INDIAN PUNJAB: Impact of the COVID-19 Pandemic on the Narcotic Drug Epidemic

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Background: Punjab’s Narcotic Drug Epidemic

- **Highest prevalence** (2.5%) of non-tobacco, non-alcohol substance use disorder in India\(^1\)
- Opioids: most commonly used illicit substance\(^2\)
- Heroin (injected or inhaled) most commonly used opioid\(^2\)
- 1 in 120 currently dependent on opioids\(^3\)
Punjab: On Asia’s Drug Trafficking Route

- Afghanistan: “country of origin” for 88% of heroin and morphine seized globally

- Pakistan: source of 53% of all heroin seized in India
COVID-19 blessings: Over 5 lakh drug addicts treated in Punjab

As many as 86,000 new patients seek help
The “Punjab Model”

1. Comprehensive model of de-addiction service

2. Focused on demand reduction strategies

3. Success of model relies on integration of services within each tier

Figure 1: “Punjab Model”
Weaknesses identified

1. Inadequate rehabilitation services
2. Poor coordination amongst organisation and agencies
3. Need for community education and outreach programs

Figure 1: “Punjab Model”
Recommendations

• A **cohesive coordinated post-lockdown strategy** needs to be developed to minimise risk of widespread relapse

• Specifically focused on:
  1. Treatment follow up
  2. Rehabilitation
Self-help groups

Health Care System

Collaborative Post-Lockdown Strategy

Spiritual & Religious Groups

NGOs
Self-help groups

Health Care System

Spiritual & Religious Groups

Collaborative Post-Lockdown Strategy

NGOs

Outreach programs linking rural communities⁷,⁸

Educational programs focused on reducing the stigma
References


