IMPACT OF DRUG ABUSE IN DISTRICT SRI MUKTSAR SAHIB (PUNJAB): A STUDY

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ABSTRACT

Drug use is a worldwide phenomenon, and it occurs in almost every country. The specific drug or drugs used varies from country to country and from region to region. The present study was conducted which was partially descriptive and partially explorative in nature and centered around males. The methodology adopted here is purposive, non-random sampling, snow-ball technique. A total of 60 drug abusers were administered with questionnaires, 20 each from 3 sub-divisions of Sri Muktsar Sahib District. Study revealed that drug abuse among youth is a multifaceted problem with youth in age group of 21-25 years more prone to it and consuming drugs twice in a day. Family members face social embarrassment and it has led to a detrimental impact on the society.

Keywords: Drug abuse, addiction, Impact, rural youth.

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Introduction

A Drug broadly speaking, is any substance that, when absorbed into the body of a living organism, alters normal bodily function. There is no single precise definition or meanings of drug in drug control law; government regulations, medicine and colloquial usage. Pharmacologically, a drug is "a chemical substance" used in the treatment, cure, prevention, or diagnosis of disease or used to otherwise enhance physical or mental well-being. Drugs may be prescribed for regular basis for chronic disorders.

Drug abuse is an increasing problem in our affluent societies and carries great social and economic costs through its impact on crime and health. Official policy in the western world for the past half a century has been to treat abusers as criminals and to punish them, but this has manifestly failed to prevent the increase in drug abuse. Nor have campaigns to educate people about the dangers, tobacco and alcohol had anything other than relatively minor effects. The term was previously applied only to such 'hard' drugs such as heroin, where there are obvious signs of tolerance and physical dependence in regular users, and a painful or even life threatening physical withdrawal syndrome when drug use is stopped. Psychiatrists now use the term psychological dependence and physical dependence. The cigarette smoker who cannot stop smoking or the cannabis smoker whose drug habit has come to dominate their life is no less abused than the chronic heroin user, even though they may suffer only mild withdrawal signs when drug use is stopped (Ghosh and Rustamji, 1997).

Drug abuse is a pathological or abnormal condition which arises due to frequent drug use. The disorder of addiction involves the progression of acute drug use to the development of drug-seeking behaviour, the vulnerability to relapse, and the decreased, slowed ability to respond to naturally rewarding stimuli.

Classification of Drugs

The International Convention on Drugs to which India is a signatory has classified drugs under two categories:-

(a) Narcotic Drugs

(b) Psychotropic Substances

(a) Narcotic Drugs –The main drugs covered under this head are the following:-

- Opium and its derivatives like brown sugar, heroin and codeine
- Coca leaf, cocaine
- Cannabis, cannabis resin, extracts and tincture
- Methadene, pethedine, hebaine.

(b) Psychotropic Substances- valium, daizepam, tidijesic, morphine etc. (Paranjape, 2010).

Drug Abuse in Punjab

Punjab has witnessed a dramatic rise in drug abuse over the past several years, with afflicted individuals spanning socioeconomic backgrounds. Researchers attribute the 'epidemic' to the recently flourishing drug production in Afghanistan, which streams opiates through Pakistan and delivers the drugs to Punjab on their journey towards New Delhi. According to BSF Officials, Heroin is first bought in Afghanistan for and is then moved to Pakistan, usually Karachi or Lahore, and then moved for packaging and shipping to India. By the time it reaches India's Punjab State, the price has been inflated to 10 lakhs rupees a kilo. On the streets of Punjab price grows more and when it reaches the rest of the country, i.e. West, the price is as high as 5 crore rupees per kilo. In Punjab, cheap low grade heroin is available for as little as rupees 1000 per gm. According to 2011 NCRB data, reports shows that various drugs seized in Punjab were Opium 863 kg, Heroin 101 kg, Bhang 5 kg and Hashish 210 kg respectively (Hindustan times, 2013).

In Rajasthan, Madhya Pradesh and Uttar Pradesh, Opium and *bhukki* are sold at authorized shops. Realizing that Punjab has a flourishing market; many Rajasthani vendors have opened their shops close to the Punjab border. People belonging to the lower middle class are usually addicted to opium, charas and ganja. In the case of institution areas, like colleges, the chemical substances which are in demand by students in the state are smack and psychotropic drugs besides cough syrups. Girls are no more an exception. *Bhukki* becomes the most-sought-after when elections, to the gram panchayat, the block samiti, the zila parishad, the Vidhan Sabha or the Lok Sabha, are to be held (Singh, 2005). Traditionally, individuals from the richest backgrounds turn to heroin, while the poor take sedatives or other cheap medicines. Some reports place the number of abusers at 70 to 73% of the state's youth (individuals aged 16 to 35), with the proportion growing annually. A survey by the Department of Social Security Development of Women and Children found that 67% of rural Punjabi households contain at least one drug

abuser in the family. In accordance with Punjab state which has seen tremendous rise in uptake of drugs, District Sri Muktsar Sahib is also not far behind in this menace but is suffering severely with this problem which is destroying its root.

Rationale of the Study

Punjab has seen a tremendous rise in Drug abuse over the past few years and Muktsar is one such District in Punjab which has witnessed a dramatic rise in Drug abuse due to its bordering with Rajasthan. A Study by the Chandigarh-based Institute of Development and Communications revealed that the percentage of households affected by drug abuse is 64 percent in Muktsar. Smuggling is rampant as Muktsar district is located close to the Rajasthan border. Smugglers carry poppy husk, which is freely available in Rajasthan (Singh, 2010). Illegal substances abuse has huge costs with respect to health, finances, law, and other social dimensions. There are considerable causalities due to abuse of illicit drugs every year. Therefore studying the drug abuse is very important. Drug abusers need to be detected and counselled to come out of abuse. This paper poignantly tries to provide valuable inputs relating to the impact of drug abuse in the district Sri Muktsar Sahib.

Methodology

The methodology adopted here is purposive, non-random sampling, snow-ball technique. A total of 60 drug abusers were administered with questionnaires, 20 each from 3 sub-divisions of Sri Muktsar Sahib District. Secondary data has been collected from journals, books, newspapers, and internet and from government documents.

Select drug abusers (60 in total) were taken comprising of 20 each from three sub-divisions of District Sri Muktsar Sahib namely, Muktsar (MKS), Malout (MLT) and Gidderbaha (GDB), and were administered.

Results:

The Starting Age of taking Drugs of the respondents

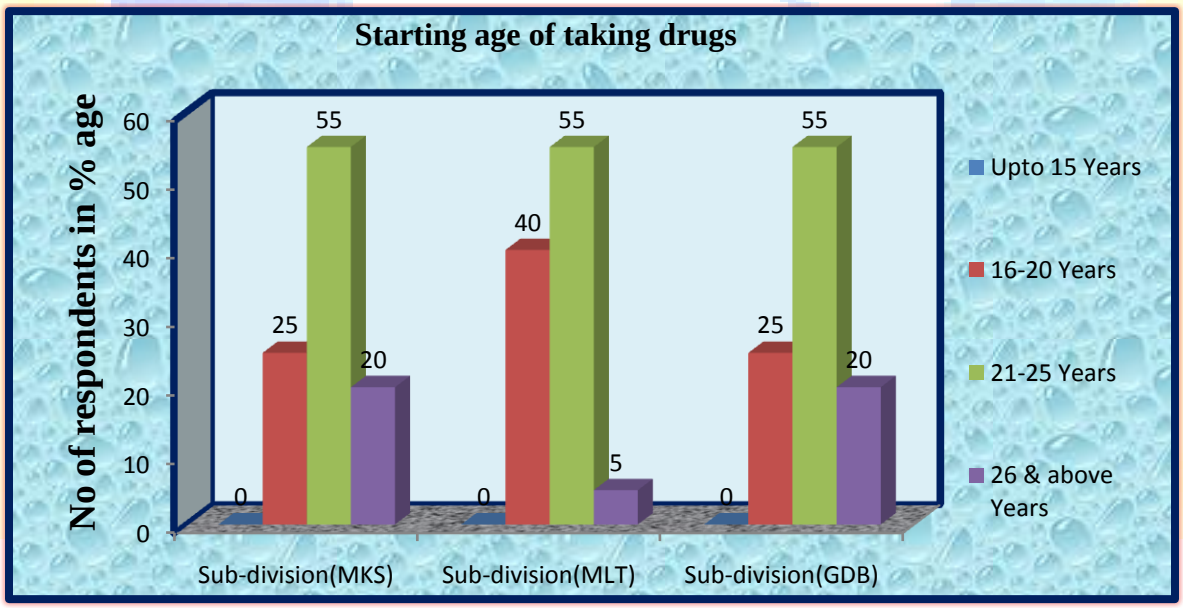
The details of the responses are given below in Table 1 and Figure 1.

Table 1: Starting age of taking Drugs

Responses	Number of Respondents			
	Sub-division (MKS)	Sub-division (MLT)	Sub-division (GDB)	Total (MKS + MLT + GDB)
Below 15 Years	0	0	0	0
Between 16-20 Years	5	8	5	18
Between 21-25 Years	11	11	11	33
26 Years & Above	4	1	4	9
Total	**20**	**20**	**20**	**60**

Source: Primary Data

Figure – 1



On the basis of Table 1 and Figure 1, the analysis of starting age of taking drugs wise profile of the respondents reveals that out of 20 respondents from sub-division Muktsar, maximum 11 respondents i.e. 55% started taking drugs between age of 21-25 years, 5 respondents i.e. 25% started taking drugs between age of 16-20 years, 4 respondents i.e. 20% started taking drugs at

age of 26 years and above while none of the respondents started taking drugs in age group of upto 15 years. In Sub-division Malout, out of 20 respondents, maximum 11 respondents i.e. 55% started taking drugs between age of 21-25 years, 8 respondents i.e. 40% started taking drugs between age of 16-20 years, 1 respondents i.e. 5% started taking drugs at age of 26 years and above while none of the respondents started taking drugs in age group of upto 15 years. In Sub-division Gidderbaha, out of 20 respondents, maximum 11 respondents i.e. 55% started taking drugs between age of 21-25 years, 5 respondents i.e. 25% started taking drugs between age of 16-20 years, 4 respondents i.e. 20% started taking drugs at age of 26 years and above while none of the respondents started taking drugs in age group of upto 15 years.

The study of starting age of taking drugs wise profile of the respondents combining the three sub-divisions of District Sri Muktsar Sahib shows that out of 60 respondents, majority of the respondents i.e. 33(55%) started taking drugs between age of 21-25 years, 18 respondents i.e. 30 started taking drugs between age of 16-20 years, 9 respondents i.e. 15% started taking drugs between age group of 26 years and above, while none of the respondents started taking drugs upto 15 years of age (See Table 1).

Frequency of taking Drugs by the respondents.

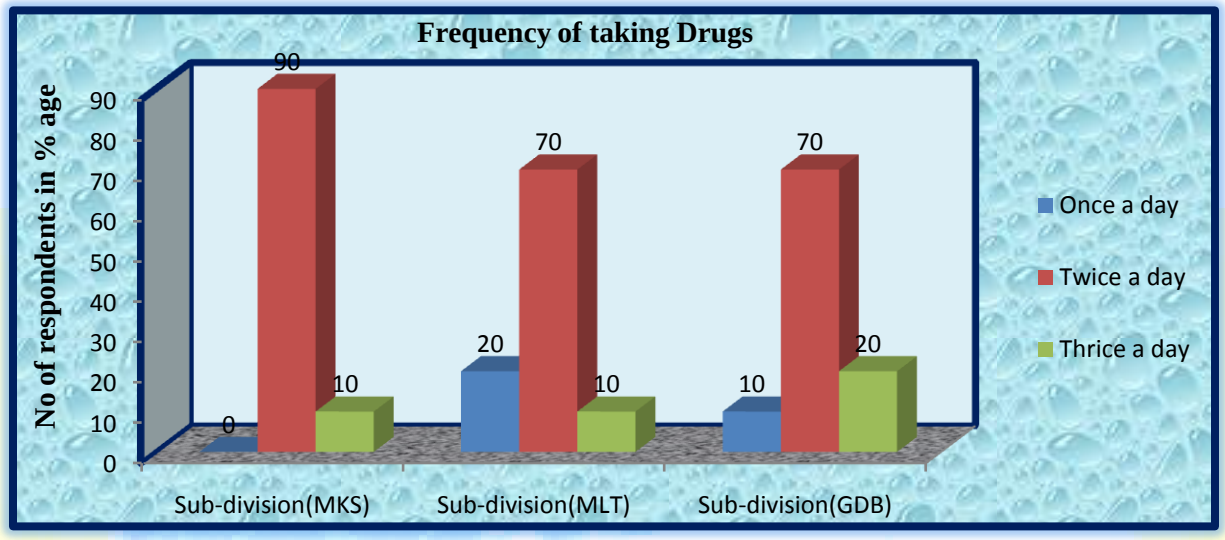
The details of the responses are given below in Table 2 and Figure 2.

Table 2: Frequency of taking Drugs

Responses	**Number of Respondents**			
	Sub-division (MKS)	**Sub-division (MLT)**	**Sub-division (GDB)**	**Total (MKS + MLT + GDB)**
Once a day	0	4	2	6
Twice a day	18	14	14	46
Thrice a day	2	2	4	8
Total	**20**	**20**	**20**	**60**

Source: Primary Data

Figure 2



On the basis of Table 2 and Figure 2, the analysis of frequency of taking drugs of the respondents reveals that out of 20 respondents from sub-division Muktsar, maximum 18 i.e. 90% abuse drugs twice a day, 2 respondents i.e. 10% abuse drugs thrice a day, while none of them was abusing drugs once a day. In sub-division Malout, out of 20 respondents, maximum 14 respondents i.e. 70% abuse drugs twice a day, 4 respondents i.e. 20% abuse drugs once a day, while 2 respondents i.e. 10% abuse drugs thrice a day. In sub-division Gidderbaha out of 20 respondents, maximum 14 respondents i.e. 70% abuse drugs twice a day, 4 respondents i.e. 20% abuse drugs thrice a day, while 2 respondents i.e. 10% abuse drugs once a day.

The study of frequency of taking drugs of the respondents combining the three sub-divisions of District Sri Muktsar Sahib shows that out of 60 respondents, majority of the respondents i.e. 46(77%) abuse drugs twice a day, 8 respondents i.e. 13% abuse drugs thrice a day, while 6 respondents i.e. 10% abuse drugs once a day (See Table 2).

Type of Drugs being used by the respondent

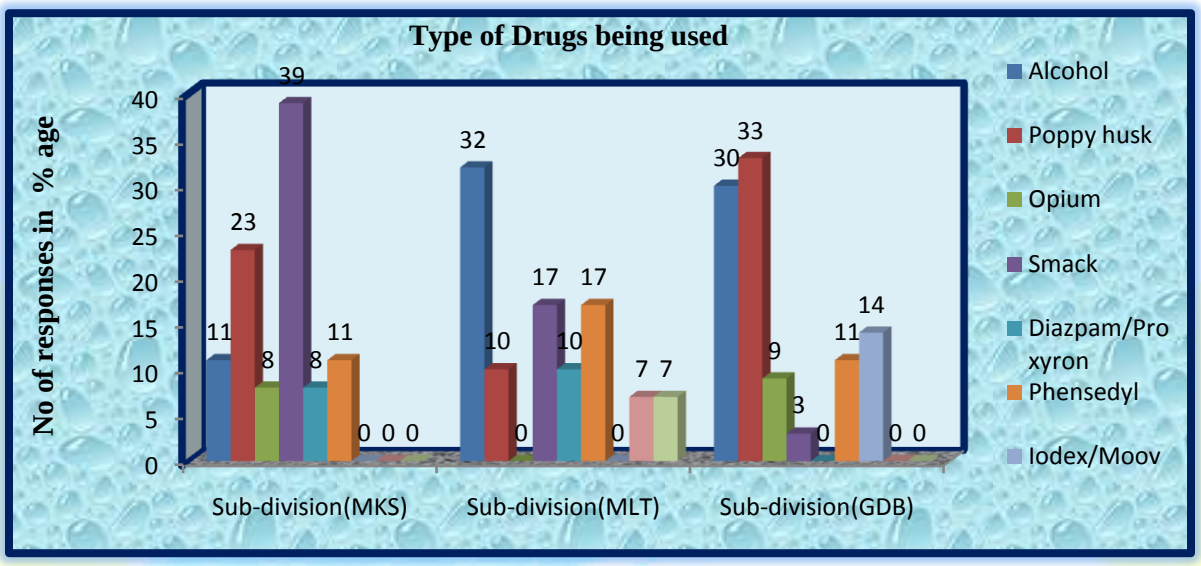
The details of their responses are given below in Table 3 and Figure 3.

Table 3: Type of Drugs being used

Responses	Number of Responses*			
	Sub-division (MKS)	Sub-division (MLT)	Sub-division (GDB)	Total (MKS + MLT + GDB)
Alcohol	3	10	11	24
Poppy husk	6	3	12	21
Opium	2	0	3	5
Smack	10	5	1	16
Diazpam/Proxyron	2	3	0	5
Phensedyl/Corex	3	5	4	12
Iodex/Moov	0	0	5	5
Heroin	0	2	0	2
Cocaine	0	2	0	2
Total	**26**	**30**	**36**	**92**

Source: Primary Data. For this question there are multiple responses given by some of the respondents and therefore the total numbers of responses (92) are more than the total number of respondents (60).

Figure 3



On the basis of Table 3 and Figure 3, the analysis of type of drugs being used by the respondents reveals that out of 20 respondents from sub-division Muktsar, maximum 10 respondents i.e. 39% used smack, 6 of respondents i.e. 23% used poppy husk, 3 respondents i.e. 11% used alcohol, 3 respondents i.e. 11% used phensedyl/corex, 2 respondents i.e. 8% used opium, 2 respondents i.e. 8% used Diazepam/Proxyron, while none of the respondents used Iodex/moov, heroin and cocaine. In Sub-division Malout, out of 20 respondents, maximum 10 respondents i.e. 32% used alcohol, 5 respondents i.e. 17% used smack, 5 respondents i.e. 17% used Phensedyl/corex, 3 respondents i.e. 10% used poppy husk, 3 respondents i.e. 10% used Diazepam/proxyron, 2 respondents i.e. 7% used heroin, 2 respondents i.e. 7% used cocaine while none of the respondents used opium and iodex/moov. In Sub-division Gidderbaha out of 20 respondents, maximum 11 respondents i.e. 30% used alcohol, 12 respondents i.e. 33% used poppy husk, 5 respondents i.e. 14% used Iodex/moov, 4 respondents i.e. 11% used Phensedyl/corex,, 3 respondents i.e. 9% used opium, 1 respondent i.e. 3% used smack, while none of the respondents used Diazepam/proxyron, heroin and cocaine.

The study type of drugs being used by the respondents combining the three sub-divisions of District Sri Muktsar Sahib shows that out of 60 respondents, majority of the respondents i.e. 24(26%) used alcohol, 21 respondents i.e. 23% used poppy husk, 16 respondents i.e. 17% used smack, 12 respondents i.e. 13% used Phensedyl/corex, 5 respondents i.e. 5% used opium, 5

respondents i.e. 5% used Diazepam/proxyron, 5 respondents i.e. 5% used Iodex/moov, 2 respondents i.e. 3% used heroin and 2 respondents i.e. 3% used cocaine (See Table 3).

Problems faced by Family members of Drug users.

The details of the responses are given below in Table 4 and Figure 4

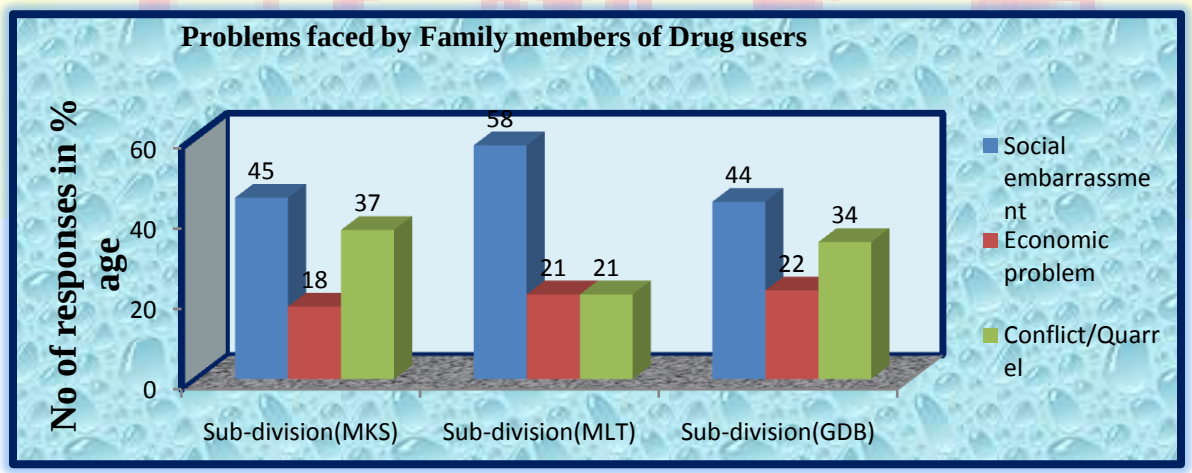
Table 4: Problems faced by Family members of Drug users

Responses	Number of Responses*			
	Sub-division (MKS)	Sub-division (MLT)	Sub-division (GDB)	Total (MKS + MLT + GDB)
Social Embarrassment	5	8	8	21
Economic Problems	2	3	4	9
Conflict/Quarrel	4	3	6	13
Total	**11**	**14**	**18**	**43**

Source: Primary Data

For this question there are multiple responses given by some of the respondents and therefore the total numbers of responses (43) are more than the total number of respondents (38).

Figure 4



On the basis of Table 4 and Figure 4, the analysis of problems faced by family members of the respondents reveals that out of 10 respondents from sub-division Muktsar, maximum 5 respondents i.e. 45% replied that their family has to face social embarrassment, 4 respondents i.e. 37% replied that there are conflicts and quarrels in their family, while 2 respondents i.e. 18% replied that there are economic problems due to their habit. In Sub-division Malout, out of 12 respondents, maximum 8 respondents i.e. 58% replied that their family has to face social embarrassment, 3 respondents i.e. 21% replied that there are conflicts and quarrels in their family, while 3 respondents i.e. 21% replied that there are economic problems due to their habit. In Sub-division Gidderbaha out of 16 respondents, maximum 8 respondents i.e. 44% replied that their family has to face social embarrassment, 6 respondents i.e. 34% replied that there are conflicts and quarrels in their family, while 4 respondents i.e. 22% replied that there are economic problems due to their habit.

The study of problems faced by family members of the respondents combining the three sub-divisions of District Sri Muktsar Sahib shows that out of 38 respondents, majority of the respondents i.e. 21(49%) replied that their family has to face social embarrassment, 13 respondents i.e. 21% replied that there are conflicts and quarrels in their family, while 9 respondents i.e. 21% replied that there are economic problems due to their habit (See Table 4).

Impact of drug abuse on health of the respondents

The details of the responses are given below Table 5 and Figure 5.

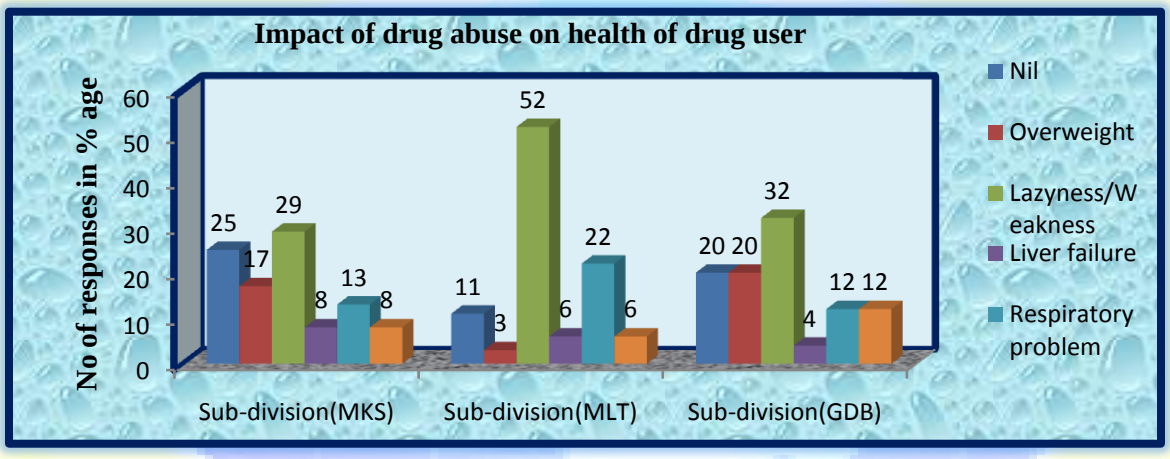
Table 5: Impact of drug abuse on health of drug user

Responses	**Number of Responses***			
	Sub-division (MKS)	**Sub-division (MLT)**	**Sub-division (GDB)**	**Total (MKS + MLT + GDB)**
Nil	6	3	5	14
Overweight	4	1	5	10
Lazyness/weakness	7	15	8	30
Liver failure	2	2	1	5

Respiratory problem	3	6	3	12
Mental illness/depression	2	2	3	7
Total	**24**	**29**	**25**	**78**

Source: Primary Data. For this question there are multiple responses given by some of the respondents and therefore the total numbers of responses (78) are more than the total number of respondents (60).

Figure 5



On the basis of Table 5 and Figure 5, the analysis of impact of drug abuse on health of the respondents reveals that out of 20 respondents from sub-division Muktsar, maximum 7 respondents i.e. 29% observed lazyness/weakness, 6 respondents i.e. 25% did not observe anything, 4 respondents i.e. 17% observed overweight, 3 respondents i.e. 13% observed respiratory problem, 2 respondents i.e. 8% observed liver failure, while 2 respondents i.e. 8% observed mental illness/depression. In Sub-division Malout, out of 20 respondents, maximum 15 respondents i.e. 52% observed lazyness/weakness, 6 respondents i.e. 22% observed respiratory problem, 3 respondents i.e. 11% did not observe anything, 2 respondents i.e. 6% observed liver failure, while 2 respondents i.e. 6% observed mental illness/depression, while 1 respondent i.e. 3% observed overweight. In Sub-division Gidderbaha out of 20 respondents, maximum 8 respondents i.e. 32% observed lazyness/weakness, 5 respondents i.e. 20% did not observe anything, 5 respondents i.e. 20% observed overweight, 3 respondents i.e. 12% observed

respiratory problem, 3 respondents i.e. 12% observed mental illness/depression, while 1 respondents i.e. 4% observed liver failure.

The study of impact of drug abuse on health of the respondents combining the three sub-divisions of District Sri Muktsar Sahib shows that out of 60 respondents, majority of the respondents i.e. 30(38%) observed lazyness/weakness, 14 respondents i.e. 18% did not observe anything, 12 respondents i.e. 15% observed respiratory problem, 10 respondents i.e. 13% observed overweight, 7 respondents i.e. 9% observed mental illness/depression, while 5 respondents i.e. 7% observed liver failure (See Table 5).

Major findings:

The data highlights that 55 percent of the respondents started taking drugs at age of 21-25 years and 77 percent of the respondents' abuse drugs twice a day and found that 26 percent of the respondents are addicted to alcohol, 23 percent of the respondents are addicted to poppy husk, while 17 percent are addicted to smack. The data brings out that 63 percent of the family members face problems in society due to their habit, like 49 percent family members face social embarrassment, 30 percent face quarrel and 21 percent family members face economic hardships. The data highlights that 38 percent of the respondents feel lazyness/weakness due to their habit, 18 percent of the respondents were not facing any problem, 15 percent respondents face respiratory problems, 13 percent of the respondents faced problems like overweight, 9 percent of the respondents have impact on mental status like mental illness/ depression, 7 percent of the respondents suffered from liver failure.

Discussion

The family environment can play an important role in controlling these problems by providing good family atmosphere to their children so they do not involve in drugs. Parents are the most important role models in children's lives. What they say about drug abuse has a significant impact on the choice's children make. Parents must listen to each child and talk with them patiently leaving all other works. If there is any anti-drug campaign they must use it as an opening to discuss with their children and try to analyse what their children think about. The biggest reason young people start using drugs is because their friends utilize peer pressure. No one likes to be left out, and they find themselves doing things they normally would not do, just to fit in. In these cases, they need to either find a better group of friends that would not pressure

them into doing harmful things, or otherwise need to find a good way to say no. Take up exercising, read a good book, volunteer with the needy and create something. Anything positive and relaxing helps take the mind off using drugs to relieve stress. Supporting vulnerable young people and families to reduce the risks of them becoming involved in drugs and alcohol which can be delivered by local authorities. Attitude of the public needs to be changed. They must help police in catching drug offenders.

Measures should be taken to effectively deal with trafficking across border. More number of forces should be deployed. Media, street plays, seminars regarding the drug abuse can also give their contribution in the society to tackle the problem of drug addiction.

Conclusion

Drug abuse has led to a detrimental impact on the society. It has led to increase in the crime rate and the addicts resort to crime to pay for their drugs. Drugs remove inhibition and impair judgment edging one on to commit offences like 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.

This problem should be tackled on family front, medical front, legal front, and community front. Several agencies are required to work collectively for eradicating problem of drug abuse from youth. Prevention is the most important component of the 'war on drugs' which is fulfilled by qualitative scientific research on those areas crucial to the advancement of prevention science. Progress should be made in identifying precursors to use, understanding the developmental progress of alcohol and drug use disorders, and designing prevention programs that successfully avert substance use and abuse.

Punjab may ultimately bounce back as it always has and is known as the land of the brave hearts, however, the problem today is with the youth, which forms the heart of the population. We need to stop this pandemic right now to look for a better Punjab and better India.

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