

Time to act smart on drugs

Present policies are ineffective, expensive and disparaging

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EVERYBODY in Punjab has a drug story to tell. It is a poignant tale of addiction, human misery and lack of consensus on the need to develop a humane approach to a complex and multi-dimensional problem. An encouraging corollary of the media spotlight has been the 'visibility factor' which has generated a great amount of debate and discussion on ways and means to deal with it. Undoubtedly, Punjab is facing a crisis. The discovery of how damaging the abuse of drugs can be for the individual, society and the nation as a whole is evident in the increase in the number of young drug users. A study conducted by doctors at the Post Graduate Institute of Medical Education and Research (PGIMER) in Chandigarh (2012) for the period 1978-2008 reveals a 31.5 per cent of the youth in the age group of 16-25 years addicted to some drug (1999-2008). This was a 9 percentile up from the figures for 1978-88. Opioid dependence cases, it stated, have also shown an increase from 36.8 per cent in 1978-88 to 53.2 per cent in 1999-2008. The vulnerability of this population to life-threatening infection such as HIV, Hepatitis C and Tuberculosis has increased.



Lack of any comparable surveys for the drug users in different states of the country has been a major limitation. Figures and statistics which have been the outcome of surveys and studies should be accepted only after a critical evaluation of the scope, sample size, sampling method as also the variables which formed part of the survey. While the drug problem becomes a political tool, the burgeoning incidence of serious human rights violations with drug users being incarcerated has only served to exacerbate the risk environment. It has resulted in the escalation of violence and health crises without any effect on drug use, production and trafficking which continue an upward trend.

India is a signatory to the UN conventions on drugs. As in a majority of countries, the drug problem here is considered as 'evil' and the drug user as a 'social deviant.' The stringent penalties contained in the provisions of the NDPS Act, 1985 (as amended in 2001), have only swelled the jail population and what accrued in Kapurthala jail is a grim rejoinder of the ineffectual policy which certainly needs reconsideration.

Repressive practices such as forced crop eradication, interdictions and incarcerations and even death penalties have only had a 'balloon effect'. The spillover is evident with escalating seizures of novel and more potent forms of lab-based synthetic and pharmaceutical drugs, shifting modes and routes of supply to cater to the demand to increase in health hazards. What is alarming is the rapid progression in the number of injecting drug users (IDUs). It would hardly be surprising if going by the official figures for the rising number of HIV infections, Punjab soon overtakes Manipur as the state with the highest number of HIV-infected people in the country. Criminalisation of consumption has only increased the stigma and denial of access to basic health services to them, including the substitution treatment for Injecting Drug Users (IDUs). This is a flagrant violation of the basic human right to live with dignity. As long as the fear factor is not obliterated, drug users would continue to evade treatment for fear of being treated as drug offenders and locked up in jails and not as patients meant to be treated at hospitals.

A major fallout of the 'narcophobic discourse' has been lack of access to palliative care in many hospitals across the country. The report of a year-long study conducted by the students of the University of British Columbia (2011) had revealed the plight of several patients with terminal illness due to lack of access to morphine for their pain relief. India is the only legal supplier of raw opium in the world. Surprisingly enough, according to an estimate, only 1-2 per cent of the patients who require morphine for pain relief have access to it. While the medical fraternity rues over bureaucratic hurdles and lack of empathy on the part of the government, many patients are forced to undergo an agonising and heart-wrenching pain. This amounts to the violation of the fundamental right to life.

However, with India emerging as a major transit and consumption point and in view of its geographical proximity to the Golden Crescent and the Golden Triangle, law enforcement component cannot be overlooked. The situation is compounded by the fact that India is also among the licit opium producers catering to half of the global need for opium-based derivatives for medical use. While an illicit diversion of the licit opium is rampant, states having international boundaries such as Punjab and the North-eastern states have become a haven for drug traffickers. Such and many other unintended negative consequences have followed a pro-prohibition centred approach, which both the Centre and state governments with all their rhetoric of acting 'tough on drugs', has simply failed to perceive.

It's time to act 'smart on drugs.' The present policies are clearly ineffective, expensive and disparaging. To argue for stricter controls for supply reduction is addressing just one part of the problem. A medical resource exclusively devoted to treatment, post-treatment care, recovery management and research on drugs and alcohol intoxication is an urgent need of the day. Besides the expansion of treatment and rehabilitation facilities, an upgrade of the existing centres, including the presence of trained medical staff, is crucial. A facility for the frequent training of the medical staff at these centres to be conducted by trained experts is imperative. Besides, the government should ensure regular and strict monitoring of the treatment centres to ensure quality service delivery. Frequent sensitisation programmes on various aspects of the problem, including the policy approach for law enforcement officials, politicians, members of the judiciary, private health practitioners, students, religious leaders, faith communities and civil society organisations is a must so that they can be engaged in a meaningful dialogue and action framework. Above all, a visionary political leadership is central to engage with the issue in a realistic manner and put in place the appropriate apparatus such as would ensure that the drug menace is dealt with in a comprehensive manner rather than in a piecemeal fashion.

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