

Indian Punjab: Impact of the COVID-19 Pandemic on the Narcotic Drug Epidemic

Introduction

Punjab, a northern state of India, has been suffering for decades from an escalating epidemic of narcotic drug use. The onslaught of narcotics has polluted the land of the five rivers, crippling the socioeconomic fabric of the state through impaired quality of life, family and social disorder, crime and overburdening of the health care system. In the context of the COVID-19 pandemic, India's strong lockdown response has disrupted drug trafficking rings supplying narcotics to Punjab. As a result, over 86000 new patients have registered themselves for outpatient de-addiction services throughout Punjab.¹ This presents itself as a rare opportunity to bring about long-term change which may play a pivotal role in deciding the future of Punjab's opioid epidemic. To minimise the spread of widespread relapse post-lockdown, we raise the critical need to develop a cohesive, coordinated post-lockdown strategy integrating Punjab's public health care system, non-government organisation (NGOs), religious and community groups.

Punjab's narcotic drug epidemic

India's 2016 National Mental Health Survey highlighted that Punjab suffers from the country's highest prevalence of non-tobacco, non-alcohol substance use disorder, with a rate of 2.5%, compared to 0.1% in states like Kerala and Gujarat.² A state-wide household survey in 2018 identified opioids as the most commonly used illicit substance in Punjab, with heroin, either injected or inhaled, being the most commonly used opioid.³ The 2016 Punjab Opioid Dependence Survey revealed a staggeringly high prevalence of opioid dependence of 0.83%, with 1 in 120 of the population currently dependent on opioids.⁴

Relevant findings of the 2019 World Drug Report

The 2019 World Drug Report (WDR) identified an upward trend in the number of past-year users of opioids in Asia, more than doubling from an estimated 13.6 million users in 2016, to 29.5 million in 2017.⁵ This increase was seen in South Asia and, most notably, India. Indeed, following a 51% increase in 2017 in the quantities of heroin and morphine seized, the subregion now accounts for almost 2% of the global total quantities of heroin and morphine seized.⁵

Furthermore, the 2019 WDR provides critical insight into the underlying geo-political influences exacerbating the widespread opioid use in Indian Punjab. Punjab shares its north-western border with Pakistan, which in turn neighbours Afghanistan. For years, Afghanistan has dominated the production of illicit opioids. In 2017, 88% of the heroin and morphine seized globally originated in Afghanistan.⁵ Punjab lies directly on Asia's drug trafficking route, through which opiates produced in Afghanistan are trafficked to neighbouring countries like Pakistan and India, and then onto South and Central Asia. This is reflected in Pakistan being the source of 53% of all the heroin seized in the India in 2017.⁵

Costs to health and society in Punjab

Punjab's illicit opioid epidemic is a major public health concern, contributing to a significant portion of India's drug-related morbidity and mortality. Globally, opioids account for two-thirds of deaths attributed to substance use disorders, as reported by the 2019 WDR.⁵ While population-level data is lacking, the toll of opioid overdose-related deaths is likely to be significant in Punjab, particularly amongst injecting drug users (IDUs).⁶ It is well-recognised that the health risks of opioid use are highest among people who inject drugs.⁵ Indeed, in Punjab, the prevalence of HIV positivity amongst injecting drug users is 21.2%, the highest rate amongst the states of India, which has a national prevalence of 7.71%.⁷ Furthermore, Punjab's opioid epidemic has devastating effects on the social fabric of the state, with one study identifying the prevalence of domestic violence among wives of opioid-dependent men to be as high as 42.66%.⁸

Socio-demographic profile of substance users

A 2019 state-wide study involving both community-dwelling substance dependent individuals and inpatients at de-addiction services found that males represented the vast majority of substance users (94.7%).⁹ The mean age identified was 30.⁹ A similar study in 2018 found substance users to be significantly more likely to reside in rural areas of Punjab, have fewer mean years of education and be unemployed.³

The impact of the COVID-19 pandemic on the drug situation

COVID-19's impact on Punjab's opioid epidemic has been described by many as a "blessing in disguise".¹⁰ India's strict lockdown laws have significantly disrupted the drug trafficking rings which supply narcotics to Punjab. As a result, there has been a surge in patients seeking de-addiction services. From the beginning of the nationwide lockdown from March 25 2020, until May 6 2020, 86,371 new patients had registered themselves at over 198 Outpatient Opioid Assisted Treatment (OOAT) clinics across the state.¹ This number alone represents over 10% of estimated drug users in Punjab, bringing the total number of registrations to OOAT centres across Punjab to 500,552 since 2017.^{1,11} Senior officials commented that this situation should present a positive ripple effect of encouraging those not affected by the lockdown to present to de-addiction centres, as 85% of addiction is mediated through peer pressure.¹¹

Current state-wide de-addiction model: The "Punjab Model"

There are three broad arms of control measures, as defined by United Nations Office on Drugs and Crime (UNODC): (1) supply reduction, (2) demand reduction and (3) harm reduction.¹² The impact of India's response to COVID-19 worked in favour of supply reduction, by significantly curtailing the inflow of opioids into Punjab. In order to harness this momentum, it is necessary to now focus on demand reduction strategies. According to UNODC, demand for drugs may be reduced through measures aimed at: (1) facilitating abstinence, (2) reducing frequency or amount of use, (3) drug substitution programs, for example, opioid substitution therapy and (4) prevention and education programs.

The "Punjab Model" is a comprehensive structural model of de-addiction service in the state of Punjab which focuses on demand reduction.¹³ It was developed in 2015 by psychiatrists with expertise in addiction medicine in conjunction with the Punjab state government and has since begun to be implemented in the public health system. The basis of the model is a three-tiered pyramid:

1. Primary level: community-based early identification
2. Secondary level: detoxification and relapse prevention
3. Tertiary level: management of more difficult cases

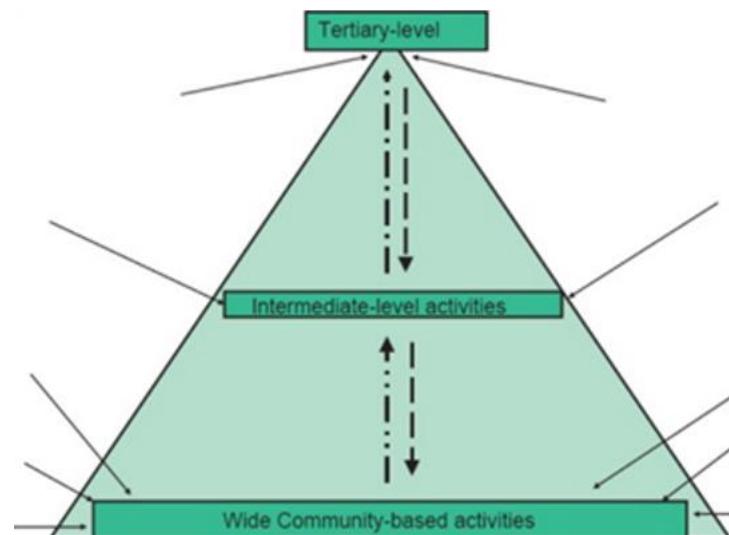


Figure 1: Punjab model¹³

The success of this model relies upon continuous communication and seamless flow of patients up and down the tiers, as well as integration of multiple services within each tier. In producing this model, several weaknesses of the current de-addiction service system were identified:

1. Inadequate rehabilitation services for the current demand
2. Poor coordination and lack of collective strategy amongst organisations and agencies
3. Need for community education and outreach programs

These issues have helped form our recommendations below.

Recommendations

UNITED SIKHS has been working on the ground, tackling the opioid epidemic. We have established a Drug De-Addiction Hospital as well as other de-addictions services in Ludhiana, Punjab. As an organisation, we envision a well-structured and sustainable drug de-addiction program in Punjab. We recognise the post-lockdown period will play a pivotal role in deciding the future of Punjab's opioid epidemic, as it presents itself as a rare opportunity to bring about long-term change.

A **cohesive, coordinated post-lockdown strategy** focusing on treatment follow-up and rehabilitation needs to be urgently developed to minimise the risk of widespread relapse. This will require improved collaboration between the public health care system and other organisations involved, including NGOs, self-help groups like Narcotics Anonymous and spiritual or religious organisations. This integration of multiple organisations has the potential to improve the quality of rehabilitation, social reintegration and follow-up care. It will also provide opportunities for back referral to the healthcare system in case of relapse. Collaboration between hospitals and other organisations, including NGOs, capitalises on the strengths of both groups whilst compensating for their individual limitations.¹⁴ For example, NGOs may be more suited to facilitating outreach programs linking rural communities, an at-risk population for substance use³, to de-addiction services. On the other hand, religious organisations may have the social influence to facilitate educational programs focused on reducing the stigma associated with substance use disorders. We believe this collaborated, coordinated approach may strengthen the "Punjab Model" and ultimately reduce the risk of relapse by improving the quality of care across primary, secondary and tertiary levels of de-addiction services.

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References

1. COVID-19 blessings: Over 5 lakh drug addicts treated in Punjab [Internet]. Tribune India. 2020 [cited 23 June 2020]. Available from: <https://www.tribuneindia.com/news/punjab/covid-19-blessings-over-5-lakh-drug-addicts-treated-in-punjab-83453>
2. Gururaj G, Varghese M, Benegal V et al. National Mental Health Survey of India, 2015-16: Prevalence, patterns and outcomes. Bengaluru, National Institute of Mental Health and Neuro Sciences, NIMHANS Publication No. 129, 2016.
3. Avasthi A, Basu D, Subodh BN, et al. Epidemiology of substance use and dependence in the state of Punjab, India: Results of a household survey on a statewide representative sample. *Asian J Psychiatr.* 2018;33:18-29.
4. Avasthi A, Basu D, Subodh BN, et al. Pattern and prevalence of substance use and dependence in the Union Territory of Chandigarh: Results of a rapid assessment survey. *Indian J Psychiatry.* 2017;59(3):284-292.
5. World Drug Report 2019 (United Nations publication, Sales No. E.19.XI.8)
6. Avasthi A, Basu D, Subodh BN et al. Epidemiology of dependence on illicit substances, with a special focus on opioid dependence, in the State of Punjab, India: Results from two different yet complementary survey methods. *Asian J Psychiatr.* 2019; 39; 70-79
7. Swain P, Das JK, Jha S et al. Determinants of HIV positivity among injecting drug users in Delhi and Punjab. *Indian J Sex Transm Dis AIDS.* 2017; 38 (2); 121-127
8. Subodh NB, Grover S, Grewal M et al. Interpersonal violence against wives by substance dependent men. *Drug Alcohol Depend.* 2014;138:124-129.
9. Punjab rehabs witness 11,633 new enrolments since lockdown [Internet]. Tribune India. 2020 [cited 23 June 2020]. Available from: <https://www.tribuneindia.com/news/punjab/punjab-rehabs-witness-11-633-new-enrolments-since-lockdown-68968>
10. Punjab rehabs witness 11,633 new enrolments since lockdown [Internet]. Tribuneindia News Service. 2020 [cited 23 June 2020]. Available from: <https://www.tribuneindia.com/news/punjab/punjab-rehabs-witness-11-633-new-enrolments-since-lockdown-68968>
11. UNODC - New York: UNODC; 2000. [Last accessed on October 8, 2014]. United Nations Office on Drugs and Crime. Demand Reduction: A Glossary of Terms. Available from: http://www.unodc.org/pdf/report_2000-11-30_1.pdf.
12. Basu D, Avasthi A. Strategy for the management of substance use disorders in the State of Punjab: Developing a structural model of state-level de-addiction services in the health sector (the "Punjab model"). *Indian J Psychiatry.* 2015;57(1):9-20.
13. Singh RR, Ambekar A. Opioid substitution treatment in a public health setting: a collaboration between hospitals and NGOs in the Punjab. *Int J Drug Policy.* 2012;23(2):170-171.