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Drug Abuse In Punjab, India- A Serious Problem

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ABSTRACT: Drug abuse is a global phenomenon, affecting almost every country, but its extent and characteristics differ from region to region. India too is caught in this vicious circle of drug abuse, and the numbers of drug addicts are increasing day by day. The bane of drug abuse in Punjab has acquired the proportions of a pestilence that has shaken the entire society in the state. It is observed that in Punjab "drug abuse" is a raging epidemic, especially among the young. The prevalence of substance abuse among study group was 65.5% and most common substance abused was alcohol (41.8%), followed by tobacco (21.3%). A high prevalence of heroin abusers was noted among study subjects (20.8%). The prevalence of nonalcohol and nontobacco substance abuse was 34.8%. A significant association of drug abuse was observed with male gender, illiteracy, and age above 30 years. The problem of drug abuse in youth of Punjab is a matter of serious concern as every third person is hooked to drugs other than alcohol and tobacco. The other striking observations were the high prevalence of heroin and intravenous drug abuse.

KEYWORDS:drug abuse, Punjab, addicts, heroin, tobacco, cocaine, morphine

I. INTRODUCTION

The basic drugs used in Punjab by abusers are:

1. Morphine is a strong opiate that is found naturally in opium, a dark brown resin produced by drying the latex of opium poppies (Papaver somniferum). It is mainly used as an analgesic (pain medication). There are numerous methods used to administer morphine: oral; sublingual; via inhalation; injection into a muscle, injection under the skin, or injection into the spinal cord area; transdermal; or via rectal suppository.[10][12] It acts directly on the central nervous system (CNS) to induce analgesia and alter perception and emotional response to pain. Physical and psychological dependence and tolerance may develop with repeated administration.[10] It can be taken for both acute pain and chronic pain and is frequently used for pain from myocardial infarction, kidney stones, and during labor.[10] Its maximum effect is reached after about 20 minutes when administered intravenously and 60 minutes when administered by mouth, while the duration of its effect is 3–7 hours.[10][11] Long-acting formulations of morphine are available as MS-Contin, Kadian, and other brand names as well as generically.[10]

Potentially serious side effects of morphine include decreased respiratory effort, vomiting, nausea, and low blood pressure.[10] Morphine is addictive and prone to abuse.[10] If one's dose is reduced after long-term use, opioid withdrawal symptoms may occur.[10] Common side effects of morphine include drowsiness, vomiting, and constipation.[10] Caution is advised for use of morphine during pregnancy or breast feeding, as it may affect the health of the baby.[10][2]

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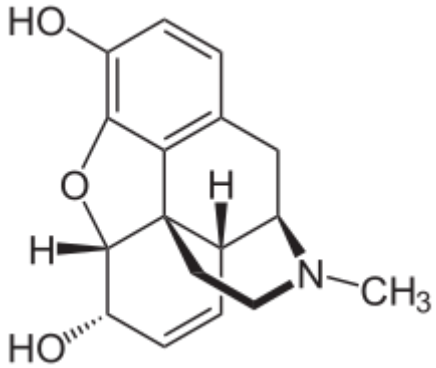

2. Cocaine (from French: cocaïne, from Spanish: coca, ultimately from Quechua: kúka)[14] is a tropane alkaloid that acts as a central nervous system (CNS) stimulant. As an extract, it is mainly used recreationally, and often illegally for its euphoric and rewarding effects. It is also used in medicine by Indigenous South Americans for various purposes and rarely, but more formally, as a local anaesthetic or diagnostic tool by medical practitioners in more developed countries. It is primarily obtained from the leaves of two Coca species native to South America: Erythroxylum coca and E. novogranatense.[15][16] After extraction from the plant, and further processing into cocaine hydrochloride (powdered cocaine), the drug is administered by being either snorted, applied topically to the mouth, or dissolved and injected into a vein. It can also then be turned into free base form (typically crack cocaine), in which it can be heated until sublimated and then the vapours can be inhaled.[12]

Cocaine stimulates the reward pathway in the brain.[16] Mental effects may include an intense feeling of happiness, sexual arousal, loss of contact with reality, or agitation.[12] Physical effects may include a fast heart rate, sweating, and dilated pupils.[12] High doses can result in high blood pressure or high body temperature.[17] Onset of effects can begin within seconds to minutes of use, depending on method of delivery, and can last between five and ninety minutes.[12] As cocaine also has numbing and blood vessel constriction properties, it is occasionally used during surgery on the throat or inside of the nose to control pain, bleeding, and vocal cord spasm.[18]

Cocaine crosses the blood–brain barrier via a proton-coupled organic cation antiporter[19][20] and (to a lesser extent) via passive diffusion across cell membranes.[21] Cocaine blocks the dopamine [1,2,3]transporter,[22] inhibiting reuptake of dopamine from the synaptic cleft into the pre-synaptic axon terminal; the higher dopamine levels in the synaptic cleft increase dopamine receptor activation in the post-synaptic neuron,[23][24] causing euphoria and arousal.[25] Cocaine also blocks the serotonin transporter and norepinephrine transporter, inhibiting reuptake of serotonin and norepinephrine from the synaptic cleft into the pre-synaptic axon terminal and increasing activation of serotonin receptors and norepinephrine receptors in the post-synaptic neuron, contributing to the mental and physical effects of cocaine exposure.[6]

A single dose of cocaine induces tolerance to the drug's effects.[26] Repeated use is likely to result in addiction. Addicts who abstain from cocaine may experience craving and drug withdrawal symptoms, with depression, decreased libido, decreased ability to feel pleasure, and fatigue being most common.[16] Use of cocaine increases the overall risk of death, and intravenous use potentially increases the risk of trauma and infectious diseases such as blood infections and HIV through the use of shared paraphernalia. It also increases risk of stroke, heart attack, cardiac arrhythmia, lung injury (when smoked), and sudden cardiac death.[16][27] Illicitly sold cocaine can be adulterated with fentanyl, local anesthetics, levamisole, cornstarch, quinine, or sugar, which can result in additional toxicity.[28][29] In 2017, the Global Burden of Disease study found that cocaine use caused around 7,300 deaths annually.

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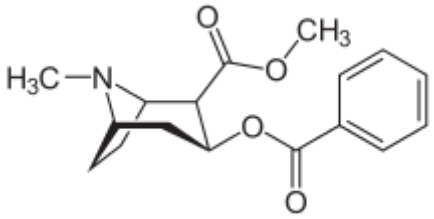
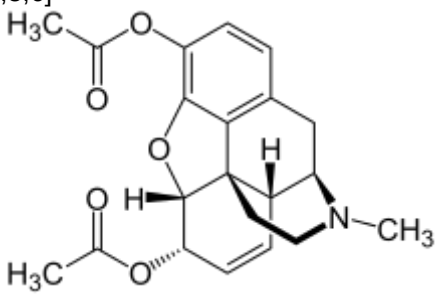


3. Heroin, also known as diacetylmorphine and diamorphine among other names,[1] is a morphinan opioid substance synthesized from the dried latex of the Papaver somniferum plant; it is mainly used as a recreational drug for its euphoric effects. Medical-grade diamorphine is used as a pure hydrochloride salt. Various white and brown powders sold illegally around the world as heroin are routinely diluted with cutting agents. Black tar heroin is a variable admixture of morphine derivatives—predominantly 6-MAM (6-monoacetylmorphine), which is the result of crude acetylation during clandestine production of street heroin.[3] Heroin is used medically in several countries to relieve pain, such as during childbirth or a heart attack, as well as in opioid replacement therapy.[8][9][10]

It is typically injected, usually into a vein, but it can also be snorted, smoked, or inhaled. In a clinical context, the route of administration is most commonly intravenous injection; it may also be given by intramuscular or subcutaneous injection, as well as orally in the form of tablets.[11][3][12][13] The onset of effects is usually rapid and lasts for a few hours.[3]

Common side effects include respiratory depression (decreased breathing), dry mouth, drowsiness, impaired mental function, constipation, and addiction.[12] Use by injection can also result in abscesses, infected heart valves, blood-borne infections, and pneumonia.[12] After a history of long-term use, opioid withdrawal symptoms can begin within hours of the last use.[12] When given by injection into a vein, heroin has two to three times the effect of a similar dose of morphine.[3] It typically appears in the form of a white or brown powder.[12]

Treatment of heroin addiction often includes behavioral therapy and medications.[12] Medications can include buprenorphine, methadone, or naltrexone.[12] A heroin overdose may be treated with naloxone.[12] An estimated 17 million people as of 2015 use opiates, of which heroin is the most common,[14][15] and opioid use resulted in 122,000 deaths.[16] The total number of heroin users worldwide as of 2015 is believed to have increased in Africa, the Americas, and Asia since 2000.[17] In the United States, approximately 1.6 percent of people have used heroin at some point.[12][18] When people die from overdosing on a drug, the drug is usually an opioid and often heroin[4,5,6]



4. Cannabis,[a] also known as marijuana[b] or weed among other names, is a psychoactive drug from the cannabis plant. Native to Central or South Asia, the cannabis plant has been used as a drug for both recreational and entheogenic purposes and in various traditional medicines for centuries. Tetrahydrocannabinol (THC) is the main psychoactive component of cannabis, which is one of the 483 known compounds in the plant, including at least 65 other cannabinoids, such as cannabidiol (CBD). Cannabis can be used by smoking, vaporizing, within food, or as an extract.

Cannabis has various mental and physical effects, which include euphoria, altered states of mind and sense of time, difficulty concentrating, impaired short-term memory, impaired body movement (balance and fine psychomotor control), relaxation, and an increase in appetite. Onset of effects is felt within minutes when

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smoked, but may take up to 90 minutes when eaten (as orally consumed drugs must be metabolized). The effects last for two to six hours, depending on the amount used. At high doses, mental effects can include anxiety, delusions (including ideas of reference), hallucinations, panic, paranoia, and psychosis. There is a strong relation between cannabis use and the risk of psychosis, though the direction of causality is debated. Physical effects include increased heart rate, difficulty breathing, nausea, and behavioral problems in children whose mothers used cannabis during pregnancy; short-term side effects may also include dry mouth and red eyes. Long-term adverse effects may include addiction, decreased mental ability in those who started regular use as adolescents,[3] chronic coughing, susceptibility to respiratory infections, and cannabinoid hyperemesis syndrome.

Cannabis is mostly used recreationally or as a medicinal drug, although it may also be used for spiritual purposes. In 2013, between 128 and 232 million people used cannabis (2.7% to 4.9% of the global population between the ages of 15 and 65). It is the most commonly used largely-illegal drug in the world, with the highest use among adults in Zambia, the United States, Canada, and Nigeria. Since the 1970s, the potency of illicit cannabis has increased, with THC levels rising and CBD levels dropping.

Cannabis plants have been grown since at least the 3rd millennium BCE and there is evidence of it being smoked for its psychoactive effects around 500 BCE in the Pamir Mountains, Central Asia.[4] Since the 14th century, cannabis has been subject to legal restrictions. The possession, use, and cultivation of cannabis has been illegal in most countries since the 20th century. In 2013, Uruguay became the first country to legalize recreational use of cannabis. Other countries to do so are Canada, Georgia, Germany, Luxembourg, Malta, Mexico, South Africa, and Thailand. In the U.S., the recreational use of cannabis is legalized in 24 states, 3 territories, and the District of Columbia, though the drug remains federally illegal. In Australia, it is legalized only in the Australian Capital Territory.[7,8,9]

5. Opioids are a class of drugs that derive from, or mimic, natural substances found in the opium poppy plant. Opioids work in the brain to produce a variety of effects, including pain relief. As a class of substances, they act on opioid receptors to produce morphine-like effects.[2][3]

The terms 'opioid' and 'opiate' are sometimes used interchangeably, but there are key differences based on the manufacturing processes of these medications.[4]

Medically they are primarily used for pain relief, including anesthesia.[5] Other medical uses include suppression of diarrhea, replacement therapy for opioid use disorder, reversing opioid overdose, and suppressing cough.[5] Extremely potent opioids such as carfentanil are approved only for veterinary use.[6][7][8] Opioids are also frequently used recreationally for their euphoric effects or to prevent withdrawal.[9] Opioids can cause death and have been used for executions in the United States.

Side effects of opioids may include itchiness, sedation, nausea, respiratory depression, constipation, and euphoria. Long-term use can cause tolerance, meaning that increased doses are required to achieve the same effect, and physical dependence, meaning that abruptly discontinuing the drug leads to unpleasant withdrawal symptoms.[10] The euphoria attracts recreational use, and frequent, escalating recreational use of opioids typically results in addiction. An overdose or concurrent use with other depressant drugs like benzodiazepines commonly results in death from respiratory depression.[11]

Opioids act by binding to opioid receptors, which are found principally in the central and peripheral nervous system and the gastrointestinal tract. These receptors mediate both the psychoactive and the somatic effects of opioids. Opioid drugs include partial agonists, like the anti-diarrhea drug loperamide and antagonists like naloxegol for opioid-induced constipation, which do not cross the blood–brain barrier, but can displace other opioids from binding to those receptors in the myenteric plexus.

Because opioids are addictive and may result in fatal overdose, most are controlled substances. In 2013, between 28 and 38 million people used opioids illicitly (0.6% to 0.8% of the global population between the ages of 15 and 65).[12] In 2011, an estimated 4 million people in the United States used opioids recreationally or were dependent on them.[13] As of 2015, increased rates of recreational use and addiction are attributed to over-prescription of opioid medications and inexpensive illicit heroin.[14][15][16] Conversely, fears about

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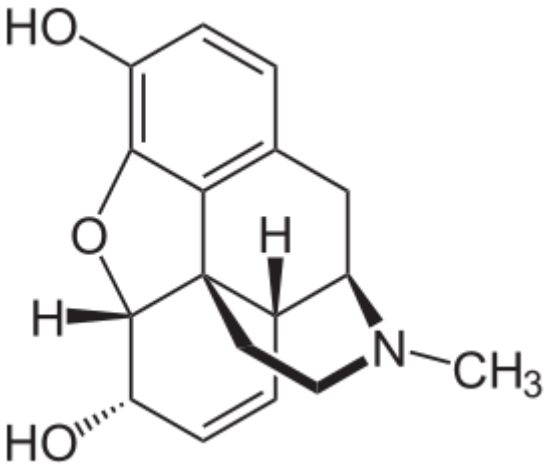
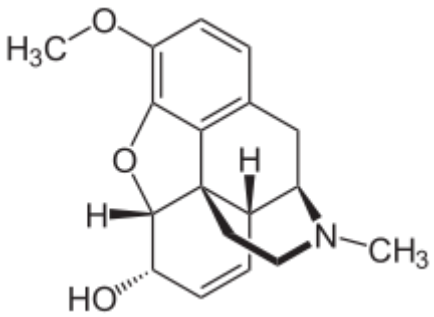
overprescribing, exaggerated side effects, and addiction from opioids are similarly blamed for under-treatment of pain



6. Opiates belong to the large biosynthetic group of benzylisoquinoline alkaloids, and are so named because they are naturally occurring alkaloids found in the opium poppy. The major psychoactive opiates are morphine, codeine, and thebaine. Papaverine, noscapine, and approximately 24 other alkaloids are also present in opium but have little to no effect on the human central nervous system. Alkaloids that have no effect on the central nervous system were not always considered to be opiates, but current trend is to refer to all alkaloids derived from opium or poppy straw as such. Very small quantities of hydrocodone and hydromorphone are detected in assays of opium on rare occasions; it appears to be produced by the plant under circumstances and by processes that are not understood at this time.[citation needed] Dihydrocodeine, oxymorphol, oxycodone, oxymorphone, metopon Possibly other derivatives of morphine and/or hydromorphone also are found in trace amounts in opium.[

Despite morphine being the most medically significant opioid, larger quantities of codeine are consumed medically, most of it synthesized from morphine. Codeine has greater and more predictable oral bioavailability. Codeine is not reliably metabolised into its active form, morphine, by CYP2D6 due to the considerable amount of polymorphism. Many individuals lack any appreciable metabolism to morphine and experience no therapeutic effects (although may still have nausea/vomiting or constipation). A significant population are rapid, or ultra-rapid metabolizers and can quickly develop fatal toxicity from even the small amount present in breast milk or from a few doses. It is widely thought that Codeine has less abuse potential than morphine, in spite of widely being abused. Its abuse potential is largely limited by its adverse effect profile.[8] Use of codeine in many countries is decreasing because of the wide range of metabolism, frequent adverse effects at therapeutic (30 to 60mg doses) doses, and in most people its analgesic efficacy is comparable to a therapeutic dose of acetaminophen.



Codeine

7. 3,4-Methylenedioxymethamphetamine (MDMA), commonly known as ecstasy (tablet form), and molly or mandy (crystal form),[15][16] is a potent empathogen–entactogen with stimulant and

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minor psychedelic properties.[17] Investigational indications include as an adjunct to psychotherapy in the treatment of post-traumatic stress disorder (PTSD) and social anxiety in autism spectrum disorder.[18][19][20] The purported pharmacological effects that may be prosocial include altered sensations, increased energy, empathy, and pleasure.[17][21] When taken by mouth, effects begin in 30 to 45 minutes and last three to six hours.[12][22]

MDMA was first synthesized in 1912 by Merck chemist Anton Köllisch.[23] It was used to enhance psychotherapy beginning in the 1970s and became popular as a street drug in the 1980s.[21][22] MDMA is commonly associated with dance parties, raves, and electronic dance music.[24] Tablets sold as ecstasy may be mixed with other substances such as ephedrine, amphetamine, and methamphetamine.[21] In 2016, about 21 million people between the ages of 15 and 64 used ecstasy (0.3% of the world population).[25] This was broadly similar to the percentage of people who use cocaine or amphetamines, but lower than for cannabis or opioids.[25] In the United States, as of 2017, about 7% of people have used MDMA at some point in their lives and 0.9% have used it in the last year.[26] The lethal risk from one dose of MDMA is estimated to be from 1 death in 20,000 instances to 1 death in 50,000 instances.[27]

Short-term adverse effects include grinding of the teeth, blurred vision, sweating and a rapid heartbeat,[21] and extended use can also lead to addiction, memory problems, paranoia and difficulty sleeping. Deaths have been reported due to increased body temperature and dehydration. Following use, people often feel depressed and tired, although this effect does not appear in clinical use, suggesting that it is not a direct result of MDMA administration.[21][28] MDMA acts primarily by increasing the release of the neurotransmitters serotonin, dopamine and noradrenaline in parts of the brain.[21][22] It belongs to the substituted amphetamine classes of drugs.[9][29] MDMA is structurally similar to mescaline (a psychedelic), methamphetamine (a stimulant), as well as endogenous monoamine neurotransmitters such as serotonin, norepinephrine, and dopamine.[30]

MDMA has limited approved medical uses in a small number of countries,[31] but is illegal in most jurisdictions.[32] In the United States, the Food and Drug Administration is evaluating the drug for clinical use as of 2018.[33] Canada has allowed limited distribution of MDMA upon application to and approval by Health Canada.[34][35] In Australia, it may be prescribed in the treatment of PTSD by specifically authorised psychiatrists[10,11,12]

In general, MDMA users report feeling the onset of subjective effects within 30 to 60 minutes of oral consumption and reaching peak effect at 75 to 120 minutes, which then plateaus for about 3.5 hours.[37] The desired short-term psychoactive effects of MDMA have been reported to include:

- Euphoria – a sense of general well-being and happiness[17][38]
- Increased self-confidence, sociability, and perception of facilitated communication[7][17][38]
- Entactogenic effects—increased empathy or feelings of closeness with others[17][38] and oneself[7]
- Dilated pupils[7]
- Relaxation and reduced anxiety[7]
- Increased emotionality[7]
- A sense of inner peace[38]
- Mild hallucination[38]
- Enhanced sensation, perception, or sexuality[7][17][38]
- Altered sense of time[22]

The experience elicited by MDMA depends on the dose, setting, and user.[7] The variability of the induced altered state is lower compared to other psychedelics. For example, MDMA used at parties is associated with high motor activity, reduced sense of identity, and poor awareness of surroundings. Use of MDMA individually or in small groups in a quiet environment and when concentrating, is associated with increased lucidity, concentration, sensitivity to aesthetic aspects of the environment, enhanced awareness of emotions, and improved capability of communication.[13][39] In psychotherapeutic settings, MDMA effects have been characterized by infantile ideas, mood lability, and memories and moods connected with childhood experiences.[39][40]

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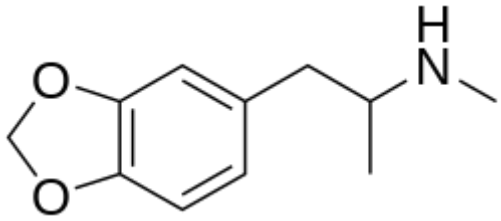
MDMA has been described as an "empathogenic" drug because of its empathy-producing effects.[41][42] Results of several studies show the effects of increased empathy with others.[41] When testing MDMA for medium and high doses, it showed increased hedonic and arousal continuum.[43][44] The effect of MDMA increasing sociability is consistent, while its effects on empathy have been more mixed.



II. DISCUSSION

Punjab has been prominently in the news for prevalence of drug use and abuse, especially for the last about 10 years. The National Crime Record Bureau (NCRB) also highlights such a scenario. The growing volume of drug smuggling in Punjab has also made it notorious for being one of the states with the highest number of drug addicts, compared to its population with other states of India. The misinterpretation of the findings of some earlier studies also made Punjab a notorious state on drug use and abuse. The open politics on drug menace in Punjab dates back to 2013, with the arrest of a dismissed Punjab Police DSP, Jagdish Singh Bhola, in the multimillion drug racket.

The Bollywood movie Udta Punjab (released in 2016) gave a further push to politicisation of this issue, not only in Punjab but also at the national level. In the 2017 elections for the Punjab legislative assembly, the drug phenomenon got a prominent place in the manifestoes of all the contesting political parties. The then Congress president, Amarinder Singh, in the run-up to 2017 elections took a vow with Gutka Sahib (a small holy book in his Sikh religion) in his hands to end the drug menace in one month after coming to power. Majority of the addicts are from rural households. Among the rural households, majority were agricultural households. Though the spread of drugs is among all the social castes, yet the drug-incidence is higher in the general category in comparison to their proportion in total population of the particular state. Age of drug addicts is a serious and worrisome concern, since 76% of the addicts are in the age group of 14-35 years; between 14-45 years of age this proportion is 93%. About 5% of the addicts got initiated into intoxicants at a very young age, between 7 and 14 years. Significantly, a sizeable majority of the addicts are very poorly educated and maximum up to senior secondary (12th standard) level. There are multiple socio-economic reasons for youth falling prey to the intoxicants and drugs. The consumption of intoxicants by the elders in the household exerts a significant influence in inciting youth towards intoxicants and other drugs. Empirical data shows that approximately 83% of addicts got hooked to intoxicants and drugs under peer pressure. Disharmonious relations among the parents, failure in love affair, feeling of neglect and nagging during childhood, parents' son preference, loneliness, social stigma and curiosity were some other important reasons for adolescents' initiation into intoxicants. Increasing trend of nuclear family, shrinking community interaction and growing sense of individualism and alienation are some of the other factors.

Besides the above mentioned social factors, there are certain important economic factors such as unemployment and easy money (quick and ill-gotten money). Unemployment may not be the explicit reason for drug-addiction but under-employment, sub-human working conditions, low-paid employment (working-poor), economic distress, blurred future and frustration are other important reasons for drug addiction. Under such an 'enabling' socio-economic environment, substance-use becomes attractive to the teenagers and young adults. On the supply side, political-police patronisation to the big drug smugglers facilitates the expansion of drug-business. There are both internal and external sources of drug supply. There is cross-border smuggling of drugs and production of chemical and synthetic drugs within the country. North-west India, especially Punjab, is the transit route of drugs from the golden crescent

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countries. Drug-peddlers are the most important link in the supply chain between the drug-suppliers and the end consumers. The motivating force behind this chain is the huge and quick money.

This, along with allurement for drug consumption, is a strong motivator for the drug-peddlers. Besides peddlers, friends and chemists are the other sources of drugs. However, drug addicts are not confined to one source; instead they use multiple sources of supply.

III. RESULTS

Narcotic smuggling, however, continued even after militancy had ended, Punjab being one of the routes for international trafficking. After 1992, as other routes of smuggling became more effective, Punjab turned into a destination for drugs instead of a through passage. We hear news of various ports and ships containing drugs discovered in their cargo. Gujarat and Maharashtra are facing a serious issue in this respect.

That said, the cross-border smuggling of drugs and arms has continued even in Punjab. At present, drugs are smuggled into the state through drones, but it seems to camouflage the smuggling through other means—such as by bribing personnel engaged in checking cargos!

When we discuss drug-related issues, it always means synthetic drugs, which in Punjab is called “medical Nasha”. The reason is alcohol consumption, which has become widespread among both genders, though people still die of spurious alcohol clandestinely sold in many places at cheaper rates. The Punjab government’s recent excise policy has reduced the rates of ‘English spirits’, as a result of which the spurious liquor has lost its market among the lower classes.[13,14,15]

The politics of drugs began during the 2012 Assembly election, when Congress leader Rahul Gandhi spoke about it, though he mistakenly stated that 70% of [Punjab’s] youth is addicted to drugs. The source of his data was Sandhu’s work, but Gandhi should have said that among drug addicts, 70% are youth. In any case, he initiated a public debate on drug abuse in Punjab. When the Congress failed to win the 2012 election, it continued to speak about the issue to the extent that in 2017 its chief ministerial candidate, Capt. Amarinder Singh, swore by the Sikh holy book that he would end the drug menace.

Now, rumours about the involvement of certain political leaders in drug smuggling began to circulate in Punjab. The first breakthrough came when a police officer, sacked DSP Jagdish Singh Bhola, was arrested in a drug racket amounting to Rs 700 crore and convicted in 2013. It is said that he named Akali leader Bikram Singh Majithia, who was then interrogated by the Enforcement Directorate. However, nothing could be proved.

Capt. Amarinder Singh did nothing to end the drug menace in Punjab, but when Charanjit Singh Channi became the chief minister for six months, he got Bikram Singh Majithia arrested, who, after some months was released on bail.

With the Aam Aadmi Party (AAP) coming to power in 2018 under Chief Minister Bhagwant Mann, the seriousness to end the drug problem was indeed visible. Many drug peddlers are being arrested in Punjab, but a breakthrough was achieved when inspector Inderjit Singh was arrested and an IPS officer, Raj Jit Singh Hundal, was dismissed from service over involvement in drug trafficking. Jit Singh Hundal is absconding, but will surely be arrested and jailed sooner or later.

Many experts believe that all of this is just the tip of the iceberg, as both drug smuggling and drug use are going on unabated. It is an international racket under which the menace has spread across the country. In some cases, people have become active in preventing drug peddling in their villages. However, there is still news of deaths due to overdoses or murders by addicts seeking money (usually from near and dear ones) to purchase drugs.

Some pockets have become notorious for drug-related issues. For example, Havelian village in the Tarn Taran district is notorious for drug smuggling. Similarly, Sharifpura, a locality in Amritsar, is known for drug addicts, whose problem could not be solved despite attempts by voluntary organisations.

Is it possible to end the drug problem? The answer is largely negative. Some countries, such as Columbia and Mexico, and many others, are waging war against the drug mafia, but the problem persists. One major reason is that drug manufacturing and smuggling is an economy involving billions of dollars, and the number of people involved in its production and supply is too large.

It would be naïve for the present government to claim that it would control the problem. The use of drug money in elections and other activities is a known fact, but there has been no serious attempt to hit the

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source of drugs. The state must develop sufficient infrastructure as rehabilitation of addicts remains the most important aspect of waging the war on drugs.
While Punjab is waging an all-out war against drugs, it faces a Herculean task in curbing substance abuse by women, who have often been overlooked in the discourse. Against this backdrop, a recent video showing a young, inebriated woman by a roadside bench in Kapurthala has caught the glare of public eye. The married 22-year-old, addicted to heroin, had been undergoing treatment at the State's only government-run women's de-addiction centre in Kapurthala.[16,17,18]

In the video, which went viral on social media, the young woman is heard saying she gets her chitta (heroin) from the nearby Mehtabgarh village, where drug peddlers can frequently be found roaming about. The police swung into action and had her re-admitted to the de-addiction centre. Sandeep Bhola, Deputy Medical Commissioner and consultant psychiatrist at the centre, told The Hindu that the woman was receiving treatment. He said the lack of outreach staff was proving to be a major obstacle in treating women addicts.

IV. CONCLUSION

Punjab recorded the highest number of 144 drug overdose deaths in the country last year, followed by 117 in Rajasthan and 74 in Madhya Pradesh, according to the National Crime Record Bureau (NCRB) report released on Monday.
Overall, as many as 681 persons, including 116 women, lost their lives due to drug overdose in the country in 2018. The hill state of Himachal Pradesh registered 15 drug overdose deaths, including those of five women.
Neighbouring Haryana saw nine deaths, including that of one woman.Punjab also registered the third highest number of 12,442 cases in the country under the Narcotics Drugs and Psychotropic Substances (NDPS) Act, 1985, last year after Kerala (26,619) and Maharashtra (13,830). Over 1.15 lakh cases were registered across the country under the NDPS Act last year.
Similarly, Punjab recorded the third highest deaths in the country last year (90) due to consumption of illicit or spurious liquor while there were 134 deaths in Bihar and 98 in Karnataka. Himachal Pradesh also witnessed 22 deaths last year due to consumption of spurious liquor.
O ut of the total 2,441 suicides recorded in Punjab last year, as many as 204 victims were engaged in farming sector. These included 136 farmers who cultivated their own land, 21 who cultivated on leased land and 47 agricultural labourers.
Punjab recorded 109 suicides due to bankruptcy or indebtedness and 54 due to drug abuse and alcohol addiction. As compared to 2,600 suicides in 2018, the number of such cases in Punjab came down by 6% last year. A total of 11,290 suicides were recorded across the country in the farming sector last year wherein Haryana registered 266, including 265 agricultural labourers, and Himachal Pradesh four. The highest number of 4,248 suicides in the farm sector were recorded in Maharashtra followed by 2,392 in Karnataka.

Udta Punjab has a new crisis to manage as the cure has become a curse. After abusing drugs and alcohol, the addicts in Punjab are now hooked on de-addiction drugs.Thousands of Punjab addicts being treated at government and private centres have been found addicted to de-addiction drugs like buprenorphine. The drug is given in combination with naloxone to opioid addicts. Best De Addiction Centres in Punjab, India, New Generation Care, Patiala, Amritsar, Haryana, Jammu, and Chandigarh, India for Drugs, Alcohol and heroin addicted patients by latest techniques at best price with New Generation Care Foundation. Consumption of alcohol and drugs is increasing day by day. A de-addiction center is also called as a rehabilitation center or a Nasha Mukti Kendra in Punjab. It is advisable to book an appointment as soon as possible for the one you've been searching de-addiction centers for or if for yourself. The treatment will begin as soon as possible and understand that the process of detoxing takes place gradually, one has to be consistent with medication and counseling sessions. Best De-addiction Centers are in Patiala, Chandigarh, Ludhiana and Shimla. We are slowly expanding our network to other cities as well. This is due to the fact that many cities have been affected because of excessive supply of drugs like Opium, Marijuana, meth, Heroin, Cocaine, etc. All these drugs are dangerous for health. Not only they cause bad trips to people who make them do things they never wanted to or even imagined of, but it causes heart attacks and breathing problems. It is very dangerous for the mental and physical health on a long term and De addiction Centre in Punjab. It is advisable by New Generation Care Foundation which is approved by Punjab Government to put patient on a detox first and Rehabilitation Centre in Punjab. De-Addiction Center in Punjab provide a 12-step

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course for recovery, with every passing step, patients easily recognize changes in themselves. It is quite a troublesome process for patients as they experience withdrawal symptoms but it is not impossible. It is always advisable to start the treatment as early as possible and Nasha Mukti Kendra in Punjab. Nevertheless, the treatment involves routine steps that makes a long-lasting impact on patient's life and leads them back to their old-normal lifestyle. One of the best treatments that works wonders are meditation and yoga. These programs help aid patient's mental peace and health back as drugs do cause many mental illnesses. They create a traumatic experience in one's mind which boosts anxiety and panic. One might choose drugs to escape harsh reality of life and soothe themselves as some drugs create an experience that of euphoria, but in reality, they also cause bad trips. One of the biggest reasons why de-addiction centers came into working and are now successfully in operation is due to availability of drugs and De addiction Centre in Punjab. They're available to just about anyone so, it is because of this easy availability of drugs that de-addiction centers are able to keep a control on patient's intake and intentions. If you too want to get rid of the daily addicted behavior and want to break free from drugs or alcohol then it is advisable to look up to best De-addiction center in Punjab. Many patients tend to retreat back to their old habits. You must have seen many celebrities and musicians like Demi Lovato, Mac Miller and Amy Wine house (now no more) who have tried to become sober but have experienced relapse. Make sure that the de-addiction center you choose for have maximum recovery and success rates as it easy for patients to slip and go back towards negative lifestyle and Rehabilitation Centre in Punjab. Yes, treatment should be long and impactful. For better convenience of patients and ex-patients too, free of cost consultations are available over the phone. Special arrangements for women and over dietary habits of patients have been given stress to. Some women, youth and mid-aged people who are weak both, mentally and physically lack nutritious food or any sort of physical activity in their lifestyle.

Rehabilitation Centre in Punjab

Rehabilitation Centre in Punjab has organized a well-planned diet chart along with regular checkups for blood pressure and sugar. Many pregnant women are too a victim of drug abuse. This is very risky and needs extra care and attention which is why we have special arrangements for women. A separate section has been provided altogether for women. Rehabilitation Centre in Punjab also has air-conditioned rooms. It appears that victims of drug or alcohol abuse are very susceptible to finding reasons to quit the treatment. One of the many reasons is also hot weather in summer season, they want to quit the rehab or de-addiction center just because of the rising temperature. It is true that summer also causes a lot off agitation in patients of drug abuse who are already lacking anger-management and peace of mind. It is noted that people who have been abused by drugs have lost their peace of mind and De addiction Centre in Punjab. They have become used to the habit of keeping their psychological mind numb by the influence of drugs or alcohol. The medications and counseling or overall treatment process involved meditation and yoga because of the same reason and Rehabilitation Centre in Punjab.[19]

Nasha Mukti Kendra in Punjab

When you want De Addiction Treatment in Punjab so no matter what drugs we give initially, at the end we have to make the person naturally cautious from negativity and toxicity. This is the reason we keep long sessions of meditation and yoga to naturally detox the mind and body but yes in initial stages, medicines are given to relax and detox the system. Medicines that are given as medication at Nasha Mukti Kendra in Punjab are free from any side effects whatsoever. So, all in all, you just need to call to book an appointment with the Doctor along with team of his experts. The entire team specializes and has expertise in this field; also, they're very experienced with what they do. Their main focus is to provide patients the healing they need both – inside and out. If you're looking for De Addiction Treatment in Punjab so you should go with rehabilitation center in Punjab and Jalandhar then checkout Nasha Mukti Kendra in Punjab as their success rate is higher than 89%. No holiday is taken in any of the 365 days and no break is taken between 24 hours a day. Pick up and drop facilities are taken care by these rehabilitation centers as well as the medication and counseling process. There is nothing like safe drug, every drug is dangerous and there is an aftermath that has to be dealt with by drug users. Best Alcohol and Drug Nasha Mukti Kendra in Punjab are situated in Punjab, Patiala, Chandigarh, Amritsar and Himachal Pradesh. These are the only centers that offer a reasonable and affordable price in exchange of our rehabilitation center and its facilities that are up to the level of International standards and De addiction Centre in Punjab.

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Rehabilitation Centre in Punjab and Nasha Mukti Kendra in Punjab

De Addiction Centre in Punjab, India for Drugs and Alcohol. According to NGCF- Deaddiction Centre based in Punjab survey (Count 50,929) most of the people especially in Punjab, India are looking for best deaddiction treatment facility/services for their loving ones who are addicted with alcohol and Rehabilitation Centre in Punjab. There could multiple reasons why it's been happening, any Substance dependence it can be abused, Alcohol, prescription and over the counter medications, inhalants and solvents, and even coffee and cigarettes can be harmful when they are taken excessively and Nasha Mukti Kendra in Punjab. Now a days Punjab Government are finding new ways to help the youth for the same they are organizing different deaddiction programs and spreading information on social media, news, television and moving ahead new generation has taken initiative by providing treatment cost kept as low as possible for the betterment of the citizen of Punjab and nearby states likewise Haryana, Himanchal, Uttar Pradesh and Jammu and De addiction Centre in Punjab. Our Treatment cost starts with Rupees 15,000 Per Person/ Per Month for both Male and Female patients including boys and Girls. According to the latest survey in Punjab- New Generation has drastically increased by 18 % which were earlier 52%.[20]

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