

Drug Abuse! Problem is intense in Punjab, India

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Citation: Kaur K. 2017. Drug Abuse! Problem is intense in Punjab, India. Human Biology Review, 6 (1), 20-29.

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ABSTRACT

Punjab once known as the "Sone di Chiri", the golden crescent is presently passing through the phase of drug abuse and drug trafficking which has rendered most of its youth to live a miserable life. It has not only affected the economy of the highly prosperous state but shattered the lives of many. Drug abuse affects the life of every member of the family, the close ones the worst. It leads to family disputes, broken marriages, divorces, debt on the families, loss of lives and in many cases welcomes the havoc causing diseases like HIV/AIDS due to needles used in injecting intravenous drugs. This issue has not been addressed much at the levels of the researchers. As the people or the families which are affected take it as a social stigma and don't disclose it, it poses further hurdles in collecting the data. So far, the figures quoted by government departments when drug is seized at the borders present some data. Even these figures can't be considered as the actual ones due to corruption involved at different levels. We have simply tried to address this issue and compiled the data available from government resources and figures quoted in leading news papers from time to time.

Keywords: Drug abuse, Punjab, HIV/AIDS, Cannabis, Smack, Poppy

INTRODUCTION

With a turnover of around \$500 billion, drug abuse is the third largest business in the world, next to petroleum and arms trade. About 190 million people all over the world consume one drug or the other (Miller et al., 1993). Drug addiction causes immense human distress and the illegal production and distribution of drugs have spawned crime and violence worldwide. Today, there is no part of the world that is free from the curse of drug trafficking and drug addiction. Millions of drug addicts, all over the world, are leading miserable lives, between life and death.

Drug use continues to exact a significant toll, with valuable human lives and productive years of many persons being lost. An estimated average 183,000 drug-related deaths were reported in 2012. Globally, it is estimated that in 2012, between 162 million and 324 million people, corresponding to between 3.5 % and 7.0 % of the world population aged 15-64, had used an illicit drug mainly a substance belonging to the cannabis, opioid, cocaine or amphetamine-type stimulants group at least once in the previous year (UNODC, 2014).

Although the extent of illicit drug use among men and women varies from country to country and in terms of the substances used, generally, men are two to three times more likely than women to have used an illicit substance (WHO, 1994). The United Nations Office on Drugs and Crime (UNODC), the United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and the WHO, drawing on the most recent data available, jointly estimate that the number of people who inject drugs is 12.7 million. That corresponds to a prevalence of 0.27 per cent of the population aged 15-64. The problem is particularly stark in Eastern and South-Eastern Europe, where the rate of injecting drug use is 4.6 times higher than the global average (UNODC, 2014).

India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day. According to a UN report, One million heroin addicts are registered in India, and unofficially there are as many as five million. India has witnessed a five-time (455%) increase in drug hauls over three years, from 2011 to 2013, according to data released by the government to Parliament (http://164.100.47.132/Annexure_New/lsq16/3/as227.htm, retrieved on August 14th, 2016 at 6.15pm). With nearly 18% of the world's population in the 15-64 age groups, India is a prime market for illicit opiates originating in both South-East Asia and South-West Asia, according to the World Drug Report (2014). The data available from 2004, estimates that 10.7 million Indians, more than the population of Sweden are drug users: 8.7 million consume cannabis and 2 million use opiates, according to a National Survey Report by the UN Office on Drugs and Crime and the Indian Ministry of Social Justice & Empowerment. (<http://164.100.47.132/LssNew/psearch/QResult16.aspx?qref=12498>, retrieved on August 14th, 2016 at 7.00pm). The processes of industrialization, urbanization and migration have led to loosening of the traditional methods of social control rendering an individual vulnerable to the stresses and strains of modern life ([Francis & Amuyunzu-Nyamongo, 2005](#); Walt et al., 2013). The fast changing social milieu, among other factors, is mainly contributing to the proliferation of drug abuse, both of traditional and of new psychoactive substances (Jiloha, 2009).

Cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India. Cannabis products, often called charas, bhang, or ganja, are abused throughout the country because it has attained some amount of religious sanctity because of its association with some Hindu deities (Srivastava et al., 2003). As per latest data produced in the Lok Sabha (2014), Mizoram tops the list of states where drugs were seized: 48,209 tonnes over the past four years, followed by Punjab with seizures of 39,064 tonnes. Some of the drugs seized include amphetamine, cannabis plant, cocaine, ephedrine, ganja, hashish, heroin, ketamine, lysergic acid diethylamide (LSD), acetic anhydride, methylenedioxy-N-methylamphetamine (MDMA), methamphetamine, methaqualone (mandrax), morphine and opium.

The situation in Punjab is the worst one (<http://www.livemint.com/Opinion/CbtQvesZxzWezejNXECV8K/Six-charts-that-show-the-seriousness-of-Punjabs-drug-proble.html>, retrieved on August 14th, 2016 at 4 p.m.). Punjab

otherwise is known as the India's most prosperous states. The Punjab's prosperity has been largely due to the state's development of agriculture. One of India's most prosperous states, the fertile land of the five rivers and nation's bread basket has to struggle with a serious problem that is now reaching epidemic proportions. So much so that drug addiction has now become a key poll issue. The spread of drugs across Punjab has grown to such proportions that some term it "narco-terrorism" and others "narco politics", pointing towards the illicit involvement of state and non-state actors. Narco-terrorism is the terms which was once coined by the former President Fernando Belaúnde Terry of Peru in 1983 when describing terrorist-type attacks against his nation's anti-narcotics police whereas narco-politics was used to describe the nexus between Mexican politicians and the powerful drug lords that control them. it is a symptom of Mexico's diseased state, not the disease itself.

As Mizoram, Punjab and Manipur are among the states where people are most vulnerable to drug abuse, the reason could be their proximity to porous international borders and international drug-trafficking zones, such as the "Golden Triangle" (Myanmar, Thailand and Laos) and "Golden Crescent" (Iran, Afghanistan and Pakistan). Unemployment and frustrated economic expectations are also among the reasons. There is also the fact that pharmaceuticals such as pain relieving opioids and sedatives are easily available from chemists; without prescriptions. Punjabi culture for heavy drinking and partying as well as the habit of landowners supplying raw opium to farm labourers to encourage them to work harder, that has further contributed to the problem. Most rural households in the state are thought to have one addict.

Punjab accounted for almost half of all cases registered in India under the Narcotic Drugs and Psychotropic Substances Act (NDPS) in 2013 up from just 15% in 2009 (Sethi, 2015). 67% of rural households in Punjab have one drug or alcohol addict, while 70% of young men are addicted to drugs or alcohol, according to a government report based on surveys (Press Information Bureau, Government of India, 2013).

Punjab shares a 553 km border with Pakistan, which is used as an entry point to smuggle narcotics into India. According to data tabled in the Rajya Sabha, in 2013, a total of 390 kg of smack/ heroin was seized in various states along the Indo-Pak border by the Border Security Force. Almost 84% of these seizures were made in the districts of Punjab bordering Pakistan. Furthermore, Punjab accounted for half of all seizures in India, according to a 2013 Narcotics Control Bureau report (NCB, 2013). According to one data available, Heroin is bought from Afghanistan at 1 lakh per kilogram. Passing through Pakistan and Punjab, it is smuggled into Punjab and sold for 30 lakh per kilogram. Further, it is sold in other parts of India at 1 crore a kg, and for the international market the rate goes up to 5 crores. Thus, the alarmingly low rates in Punjab make the state a hotspot for the local youth to fall prey to this viscous cycle.

Bhukki (poppy husk) can be found throughout Punjab. It has been consumed by farmers and farm workers in Punjab for decades. Under colonial rule, opium was grown here for export to China and was given to farm workers as an incentive to work faster (Nitindra, 2014). Use of drugs was in Punjab from long before partition. In old times, people used to

believe that opium was good for health, especially in Malwa region. But, with the Green Revolution, it became more evident. The revolution brought more workers, and more people meant more demand. The Pop Culture of Music has always advertised Drugs as a "cool" thing to do. This has always influenced the youth into trying out drugs. Apart from this, peer pressure, depression, loneliness, unemployment etc. also play a huge role. Also, the ignorance of government and the society fuelled the problem. In neighbouring state Rajasthan, opium is still used in paan which has further influenced its prevalence in the state. At least one third of rural population consumes opium in Punjab. To put it in perspective, opium consumption among rural population is a bit like the urban concept of a customary two drinks after a hard day's work. It is possible to get a mild intoxicating effect from *Bhukki*, and it is considered a gateway drug because it encourages young people to begin experimenting. These experiences initiate the youngsters to take up mainstream drugs like heroin.

Traditionally, very small amount of opium was cultivated in Punjab. The state got its supply mainly from bordering Rajasthan. On a road trip from Punjab to Rajasthan, through its south-western border with Haryana, one can see vends dotting the towns and cities along the highway. All of them have signboards with "Theka Bhukki-Post (Poppy husk/straw)" written prominently in Punjabi. There is no other evidence of Punjabi language being preferred by any commercial establishments, marking out the intended clientele of these vends. The severity of the drug problem in Punjab, aided and abetted by easy availability from Rajasthan, has had the state government worried for long (Preet, 2013). With the government's bid to curb opium addiction, the Rajasthan route was closed which created a vacuum in the drug market and led to its filling by pharmaceutical drugs like heroin.

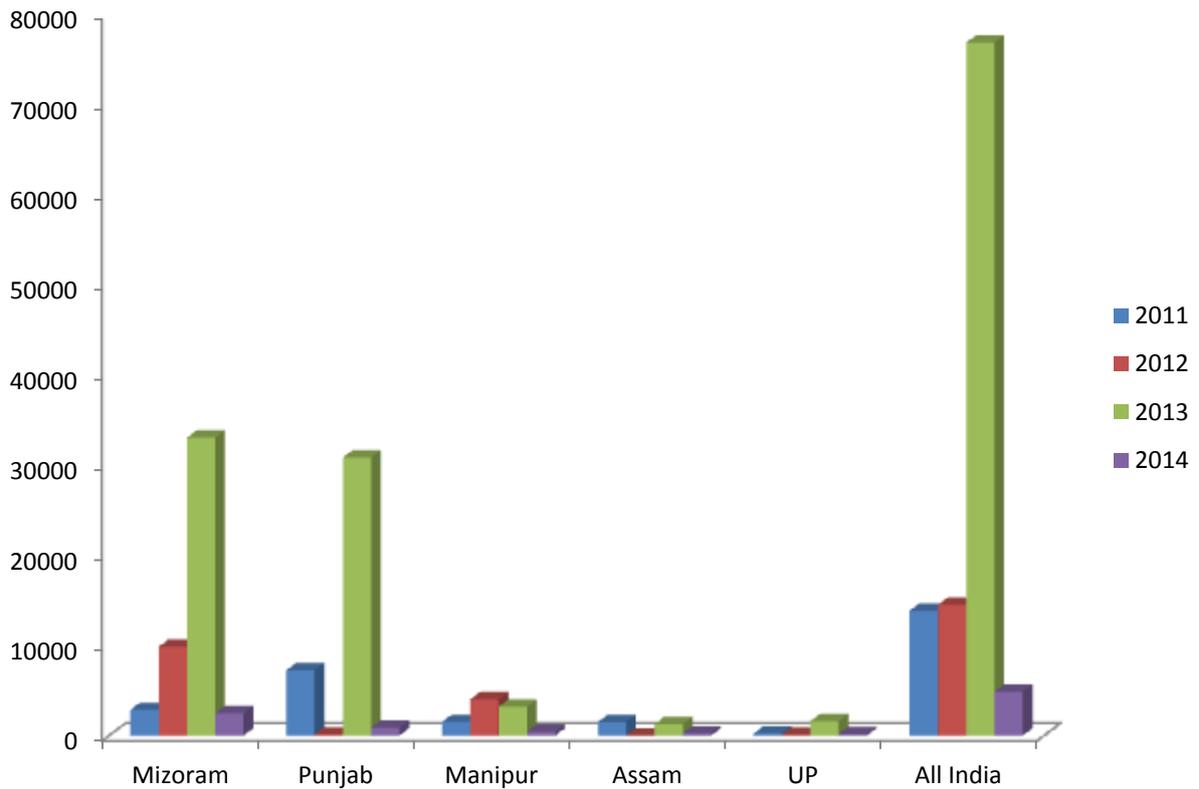
The worst affected areas are Majha, Malwa and Doaba. According to a news published in news paper Dawn on 28th September, 2012, a local psychiatrist quoted that out of the O.P.D. of roughly 130 patients a day, 70-80 percent were battling with drug (Dawn, 2012). The percentage of households affected by drug abuse is 61% in Majha, 64% in Malwa and 68% in Doaba. Every third male student and every tenth female student in Punjab has had drugs on some occasion. While 15% of those are addicted to poppy husk, 20% are addicted to synthetic drugs churned out by pharma companies in neighbouring Himachal Pradesh. No-one knows exactly how many new addicts there are, but a study by the Guru Nanak Dev University in Amritsar suggested that as much as 70% of young Punjabi men were hooked on drugs or alcohol. The Punjab Opioid Dependence Survey, which was conducted between February and April 2015, found that 230,000 people in the state were drug users. Consider the number of crimes reported under the Narcotics Drugs and Psychotropic Substances (NDPS) Act. There were on average 7,524 instances of crimes related to drugs in Punjab annually between 2005 and 2014. That's second only to Uttar Pradesh, India's most populous state (Dipti, 2016).

Maqboolpura, a small village close to Amritsar, epitomizes the problem. It is a village of widows, all the men having died due to substance abuse (Phillip, 2007). News reports claim that drugs are easily available in this village and sold by children as young as 14 years (Yardley, 2012).

Comparison of Punjab with other states

i. Quantity of Drugs Seized

Punjab figures among the top 5 states with highest drug seizures in India, albeit the quantity seized is erratic.



Unit is in tonnes; Figures include top 5 states with highest quantity of drug seizures in 2014. Source: Data produced in Lok Sabha

ii. Crime Rates

Crime rate under NDPS Act in Punjab has been consistently higher than all other states

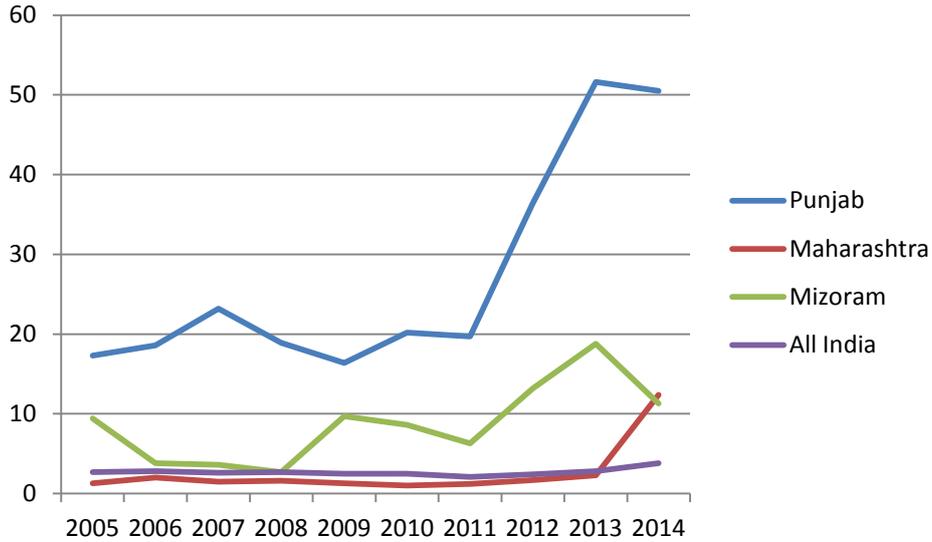
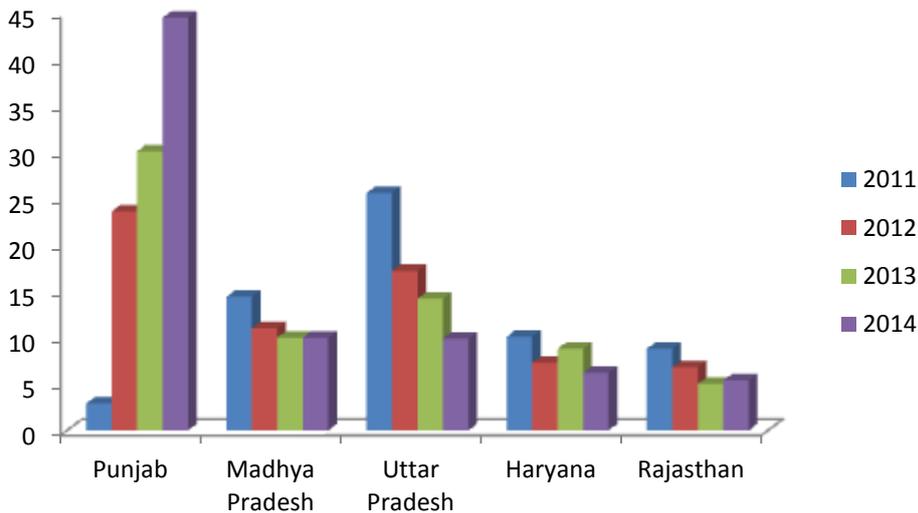


Fig. Rate of crime is crime per lakh population; Figures include the top 3 states in India with highest crime rates under NDPS Act

Source: CMIE States of India, CMIE Economic Outlook

iii. Cases of Convicts

Punjab forms 44.5% of total convicts in India under the NDPS Act in 2014, much more than the next highest state at 10%



Figures indicate % of convicts in each state as share of total convicts in India under NDPS Act at the end of each year

Source: Data from National Crime report Bureau

Discussion and Suggestive Measures

Drug abuse has led to a detrimental impact on the society. It has led to increase in the crime rate. Addicts resort to crime to pay for their drugs. Drugs remove inhibition and impair judgment egging one on to commit offences. Broken marriages, shattered families, Incidence of eve-teasing, group clashes, assault and impulsive murders increase with drug abuse. Apart from affecting the financial stability, addiction increases conflicts and causes untold emotional pain for every member of the family. With most drug users being in the productive age group of 18-35 years, the loss in terms of human potential is incalculable.

Women in India face greater problems from drug abuse. The consequences include domestic violence and infection with HIV, as well as the financial burden. In Punjab, in recent years, there has also been a sharp increase in the rate of HIV infections in the state. This is because the rate of injecting drug users (IDUs) is far higher here than in other states. The national prevalence of HIV is 9% but in Punjab this number is in the region of 26%. So, the problem is not just limited to drugs anymore, it's paving the way for the spread of HIV. The National AIDS Control Organization (NACO) has sounded an alert on the unexpected spurt in fresh HIV infections in Punjab and Chandigarh. NACO officials believe the jump may be because of an increase in the number of IDUs, however, there is no data available on such drug users. The rise is in the last five years. Punjab has more IDUs than the north-eastern states and that is main risk factor for HIV infections. The prevalence of needle sharing has been reported by various national studies to be 30.3% and 41.9% among IDUs in Haryana and Punjab (Shimona, 2015).

Following is the picture of profile of Punjab (Punjab Opioid Dependence Survey 2015). Surprisingly, literate and educated, employed people are more vulnerable to this abuse.

Profile of Punjab

Demographic profile of Opioid Dependent individuals in Punjab:	Survey Results
Males	99%
Literate and educated	89%
Married	54%
Employed	83%
Punjabi as mother tongue	99%
Opioid dependent population in rural areas	55%
Most common opioid drug: Heroin	53%
Using drugs through injecting route	33%
Most common reason for starting opioid use: Peer-influence	75%
Ever tried to quit?	80%
Ever received any help for quitting?	35%

Lower bound estimate of opioid dependent individuals	1,74,642
Upper bound estimate of opioid dependent individuals	3,22,416
Amount spent on opioid drugs per day by opioid dependent people	Rs 20 cr
Annual expenditure on opioid drugs	Rs 7575 cr
Unskilled Worker/ Labourer	27%
Farmer	21%
Clerical jobs/ businessmen	15%
Transport Worker	14%
Skilled Worker	13%

Source: Punjab Opioid Dependence Survey 2015

The situation is very intense. The policy makers, the NGOs, the educationists, the counsellors must take a serious note of it. India is a country with rich human resources. The last census 2011 data released shows that around 41 percent of country's population is below the age of 20 years. According to *The Times of India*, half the population is in the 20-59 age group while only 9 percent is above the age of 60 (<http://timesofindia.indiatimes.com/india/Muslims-have-largest-share-of-young-but-also-die-early/articleshow/50554763.cms>, retrieved on September 26th, 2016 at 7.50 pm). With 356 million 10-24 year-olds, India has the world's largest youth population despite having a smaller population than China, a latest UN report quoted (http://articles.economictimes.indiatimes.com/2014-11-18/news/56221890_1_demographic-dividend-youth-population-osotimehin, retrieved on September 26th, 2016 at 8 pm).

We must take measures to channelize and save our resources. Followings are some of the recommendations given by Delhi Policy Group, (Sawhney, 2014). Experts have recommended;

- The Government can envisage a skill development, training and placement program on the lines of Udaan being implemented in Jammu and Kashmir which will target unemployed graduates.
- The Government could establish drug de addiction centres that should follow statutory procedures for treating drug addicts which are largely based on internationally accepted best practices such as the WHO's Principles of Drug Dependence Treatment.
- Village Panchayats should be encouraged to implement the drug abuse prevention programmes by giving them incentives.
- Educational institutes must depute counsellors to identify the vulnerable youth.
- Governments must take necessary measures to check the drug trafficking across the borders.

- Periodically, data must be collected by statutory bodies at village level, block level, sub-divisional level and district levels by forming different committees.

Funding Source: The collection of this data has not been funded by any agency.

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