling when they see such alcohol or drugs.

Contemplation of Consciousness (*Cittānupassana*)

In this meditation, individuals look at the mind and identify what kind of consciousness has arisen at that moment. In Buddhist psychology, the mind is divided into consciousness (*citta*) and the mental factors (*cētasika*) that give colour to the consciousness. When observing consciousness, the meditator has to look at mental factors and identify them. The Satipaṭṭhāna Sutta explains the way of observing the consciousness as follows.

Kathañca pana, bhikkhave, bhikkhu citte cittānupassī viharati? Idha, bhikkhave, bhikkhu sarāgaṃ vā cittaṃ 'sarāgaṃ citta'nti pajānāti, vītarāgaṃ vā cittaṃ 'vītarāgaṃ citta'nti pajānāti; sadosaṃ vā cittaṃ 'sadosaṃ citta'nti pajānāti, vītadosaṃ vā cittaṃ 'vītadosaṃ citta'nti pajānāti; samohaṃ vā cittaṃ 'samohaṃ citta'nti pajānāti, vītamohaṃ vā cittaṃ 'vītamohaṃ citta'nti pajānāti; saṃkhittaṃ vā cittaṃ 'saṃkhittaṃ citta'nti pajānāti, vikkhittaṃ vā cittaṃ 'vikkhittaṃ citta'nti pajānāti; mahaggataṃ vā cittaṃ 'mahaggataṃ citta'nti pajānāti, amahaggataṃ vā cittaṃ 'amahaggataṃ citta'nti pajānāti; sauttaraṃ vā cittaṃ 'sauttaraṃ citta'nti pajānāti, anuttaraṃ vā cittaṃ 'anuttaraṃ citta'nti pajānāti; samāhitaṃ vā cittaṃ 'samāhitaṃ citta'nti pajānāti, asamāhitaṃ vā cittaṃ 'asamāhitaṃ citta'nti pajānāti; vimuttaṃ vā cittaṃ 'vimuttaṃ citta'nti pajānāti, avimuttaṃ vā cittaṃ 'avimuttaṃ citta'nti pajānāti.

"And how, monks, does he regarding the mind abide contemplating the mind? "Here he knows a lustful mind to be 'lustful', and a mind without lust to be 'without lust'; he knows an angry mind to be 'angry', and a mind without anger to be 'without anger'; he knows a deluded mind to be 'deluded', and a mind without delusion to be 'without delusion'; he knows a contracted mind to be 'contracted', and a distracted mind to be 'distracted'; he knows a great mind to be 'great', and a narrow mind to be 'narrow'; he knows a surpassable mind to be 'surpassable', and an unsurpassable mind to be 'unsurpassable'; he knows a concentrated mind to be 'concentrated', and an unconcentrated mind to be 'unconcentrated'; he knows a liberated mind to be 'liberated', and an unliberated mind to be 'unliberated.

Individuals entered into the path to liberate their minds from alcohol or drugs could observe their minds and identify what kind of consciousness has arisen with regard to alcohol or drugs. When consciousness has arisen with a craving attachment or greed (*lobha*), they have to identify it as a citta with lust for alcohol or drugs. They can further identify the mental factors such as wrong view (*diṭṭhi*), conceit (*māna*), *ahirika*, or *anottappa* in this consciousness. When the individual is exposed to a situation where alcohol and drugs are available, such as a party, and he remains abstaining from using such substances, the consciousness arises at that time without lust for alcohol (*vītarāgaṃ citta*). Individuals must know that consciousness is without lust for alcohol or drugs. Sometimes, individuals may get a thought with the wrong view, which is a positive outcome expectancy on alcohol or drugs. Then, the individual must know it is a consciousness with delusion *(samohaṃ cittaṃ*). When consciousness arises without any positive outcome expectancies or myths about alcohol or drugs, he should recognize it as consciousness without delusion. Individuals entered into the path to liberate their minds from alcohol or drugs should be able to identify and notice alcohol or drug-promoting consciousness and alcohol or drug-demoting or demystifying consciousness. Sometimes, this simple awareness of thoughts could free the mind from

alcohol, or developing wisdom (*paññā*) through vipassana meditation will make the necessary cognitive transformation for achieving a liberated mind from alcohol and drugs. With wisdom (*paññā*), individuals can make their thought corrections as follows;

Cognitive transformation through Cittānupassana

Wrong Expectancies of alcohol or drug use Ditthi Vipallasa	Reality Replace the thought with Paññā
Alcohol helps to Forget Problems.	Problem Aggravates, and New problems arise.
Alcohol helps to Ease Tiredness.	Tiredness Increases, sleeplessness
Alcohol use is Pleasurable.	Unpleasant Experiences, Boring, impaired happiness
Alcohol helps to relax.	Alcohol increase Tension
Alcohol helps to Increase Self Confidence.	Dependent on the Drug, lack self-confidence
Enhance Sexual Desire	Decrees Sexual Desire
Chemically dependent, cannot stop	Psychologically dependent, can stop

Table 5

Bringing About a Cognitive Transformation through Contemplations of Dhammas (*Dhammānupassana*) 12

Creating cognitive change is a central component in the process of guiding alcohol, tobacco, heroin, or other drug users to correct the wrong view *(diṭṭhi*) they already hold on those substances. Developing the right view often does not happen naturally. Instead, the right view on drugs should be developed by enhanced wisdom (*paññ*a) through making appropriate interventions. Even though a user may be able to stop using drugs, only through acquired virtue (*sīla*) if they do so without developing the proper mental changes and cognitive restructuring, their sobriety may not last for long. According to Buddhist psychology, four establishments of Mindfulness are the path to this cognitive restructuring. Contemplation of Dhamma (*Dhammānupassana*) is the final method of Satipatthana that is most helpful for the said cognitive restructuring. Contemplation of dhamma starts with analyzing the nature of craving for alcohol or drugs.

Dhammānupassanā nīvaraṇapabbaṃ

''Kathañca, bhikkhave, bhikkhu dhammesu dhammānupassī viharati? Idha, bhikkhave, bhikkhu dhammesu dhammānupassī viharati pañcasu nīvaraṇesu. Kathañca pana, bhikkhave, bhikkhu dhammesu dhammānupassī viharati pañcasu nīvaraṇesu? ''Idha, bhikkhave, bhikkhu santaṃ vā ajjhattaṃ kāmacchandaṃ 'atthi me ajjhattaṃ kāmacchando'ti pajānāti, asantaṃ vā ajjhattaṃ kāmacchandaṃ 'natthi me ajjhattaṃ kāmacchando'ti pajānāti; yathā ca anuppannassa kāmacchandassa uppādo hoti tañca pajānāti, yathā ca uppannassa kāmacchandassa pahānaṃ hoti tañca pajānāti, yathā ca pahīnassa kāmacchandassa āyatiṃ anuppādo hoti tañca pajānāti.

"And how, monks, does he regarding dhammas abide contemplating dhammas? Here, he abides in contemplating dhammas regarding the five hindrances. And how does he abide by contemplating dhammas in terms of the five hindrances regarding dhammas? "If the sensual desire is present in him, he knows 'there is a sensual desire in me'; if the sensual desire is not present in him, he knows 'there is no sensual desire in me'; and he knows how unraised sensual desire can arise, how arisen sensual desire can be removed, and how a future arising of the removed sensual desire can be prevented.

When adopting this to an alcohol and drug treatment setting, the individual must understand his sensual desire or craving for the substance. He has to become his own therapist to get his mind liberated from alcohol or drugs. In achieving that, he must understand how the craving or sensual desire for alcohol or drugs has arisen in him, assess the level of severity of that craving or sensual desire, and the way the sensual desire or attachment to alcohol or drugs could be removed. He must understand how a future arising of the removed sensual desire or craving for alcohol or drugs can be prevented.

Several contributing factors create a positive attitude of the drug user towards drug use.

1. The wrongly perceived belief system regarding alcohol or drugs.
2. The esteem with which users perceive alcohol or drugs due to value attachment.
3. The attraction, craving, or desire (*kāmacchanda*) towards alcohol or drugs.
4. The extent of the bond (*bandana*) or attachment between drugs and the user.

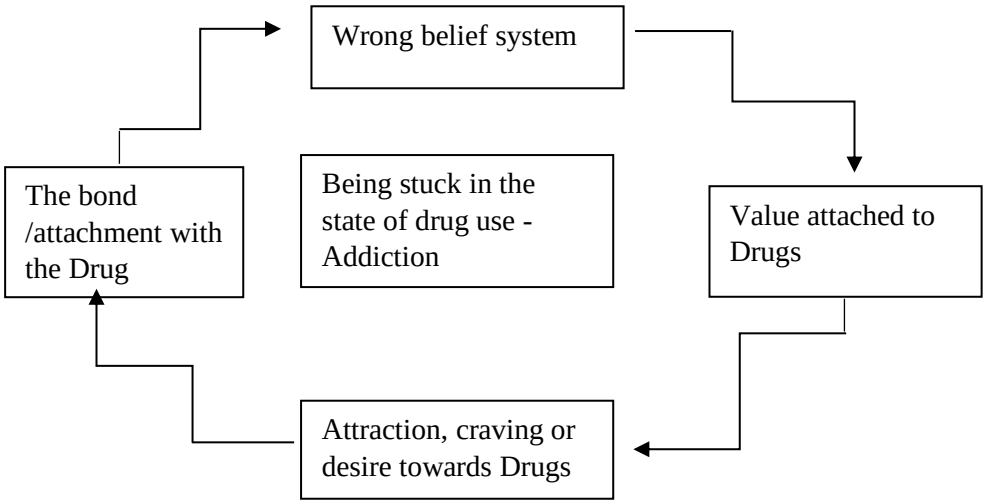


Fig 12: The Mental State of Drug Users Heavily Dependent on Drugs

Correcting Drug-Related Misperceptions (*miccā ditthi*)

Alcohol or drug use is not an illness that came from outside but an acquired state resulting from gradually becoming accustomed to a particular habit or an *Acquired Motivational State*. Therefore, getting accustomed to using alcohol or drugs and becoming imprisoned in the habit are brought about by an erroneous learning system. It could also be brought about by what an individual has learned through conditioning and emulation as well as learned from one's parents, friends, books, magazines, and expectations built on other forms of social learning that alcohol and drugs are great.

When correcting the users' existing belief systems, it is essential to identify their expectations of drug use, which exist in their memory (*mano dhatu*) as scattered clusters of stimuli such as events, objects, and certain people. The drug user constructs concepts (*papañca*) by connecting these clusters or cognitive nods. The diagram below (Fig. 4) shows an example of how wrongly held expectations are combined in this way to form a more extensive set of expectations that is triggered in the minds of the users at the mention of drugs. In the middle, the word heroin is connected to various images associated with it. He develops thoughts (*vitakka*) and, finally, a concept (*papañca*) regarding heroin. When the user sees heroin or hears the word heroin, he wrongly develops a *papañca,* as explained in Madupindika Sutta.

Cakkhuñcāvuso, paṭicca rūpe ca uppajjati cakkhuviññāṇaṃ, tiṇṇaṃ saṅgati phasso, phassapaccayā vedanā, yaṃ vedeti taṃ sañjānāti, yaṃ sañjānāti taṃ vitakketi, yaṃ vitakketi taṃ papañceti, yaṃ papañceti

"Eye-consciousness arises on the basis (*paccaya*) of the eye and form; and the three together constitute contact (*phassa*), from the condition of contact there is a sensation of experience (*vedanā)*. Where there is experiencing (*vedeti*), there is awareness (sañjānāti); with awareness, there is thinking (vitakka); where there is thinking, there is proliferation (*papañceti*).

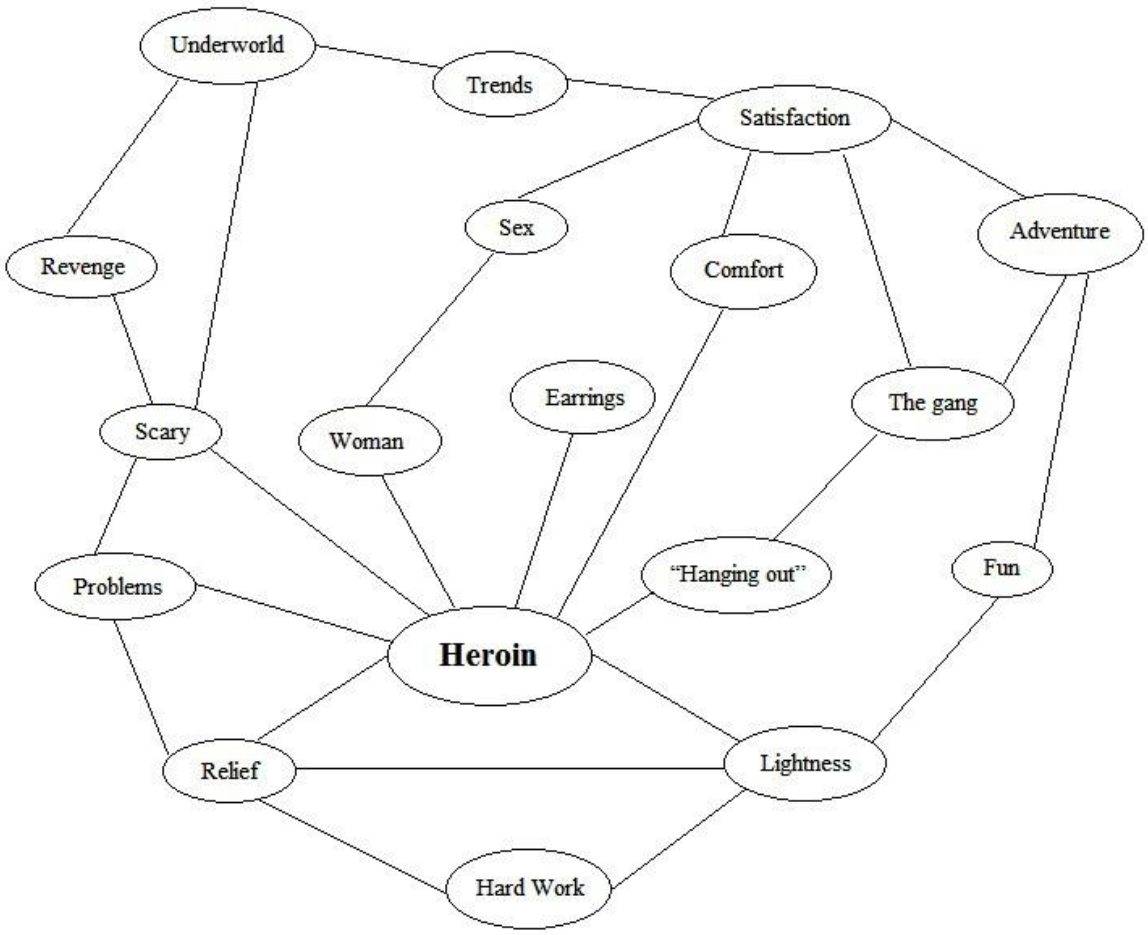


Fig. 13: The Mental Construction of the Expectations of Heroin in the Minds of Users

In this way, heroin users may form various conceptual beliefs, such as:

- "When I use heroin, I can have lots of fun with the gang. We can perform any feat together or get into any mischief when we use heroin."
- "When I have a problem and I use heroin, I feel very relieved."

On the other hand, the various clusters of negative outcome expectations in the minds of those who have gained the right view of heroin through a developed mind from Satipaṭṭhāna, at the mention of the word "heroin" could be presented as shown in the following diagram (Fig. 5).

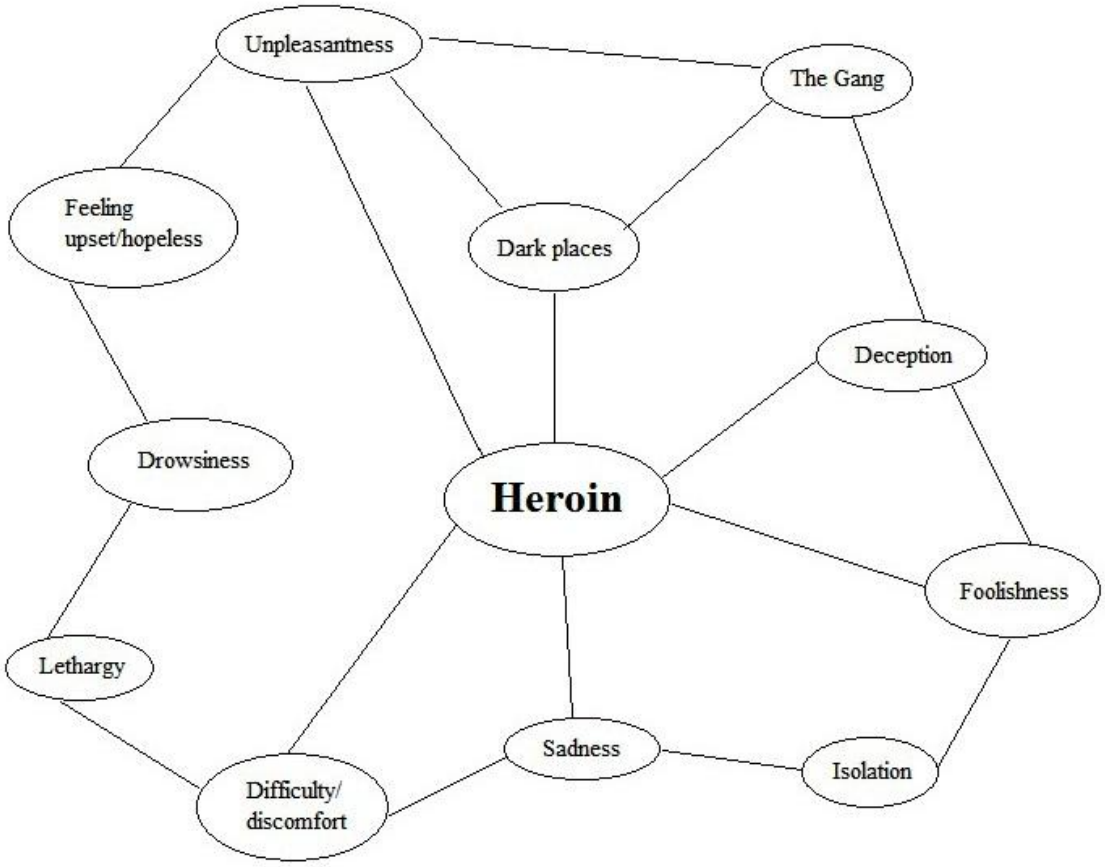


Fig. 14

The Mental Construction of the Expectations of Heroin in the minds of individuals who have become free from heroin use through the developed mind

A few thoughts (*vitakka*) based on the above expectations can be shown below.

- "Using heroin causes discomfort; it makes people very unhappy."
- "When I use heroin, it makes me sleepy and lethargic, so you cannot do much work."
- "It is foolish to get together in a shady place and use heroin."

To create the desired cognitive transformation, challenging the clusters of beliefs of alcohol or drug users and replacing them with an accurate view of drugs is an essential intervention on the part of those providing help. While the challenges thus posed should be very forceful to significantly shake the existing belief systems of the drug users, concepts and beliefs should be restructured in a way that they facilitate the progress towards a liberated mind from alcohol or drugs.

Once users build an accurate picture of negative outcome expectancies on alcohol or drugs engaged in *Dhammānupassana*, it can be expected that they would be able to abandon the use of the substance without much difficulty. Understanding or knowing the way of arising craving (*kāmacchanda*) for alcohol or drugs can be achieved through the following methods. The Buddhist Psychotherapist or kalyāna mitta can help the individual to think in the following areas.

Identification of the beliefs and attitudes that kept the users in the habit of using alcohol or drugs:

- What they heard about alcohol, heroin or other drugs
- What they have observed
- What they have learned - both formally and informally about drugs
- What they have been taught (deliberately by others) about drugs

(The above should be inquired into, and the drug users should be motivated to identify the false expectations, beliefs, ideas, and attitudes that they hold over alcohol or drugs and straighten their right view over substances.)

1. Conduct discussions with the users in a way that shows them the illogical nature of the false beliefs and expectations concerning alcohol, cannabis, heroin, or other drugs.

2. Challenging the user's most strongly held false expectations on their drug use.

3. Breaking down the erroneous thoughts that the users strongly cling to using the "Questioning Method" (*puccā*).

4. Encouraging users to question the variations between expectancies and their experiences with the use of drugs.

Some false beliefs concerning alcohol and drugs have already been discussed in Chapters 2, 3, and 4. The therapist must identify any beliefs they may hold that require changing among these.

The Decline of the Attraction towards Alcohol or Drugs

Alcohol, heroin, or other drugs become attractive because of the false attitudes and beliefs that have been created surrounding them. A critical step towards guiding users towards freedom from heroin is to ensure that they cease to find alcohol, heroin or other drugs attractive. This may be done by:

1. Changing the positive expectations on the feelings or other effects of alcohol, heroin, or drugs.
2. Changing the extent to which alcohol or drugs have become normalized as part of the users' daily routine.
3. Changing the extent to which alcohol, heroin, or drugs have come to be perceived as mighty/unique.
4. Changing the extent to which alcohol, heroin, or other drugs use has become a compulsory ritual.
5. Changing the extent to which the user is under the control and in awe of the drug racket (cartel).

Changing the Belief that Alcohol, Heroin or other Drugs Brings Happiness and Comfort

To expose the unpleasantness and bitterness of alcohol or drug use to the users, it is necessary to change their belief that alcohol, cannabis, heroin or other drug use brings comfort and happiness. This could be done with, for example, a heroin or drug user as follows:

- Opening the minds of the users to the unpleasant effects of using heroin, such as coughing, nausea, and the unpleasant taste in the mouth.

- Showing users that alcohol, cannabis, or heroin use has no pleasant effects and that by using alcohol or heroin, they would experience abdominal discomfort, heavy-headedness, and drowsiness. Here, the users should be led to decide whether effects such as tired eyes, the inability to hold the neck straight, and lifelessness are pleasant or unpleasant. Further, it should be pointed out that the trouble of preparing for the act of using heroin, the effort they put into acquiring the money to purchase heroin, the pressure of obtaining the substance, and the unease of having to spend each day with the constant expectation of consuming heroin, are in fact a tremendous strain on the mind.

- Showing users that the process of using heroin or other drugs is cumbersome and a nuisance. It should be explained that the physical effects of heroin use, such as the trembling of the hand when heating the heroin on a sheet of lead and the users' facial expressions when inhaling the heroin, only make them look foolish.

- Encouraging users (during discussions) to recall the first occasion on which they used alcohol, heroin, or other drugs and showing them that for most people who initiate substance use, these first experiences are so unpleasant that they do not wish to continue.

- Enabling alcohol, cannabis, or heroin users to get to know the actual taste and odour of drugs and the unpleasant sensations they cause. Mindful observation will reveal the reality.

- Guiding the users to understand the tactics used by those who promote alcohol, tobacco, cannabis, heroin and other drug use and how heroin/drug racketeers trick individuals using means such as attractive or "catchy" terminology when explaining drugs and drug use behaviour.

- Discuss the various other means employed by heroin or drug users to make their use of heroin/drugs more pleasant or less suffering. Let the user understand they are external attributions and activities.

- Inducing a process of self-reflection by which alcohol, heroin, or other drug users question themselves as to whether they were able to achieve what they had expected to gain from using substances.

- Guiding the users to differentiate between the bitterness and unpleasantness of using alcohol, heroin or other drugs and the overall atmosphere of happiness and goodwill in the environment in which it is used. Improve their understanding of the individuals to separate the pleasure and the drug.

- Showing the users that even though spending time with friends may be pleasant, using heroin/drugs is unpleasant.

- Guiding the users to understand the false nature of the happiness and satisfaction experienced by using alcohol, cannabis, heroin, or any other drug. For instance, they may be able to harm others without much opposition only due to the permissiveness of others due to their lack of knowledge of heroin/drugs and their effects. Users must also be made to understand that the feeling of freedom that they experience when using alcohol/drugs is the free atmosphere of the settings in which it is used and that heroin use is, in fact, a hindrance to their experiencing that sense of freedom ultimately.

- Leading the users to question whether others in their drug-using peer group are strong or weak following drug use. This would lead them to eventually realize that the other members of the group would fall on each other, unable to get up after using heroin. They would also realize that the individual controlling the entire group was usually its weakest member.

- Directing the users to probe into the settings in which heroin is used, questioning whether these settings, i.e., places such as the toilet, a cemetery, or a lonely room, are pleasant or unpleasant.

- Explaining to the users how a drug could become a symbol of 'happiness' or 'comfort' through classical conditioning, showing that specific properties could be attributed to substances that the latter do not possess through particular learning processes. This could be done using the following examples:

1. Pavlov's experiment with the dog
2. Watson's experiment with Baby Albert and the rabbit
3. How the sight of the National Flag arouses patriotic feelings
4. How the Presence of a Christmas tree evokes a festive feeling
5. How using heroin repeatedly on occasions that are, in themselves, happy could result in the misperception that it is heroin that creates the feeling of happiness and joy on these occasions

- Showing the users that after being in their accustomed environments for a certain amount of time without using heroin, they would eventually cease to feel discomfort and would be able to enjoy special occasions more than they used to when they were in the habit of using heroin.

Changing the Perception that Heroin or Drug Use is Normal

Let us take a heroin user as an example and discuss how mindfulness practices (*satipaṭṭhāna*) could be applied to him. The idea that heroin use is a regular occurrence in society today has become deeply entrenched in the minds of heroin users. The process of freeing individuals from drug use involves changing this idea. Users should be made to understand that it is only a few 'foolish' people who become trapped in the habit of using heroin. To do this, it is necessary to:

- Show the users that beliefs such as 'heroin is widely used', 'heroin is freely available, and 'more heroin is sold today than in the past, are all misconceptions. To enable users to understand this, the following questions may be asked.

    - Does everybody in your community use or sell drugs?
    - How big is the total population of your area?
    - Is it available everywhere? Is it possible to see many outlets selling it on every street?
    - How many individuals in the same age group use drugs?
    - Heroin use is gradually going out of fashion/declining. Now, everyone knows drugs are unpleasant.

- Create an awareness of the true nature of those who use drugs. Users may be asked to consider the following points. This will help to reduce their conceit (*māna*). Let us take heroin users as an example;

    - Heroin users are a group of weak individuals with low self-confidence.
    - Heroin users are those whom drug dealers and the industry have easily deceived.
    - Heroin users are those who have been trapped in the heroin racket and become the puppets of the racketeers.
    - Heroin users are those who have become imprisoned in a framework of foolish thoughts that they have constructed about drugs.
    - Heroin users do not enjoy life.
    - Heroin users suffer because they are stuck in their habit.

- Heroin users struggle with the idea that heroin use is something essential and with showing others that it is vital to their lives.

- Show the reasons why individuals tend to continue to use heroin. Users may be asked to consider the following points.

  - Those who use heroin by themselves do not possess the strength required to change their existing incorrect belief systems about drugs.
  - Those who have become heavily dependent on heroin (mistakenly) fear that they will not be able to stop their use of heroin.
  - Those who use heroin regularly gradually become imprisoned by the idea that heroin boosts their energy, enabling them to complete any task successfully.
  - The prolonged use of heroin regularly results in a strong bond developing between the use and the substance.
  - The thought that what the heroin users experience after using heroin is the result of the chemical effects of heroin.

- Enable users to understand that it is only a few foolish individuals who still habitually use heroin.

- Enable users to understand that the fact that some use heroin does not mean that they must do the same. For instance:

  - The thought that a few people using heroin should not affect the individual.
  - The users should understand that using heroin is a problem not only for the user but for their family as well.

Changing the Perception that Drugs are Powerful and Special

- Show the users that even though heroin/drugs may be freely available, this does not mean that it is widely used. Users should be made to understand:

  - Drug is used not simply because it is available but because people use it out of choice, as they have created a demand for substances.
  - Even in a place in which heroin is available in abundance, it is only a tiny minority that uses it.
  - Most of those who manufacture, distribute and sell drugs do not use them.
  - Do people use drugs simply because they are freely available? Would people read as books are freely available in libraries?

Some use drugs such as alcohol or heroin as a means of assuming a role of power to gain an unfair advantage over others. The main reason for this is the widely accepted belief that people are unaware of their actions once they have used heroin, alcohol, or drugs, and under its influence, the mind becomes insane, resulting in abnormal behaviour. This is a false belief, yet it has become the truth for the many alcohol and drug users who have firmly ingested it solely because it is advantageous to them. Some steps towards changing this are:

- Show alcohol, heroin, or drug users that they know what they do even after using drugs. For instance, immediately after alcohol, heroin or cannabis use, they are capable of:
  - Finding their way home
  - Running away and hiding whenever they see a police officer

- Attempting to hide any heroin or rugs that they may be holding in their hands at the sight of a police officer or any other figure of authority
- Behaving as though they have not used alcohol, heroin, or drugs when before law enforcement authorities or others who are not permissive to the use of drugs, such as their parents or police officers.
- Knowing the amount of money in their wallets
- Knowing how much money they spend while under the influence of alcohol/drugs.
- Knowing the amount of heroin in the packet even while using heroin

- Show the users that they enjoy certain advantages only because of the permissiveness of others and that this is by no means power but, instead, is a weakness.

- Make the users aware that they are being judged not only by the members of their families but also by society.

- Show the users that their behaviour when under the influence of alcohol or drugs is no more than a pretence.

- Remind the users of how they, too, were victims of this deception, for example, of how they excused their peers for improper behaviour after using alcohol or drugs.

- Bring to the users' attention the fact that until the present, those whom they looked up to were frail individuals who developed a dependence on drugs. Guide them to:
  - Identify the behaviour patterns of those heroin or drug users whom they admire
  - Understand how heroin or drug use has weakened these individuals physically, mentally, economically, socially, and spiritually.

- Gradually develop the understanding that alcohol, heroin, or any other drug use is the result of being deceived externally or internally through *vipallasa* and *papañca*.

- Guide the users to isolate each factor that deceived them into using alcohol, heroin or any other drug. Show them that:
  - One cannot gain power by using drugs such as heroin, and using drugs will only weaken them gradually.
  - One cannot take revenge on others after using heroin or drugs, and the act of taking revenge, as the act of using drugs or alcohol, is something done by those who are weak. Users should be made to understand that even taking revenge on one's own family is an act of weakness.
  - The comfort that the users seek cannot be found in the group (of fellow users).
  - There is no peace of mind or relief (from the anxiety) following the use of heroin or drugs.

- Make the users aware of how the use of alcohol, heroin, or drugs is gradually weakening them. For instance, by using heroin or drugs:
  - The individual becomes weak physically
  - The individual becomes weak mentally due to heavy dependence on the substance
  - The individual ceases to be accepted by society
  - The various aspects of the individual's life that once were sources of interest and happiness gradually decrease

- The individual's life becomes filled with pressure and uncertainty.

Changing the Perception of Heroin or Drug Use as a Compulsory Ritual (*Sīlabbataparāmaso*)

Using alcohol, heroin, or other drugs over an extended period eventually makes it a compulsory ritual in the life of the user. This is the same for any behaviour that one engages in regularly as a habit. If users are, for some reason, unable to obtain and use the customary or habitual dose of heroin or drugs at the accustomed time, they would feel considerable unease. As previously discussed (see Chapter 2), this is more a result of a self-constructed psychological condition than it is of the chemical properties of alcohol, heroin, or any other drug. Heroin users, however, hold many false beliefs which they acquire from society and the heroin racket, for example:

- "If one uses heroin for a few consecutive days, it becomes impossible to stop using it.
- If individuals have become accustomed to using heroin over an extended period, survival without the substance becomes impossible, and suddenly stopping its use could cause death.
- Nobody who started using heroin has ever stopped".

Beliefs such as the above are common in society today. These beliefs may lead drug users to feel terrified at the prospect of abandoning heroin or drug use in that they develop the fear that if they do not use the substance for some time or even delay the time of the dosage, the consequences could be catastrophic. Alcohol or drug use could thus become a compulsory part of the lives of users as a result of this fear and the state of being imprisoned in the habit of having to use drugs regularly. Under such circumstances, the following steps should be taken.

- Listen to the alcohol or drug users and make them aware that their difficulties in the recovery process are understood.

- With the participation of the users, analyze the fear that could be created due to the nonuse of alcohol/drugs. Some questions that can be raised are as follows:

  - What are you afraid of?
  - Why are you afraid?
  - What do you fear may happen? (fear of what will happen?)
  - What do you expect from using heroin or drugs that they fear they may not be able to achieve if drug use is discontinued?

- Investigate the extent of the fear by looking at the thoughts;
  - The fear of death or the extreme fear to the extent that users believe that refraining from drug use could result in certain death.
  - Fear to the extent that users may pass urine or defecate (involuntarily) if they do not use drugs.
  - The fear is that even though it is possible to delay a dose of heroin or drugs, it is impossible to stop using it completely.
  - Fear to the extent that users can identify the factors that increase or decrease the feeling of discomfort of not using alcohol, heroin, or drugs.
  - Fear to the extent that users can always try changing these factors and increasing or decreasing the difficulty level.
  - Fear to the extent that users can decrease the level of discomfort.
  - Fear that is gradually declining.
  - No fear at all of quitting alcohol, tobacco, or any drug use.

- Identify how users develop fear and the issues that cause it. According to Buddhist psychology, fear is an unwholesome mental factor. It is nothing but hatred (*dosa*).

- False expectations are built on the ideas perpetuated by the drug racket and society as a whole.
- The lifestyle that users build and become accustomed to over an extended period and the fear of changing this lifestyle.
- Freedom from responsibilities of the family, employment, and other social commitments and the fear of having to take on these responsibilities after stopping the use of drugs.
- The false belief is that drug use has become compulsory because of its chemical effects.
- How the use of drugs has become a compulsory element in the lives of the users and the irrational fears arising from this belief.

- Investigate how the users identified their fears while in the habit of using drugs and how they reacted to them.

- Show the users that avoiding the use of alcohol, heroin, methamphetamine, or any other drug does not cause death. In doing this, the following points should be taken into account:

    - Those in control of the drug-using peer group do not allow any of the other members to leave the group.
    - If users do not allow their peer group to control them, abandoning drug use would not be difficult.
    - Users must understand that creating the belief that one would die if one stops using drugs is no more than a tactic used by the drug racket and others involved in the drug trade.
    - Users must understand that an individual gradually feels an increasing level of physical comfort from the point that they stop using drugs such as heroin.
    - By making a firm decision to stop using, it is alcohol or drugs possible to minimize the level of discomfort felt and stop using them altogether.

- Show the users that feeling discomfort is normal when breaking any habit that one has become firmly attached to and that the basis for this discomfort is, to a great extent, psychological. This could be done by bringing out the following points:

    - Mental disturbances resulting from a sudden change of particular qualities or habits could be experienced as physical pain.
    - If an individual receives their cup of tea later than usual, they may experience some mental discomfort.
    - An individual who used to perform physical exercises daily would feel uncomfortable on the day they could not do so.
    - A young man in the habit of meeting his lover every evening would feel physical and mental discomfort if he is unable to meet her for a day.
    - An individual in the habit of visiting their place of worship daily would feel that something is amiss if they cannot do so.
    - If an individual is in the habit of eating rice for dinner every evening and happens to have bread for dinner on a particular evening, they may not only feel that something is amiss, but it may also disturb their sleep.
    - If an individual who is in the habit of lighting a lamp daily at a particular time for religious worship cannot do so on a specific day, they will feel uneasy.
    - If an individual is used to performing some religious rituals at a particular place of worship but is unable to do so on a specific day, they would feel uneasy on that day.
    - An individual who used to bet on horse racing would feel uncomfortable if unable to do so.
    - If a particular time is not set for using heroin, this, too, would result in discomfort psychologically.

- Ensure that users understand that by developing an accurate view of alcohol or drugs, it is possible to minimize their attachment to it and ease the discomfort felt when their use of it is discontinued.

- Show the users that rather than remaining with the feeling that abandoning the habit of using drugs is difficult, it is possible to eliminate any irrational fears by participating in other exciting activities.

- Remind the users of the number of daily doses of drugs they have missed up to the given point in the treatment process, thereby highlighting their progress. By reminding them of the advancements they have already made, it is possible to show users that stopping the use of drugs is not as frightening as they expected it to be.

- Direct the users to identify the discomforts caused by false fears concerning stopping drug use and show them that by gradually overcoming these fears, they would be able to reduce the level of pain that they experience.

- Ensure that the users do not exaggerate their discomfort or pay too much attention. Show them the advantages of ignoring and letting go of their physical pain.

- Explain to the users that they, too, have a role to play in their own recovery and that they, too, must make an effort in the recovery process. Recovery is their process, and the therapist can only help.

- Ensure that users understand that any individual suffers discomfort when leaving any habit and that the pain eases as the bond with the habit weakens.

- Take steps to gradually decrease the users' sensitivity to and consciousness of their physical and mental discomfort. Encourage them to manage withdrawal without medication.

- Conduct discussions with the users without adhering to either of the two extremes: that physical discomfort exists or that it does not exist. Explain the nature of self-created suffering.

- Propose to the users the idea of postponing the feeling of discomfort experienced as a result of avoiding the use of drugs such as heroin or ice.

- Discuss with the drug users the factors that increase or decrease discomfort when drug use is stopped and show them that they can control these factors through their own views and attitudes towards drugs.

- Guide users to change their discomfort into feelings of comfort and discuss the process of doing so with them. Concentrating that "I am recovering – I am happy".

- Challenge the feeling of "sickness" that users report when not using alcohol or drugs with questions and statements such as, "What is the 'sickness'?", "The moment you get money, the sickness is cured", "You would run away the moment you see a police officer. Where is your sickness then?" and "Whenever you set out to buy the drugs or when you return with the packet of heroin or any other drug, your sickness disappears. Why is that?"

Changing the Extent to Which Drug Users Have Become Enslaved by the Drug Racket or Drug Mafia.

When users reach a stage at which they believe themselves to be utterly dependent on drugs such as heroin or cannabis, they typically view individuals who sell drugs and the racketeers as superior beings with the power to save them from their misery. In other words, they tend to see the latter as 'saviours' or as people who help them in their time of need. It is, therefore, essential that through the recovery process, users must be guided to properly understand the schemes and tactics of the racketeers and condemn them. To reach this level, they must be given sufficient knowledge of the fraud being

carried out by the drug racketeers. They must be made to understand how to challenge and free themselves from these tactics. For this, it is necessary to:

- Make the users understand how drug racketeers and dealers get the users to revere them
- Guide the users to contemplate the reasons why they continue to revere and believe in the drug racketeers
- Encourage the users to stop defending and believing in the drug racket or drug business even though they may not stop using such drugs immediately.

Another similar threat that may arise during treatment is that drug users may also come to regard the psychotherapist or *kalyāna mitta* guiding them through their process of recovery as 'saviours' with the power to deliver them from a state of misery. In other words, users may develop a new form of dependent mentality, which may lead to them neglecting the development of their strengths.
Some users may submit to the use of drugs, and other users under the belief that 'drug users are honest'. They may be guided to see the irrationality of this belief by questioning the extent to which other drug users are honest, such as the extent to which they have been open to themselves, to their family members, to their workplace, and to society in general.

Reducing the Value Attributed to Drugs

The perception of alcohol, heroin, or any other drug as attractive often results in a strong desire or craving for the substance among its users. Drug users create a system of values about drugs based on this desire and the factors contributing to it. In this way, the value attributed to alcohol or drugs ensures its continued use. Users tend to attribute a special significance to the groups, objects, and events connected to heroin as well. By spending their meagre amounts of money on alcohol or drugs rather than on essentials, drug users give more importance to substances than to any other aspect of their lives. They neglect other obligations such as their occupation, family life, and day-to-day tasks by concentrating more on and giving more importance to the use of alcohol or drugs. They would eventually spend less time with their families and more time with their alcohol or drug-using peer group. Therefore, in the process of gaining freedom from drug use, the users must gradually reduce the importance they have given to such substances. To assist users in achieving this, it is necessary to:

- Guide the users to identify the various factors that influence them to use drugs:
  Plan (to obtain and use drugs)
  Acquiring money (to purchase drugs)
  Lifestyle (revolving around drug use)

- Guide the users to develop the proper understanding of how drug dealers make drugs such as heroin seem powerful, thereby increasing their value, and how these tactics could influence them (the users). For example:
- The heroin sold by a particular dealer at a particular location is promoted by the dealer and seen by the users as 'better' than the heroin that could be found anywhere else.

- Guide the users to identify the more critical matters in their lives and to reduce the importance that they have given to alcohol and drugs as follows:

  Enable them to identify the inconvenience and unfairness their families face because of their use.
  Suggest that they try to live in a way that does not disrupt their occupations, families, or day-to-day lives.

  Encourage them to spend more time with their families and appreciate their relationships.
  Help them to understand that using heroin or drugs could only cause discomfort.

- Show them that the value given to heroin or drugs is merely a tactic employed by the drug racket to ensure that those who use heroin continue to do so.

- Make the users understand that alcohol, heroin, or other drug use is a means of losing one's freedom.

- Show the users that the value given to alcohol, tobacco, heroin, or other drugs is no more than qualities that have been deliberately attributed to drugs externally.

- Make aware the users to view the depiction of alcohol, tobacco, cannabis, or other drugs in the media and to critically question how the media portrays substances in a way that promotes them by giving them a positive image.

- Have extensive, in-depth discussions with the users to identify each of the incidents and phases throughout their lives in which alcohol or drugs gained importance.

- Discuss how alcohol or drugs gain importance in the lives of the users in the light of factors such as the occasion at which it is used, the group, the environment, the secrecy surrounding the act, curiosity, and the feeling that heroin use is risky.

Releasing Users from Their Attachment to Drugs

Though individuals may stop using alcohol or drugs, they do not become completely free from the use of such drugs if the bond they have with the drug still exists. In addition to this, if they have, due to various reasons, managed to stop using alcohol or drugs by simply weakening the bond (as opposed to breaking it completely), there is a chance that they may return to using such drugs. The best solution, then, is to gain complete freedom from alcohol and drugs or liberty to the extent that former users no longer feel the slightest inclination to return to their former habits.
To achieve this:

- Guide the users to understand their attachment to alcohol or drugs better:

    - The mind made discomfort they feel when the drug is unavailable
    - The importance they have given to drugs
    - Their love and attachment towards drugs.
    - Their strong faith in and their submission to the drugs and drug racket
    - What they do to glorify drugs and drug use.
    - How they made the drugs magical.

- Ensure that users develop an accurate understanding of the position that alcohol or drugs hold in their lives.

- Show the users that it is not alcohol or drugs that have trapped them in a potentially destructive lifestyle, but it is they who have trapped themselves in its use. Ensure that they understand that:

    - Abandoning the use of alcohol or drugs and becoming free from it is the sole responsibility of the user, and it is absolutely possible.
    - As they (the users) have become attached to the use of drugs through their own free will, it is up to them to free themselves from drugs as well.
    - Any effects of alcohol or other drugs that are perceived as positive are merely the result of conditioning and social learning and *prapanca*. In reality, heroin or any other drug remains what it always has been: an inactive drug or chemical that causes unpleasant reactions.
    - An individual's experience of using drugs depends on how they perceive the drug and what they expect of it.

- Investigate the contributing factors that strengthen the bond between alcohol or drug users and the drug and give them relevant input regarding these factors. Guide them to:

    - Understand the nature of their attachment to drugs.
    - Look for the specific reasons why individuals use alcohol or drugs.
    - Understand that the use of alcohol or drugs deceives users into committing potentially dangerous acts. The positive factors that users attach to heroin, amphetamine, alcohol, cannabis, or other drugs are also deceptions.

  E.g., Those who use alcohol or drugs with a group do so by taking many risks to obtain money and evading the authorities using any means. However, users may believe that they have a special bond with drugs; the strong attachment that they feel is not with drugs but sometimes with their peer group.

  A scenario such as the above could be dissected and presented to the heroin or drug users for discussion.

- Ask the users to state the reasons why they feel attached to alcohol, heroin, or another drug and what reasons strengthen their bond with such substances. Discuss each of these reasons with them in depth and show the futility of those thoughts.

- Guide the users towards understanding, through their own experiences, how their attachment and bondage to alcohol or drugs developed throughout their period of use.

- Build users' immunity to alcohol or drug promotions by capacitating them to identify the factors that push them to become attached to substances and the tactics used by others to create this attachment. This would also help them develop sensitivity to new tactics and the ability to react to them.

- Taking each aspect of the users' attachment separately (as shown below), have extensive discussions with the users to analyze these aspects. This type of discussion should result in the weakening of the attachment that the users feel towards alcohol, heroin, or drugs as a result of their developing a better realization of the nature of their bond with the substance.

    - The bond with the substance – Its unpleasantness can be observed while using heroin, alcohol or drugs

    - The bond with the group is a state of being trapped and controlled by weak individuals.

    - The bond with the environment – Toilets, cemeteries, abandoned rooms, and other such places that have chosen to use heroin cannot be considered pleasant. The environment of alcohol use may be made attractive so that they can contemplate those external factors.

    - The bond with the process of use – Make it clear that the process is a nuisance.

- Breaking the firmly established bond with alcohol or drugs and gaining complete freedom from its use is by no means easy for users. In the process, they may attempt to make excuses to continue the habit. It is essential to neutralize these excuses as soon as they are expressed. Below are a few examples of such excuses and the counterarguments that could be used to balance them. Their unwholesome thoughts (*vitakka*) should be replaced by wholesome thoughts.

- **"I can stop using heroin, but my family does not trust me."**
  Winning the trust and acceptance of one's family is part of the process of gaining freedom from heroin use. Show users that even while using heroin, they had to make an effort to gain the acceptance of their peers by proving to them that they were using heroin and they were in support of a drug-using lifestyle.

- **"Because I used heroin, I was able to do everything that I wanted to do."**
  Question users on what exactly they were able to accomplish after they began using heroin, especially as a result of using heroin. What have they achieved in life?

- **"I use heroin, but I also have a steady job and earn my own money."**
  Raise the question as to why their families have become fed up with their use of heroin if they were as successful in earning a living as they claim to be.

- **"I have to use heroin because of my friends who use it."**
  Ask users if they are absolutely sure of not having had even the slightest liking to try using heroin. Ask them if everything they do results from their imitating their peers. Ask them what influenced them to do everything else in their lives apart from the use of heroin. Ask them if they could avoid using heroin by imitating their peers who do not use heroin. Ask users if all those who have friends who use heroin begin using heroin as well.

- **"Those who use heroin know all about heroin."**
  Explain that it is, in fact, those who use heroin who know nothing about it. Encourage users to question the actual physical experiences felt when using heroin, the source from which they gained their knowledge of heroin, and whether their understanding of heroin is based on their own experiences alone. Explain that it is those who have little knowledge about heroin that use it and that those who have a proper understanding of heroin would never use it.

- **"I have now lost everything I had. I should have stopped using heroin earlier. What is the point in stopping now?"**

  Explain to the users that the stage at which they raise such questions is delicate in their lives. Question them as to why they continue using heroin and whether they believe they could gain anything if they were to continue using it. They gain nothing out of their drug use.

- **"When I stop using heroin, I feel empty, lonely, and lazy. When that happens, I feel like using it again."**
  Use this statement to make the users understand the importance they have attached to heroin and their bond with the substance. Show them that it is expected not only for heroin users but for anybody who has not engaged in any productive work for an extended period to feel empty, lonely, and lazy. Explain the reality that drug use is useless, unpleasant and empty.

- Find out whether the users spent extended periods in solitude before their use of drugs and explain to them how their capacity to communicate with others and, consequently, their lives have become limited because of their use of drugs.

- Remind the users that while they were in the habit of using drugs, they were under the control of drug dealers and other drug users.

- Show the users that while they used drugs, the only friends they had were other drug users. Remind them of how these friends were loyal to them only when they needed to obtain drugs and how they were forgotten once this purpose was met. Question the drug users as to whether they received true friendship, love, and kindness from their drug-using peer group. Explain the classification of friends in Sigālovāda Sutta.

- Show the users that despite having believed that they were active members of a close-knit peer group during their period of drug use, in reality, they were lonely all the time.

- Guide them to analyze drug-promoting statements critically. Some examples are as follows;

  "It is now a long time since I stopped using drugs. I will not get into the habit of using it again. Is there any harm then in using a small quantity of drugs from time to time?"

  - According to this statement, what could be expected from using drugs in this way?
  - Are the expectations of users fulfilled by using heroin or any other drug? (Show the users that they do not get what they expect from substances.)

- Heroin users may glorify the time during which they used heroin. They may continue to crave the company of other heroin users and turn to other addictions such as smoking cigarettes, alcohol, chewing beetle, and inhaling various balms.

  When a situation like this arises, steps must be taken to make the drug users understand that such behaviours are a setback in their journey towards freedom from drugs and that it is a result of residual traces of the bond they once had with drugs such as heroin. When they have fully understood that heroin does not have any importance, show them that it is something that should not be used under any circumstances.

- Drug users may develop attitudes such as: "Nobody takes notice of us when we use heroin. Because I feel more uncomfortable when I stop using heroin, I feel sadder because nobody trusts a heroin user like me. I do not feel it so much when I use heroin. To avoid feeling sad and uncomfortable, they say that it is better to use heroin."

  In response to such attitudes, raise the question: "How much did others trust you before you started using heroin?" Explain that acceptance of a habit is built by engaging in it over an extended period.

  Ask the users: "What broke the trust that others had in you?"

  Make users understand that they must win back the trust of others. Show them they have friends, family, and relatives waiting to spend time with them. Ask them if their views are due to their attachment to heroin and enable them to understand the basis on which they have formed such an attachment.

Buddhist Psychological Methods for Cognitive Transformation of Alcohol and Drug Users

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As discussed in previous chapters, Buddhist psychological interventions suitable for helping alcohol and drug users are scattered in Vinaya sutta and Abhidhamma, the early Buddhist texts, and this book has been developed referring to those methodologies for any Buddhist monk or persons with a knowledge of Buddhism to be a kalyāna mitta and help alcohol tobacco or drug user to overcome the drug problem and liberate his mind from alcohol and drugs. Any psychotherapist or psychologist also could easily understand the Buddhist methods and use them with clients as an alternative approach. Most of these methods are universal and not limited to one religion. This chapter summarizes some Buddhist approaches to cognitive transformation for liberating the mind from alcohol or drugs with practical examples based on Vitakkasaṇtāna sutta and Sabbhāsava sutta of Majjima Nikāya.

Vitakkasaṇtāna sutta- Removal of Distracting Thoughts (MN)

Attraction and craving toward alcohol or drugs are mind-made, so the addiction or dependency develops on a substance in the mind and thought process. Alcohol or drug use intentions are unwholesome thoughts that have to be removed in the process of recovery. Vitakkasaṇtāna Sutta describes five methods of eliminating or overcoming unwanted, unwholesome cognitions or thoughts in developing the higher mind (*adhicitta*). These methods could be utilized when developing the mind liberated from alcohol or drugs. Let us go through the Vitakkasaṇtāna sutta with Bhikkhu Bodhi's translation.

When a monk directs his attention to something, as a result, if unwholesome thoughts of greed, hatred, and delusion arise in him, knowing that thoughts of greed, hatred, and delusion have arisen in him, the monk should redirect his attention to something wholesome. As a result of doing this, the unwholesome thoughts arising in him subside; his mind becomes stable, calm, unified, and concentrated. Just as a carpenter or his apprentice removes a coarse nail using a sharp nail, the monk eliminates unwholesome thoughts by developing wholesome thoughts.
As the unwholesome or unskillful thought is too strong to remove, the individual has to focus on an opposite wholesome object instead of attempting to eliminate that thought. This means that if the unwanted cognition is associated with lust, one should think of something promoting lustlessness or renunciation; if it is associated with hatred, one should think of something related to loving-kindness; and if it is something associated with delusion or confusion, one would think of something promoting clarity. This is the thought switching or thought substitution that replaces the unwanted thought. The Buddhist technique has the added refinement that the thought to be changed should be incompatible with the original and a wholly acceptable one in its own right. Some examples could be elaborated as follows;

Unwholesome or unskilled thought: I must have a drink in the evening

Replaced wholesome or skilled thought; I must help my son's studies in the evening.

Unwholesome or unskilled thought: Alcohol helps to forget problems, so I must go and have a drink.

Replaced thought: Alcohol aggravates and increases problems, so I should abstain from using alcohol even if offered free of charge.

Unwholesome or unskilled thought: Alcohol helps me to relax, so I must have a drink after this heavy work.

Replaced wholesome thought: I will be more tired after using alcohol, so I must not use alcohol.

Thought (image) Substitution

They are also known as Memory Re-scripting; this method involves asking users to construct a mental image of a situation that they consider frightening or that they are unable to face and to substitute it with a mental image that is more pleasant and positive. They are then given exercises on this substitution of mental images. For example, users who are afraid to stop their use of heroin could be asked to build a mental picture of themselves living happily with their families when they are free from heroin use.

The image substitution method can be used as a means of challenging and correcting the beliefs and expectations that users hold toward their habit of using alcohol, heroin, or any other drug. The expectations of drug users enable them to create a mental image of an instance in which they refuse to abandon the use of heroin and experience a high degree of discomfort. Their expectations of heroin or drugs are then confronted directly when they immediately replace the first mental image with the alternative positive image in which they envision feeling happy and comfortable without the use of heroin or drugs. The repeated substitution of mental images in this way gradually weakens the users' expectations of heroin. Users could also be asked to create and ponder on a mental image of other users who suffer following the use of heroin or drugs. They could create images of the aspects of the act they had once considered to be enjoyable, for instance, the trouble that they took to acquire the money to purchase heroin, the dark and miserable nature of the place at which they gathered to use heroin, the trembling of the hand while using heroin, the foolish expression that appears on the faces of the users, the unpleasant taste of heroin, and the vomiting, the dizziness, and the extreme feeling of drowsiness that occur immediately after heroin use. Users could then be asked to visualize and contemplate these images.

There may be some users who fear that their lives will be dull and monotonous once they abandon the use of alcohol, heroin, or any other drug. These users could be urged to imagine leading active and fulfilling lives when they become entirely free from heroin use. Users who fear that others would not accept them could replace negative mental images with images of themselves living happily with their family and participating in solving problems at home. They could imagine a scene where others accept them outside the home and play a significant role in accomplishing tasks at their workplace and other projects in their villages.

Substituting negative thoughts with positive ones could be done as shown below.

Image Substitution

Negative Thoughts	Substituting Thoughts
Stop using heroin or drugs is painful and very hard	Refraining from using heroin is more accessible than using it. It has always been easier not to do something than to put effort into doing it.
I tried to stop using heroin before, but I failed.	I failed because I did not follow a proper path/system in stopping my use of heroin. It was not because of any power that heroin is supposed to have.
I am powerless before heroin.	Why should I be powerless before anything? I have the strength to do what I want. I am confident.
When I stop using heroin, I feel much pressure.	I am moving towards my goal, and I am doing so with pleasure.
I have to put in much effort to stop using heroin because it is such a powerful drug.	Heroin is just an ordinary chemical, and therefore, it is not necessary to put in much effort to stop using it. I will stop using heroin because I want to.

I may become isolated when I stop using heroin.	When I use heroin, I feel weak and lonely. How can anyone become lonely again after being freed from this loneliness? There is no reason to be lonely after I am released from my use of heroin. If I am strong, there is no reason for others to isolate me.
When I lose my friends (who use heroin), I will lose my protection.	Why do I need protection if I am strong? How can my weak friends give me protection? I will make the support of my family and my own strength.
If I do not use heroin, I will get cut off from the group.	Remaining in or leaving the group is not a problem for me.
I am afraid to look back at my past.	I am free from heroin use. It does not matter to me if others judge or label me. I do not need to hide things anymore.
Everybody uses heroin.	Not everyone uses heroin. Only those who have been tricked into using heroin do so. This will not affect me.

Table 6

Distraction

Distraction is also a process where the individual's unwholesome or unskillful thinking regarding alcohol or drugs could be replaced with another positive thought by engaging the individual in different behaviours. Here, users are encouraged to engage in behaviours that distract them whenever they experience physical or mental discomfort as a result of abstaining from using alcohol, heroin o, or any other drug. Service providers could, for example:

- Encourage heroin users to bathe, shout to a particular rhythm, engage in sports, or engage in simple physical exercises whenever they experience discomfort from abstaining from heroin. Ensure that users are kept comfortable when they suffer from self-created withdrawal symptoms. Provide necessary support.

- Introduce activities such as sports that would interest the users and result in them delaying their sessions of heroin use.

- Encourage the users to spend the time that they usually spent with their alcohol or drug-using peers with families and good friends (who do not use heroin) instead.

- Encourage the users to engage in ways that would enable them to win the love and affection of others.

- Guide the users to maintain a pleasant physical appearance.

- Channel the users into various hobbies according to their areas of interest, such as learning to play a musical instrument, maintaining a fish tank, collecting stamps, or repairing electronics.

- Encourage the users to listen to or sing their favourite song whenever they feel the urge to use drugs.

It should be noted that this method could be weak and ineffective if it is used without creating the necessary mental changes in the users. This is because any lapse in the strategies employed for distracting users may weaken and gradually break down the entire recovery process.

Vitakkasaṇṭāna Sutta continues as follows.

2. If a monk finds that unwholesome thoughts of greed, hatred, and delusion in him are not eliminated by redirecting his attention to wholesome thoughts, then he should investigate the dangers of having unwholesome thoughts; the unwholesome thoughts are blameworthy and lead to suffering**.** As a result of doing this, his mind gets stable, calm, unified, and concentrated. As a young man or a woman fond of wearing ornaments gets horrified by having to wear a carcass around the neck, the monk becomes horrified by investigating the dangers of having unwholesome thoughts and eliminates unwholesome thoughts.

This is to ponder the disadvantages or scrutinize the perils of the arising thoughts. When an alcohol or drug-promoting thought comes to mind, it could be neutralized by thinking of the disadvantages of using alcohol or drugs. Facts about how many people die in the country due to alcohol, tobacco, or drug use or focusing on financial outlay could also be utilized to inform the user of the dangers. Alcohol or drug use thoughts also could be attacked with shame.

Shame Attacking Exercises (improving *ahirika* and *anottappa*)

Shame Attacking Exercises could be used when working with the shyer and more sensitive users who tend to experience a high level of anxiety and apprehension at having to perform certain activities. The method involves placing users in situations in which they are compelled to tackle their feelings of anxiety and fear by publicly engaging in behaviour that is deliberately bizarre. They could be made, for example, to wait at a railway station for approaching trains and to stand up and shout out their names every time a train passes by. A few more examples of Shame Attacking Exercises are:

- Instructing users to stand up before a group and openly describe their experiences of heroin use and their foolish behaviour while under the influence of heroin. They could make statements such as:
    - All that we did by using heroin was to make the drug dealers rich. They and their families live comfortably. Their children are educated in prestigious schools while our own families starve without even proper food to eat. Is this what we worked so hard for?
    - When we used heroin, we committed robbery, and we did lots of challenging yet degrading jobs that made others look down on us. When I remember those days, I feel ashamed of myself.
    - I feel embarrassed when people refer to me as a “drug addict”.

- Creating a situation in which drug users feel embarrassed about their use of drugs. The users could be reminded of instances in which their spouses accused them of being weak or others complained of their foul odour. They could also be reminded of the times when they could not stand up by themselves and the instances when they were chased away from their homes.

The process of using Shame Attacking Activities aims at making drug users feel ashamed of what they have become as a result of using drugs. Service providers, too, could make statements that increase the users’ sense of shame. Below are a few examples of user statements and possible responses that the service providers could make.

“It is difficult to stop.”

- “Where is your backbone? Are you such a coward?”

I can't sing or paint"

- "It seems like you have lost the ability to do many things after you started using heroin."

"The atmosphere at home is not good."

- "The atmosphere at home can never be good if you keep using heroin."

In addition to responding to spoken statements of users, service providers could also instruct users to produce a written list of the foolish behaviour that they engaged in while under the influence of heroin. Here, too, service providers must take steps to make the heroin users feel ashamed of some of the groundless and irrational beliefs that they hold and are unable to neutralize.

Paradoxical Magnification

Paradoxical Magnification involves the further magnification, rather than neutralization, of the users' thoughts. It must be noted that this approach is not suitable for all heroin or drug users as with those users who are more sensitive than others, the treatment could do more harm than good. When using this method, service providers should also be careful not to increase the users' fascination with alcohol or drugs and related behaviours. Examples of how the possible responses follow thoughts are:

- **"I experience diarrhoea when I stop using heroin."**
  - "Yes, you may also pass blood with your stools."

- **"My girlfriend does not love me anymore because I use heroin."**
  - "In that case, she would start a relationship with somebody else."

- **"My wife does not even come close to me."**
  - "Yes, your neighbour must benefit from that."

- **"If I use it once, I will never be able to stop."**
  - "Yes, if you continue to use heroin, you will not be able to stop it until your death. You are a fool to use drugs."
- **"I had to steal to be able to use heroin."**
  - "Someday, you will have to commit murder as well."

- **"To be able to smoke heroin, I had to sell my child's packets of milk powder."**
  - "One day, you will have to sell your child too."

- **"When I do not use heroin, I feel so scared that I tremble."**
  - "When you keep on using heroin, there is a good chance that you will die as well."

- **"I need heroin when I do heavy work."**

  - "Yes, when you earn more money by working extra hard, you will be able to buy more heroin."

Bhikkhu Bodhi has translated the third and fourth methods described in Vitakkasaṇṭāna Sutta as follows;

3. If a monk finds that unwholesome thoughts of greed, hatred, and delusion in him are not eliminated by investigating the dangers of having unwholesome thoughts, **then he should strive not to recall and be inattentive to those unwholesome thoughts**. As a result of doing this, the unwholesome thoughts arising in him subside; his mind gets stable, calm, unified, and concentrated. It is like a man with good

eyesight, not desiring to see things in the vicinity, closing his eyes or looking away; by not recalling and not paying attention to unwholesome thoughts, the monk eliminates unwholesome thoughts.

If the above two methods fail, the technique of ignoring unwanted thoughts is recommended. When some friends insist on the individual to join drinking alcohol or using drugs, that peer pressure has to be ignored. The idea is that the individual should focus on a different stimulus or activity, either cognitive or physical. This is an occasion where distraction is used wisely.

4. If a monk finds that unwholesome thoughts of greed, hatred, and delusion arising in him are not eliminated by doing this, **then he should investigate the basis for the arising of unwholesome thoughts to stop them**. As a result of doing this, his mind gets stable, calm, unified, and concentrated. It is just like a man walking fast, thinking, why is he walking quickly and then strolls, again he thinks, why is he walking slowly? Then he stands, again thinking, why is he standing, and then he sits, and finally he thinks why he is sitting. Then, he lies down, and the monk investigates the basis for the arising of unwholesome thoughts and eliminates unwholesome thoughts.

In this approach, firstly, the meditator has to recognize and consider the thought as unwholesome, unskillful, and irrational. As this thought is preoccupied in the mind and fails to get rid of it, he has to investigate and see evidence for it. Most alcohol and drug users have these kinds of irrational thoughts that are hard to remove.

Identifying the Irrational and Groundless Expectations of Users

For alcohol, heroin, cannabis, or other drug users, an essential component in the process of moving towards complete independence from the substances is the ability to identify the false beliefs surrounding those substances correctly. During the initial stages of recovery, users may not completely understand the extent to which these false beliefs and expectations are irrational and groundless. It must be noted that it is sufficient to realize that such beliefs are wrong and baseless. A few examples of false beliefs concerning alcohol, heroin or other drugs are:

1. “Using alcohol or drugs increases happiness and enjoyment in life.”
2. “Alcohol, heroin, or other drugs relieves fatigue when doing hard work.”
3. “Heroin or drugs gives relief in times of mental strain.”

- With the participation of the users, draw up a list of false beliefs about alcohol, tobacco, heroin, or any other drug, as demonstrated in the above examples.

- Prepare a list of statements representing facts and false beliefs regarding alcohol, heroin, or any other relevant drug and get users to separate the facts from the erroneous beliefs. Please encourage them to present their ideas and opinions on the extent of the truth and falsehood behind these facts and assumptions.

- Gather together a list of points that would enable users to understand better the basis for the false, irrational beliefs surrounding alcohol and other drugs. Present this list to the users and discuss each point with them.

Examine the Evidence Mindfully

Mindfully looking at the thoughts always helps to know, shape and liberate the mind from defilement. Searching the mind always gains lucidity and sheds light on the thought process to remove wrongly held concepts, attributions and wrong views. Instead of unquestioningly accepting false beliefs about alcohol or drugs as the absolute truth, motivate users to question with wisdom the extent to which false beliefs concerning heroin or drugs have actual proof and to question whether there is any evidence to

prove these beliefs wrong. Users could be further motivated to list contradictory evidence confirming such false beliefs, as shown below.

- **"Everybody in our village uses heroin"**
  - Ask users to present proof that every individual in their village uses heroin as part of their normal day-to-day activities.

- **"I use heroin because I have many problems."**
  - Ask users to list the problems that they have been able to solve successfully as a result of using heroin.
  - Ask users to gather proof that problems will not occur as a result of their nonuse of heroin.

- **"I forget my problems temporarily."**
  - Ask users for solid proof that heroin has enabled them to forget their problems.
  - If the heroin users do present proof, they could be asked to re-examine the validity of the proof. Train them on mindful observation.

- **"Once you start using it, you can never stop."**
  - A meeting with those who have stopped using heroin or other drugs could be arranged. In this way, the users could make inquiries from former drug users and gain evidence that it is possible to stop using heroin. They could be asked to present the evidence they gather.

- **"I have to use alcohol or cannabis to sing or to listen to songs."**
  - Ask users if they never sang or listened to songs before their use of drugs. Haven't they enjoyed life before?

  - Ask users to state the exact number/percentage of singers who are in the habit of using alcohol, heroin, or any other drugs.

  - Inquire as to whether the users need heroin to perform other tasks as well.

The Experimental Technique

The Buddha encouraged the free inquiry as a method of realizing the truth and in Kalama Sutta (AN *Tika Nipata, Mahavagga* 65) describes this as follows:

"It is proper for you, Kalamas, to doubt, to be uncertain; uncertainty has arisen in you about what is doubtful. Come, Kalamas. Do not go upon what has been acquired by repeated hearing; nor upon tradition; nor upon rumour; nor upon what is in a scripture; nor upon surmise; nor upon an axiom; nor upon specious reasoning; nor upon a bias towards a notion that has been pondered over; nor upon another's seeming ability; nor upon the consideration, 'The monk is our teacher.' Kalamas, when you yourselves know: 'These things are bad; these things are blameable; these things are censured by the wise; undertaken and observed, these things lead to harm and ill,' abandon them. (translation of Soma Tero)

Users could be encouraged to investigate their false beliefs about alcohol or drugs by themselves. Propose a few simple and appropriate experiments (shown below) to test these beliefs and arrange for users to determine the extent to which they are true or false based on their observations through these experiments.

- **“I have much fun when I use heroin.”**

    - Instruct users to make a list of the actual feelings they experience immediately after they use heroin and to question whether what they experience is actually pleasant.

    - On occasions that they have not used heroin along with the others in their groups, instruct the users to note down the reactions of the others in the group.

    - Encourage the users to explore the extent to which they enjoy themselves with their peer group, questioning whether they want themselves more when participating in other activities as a group and without the use of heroin.

- **"Everybody ignores us, heroin users”**

    - Suggest that the users bathe and dress well, then go out in public and observe how others treat them. The users must be asked to note the reactions of others towards them in public places (for example, shops), paying attention to whether others ignore them or treat them rudely. Suggest that they start by going into a shop and asking for a particular item or directions from people on the street.

- **“I feel so frightened even at the thought of stopping my habit that I feel like defecating with loose motion.”**

    - Ask users to note how often they actually end up having loose motion as soon as they think of doing so. Tell users that if they do end up defecating, they should clean themselves and continue with their day-to-day activities as usual

    - Ask users to think of how often they would have loose motion when they make up their minds not to be afraid of quitting heroin use. It could be expected that users would find that by continuously not allowing themselves to feel fear, the fear they experience will gradually diminish entirely, along with the urge to defecate.

The Survey Method

The Survey Method involves getting users to conduct a small-scale survey to test the truth behind their beliefs on heroin. Rather than conduct extensive research, they are expected to analyze their communities' existing situation and draw conclusions from it. This should be a mindful and unbiased observation with wisdom (*pana*) and *sati*. A few examples of beliefs on heroin and how these beliefs could be tested are:

- **“Those who use heroin are powerful.”**

    - Encourage the users to write down the names of other heroin users whom they know of and decide which of them plays a decisive role in their community.

- **“Using heroin increases sexual pleasure.”**

    - The users' partners could be questioned on this matter. Inquiries could also be carried out among the partners of other heroin users.

- **“In our village, everybody of about my age uses heroin.”**

- Encourage the users to make a note of the exact number of individuals of their age in their villages and how many of them use heroin. This survey would reveal that of those in the relevant age group, it is only a minority that uses heroin.

- **"Once one starts using heroin, it is impossible to stop."**

  - Encourage the users to note down the number of times that they have started and stopped using heroin in the past and to explore if others in their communities have stopped using heroin completely.

- **"I have to use heroin when I face a severe problem that I find is too much for me to bear."**

  - Encourage the users to explore whether there are, in reality, problems that they have managed to solve by using heroin.

  - Ask users to question themselves as to whether their problems have increased or decreased due to the use of heroin and whether heroin use has given rise to other issues.

  - Ask users to find out if other users in their communities have managed to solve problems by using heroin.

  - Question users on what problems they feel are "too much to bear" and encourage them to inquire whether other non-users face similar issues in their communities.

  - Question the users on how non-users cope with the problems they face.

  - Question the users on how they learned that they could solve their problems by using heroin.

  - Individuals have to be resourceful to solve the problems they encounter. With the use of drugs, individuals become weak and resourceless, so they become less efficient in handling even minor issues they face.

- **"We have to use heroin because of the nature of our job."**

  - Ask users to find answers out how many others in their communities are engaged in the same work and how many of them use heroin.
- **"We use heroin because it is available"**
  - Encourage the users to question whether they use anything simply because it is available. Ask them, for instance, whether individuals read books simply because books are available and how many would be motivated to read.

The Questioning (*puccā*) Method

The Questioning Method involves using logical reasoning to ask users a series of questions that aim at guiding them to demolish the beliefs that form the basis of their dependence on heroin and other drugs. Here, the service provider does not supply answers to the question but presents only a series of questions to the users, as shown in the examples below.

- **"Though I like to refrain from using heroin, I end up using it unintentionally."**
    - What were you thinking about before you started using heroin?
    - What was the activity you were engaged in before you used heroin?
    - How much effort did you put into using heroin?
    - Can the use of heroin happen automatically?
- **"When I use heroin, my body feels comfortable and relaxed."**
    - How does your body actually feel when you use heroin?
    - What is the taste you feel on your tongue? At which point after using heroin do you feel comfortable?
    - How does your head feel? What are the pleasures you experience?
    - How does your body feel after you use heroin? Can you describe this feeling?
    - How does your stomach feel after you use heroin? How comfortable do you feel when you do not use heroin?
    - Are the sensations that you experience after using heroin pleasant?
    - If you experienced the same feeling when not under the influence of heroin, would you enjoy it in the same way?
    - How do you feel (emotionally) when you use heroin?
- **"When people use heroin, they lose all power of judgment and are not aware of what they do."**
    - What would heroin users do when faced with somebody higher in power, such as a police officer?
    - How do heroin users know the amount of money they have with them and the amount they have spent?
    - How do they find their way back to their homes after using heroin?
- **"My whole life is a failure"**
    - Do you usually fail at everything you do, or do you only occasionally fail at a few things?
    - Did you know that it is normal for everybody to fail at some things they do?
    - Did you know that nobody can succeed in everything they do?
- **"I get withdrawal pains, "the sickness' when I do not use heroin."**
    - What is "the sickness"? What happens when you get it?

- Do people die of “the sickness”? How many people have died of it?
- From whom did you learn about “the sickness”?
- What happens to you if you get the money you need to buy heroin while you are having “the sickness”?
- If you see a policeman on your way to buy heroin and you run away, what happens to “the sickness” then?

- **“When I use heroin, I can earn money.”**
  - Have you saved any of the money that you earned after using heroin?
  - Do you have any of this money in the bank?
  - Did you buy anything for your home with this money?
  - Do you even have any money to buy a set of new clothes?
- **“When I use heroin, I can work hard to earn money.”**
  - What are you earning money for?
  - What do you do with this money?
  - How do you earn your money?
  - What do you feel about earning money in this way?

Re-Attribution with clear comprehension (*sampajañña*)

Clear comprehension (*sampajañña*) is the right knowledge (*ñāna*) gained through mindfulness (*sati).* This arises when attending to bare facts of perception presented through the six senses without reacting to them. We automatically attribute positive values to substances, but this magic could be removed through mindful observation involving bare attention. Bare attention eliminates all the alien additions and attributions around the object observed, which leads to a clear comprehension. As Nayañaponika Thera described bare attention in his book The Heart of Buddhist Meditation – “Bare Attention cleans the object of investigation from the impurities of prejudice and passion; it frees it from alien admixtures and from points of view not pertaining to it; it holds it firmly before the Eye of Wisdom, by slowing down the transition from the receptive to the active phase of the perceptual or cognitive process, thus giving a vastly improved chance for close and dispassionate investigation.

The majority of those who use heroin and other drugs believe that drug enables them to gain happiness, comfort, and the motivation to achieve their goals. However, when they are made to explore the extent to which the use of heroin brings them happiness, the importance that they had once given to the substance gradually decreases. For instance, the realization that the “feel” or good mood of using drugs in a group comes not from the substance itself but from the company of the group leads to the areas in the importance of heroin as a bonding factor between the user and their peers. The user would eventually realize that the use of heroin or any other drug is actually an unpleasant experience, but that other activities within the group, such as the partaking of sweets at the meeting, the secrecy involved in

the act of consuming heroin, and the acceptance of the group, and the small talk among the peers all contribute towards making it a pleasant experience. The process of re-attribution aims to bring about this realization in the user.

Showing alcohol, heroin or other drug users that substance does not trap them but that it is they who cling to its use leads to the realization that they do not need to submit themselves to the substance. In other words, users must be made to understand that their freedom depends on their own actions. Also, it shows the users that heroin does impair judgment but that users engage in deviant behaviour because others pardon them and are not held to task for their actions, which is in itself an encouragement to engage in unacceptable behaviour. The following statement and its analysis are an excellent example of how users could be led to develop an accurate understanding of alcohol, heroin and other drugs through the process of Re-Attribution.

- **"When I use heroin, my life feels so free. I do not have any worries or responsibilities."**
    - To counteract this belief, explain to the users that:
        - The sense of freedom from responsibility is not due to any chemical effects of heroin but because users are not entrusted with any duties in their homes.
        - Heroin users do not take on any responsibilities but use their habit of consuming heroin as a means of escaping judgment by others.
        - The families of the heroin users are usually reluctant to take them along on their outings for fear that their (inappropriate) behaviour would be displayed in public. This, too, serves to release users from social commitments.

Vitakkasaṇṭāna Sutta further continues as follows.

5. If a monk finds that unwholesome thoughts of greed, hatred, and delusion arising in him are not eliminated by doing this, **then he should clench his teeth while pushing his tongue against the palate and terminate the arising of unwholesome thoughts.** As a result of doing this, his mind gets stable, calm, unified, and concentrated. It is just as a strong man grabs a weak man by his head or shoulders and crushes him down that the monk crushes unwholesome thoughts arising in him by clenching his teeth while pushing his tongue against the palate with a strong will.
Self-monitoring is one such way of controlling thoughts.

Self-Monitoring

Encouraging users to monitor their own progress is an effective way of motivating them to abandon alcohol, heroin, or drug use and develop their interest in making an effort to do so. Begin by instructing the users to delay their habitual dose of heroin. For instance, if they are accustomed to using heroin at 08:00 a.m., persuade them to postpone the session by an hour. Instruct them to keep a record of the number of times they used heroin or other drugs each day and the number of times they succeeded in delaying each session of drug use. When monitoring the progress made after continuing this process for a few days, the users would be able to notice a significant reduction in the number of times they use heroin each day and in the intensity of the discomfort they feel from not using heroin. This progress could be monitored using a graph shown in Fig. 15 below. Any pain that occurs after stopping the use of heroin could also be observed using a similar chart.

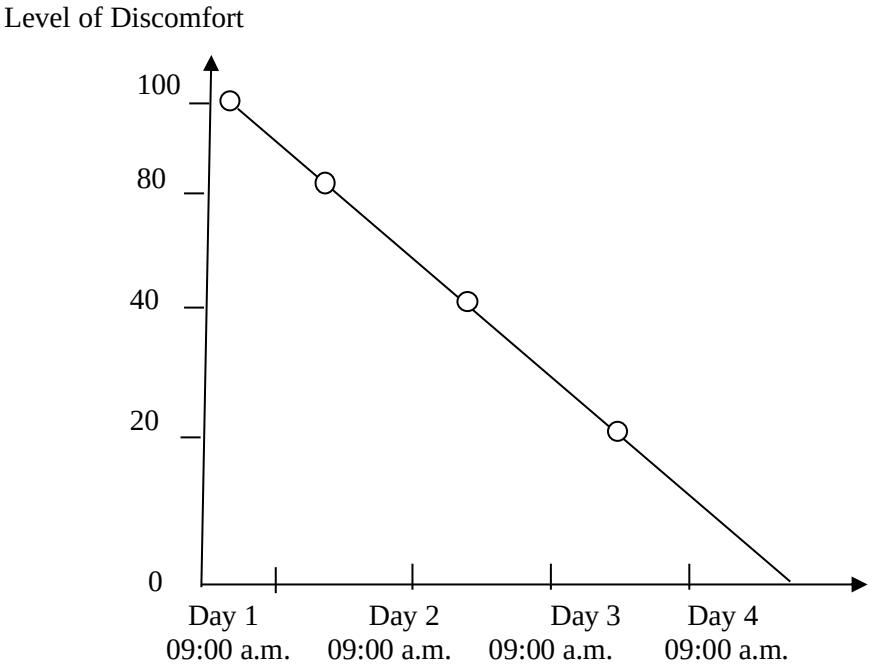


Fig. 15: A sample graph by which users can monitor their own progress

Abstaining from alcohol or drug use could have a severe mental strain on users. Just as they experience physical discomfort when abstaining from substances, users may also experience negative thoughts that may, at times, be so severe that they could drive them to return to the use of drugs. Instruct users to note the number of times they experience negative thoughts while abstaining from the use of heroin. Suggest that they keep a pen and paper in their pocket at all times to be able to write down these thoughts as soon as they occur. By monitoring their progress in this way, it could be expected that users would become aware of their own thoughts that influence them to use substances. This method mainly aims to enable users to identify negative thoughts as soon as they occur and prevent these thoughts from hindering their recovery process. This would be expected to gradually reduce the number of instances of these thoughts until they eventually cease entirely. The daily frequency of thoughts could be shown using a graph.

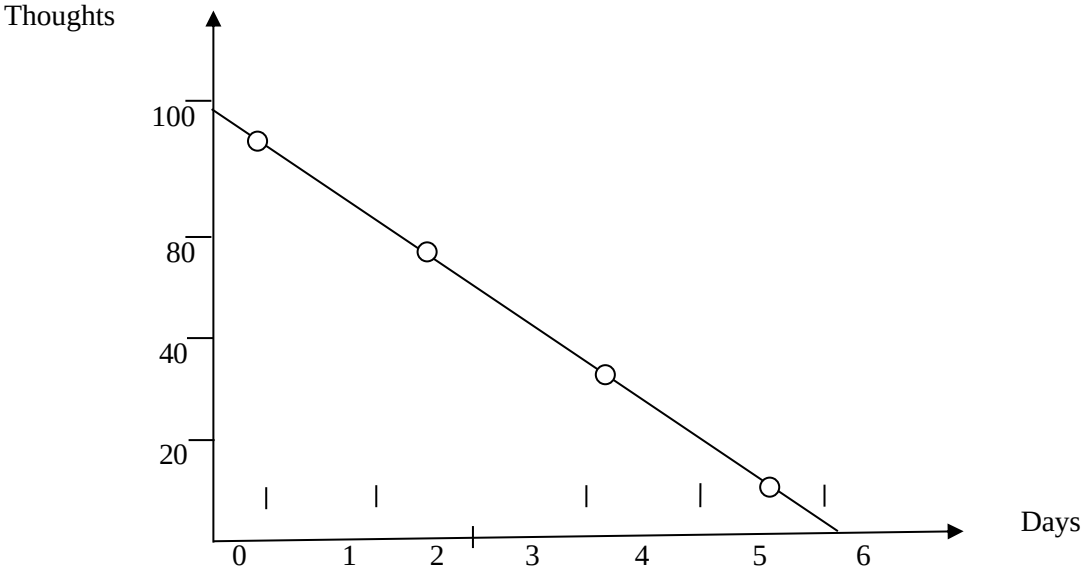


Fig. 16: A sample graph by which users can monitor the occurrence of negative thoughts

This exercise results in:

1. The gradual reduction in the frequency of negative thoughts that influence the return to drug use.
2. The possibility of having a comparison between the previous and current status of the user readily available for reference.

3. The increased ability of the users to identify their physical and mental reactions to the treatment process and to avoid returning to heroin use as a result of accurately identifying these reactions. In this way, users could advance significantly towards complete recovery.

All the Taints (Sabbhāsava) Sutta MN-2

In this sutta, The Buddha has identified and explained some principles of purifying the mind from taints or cankers (*āsavas*), the influences, biases, influxes, or a category of defilements existing at the deepest level of the mind, and which fuel and sustain the engagement in unwholesome behaviours such as alcohol or drug use. Sutta identifies three types of such *āsavas:* Kāmāsava, bhavāsava, and avijjāsava, but with the other sutta explanations, Abhidhamma recognizes four types of āsavas:

(1) the influx of sense-desire (*Kāmāsava)*
(2) the influx of the desire for existence (*Bhavāsava)*
(3) the influx of views (*diṭṭhāsava)*
(4) the influx of ignorance. (*Avijjāsava)*

Understanding how these four *āsavas* work in the alcohol or drug user is an essential preliminary step in treatment. Chapter 2 of this book explains this.
Sabbhāsava Sutta gives seven methods for dealing with taints. The same techniques can be applied to dealing with the nīvaraṇa of alcohol or drug users. It is not necessary to use all the following methods in therapeutic efforts. However, the first method, 'dassana,' is to be applied first.

Seven Methods

- Dassana = by means of seeing (the kilesa or nivarana) and paying attention.
- Samvara = by means of disciplining the mind and body
- Patisevana = by using wisely the four prerequisites -food, clothing, shelter, and medicine)
- Adhivasana = by means of enduring discomfort and pain
- Parivajjana = by means of avoidance of people and situations that promote drug use
- Vinodana = by means of removal of āsavas
- Bhavana = by means of meditation that is through four-fold mindfulness

Based on these seven methods, the following techniques could be applied in alcohol and drug treatment;

The Double Standard Technique

The same factor may have two very different manifestations for most people. For instance, if an individual faces a problem, they may blame themself, but if their friend faces the same problem, they are quick to offer comfort. The use of alcohol, tobacco, heroin, or other drug can also be viewed from this perspective in that though users may justify their use of substances, they would by no means justify the use of those substances by their children, siblings, or other family members. This double standard can be used effectively when working with users towards freedom from drug use.

When using this technique, alcohol or drug users could be questioned as to whether they would recommend any substance to, for example, their children or other relatives. Users would typically deny recommending those substances to others. They could then be questioned on their reasons for not recommending the use of drugs to others. A dialogue should be built upon this note and continued further. Discussions should also be carried out through role reversal, with the drug user playing the part of the service provider and vice versa.

Show users how alcohol, tobacco, cannabis or any other drug could produce contradictory results in the same person on different occasions, that on other occasions, heroin could enable an individual:

- To think or to forget problems
- To stay awake or to fall asleep
- To feel pleasure in times of happiness or to feel relief in times of sadness
- In difficulty – In ease

It should also be brought to the users' attention that while some individuals use heroin for prolonged sexual activity, they vehemently reject giving heroin to their partner for the same purpose and that those who are conscious of the unnecessary expenditure or inappropriate behaviour resulting from heroin use may not be as conscious about their use of heroin.

Thinking in Terms of "Shades of Grey" with *Upekkha*

Upekkha is a term that refers to the Buddhist concept of equanimity, which is rooted in insight. It is the perfect balance of the mind that is calm and even, particularly in difficult situations. It is one of the four *brahmaviharas,* or Buddhist virtues and meditative practices. Upekkha is a way of looking at an object without any attachment or detachment, considering the feeling neither pleasant nor unpleasant.

There is a general tendency to view problems as either positive or negative extremes or in "black and white". By analyzing the issues from the perspective of the many possibilities between these extremes, or the "many shades of grey" between the "black and white", it would be possible to view the truth more accurately.

- Instead of the idea that stopping drug use makes one feel intense discomfort or no discomfort at all, encourage alcohol, tobacco, or drug users to understand that though there may be some discomfort when stopping their habit of using substances, there are also many ways in which this discomfort can be eased once develop insight over the nature of addiction.

- Encourage the users to move away from the two extremes that the chemical effects of heroin cause (either that heroin causes extreme addiction or has absolutely no chemical effects), to recognize the unpleasant effects of heroin, and to take steps towards freedom from that point.

- Ensure that the users avoid having extreme opinions concerning drugs such as heroin or any other factors connected to it when stopping the use of such drugs. For example, when attempting to abandon heroin use, the users may form the opinion that even the mere presence of a drug dealer in their vicinity could tempt them to revert to heroin use or that they can never again be tempted to use heroin no matter how many factors that remind them of heroin are present. Instead, guide the users to consider how the environment in which heroin is used affects their use of heroin and their lives as a whole.

Guide the users to move away from the extremes of being either deeply attracted to alcohol or drugs or being completely repulsed by it and assist them in viewing heroin as merely an inactive substance. Instead of seeing stopping heroin use as something complicated to do or something that happens naturally and effortlessly, encourage the users to take a middle position and treat the habit of using heroin as something that can be broken with the right effort.

Defining Terms

Alcohol and other drug users generally have a list of terms, or words and phrases, which they confine themselves to when discussing such drugs and other related factors. A close analysis of these terms would prove that they are, in reality, meaningless and do not serve to increase the importance of drugs as intended. A comparative study of the terms associated with heroin could be initiated by asking the users questions such as, "What do you mean by that?" or "What are you trying to express through that?"

How users become limited in their ability to explain particular words and phrases when trying to answer these questions would help them realize how they have become imprisoned in a fixed frame of mind defined by these words and phrases. This realization would, in turn, enable them to move away from this fixed frame of mind and develop a more accurate picture of heroin use. They must then be questioned according to the following process.

- **Analyze the statement: "Heroin increases my ability to think."**
    - The following questions could be raised:
        - "What did you actually do under the guise of thinking?"
        - "What were you able to accomplish after so much thinking?"
        - "Did you say that you were thinking only to hide the fact that you were lying down in a corner because you felt so uncomfortable?"
        - "What were the decisions you could make after so much thinking?"
        - "Before you started using heroin, didn't you do any thinking at all?"

- **Help heroin users to correctly understand words such as 'falling' or 'being forced' that are used when returning to the use of heroin.**
    - Explain that they did not "fall into" the situation but that they made a conscious decision to return to using heroin.
    - Explain that they were not "forced" to use heroin but that they made a conscious decision to do so.

- **Analyze the statement: "Using heroin causes intoxication."**
    - Ask the following questions:
        - "How would you define intoxication?"
        - "How does your head feel when you are intoxicated?"
        - "How do your body, stomach, and tongue feel when you are intoxicated?"
    - This analysis would reveal that 'intoxication' is nothing more than a series of discomforts.

- **Analyze the statement: "Heroin distorts the mind."**
    - Ask: "What do you mean by 'distortion of the mind'?"
    - Also raise the questions:
        - "What do you do when you are intoxicated?"
        - "Do you have any sense of what you are doing?"

These questions should help heroin users to unravel the idea of "intoxication" and consider it carefully.

- **Analyze the statement: "Heroin makes me feel as though I am floating."**

    - Ask the following questions:

        - "What do you mean you feel when you say you feel like floating?"
        - "How does your head feel?"
        - "By the floating sensation, do you mean you feel dizzy?"
        - "How does your body feel?"
        - "By the floating sensation, do you mean the feeling of lifelessness and exhaustion?"

    - When thus analyzing the various aspects of the "floating sensation" separately, heroin users would be able to gradually reach the understanding that this sensation is, in reality, not a pleasant experience at all.

- **Analyze the statement: "He had used so much heroin that he could not even stand up straight."**

    - Ask the following questions:

        - "By this, do you mean that he had continued to use heroin until he could not even raise his head?"
        - "He must have been suffering a lot in that case, right?"

The Semantic Method

The day-to-day speech of heroin users would typically contain a specific set of statements that possess an intrinsic meaning which refers to various aspects of their dependence on heroin and their habit of using it. Some users may have an extensive collection of such statements. These statements may act as a means of enabling users to hide their actual unpleasant experiences of using heroin and to express a very different image of heroin use to others. They also allow the users to defend their habit of using heroin and to hide the fact that they have been defeated by it.

The Semantic Method involves taking steps to "deflate" such statements and to reveal the experience of using heroin for what it actually is so that the statements cease to have any intrinsic power to influence the users and others. It also involves making users view themselves and their recovery processes more positively, thereby motivating them to change their attitudes towards heroin use and create a mindset more conducive to complete freedom from it. As shown below, service providers could analyze these words with the participation of the users.

- **Analyze the statement: "When I use heroin with my friends in the evening, life is like a dream."**

    - Ask the question: "Do you mean that when you use heroin with your group of friends, you feel comfortable?" This would lead the users to question their statement and to understand their actual experiences of using heroin so that the statement itself loses its intrinsic value and becomes no more than a set of words that do not in any way express the actual experiences of using heroin

- **Analyze the statement: "I am a born loser."**

    - Here, heroin users label themselves as those who have been ultimately defeated in every aspect of their lives so that they give themselves an excuse to resort to using heroin. The feeling of defeat could be shown to the users to be no more than a transitional point in their recovery process. Such a statement is, in fact, very similar to statements such as "I was unable to achieve anything in my life" that are also typically made by users in the process of receiving treatment.

- **Analyze the statement: "I am a fool. I should not have used heroin."**

    - Encourage users to reword this statement as "If I do not use heroin, I would be doing myself and others a lot of good".

- **Analyze the statement: "I use heroin 'decently'."**

    - Ask users if this means that heroin is used in secrecy without the knowledge of anybody else.

    - This statement could be used not only to examine the opinions of the heroin users themselves but to make the users aware of the actual truth as well.

Be Specific

This method involves guiding users to relate only the truth when speaking of their experiences with heroin and to explain their experiences of heroin use objectively, without being influenced by their own judgment, opinions, and feelings. Heroin users usually describe their dependence on heroin in a positive sense and under the influence of the ideas of others who hold similar views. However, when asked to explain how they actually feel before, during, and after using heroin, they tend to express fear and other negative feelings. Users should, therefore, be asked to be very specific when relating their experiences, describing in detail only their own actual experiences of heroin use.

One of the main points in being specific is to teach heroin users to distinguish between what has been introduced to them by society regarding heroin and what they experience when using it. To do this, users must explore the differences in physical and mental changes they feel following the long-term use of heroin, the terms that they use to justify their use of heroin, and the residual terminology from the extended use of heroin that remains in their vocabulary long after their having stopped using the substance. Service providers could work with the users by instructing them to analyze statements commonly made by heroin users, as shown in the two examples below.

- **Analyze:** "**My parents fought a lot because my father had a relationship with another woman. I got fed up with life at home, so I got together with my friends and used heroin with them."**

    - Users should understand that it may be true that users have had problems in their homes—however, the basis for them to turn to use heroin when with friends must be explored.

- **Analyze: "When I was young, we did not have enough money for my education, so I got into bad company. That is why I started to use heroin."**

    - The users could be asked to look into the exact expectations they had in using heroin after falling into "bad company".

The Acceptance Paradox

Through the Acceptance Paradox, instead of aggressively confronting and tackling their problems, heroin users are trained to accept their issues from a perspective formed on an intense, somewhat philosophical, and spiritual basis. By taking their issues in this way, users learn to accept that there is truth in the criticisms aimed at them. This is a healthy form of acceptance that serves to increase the understanding of the self and as a means of releasing the feelings of happiness, of awakening any other positive emotions that may be trapped within them so that a feeling of overall lightheartedness could prevail. Users could be encouraged to replace negative thoughts with positive thoughts as follows.

- ***Negative thought*** – "Even though I tried to stop using heroin, I got no acceptance or encouragement from my family."

Positive thought – "Yes, my family and community are finding it difficult to accept and encourage me. Based on my behaviour, it is not a surprise. They are justified in the way they feel. However, even though I get no help from my family and they do not accept me, the direct benefit of not using heroin is for me alone. If I could stop using heroin completely, my relationship with others could even change after some time. To reach that stage, I must first do my part. On the other hand, I feel reluctant to face society because of my weaknesses. I should remember that I have to move on with everyone else. It is worth discovering whether others like me also get support and encouragement from their homes."

- ***Negative thought*** – "When I try to stop using heroin, I feel extremely sick and uncomfortable."

Positive thought – "Yes, I may feel awful, but I am ready to face this discomfort because the discomfort I feel when I use heroin is even worse. If I feel any discomfort, I will stop using heroin completely and never use it again."

- ***Negative thought*** – "I get diarrhoea every time I think of stopping heroin use."

Positive thought – "Diarrhea could be an effect of any fear. It is normal to feel scared at the thought that we would take on many responsibilities once we stop using heroin. If I have diarrhoea, I will clean myself. It is much easier than cleaning myself when I have diarrhoea after using heroin."

- ***Negative thought*** – "I have wasted my life completely because I used heroin."

Positive thought – "Yes, there are many things that I have lost because I used heroin, but it is not only those who use heroin who lose things in life. Many people around the world have faced losses for many reasons. Loss is something that occurs naturally. I must now make a fresh start and rebuild my life. I have the strength to do it."

Externalization of Voices

Here, the users and the service providers alternately enact negative and positive thoughts concerning heroin use. As this is an exercise aimed at confronting and weakening the users' negative thoughts, both positive and negative thoughts are presented in the first person (as "I"). Negative thoughts are counteracted and neutralized as soon as they emerge. Though this may be considerably challenging initially, it becomes easier after a few sessions and is a very effective form of therapy. The list below shows a series of negative thoughts and their corresponding positive thoughts that could be used in sessions with users.

- ***Negative thought*** – "When I use heroin with my friends, I feel very relaxed. I enjoy this feeling."

Positive thought – "I feel this relaxed because I am with my friends and not because of the heroin. Spending time with good friends is something that could make anybody happy."

- ***Negative thought*** – "Spending time with our friends makes us happy, but using heroin increases our happiness."

Positive thought – "When I use heroin, I feel many unpleasant sensations like the need to cough, nausea, the unpleasant taste on the tongue, and the feeling of lifelessness in my entire body, but because I am with my friends, all of this becomes easier to bear."

- ***Negative thought*** – "Whoever places the tube (for using heroin) in their mouth for the first time will not put it down again."

Positive thought – "I know that these are tired old stories that may not necessarily be true."

- ***Negative thought*** – "When I have a problem, I use heroin. It gives me relief."

Positive thought – "Everybody faces problems. It is by solving these problems that one feels relief. Problems cannot be solved by using heroin. The idea that heroin solves problems is nothing more than a figment of our imagination. It is something that we have learned from others. Heroin will only increase my problems, and the real relief will come only by avoiding it."

- ***Negative thought*** – "When I use heroin, I am free from all responsibility. I feel light because I forget all my troubles."

Positive thought – "I use heroin after finding money with difficulty and hiding away from others. People view me with suspicion. I became distant from my home and workplace because I was not trusted with any responsibilities. My life is at a standstill because of this. The real 'lightness' comes from not using heroin."

- ***Negative thought*** – "My family does not trust me. They are always suspicious of me."

Positive thought – "It does not bother me that nobody trusts me. I will continue to live my life. Trust is not something that we can create in others by force. They will gradually understand me by watching my behaviour."

- ***Negative thought*** – "I am old now. I will continue to use heroin for whatever time that I have left. I will die anyway, so it does not make a difference."

Positive thought – "I do not know how much longer I will live, but I hope to be happy for the rest of my life. I would not be able to be happy if I used heroin."

The session could continue in this way for a very long time. As the general flow of thoughts also follows a similar pattern, the thoughts could be presented for an extended period until all negative thoughts are effectively neutralized. While other day-to-day conversations with users could also be held along similar lines, what makes this type of therapy more compelling is that after some time, the roles are reversed, with the social worker presenting negative thoughts and the heroin user presenting positive ones. This puts the user in a position where they are compelled to think positively. The dialogue built in this way is, in fact, the very debate that usually takes place in the minds of heroin users. All thoughts presented at each session should be as natural as possible. Service providers must refrain from advising users on what they believe should be their thoughts.

Feared Fantasy Technique

The feared Fantasy technique involves the service provider and the heroin user enacting possible risky situations that could pose a threat to the user's process of recovery. The service provider and user could, for example, pass a situation in which an individual who has currently stopped the use of heroin is in the company of their heroin-using peer group, and one of the members urges them to return to heroin use. When enacting this scene, the service provider and user could represent:

- The suspicion and accusations the individual would face at home.
- The ridicule from the individual's peers.

In this enactment, the heroin user and the social worker play the roles of a peer who attempts to induce an individual to return to the use of heroin and the individual who rejects the attempts made by their peer. Another similar scene that could be enacted in this way is a dialogue between a former heroin user and a drug dealer.

Before the action begins, users must first be informed that the purpose of the act is to create awareness or to provide the opportunity to gain experience in resisting the temptation to return to the addiction. If the first attempt at this enactment is unsuccessful, it could be attempted for the second time after supplying the user with the required information.

Cognitive Flooding

Through Cognitive Flooding, heroin and other drug users are instructed to imagine a situation that they think of as one that is difficult to face and to contemplate how they would react in that particular situation.

Examples of some such situations are:

- Passing by a place at which heroin is sold.
- Meeting with a friend still in the habit of using heroin.
- Spending quiet time in solitude or being under immense mental pressure.
- Engaging in sexual activity.
- Engaging in hard work.
- Being in a situation where one could not fulfil a responsibility towards one's spouse or friend.
- Enjoying a happy occasion.
- Feeling lonely.
- Engaging in activities that evoke memories of the time in which one used heroin

E.g., Listening to a particular type of music or remembering the person one had sexual relations with after taking heroin.

- Being in the company of others who use heroin, though not using it themselves.
- Possessing more money than usual.
- Being visited by friends who bring heroin with them.
- Facing accusations of still being in the habit of using heroin.
- Experiencing distress following an argument with a family member.
- Being unable to control one's agitation.
- Suddenly acquiring a large amount of money.
- Remembering the taste and smell of heroin.

Application of impermanence (*anicca*)

Anicca means changing and decaying the impermanence or transitoriness of everything. There is no permanent unchanging or everlasting existence of anything in the world, and they are subject to change from moment to moment. When the right conditions appear, things come into existence, and when those

conditions are removed, the existence of things also comes to an end. In Cullasaccaka Sutta (M.N.35), the Buddha explained that all the formations are impermanent (*sabbe sankhāra anicca*).

All phenomena that come into existence by natural development processes are conditioned by prior causes, therefore containing within them the liability to change when original conditions are changed. Everything is a product of antecedent causes, hence dependently originated. According to this *anicca* character, there is no permanent drug dependency or drug addiction. As someone's drug addiction is impermanent, any drug user has a fair opportunity to recover and be an average person. The causes that turn an ordinary person into a dependent person on drugs are not everlasting and static, so these contributing factors can be changed. Understanding this impermanent nature will help to develop renunciation or detachment from alcohol or drug use by removing delusion – the misunderstanding that the existence of drugs has a pleasurable and magical nature.

Explain the alcohol and drug-dependent individual that;

Our bodies are impermanent and subject to constant change. We grow old and become mature.

Similarly, our mental states are impermanent; at one moment, we are happy, and the next moment, we are sad.

Friends become enemies, and enemies become friends.

Our physical possessions are also decaying and changing.

Alcohol or drug addiction is also not permanent but can be changed.

Application of Non-Self (*annattā and suññata*)

Buddhist philosophy denies the concepts of eternalism and annihilationism and does not assert the existence of an immortal soul or self. "I am or my sole" are merely names, expressions, and common uses in the mundane world. They denote only a collection of five aggregates, which are impermanent in nature, and that collection of aggregates is not self. This idea is expressed in the terms *no-self, selflessness* or the *absence of self,* which is only an empty concept.

Many individuals perceive things as having intrinsic existence, where, in fact, they lack it. Understanding this selflessness or emptiness is essential to overcoming suffering and achieving ultimate happiness. Understanding the emptiness of substances and that there is no permanent self helps one recover from substance use.

Vertical Descent leading to understanding non-self (*anatta*)

Through the Vertical Descent method, the service provider encourages heroin users to open up their minds to discover the primary basis of their negative thoughts. In doing this, users would find beliefs, known as self-defeating beliefs, that are the foundation of their negative thoughts. These self-defeating beliefs may particularly hinder the progress made by users towards complete freedom from heroin. It is, therefore, essential to enable users to recognize and understand their self-defeating beliefs first.

Self-defeating beliefs vary between users and take many forms:

1. Emotional Perfectionism -
   The belief that an individual should have complete control over their emotions and maintain a high degree of self-confidence at all times, for instance, the idea that "I have to feel happy all the time."

2. Emetophobia -
   The belief that an individual should never experience negative emotions such as fear, anxiety, jealousy, or insecurity

3. Conflict Phobia -
   The belief that there should never, under any circumstances, be any confrontations between the users and their loved ones

4. Entitlement -
   The belief that the speech and behaviour of others, as well as how others treat the user, should be precisely as the user expects them to be

5. Low Frustration Tolerance -
   The belief that life should always be easy and without any obstacles or pressures

6. Performance Perfectionism –

   The belief that an individual should never be unsuccessful or that one should never make mistakes

7. Perceived Perfectionism -
   The user's perception that others do not treat them with respect or show them any love and affection

8. Fear of failure -
   The belief that an individual's value and sense of self-worth depends solely on the goals that they strive to achieve (for example, intelligence, status, physical appearance)

9. Fear of Disapproval or Criticism -
   The belief that others should always see the individual as a worthy person and recommend them as such

10. Fear of rejection or Being Alone -
    The belief that an individual's life has no value if others do not accept them or that there is no point in living if others do not love one

    In the Vertical Descent method, a thought is first selected, and if it is true, users are required to ask themselves the following questions:

i. How does this affect me?
ii. How does it become a problem for me?
iii. What are the results that it brings about?
iv. How does it become a source of worry to me?

The service provider should further question the users' answers to the above questions.

This type of questioning allows users to understand their self-defeating beliefs better. Users would better understand their self-defeating thoughts by preparing a list of these questions in writing using arrows to show the flow of thoughts. Below are a few examples of self-defeating beliefs and possible questions to be asked in response.

1. **"I am now afraid to face society."**
   - "If this is true, how would it affect me?"
   - "How would it become a cause of worry?"

2. **"People are suspicious of me"**
   - "If this is true, how would it affect me?"
   - "How would it become a cause of worry?"

3. **"Others may not want to be my friends"**

- "If this is true, how would it affect me?"
- "How would it become a cause of worry?"

4. **"I will be lonely because of this."**
   - "If this is true, how would it affect me?"
   - "How would it become a cause of worry?"

5. **"I feel like a worthless person."**
   - "I feel as though I am under a lot of pressure"

Asking the users questions, as shown above, causes the full extent of their self-defeating beliefs to emerge. For example, it may be revealed that users experience:

1. The fear of criticism
2. The fear of rejection or isolation

Several methods could then be used to neutralize and correct these fears and self-defeating beliefs.

The progress made by users towards full recovery and freedom from heroin use could be hindered by self-defeating beliefs. Users may find themselves stuck at a particular stage in the recovery process without the courage or motivation to continue. The Vertical Descent method enables service providers to identify and eliminate any negative feelings and self-defeating beliefs that may hamper the users' progress.

One of the critical reasons for users to develop self-defeating beliefs is the attention of others or the significant number of positive responses, love, and respect that they receive from others, such as friends and family, when they begin the process of abandoning heroin use. Users may become accustomed to receiving this attention and eventually become attached to it. Therefore, as the amount of attention they receive decreases with time, users may feel discouraged and even become deeply distressed. The service provider, accordingly, must inform users at the very outset of the treatment that once they leave the use of heroin, they will become ordinary members of the community and that they should be able to receive praise, criticism, and indifference just as others in the community. It is also essential to ensure that the users can face any situation successfully without becoming overly concerned with how others treat them.

Users may also experience severe mental pressure during the treatment process as they tend to recall their past and certain privileges that they used to enjoy (due to the permissiveness of others) that they would lose once they stopped using heroin. This pressure may manifest itself through various overtly displayed mental and behavioural problems. The Vertical Descent method could ease the users' mental pressure and direct them towards accepting reality. This approach involves finding out what users fear most about leaving the use of heroin and with whom the users associated and used heroin, all of which could shake the stability of their resolve to abandon the use of heroin.

It must be borne in mind that the imminent change in lifestyles could be a heavy burden on the minds of the users who tend to reflect on the relatively carefree lifestyle they led, free from responsibilities and the judgment of others, during the time in which they used heroin and compare it with their present state of recovery in which they will be expected to shoulder responsibilities. This, again, is the result of self-defeating beliefs. It could, therefore, be expected that once the users' self-defeating beliefs have been corrected, responsibilities could be introduced into their lives gradually and in a way that the users do not see these responsibilities as burdens.

Self-defeating beliefs may also result in an obsession with making progress. Users may feel pressured (by their thoughts) to recover fully and begin to earn money and recover all that was lost as a result of their use of heroin as quickly as possible. Putting too much effort into providing for their families and looking after their own needs could result in users seeing both tasks as a burden. The need to regain

their lost social status immediately could also put users under considerable pressure. Service providers could ease this pressure by making the users aware that full recovery is a gradual process that can only occur successfully over an extended period. Users should be trained to be content with their progress and remain firm in their resolve even when the progress is slow. This could be done by encouraging them to correct their self-defeating beliefs.

In-Vivo Exposure

In-vivo exposure involves instantly or gradually exposing heroin users to situations that they believe to be difficult or frightening. It is expected that deliberate exposure to threatening situations would cause the users' feelings of fear and discomfort to weaken until they eventually diminish gradually. Users could, for example, be made to:

- Avoid the use of heroin at the customary time, fully expecting all the possible physical and mental discomfort that refraining from using heroin would bring about.
- Spend 10-15 minutes at the place in which they used to purchase heroin.
- Meet and hold a conversation with an individual who still uses heroin regularly.
- Engage in activities once thought to be impossible without the help of heroin (e.g., hard work, sexual activity, engaging in deep thought, meeting with friends).
- Have heroin in their pockets but not use it.

Response Prevention

Through Response Prevention, users who are in the habit of substituting frightening or uncomfortable behaviours connected to heroin use with other habits are encouraged to stop engaging in those substituted habits. Though this may initially cause a certain degree of discomfort, the pain would eventually cease. Users could, for example, be asked to:

- Refrain from eating sweets or smoking cigarettes to remove the unpleasant taste of heroin.
- Abstain from behaviours that praise or glorify heroin use.
- Avoid promoting heroin by making claims such as the heroin sold by specific dealers is better than the heroin sold by others.
- Refrain from obtaining heroin or any other harmful drugs on behalf of others.
- Not allow the heroin-using group to use their homes as their meeting places.
- Avoid discussions on the places at which heroin is sold or used.
- Not praise or exalt the use of heroin.
- Refrain from sharing or distributing heroin.
- Refuse to roll the paper to make tubes for smoking heroin.

- Abstain from searching for money to purchase heroin.
- Bathe and eat regularly and look after their own needs.
- Engage actively in their occupations and go to work regularly.
- Avoid spending time idly in isolated corners.
- Maintain a pleasant appearance and avoid bearing any resemblance to others in the heroin-using group by, for example, refraining from wearing earrings and cutting hair unevenly.
- Not rationalizing or justifying the use of heroin by themselves or others.

The Response Prevention method enables users to sever the links they have with heroin and the lifestyle surrounding heroin use. This helps users to:

- Stop pursuing heroin use.
- Neglect the use of heroin at regular times.
- Abandon the various means used to obtain heroin.
- Discontinue associating with the heroin-using peer group.
- Avoid entering the environments in which heroin is used.
- Gradually reduce the amount of heroin used at each session.

Systematic Desensitization

Systematic Desensitization involves exposing heroin users to various situations that involve heroin. The situation that causes the most discomfort to the users is selected and re-constructed as a process of steps from its mildest to its fullest, most severe form to which users are then gradually exposed. This serves to lessen the feeling of fear and anxiety that they experience in situations that they see as threatening.

Stimulus Control

Though users may succeed in abstaining from heroin initially, there may be instances in which even a single encounter with the people, places, or events connected to heroin use could cause them to return to their former habits. To counteract this, it is necessary to ensure that users reach a stage where they can face any of the people, places, or events connected with their former habits without being influenced by them. Preventing exposure to the stimuli that could trigger the need to use heroin as much as possible during the initial stages of treatment would significantly contribute to the user's progress towards the more advanced stages of recovery. Users should be enabled to have complete control over:

- Internal elements (psychological factors associated with heroin use)

E.g.: Sexual arousal, happiness, sadness

- External factors

E.g., The place at which heroin was purchased, the place in which heroin was used, the group with which one used heroin, the materials used for the consumption of heroin, special holidays, and celebrations.

Certain smells, flavours, types of music, and electric lights could also be triggers that set off a desire in heroin users to return to heroin use. There could be several hidden elements that act as triggers that the users themselves may be unaware of. One of the first and essential steps in the recovery process is identifying and avoiding these elements. Another critical step is mentally breaking down perceptions of these triggers to weaken their impact on the users. Diverting the attention of the users to other

activities of interest could significantly reduce the attention paid to the stimuli that trigger the desire to use heroin, thereby decreasing their ability to affect the users. This can also be achieved by questioning the users on how these stimuli gained their (perceived) power. The following are some of the how

1. Repeated pairing between heroin use and the relevant stimulus over some time results in the heroin user learning through the process of classical conditioning to associate the stimulus with the substance until the stimulus could, on its own, produce the same response as the substance itself.

2. Similarly, with the emergence of a particular stimulus, the heroin user may retrieve specific memories associated with heroin. The response to the stimuli is thus within the control of the individual.

3. If any interest in heroin is aroused in the users, the physical and mental discomforts learned through the recovery process may come to the forefront, resulting in the desire to use heroin.

4. If the users who have been able to avoid using heroin for some time are not engaged in an alternate activity, they could return to the use of heroin.

Fig. 17: The process by which stimuli lead to the use of heroin

During the initial stages of recovery, it is possible to prevent users from returning to the use of heroin by stopping them in the early stages of the process of being influenced by stimuli that trigger the desire to use heroin, as shown in Fig. 8, and not allowing them to proceed through all of the stages. Breaking off the process at the first or second stage or two would prove easier than breaking it at later stages. The main course of action is removing or eliminating all access to the stimuli.

E.g.:

- Refraining from buying heroin
- Removing all sheets of lead, etc., from one's home
- Avoiding the environment in which heroin is used
- Cutting off all communications with heroin-using peers
- Planning one's day so that exciting or essential activities coincide with the times at which heroin is used
- Wearing a rubber band on one's wrist and pulling it at every instance at which the user thinks of using heroin
- Discussing how the stimuli could be identified and how they could be avoided or intercepted
- Not regarding the behaviours associated with heroin use as trendy

Behavioural Targets

The behaviour of heroin users could be changed by assigning them specific behavioural targets that they must achieve, such as:

- Bathing daily
- Having a haircut and trimming/shaving facial hair
- Wearing clean clothes
- Taking regular, healthy meals
- Preparing a daily timetable and following it

Cost-Benefit Analysis

Arrange for the heroin users to examine the advantages and disadvantages of using heroin and quitting the drug use. This form of in-depth analysis leads users to rethink their motives to use heroin and refrain from doing so. They can frame the questions as follows;

1. What benefits do I get from substance use?
2. What are the negative consequences of my substance use?
3. What are the benefits of quitting substance use?
4. What are the negative consequences of quitting substance use?

Drug users' perception of those questions may change in a positive direction with the right kind of interventions by the therapist.

Modelling

Modelling involves the social worker demonstrating a specific action to be observed and reenacted by the heroin users, for example, a response that could be made when one praises heroin use, for example:

- **"Heroin makes you feel very comfortable"**
  Consider whether your tongue feels equally comfortable.

- **"Heroin makes you able to engage in sexual activity for much longer."**
  Yes, most people end up sleeping through the entire process.

- **"Heroin increases the ability to do hard work"**
  How could anybody work harder when they cannot so much as stay awake after using heroin?

- **"Smoking heroin is very enjoyable"**
  Is it enjoyable when your whole body feels lifeless?

Here, by building a dialogue between an individual who glorifies heroin and another who does the opposite, it is possible to show users how they could reject heroin when it is offered to them.

Behavioral Rehearsal

Through the process of Behavioral Rehearsal, the heroin user 'rehearses' or demonstrates possible correct behaviours and responses before the social worker. For example:

- How the individual would refuse heroin when it is offered.
- How the individual would hold a conversation with peers who use heroin.
- How the individual would react to an incorrect thought about heroin.

Shaping

Through the process of shaping, service providers reinforce the users' behaviours that bear even the slightest resemblance to the desired behaviour. These behaviours are reinforced and further developed to reach the desired level of progress. To do this, service providers could:

- Reinforce the user's habit of bathing and shaving/trimming facial hair even though the use of heroin is continued.

- Reinforce the habit of delaying the dosage of heroin.

- Reinforce the reduction of the amount of heroin as well as the number of sessions at which it is used until the heroin user reaches the desired level. This process is known as Reinforcing Successive Approximation.

Devil's Advocate Technique

This method involves role play. The service provider plays the role of one who praises alcohol, heroin or drugs and uplifts the habit of using it, and the user is required to respond to the service provider as necessary. The latter must be made to understand, at the outset, that the dialogue that takes place is no more than role-play. Here, all arguments made by the users are returned to the users themselves. The users' reactions must then be observed and reviewed by both the user and the service provider.

Relapse Fantasies

While regular questioning enables the service provider to understand better the stability of those who have made fair progress in the journey towards recovery, questioning users also makes it possible to develop their understanding of their situation until they develop an accurate view of heroin and their use of the substance.

- *"How could you return to the use of heroin? What are the ways in which this could happen?"*

If, in answer to the above question, the users state how it is possible to return to the use of heroin, it is necessary to take steps towards developing the proper understanding of those ways and how they (the users) could avoid them. Suppose users state that they would never return to the use of heroin under any circumstances. In that case, the basis for this resolve should also be questioned, and its accuracy should be investigated. Responses to the following questions could also be discussed.

- *"Under what circumstances would you return to using heroin?"*
- *"What type of people could influence you to use heroin again? Should you associate with them?"*
- *What are the short-term effects that abstaining from heroin could have on you? What are the long-term effects that abstaining from heroin could have on you?"*

When a user develops an accurate view of alcohol, tobacco, cannabis, heroin or any other drug, in their mind, the drug loses its attraction and becomes no more than an inactive substance. It is essential to cultivate in drug users the mindset that would enable them to see the return to drug use not as a major breakdown in their recovery but rather as an unpleasant experience that they have no need or desire to return to.

Skills Development

This involves the development of necessary life skills, efficiency, and productivity in former heroin users once they begin to lead an everyday life free from the use of heroin. Service providers should develop the following skills in users:

- Personality development and personal planning
- Problem-solving
- Decision making
- Crisis management
- Statement of stability
- Listening skills
- Time management
- Organization

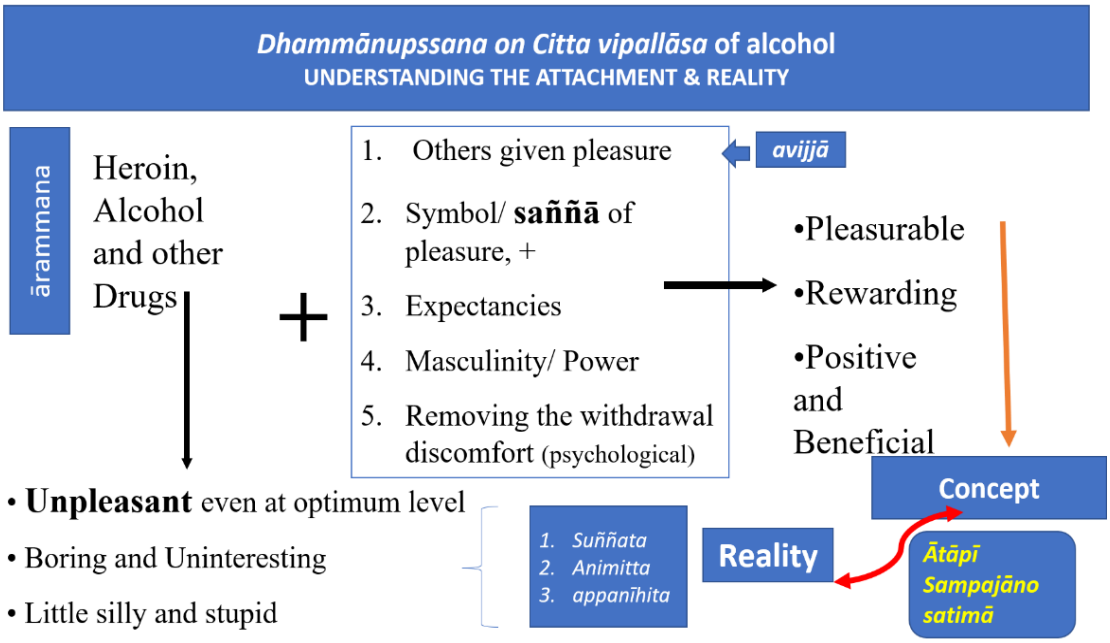
- Creativity
- Group Skills

Training that includes practical activities could be given in the above areas.

Buddhist psychological methods explained in this chapter and previous chapters have been tested and verified in many prevention and treatment settings. Anyone can use them, irrespective of their religious beliefs and philosophical understandings. What the Buddha preached was for everyone, and the first one who taught secular Buddhism was the Buddha himself. Methods explained in this manual are not faith-based but can be combined with any faith-based treatment approach for better results.

A Mind Liberated from Alcohol and Drugs 14

Analysis of the previous chapters explained that individuals use alcohol or drugs not only because of the availability and affordability of those substances but also because of the sensual desire (*kāmacchanda*), craving or greed (*lōba*), or attachment (*tanha*) they have created in their minds towards alcohol or drugs. As Abhidammic analysis explained in Chapter 3, intending to use alcohol or drugs or drug-using behaviour is performed by unwholesome consciousness (*akusala citta*) accompanied by many other unwholesome mental factors such as wrong view (*diṭṭhi*), conceit (*mana*). The reality of alcohol or drugs is that they are unpleasant, unbeneficial, or neutral substances. The following diagram summarises how such dull chemicals become attractive to drug users through ignorance (*avijjā*).



Fig; 18

When questioned about the alcohol, heroin, cannabis, or any other drug experience deeply, even the heavy alcohol or drug users acknowledge that alcohol or drug use is an unpleasant and unbeneficial experience. However, when taking the collective views of society as a whole, there seemed to be an overall tendency to view alcohol or drug use as pleasant and beneficial. In *Dhammānupassana*, individuals have to analyse how an experience that is, in reality, unpleasant came to be viewed as pleasant and enjoyable. Such contemplation or analysis may reveal that this occurs through a procedure comprised of the five parts below.

1. Pleasure given by others through pardoning and sanctioning alcohol-induced misbehaviour
2. Symbol of pleasure through conditioning and social learning
3. Expectations on alcohol use
4. Masculinity and power image attached to alcohol or drug use.
5. Removal of withdrawal discomfort mainly through psychological expectations.

The pleasure provided by others

The tendency in many societies to pardon alcohol or drug-induced misconduct or to view it with tolerant permissiveness often results in alcohol being used as an alibi by those who engage in unacceptable

behaviour. Alcohol or drug users are granted special privileges from family members and society in general in that they are not held responsible for their actions. However, the blame is placed on drugs. Alcohol is also used as a self-handicapping strategy, allowing users to perform any task poorly with the excuse that they are under the influence of alcohol, thereby saving them the humiliation they would have had to face if sober. This, again, is a socially held expectation regarding alcohol that inhibits proper physical and mental functioning. Alcohol or drug users perceive and enjoy this pardoning and sometimes sanctioning of alcohol or drug-induced behaviour. Contemplating and developing the knowledge that it is not alcohol or drugs but the privileges given to users by others is what is beneficial and may help the user remove the attractiveness of alcohol and drugs and reduce attachment.

Symbolic meanings (*saññā*) attached to Alcohol or Drugs

The attribution of increased joy and goodwill to alcohol on special occasions could be explained through the two learning processes: classical and operant conditioning and social learning. This is better explained by pairing a naturally occurring response to a particular stimulus with another stimulus to produce the desired response, which would otherwise not naturally occur to the latter stimulus. Through this process of conditioning, alcohol or drugs become a symbol (*saññā*) of pleasure, relaxation, rebelliousness, and many other joyous events.

Expectancies (*appekkhā*)

Expectancies are the wrongly held views (*miccā diṭṭhi*) on alcohol or drugs, such as alcohol helps to forget problems, relax, or enjoyment are nothing but illusions or privation of view (*diṭṭhi vipallasa).*

Masculinity and Power

It is indeed a blessing that in many cultures, the majority of women generally consume little or no alcohol or drugs. The same, however, cannot be said of men, countless numbers of whom have, over the years, fallen victim to the many tactics used by the promoters of alcohol and drugs and various social beliefs that push them into alcohol or drug use. Very often, the reasons that cause them to use alcohol or drugs are based solely on the premise of being born male. First, the concept of "masculinity", as it is most popularly known, is no more than an artificial set of expectations or a sociocultural construct presenting a fixed image of what an "ideal man" should be. It is an image that all men are expected to live up to, regardless of their characters. Differences in normative drinking patterns help reveal to what extent societies differentiate gender roles, for example, by making drinking behaviour a demonstration of masculinity or by forbidding women to drink as a symbol of subservience or to prevent sexual autonomy.

Among the many problems that come with this form of masculinity, or Hegemonic Masculinity, is the promotion of alcohol or its use as an integral part of being a "man". While hegemonic masculinity is harmful to both women and men and has proved disadvantageous even to those who promote it, most people accept the concept unquestioningly, thinking of it as something natural to all males. When questioned on what exactly masculinity is, many would state characteristics such as the following:

The following characteristics could describe areas of masculinity (Chafetz, 1974):

1. Physical — *virile, athletic, muscular, brave*
2. Functional — *breadwinner, provider for the family*
3. Sexual — *sexually aggressive, experienced*
4. Emotional — *unemotional, stoic, for example, the proverb "men do not cry"*
5. Intellectual — *logical, intellectual, rational, objective, practical*
6. Interpersonal — *leader, dominating, disciplinarian, independent, free, individualistic, demanding*
7. Other personal characteristics include *success-oriented, ambitious, aggressive, proud, egotistical, moral, trustworthy, decisive, competitive, uninhibited, and adventurous*.

However, none of these are actual characteristics found only in males. For example, when fathers were questioned on whether they would like their daughters to have characteristics traditionally associated with men, such as courage, rationality, decision-making skills, and the ability to earn a living, most fathers answered in the affirmative. This makes it evident that society itself acknowledges that women should also possess certain so-called "masculine qualities". Similarly, it is essential that men also have specific qualities that have traditionally been regarded as "feminine", for instance, patience, the freedom to express emotions, and the ability to be a caregiver. It is now well known that to develop properly, children need the care of both the father and the mother. Buddhism questions and challenges these concepts of masculinity and femininity and promotes the idea of "humanity", which addresses human beings as a whole, both male and female. Buddhism denies gender stereotyping as it is an unwholesome mental factor of conceit (*māna*), especially the *atimāna* or *hīnamāna*.

Alcohol or drug use as a Means of Relieving Withdrawal Discomfort

If one becomes accustomed to a particular habit over time, the inability to engage in it will undoubtedly cause significant discomfort. For example, an individual in the habit of performing a social ritual daily at a particular time would feel very uncomfortable if, for any reason, they were unable to do so. This feeling is not generated by the ritual but rather by the mental conditioning that creates a deeply rooted bond between the individual and the habit. An individual in the habit of gambling or holding bets daily undergoes several difficulties prevented from gambling or making bets. What an individual experiences when ceasing to use alcohol or drugs is then the result of psychologically created discomforts, which they believe would be relieved when they can engage in the use of alcohol or drugs once again. Here, the psychological dependency on alcohol or drugs is greater than that of the actual physical effects of its use.

Liberation of mind (*cēto vimukti*)

Liberation of mind from craving, or Nibbana, is the final attainment of Buddhism, as that state ends suffering forever. It is at the supramundane level that someone attains Arahantship. Liberating the mind from alcohol or drugs is a mundane exercise. Still, the same techniques the Buddha explained for attaining the liberated state could be used for emancipation from suffering caused by alcohol or drugs.

Due to ignorance (*avijjā*) of;

1. Pleasure given by others through pardoning and sanctioning alcohol-induced misbehaviour
2. Symbol of pleasure through conditioning and social learning
3. Expectations on alcohol use
4. Masculinity and power attached to alcohol or drug use
5. Removal of withdrawal discomfort;

Alcohol or drugs acquire a state of pleasurable, beneficial, rewarding or positive substances to use. This is a conditioned state that is not the natural effect of those substances. Due to this creation of an attractive image of alcohol or drugs, individuals initiate and continue alcohol or drug use. Removing this ignorance (*avijjā*) is the path to liberation from alcohol or drugs. To extinguish the desire and craving for drugs is the path to liberation from those drugs. Individuals with high intelligence can achieve this status quickly and easily. Their process is of realising the emptiness of alcohol or drugs pleasurable and comfortable due to their level of wisdom (*paññā*). In the process of attaining *Nibbana*, they are named *diṭṭapatta – sukha vihārā*. For others, the process on the path to liberation will be complex and uncomfortable, and they have to undergo threefold training gradually and with much effort and develop faith and confidence (*saddhā*) and concentration (*samadhi*). They are named as *saddhāvimutto*. Just like these, when liberated from alcohol or drugs, some go through the comfortable path using more of their wisdom (*paññā*). Less intelligent individuals can also liberate themselves from substance use with effort and by developing self-efficacy, concentration, and confidence.

Samiddha Sutta (AN 3.21) 3.21. Ven. Samiddha, Ven. Mahākoṭṭhita and Ven. Sāriputta analysed three kinds of persons found in the world: 1. The body witness (*kāyasakkhī*), 2. The one attained to view (*diṭṭhippatto*) 3. The one liberated by faith (*saddhāvimutto)*.

Puggala Sutta (Persons) (AN 7.14) This sutta introduces seven 1. The one freed both ways (*ubhatobhāgavimutto*) 2. The one released by wisdom (*paññāvimutto*) 3. The direct witness (*kāyasakkhī*) 4. The one attained to view (*diṭṭhippatto*) 5. The one freed by faith (*saddhāvimutto*) 6. The follower of the teachings (*dhammānusārī*) 7. The follower by faith (*saddhānusārī*).

The following two charts explain the different types of people on the supramundane path of liberation and individuals on the path to liberation from alcohol or drugs, which are also categorised in the same way as their mundane application. This will help to understand different types of individuals in the recovery process.

	Abhinivēsa - Two		*sotapatti-magga*	**Middle 6**	*arahatta-phala*
Supramandane Path Lōkōttara magga	*Eight Jhānik attainments* *Ashtha Samapatti*	Paññā Dhura Through wisdom	Dhammānusārī	kāyasakkhi	Ubhatobhāga vimutta
		Saddha Dhura Through faith	Saddanusāri	kāyasakkhi	Ubhatobhāga vimutta
	Without *Jhānic* attainments *Shushka Vidarshaka*	Paññā Dhura Through wisdom	Dhammanusari	Dittappatta (*sukhā paṭipadā*)	Paññā vimutta
		Saddha Dura Through faith	Saddanusari	Saddhāvimutta (*Dukkhā patipadhā*)	Paññā vimutta

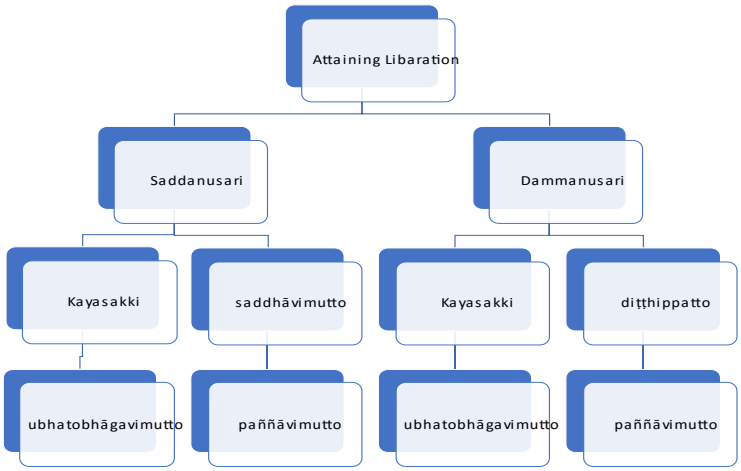


Fig 19 & 20

To understand the nature of attaining Arahantship, the liberated state *Nibbāna* and its supramundane level will be helpful to understanding a mind liberated from alcohol or drugs at a mundane level. Let us examine how *Nibbāna* is explained in Buddhist psychology: *parinibbanti anāsavā* - those free from obsessions (*āsava*) attain *Nibbāna*, and *tanhakkhayo hi nibbānaṃ* - for the destruction of desires is *Nibbāna*. This implies that with the destruction of their craving for alcohol or drugs, individuals can

liberate their minds from those substances. According to Buddhist psychology, individuals can attain Arahantship, the liberated state, through either of three doors (*vimōksha mukha*). Bhikkhu Bodhi, in the book A Comprehensive Manual of Abhidhamma, mentions as follows;

"It is threefold according to its different aspects: *Nibbana* is called the void (*suññata*) because it is devoid of greed, hatred, delusion, and all that is conditioned. It is called signless (*animitta*) because it is free from the signs of greed, etc., and free from the signs of all conditioned things. It is called desireless (*appanīhita*) because it is free from the desire of greed, etc., and because it is not desired by craving."

As a function of *Nibbana*'s threefold character, as specified above, there are three modes of emancipation or three ways to approach *Nibbana*, three paths. Thus, when the Abhidhamma comes to the "Analysis of Emancipation" (*vimokkhabheda*), it distinguishes "The Three Doors to Emancipation."

Three Doors of Emancipation (*vimōksha mukha*)

Emptiness or Void (*Suññata*) Emancipation

If one contemplates on the non-self with the insight leading to emergence, then the path is known as the void or emptiness emancipation. Individuals and society at large have attributed many positive qualities to alcohol or drugs and made them a magical substance that produces whatever they wish. In other words, society has attached a personality or self and soul to alcohol and drugs. Many alcohol or drug users consider that drugs are the most crucial thing they want, and their energy and life come from those substances. Once this magic is removed, these substances become empty chemicals without good use. The more you understand alcohol and drugs through developed insight and wisdom, alcohol or drugs become less magical, and the individual will experience the emptiness of alcohol and drugs. With this knowledge, the individual eradicates the greed and craving for those substances to get his mind liberated from alcohol or drugs.

Signless (*animitta*) Emancipation

The contemplation of impermanence is termed contemplation of the signless (*animitta*) because it abandons 'the signs of perversion' (*vipallasa nimitta*), that is, the deceptive appearance of permanence, stability, and durability which lingers over formations owing to the perversion of perception. Many alcohol or drug users think that drug use helps to forget problems, ease tiredness, or produce euphoria signs of pervasions (*vipallasa nimitta*). Contemplating those wrongly held expectancies or beliefs and challenging them will develop wisdom (*paññā*) that helps to eradicate the greed and craving for alcohol or drugs. This self-realization of the uselessness or purposelessness of substance use will lead someone to liberate his mind from alcohol and drugs.

Desirelessness or Unpleasantness (*appanīhita*) Emancipation

If an individual contemplates suffering, the path is known as desireless *(appanīhita)* emancipation. When someone uses alcohol or drugs, that experience is nothing but unpleasant *(appanīhita)* and suffering (*dukkha*). As discussed under *vēdananupassana* meditation, individuals can contemplate what they feel in the body after using alcohol or drugs. They could do it by thinking of themselves (*ajjhattaṃ*) or any other person's experience (*bahijjā*). They may feel nothing but discomfort, and by contemplating alcohol or drug-related dukkha, they can eradicate their greed and craving for alcohol or drugs.

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Abbrevitions

AN	Anguttara Nikāya
DhP	Dhammapada
DN	Dīgha Nikāya
It	Itivuttaka
MN	Majjhima Nikāya
SN	Saṃyutta Nikāya
Sn	Suttanipāta
Vism	Visuddhimagga

About the Author

Shakya Nanayakkara is a lawyer qualified in Sri Lanka and England and a psychologist involved in alcohol and drug prevention and treatment since 1988. He is the chairman of the National Dangerous Drugs Control Board – Sri Lanka. He heads Healthy Lanka, an organization that works in the areas of alcohol and drug prevention and treatment, child rights and gender, and works as the secretary-general of Sri Lanka Temperance Association, the oldest organization working on alcohol and drug issues in Sri Lanka for the last 100 years. He has been a visiting lecturer, paper setter and examiner on Health Promotion at the University of Rajarata, Sri Lanka, for the last twenty years. He was a teacher of Abhidhamma when he was young.

A Mind
LIBERATED FROM ALCOHOL AND DRUGS

Buddhist Psychology Manual of Prevention and Treatment

Shakya Nanayakkara

Alcohol and drug use is a global problem in both developing and developed countries, and its prevention has become a priority in many communities worldwide. Alcohol and drug use, if prevented, could facilitate development and improve the quality of life. This book, A Mind Liberated from Alcohol and Drugs, is a Buddhist Psychology Manual that guides the prevention and treatment of alcohol, tobacco, cannabis, heroin and other drug use. Individuals use drugs as they have developed attachments and cravings for those substances due to ignorance. Buddhist Psychology is enriched with various techniques and methodologies to remove attachment and craving. These methods could be adopted for the prevention and treatment of alcohol and drug use.

Shakya Nanayakkara is an expert in drug prevention and treatment engaged in supporting individuals to liberate their minds from alcohol and drugs for the last 35 years, utilizing Western psychological, health promotional and Buddhist Psychological approaches. Shakya Nanayakkara specifically states, "The techniques explained in this book do not belong to a faith-based approach to drug prevention and treatment".

> "This book sets out another approach to it: how Buddhist analysis could be mobilized in removing alcohol's illusory attraction.
> While the ideas set out by Shakya Nanayakkara, properly applied, can help individuals now bound to the restrictive use of alcohol, tobacco or other 'drugs', they apply further afield. These can, for example, be of much value to people who produce and market these substances. Liberation from currently unseen self-imposed binds, through insights available in this book, can be of immense benefit to alcohol, tobacco and other drug peddlers. 'Addicts' and other varieties of substance users are bound by fetters that are rather visible and superficial unless their brains, too, have begun to be damaged. Their troubled lives make them receptive to change as well. However, alcohol, tobacco and other drug traders or manufacturers do not have the prod of day-to-day problems to encourage reflection, which can lead to liberation. We should pity them more than the users." .....
> "The major strength of Shakya Nanayakkara's exposition is that it is not limited to theory and concept, however engaging these may be. Nor does it rely on profound-sounding but vague recommendations for practice. We find here many specific suggestions for action that can be applied and tested in day-to-day life right now." .....
>
> - Professor Diyanath Samarasinghe, FRCPsych, DSc (from the introduction)

This book discusses the motives, aetiology, and psychopathology of alcohol and drug use through the Buddhist psychological perspective, such as proliferation (papañca), pervasions (vipallāsa), attachment, and defilements firstly; secondly, analyses the alcohol and drug use behaviour and intentions of getting out of addiction, through Abhidhamma. Next, the book identifies and analyses how Buddhist Psychology could address to bring an everlasting solution for addictive behaviours, through developing virtue concentration and wisdom, using mindfulness practices and various other methods enshrined in early Buddhist literature for cognitive and behavioural transformation towards abstention.

ISBN : 978-955-98755-3-6

Rs. 2000/-