International Journal of Neurolinguistics & Gestalt Psychology (ISSN 2582-9270) 2026. Vol. 6 Issue No. 1
https://doi.org/10.52522/ijngp.v6i1.3

ORIGINAL PAPER

IJNGP

An Explanatory Analysis of the Normalization of Substance Use and its Role in Addiction in India

Ruth Dutta[1]

Accepted: 25 Feb 2026

Abstract

Substance use in India is a complex, multifaceted public health issue deeply intertwined within socio-cultural contexts. This qualitative study interviewed 16 males in recovery and explored how cultural and social systems pave pathways towards addiction. Thematic analysis revealed that substance use, especially alcohol use, is normalized through ritualistic embedding in festivals, weddings and other religious ceremonies as a socially sanctioned act of belonging. A gendered finding also emerges wherein males are encouraged as a rite of passage or for social capital while female users are stigmatized for their use. Families transmit mixed messages while simultaneously both encouraging and discouraging consumption. As use escalates, peer networks evolve into addict echo chambers that reinforce dependence and change the perception of normal use. Importantly, social acceptance is conditional and accepted only when users fulfill their social roles, which shifts to stigma when dependence increases. The findings argue that addiction is not merely a function of the individual, rather, it may be a outcome of broader cultural scripts. The study concludes that effective intervention requires addressing and engaging with the socio-economic contexts that normalize substance use and hinder recovery.

Keywords: Substance Use· Addiction· Socio-cultural Norms· Family Dynamics· Peer Influence· Stigma· Recovery· Normalization

Substance use and addiction have emerged as important public health challenges in India, affecting individuals from a variety of age groups, socio-economic strata and geographical regions. While addiction was traditionally viewed through a moral or criminal lens, they are now viewed as a complex biopsychosocial phenomenon with its roots in social, cultural, psychological and economic context. According to the Ambekar et al. (2019, as cited in Dalal, 2020) approximately 14.6% of the population between the ages of 10 and 75 reported alcohol use while around 2.8% of the population indicated using cannabis. Among them 40 lakh used *bhang* and 50 lakh used *ganja* and *charas.* Furthermore, 2.1% of Indians utilise opium or substances obtained from poppy seeds, more commonly known as *Doda* or *Fukki*. Heroin is utilized by 63 lakh Indians, followed by opioids used by 25 lakh of the population and opium used by 11 lakhs. Furthermore, there are 10.7 lakh cocaine users in India, with Maharashtra having the highest number of users (Ambekar et al., 2019 as cited in Dalal, 2020). These figures not only reflect the high prevalence of substance use but also indicate an urgent need for comprehensive, context-sensitive interventions.

✉ Ruth Dutta[1]
office@ijngp.com

[1] Psychologist (MSc, Clinical Psychology)
Tripta Foundation,
Mumbai, India

India's relationship with psychoactive substances is also moulded by its unique cultural history and religious traditions. Substances like *bhang* are utilized in rituals in many communities, blurring the lines between cultural acceptance and legal prohibition. Within India, cannabis is one of the more commonly known and utilized substances, with three commonly known derivatives. The first is *ganja*, which is the dried flower buds or fruits of the plant. The second is called *charas* or *hashish*, which is the resin-like substance secreted by the plant. Lastly, the most popular is *bhang* which is a grinded paste of only the matured leaves of the plant. These are utilized in various cultural contexts, especially within Hindu rituals within which *bhang* is utilized as offerings to the god, Shiva during Shivaratri or other festivals such as Kali puja or Holi. Due to the socially sanctioned religious context, a complex moral ambivalence may be present towards their usage (Karki & Rangaswamy, 2023).

Additionally, peer influence, media and societal factors have contributed to the normalization and in some instances, glamorization of substance use, especially in urban areas. However, despite increasing prevalence, access to treatment for addiction remains limited with a significant gap of nearly 73% for substance use disorders (Biswal et al., 2024). Furthermore, societal stigma, gender norms and regional differences further hinder treatment and policy implementation.

Therefore, understanding addiction in India requires a more nuanced approach that accounts for both the structural realities and the socio-cultural scripts that shape substance use.

Published Online: 30 Jun 2026

Peer Influence

Peer influence is one of the most significant socio-cultural determinant of substance use especially among adolescents and young adults. Within the Indian collectivist culture, where social relationships and group membership are deeply entwined in development, peer dynamics play a vital role in both the initiation and maintenance of substance use. Studies reviewed by Kaur et al. (2022) indicate that substance use is often a socially learned behaviour, reinforced through modelling, group norms and a desire for acceptance and understanding.

Kaur et al. (2022) found that 76% of individuals undergoing treatment for substance use reported being initially introduced to drugs by friends, implying how early exposure through social networks can result in a cycle of addiction. Adolescents in particular are more susceptible to cycles of addiction. Adolescents in particular are more susceptible as friendships during this period are viewed as more important than familial authority in shaping identity and behaviour. Biswal et al. (2024) in their qualitative study explored explanatory models of illicit drug use among Indian adolescents, identified peer pressure and the need for social inclusion as core motivators for initiating drug use initially.

Moreover, Ghosh et al. (2024) applied the Social Norms Theory to Indian college students and indicated how both descriptive norms (perceptions about what peers are doing) and injunctive norms (perceptions about what peers approve of) significantly influenced substance use decisions. In settings where substance use is perceived as common or socially acceptable, individuals are more likely to experiment or continue using despite personal or health-related issues.

These findings suggest that peer influence can extend beyond direct persuasion and includes subtle ongoing processes such as modelling, normalization and perceived expectations. Especially in collectivistic cultures like India where group conformity and relational interdependence are valued, the social cost of non-conformity can be high, thereby increasing the pressure to align with group behaviors, including substance use.

Cultural Factors

Culture plays a profound role in shaping individual attitudes, societal norms and behaviours around substance use in India. Unlike purely biological models that view addiction through the lens of pathology, understanding the underlying culture reveals that substance often carries underlying symbols ranging from religious rituals and traditional medicine to markers of identity and social rebellion. In the Indian context, these cultural layers interact dynamically with public health concerns, legal restrictions and moral norms to influence patterns of substance initiation, maintenance and societal response.

One important example of culturally sanctioned substances is the consumption of *bhang*, widely consumed during religious festivals like Holi. As Karki and Rangaswamy (2022) note that cannabis use in India has a historical past of over two millenia, rooted in Ayurvedic traditions and religious rituals. This socio-religious acceptance has created a paradox where cannabis is simultaneously an illicit drug and a revered ritual.

Cultural perceptions of substances also differ by region, class, caste and gender. In some communities, alcohol is seen as a symbol of masculinity and social status, especially in male-dominated social gatherings, whereas female substance use is heavily stigmatized (Ghosh et al., 2024). This discrepancy not only affects reporting and treatment access but also influences the visibility of addiction across genders. Joseph and Babhu (2024) emphasize that cultural expectations around honor and silence lead to underreporting and invisibility of substance-related harm, especially within families dealing with paternal alcohol use. Children and spouses are often discouraged from seeking help due to fear of social stigma and exclusion.

Cultural influences also affect treatment-seeking behaviour and the design of interventions. Many users and their families continue to seek help from spiritual healers, religious rituals or community elders before approaching medical professionals, indicating a belief that addiction is a personal flaw or weakness or lack of faith rather than a medical condition (Biswal et al., 2024). Furthermore, this also indicates a mistrust of clinical services and a cultural orientation towards more traditional, faith-based practices for healing. As noted in the systematic review by Bhawalkar et al. (2024), addressing addiction in India requires interventions that are culturally appropriate and responsive to local belief systems with sensitivity to the symbols associated with various substances.

Gender

Gender is a vital yet overlooked variable in understanding substance use and addiction in India. Patterns of use, risk of exposure, access to care and the social consequences of addiction are all shaped by gender norms. In the Indian society, substance use is largely perceived as a male phenomenon, often linked with notions of masculinity, autonomy and peer bonding. In contrast female substance use is heavily stigmatized, concealed and morally devalued, which contributes to underreporting and systematic neglect of female users.

National data indicates a gender disparity in substance use prevalence with alcohol consumption reported in 27.3% men as compared to 1.6% women (Dalal, 2020). Cannabis use is also significantly higher in men (5%) than women (0.6%) (Karki & Rangaswamy, 2023). While these statistics may suggest lower prevalence among women, they likely reflect social invisibility rather than actual absence, as women are often discouraged from disclosing substance use due to stigma, fear of damaged reputations and concerns surrounding familial honor.

This societal double standard has important implications for women's health and wellbeing. Women with substance use issues frequently experience higher levels of shame and isolation and are likely to access treatment services. As Ghosh et al. (2024) noted, gendered norms not only influence the preferences and patterns of use but also shape the perceived acceptability of use. In their qualitative research with the Indian college students, female participants reported a greater

deal of surveillance and condemnation of behaviours that were normalized among their male peers.

Moreover, gender-based vulnerabilities such as domestic violence, trauma and the burden of caregiving responsibilities are often overlooked in mainstream dialogues on addiction. Furthermore, in houses with alcohol dependent men, typically their spouses bear the burden of managing the household, bearing the brunt of the addiction while protecting the family from social scrutiny. Joseph and Babu (2024) highlighted how maternal emotional burden and silence play a crucial role in sustaining cycles of addiction, especially when their own children are involved. The mothers of such households often ignore their own psychological needs and prioritise the family's stability and internalize stigma associated with addiction.

Gender also impacts access to care, with treatment facilities in India rarely equipped to address the specific needs of women including childcare, trauma-informed therapy or gender-sensitive services. Bhawalkar et al. (2024) emphasize that most addiction interventions in India are designed for males, excluding women and their experiences. This institutional bias further contributes to a cycle wherein women's substance use may remain invisible and untreated.

Family Use of Substance

The family unit is a fundamental aspect that shapes attitudes, behaviours and coping strategies especially in relation to substance use. This becomes particularly salient in collectivistic societies like India wherein familial bonds and intergenerational influences are deeply rooted. The presence of substance use within the family has been repeatedly linked with an increased risk of initiation, normalization and maintenance of substance use in children and teens. In the Indian context, where silence prevails, shame dominates and preservation of the family honor looms like a shadow, the intergenerational transmission of addiction becomes not merely a biological phenomena but also a psycho-social one.

Children who grow up in families where substance use is prevalent are significantly more vulnerable to developing addiction themselves. Joseph and Babu (2024) in their qualitative study on the children of alcohol-dependent fathers found that parental alcohol use disrupts emotional security, contributes to chronic stress and enforces premature maturity or parentification of the children. These children often experience anxiety, depression and a pervasive sense of helplessness but are socialised into silence due to cultural expectations to protect the family's reputation. Mothers, too, bear the emotional and logistical burden of managing the household, shielding their children, and enduring social stigma which in-turn contributes to hiding trauma.

The psychological impact of growing up in such households lasts, with many children reporting a lack of emotional attunement, inconsistent discipline and feelings of abandonment. This in-turn makes them more likely to engage in maladaptive coping methods like substance use. These experiences not only affect the individual's mental health but also sets the stage for intergenerational cycles of addiction.

However, the role of siblings and extended family in reinforcing or discouraging addiction cannot be ignored. In families where substances are normalized, young members are more likely to adopt similar patterns, whether due to familiar pressure or a desire to not disrespect elders (Kaur et al., 2022). Ghosh et al. (2024) found that family drinking behaviours and norms were among the key contextual factors influencing college students alcohol usage, often legitimized by family gatherings or celebrations.

The family, however, can also be a protective buffer against addiction. When families provide stable emotional support, consistent boundaries and open communication, they can mitigate the risk factors and foster resilience. Unfortunately, structural challenges such as poverty, domestic violence, mental illness and social stigma often negatively impact this protective capacity. Bhawalkar et al. (2024) stress the need for family-inclusive intervention models that address not just the individual struggling with substance use, but also the relational dynamics and trauma embedded within the household system.

Economic Factors

Economic instability is a key structural factor of substance use and addiction, particularly in countries like India wherein a significant proportion of the population grapples with poverty, unemployment and income disparities. Economic deprivation not only increases one's vulnerability to substance use as a coping mechanism, but also restricts access to education, healthcare and treatment, thereby trapping individuals in cycles of dependence and exploitation.

Multiple studies have highlighted the link between economic hardship and the prevalence of substance abuse. One such study was by Kaur et al. (2020), in a deaddiction center in Amritsar, where they found that nearly half of the participants belonged to the lower class and about 23% were unemployed at the time. Participants reported that peddling substances was initially a means of coping with financial stress and a way to supplement their income, but they later became users. Interestingly, a reversal of this pattern was seen in users belonging to the upper class wherein they initially began as users then evolved into drug peddlers in order to supplement their addiction.

Adolescents from economically disadvantaged backgrounds are especially vulnerable. Biswa et al. (2024), emphasized how economic constraints intersect with peer pressure and poor access to education, resulting in youth adopting substance use as a method of bonding and a way to escape.

Economic factors also shape the availability and type of substances consumed. For instance, lower class groups prefer locally available and cheap substances such as country liquor, bhang or opioids. Dalal (2020) reported that in India, country liquor constitutes about 30% of alcohol consumption reflecting affordability rather than choice. This makes cheap and potentially more toxic substances widely used in economically marginalized regions, which further contributes to health risks such as overdosing or poisoning.

Economic hardships also limit access to treatment and recovery. Bhawalkar et al. (2024) highlight that in many low-resource settings, families cannot afford private rehabilitation services and are often unaware of free or government supported options. However, even when affordable services exist, transportation costs, time away from daily wage work and stigma often act as a barrier to care.

Given these data, the present study utilizes a qualitative, interpretative approach to explore the lived experiences and cultural narratives of individuals in recovery from substance use disorders in India. While prior research has mapped the prevalence and identified overarching socio-cultural risk factors, there remains a crucial gap in understanding how addiction is actively produced and normalized. Quantitative studies cannot capture this nuanced understanding. By conducting an in-depth thematic analysis of personal narratives, this research aims to understand how cultural norms operates as a system that cultivates addiction.

Research Methodology

Study Design

This qualitative interview study was guided thematic analysis, proposed by Braun and Clarke (2006). Qualitative research allows for in-depth insight into personal experiences and subjective meanings (Denzin & Lincoln, 2011). Thematic analysis was used as it provides a systematic yet flexible approach to identifying, analyzing, and reporting patterns (themes) within the data allowing for a detailed account of participants' perspectives.

Participants

Participants were 16 men, all above 18 years of age (Mean= 45.56, SD= 14.13) and self-identified as recovering addicts. Individuals were eligible to participate if they were in recovery from addiction, were above the age of 18 and spoke English. Informed consent was obtained from all participants prior to the interview via a signed consent form. To ensure participant anonymity within this sensitive population, all potentially identifying details, including specific ages, have been omitted from reporting.

Procedure

16 individual semi-structured interviews in a private, quiet room were conducted. The interview schedule was semi-structured to ensure key topics were covered while allowing participants the freedom to elaborate on their personal experiences. The schedule began with broad questions about daily routines before moving to more specific questions concerning participants' experiences and perceptions of smartphone use in the context of their recovery. The full interview guide is included in the Appendix 1. Interviews ranged between 10-45 minutes (Mean=24.64), which were all audio recorded for qualitative analysis.

Ethics

We obtained written informed consent from all participants prior to their inclusion in the study. Given the sensitive nature of the participant group (recovering addicts), particular emphasis was placed on confidentiality and anonymity. All identifying information was removed from the transcripts, and participants are referred to by identification codes (e.g., Client 1, Client 2) in the findings. Participants were informed of their right to withdraw at any time without penalty.

Data Analysis

The interview audio recordings were transcribed using Otter.ai software, which were then meticulously listened to while reading the initial transcript to correct any errors introduced by automated transcription and to accurately capture nuances of speech, including the use of Hinglish (Hindi-English mix) and any miswritten words. This process ensured the textual data faithfully represented the spoken interviews. Coding was performed manually. Following this, the AI assistant DeepSeek was used as an analytical aid to review the coded data and suggest potential thematic patterns and connections. These AI-generated suggestions were critically evaluated and refined to ensure the final themes were firmly grounded in and reflective of the participants' accounts. The analysis moved between the coded extracts, the entire dataset, and the developing themes to ensure coherence and validity.

Results

The interviews revealed overarching themes indicating that the path to addiction is not merely a function of oneself, rather it is deeply embedded in cultural and social norms. Participants describe how substance use, particularly alcohol, was not a deviant act but a normalized practice intertwined within social life and to a certain extent ones cultural identity. The findings of this study are organized below according to the key domains of inquiry

1. Culture and Society

1.1 Hierarchy of Substances

Interviews revealed that across individuals and communities there remains an implicit hierarchy of acceptability in regards to substance use. Alcohol consumption is largely viewed as a normal part of social life, acting as a catalyst encouraging bonding and lowering inhibitions.

Contrastingly, drug use is stigmatized, and associated with illegality and social fear, as one participant suggested,"the fact that it's (drugs) illegal, the fact that you'll get it in black, the fact that you can get arrested for it... all these things play a vital role in the way people the perception of drugs is concerned." (Client 14). However further inquiry revealed distinctions created between ‘softer’ substances such as weed or cannabis derivatives and ‘hard’ drugs such as heroin, MDMA (commonly known as ecstacy), etc. The former seen as a “party drug” (Client 9) or “common” among peers (Client 13), while using the latter would lead to being called a “junkie” (Client 9). These justifications emerged utilizing a mechanism of downward social comparison or minimization to justify their use as less severe. Within the participants regarding their substance use, with alcohol users comparing their use to drug users, often contrasting with the imagined ‘other’- the dysfunctional or violent alcoholic or the drug addict. This mechanism allowed users to position their own use as less severe and more socially sanctioned.

The acceptance of alcohol consumption also has caveats, firstly acceptance was strictly conditional, provided consumption was moderated and confined to social occasions, more importantly that consumption did not lead to violent or

anti social behaviour such as verbal aggression, physical aggression, property damage, etc as such behaviour is deemed as "not acceptable" (Client 9). Secondly, this highlights an implicit acceptance contingent upon the user maintaining social status and productivity. Moderate use is then functionally defined as substance use which does not affect "family, friends, job, work related activities, financially, (or) social standing" (Client 14). This reveals a preoccupation with social order and economic contribution, where alcohol is allowed only as far as it does not interfere with the individual's capacity to fulfill their social roles.

1.2. Ritualistic Embedding

Substance use in not merely accepted, but is deeply entwined within the rituals of social life. Participants across cultures described specific occasions such as weddings, festivals (Holi, Diwali, and Carnival), religious rites (First Holy Communion, Post-pooja drinks) and family gatherings.

Client 1's account depicts a nuaced ritual embedding where substance use is selectively integrated into the ritual calendar, creating a difference between sacred and social celebrations. It is governed by ceremonial and temporal logic, helping the transition of the gathering from a religious phase to a social phase. This order of events grants a form of ritual permission which transforms the consumption of substance as a socially sanctioned marker of adulthood and community bonding. This contrasts with festivals where substances are strictly unused, which further suggest that the inclusion of substances is deliberate and a culturally patterned choice rather than a mere habit.

"…there were certain rituals, of course, where alcohol was a strict no. But you know, certain events, like, for instance, even Diwali, for instance. So Diwali, you would have your evening Pooja, and you know, you'd go burst crackers, and then everybody would come inside, and then say, "Well, lets have a drink." All sit together, have a drink and play card. And you know, that way, Holi, usually evening. There's something in north India, there's something called as Holi Milan, which is like you go meet people for Holi and wish them after all the color playing is done…when we were kids…we were offered orange juice and, you know, sweets. Now when you're older, you go holy Milan, you're offered alcohol. So that's the change. And the only festivals, I think, when alcohol is absolutely forbidden in my family, would be like the smaller festivals, like Saraswati puja, Lakshmi Puja for Bengalis, Lakshmi Puja…Durga Puja, again, you don't drink." (Client 1)

The ritual embedding of substances often operates within a hierarchy of social permission. While alcohol is widely accepted in social spaces, whereas drugs remain taboo, this prohibition is removed temporarily for specific ritual exceptions. This practice depicts ritual containment where a substance viewed with suspicion or distrust is allowed and integrated in certain festivals. The participant describes the use of cannabis (*bhang*) is permissible only during Holi, Shivratru and Dussehra with its use being embedded in traditions. This ritual containment furthermore reinforces that any use apart from within these sacred windows is met with disapproval, which utilizes ritual to regulate consumption.

"Alcohol was absolutely okay. Other substances, no except maybe bhang on Holi and Shivratri and Dashimi, that's dushera the three days of the year. *Bhang* was okay. Anyone else doing bhang, more than that was looked down upon. Anyone smoking cannabis was definitely looked down upon. Anyone doing any other drugs, people were afraid of them. But alcohol was still okay too." (Client 1)

Even within weddings, alcohol acts as a social lubricant. The need for 'liquid courage' to fulfill social or gender roles such as energizing a wedding *baraat* (procession) is a culturally endorced reason for consumption. This is highlighted by a participant saying, "if especially you're from the Groom side then…somebody has to drink and party and get the baraat going and pump people up. So that became my job." (Client 1)

For Goan and East Indian Christians, alcohol functions not as a mere social lubricant but a fundamental component of the ritual sequence of social life. Alcohol is integrated within the calendar of celebration from weekly socializing to milestone events such as weddings. As one participant notes, "being from a Christian background and a Christian upbringing, alcohol is very much acceptable. It's available in most homes. It's acceptable to drink, not just on an occasion, but on weekends, social drinking at leisure, with friends." (Client 14), which establishes a background of normality. Here, alcohol is an expected element that defines the social experience of the celebratory ritual itself.

The normalization of alcohol use is observed within culturally specific ceremonies such as the pre-wedding Roce ceremony where folk singing, dancing and community bonding are interwoven with servings of alcohol. Furthermore, major events like traditional weddings, which last eight days, are described as an immersive multi-day festival where, in the words of another participant, "…eight days wedding, eight days of celebration... And there was liquor, liquor, liquor, liquor only, and singing and music and food…So that became…very normal for us" (Client 12).

2. Gender Differences

Ritualistic embedding may create occasions wherein partaking in substance use is accepted, even encouraged, however this allowance is not uniformly felt. The patriarchal structure of Indian society does not merely influence but also actively guides distinct pathways of substance use along gendered lines. These norms create an environment of normalizing and rewarding consumption among men as a signifier of maturity and masculinity whereas the same system stigmatizes and polices the same behviour in women.

2.1. Male-Centric Normalisation

For boys and young men, drinking is framed not merely as an acceptable but an expected rite of passage into male adulthood. It is a privilege earned through social responsibility and economic status. As one participant elucidated, in his community, alcohol was "sort of one of those privileges of being an adult and a responsible adult who is earning his own keep... he's allowed to, once in a while, have a drink" (Client 1). The same participant more poignantly describes it as a

feeling of belonging, “I think once you start working, and you know, once you reach, say, your mid 20s or early 30s and all, then once in a while, yeah, it's sort of like accepted that you will have a drink, and you are even asked to join in. And because you've always grown up in seeing that, you know, all the uncles and, quote, unquote, the elders are drinking, and when you're invited to join, you feel really good. So yeah, it's like it was a happy feeling to be invited.” (Client 1). This expectation and permission are actively encouraged and transmitted through generations by male relatives, creating a direct, if implicit pressure to participate. Participants describe uncles and fathers insisting on substance use, saying, “have man, have man,” at occasions, creating an environment where refusal of substances felt socially isolating, especially within celebrations (Client 12). This socio-cultural script links alcohol use directly to male maturity and communal belonging, which establishes a socially sanctioned path to habitual use, which furthermore is seen as acceptable provided in moderation.

2.2. Social Capital

Within male peer groups, the cultural acceptance of drinking forms a system wherein excess consumption itself is a source of social status and social capital. The very ability to consume large amounts of substances, particularly alcohol, while remaining unaffected is rewarded with respect and admiration from peers which directly encourages and reinforces hazardous use. This was summarized by one participant who said, "the more you did, the more your tolerance was, the more you were respected," recalling that high tolerance would earn titles like “legend” (Client 9). Here the capacity to ‘hold one’s liquor’ undergoes a transformation from a physical trait to a social virtue. This creates an environment wherein prestige is gained through tolerance and creates a powerful social pressure to push ones own limits of consumption in order to develop such a ‘legendary’ tolerace, thereby encouraging the patterns of excessive consumption from social use to dependence.

2.3. Female Stigma

In stark contrast, substance use by women is often met with severe moral stigma which may fundamentally alter their relationship to consumption. Where a man who drinks is considered normal or social, a woman who drinks risks being labelled as “characterless” or a *“bevadi”* (drunkard), which imposes attachment on her morality rather than just a behaviour (Client 9).

This double standard where “if guys drink…its okay” but for women it signifies a significant character flaw may force female use into isolation and secrecy (Client 9).

3. Family and Substance Use

The family is the primary unit of socialization, where norms around substance use is initially transmitted. This socialization is rarely straightforward or explicit, but typically occurs through contradictory messages and modelling of paradoxical behaviours that simultaneously condemn and enable early use.

3.1. “Do as I Say, Not as I Do”

A dominant and confusing pattern emerges where substance use is simulatenously practiced and denounced within households. This is symbolized by the common dynamic of a father who drinks openly, perhaps even heavily, while the mother explicitly condemns alcohol and punishes children from experimenting with substances. One participant describes this dichotomy, “…there was mixed messaging. For instance, like I said, my father would drink, and he was very successful, very well respected in the community, in his work, even in the family, I never saw alcohol causing any problems in the house as such, until quite late in life, when I was finishing college. Till that time, since childhood, I'd never seen any issues… they (mother’s opinion and father’s practice) were like North Pole and South Pole in the house. So I didn't know as a child, it was confusing, I think, and I think as a child now, when I look back, I can sort of see why I was attracted, and I also was afraid of alcohol. At the same time, I was afraid of the consequences if my mother found out that I was drinking. But I was attracted because I thought it was a cool thing to do, because my dad was doing it” (Client 1). This form of mixed messaging creates confusion for children, who must navigate the abstract ‘badness’ of alcohol use with the evidence of a respected parent or family member who consumes it. Within this conflict, the drinking parents behaviour can become more influential and associated with maturity, adult authority and social success. The child is then left with an implicit lesion that breaking the explicit rule is rewarded and poses as a path to belonging and social identity.

3.2. Initiation and Enabling

Apart from passive modelling, families often play an active, yet paradoxical, role in initiating and facilitating substance use. This happens through culturally sanctioned introductions such as offering sips of alcohol to children at festivals, framing substance use within the overarching context of celebration or tradition. Later, after the discovery of a child’s independent use, many families utilize a strategy of harm reduction wherein, in order to avoid unsupervised outside consumption, legal issues or safety issues, they permit the usage of substance within the house. This is captured in the recurring parental statement, *"if you want to drink, drink in the house, but don't go outside and drink"* (Client 3, Client 6). Though this is well-intentioned, it can transform the home into a sanctioned space of consumption, which furthermore normalizes use and removes social and logistical barriers to access and consumption. As one participant summarized his home became "like an open, open ground for us, no putting a stop to it," which further encouraged the progression from experimental to regular use (Client 2).

3.3. Silence as Permission

Even within families that accept substance use, a powerful, unspoken rule often governs ones relationship with substances: the subject of substance use is not to be discussed openly. As multiple participants elucidate this about their community, “they avoid talking about it” (Client 3). This silence can serve as a form of social control and shame.

As one participant stated, in his community, people find it “embarrassing, so they don’t talk about it” (Client 12). This silence reinforces a system of secrecy that can isolate users and halts the development of support systems or corrective discourse. When the use transitions into dependance, families often respond with heightened concealment and not open

dialogue due to the stigma associated with substance abuse. One participant described how his family upon discovering his substance use, *"won't, like, you know, let other people know"* (Client 9). This becomes a collective denial which also protects the family's social standing and reputation. Interestingly, this silence does not enable substance use through passive acceptance, but through isolation which ensures that problems intensify, hidden and unchallenged.

4. Peer Belonging and the Addict Echo Chamber

As individual substance use escalated from social habits to personal needs, peer networks also shift and evolve. These networks increasingly function to protect the addiction by normalizing it within a self-selected group, which creates a feedback loop that reinforces dependence and isolates from other groups.

4.1. Social Lubricant to Requirement

Initially substance use functions as a way of surpassing social inhibitions and provides 'liquid courage', facilitating feelings of belonging and rapport-building. However, within these groups, participation can shift from optional to mandatory. The substance transforms into a token of membership and its use is policed by the group. This indicates peer pressure where refusal to drink can lead to social exclusion. One participant recalls seniors from their college who stated that *"you can't trust a person who doesn't drink"* and would only interact with those who did (Client 1). In such environments, non-users are viewed with suspicion, transforming substance use into a requirement for belonging and trust.

4.2. Shift to Addict-Only Groups

When substance use increases and becomes problematic or is met with disapproval from conventional social circles, a reorganization of social circles occurs. To avoid judgement, criticism or being nagged, individuals distance themselves from friends who express concern. Instead they gravitate towards social groups of exclusively other substance users. As one participant described this transition, *"normal people, mujhe lagte the saab faltu log hai aur mujhe lagta tha ki nashedi hi bhai duniya hai"* ("I thought all normal people were useless, and I believed that only addicts were the world") (Client 9). Within this 'addict echo chamber' even the baseline norm shifts from moderation to excessive consumption. Financial strain is shared among the group and any destructive or problematic behaviour is excused. The absence of critical perspectives from non-users furthermore reinforces denial (everyone does it) and makes addiction a valid lifestyle. This furthermore creates a barrier to seeking help as recognizing the need for help is thwarted by the perceived reality of the group, which one of collective and normalized dysfunctional use.

5. Personal Impact of Cultural Normalisation

Society and culture form the environment surrounding the individual as well as contributes to their perception of normality. These also form the perception of 'normal' or accepted substance use which can have personal impacts on the individual in regards to how they perceive substance use and it's limits as well as the stigma attached to substance abuse and the impact it has on the individuals interpersonal relationships.

5.1. Understanding "Normal": The Blurry, Conditional Line

The culturally accepted perception of normal substance is a flexible standard for self-assessment which allows dependence to take root, unnoticed. Publicly, normal is somewhat narrowly defined as moderate, occasion-specific consumption that does not impact social and professional responsibilities, such as having one or two drinks at a wedding. However this definition can function as a smoke screen, enabling individuals to increase their usage while clinging to the public categorization of a "functioning alcoholic". This is aptly depicted in this participant's summary, "I drank responsibly for 13, 14, 15 years, maybe functioning alcoholic. I wouldn't even say responsibly a functioning alcoholic, till alcohol got the better of me and I couldn't function anymore. That was the abusive part, the dependency part of it." (Client 14). The idea of the functioning alcoholic allows users to believe in their own normality for years as they perform their duties despite the deepening dependency. The individual compares themselves to a flexible social benchmark governed by external performance of duties rather than internal or physical symptoms of substance abuse which renders the early stages of addiction culturally invisible.

5.2. Normalization vs. Stigma: The Sudden Shift

Socio-cultural acceptance of substance use further operates on a conditional and revocable contract. When one's use exceeds the unspoken limits of moderate, socially-integrated, ritualized substance use and becomes an uncontrolled personal dependency, a punishing social re-categorising occurs. The person is no longer seen as a "social drinker", instead being relabelled as an "addict" or "*bevda"* (drunkard) (Client 9) . This shift starkly alters ones social standing. One participant vividly describes the reversal as, "Yeah…when I was, you know, fun drinker…then I was always welcome to parties. In fact, invited, you know, so I was the guy who everybody wanted at their rooms or the get-togethers, even the family, you know, they were like, *'tu nahi aa raha hai, maza nahi ayega, aaja aaja'* (If you are not there, we will not have fun, come, come). They would, like, send me air tickets just to go so that I could attend the wedding. They were so desperate to have me at their events. But as my drinking got bad, it completely flipped. They would not invite me. They would call me and inform me that there is a thing, but we think it's going to be difficult for you to make it, you know, very subtly point out that, you know, I'm not really welcome." (Client 1). The treatment from peers shifts from inclusive to active avoidance, taunting and even gossip. The application of stigma serves as a social punishment for violating the terms of normal use.

6. Recovery and Cultural Change

6.1. Reaction to Recovery: Stigma Persists

While families often emerge as the final support system, the journey of recovery is navigated within a wider society where stigma remains stubbornly entrenched. Participants reported that while their immediate families were typically "very supportive" or "happy" about their decision to seek help (Client 1), the broader social and professional world continued to view them through the lens of their addiction, using labels such as "ex-addict", *"bevda"* or "junkie" which furthermore

hinders reintegration and employment. One participant highlights this by explaining that in a job interview, even if his merits were greater than a "normal" candidate, the other candidate would be chosed over him because *"voh normal bandha hai aur main ek nashedi tha"* (because he is a normal man and I was an addict) (Client 9). The overarching stima propagates secrecy with many participants admitting "nobody knows I'm here" to avoid gossip and judgement (Client 12). Furthermore, well-meaning but unaware friends and relatives often become triggers, with one participant describing his brother-in-law offering him a drink, saying, "*What will happen? Nothing happens. Small one"* (Client 5). This highlights that community understanding of addiction lags far behind, leaving individuals in recovery battling not only their addiction but also a social identity doused in prejudice and stigma.

6.2. Prescribed Role for Culture/Society: From Enablement to Support

In response to their experiences, participants called for a fundamental transformation in the role of culture, saying that it must evolve from a system that normalizes substance use to one that actively supports recovery. This requires am active effort to deconstruct stigma and build awareness and foster empathy. They suggest, firstly the implementation of awareness programs that reframe addiction as a "disease" rather than a moral flaw or character defect (Client 1). Secondly, providing education to families so members can learn and understand "what we are going through" and how to offer supportive rather than pressurizing or punishing care (client 9). Thirdly, cultivating social empathy where society stops "pulling down" recovering individuals and gives them a fair chance to prove themselves (Client 9). And finally, advocating for non-discriminatory practices within the realms of employment where past addiction should not be an automatic disqualifier. They emphasis a cultural system that offers a hand for help, instead of a label, recognizing that recovery is a social responsibility as much as a personal one.

6.3. Changed Views of "Normal": The Post-Rehab Clarity

The process of recovery shifts culturally accepted definitions of normal use within recovering individuals. For the recovering individual there is no longer a safe level of use. As one participant stated, "for me now there is no normal use. I'm an alcoholic. I cannot drink alcohol safely ever again" (Client 1). The personal zero tolerance rule is coupled with a shifted perspective on community perspectives of normative use. They now view the culturally sanctioned spectrum, which ranges from the functional alcoholic to harmless variations such as 'one or two drinks', as a risky continuum which can be a gateway to relapses. Here, normality is redefined as sobriety.

Discussion

This thematic analysis study emphasizes the important role of cultural and social norms in structuring and enabling pathways of substance use and dependence. Moving beyond individual evaluations, the findings reveal patterns of a social system where substance use is not a deviant act but a socially embedded practice hidden under surface-level disapproval. It is deeply intertwined with rituals, group belonging and personal identity. The patricipants interviews provide an understanding of how these norms operate invisibly, guiding initiation and sanctioning use while creating blind spots that allow substance dependence to develop. This discussion interprets these core themes, considers their theoretical implications and reflects the study's contributions and limitations.

Substance use, especially alcohol is normalized. While on the surface it is coded as transgressive, it is an expected part of social life. This normalization is most visible in its ritualistic embedding, wherein consumption into the rituals and ceremonies of daily life, from post-pooja drinks and Holi Milan in North India, to week-long weddings and the Roce ceremony is integrated. This provides a pre-approved social script which helps transform religious rituals into social gatherings. This transformation also provides sanctions in the form of ritual permission to consume. This effectively launders risky behviour through a mechanism of tradition, which makes consumption seem ordinary and linked to belonging. The related ritual containment seen in the exclusive sanctioning of cannabis during specific festivals can further demonstrate a culture's power to regulate and legitimize substances within a strict traditional framework.

An important finding is the gendered socialization pathways. The data reveals how patriarchal structures actively construct these pathways. For men, drinking is seens as a rite of passage and a privilege of masculine maturity, tied to the status of the economic provider and actively encouraged intergenerationally. Furthermore, social capital is gained through higher tolerances where one is rewarded with respect. This highlights cultural incentives for overindulgence. For women, on the other hand, same behviour is punished as moral transgressions, with labels such as 'characterless'attaching stigma to their moral character. This initiates a double standard where men can be social drinkers but women are characterised as *bevadi*. This pushes female use into secrecy, creating a hidden population potentially facing significant cultural barriers to acknowledgement and help.

Within the family, the primary socialization site, often transmit mixed messages. The common 'drink at home, not outside' policy removes barriers to habitual use within the home. As consumption escalates, peer groups evolve into addict echo chambers that normalize excessive use and isolate individuals from outside perspectives.

A central issues emerges in the conditional nature of cultural acceptance. Use is accepted only as long as the alcoholic maintains their social functioning and productivity, the 'functioning alcoholic' remains within the bounds of normality. Whereas, the moment dependency disrupts the performance, social recategorization and stigma exclude and punish the individual violating the implicit rules of substance use, creating a barrier to seeking help due to the fear of stigma and exclusion.

Finally, the participants perspectives position addiction not as a personal failing or moral flaw, but as a potential outcome of these broader social and cultural scripts. This calls for a colletive and fundamental cultural shift from a system that

enables us through rituals, silence and gendered expectation to one that supports recovery through empathy, awareness and deconstructing stigma. Effective intervention, therefore, must engage not just with the individual but with the socio-cultural system that shapes their environment.

Limitations

This study is based on a sample of primarily Christian participants within Mumbai. The nature of the accounts may be subject to recollection bias. The sample was also made up completely of males over the age of 18 and as such excludes the vital perspective of female substance users. A key limitation is the participant sample was drawn from rehabilitation centers, which captures the perspectives of those strictly in rehabs, omitting the experiences of those in active addiction or within communities with stricter prohibition, whose narratives might reveal different cultural dimensions.

As a qualitative inquiry, this study's strength lies in its credibility and in the depth of lived experience captured. The themes presented are not abstract, but grounded in specific, nuanced language of the participants. The authors' role was to synthesize these narratives while preserving their authenticity. In terms of transferability, the aim of this study is not to seek generalizability but offers a theoretical and analytical transfer. The descriptions of mechanisms such as ritual embedding, gendered pathways and the conditional norm-stigma dynamic and be further refined and tested in other cultural contexts.

Declarations
Conflicts of interest: The authors have no conflicts of interest.

References

Bhawalkar, J., Saraf, A., & Malik, M. M. (2024). The Opioid Crisis, Preventing and Managing Substance Abuse in India: a Systematic review. *Cureus*. https://doi.org/10.7759/cureus.70600

Biswal, B., Zhou, B., Wen, K., Gupta, D., Bhatia, U., & Nadkarni, A. (2024). Explanatory models of illicit drug use in adolescents: A qualitative study from India. *PLOS Global Public Health*, *4*(10), e0003647. https://doi.org/10.1371/journal.pgph.0003647

Dalal, P. (2020). Changing scenario of addiction psychiatry: Challenges and opportunities. *Indian Journal of Psychiatry*, *62*(3), 235. https://doi.org/10.4103/psychiatry.indianjpsychiatry_346_20

Ghosh, A., George, B. B., Vij, J., Pillai, R. R., Soundappan, K., Sharma, M., & Basu, D. (2024). Understanding Alcohol and Illicit Drug Use in Young College Students: A Qualitative Work from India Based on Social Norms Theory. *Indian Journal of Psychological Medicine*. https://doi.org/10.1177/02537176241283381

Joseph, A. P., & Babu, A. (2024). Behind Closed Doors: The hidden realities of Indian children living with Alcohol-Dependent parents. *Cureus*. https://doi.org/10.7759/cureus.62989

Karki, P., & Rangaswamy, M. (2022). A review of historical context and current research on cannabis use in India. *Indian Journal of Psychological Medicine*, *45*(2), 105–116. https://doi.org/10.1177/02537176221109272

Kaur, A., Mahajan, S., Deepti, S. S., & Singh, T. (2020). Socio-psychological and cultural aspects of substance abuse: a study done at Swami Vivekananda Drug Deaddiction Centre, Government Medical College, Amritsar. *International Journal of Community Medicine and Public Health*, *7*(6), 2154. https://doi.org/10.18203/2394-6040.ijcmph20202460

Kaur, S., Narayanan, G., & Kandasamy, A. (2022). Sociocultural Context of Individuals with Substance Use Disorders in India: A Qualitative Study. In *Understanding Psychology in the Context of Relationship, Community, Workplace and Culture* (pp. 141–153). https://doi.org/10.1007/978-981-19-2693-8_9

Appendix A
Interview Schedule

A) Culture and Society

1. How does your community view substance use? (Probe: Is it normal, shameful, fun, a religious activity, or something else?)
2. How do members of your community talk about substance use? (Probe: Do they joke about it, have nicknames, or avoid talking about it? Does everyone speak openly about it, or is it kept quiet?)
3. Did it feel like it was accepted around you, when you first began using? (Probe: Did you feel pressure or encouragement from friends, family, or your culture?)

B) Family and Friends

1. What did your family say or think about substance use while you were growing up? (Probe: Were they strict, didn't care as much, or accepted it?)
2. How did your friend's and family's attitudes towards substance use influence the way you saw substance use?
3. Did your family or friends influence when or how you began using?
4. Do you believe men and women view substance use differently?
5. Is substance use more accepted among men than women in your community?

C) Cultural Normalization and Its Personal Impact

C.1) Understanding Normalization

1. When people in your area talk about drinking or using drugs, what do they think is "normal"?
2. In your experience, what kinds of use are seen as acceptable vs. problematic in your community? (Probe: Is using a small amount at social events seen as harmless? At what point does it become "too much"?)

C.2) Cultural Scripts and Permission

1. Were there moments or social settings where substance use felt expected or approved of? (Probe: Examples of places like: festivals (Holi- Bhaang), religious rituals, family gatherings, workplace events, college life, or community celebrations (eg weddings, parties, etc).)
2. How did such situations make you feel about your own use? Did they make it seem normal, respectable, or necessary to belong?

D) Influence during Initiation and Continuation

1. Do you think the way people around you talk about drinking or using, or the way they seemed to accept it, made it easier for you to start? (Probe: Can you describe a time when cultural attitudes (for example, "everyone drinks at weddings") affected your choices?)
2. Have you ever justified or minimised your use because of what others around you considered normal?
3. Did the acceptance or expectation of substance use around you ever make it harder for you to notice when your own use was becoming harmful? (Probe: Can you share a moment when you felt like "everyone does it," so it felt fine for you too?)

E) Normalization vs. Stigma

1. Were you treated differently when using substances "socially," as compared to when your use became an addiction?
2. How did this affect your willingness to seek help or even talk about your use?

F) Internalization and Reflection

1. Before rehab, how did you see your own use, as normal or worrying?
2. Looking back, how did the idea that "everyone does it" or "it's just part of our culture" influence how you saw your own substance use?

G) Recovery and Cultural Change

1. How did the people around you react to your decision to go to rehab or stop using? (Probe: Did anyone encourage or discourage you? How has your family reacted to your decision to go to rehab or quit?)
2. What role do you think culture, religion, or society should play in preventing or supporting recovery from addiction?
3. What kinds of changes would help people like you recover more effectively? (Probe: community attitudes, family support, awareness programs, rituals, social spaces, etc.)
4. Have your views of "normal" use changed since going into rehab?
5. After coming to rehab, what do you now think people in your community see as normal use?

H) Closing Questions

1. Is there anything else about culture, society, or your own experience that you think is important for us to understand and would like to share?
2. Do you have a message to share about how culture affects substance abuse/use or recovery?