



## Patterns of Drug Abuse and Illicit Trafficking in Punjab

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### ABSTRACT

For millennia, people have relied on depressant drugs like marijuana and LSD to lift their spirits. Alcohol, cannabis, and opiates have all been widely utilised in India for hundreds of years. Such psychotropic chemicals, however, have taken on pathological proportions in modern times. The 2004 survey, on the other hand, had some methodological flaws. Only males were interviewed, hence there are no statistics on the prevalence of substance abuse among women. Only findings at the national level were possible due to the sample frame. Because of this, the state-by-state differences in the amount of drug usage remained unidentified. To determine the prevalence of all drugs, researchers relied entirely on a household survey. Drugs that are socially accepted but not legal are called “illegal” substances. As a result, it's impossible to rule out the possibility of underreporting and, as a result, underestimating drug use.

**Keywords:** *Drug abuse, psychoactive substances, rural setting, poverty, criminality, low productivity and health problems.*

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### INTRODUCTION

It's been difficult to develop and implement anti-drug policies and tactics since there aren't any reliable estimates of how many individuals are affected by drug usage. Because of this, it is critical that research on the extent to which such psychoactive compounds (or, since they are popularly called, “drugs”) are used be conducted and that this evidence be used to impact national policy and strategy [1].

When it comes to psychoactive substances, alcohol is the most commonly utilised in Indian culture (among those included in this survey). An estimated 14.6% of Americans (between the ages of 10 and 75) are regular drinkers. According to government estimates, India has 16 crore alcohol consumers. Alcohol consumption is more common among males than women (27.3% vs. 27.3%). (1.6 percent). Compared to the number of women who drink, there are 17 men who have done so in the past. About 30 percent of alcohol consumers drink country liquor or 'desi sharab' and 30 percent drink spirits or Indian-made foreign liquor. Arunachal Pradesh, Chhattisgarh, Tripura, Punjab, Arunachal Pradesh, and Goa are among the states with the highest prevalence of alcohol use [2].

After alcohol, cannabis and opiates are the most commonly used narcotics in India. Approximately 2.8 percent of the population (3.1 crore people) said they had used cannabis in the previous year. There was also a significant distinction between the legal type of cannabis (bhang) and various criminal cannabis products when it came to cannabis use (ganja and charas). About 2% of the population (or about 2.2 million people) use bhang, while about 1.2 percent of the population (or about 1.3 million people) use illicit cannabis products including ganja and charas, according to the research. Most people in India who use cannabis live in Uttar Pradesh, Punjab, Sikkim, Chhattisgarh, and Delhi, states with the highest rates of consumption [3].

It has long been assumed that drug usage is confined to urban and inner city areas. As a result of the recent increase in substance use disorders in rural areas and substance-related deaths, there is rising international recognition that the problem of drug and other substance use has spread to rural areas of Punjab. Increases in the usage of opiates (including heroin and non-medical prescription drugs), methamphetamines (including crack), cocaine, and cannabis are all being observed. A number of socioeconomic inequalities impact rural areas, which are known to contribute to drug addiction [4].

These characteristics include the following:

- *Socio-economic status:* Low wages, high unemployment, widening income disparities, lower levels of education, less options for career growth, and a dearth of health care
- *Social capital:* a lack of social support and a lack of interest in local affairs

- *Neighbourhood factors*: Inadequate hygienic conditions, housing, educational chances, and career prospects; crime in the neighbourhood; a wide range of drugs readily available; weak social and legal standards about drug usage, etc.
- *Environmental events*: environmental degradation and human migration are all aggravated by natural catastrophes, conflict, war, and climate change.
- Income inequality, urbanisation, and environmental deterioration are all contributing factors to *social transformation*.

## **DISCUSSION AND IMPLICATION**

Although socioeconomic disparities are substantially connected to drug use, wealthy cultures are also influenced by rising patterns of substance use. Individual socioeconomic traits will have a distinct impact in different rural areas, which is another something to keep in mind. In some nations, for example, rural areas may have higher levels of social cohesiveness and solidarity. It's important to remember that these factors impact substance abuse in both urban and rural areas, but their relative weight and importance will vary depending on the area. There is a need for policy makers to support research to identify the substance use issues unique to their country in light of these distinct patterns of use and the role of socioeconomic variables [5].

Chronic substance use exacerbates many of these features, even though they are established factors for substance abuse in the lives of those who experience from it. As a result of the impairments caused by drug use, there is an increased risk of poverty, crime, low productivity, and health problems becoming a self-perpetuating cycle. It is quite difficult to break the cycle of drug use disorders and move on. It is also important to note that rural drug users face additional challenges to treatment because of societal stigma associated with drug use problems. It's more difficult to get help for illegal behaviour disorders than for legal ones, especially in places with low population density and few possibilities for anonymous assistance [5]. The health of people around the world is greatly impacted by drug and alcohol addiction. According to the GBD, opioid, cocaine, and amphetamine dependency resulted in roughly 44,000 cause-specific deaths and 702,000 excess deaths in 2010. An additional 111,000 people died from alcohol-related causes, bringing the total number of people who died to 1,954,000. 11 One-fourth of all people with a disability-adjusted life years in the United States suffer from some form of drug use disorder, according to Whiteford and colleagues (DALYs). 3 to 14 times more people who use opioids, amphetamines, and cocaine die within their lifetimes than the average population [6].

In India, drug and alcohol abuse has become a big issue. According to a national study performed by the UNODC and the Ministry of Social Justice and Empowerment in 2000-2001, 732 million Indians consumed alcohol or drugs (report published in 2004). 87 lakh people used cannabis, 20 lakh used opiates, and 625 lakhs drank alcohol. About 26%, 22%, and 17% of users in each of the three groups were determined to be dependant on/addicted to them, respectively. Other drugs, such as sedatives/hypnotics, volatile compounds, hallucinogens, stimulants, and pharmaceuticals, were also found to be overused, according to the survey [7].

Individual, family, and social expenses, such as lost productivity, a rise in criminal behaviour and incarceration, as well as physical health issues and infectious illnesses that go along with it, aren't included in these numbers. They also fail to consider the harmful effects that substance abuse has on children and their families. Substance use is associated with a wide range of negative economic outcomes, including unemployment, decreased productivity, greater rates of work-related accidents, and increased rates of absence due to work-related injuries. School performance, dropout rates, conflict with family and friends, and criminal behaviour can all be exacerbated by the use of illegal substances by young folks. 15,16,17 The burden is shared by criminal justice, health care, and other social service organisations. Thankfully, cost-effective, scientifically based interventions are available to break the cycle of drug use. Programs aimed at preventing substance misuse in adolescents, young adults, and adults can be beneficial to all three groups. People with drug use problems can learn to control and decrease the negative consequences of their early or chronic use through treatment. To support these people on their road to a better quality of life and a life free of substance abuse, recovery services are available. Despite the fact that rural areas are included in national policy, many people in these areas do not have easy access to the programmes, services, and policies that are needed to combat the global health crisis of drug use and addiction. Many countries' rural areas encounter similar concerns, but low- and middle-income countries' rural areas suffer disproportionate difficulty in addressing substance use issues because of scarce funds and a high level of need [8].

### **Prevalence of substance use disorders in rural areas**

Rural areas around the world are experiencing a rise in drug and other substance abuse. In the absence of comprehensive data on rural drug use, general trends in prevalence can be enlightening. There has been a rise in the

number of patients with drug use disorders for the first time in six years, according to the 2016 World Drug Report from the United Nations Office on Drugs and Crime (UNODC) (to more than 29 million people).

The use of opiates and prescription opioids has increased over the last decade, despite the fact that they are less commonly utilised. Opioid use has serious side effects, including an increased risk of overdose. UNODC further observed that regional efforts to combat the problem are hampered by disparities in drug use trends. For example, since 2010, cocaine consumption has surged throughout South America. Since 2007, there has been an increase in the use of heroin in the United States. Amphetamine use is on the rise in rural America, Southeast Asia, and East and South-East Asia, as according expert studies of trend data, treatment admission statistics, and local law enforcement records [9].

Drug use is prevalent in rural areas despite the lack of worldwide data, according to available data from countries around the world. There were 31 per cent of Afghan families and 11 per cent of the population that tested positive for one or more substances in an INL study on drug use in Afghanistan (which included toxicological testing). Three times as many people use drugs in rural areas than in urban ones. Higher rates of binge drinking and foetal alcohol syndrome have been seen among South Africans who live in rural areas, particularly those from lower socioeconomic backgrounds. Substance use disorders (SUDs) have devastating effects on rural residents' health, necessitating quick action. The use of methamphetamine and prescription opioids among teenagers and young adults in rural regions is higher than that in urban areas, according to studies done in the United States. 39, 40, 41 To put it another way, rural adolescents were more likely than urban youth to engage in problem drinking (such as excessive or binge drinking, as well as bad driving) [10].

### **Socioeconomic Characteristics of Rural Settings as a Driver of Substance use**

Moreover, rural areas include a number of socioeconomic disparities that are recognised as contributing factors to drug and other substance use, which supports the necessity of focusing on rural substance use. Before going any further, it's important to note that many of these socioeconomic traits aren't restricted to rural areas. In both rural and urban areas, socioeconomic problems such as deprivation, limited access to education, unemployment, and a lack of economic possibilities abound (such as inner cities).

Based on this document's aim, which is to establish ways to combat substance misuse in rural areas, we will focus on socioeconomic issues as well as those that are peculiar to rural areas (such as long travel distances, geographic isolation, inadequate infrastructure and resources, etc.).

As the lives of those suffering from substance use disorders spiral out of control, the effects of chronic drug use worsen these factors, creating a vicious cycle of poverty, low productivity and health problems. Trying to get out of this slump and move forward is becoming increasingly difficult as the disease advances. In rural locations, substance abuse disorders are more difficult to treat, prevent, and recover from because of a lack of services. Moreover, the stigma associated with substance abuse problems severely marginalises individuals, making rehabilitation even more hard.

In rural areas, where less people are affected by drug use disorders and there are fewer treatment alternatives, stigma tends to be more strong, even though it is present in both urban and rural areas both. The growing urbanisation around the world, says the Population Reference Bureau (PRB), is creating a rural-urban divide. Africa and Asia, two continents that are quickly urbanising, are not the same. Regardless of that fact, the outcomes of the PRB study revealed that Africa will stay mainly rural for the next 20 years or more.

### **Drug Menace in Punjab: A Survey**

According to the data, around 76% of Punjab's opioid-dependent population is between the ages of 18 and 35. About 99 percent are men and 54 percent are married. A great majority (89 percent ) are literate and have some degree of formal education. Unskilled worker / labourer (27 percent); farmer (21 percent); clerical positions / businesspeople (15 percent); transport worker (14%); and skilled worker (14 percent) are the most common vocations for these people (13 percent ). About 56% of opioid reliant people in the state relate to rural areas and almost all (99%) report Punjabi as their native language. The estimated amount of opioid addicted people in Punjab is 2,32,856.

### **Strategy for Prevention**

A family and community-based approach, involving NGOs and other community-based organisations, is preferred by the Department of Social Justice and Empowerment when addressing drug usage as a psychosocial and medical issue (CBOs). The three-pronged strategy for reducing demand:

- Raising public awareness and educating individuals about the dangers of drug usage.
- Motivational counselling, drug addiction detection, treatment, and recovery are all part of this community-based strategy. and
- Volunteers, service providers, and other stakeholders will be trained in order to develop a dedicated and skilled cadre.

## **Punjab as an Exceptional Case of Drug Addiction**

When seen in the context of drug abuse in India, the demographics of drug users in Punjab are an anomaly. As can be seen through a comparison with other regions of the country's data, Punjab's condition is both extreme and unusual in both its extent and nature. To begin with, the problem is particularly acute in Punjab, where residents have a substantially higher rate of drug addiction than those in the majority of other Indian states. Regional variations in drug use, for example, may be considerable in nature. According to this list of India's most common narcotic substances, Punjab is one of the most narcotic states in the country. Using data obtained between March 2000 and November 2001, the United Nations found that Punjab had the highest rate of opium and propoxyphene abuse in India. There were "Punjab (about 56 percent), followed by Rajasthan (approximately 11 percent) and Haryana (about 6 percent)" of opium users in this survey.

To explain Punjab's abnormally high levels of addiction, it may be more interesting and informative to look at the characteristics of the core community of drug users in Punjab, which differ significantly from most Indian addicts. Punjab's drug problem is out of the ordinary when compared to the rest of India. Drug addicts in Punjab's class structure are another anomaly in the rural-urban divide. "The problem is common among middle-class enclaves" in Punjab, while drug usage is more prevalent "among the working poor".

As a result, drug abuse is a multifaceted phenomenon with a variety of social, cultural, biological, geographical, historical, and economic aspects. Many people become drug addicts as a way to get away from the hardships of everyday life due to the breakdown of traditional joint families, the loss of parental love and care in modern houses where both parents work, the erosion of traditional religious and moral ideals, and many other factors. The kind of the drug used, the personality of the individual, and the addict's surroundings all have a role in substance use, misuse, or abuse. The ancient systems of social control have been undermined as a result of industrialization, urbanisation, and migration, making an individual more vulnerable to the stresses and strains of modern life. Since synthetic drugs and intravenous drug use are so common, the HIV/AIDS epidemic has spread, especially in the north-eastern states of the United States. Drug usage has led to a severe influence on the society. As a result, crime has risen. To fund their drug habit, addicts turn to criminal activity. The depressive effects of drugs encourage criminal behaviour by removing inhibitions and impairing judgement. Drug addiction is associated with an increase in teasing, fights within groups, assaults, and impulsive murders. As well as damaging the family's finances, addiction can lead to conflict and cause a great deal of emotional misery for everyone involved. Incalculable human potential has been lost as the majority of drug users are between the ages of 18 and 35. The harm done to a child's physical, emotional, moral, and intellectual development is immeasurable. Youth drug misuse is a major concern for adolescents and young adults. By the time they reach their ninth grade year in India, it is believed that half of all Indian males have tried at least one substance of abuse. Numerous epidemiological studies have been conducted in India over the last three decades to gauge the prevalence of drug usage.

## **CONCLUSION**

This paper has attempted to illustrate the state of Punjab in India as an extreme and uncommon example of drug addiction. The study's goal was to find an answer for the problem's enormity and breadth by delving deep into its extremes and outlandish features. This has been done by hypothesising correlations between the traits of drug addiction in Punjab, many of which are believed to be 'exceptional', and the socioeconomic elements that have likely affected the state's growing problem.

## **REFERENCES**

1. Kulsudjarit, K. (2004). Drug problem in southeast and southwest Asia. *Annals of the New York Academy of Sciences*, 1025(1), 446-457.
2. Miller, W., Sanchez, V., Howard, G. S., & Nathan, P. E. (1993). Motivating young adults for treatment and lifestyle. *Alcohol use and misuse by young adults*. University of Notre Dame Press, Notre Dame.
3. Nadeem, A., Rubeena, B., Agarwal, V. K., & Piyush, K. (2009). Substance abuse in India. *Pravara Med Rev*, 4(1), 4-6.
4. Ray, R. (2004). *The extent, pattern and trends of drug abuse in India: National survey*. Ministry of Social Justice and Empowerment, Government of India & United Nations Office on Drugs and Crime, Regional Office for South Asia.
5. Verma, P. S., & Mishra, V. Chandigarh: Institute for Development and Communication; 2010. *Study on Drug Abuse in the Border Districts of Punjab (Unpublished Report)* pp, 45-6.
6. United Nations Office on Drugs and Crime. Rapid Situation and Response Assessment of Drugs and HIV in Bangladesh, Bhutan, India, Nepal and Sri Lanka: A Regional Report.

7. United Nations Office on Drugs and Crime. World Drug Report (2009). Available from: [http://www.unodc.org/documents/wdr/WDR\\_2009/WDR2009\\_eng\\_web.pdf](http://www.unodc.org/documents/wdr/WDR_2009/WDR2009_eng_web.pdf). [Last accessed on 2009 Dec 20].
8. Benegal, V., Sathyaprakash, M., & Nagaraja, D. (2008). Alcohol misuse in the Andaman and Nicobar Islands. *Report on project commissioned by the Indian Council of Medical Research and funded by Action Aid, India.*
9. Ramachandran V(1991). The prevention of alcohol related problems. *Indian J Psychiatry*; 33:3-10.
10. Dube, K. C., & Handa, S. K. (1971). Drug use in health and mental illness in an Indian population. *The British Journal of Psychiatry*, 118(544), 345-346.