Journal for Re Attach Therapy and Developmental Diversities
eISSN: 2589-7799
2023 October; 6(10s): 2303-2309

The Road To Eradication: Studying Punjab's Approach Towards Injecting Drug Abuse

Dr. Gurnam Singh Virk[1*], Dr.Jagmohan Singh[2]

[1*]Assistant Professor in the Department of Social Work at Punjabi University, Patiala.
[2]Field Organizer, Department of Social Work, Punjabi University Patiala.

Abstract

The issue of injecting drug usage in Punjab needs a multidimensional strategy to confront the nuances of addiction and public health. This study examines Punjab's strategies for combating injectable drug use, highlighting the effectiveness of Opioid Substitution Therapy (OST) and de-addiction initiatives. Punjab faces significant challenges in addressing substance abuse, with around 230,000 individuals addicted to opioids. The government's Standard Operating Procedures for de-addiction centers put limits on things like how long people can take buprenorphine-naloxone home, which makes Opioid Substitution Therapy (OST) less effective. The state needs a full plan to deal with the problem of drug use in Punjab. This study concentrates on strategies to combat injecting drug use, including prevention, treatment, and harm reduction. Along with this study, write down the policies and activities that the Punjab government has taken. To look into how Punjab is dealing with those who use injectable drugs, focusing on prevention, treatment, and reducing the harm. This further assesses the impact of these strategies on the prevalence of injecting drug usage in Punjab. The report ultimately provides suggestions and recommendations for improving Punjab's strategy to address injectable drug misuse.

Keywords: Opioid Substitution Therapy (OST), De-addiction activities, Punjab, Substance abuse, Public health, Addiction therapy, Harm reduction strategy.

Introduction

The World Health Organization (WHO) says that a "drug" is "any substance that, when introduced into a living organism, may alter one or more of its functions." Drug abuse is when a person takes a drug for non-medical reasons in amounts and frequency that make it hard for them to function normally and can cause social, physical, or emotional harm. According to the World Health Organization, drug addiction or dependence occurs when a person uses drugs every day in a way that makes it hard for them to do normal things. When they stop using drugs, they may experience withdrawal symptoms such tremors, joint pain, bone itching, vomiting, and diarrhea. Drug addiction is a condition that affects a person's brain and behavior. It is a major long-term health problem that affects people of all ages, genders, and origins (Niruala, 2006). Substance addiction is a growing problem around the world that affects people of all ages, including teens and adults. Substance usage has major consequences for society, individuals, and the economy. These costs include less productivity at work, worse health, more mental health problems, and a lower quality of life (Kaur, 2013).
The World Drug Report says that in 2012, there were about 183,000 drug-related deaths (between 95,000 and 260,000). It was estimated that between 162 million and 324 million people, or 3.5 percent to 7.0 percent of the global population aged 15 to 64 yrs. had used illegal drugs in 2012. Substances are primarily categorized as cannabis, opiates, or cocaine and amphetamine-type stimulants if used at least once in the preceding year (World Drug Report, 2014). Individuals with substance dependence, especially those engaging in high-risk behaviors such as intravenous drug use, are vulnerable to specific infections and may experience pain, injury, and pancreatitis (Kaur, 2013), due to the direct administration of substances into the bloodstream via a hypodermic needle. There are two ways to provide drugs: subcutaneous injection (sometimes called "skin popping") and intramuscular injection. Heroin is the most often injected illicit drug; however, other substances such as amphetamines, methamphetamines, and cocaine can also be administered via injection (American Psychiatric Association). On the other hand, sharing used injecting equipment makes those who inject drugs more likely to get HIV and hepatitis C. According to the World Drug Report (2014), about 13.1 percent (1.7 million) of people who inject drugs and have HIV die every year from hepatitis C infection. This number ranges from 8.9 million to 22.4 million.
The rise in injecting drug use in Punjab has recently raised concerns. Punjab is in charge of almost one-fifth of the heroin recoveries in the whole country. In this context, it is not difficult to understand that the distribution of heroin (administered via the inhalation method) may inadvertently lead some drug users to transition to the use of pharmaceutical drugs through injection, with numerous dealers also offering pharmaceutical drugs alongside injecting paraphernalia (Ambekar, 2012). Injecting drugs is something that people don't talk about because it's against the law and people look down on it. There are expected to be between 2,600 and 18,000 IDUs in Punjab. Most intravenous drug users inject drugs like buprenorphine, pentazocine, and other sedatives like diazepam and promethazine. A large number of people, between 34

percent and 94 percent, said they have shared their equipment at some point (Ambekar, 2008). Intravenous drug users (IDUs) in Punjab have the highest risk of HIV prevalence, with a positive rate of 13.80 percent, which is the highest of any category of people.

The government and various non-governmental organizations have put in place ways to help injectable drug users (IDUs) manage their risks and get better. Seventeen operating OST centers serve 4,242 active consumers throughout numerous districts in Punjab, with Jalandhar (1,004 clients), Tarn Taran Sahib (797 clients), and Amritsar (490 clients) having the largest daily client loads (PSACS, 2014). In 2012-13, Target Interventions (TIs) met about 85 percent of the need for needles and syringes, and over 60 percent of the needles and syringes that were used were returned for cleaning and disposal (PSACS, 2013). TIs also reached 11,800 injecting drug users (IDUs) (NACO, 2014). Even though Punjab has put in place a lot of Target interventions for people who inject drugs and programs to help people with addiction, it is very important to quickly check how well these programs are working and how they are affecting IDUs. The data and reports mentioned above show that drug abuse is a big social problem and a very serious mental and physical health problem in India and Punjab. Drug overdoses and dangerous co-morbid viral infections, such as HIV and hepatitis B and C viruses, are constantly harming human capital and lives. The Indian government and the Punjab government have taken a number of steps to deal with drug abuse. These steps include supply, demand, and harm reduction through de-addiction and rehabilitation programs, policies, and laws. This is especially true in Punjab, which has been in the news, a lot for its drug-related problems. Several multinational groups, such as The World Health Organization and the United Nations Office on Drugs and Crime (UNODC) have also taken steps to deal with this problem. These laws, regulations, and programs are all about demand, supply, and reducing harm.

Review of Literature

The section brings together existing research on injectable drug addiction, focusing on studies and publications that delve deep into the origins, effects, and treatments of drug use in Punjab.

Dhillon, H. S. and Kaur, G. (2020). This study provides an extensive sociological analysis of drug use in Punjab, highlighting the societal factors that exacerbate the issue. The authors assert that a comprehensive strategy is essential for effectively addressing the issue.

Singh, P., and Sharma, N. (2021). The authors offer a public health viewpoint on the opioid crisis in Punjab, underscoring the imperative for extensive public health interventions and policies.

Gupta, R., and Verma, S (2019). This paper evaluates the effectiveness of Punjab's policies and activities in combating drug misuse. The authors assert that while some progress has been made, additional measures are required.

Kumar, A., and Malhotra, A. (2020). The researchers look into how important it is for people to get involved in their communities to help with drug abuse in Punjab. They suggest that solutions rooted in the community might be able to solve the problem.

Chawla, R., and Joshi, S. (2021). This essay critically analyzes the state of drug rehabilitation in Punjab, highlighting the challenges and suggesting improvements to the system.

Bhatia, V., and Singh, D. (2019). Researchers have sought to examine the psychological impacts of substance use among the youth of Punjab, providing substantial insights into the mental health consequences of this phenomenon.

Sharma, R., and Kapoor, A. (2020). This study explores the function of law enforcement in resolving challenges in Punjab. approach of research: This study adopts a desk-based research approach, leveraging secondary data sources to examine Punjab's strategy for tackling injectable drug misuse.

Research Methodology

Secondary data sources include reports from the National Crime Records Bureau (NCRB), the Ministry of Health and Family Welfare, and scholarly research articles. The research objectives are outlined as follows: to examine Punjab's methodologies in addressing injectable drug usage, emphasizing on prevention, treatment, and harm reduction; to ascertain the strategies and actions implemented by the Punjab government to combat injectable drug misuse; to evaluate the impact of these techniques on the incidence of injecting drug usage in Punjab, utilizing secondary data sources, including government records, scholarly articles, and surveys; and to offer proposals and recommendations for enhancing Punjab's strategy in tackling injecting drug misuse, informed by the analysis findings.

State government initiatives for drug demand reduction and damage mitigation

Government-operated de-addiction and rehabilitation institutions in Punjab: handling of substance use disorders in the state of Punjab has led specialists to establish a structural model at the state level known as the "Punjab model." The comprehensive framework and extent of this "Pyramid model" consist of three key components: supply reduction, demand reduction, and harm reduction, alongside the establishment of de-addiction programs inside the current healthcare system at primary, secondary, and tertiary levels. The main parts of this approach are 22 district de-addiction centers and 9 sub-

divisional hospital de-addiction centers. These centers are located in all of Punjab's government colleges and have enough skilled staff, facilities, and resources. At the district and sub-divisional levels, government de-addiction centers offer a variety of services, such as registration, outpatient treatment, inpatient treatment, emergency medical care, and pharmacotherapy for giving out medication. There are 22 fifty-bed rehabilitation institutions in Punjab that offer both medical and psychosocial treatments for the long-term treatment of drug addicts. These programs include counseling, yoga and meditation, athletic activities inside and outside, a healthy diet, and referral services, all of which are free for the convicts. Rehabilitation facilities are connected to de-addiction centers in terms of how they work, although they are in different places. Patients must first go through detoxification at a de-addiction facility for 10 days, as required by psychiatrists. After going through acute detoxification, people with substance use disorders may be sent to rehabilitation centers for long-term care, which usually lasts 90 days. Detoxification, relapse prevention, and rehabilitation programs are an important part of the "Punjab model" for de-addiction services in the eight central jails.

Outpatient Opiate Assisted Treatment (OOAT) Centers

For the first time in Punjab, those who go to outpatient opioid assisted treatment (OOAT) clinics will be watched online with unique identification numbers (UIDs) given to opioid addicts, even those who inject drugs. OOAT centers can give daily medicine to patients who are addicted to drugs but don't want to attend to an inpatient treatment center. The OOAT project started as a test in Moga, Tarn Taran Sahib, and Amritsar on October 12, 2017. (Bajwa, 2018) The program started statewide on May 17, 2018, and there were about 81 clinics open in the state. More than 50,000 people have signed up and are using medical services so far. The current rate of keeping patients is 84.05 percent. Punjab set up the main registration for keeping track of patients online. Patients can get their medicine at any OOAT facility, but each patient is given a unique ID number so they can get their daily dose from only one center. This will stop things from being done twice. Counseling, drug testing, viral marker assessments, and follow-up treatments are all available at these centers for people who use drugs.

Drug Misuse Prevention Officer (DAPO program)

The Punjab government started the DAPO (Drug Misuse Prevention Officer) initiative on March 23rd to get government personnel and communities involved in the fight against drug abuse. The DAPO project, which is in honor of Youth Empowerment Day, will involve working with dedicated volunteers to serve their communities with local government, law enforcement, and the Special Task Force (STF). According to government reports, some 425,000 people have signed up to be volunteers for this program. The main goal of this program is to get kids away from drug addiction, which has hurt generations. This program will definitely help the government fight the drug problem in Punjab. As part of its "Nashe Ton Azadi" (Freedom from Drugs) campaign on Independence Day, the Punjab government started the "Tu Mera Buddy Program" to help stop drug addiction in schools and colleges. The main goal of the campaign is to get the people of Punjab to promise to end the drug epidemic in the state so that future generations can have a healthy future. The "Tu Mera Buddy Program" wants to help the anti-drug effort at the grassroots level by getting students involved. This will help spread the word about the harmful effects of drug misuse across the state. The project will involve principals, teachers, students, and their parents. Class teachers will run the buddy program, and administrators and district education officials (DEO) will keep an eye on it.

Red Cross: Initiatives

The Red Cross's Punjab state branch was started in 1925, and its main office is in Lahore, which used to be the capital of undivided Punjab. After the partition in 1947, the state branch office moved to Shimla in 1948 and then to Chandigarh in 1957. In 1971, a separate branch of the Punjab State Red Cross was set up after the state was reorganized. The President of the State Red Cross is the Governor of Punjab. The Vice President and Chairman is the Chief Minister of Punjab. The deputy commissioner is in charge of the district Red Cross branch. The Sub-Divisional Magistrate is also the head of the sub-divisional branch at the sub-division level. The state branch is helping those who are addicted to drugs get over their addiction and fight drug abuse. The Red Cross Runs De-Addiction Centers in Khanpur (Ropar), Patiala, Bathinda, Gurdaspur, Amritsar, Mansa, Moga, Faridkot, Sangrur, Nawanshahr, and a counseling center in Chandigarh. Addicts can get free treatment, yoga therapy, and counseling to help them build the willpower they need to resist the temptations and cravings that come with drug abuse. Family counseling services are available from qualified psychiatrists to help addicts get over their addiction. These programs have helped thousands of addicts.

Drug De-Addiction Center for Women

On June 26, 2018, the Government of Punjab opened a 15-bedded drug de-addiction center for women at Civil Hospital Kapurthala to help women who use drugs. There aren't many drug treatment centers in the state that are favorable to women, and the stigma makes it hard for them to talk about their problems. This causes a lot of pain and makes women depend on men to get drugs, which could lead to them getting involved in illegal activities. More than 50 women have

successfully gone through detoxification and other psycho-social treatments at this de-addiction program since it opened. (Indian Express, June 27, 2018). Saket Hospital in Patiala has opened a drug recovery center just for women. This is the first clinic in India for women who are drug addicted. Because of the stigma and absence of women-friendly drug treatment centers in the state, women have to hide their problems, which causes a lot of pain and makes them rely on male companions to get drugs, which can lead to unlawful behavior.

OST Centers and Targeted Interventions in Punjab

In Punjab, the government and several non-governmental organizations have set up OST Centers and Targeted Interventions to help injectable drug users (IDUs) manage their risks and get better. There are 17 functioning OST centers in Punjab that serve 4,242 active consumers. Jalandhar (1,004), Tarn Taran Sahib (797), and Amritsar (490) have the most clients each day (PSACS, 2014). Target Interventions (TIs) met about 85 percent of the need for needles and syringes in 2012-13. Over 60 percent of the needles and syringes that were used were returned for cleaning and disposal (PSACS, 2013), and 11,800 injecting drug users (IDUs) were reached through different TIs (NACO, 2014). Many Target interventions for drug users who inject drugs and initiatives to help people with addiction are going on in Punjab.

Methadone Maintenance Treatment (MMT)

The Punjab State AIDS Control Society, 2014. Methadone Maintenance Treatment (MMT) began in February 2012 in Kapurthala as a test program by UNODC and the National Drug Dependence Treatment Centre (NDDTC) of the All India Institute of Medical Sciences (AIIMS) in New Delhi. The drug methadone is the most common one used to treat people who are addicted to opioids for a long time. MMT has significantly reduced drug consumption and the transmission of HIV, HCV, and HBV among those who use drugs. It also gives people a chance to get back to normal in their work, social, and mental lives and to fit back into society. India (including Punjab) already has buprenorphine, another long-term medicine, available through the National AIDS Control program. It will be used to treat injection drug users (IDUs) and other people who are addicted to opioids. The first pilot project starts at the government-run de-addiction clinic in the Kapurthala district of Punjab.,(United Nations Office on Drugs and Crime, February 2012).

State Government initiative for the supply Reduction

Special Task Force (STF): In April 2017, the Punjab government set up a Special Task Force (STF) to fight the drug epidemic in the area. The Department of Home Affairs has now made the STF's structure and organization official. The STF is in charge of more than just making sure that everyone involved in drug trafficking, supply, and distribution is prosecuted. They are also in charge of helping drug users recover, creating a mass awareness campaign, and getting people to help fight this problem. The STF will come up with ways to enforce laws against drug trafficking, stop people from abusing drugs, help victims recover, and work with other government agencies and police units to reach its goals. The STF will work with the district police, GRP, and other law enforcement agencies to make sure that instances are registered and investigated in line with the STF's mandate (Express News Service, 2017). It has been given the job of gathering technological human intelligence and keeping an eye on things in accordance with the law. It has also made sure that the NDPS Act of 1985 is followed by working with different central agencies, such as the Ministry of Home Affairs, the Narcotics Control Bureau, the Enforcement Directorate, the Intelligence Bureau, and the Cabinet Secretariat, to make sure that current laws about this issue are followed.

State Interventions for the Treatment for Co- Morbidity Infection among Injecting Drug Abuse

The Punjab State Aids Control Society (PSACS) was set up in 1998 to carry out the National Aids Control Program. This is an example of how the government helps people with substance use disorders who also have other illnesses. The NACP is an initiative that gets all of its money from the government. In 1999, PASACS started working. The Principal Secretary of Health has been named the society's project director. The Additional Project Director is in charge of the technical side of things, with help from joint directors, deputy directors, assistant directors, other officials, and extra staff. NACP IV is now working well all over India and providing a lot of services. Cut new infections by half and give everyone with HIV/AIDS full care, support, and treatment. There are five main parts to NACP-IV: 1. This sub-component will include giving behavior modification tactics to high-risk groups to make sure they follow safe practices, get tested and counseled, stick to their treatment plans, and ask for more services. Advocacy for condom use among high-risk groups for every sexual encounter. Providing or referring people to STI services, such as counseling at service centers to help patients stick to their treatment plans, and risk reduction counseling that focuses on partner referral and management. The needle syringe exchange program for people who use drugs via injection, as well as the growth of Opioid Substitution Therapy (OST) programs. This aspect of the project includes paying for the running costs of roughly 25 state training resource centers and the costs of training participants for five years. Two. Improving interventions for more at-risk groups: This part will include figuring out the size of migrant groups, including truckers, at transportation hubs and enterprises and assessing their risk. Making services for partners of injectable drug users that are based on their needs and take gender into account, as well as strengthening networks for vulnerable individuals, will make it easier for them to get to service centers and use

condoms more often, which will lower their risk. Three. NACP IV will offer a wide range of HIV care and support to everyone who needs it, and it will also set up extra support systems for women and children affected by HIV/AIDS. A wide network of treatment centers and support from persons living with HIV and civil society groups are expected to lead to better adherence and compliance. Four. At both the state and district levels, responsibilities for planning and managing programs will be increased to make sure that field activities are carried out on time, with high quality, and in a way that achieves the program's goals. The Strategic Information Management Systems (SIMS) are being worked on and will be firmly put in place at all levels to help with planning, monitoring, and evaluating the effects of programs based on evidence. The surveillance system will be improved so that it can focus on tracking epidemics, analyzing the incidence of infections, finding infection hotspots, and measuring the burden of infections. The program's changing needs will determine the research priorities. (Punjab State AIDS Control Society, 2018).

. **HCV Therapy or Chief Minister Punjab Hepatitis Relief Fund**: People who use injectable drugs are more likely to get the Hepatitis C virus because they share needles and syringes with other people who use drugs. According to the 2011 Census of India, about 920,000 people may have HCV antibodies, and about 610,000 of them may need treatment. A large number of these individuals are likely to develop liver cirrhosis and its complications, such as liver failure that may require a transplant, severe infections, and hepatocellular carcinoma (HCC), which is the main cause of HCC in Punjab. The Punjab government started the "Mukh Mantri Punjab Hepatitis Relief Fund" (MMPHCRF) Scheme in every district to give HCV-positive patients free treatment at district hospitals by qualified MD doctors. The government says that 54,513 people were treated under this program, including people who used drugs and got sick from them.

State Research and Training Institutions for Drug Abuse Prevention and Treatment

Research and training centers that work on stopping and treating drug abuse: Research and training are two important parts of dealing with drug abuse at the state level. Several state government entities are involved in this area. These are :

- State Institute of Health and Family Welfare,
- Postgraduate Institute of Medical Sciences and Research (PGIMER), and
- State Institute for Rural Development.
- Patiala's Punjabi University.
- Amritsar's Swami Vivekananda De-Addiction Center. T
- he Punjab State AIDS Control Society (PSACS)

These are the premier institutes working to help people who are addicted to drugs and working to stop drug abuse.

State Financial Aids

The Cancer and De-Addiction Fund (CADA) is a fund that the Punjab government set up in 2013 to make sure that drug users in the state can get free treatment at de-addiction and rehabilitation clinics. The "Punjab State Cancer and Drug Addiction Treatment Infrastructure Fund Act, 2013" was passed by the government to reach this goal. It also set up the Punjab State Cancer and Drug Addiction Treatment Board to manage and oversee the financing (Bajwa. 2018,). Online tracking of drug addicts in OOAT clinics as they will have UID number. The fund will be used for the following: (a) to create and improve the infrastructure, such as buildings, machines, and equipment needed to treat and rehabilitate cancer patients and help drug addicts become clean. (b) To raise awareness about how to avoid, find, and treat cancer and drug addiction. (c) To make people more aware of the harmful consequences of drugs and drug addiction, to encourage prevention measures, to offer treatment options for addiction, and to improve the health of people in the state who have cancer and drug addiction, as required by the board. Cess, taxes, and grants-in-aid will pay for cancer and drug addiction treatment (Legislative Research & PUNJAB, 2013).

Awareness in the community is very important for stopping, caring for, and treating drug users. June 26 is the national community awareness day. Government and non-government groups celebrate it with seminars, awareness camps, poster-making contests, and marches. Proposals and Advices

Suggestions and Recommendations

Following a literature study and examination of secondary data, the subsequent suggestions and recommendations are presented:

Strengthening Prevention Programs: Improve school-based drug education activities and community outreach efforts to increase knowledge of the dangers of intravenous drug abuse.

Enhancing Treatment Accessibility: Augment the availability and accessibility of evidence-based treatment options, including opioid substitution therapy (OST) and psychological support, especially in remote regions.

Harm Reduction Strategies: Implement and expand harm reduction initiatives, including needle-syringe programs (NSPs) and overdose prevention education, to mitigate the transmission of HIV and other blood-borne illnesses.

Community Engagement: Promote cooperation among governmental bodies, non-governmental organizations, and community groups to tackle the socioeconomic determinants of intravenous drug usage.
Data Monitoring and Evaluation: Implement a comprehensive data monitoring and evaluation system to monitor the incidence of injecting drug abuse, evaluate the efficacy of interventions, and guide policy formulation.
Focus on De-addiction: Raise awareness of de-addiction centers and the resources offered by the government for this initiative.
Rehabilitation initiative: Advocate for rehabilitation initiatives to assist addicts in reintegrating into society and contributing to the economy.

Conclusion

Drug misuse is a significant issue in Punjab, alongside other challenges such as unemployment, epidemics, morbidities, and social and environmental concerns. To stop drug absuse in Punjab, the central and state governments have started a number of different programs and regulations for everyone involved. Parliament passed the strict NDPS Act of 1988 to limit the supply of illegal drugs. It also started the national program for drug misuse to lower the demand. The state of Punjab has had a big problem in the last few years: state-level surveys and reports show that the number of injecting drug addicts in the area has gone up. Government agencies, non-governmental organizations, and international organizations are all working together to solve this problem. Despite these efforts, it is essential to address the issue academically to enable the efficient structuring of subsequent interventions.

References

1) Ambekar, A. et al. (2014). *Drug Use Patterns among Clients Receiving Services from Target Interventions for People Who Inject Drugs: Findings from Bihar, Haryana, Jammu and Uttrakhand*, New Delhi: India HIV/AIDS Alliance. Online Available at http://www.allianceindia.org/wp-content/uploads/2014/07/DUPA_AI2014.pdf
2) Bhatia, V., & Singh, D. (2019). The impact of drug abuse on Punjab's youth: A psychological study. *Journal of Youth Studies, 22*(1), 35-40.
3) Chawla, R., & Joshi, S. (2021). Drug rehabilitation in Punjab: A critical analysis. *Journal of Substance Abuse Treatment, 47*(3), 205-210.
4) *Definition of Injecting Drug Users*: Online Available: http://www.physio-pedia.com/Intraveneous_Drug_Abuse
5) Dhillon, H. S., & Kaur, G. (2020). Drug abuse in Punjab: A sociological study. *Journal of Substance Abuse Treatment, 45*(2), 123-130.
6) Express News Service. (2017, April 14). Punjab Govt formally notifies STF formed to fight drug menace. The Indian Express. https://indianexpress.com/article/cities/chandigarh/punjab-govt-formally-notifies-stf-formed-to-fight-drug-menace-4613719/
7) Gupta, R., & Verma, S. (2019). Punjab's war on drugs: An evaluation of policies and programs. *Journal of Drug Policy Analysis, 12*(1), 1-10.
8) Harpreet Bajwa. (2018, July 7). Online tracking of drug addicts in OOAT clinics as they will have UID number. The New Indian Express. https://www.newindianexpress.com/nation/2018/Jul/07/online-tracking-of-drug-addicts-in-ooat-clinics-as-they-will-have-uid-number-1839435.html
9) *International Narcotic Control Strategy Report* (2015). Online Available at http://www.state.gov/documents /organization/239560.pdf
10) Kaur, J. et al. (2013). Rehabilitation for Substance Abuse Disorder. *Delhi Psychiatry Journal.* Vol. 16. (2). Online available at http://medind.nic.in/daa/t13/i2/daat13i2p400.pdf
11) Kumar Ravi Priya et al. (2005). How Effective Are Harm Reduction Program for Drug Users: Some Insights from an Evaluation of Program at Saharan in Delhi. *Journal of Health Management.* Vol. 7. (2). Online available at http://home.iitk.ac.in/~krp/Papers/KRP_Publication_4_Journal_Health_Management.pdf
12) Kumar, A., & Malhotra, A. (2020). The role of community in combating drug abuse in Punjab. *Community Development Journal*, 55(2), 304-320.
13) Legislative Research, P., & PUNJAB, L. (2013). The Punjab State Cancer and Drug Addiction Treatment Infrastructure Fund Act, 2013. In PUNJAB GOVT GAZ, PUNJAB GOVT GAZ_ (EXTRA): Vol. CHTR 19–1935 SAKA. https://prsindia.org/files/bills_acts/acts_states/punjab/2013/2013PB27.pdf.
14) NACO (2013). *Injecting Drug Use Strategy Report for NACP-4 Planning*. National AIDS Control Organization. INDIA: New Delhi.
15) Niraula, SR. (2006) Role of rehabilitation centers in reducing drug abuse problem in town of Eastern Nepal. . *Kathmandu University Medical Journal*. Vol. 4 (16) P. 448-454. Online available at<http://www.iosrjournals.org /iosr-jhss/papers/Vol14-issue3/F01434348.pdf?id=6704
16) Sharma, R., & Kapoor, A. (2020). The role of law enforcement in Punjab's drug crisis. Policing: *An International*

Journal, 43(2), 231-245.
17) Singh, P., & Sharma, N. (2021). The opioid crisis in Punjab: A public health perspective. *Indian Journal of Public Health, 65*(1), 45-50.
18) Times of India. (2015) "At least one Drug Addict in 67 percent of Rural House Holds in Punjab" Online Available Retrieved on April 20, 2015. http://timesofindia.indiatimes.com/topic/Punjab-Drug-Menace
19) United Nations Office on Drug and Crime (2014). *World Drug Report*. Vienna: United Nations Publication. Online available: https://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf
20) Varsa, Akash Gulalia. (2013). Social Work Practice Issues with Intravenous Drug Users in India. *Journal of Humanities and Social Sciences*. Vol. 14 (3). PP 43-48
21) World Health Organization (2012). *Guidance on Prevention of Viral Hepatitis B and C among People Who Inject Drugs.* Geneva: WHO Publication.