Contemporary Justice Review
Vol. 11, No. 4, December 2008, 441–458

Routledge
Taylor & Francis Group

Drug addiction and identity politics: the spiritual use of ganja in Bangladesh

Hasan Mahmud*

Sociology Department, University of California, Los Angeles, USA

With the aim of destabilizing the essentially deviant identity of drug addiction and addicts, this article focuses on the diversity within the phenomenon of 'drug addiction' and identifies generalizations about addiction to substances as problematic. Taking the spiritual use of ganja as a point of reference, this article uncovers an underlying identity politics between the dominant discourses of public health and welfare and the marginalized discourses produced by addicts. It finds that ganja users, through their regular use of the substance, create a social space for themselves and thus reclaim positive social identity that directly contradicts the discourses of the dominant culture.

Keywords: ganja use; public health; drug addiction; identity politics; spiritual use of ganja

Introduction

The slogan of the International Day against Drug Abuse and illicit trafficking in 2002 in Bangladesh was: 'Say No to Drugs'. Why? Because drug addiction 'has become a world-wide problem which is threatening the basic pillars of human society – no age or social strata is exempt from this curse' (Chowdhury, 2002, p. 36). Since the regular and compulsive use of drugs, generally defined as addiction, is identified as a fatal problem for society, many scholars devote their efforts in solving the problem in Bangladesh. They approach the issue from what is regarded as a scientific perspective. They formulate public health policy and run projects to combat the problem, which involves large amounts of time, money, and resources.

Experts working in corrections agree that public health measures do not reduce drug addiction (Mannan, 1997; Taleb, 1993). However, government and private enterprises keep investing in the maintenance and growth of anti-drug projects without fundamental revisions to policies and strategies. Here Foucault's perspective on prison seems informative: Foucault has suggested that the failure of the prison system is not a failure at all but a systematic mechanism integral to the system of penal justice. He suggests that 'we ask not why the prison system continually breaks down and is unable to reduce crime, but rather what is served by the breakdown, and by the failure of prison' (Foucault, 1977, p. 272). Following a similar line of thought, it can be argued that the failure of public health measures in reducing drug addiction is an integral part of the expansion of disciplinary control, producing new identities within people which are often exploitive. Nevertheless, as postmodern theorists have shown, this disciplinary control is resisted by the flowering of

*Email: hm77@ucla.edu

ISSN 1028-2580 print/ISSN 1477-2248 online
© 2008 Taylor & Francis
DOI: 10.1080/10282580802482660
http://www.informaworld.com

marginalized identities (lesbian and gay, ethnic minority, etc.) and their revolt from below (Seidman, 1996).

Regular users of drugs, or addicts, are pictured in dominant discourses of public health and welfare in ways that both confer on them a problematic identity and raise questions about their personal motivation. Thus addicts are constituted as being in a number of ways a problem. In medical settings, drug users are seen as uncooperative, unreliable, and dishonest (Chambers et al., 1987). They operate in a social context in which drugs are one part of a lifestyle that often involves crime, and frequently live in settings that inspire a degree of anxiety among health and welfare professionals. They may behave violently while intoxicated and are frequently abusive (May, 2001). The perceived lack of cooperation of addicts and the potential risks that they incur has led to treatment strategies that are about maintaining an addictive state with a degree of safety. While these strategies may have had beneficial effects for some drug users, an alternative interpretation is that they were intended not to sustain and maintain one group (drug users) but to protect another (non-drug users) through marginalization of the addicts (Cameron, 1995). However, this process of marginalization is also contested by addicts in their beliefs and daily activities.

To help clarify these issues I designed a study with two objectives in mind: to discover the plurality of truth regarding addicts and their addictive behavior, and to identify the process through which some active groups among the addicts construct a distinct identity and thus attempt to resist marginalization by dominant discourses. I expected this study to provide evidence of contradictions in the relationship between a particular group of addicts and the mainstream society that upholds the scientific discourses. I attempt to analyze the regular use of ganja, a type of cannabis, for spiritual purpose in Bangladesh, and identify the challenges it raises against the dominant discourse about regular drug use, or addiction, thus revealing underlying identity politics.

My study is important for two reasons. First, it approaches the problem of regular drug use from a perspective that is largely absent in the existing literature, especially in Bangladesh. I propose viewing drug use as a social phenomenon that stands as a specific site, intersection, or negotiation of precisely these aspects of drug addiction and its particular social context. Unlike studies focusing strictly on dimensions of policy, fact, and/or value, which tend to simplify the complexity of addiction, my study focuses on the politics involved in these dimensions. Second, it is important to the field of postmodern studies. It is not the theory of addiction or its proper place in the history of public health that I am concerned with, but rather the identity construction of the users by the users themselves, which manifests an ongoing politics of identity in human sciences. From this, one can form the basis of opposition and struggle against the reproduction of social and political oppression – an oppression that disproportionately persecutes people with low prestige and social power.

Theoretical perspective

Knowledge about the problem of drug use, about its causes and consequences, is accredited as ‘true knowledge’, or is thought of as representing reality by virtue of being scientific. That is, such knowledge has been produced by disembodied researchers who adhere to the standards of scientific enquiry and thus comes to represent reality. From a post structuralist point of view, Michael Foucault argues that we cannot know reality. Because our knowledge comes through language, which is unable to contain, and thus reflect, reality. Language can grasp only the surface level of discursive statements. While human beings may be capable of interpreting the surface level meanings of these discursive practices and thus developing a contingent knowledge (all of the scientific disciplines such as medical

science, psychiatry, penology, sociology, etc.), it is difficult to directly access the deeper knowledge, for it is not knowledge at all in everyday sense of the world. The system of rules which governs the production, operation, and regulation of discursive statements mediates power, or more precisely a 'will to power': not the will of one particular individual or group but a generalized will to create the possibilities to be 'able to speak the truth' (Hacking, 1986, pp. 34–35).

Foucault uses the term 'power/knowledge' to refer to this generalized will to power. He argues that power/knowledge is productive of new ways of saying plausible things about its objects: hence scientific disciplines (discourses), or 'regimes of truth' to use Foucault's term, develop. Seidman (1996) argues that societies are structured by these dominant regimes of truth, which have four basic characteristics: specific rules are authorized for generating and validating knowledge; specific practices of knowledge production are institutionalized; specific agents with socially validated 'expertise' are given institutional authority; and specific social practices are accorded public legitimacy by virtue of their connection to dominant knowledge – for example, the link of science and medicine or psychiatry and therapeutic practices. He further argues that such regimes of truth are productive in that they generate subjugated, or subordinate, marginalized knowledge and identities. However, such a process of producing social hierarchies eventually leads to modes of political mobilization.

Making 'others'

It has been argued that the relationship between the researcher and his subjects, by definition, resembles that of the oppressor and the oppressed because it is the oppressor who defines the problem, the nature of the research, and, to some extent, the quality of interaction between him and his subjects (Lander, 1971, p. vii). However, the outcomes of social research are coherent master narratives that need, and so produce, 'others'.

How do social researchers create such 'others'? In response to this question, Fine (1991) elaborates her study on high school dropouts. She writes:

> I (white, academic, elite woman) represent the words and voices of African, American and Latin, working class and poor adolescents who have dropped out of high school, in texts, in court, and in public policy debates and it becomes scholarship. Some even find it compelling. My raced and classed translation grants authority to their 'native' and 'unarticulated' narratives. My race and class are coded as 'good science.' The power of my translation comes far more from my whiteness, middleclass-ness and education than from the stories I tell. (Fine, 1991)

Such translation colludes with a structure of domination that Edward Said sketches in some detail in his seminal book *Orientalism*. He writes:

> [K]nowledge of the orient, because generated out of strength, in a sense creates the orient, the oriental and his world … the orient is depicted as something one judges (as in a court of law), something one studies and depicts (as in a curriculum), something one disciplines (as in a school or prison), something one illustrates (as in a zoological manual). The point is that in each of these cases the oriental is contained and represented by dominating frameworks. (Said, 1978, p. 40)

It becomes apparent from these illustrations that by virtue of their dominating position social researchers are able to construct an identity of their subjects in a way that confirms the researcher's superiority. The researcher/subject relation assumes a form in which the

subjects always need to be represented by the researcher as if they cannot represent themselves. However, this lording-over position taken by the researchers goes well beyond mere representation of the subjects to a search for betterment of the subjects' condition. For Said, this lording-over enables the West to speak of the Orient for the West. In so doing, Orientalists create generalizations about the Orient, its peoples, its cultures, and so forth. Principally, the Orient always seems to be in need of corrections and help from somewhere else. And since the Orient is unable to rely on itself, to speak of itself, and to make the necessary changes, it has become an imperative for the West to help the Orient. Thus it seems reasonable that the Orient should remain under Western imperialism.

The discourse of modernity employs science as a boundary marker to signify what talk of 'the social' counts as knowledge and therefore is deserving of public authority (Seidman, 1994). All that fails to qualify as scientific is relegated to a subordinate epistemic and social status and considered ideology, opinion, tradition, myth, religion, philosophy, literature, and theories. As Seidman (1994, p. 125) notes: 'A discourse that bears the stamp of scientific knowledge gives its normative concepts of identity and order an authority while discrediting the social agendas produced by other (scientific and non-scientific) discourses.'

This has been the case regarding drug addiction, and particularly the regular use of ganja for spiritual purposes in Bangladesh. Since the outset of discourse on addiction, scholars have attempted to study, scrutinize, analyze, judge, and comment on addiction and addicts without dialogue, discussion, or mutual recognition. It appears as if the addicts are unable to represent themselves, and therefore need to be represented by scientific authority. This lies at the heart of addicts' absence in discourses on drug addiction (South, 1999). This omission of drug users is in no way voluntary but rather arises from the overpowering nature of modern science. As addict are identified with non-scientific talk of the social, the knowledge they produce has been subjugated and marginalized by the dominant public health discourses which are generally accredited as scientific knowledge. This is also the reason behind the construction of an addict identity as necessarily deviant. Since addicts are pictured as the 'other', all that is unreliable, discomforting, and deplorable is identified with them, while non-addicts are reliable, jovial, and commendable – in a word, social beings. And since modern knowledge and its contenders care about universal humanity, they make it their obligation to rescue those who engage in regular use of substances and are thought to be ruining themselves, even if the correctives require coercion and repression.

In fact, modernist discourses assume that drug addicts, including regular ganja users, are similar and thus blur meaningful distinctions among them. Thus some are excluded and silenced. However, a decentered perspective on the self posits that identities are essentially fractured, multiple, and protean (Haraway, 1994). Such a perspective is crucial to grasping the emergent identity of some of the users who attempt to counter the totalizing – and hence marginalizing – modernist discourses of public health and welfare that seek to depict all users as equally deviant and espouse policies to rescue them which are often repressive.

Ganja use in Bangladesh

Various substances have been used in Bangladesh for a long time. However, a particular type of cannabis – ganja – is the most common and widely known of all such substances. Probably the earliest evidence of the use of ganja on the Indian subcontinent is found in the holy book of the Hindus, the *Purana*, which says that the god Indra gave to ganja his thousands of eyes, his power of healing, and the power to destroy evil (Dwarkanath, Dwarkanath 1992, p. 15). Another holy book of the Hindus, the *Vedya*, which was written between 2000 BCE and 1400 BCE, identifies ganja as a stimulant that has the ability to bring pleasure

(Malek, 1999). In fact, monks in both the Hindu and Buddhist religions have a tradition of using ganja in their meditation for salvation. This tradition of the spiritual use of ganja in Bangladesh is continued among Muslims, particularly the Sufis, who are said be have been a major factor in the religious conversion of Buddhist and Hindu Bengalis to Islam. One of the common elements of the religious practices of Sufism is the use of a kind of cannabis (Malek, 1999). Ganja use has been common among rural people since the early decades of the last century. Many of the novels of Sharatchandra Chatterji, a popular novelist during the mid-20th century, reveal that smoking ganja was common and socially acceptable – especially among the elderly.

There are different names for ganja depending on the part of the plant used and the method used for consuming it. Currently the most fashionable is to smoke the flowering tops of female plants by using bongs and pipes, or by rolling 'joints' or 'blunts'. Whatever name it is given, and whatever method is used for its consumption, the use of ganja, especially for spiritual purposes, has been practiced and tolerated in Bangladesh society for thousands of years (Haque, 1993). There are hundreds of shrines throughout the country where people of all different religions get together in search of spiritual satisfaction, and many of them use ganja. Often this takes the form of large social-religious festivals. There are shrines adjacent to the High Court and elsewhere in Dhaka, in all the regional cities, and in many other places that observe such festivals every year and attract thousands of people. A leading English daily in Bangladesh once published the following:

> Thousands of Ganja lovers seeking spiritual ecstasy from across the country as well as from India, Nepal, Bhutan, Myanmar and Pakistan have started pouring in the 2,375 year-old *Mahastangarh* to celebrate a three-day Ganja festival beginning today. The annual extravaganza, a crowd-puller, is held every last Thursday of the Bangla month of Boishakh and draws both male and female pot connoisseurs with plaited hair. (The Daily Star Web Edition)

Medicalization of ganja

Drug addiction, including the use of ganja, has become a social problem in the official discourse of public health and social welfare in Bangladesh only very recently. One of the official documents – the *Banglapedia* (2004) – states:

> In the past, this [ganja] was a good source of revenue but now, since Bangladesh is a signatory of the UN Convention, its production has stopped in all phases in this country. The use of illegal drugs and crime go hand in hand. The problems of drug abuse are related to violence, crime, family disruption, health problems, including interference with normal reproductive functions, and long-term damage to the brain, heart and lungs. (Encyclopedia of Bangladesh, CD Rom)

This not only indicates the illegal status of ganja but also identifies it, along with all other illegal substances, as a source of crime and health problems. However, the authorities have not provided any data offering proof that ganja causes criminal behavior or medical problems.[1] Reinarman (2005) has made an interesting observation in this regard: '[L]aw makers justify laws against drug abuse in terms of medical evidences, but the medical experts frame their definition of drug abuse in terms of laws' (p. 312).

The widespread use of ganja can be traced back to British colonial rule in the 19th century when the colonial government intervened in, and to some extent patronized, the cultivation of ganja and opiates in Bengal in order to increase revenue collection (Choudhury, 2002). However, colonial rule also introduced modernization ideas from Europe, which is the cultural and historical breeding ground of the disease conception of addiction to any substance, including ganja. For Levine (1978), the disease conception of

addiction emerged in 19th-century America with the temperance movement, which identified addiction as a cause of losing self-control and engagement in bad behavior. Agreeing with Levine, Room (2003) deconstructs the concept of addiction and other cognate concepts and shows how strongly such concepts are 'framed in the outlook and experiences of American culture and others like it' (p. 228). He further argues that the worldwide diffusion of American culture has played a major role in the diffusion of the disease concept of addiction. Reinarman (2005) argues that the disease concept of addiction is not directly revealed through scientific discoveries; instead, it has a specific historical contour involving actors and institutions that have continuously constructed and reproduced it. He observes the emergence of this disease concept of addiction in the Middle Ages in Europe, when the Puritan church and early capitalism constructed the concept of the 'modern individual' and 'demanded the renunciation of pleasure for the sake of piety and productivity' (p. 310). For Cohen (2000), loss of self-control is 'the supreme evil' in the modern European worldview, and it must be recognizable and exorcisable: 'Modern man needs the concept of addiction, and its evil, as Medieval men needed the devil or the heretic' (p. 597). He adds that the same culture that constructs addiction or loss of self-control as the supreme evil also constructs the necessary knowledge apparatus to diagnose the evil and to take protective measures.

The use of ganja for spiritual purposes has always been contested by the conformist Islamist groups in Bangladesh, which is a predominantly Muslim country. However, they could not stop it completely, or even create a general negative attitude towards it (Haque, 1993). The decisive factor in the medicalization and hence criminalization of ganja use for all purposes was the diffusion of the American-European conception of addiction as disease in Bangladesh. During the 1980s, considerable funding from local, national, and international NGOs was poured into programs to develop awareness of the detrimental effects of drug use. The momentum built in 1990 when the government established the Narcotics Control Board (NCB) and the Department of Narcotics Control (DNC). The government has also signed several international and regional anti-drug conventions and passed several laws that have made all drugs and their use illegal and punishable. The DNC motto is 'We Want a Drug-Free Nation' and it has 16 English and 85 Bangla slogans against drug use, defining it as any type of substance use, either regular or occasional. Thus anti-drug ideology, laws, and institutions were put in place during the 1990s.

'The disease concept sometimes serves as a human warrant for the right to access to services, but it also serves, paradoxically, as a key justification for punitive prohibition' (Reinarman, 2005, p. 317). This is true about ganja use for spiritual purposes in Bangladesh. The government has started repressing ganja use, due to its adoption of Western culture-specific theories and categories. The newspaper report on a ganja festival mentioned earlier tells us:

> Local police said they will be in the hunt for the Ganja users: 'If we find anyone smoking Ganja, we will arrest them. We have been doing that for the last few years,' said a police officer of *Mahastangarh*, asking for anonymity. (The Daily Star Web Edition)

Although regular use of ganja (or any substance) does have some effects on the body and the mind, it is hardly possible designate ganja (or another particular substance) use as the sole cause (Levine, 1978; Reinarman, 2005; Room, 2003). Therefore, punitive measures against the spiritual use of ganja simply expose ideological imperialism – the imposition of Western knowledge that blurs the distinctions between ganja use for different purposes. However, such essentialization of ganja use has always been contested within the specific social settings of the marginalized groups that deviate from the core values of the dominant

society. This struggle takes the form of identity politics in which the deviant groups relentlessly redefine and reconstruct themselves as normal against the dominant discourses that define them as deviant.

Research methodology

'Aware of the constructed character of selves, postmodern human studies would take as one of its purposes analysis of the making of identities or subjects' (Seidman, 1994, p.18). Recognizing the need to incorporate subjects' views in scientific enquiry, some social researchers have sought to give their subjects voice. Here the colonial analogy applies to scientific discourse because the researcher, in his/her attempts to give the subjects voice, stands at a position from where s/he defines the problem, the nature of the research, the way to reach the goals, etc. Thus, the relationship between the researcher and his/her subjects assumes that of oppressor and oppressed. Even when the researcher is sympathetic to his/her oppressed, muted subjects, the relation remains that of 'a strong and a weaker partner' (Said, 1978, p. 41). Fine makes a similar observation:

> When we write essays about subjugated others as if they were a homogenous mass (of virtue or vice), free-floating and severed from context of oppression, and as if we were neutral transmitters of voices and stories, we tilt toward a narrative strategy that reproduces Othering on, despite, or even for. (Fine, 1994, p. 74)

This is why Spivak (1988) argues that academics/researchers can do little to correct the 'material wrongs of colonialism': she stresses that researchers should stop trying to know the other or give voice to the other, and listen, instead, to the plural voices of those othered as constructors and agents of knowledge.

With respect to how to resist othering, Fine (1994) says the issue must be dealt with from a postmodern point of view: 'When we construct texts collaboratively, self-consciously examining our relations with/for/despite those who have been contained as others, we move against, we enable resistance to Othering' (p. 74). Therefore, I selected narrative analysis as a strategy best suited to the collaborative construction of identity by both parties involved – the researcher and his/her subject.

Qualitative researchers must confront three crises, Denzin and Lincoln (2005) say, with regard to: representation, legitimation, and praxis. In an attempt to address these crises, they focused on the rigor of their research, where rigor was defined as the goal of making 'data and explanatory schemes as public and replicable as possible'.

My subjects of study formed a small group (16 people out of, they claimed, some 70 members) in a rural community who organize themselves as an association called the Bangali Association, based in a century-old small shrine on the outskirts of a village. A defining characteristic of this group is that its members regularly – indeed, daily – use ganja for spiritual purposes. The members are: both men and women, although few women; both educated and illiterate; both professional and farmers; from rich, middle-class, and poor families; and adherents to different religions. Therefore, categorization is very difficult, if not impossible. Nevertheless, all share a belief there is no harm in their regular use of ganja. For this belief, however, they are labeled deviants and their activities are labeled anti-social. As a result, they often experience ostracism, and even police raids. However, they maintain their regular ganja use by organizing among themselves. Their association has a formal organizational structure and regular programs. To understand their reasons for espousing regular ganja use as a normal practice and the strategies they adopt to resist the totalizing disease conception of addiction that marginalizes them, it is necessary to situate my analysis

in the specific social context in which they operate. With this in mind, I visited the place where they gather and smoked ganja with them, speaking to several of the members so as to understand their perspective.

I asked those I met in several spot-visits about their life stories with respect to ganja use, recording our conversations with their consent. I came away with 16 such interviews. From these, I have selected five on the basis of the range of topics covered. Finally, I have selected one interview that provided multiple useable narrative stories that are suitable for my analysis.

I have adopted two approaches to narrative analysis: first, a linguistic approach which slices stories into clauses (Labov & Waletzky, 1967). According to this model, narratives have formal properties and each has a function. A fully formed narrative includes six common elements: abstract (summary of the substance of the narrative); orientation (time, place, situation, participants); complicating action (sequence of events); evaluation (significance and meaning of the action, attitude of the narrator); resolution (what finally happened); and coda (returning the perspective to the present). The second approach I used involves considering complete stories. In full stories, we can see the introduction of two contrasting 'voices' – the dominant, which marginalizes, and the marginalized, whereby the narrator explains how s/he got involved in an asocial group and had to struggle against the dominant society.

Narratives are re-fashioned in light of present life experiences and are often judged on coherence and plausibility rather than 'truth'. Furthermore, whether the teller believes the story to be true does not prove its veracity (Phillips, 1997). The Personal Narratives Group (1989) writes of truth in the following way:

> When talking about their lies, people lie sometimes, forget a lot, exaggerate, become confused, and get things wrong. Yet they are revealing truths. These truths do not reveal the past 'as it actually was', aspiring to a standard of objectivity. They give us instead the truths of our experiences … unlike the truth of the scientific ideal; the truths of personal narratives are neither open to proof nor self-evident. We come to understand them only through interpretation, paying careful attention to the context that shapes their creation and to the world views that inform them. (quoted in Riessman, 1993, p. 22)

Narratives are interpretive and require interpretation. 'The fundamental criterion of validity for a story is the ability of the listener to literally "re-cognize" – in the original sense of knowledge again, the familiar event in an unfamiliar story' (Hummel, 1991, p. 38).

Narrative analysis

My informant, Mr. Ahad, is a middle-class man in his early 40s. He is married and has three daughters; one is a first-year student at university and the others are still in high school. He is a graduate and employed full-time in the service sector in the nearby sugar mill. His wife is a primary school teacher. They live in a village neighboring mine. When I first visited one of the houses close to the shrine where the regular users of ganja get together and smoke, I approached him through one of his fellow users (who is one of my childhood friends) and he agreed to share his life experiences. With his consent, I recorded the whole conversation, which lasted about two hours.

Bell (1988) argues that to communicate a story, a narrator has the task of finding a form that is compatible with the expectations of the listener. If s/he is unsuccessful, his/her points will not be heard. Mr. Ahad told stories that have a recognizable, patterned structure suitable for my analysis. Each story is a fully formed narrative: each begins with an abstract (a plot summary), and contains an orientation (introducing place, character, and situation), compli-

cating action (narrative clauses), evaluation (interpretation), resolution (the result of the actions), and coda (returning to the present context). In the analysis that follows, I have reduced each story to its core narrative or skeleton plot. This reduction preserves the abstract, orientation, complicating action, evaluation, resolution, and coda. It leaves out a great deal of description the narrator introduced to expand upon and explain the meaning of the stories.

The first story, narrated about 15 minutes after the conversation began, tells of the meaning of the use of ganja in Mr. Ahad's life and how this differentiates his own life from that of other users. The second story, which occurred a few minutes later, elaborates on the logic for ganja use in context, and recognizes the adverse impact of its misuses. The third story appeared after about half an hour. This reports how he joined in the collective lives of those who smoke ganja as part of their daily life and seek to resist marginalization by the dominant society by creating an alternative social space. In this regard, the fourth story is more informative for he narrated how he resists the dominant medical discourse. The fifth and sixth stories elaborate his evolving religious views, which sharply contradict dominant religious discourses.

Constructing knowledge in two voices

Mishler (1984) has proposed the concept of 'voice' to represent a specific normative order, a particular assumption about 'the relationship between appearance, reality and language' (p. 63). She describes two voices, representing two ways of knowing about health, illness, and disease, which she calls the voice of medicine and the voice of the life world. The voice of medicine seeks to understand and explain events within the framework of the biomedical context while the voice of the life world represents understanding of health and disease within a particular social context. I have identified these two voices in the stories Mr. Ahad narrated in our conversation. I prefer to term them the voice of society and the voice of Siddh (Siddh is the name for ganja preferred by those who use it for spiritual purposes).

The voice of society represents the understanding of ganja use within the greater social context. According to this voice, regular use of any substance is harmful for the individual and society alike. Hence, it prohibits the use of all substances and labels those who regularly take drugs of any kind with negative attributes, with a deviant identity. The effect of this voice is to strip away the social context of ganja use and to ignore users' experiences and self-understandings. This voice predominates in explanations of the problems of the regular use of substances, including ganja. It frames problems in the language of medicine and public health experts and social policy-makers, which increases negative connotations and reproduces users' identity as essentially deviant and anti-social.

The voice of Siddhi, on the other hand, represents the understanding of ganja use in the users' particular social context. According to this voice, events 'become connected and meaningful depending on a person's biographical situation and position in the social world' (Mishler, 1984, p. 104). The self is the center of this voice. Following Mishler, it can be argued that, although the voice of society is the usual explanatory framework, the regular use of ganja becomes truly meaningful to people only after it has been contextualized. The voice of Siddhi seeks to frame the problems related to the regular use of ganja in the user's context and, thus, rejects the negative connotations attached to it. It strives to develop a new identity which is neither deviant nor anti-social but rather fully-functioning and conforming to their marginalized, asocial life. Thus, there is a constant struggle between the two voices in the everyday life and interaction of the Siddhikhor (the users of Siddhi) with the larger society.

Both voices can be heard throughout the six stories. In order to understand why Mr. Ahad has become an active member of the association of regular ganja users, and the

meaning of this transformation for him, it is necessary to explore the dialogue between the two voices within and across all the stories.

Story-I

Abstract:

The life with Siddhi is such a life!

Orientation:

I was in a different life, wasn't I?

For example, I did not smoke Siddhi, used to frequent in night clubs [i](for gambling, alcohol and women[ii]) with friends, didn't I?

Attention of my mind was really to different (socially reproachable) things…

Complicating Action:

But once I started taking Siddhi, and since then I had started getting away from all those…

Evaluation:

Yah, this life is better than that life. This is the best way of life for me.

If I am able to be a good person through this way….probably I will be called Ganjakhor, yet I will always be able to tell the truth to people.

If I embrace people as friends and do not hurt them, they must recognize me as a good person today or tomorrow.

Resolution:

This reputation as a good person is my success.

What is important is that I may not be a *Pujari*[iii] or a *Namaji*[iv], but I have to be a good person.

I will try this by all means ….hmm, I think this (Ganja use) is a viable way towards the good.

Coda:

Yah,..then gradually….

In this first story, Mr. Ahad compares his two different selves: one not labeled deviant in spite of visits to night clubs for gambling, alcohol, and women, and his present deviant self as a regular user of Ganja (he always calls it Siddhi, for a specific purpose that he clarifies in a later story). He accepts his present self with its negative social identity due to the fact that he values most the reputation of being a good person, which he believes is attainable through regular use of ganja.

In this story, the voice of Siddhi is in conflict with the voice of society in defining the way to achieve the ultimate goal of life: the voice of Siddhi identifies the regular use of ganja as a way to refrain from many deviant activities and become a social being, while the voice of society regards using ganja itself as a deviant activity, and stresses *Namaj* or *Puja* as the ways to achieve a life in conformity. However, Mr. Ahad, through his own lived experiences, finds using Siddhi more efficient than *Namaj* or *Puja* in conforming to the social values of not indulging in gambling, alcohol, or women and becoming a social being. For him, what is important is the ultimate goal – becoming a good person in the eyes of others. He recognizes multiple ways to achieve this goal and chooses one that he finds most helpful. As such, he prefers regular use of Siddhi as the way to a successful life. Although people may label him deviant, he takes up Siddhi, ignoring and thus resisting the social voice.

Story– II

Abstract:

There were some people….

Orientation:

For example, Salam Farazi…

They spoiled their whole life smoking Siddhi. …

Complicating Action:

I certainly know that I can't work after taking Siddhi….

This life has gained so much bad reputation for those people who abused Siddhi. Now everybody calls us Ganjakhor.

Evaluation:

This is a single thing (Ganja), yet has three different names.

When the cobblers[v] take it, it becomes Bhang.

When the touts use it to show up, it becomes Ganja.

when those people, who has long hair and beard, or the reputed *pagols*[vi] we see at shrines, take it, it becomes Siddhi.

So, the single substance gets three different names based on three different types of users. One is Bhangkhor, another is Ganjakhor, and the last one is Siddhikhor.

Resolution:

So, Ganja, Siddhi and Bhang are all the same. But we are three different types of people in three different ways.

When the cobblers take it, people comment 'look, shala (*Bangla slang*) is taking Bhang';

When students take it, people believe this will disturb their studie, because they cannot give attention to their reading after taking it. So, it can never be accepted.

Well, after a whole working day….

The ultimate desire of human beings is to get closer to Allah, or salvation….

After a whole day of works, you take it,

When we pray for Allah…keeping aside all this-worldly thoughts

Take it in this sense….Allah will give you peace and happiness.

Coda:

This is such a thing!

In the second story, Mr. Ahad differentiates the different purposes of using ganja and describes the implications each of these has for the individuals and hence the ensuing social recognitions. He identifies three different types of people using ganja that generate three different consequences. The first group of users is made up of the cobblers who are infamous for excessive use of bhang, a liquor made of ganja leaves. The second group of people smoke ganja to show off their arrogance and insolence. For both these groups, Ganja use produces detrimental effects and thus their negative social identity is tolerable. This causes many problems not only for them but also for their families and society as a whole. However, there is another group of people who use ganja for spiritual purposes after their regular duties are done. Such use is not harmful: conversely, it brings spiritual satisfaction.

Here Mr. Ahad formulates the voice of Siddhi in such a manner that he rejects the generalizing voice of society regarding ganja use. It agrees with the social voice in the case of students, when ganja has negative influence on their studies, or when ganja use hampers people's daily affairs. However, it singles out those who use it during their leisure time for spiritual purposes and argues that it should not be prohibited, but instead recognized. Here,

the voice of Siddhi deviates from and confronts the voice of society, which generally considers all type of substance use to be detrimental, and therefore prohibited.

Story– III

Abstract:

Many people, other than the disciples, also visit there (*Bangali* Association) ….

Orientation:

I also often went there like those other people, and thus got introduced to him (the leader of the Association) and developed a close relation with him over time.

Complicating Action:

But once at Samad Sir's house, it was 1996….

In front of Samad sir, he asked meif I joined the *Bangali* Association. I though since I was already convinced….well, I went to Mansur *Pagla* (my *Peer*, or spiritual mentor) and told sought him permision. He asked me to tell about who they were, their activities, etc. I told that they emphasised telling the truth, loving people, etc..

Evaluation:

He said that all those are good…all are religious faiths… Yah, all these are the essence of all religions…..So, there is no problem joining them.

Resolution:

Then I went there and told him that my *Peer* had permitted me to join. I was selected as the Vice-president of the association. So, he became the president and I became the vice president.

Coda:

Then…we posed for a huge poster.

In the third story, Mr. Ahad describes how he joined an association of people for whom ganja use is a part of the everyday life in which they practice good religious beliefs. This gives him recognition as a fully participating member of the group, and thus a space for reclaiming a positive social identity at a time when mainstream society labels him deviant.

As in the first story, here we see a conflict between the two voices with regard to the emphasis on ends and means. For the voice of Siddhi, it is acceptable to join even an asocial group if its activities uphold the core tenets of religion – whereas for the voice of society, one has to conform not only to these tenets of religion but also to the means of religious practice, that is, the companions, the instruments, etc. according to social norms and values. The voice of Siddhi appears to be more permissive and humanitarian in that it permits people from different religions and social strata to work together for the common religious faiths. Thus, it contrasts with the voice of society and attempts to widen its scope.

Story- IV

Abstract:

There are 35 advantages of regularly taking Siddhi…

Orientation:

You will get rid of some diseases….those will never come back.

Complicating Action:

I had the problem of Gastric. I tried lots of medicines. Even I tried medicines from Kolkat…yet I the pain continued. F ew hours after taking those medicines, the pain used to come back. Then I gradually started taking Siddhi…..

When I felt the pain, I smoked Siddhi… The smoke was so powerful! I did not feel that pain.

Resolution:

Yah, this Siddhi completely consumes the pain. Such a powerful thing it is!…

Since then I smoke Siddhi whenever I feel the pain… I do. The more the pain, the more I smoke.

I mean only two *Kalki* (bong, made of burned clay) is enough to get rid of the pain.

Coda:

It truly works!

Here Mr. Ahad describes the medical use of ganja. He suffers from a gastric ulcer which causes stomach pain; he has tried many different types of medicines, even from Kolkata (India). However, all those medicines failed to remove the pain permanently. Usually after taking the medicine, the pain came back, proving that those medicines were simply palliatives. Eventually when he started taking ganja he found it eliminated the pain. That is, ganja is also another palliative to his pain. Since then, he has regularly smoked ganja whenever he feels the pain and considers it a competent form of alternative medicine.

In this story the voice of Siddhi demystifies the efficiency of medical discourse, one component of the voice of society, and points to the perceived detrimental effect of ganja as unwarranted. Mr. Ahad's personal experience shows that medical science has failed to cure him permanently, exposing its limitations, and also that ganja, paradoxically, serves as an alternative palliative – at least to a certain extent.

Story– V

Abstract:

If I don't perceive him (the creator)….

Orientation:

Yah….well, I may not be able to do research on him. But I have to understand who Allah (the creator according to Islamic view) is…Well, he is neither visible nor invisible. But he must be realized, right?

Complicating Action:

Allah is nothing but a light. Allah is a huge light that enlightens the whole world, that runs the whole world. He is such a power.

Evaluation:

Yah, he is a power, not light. One can see whereever he expresses himself. He comes either on an individual or on an object. We can see them both.

Resolution:

From this point of view, Allah is visible. He is a power. He glorifies the person who has got him. And he is visible.

Coda:

So, Allah is visible.

In this story, Mr. Ahad describes a core belief in the Bangali Association that one can see Allah, the creator and the ultimate God in Islam, and this is very important for one's spiritual satisfaction. He says that everybody must realize the existence of Allah. The dominant form of Islam perceives Allah as a completely abstract being, neither visible nor invisible, something like light. However, for Mr. Ahad and his colleagues a concrete realization of Allah's existence is crucial. Thus, he conceives Allah as a power instead of light, and that

power expresses itself either on an object or an individual which are both visible. Thus he realizes the existence of Allah through the medium.

In the fifth story, we can observe the most apparent struggle between the two voices. In contrast with the social voice, which conceives that Allah is without image and thus impersonal, the voice of Siddhi argues that people may be able to see Allah. It stresses the need to realize Allah to feel content, so it attempts to personify the impersonal creator. It contextualizes the issue and argues that Allah may express himself by exposing his power through some selected persons (like the holy prophet). Thus, the voice of Siddhi contradicts the theoretical stance that Allah is impersonal, which is one of the core religious values within the social voice. In this way, it tries to bring Allah down to earth in the daily reverence of disciples like the regular ganja users.

Story– VI

Abstract:

I mean, I'd been observing their (Bangali Association) activities…well, I liked those all.

Orientation:

Once they invited me to go to *Orsh*[vii] and also I donated money to their charity fund. They demanded that I should go with them. Well, I agreed to join.

Complicating Action:

I went there and watched them sacrificing three cattle to entertain the people…
All were poor people….

Evaluation:

Well, they did not do anything bad! Then, this must be a better way….
Hm….then I'd realized that Allah does not live in the sky or air. Before I thought Allah lives in the sky as the *alems*[viii] told and taught.
They (the leaders of *Bangali* association) told that the true place of Allah is inside a person, not anywhere else. One cannot find him in the sky or air, not even in the mountains.

Resolution:

So, where is he available? It's at the *Kalb-ul-Muminin* (heart of the believers)… for sure.

Coda:

Well, I did not realize this before.

In this story, Mr. Ahad says that he had been watching the activities of the Bangali Association for a while. Once he was invited to join the yearly convention and he accepted. There he saw them sacrificing cattle and feeding distressed people. He had had a belief that Allah lives somewhere up in the sky, as the traditional religious teachers maintain. However, the Bangali Association's perception is that Allah lives within people, in the heart of individuals, and also that if somebody seeks salvation, s/he must seek it by serving helpless people.

This last story can be seen as an extension of the struggle between the two voices regarding the essential features of Allah. Here, the voice of Siddhi disagrees with the social voice which maintains that Allah exists outside of human society, outside individuals' mundane daily activities. The voice of society emphasizes the place of Allah somewhere above the earth or people's daily activities – which contradicts the holy scriptures of the Koran, which say that the existence of Allah is in the *Kalb* (heart) of those who believe in him. In this respect, the voice of Siddhi is closer to the holy Koran than the voice of society.

All stories taken together

Mr. Ahad said that initially he could not identify the different effects of ganja and it had no meaning for him, and so he equated it with the use of all other substances and considered all ganja users in the negative as Ganjakhor. However, following his own experience of spiritual usage, he has accepted this identity, even with its negative social connotation. This acceptance depends on his understanding of how ganja contributes to maintaining a life of conformity and attachment. Over time, however, he began to see more than this – he became able to identify the whole range of effects that ganja has on individuals. He can single out when ganja incurs harmful consequences and when it promotes self-actualization. He has come to realize that the detrimental effects can be eliminated by imposing self-control over one's use. He identifies multiple motives for the use of ganja and accepts only one – to get closer to Allah during one's leisure period. Moreover, such use serves as a form of alternative medicine, for instance relieving physical pain.

He gradually became religion-conscious and, after a critical review of the dominant religious views, took up membership of the Bangali Association. This group is labeled asocial because of its deviation from dominant discourses. However, through group activities he came to realize that Allah lives within society, not somewhere out of the social world as in the dominant religion's view. In entertaining poor people, he realized a closer association with Allah – the ultimate aim of all pious Moslems. Hence, a strong drive developed in him to participate in the activities organized by the Bangali Association, despite the labeling of mainstream society. Thus he has developed a fully active identity in a marginalized space.

Discussion

It is obvious that Mr. Ahad accounts for his experiences through linked stories. Analysis of these stories shows how he has come to the regular use of ganja and involvement in an asocial group, organizing and participating in programs that contrast with mainstream society. There are at least two occasions where translation effects might have occurred: when I transcribed the recorded talk from the local oral dialect to written Bangla, and again when I translated that into English. However, the method of analysis preserves the structure he utilizes, and thus translation effects would have minimal influence on the usefulness of the data for my purposes.

By focusing on the core narratives and then the full version of the stories, I have shown how this man responds to and copes with his regular use of ganja. Different aspects of the stories of his life together help us to understand his evolving political self. Some features of the identity of a regular user of ganja as constructed by researchers, and those of that constructed by the narrator himself, stand in direct opposition. These are summarized in Table 1.

Drawing on common knowledge about substance use and the narrative accounts of regular users of ganja for spiritual purposes, two distinct identities are presented in Table 1. One represents the social researcher's account, ostensibly with scientific knowledge and expertise – but obviously without experience of varieties of substance use. The other represents a regular user with practical experience, but without the accredited expertise of scientific knowledge. One sees the phenomenon of substance use as a social problem, from outside, while the other sees it as a normal life experience, from inside.

Conclusion

In the discourses of public health and welfare, the voice of scientific authority dominates. Its accounts qualify the standards of scientific knowledge set by disciplinary boundaries and

Table 1. Conflicting identities of drug addicts.

Researchers' perspective	Ganja users' perspective
1. Ganja use develops in the individual a proclivity for anti-social activities.	Ganja use keeps the individual away from anti-social activities.
2. A ganja user often engages in criminal activities.	A ganja user gives up all deviant activities.
3. A ganja user ruins his/her physical health by its regular use.	A ganja user finds medication in the regular use of the substance.
4. A ganja user engages in violent and abusive behaviors.	A ganja user devotes him/herself to serving helpless people.
5. A ganja user develops confusing and misleading ideas about religion.	A ganja user attempts to clarify his/her religious perception and conforms to religion.
6. A ganja user gets isolated from the larger society.	A ganja user participates in the group to which s/he belongs and thus becomes more social.

become accredited as scientific knowledge. By virtue of the fact that such knowledge is developed by the disembodied researcher, who has mastered the art of scientific research, this knowledge applies regardless of time and space. This tendency to generalize is consistent with the imperial will of modernist discourses that attempt to erase difference and thus marginalize those who do not conform to modernist premises. What makes the researcher's perspective credible and that of the ganja user unreliable? 'Science confers authority and legitimacy on a discourse, its producers and the social values and ideals of the discourse' (Seidman, 1991, p. 186). The knowledge produced from the ganja user's perspective does not qualify the scientific standards, but rather his own ways of comprehending the world. Therefore, it has been thrown out of the world of scientific knowledge and has been located on the margin as noisy, inarticulate, unmethodical, and non-scientific talk. Hence emerges the generally assumed ignorance of the ganja user in terms of knowledge about her/himself – as if the researchers know her/him better than s/he knows her/himself.

However, the generalizations made by scientific discourse about ganja use do not go uncontested. A particular segment of users, by contextualizing their drug use and other associated behaviors, creatively pave the way to circumventing the dominance of society, and organize themselves into groups outside mainstream society to resist marginalization. They create their own beliefs, values, and practices to suit their aspirations. They create innovative ways to reach goals – personal happiness, sociability, physical health, and religious conformity – like all other members of society. They seek recourse to regular, yet prudent, use of ganja, evading the authority of the experts in the fields – namely, medical science and religion.

Notes

1. There are studies that find a correlation between ganja use and criminality, or medical problems; however, a causal relationship is yet to be established in Bangladesh.
2. The words within square brackets here and afterwards have been added to explain the context little more.

i. The words within the parenthesis here and hereafter are added to explain the context little more.
ii. These are three serious social crimes in rural Bangladesh as they conceive.
iii. A Hindu who performs the ritual of praying.
iv. A Moslem who performs five-time prayer daily.
v. One of the lowest caste people whose daily life is considered very lowly.

vi. Sufi leaders found mostly in the shrines.
vii. Annual gathering of the disciples of a particular shrine and/or *Peer*.
viii. Teachers and/or knowledgeable persons in Islamic doctrine.

References

Bell, S. (2000). Experiences of Illness and Narrative Understandings. In Phil Brown, (Ed.), *Perspectives in medical sociology* (pp. 130–145). Waweland Press, Inc., Prospect Heights: IL.

Bell, S.E. (2000). "Experiencing Illness In/and Narrative." In Handbook of Medical Sociology, fifth edition, edited by C.E. Bird, P. Conrad, A.M. Fremont. Upper Saddle River, NJ: Prentice Hall. pp. 184–199

Cameron, D. (1995). *Liberating solutions to alcohol problems.* London: Aronson.

Chambers, C., White, O.Z., Lindquist, J. 1987. 'Physician Attitudes and Prescribing Practices', pp. 172–81, in C. Chambers et al. (eds.), *Chemical Dependencies: Patterns, Costs and Consequences.* London: OHI.

Chowdhury, A.M. (2002). *Bangladesher madokdrobbo niontron ain pronayan o madokdrobbo adhidoptor protisther potobhumi* [*History of anti-drug laws and establishment of the Narcotics Control Department in Bangladesh*]. Dhaka, Bangladesh: Department of Narcotics Control.

Cohen, P. (2000). Is the addiction doctor the voodoo priest of Western man? *Addiction Research, 8,* 589–598.

Denzin, N.K. & Lincoln, Y.S. (eds.) (2005). *Handbook of Qualitative Research.* Sage–Publications: California.

Dwarkanath, C. (1992). *Use of opium and cannabis in the traditional system of medicine in India.* Delhi: Bulletin on Narcotics.

Fine, M. (1991). *Framing dropouts.* Albany: State University of New York Press.

Fine, M. (1994). Working with the hyphens: Reinventing the self and other in qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 70–82). London: Sage Publications.

Foucault, M. (1977). *Discipline and punish: The birth of the prison.* New York: Vintage.

Hacking, I. (1986). The archaeology of Foucault. In D.C. Hoy (Ed.), *Foucault: A critical reader* (pp. 27–40). Oxford, UK: Blackwell.

Haque, M.I. (1993). *Madakashakti: Jatio o vishshya poriprekshit* [*Drug addiction: National and world perspective*]. Dhaka, Bangladesh: Chaya Publishers.

Haraway, D. (1994). A manifesto for cyborgs: Science, technology, and socialist feminism in the 1980s. In S. Seidman (Ed.), *Postmodern turn* (pp. 82–115). Cambridge, UK: Cambridge University Press.

Hummel, P. (1991). Validity of narrative stories as data. *Communications, 60,* 33–38.

Labov, W., & Waletzky, J. (1967). Narrative: Oral version of personal experience. In J. Helm (Ed.), *Essays in the verbal and visual art* (pp. 12–44). Seattle: University of Washington Press.

Lander, J. (1971). *Tomorrow's tomorrow.* New York: Doubleday.

Levine, H.G. (1978). The discovery of addiction: Changing concepts of habitual drunkenness' America. *Journal of Studies on Alcohol, 15,* 493–506.

Malek, M.A. (1999). *Madokashokti: Oitihasik prekkhapot* [*Drug addiction: Historical background*]. Dhaka, Bangladesh: Department of Narcotic Control.

Mannan, B. (1997). *Bangladesher madokashoki niramoye poribar o chikitsa protisthaner vumika* [*The role of family and hospital in drug abuse control in Bangladesh*]. Dhaka, Bangladesh: Federation against Drug Addiction.

May, C. (2001). Pathology, identity and the social construction of alcohol dependence. *British Journal of Sociology, 33,* 385–401.

Mishler, E.G. (1984). *The discourse of medicine: Dialectic of medical interview.* Norwood, NJ: Albany.

Phillips, D.C. (1997). Telling the truth about stories. *Teaching and Teacher Education, 13,* 101–109.

Reinarman, C. (2005). Addiction as accomplishment: The discursive construction of disease. *Addiction Research and Theory, 13,* 307–320.

Reissman, K.C. (1993). *Narrative analysis.* Newbury Park, CA: Sage Publications.

Room, R. (2003). The cultural framing of addiction. *Janus Head, 6,* 221–234.

Said, E.W. (1978). *Orientalism.* New York: Pantheon.

Seidman, S. (1991). Postmodern anxiety: The politics of epistemology. *Sociological Theory, 9,* 180–190.
Seidman, S. (1994). The end of sociological theory: The postmodern hope. In S. Seidman (Ed.), *Postmodern turn* (pp. 119–141). Cambridge, UK: Cambridge University Press.
Seidman, S. (1996). The political unconscious of the human sciences. *Sociological Quarterly, 37,* 699–719.
South, N. (Ed.). (1999). *Drugs: Cultures, controls and everyday life.* London: Sage.
Spivak, G.C. (1988). Can subalterns speak? In C. Nelson & L. Grossberg (Eds.), *Marxism and the interpretation of culture* (pp. 271–315). Urbana: University of Illinois Press.
Taleb, A. (1993). *Madoker opobebohar* [*Misuse of drugs*]. Dhaka, Bangladesh: Department of Narcotics Control.
The Daily Star Web Edition (n.d.) Retrieved from http://www.thedailystar.net/2004/05/13/d40513011111.htm