

SCIENTIFICALLY NOT POSSIBLE TO CALCULATE EXTENT OF DRUG ABUSE

The drug problem is basically a social problem which needs to be tackled by the state and the society. However, it is not easy to know or to study as to what proportion or percentage of the total population in a state is addicted to the psychoactive substances. The reason is that people are hesitant in coming forth with information, so any correct assessment regarding the extent of drug abuse is difficult.

A correct way is to identify stages of substance abuse as listed below:

Stages of Substance Abuse/Addiction

Stages	Process
Stage I – Experimentation	A person who is experimenting with drugs doesn't actively seek out the drugs.
Stage II – Social or Recreational	A person continues to take drugs because of the social environment that is created around drug use. This may range from an event to event.
Stage III – Habituation	There is a definite pattern of use and the drug has a strong influence over the user. Physical and psychological dependence has developed whereby the drug is needed to function normally.
Stage IV- Drug Abuse	The stage of actual drug abuse is reached when a person continues to use the drug in spite of the negative consequences it has on a person's well being, health, relationships, social life, finances and legal status.
Stage V – Drug Addiction	This stage occurs when a person has lost control of himself to the drug. Now the drug itself has become the most important thing in that person's life. An addicted person will spend most of his time getting, using or thinking about the drug. Addiction and the tendency to addiction cross all social and economic barriers. The step between abuse and addiction has to do with one's compulsion for the dose of drug.

Source: Stages of Substance Abuse: A consumer's guide to Alcohol & Drug Addiction Treatment

Drug abuse among students

Regarding studies on youth, Banerjee, (1963) in a study of 1132 students, from the Calcutta University found that 26 percent of them had used tobacco and 11.4 percent amphetamines. Another interesting study by Dube (1975) which examined the prevalence of abuse amongst 564 college going students in Agra identified that 33% of the students used alcohol and cannabis while 25% barbiturates, sedatives and minor tranquillizers in various colleges of Agra city.

Similarly, a study of 502 students of four colleges of the Delhi University, Mohan D and Associates (1978) identified that 45.7 percent (117 out of 256 males) and 18.3 percent females (45 out of 246) were abusing alcohol and tobacco. Male students were abusing drugs such as cannabis, amphetamines, opium, cocaine in experimental order compared to females who had displayed maximum abuse of painkillers. Prevalence of abuse was higher among the science students than those of arts. A direct relationship between drug abuse among students and their economic status and family structure was also observed.

Another scholarly study by Jitendra Mohan (2004) which covered 500 students representing the Punjab University, Chandigarh, Punjabi University, Patiala and Himachal Pradesh University, Shimla. Most of them were urban youths (84.4%) as compared to rural (15.6%) and belonged to middle income families and were living in hostels (58%). As high as 87.6 percent abused tobacco, 23.6 percent alcohol, 3.8 percent cannabis consumed amphetamines and hallucinogens, 4.6 percent used tranquillizers without consulting doctors, 12.2 percent used opium and 1 percent other synthetic derivatives.

A study by Aggarwal, (2004) on 350 students of Delhi University found that 62 percent students were comfortable with drug abuse, 11 percent felt ashamed and 6 percent were not able to analyse, and 21 percent felt guilty.

Report on Drug Users in Border Districts of Punjab (2010) conducted by Institute for Development and Communication (IDC) and sponsored by Department of Planning, Government of Punjab

The study reveals that out of the total 1527 drug abusers, the single largest group of 44.3 percent respondents belonged to the age group of 16-25 years, indicating a high vulnerability of younger people to substance abuse. It was followed by 28.5 percent of those falling in the age group of 26-35 years, 14.2 percent in 36-35 years and 6.7 percent in 46-55 years, 3.3 percent in 56 years and above. This indicates that relatively younger people have become more vulnerable to drug abuse in these areas. If the first three categories of respondents are clubbed together, 75.8 percent of drug abusers belonged to the age group of 6 to 35 years.

Education

Regarding the educational background, the single largest group of abusers were under- matriculates (43.6 percent) followed by the matriculates (21.6%), illiterates (20.4%), senior secondary (12.4%) and graduates (2%). Thus, an overwhelming number of abusers were either illiterate or under-matriculates indicating that drug addiction has prevented them from attaining higher education.

Occupation

Separately, the single largest group comprised of agriculturists (37%) followed by labourers (27.50%), private service and self employed (19.2%) etc.

Sources for Procuring Drugs

During the field work it was found that chemists were the major source of supply of drugs. Around 31.0 percent of the respondents said that they procured drugs from chemists. People find it easier to get drugs over the counter without the fear of legal hassles. In fact chemists and medical practitioners have become one of the major suppliers of drugs. Besides chemists, RMP's also prescribed drugs especially painkillers, cough suppressants and sedative/painkiller injections. These range from pills like Alpex, Lomotil, Sobimal, Ibufrin, Proxyon, Spasmo-Proxyvon, Nitrazepam, Diazepam, Combiflam, Calmpose, and iodex ointment, cough Syrups such as Rexcof, Corex and Phencydral to a cocktail of intravenous injections such as Norphine and Morphine.

A complex network of peddlers operating in the state further constitutes a major source (16.3%) besides chemists and medical practitioners.

Amount spent on drugs by the respondents

District	1	2	3	4	5	6	7	8
	Less than 500	501 to 1000	1001 to 1500	1501 to 2000	2001 to 2500	2501 to 3000	3000 and more	Total
Total	76 5.0%	416 27.2%	361 23.6%	199 13.0%	131 8.6%	86 5.6%	258 16.9%	1527 100%

Source: IDC Survey 2009

Reasons for continuation of drugs

District	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	To feel good	To communicate better/ be sociable	To do better	Peer pressure	To relieve tension	To overcome paucity of love	To increase sexual drive	To overcome boredom	To overcome body pain	1+2+3	5+9	4+6	7+8	Other combinations	Total
Total	161 10.5%	37 2.4%	242 15.8%	29 1.9%	169 11.1%	45 2.9%	118 7.7%	117 7.7%	145 9.5%	212 13.9%	77 5.0%	16 1.0%	108 7.1%	51 3.3%	1527 100%

Source: IDC Survey 2009

Supply of Drugs

The Trade Route in Punjab

The border districts of Punjab are fast becoming a favourite crossing point for traffickers bringing heroin from Afghanistan through Pakistan. It was reported that in the year 2007, 160 kgs of heroin from Afghanistan, destined for Europe, had been seized in Punjab. One kilogram of heroin is worth around Rs.1 crore in the international market. While the Narcotics Control Board seized 125 kgs of heroin, the Border Security Force (BSF) seized around 35 kgs of heroin along the 564 km. long Pakistan border in Punjab since April 2005. It was estimated that the seized heroin was only 10 percent of the total quantum smuggled through this border.

The trade is thriving despite stringent security alerts and the presence of the BSF personnel. Afghan-made heroin reportedly comes with Pakistan made package signs such as 'Abdi Khel', 'Aeroplane', 'Cheetak', 'syringe' and numbers like '999', '555', '7777'.

Once the Afghan contraband reaches the Indo-Pak border, the drug traffickers have various ways to enter India. A recent trend is to send the contraband as part of dry fruit consignments on goods

trains which are never checked at the border. The contraband is further taken to Delhi from where it is smuggled out on flights to Europe. Smack comes directly from Pakistan and Nepal. It comes in bulk and is generally meant for national distributors or international suppliers.

Inter-State Trade

As far as inter-state trade is concerned opium and bhukki come from the neighbouring border states. The supplies first come to base camps in Haryana and Rajasthan. These camps are reportedly situated at Shahbad, Ratia, Dabwali or Jakhal in Haryana or Churu and Ganganagar in Rajasthan. There are some routes through Una, Bilaspur and Dalhousie in Himachal Pradesh. Regular supply of majority of the drugs for Punjab comes from Delhi, Meerut and Saharanpur.

The following table reveals the seizure of drugs year wise for 2007, 2008 and 2009 in the state of Punjab.

Seizure of Narcotics and other Drugs (2007, 2008 and 2009)

Distt.	CHARAS				BHANG				OPIUM				POPPY HUSK				HEROIN				SMACK			
	IN KGS				IN KGS				IN KGS				IN KGS				IN KGS				IN KGS			
	2007	2008	2009	AVG	2007	2008	2009	AVG	2007	2008	2009	AVG	2007	2008	2009	AVG	2007	2008	2009	AVG	2007	2008	2009	AVG
AMRITSAR	4.5	5.2	18.6	9.4	158.0	15.3	140.0	104.4	5.2	27.4	13.8	15.5	1648.0	775.0	68.0	830.3	49.1	72.6	29.6	50.4	6.2	4.8	11.1	7.3
TARN TARAN	2.0	2.0	0.0	1.3	0.0	0.0	321.0	107.0	37.2	35.3	23.1	31.9	1412.3	234.0	344.2	663.5	2.2	8.0	17.2	9.1	3.4	1.4	1.0	2.0
GURDASPUR	1.3	4.0	16.7	7.3	159.3	3.5	1.4	54.7	6.1	3.3	2.7	4.0	313.5	334.7	159.3	269.2	1.4	13.7	3.9	6.3	0.6	0.6	1.0	0.7
JALANDHAR	51.2	22.4	20.0	31.2	0.0	0.0	0.0	0.0	37.8	23.8	43.3	35.0	5916.2	7689.2	7640.3	7081.9	1.2	0.0	7.3	2.8	5.4	5.3	3.3	4.7
HOSHIARPUR	1.9	1.6	0.7	1.4	0.7	5.0	0.0	1.9	1.6	2.7	9.6	4.6	2259.2	1110.4	2534.7	1968.1	0.0	0.5	1.0	0.5	2.3	2.4	0.6	1.8
KAPURTHALA	3.8	3.5	0.0	2.4	0.0	0.0	0.0	0.0	12.2	1.9	10.9	8.3	3556.6	4166.4	5837.9	4520.3	10.1	60.0	1.0	23.7	1.1	1.8	2.1	1.7
NAWANSHEHR	0.6	3.7	12.9	5.7	0.0	0.0	0.0	0.0	1.8	9.0	46.3	19.0	2359.0	2834.5	2316.5	2503.3	0.0	0.6	3.2	1.2	2.9	4.8	9.8	5.9
PATIALA	0.0	0.0	0.8	0.3	0.0	0.0	135.0	45.0	62.5	74.3	162.8	99.9	13771.3	8306.1	8306.4	10127.9	0.0	1.3	1.6	1.0	2.4	2.5	4.6	3.2
SANGRUR	1.3	3.8	1.5	2.2	0.0	0.0	0.0	0.0	48.3	25.1	53.0	42.1	8674.6	3877.6	6683.9	6412.0	0.2	0.0	0.0	0.1	0.3	1.8	0.7	0.9
FATEHGARH SAHIB	0.0	1.2	0.1	0.4	0.0	0.0	234.0	78.0	0.6	21.5	1.1	7.7	397.4	1011.0	1270.1	892.8	0.0	0.0	0.1	0.0	0.1	0.4	1.7	0.7
MOAHLI	3.4	26.8	0.0	10.1	0.0	0.0	0.0	0.0	4.0	6.0	4.8	4.9	651.5	695.0	318.5	555.0	0.0	0.0	0.7	0.2	0.1	2.8	1.2	1.3
LUDHIANA	19.7	19.6	17.6	19.0	90.0	0.0	5.5	31.8	65.6	39.7	55.1	53.5	20419.4	8351.4	7419.3	12063.4	6.9	0.0	4.7	3.9	2.4	2.8	4.1	3.1
ROPAR	6.2	0.6	5.4	4.0	0.0	0.0	0.0	0.0	7.0	5.3	14.9	9.1	309.7	270.5	593.9	391.4	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1
FEROZPUR	0.0	4.0	0.2	1.4	0.0	2.5	17.5	6.7	71.1	174.6	107.6	117.8	5197.0	5000.6	4551.9	4916.5	20.8	37.0	16.5	24.7	2.4	2.4	1.6	2.2
MUKTSAR	0.6	1.4	0.0	0.7	0.0	0.0	3.5	1.2	25.1	18.7	32.9	25.5	1422.2	1284.0	1213.4	1306.5	0.0	0.0	0.9	0.3	0.4	0.3	0.2	0.3
MOGA	0.7	5.3	1.0	2.3	0.0	38.1	460.0	166.0	13.7	22.7	31.2	22.5	8402.7	7211.0	6045.1	7219.6	0.0	0.0	0.0	0.0	0.4	2.8	0.2	1.1
FARIDKOT	0.0	0.0	0.3	0.1	86.3	2.5	50.0	46.3	29.8	7.0	25.2	20.7	2870.3	396.8	537.3	1268.1	0.0	0.0	0.0	0.0	0.4	0.5	0.0	0.3
BATALA	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.5	29.7	14.8	23.3	6661.7	3563.5	1412.5	3879.2	0.0	0.0	0.0	0.0	0.7	0.6	0.2	0.5
MANSA	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	38.2	21.4	12.3	23.9	2798.2	1894.1	3706.5	2799.6	0.0	0.0	0.0	0.0	0.2	0.5	0.6	0.4
GRP	1.0	1.3	2.9	1.7	0.0	0.0	0.0	0.0	6.8	3.9	8.0	6.2	368.4	456.8	281.3	368.8	3.0	0.0	0.0	1.0	0.0	0.5	0.5	0.3
SSOC	0.0	1.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	9.8	15.9	8.6	0.0	630.0	1419.0	683.0	0.0	75.5	67.9	47.8	0.0	16.5	0.0	5.5
TOTAL	98.1	102.3	80.1	93.5	336.2	51.6	1227.9	538.6	495.0	535.6	675.4	568.7	87760.8	59317.3	62591.7	69889.9	45.6	196.5	125.9	122.7	25.7	50.7	33.6	36.7

Source: Punjab Police, Chandigarh

In light of the growing spree of substance trafficking in Punjab, the present section attempts to analyse the profile of drug peddlers and chemists, nature of drug trade including the mode of operation, supply channels and the role of different stakeholders.

Economic Gains by Peddlers

Regarding economic returns, 35.6 percent of the peddlers earned between Rs. 20,000 to Rs. 30,000 per month through drug peddling. Around 6.7 percent of the peddlers earned even more than Rs. 30,000 monthly. However, of the remaining peddlers, 24.4 percent earned between Rs. 10,000 and Rs. 20,000 and 31.1 percent below Rs. 10,000 per month. This shows that the profession of drug trafficking has improved the economic conditions considerably of the respondents. If a school drop-out could earn Rs. 10,000 to 20,000 per month it may tempt an unemployed youth groaning under scarcity to enter into the trade despite it being illegal.

Table 6.7
Monthly Income of the peddlers

	Below 10,000	10,001-20,000	20,001-30,000	30,001 and above	No response	Total
N	14	11	16	03	01	45
%	31.1	24.4	35.6	06.7	02.2	100

Source: IDC Survey, 2009

PREVENTION OF DRUG ABUSE: AN ACTION PLAN

I. Government

The government has adopted a two pronged strategy to control the spread of substance abuse i.e. supply reduction and demand reduction. Through supply reduction the government aims to break the cycle of drug production from source to consumer by crop eradication and control, detection of illicit trafficking, stricter patrolling of 'hot spots' where substances are easily available and effective monitoring of sale/dispensing of medically-used drugs. Through the demand reduction strategies the government aimed at reducing and preventing the need or demand of substances by dissuading, discouraging and deterring individuals from using either drugs or desiring to use drugs.

Some of the other measures that could be adopted by the state government include:

- Conferring the powers of drug inspection upon all the Senior Medical Officers in the district to curb the malpractices by some unscrupulous elements including chemists in selling the intoxicated drugs.
- Keeping in view the rising incidence of drug abuse, a separate ward in each Civil Hospital may be opened for the treatment of such addicts.
- Along with the mushrooming of chemist shops a number of quacks have also set up their medical shops in the villages which are playing havoc with the lives of the youths. Their antecedents should be verified and appropriate action be taken under the relevant provisions of law.
- The sale of medicines should only be restricted on the prescription of qualified doctors as is prevalent in other states like Jammu & Kashmir, Maharashtra etc.
- The role of RMPs operating in villages also needs to be investigated. During the course of the survey, it was found that many people in the village were infected with the HIV virus due to use of infected needles being provided unscrupulous RMPs.

- A rehabilitation colony for the settlement of addicts after detoxification needs to be set up where they are provided with vocational training such as candle and chalk making, computer training, mobile repair etc.

II. Recommended Institutional Framework

The control of substance abuse needs a formal institutional mechanism that will operate at the state, district, block and village levels to address the phenomenon of drug abuse.

The State Drug Control Society

In line with the State AIDS Control Society, an apex body should be constituted at the state level headed by a project director, having specialisation in medicine and socio-psychological fields. The State Drug Control Society (SDCS) would coordinate targeted intervention activities, research and monitoring activities on substance abuse in the state.

The District Drug Control Committees

District Drug Committees (DDCs) should be constituted in each district with the Deputy Commissioner as Chairperson and SSP, District Social Security Officer, Civil Surgeons, Zila Pramukh, Principals and Wardens of educational institutions and representatives of NGOs as members. The Committee would undertake responsibility of overseeing the health and de-addiction services, awareness campaigns; supply networks etc. In coordination with the State Control Drug Board the Committee would be responsible for reviewing poor implementation of the programmes connected with the drug problem. The functioning of the IRCAs could also be overseen by the Committee. Other programmes such as ACDCs, WPPs, and NGO Forums etc. which operate at the district level would also be covered within the ambit of DDCs.

The Block Drug Control Committees

The Block Drug Committees (BDCs) could meet once a month to plan activities at the block level and would report to the DDCs. The Chairman of the BDC could be the Block Development Panchayat Officer (BDPO) with members including the representatives of Panchayat Samitis and Municipal

institutions, Nehru Yuva Kendra Clubs, local NGOs, social organizations, senior police officials, medical officers serving in hospitals at the block level.

The Village Drug Control Committees

The Village Drug Committees (VDCs) consisting of the Village Sarpanch, Patwari, Anganwardi workers, community influentials, police post in-charge, school principal be constituted to undertake activities that would curb addiction at the village level: The VDCs would report to the BDCs. Their major activities may include:

- Identify the addicts of the area, as well as the suspected drug suppliers
- To provide referral services to the addicts, organise awareness camps
- Motivate families and addicts to seek treatment and rehabilitation services
- Evaluate the performance of de-addiction centers and PHCs in the village

III. Reduction in Demand

Promoting Prevention of Drug Abuse in Schools

As is evident from the findings of the current study, the age of initiation into drugs is decreasing as more and more youngsters are abusing it. Other than family settings, schools act as agents of socialisation where the younger ones not only spend a considerable amount of time but are also susceptible to outside influences. Schools therefore can play an important role in preventing drug abuse as teachers often are the first to detect warning signs of possible drug problems such as poor school attendance or declining academic performance. Effective school programmes teach young people to resist drugs by developing skills – personal and social interaction, conflict resolution and assertiveness. In addition, these programmes can enhance awareness and resistance skills. Students learn to recognise social and peer influences on drug use.

Prevention efforts should begin early and continue through adolescence when the pressure to drink, smoke and use drugs greatly increases. Teachers can incorporate awareness on substance abuse through home assignments, conducting painting competitions and mobilising health workers such as the Anganwardi workers to address the students on the harmful effects of substance abuse etc.

Some space should also be provided in the syllabus about substance abuse at the primary school level so that students may be taught the effects of drugs right at the formative stage of their life.

Elements of school based drug prevention programme

- Help students recognise internal pressures like anxiety and stress and external pressures such as peer attitudes and media that influence them to use drugs
- Develop personal, social and refusal skills to resist these pressures
- Teach that using drugs is not the norm even though there are others doing it
- Provide appropriate material, including information about the short-term effects and long-term consequences of using drugs
- Use interactive teaching techniques such as role plays, discussions, brain storming and cooperative learning
- Involve the family and the community in awareness programmes

Reaching youths outside school

An environment could be created which enables these young people to participate in activities that would help veer them away from drugs. **Recreational activities, youth clubs promoting rural sports are some of the ways in which young people can be kept occupied. Space can be allocated by the Village Panchayat to build a gym or sporting arena. One particular sport could be promoted among the youth of the village.** Nehru Yuva Kendra Sangathans (NYKSs) have instituted youth clubs at block levels and periodically organise sports activities such as wrestling and other rural sports in the villages with the help of young volunteers. These volunteers could also be trained as peer leaders to further disseminate information on drugs within the community.

Reaching High-Risk Groups

Targeted prevention services can effectively reach people at high risk for drug problems who otherwise may be impervious to universal prevention efforts offered in schools and other community settings. These include children of substance abusers, IDUs, juvenile offenders, young labourers, slum dwellers etc. This group needs specialised awareness programmes. Family members could prove to be an effective source of awareness about the harmful effects of substance abuse.

ii) Community Approach and Not Political

Creating awareness in the community about the ill-effects of substance abuse is essential from two view points. One, substance abuse being a social problem, can be best tackled by involving the community. This ensures support of the community leaders, opinion-makers, parents and teachers and also creates an environment forcing the authorities to take stringent measures for supply reduction. Two, it helps and contributes in checking the youth and adolescents from experimenting with substances.

IV. Reduction in Supply

Sources of Supply of Drugs

As is evident from the findings presented in Section VI, peddlers, chemists and RMPs have been identified as the major suppliers of drugs in the four border districts of Punjab. Also increasingly Punjab is turning into a hub of substance trafficking with the concerned border districts serving as not only transit routes but also becoming a major consumption point.

V. Curative Approach

i) Health Systems

- Early detection of high risk individuals would be integral in catering to the health needs of the abusers.
- Given the addicts' level of awareness about detoxification or rehabilitation services especially in the villages, it is necessary to initiate programmes to reach drug abusers to assist them to get treatment. These may be prompted through the existing institutions such as Village Panchayats and Youth Clubs etc. who not only provide information and create awareness but also motivate abusers so that they avail themselves of treatment.
- Dovetailing health related programmes – it may not be possible for the health system to initiate special clinics or health programmes for substance abusers but it may be possible to link the existing services or services started for other programmes (such as AIDS or for

Tuberculosis) to be made available to substance abusers. This may be particularly relevant to crisis centers and awareness campaigns launched to check the spread of AIDS.

ii) Treatment Measures: De-addiction and Rehabilitation Centers

- Establishing drug de-addiction centers across all districts of Punjab. This could be done under the supervision of civil surgeons to provide free and better medical treatment. These centers could also be opened at places where there exists a density of work-force, migrant workers, labourers and student population. There is also a need to set up a co-ordination mechanism to oversee the functioning of the various de-addiction centers.
- Provision of required facilities to the de-addiction centers in terms of man power, instruments, medicine and infrastructure. Setting up of help lines accompanied by active back-up by mental health specialists and socio-psychologists would ensure efficiency.
- Encourage community initiatives like community based rehabilitation centers.
- Development of proper referral systems so that the rural population knows where to avail of services of drug relief.
- Establish vocational courses in the de-addiction centers as part of the rehabilitation process.
- Effective coordination among various support providers such as panchayats, municipalities, social workers, hospitals or health centers, police etc. to restore normal functioning among the abused.

iii) Law Enforcement Agencies

Addicts in order to afford substances often commit illegal activities. These could include offences like the possession or sale of illicit drugs, commit crimes to obtain money to buy substances, driving under the influence of alcohol/drugs, child abuse, domestic violence etc. In these circumstances police personnel become an important cog in the wheel.

Community Policing

Community policing involves police officers and private citizens working together to reduce substance abuse related crimes and restore community cohesion. By working with community

groups and being more familiar with their concerns and problems, the force can be more responsive to the needs of the community. This could also prove to be effective in checking the dubious activities carried out by the police personnel themselves in association with peddlers. Regular patrolling by perpetually rotating staff of the police in collaboration with the community is the required intervention in this connection.

Some other effective interventions could be:

- Regular inspection by the drug inspectors at the shops of chemists.
- Periodic training to police officials to inculcate skills in recognising and dealing with drug addicts.
- Promptness in dealing with cases of peddling and drug addiction. The strict enforcement of the NDPS Act can also prove positive in this regard.
- Regular monitoring of all the stakeholders including the drug inspectors, police officials and drug de-addiction centers for the facilities and treatment they provide.