



DRUG ABUSES: DISASTROUS THREAT FOR THE SOCIAL-ECONOMIC VALUE OF SIKKIM

Koushal Singh*¹ and Sourav Mohanto²

¹Department of Pharmacy, Himalayan Pharmacy Institute, Sikkim University.

²Department of Pharmaceutics, Himalayan Pharmacy Institute, Sikkim University.

Article Received on
11 Dec. 2018,

Revised on 31 Dec. 2018,
Accepted on 21 Jan. 2019

DOI: 10.20959/wjpps20192-13153

***Corresponding Author**

Koushal Singh

Department of Pharmacy,
Himalayan Pharmacy
Institute, Sikkim University.

INTRODUCTION

Sikkim is a hilly state in Northeast India and the second smallest state of India, is located in the foothills of the Himalayas and shares international borders with Nepal, Bhutan and Tibet. Sikkim is inhabited by indigenous population of Lepchas, Bhutias and Nepalis. Lepchas are traditional inhabitants of Sikkim, whereas Bhutias and Nepalis have migrated from Tibet and Nepal, respectively. Sikkim has an approximate population of 540,493, a literacy rate of 70% and a landscape varying from 300 to 8585 metres in altitude. Sikkim has traditionally been a royal state and was annexed to India in 1975.^[1]

Sikkim is India's third-richest state (after Delhi and Chandigarh), by per capital income.^[2] Its literacy rate is India's seventh highest. Northeast India is a major source of injection drug users (IDUs) and associated HIV/AIDS. While Sikkim has a history of alcohol abuse and the use of cannabis, drug abuse in Sikkim has only increased substantially over the last five years since large pharmaceutical companies moved base to the state to take advantage of a 10-year tax exemption. There are now about 15 such companies in the state. This has led to increased diversion of legal pharmaceuticals to the illicit market but Sikkim's larger problem is that the government almost entirely ignores the state's drug problem. There are 1,026 injecting users registered by the National AIDS Control Organisation, but most drug users in Sikkim abuse drugs orally, and with a government that treats drug-addiction purely as a law-and-order problem, violating its own rehabilitation laws in the process, there is, currently, no stemming the tide. At least seven of 10 teenagers in Sikkim abuse pharmaceutical drugs. Alcohol use is traditionally prevalent in Sikkim and recently, IDU behaviour has also been reported, although systematic information on epidemiology and treatment availability of substance abuse in Sikkim is not available.^[1,2]

SADA ACT

Sikkim anti-drugs act, 2006 was framed and regulated to control, prevent the drug abuse and controlled substances by the addicts and drug smugglers. This act was framed to identify the drug abusers and send them to the rehabilitation centre and after care arrangement of re-integration with the society. According to this law no person shall sale, stock or trades any controlled substance without valid licences under the drugs and cosmetics act 1940 or Sikkim trade licences act. SADA 2006 act was the first act against the drug abusers throughout the country. According to this act if anyone find guilty He/she might be send to jail or pay fine up to 1lakh rupees. They will not get any job further in the state government. But after all of this restriction the scenario has not been changes till now.^[3]

Production and Cultivation

For centuries, opium has been cultivated in the north eastern states of India for medical use by both people and livestock. It is also used in festivals and celebrations in these areas as well as Rajasthan. Most areas have now curtailed this practice, but it remains prevalent in remote areas, such as in the east of Arunachal Pradesh. Illicit cultivation of opium poppy still occurs in India. It has been argued that illicit cultivation of opium poppy in the north east became commercial when the tribal population came into contact with timber merchants from the plains in the late 1980s. There is very little economic activity in these districts, and agricultural practices are essentially still subsistence-based. Opium is often the only marketable commodity produced, and it has the added advantage of being collected at the farm gate by traders or wholesalers – an option not normally available for other agricultural products.

Though it is extremely difficult to estimate the extent of illicit cultivation, according to a UNODC-sponsored study in 2001 which received logistical support from the Central Bureau of Narcotics (CBN), some production of opium was reported in Arunachal Pradesh (in the Upper Siang, Lohit, Changlang districts and Khonsa circle of Tirap district), Uttaranchal (Uttarkashi and Dheradun districts) and in Himachal Pradesh (Kulu, Mandi and Kalpa districts). Certain quantities are reportedly also produced in Jammu & Kashmir, Bihar and West Bengal (NCB 2002). Reports in 2004 cited experimental cultivation in Karnataka. The market dynamics of illicit opium cultivation have been studied in some depth in Arunachal Pradesh. In order to determine the extent of illicit cultivation of opium poppy, a survey was carried out with logistical support from the CBN in three districts of Arunachal Pradesh. The

survey covered 86 villages out of 506 on the three districts Upper Siang, Tirap and Changlang. Out of 86 villages 52 were observed to be growing opium. The main findings of the survey are as follows: (a) the majority of the cultivators had only started opium growing in 1999; (b) the size of the plots varied between 50sq.m and 12ha.; and (c) the average yield is approximately 5-8kg/ha. On this basis, it was estimated that cultivation in Arunachal Pradesh could reach 1,000ha, and that about half of this amount was accounted for in Lohit district. CBN destroyed 248, 153 and 218 hectares of illicit poppy during 1999, 2000 and 2002 respectively in Upper Siang, Lohit, Tirap and Changlang districts of Arunachal Pradesh. It also destroyed 9 hectares of illicit opium in Kullu during 2001 in association with Himachal Pradesh police.^[4,5]

Licit Cultivation

India is the only country currently producing licit opium gum for medical and scientific purposes for domestic needs and for export under the terms of the 1961 Single Convention. The Central Bureau of Narcotics, based in Gwalior, implements a stringent licensing system in India. The crop is generally sown in November and harvested in March-April. Opium is used to extract alkaloids such as morphine, the baine and codeine. After the extraction of the opium, the pods are crushed and the poppy seeds are extracted and can be used as condiments in Indian cooking. The sale of poppy seeds forms a significant proportion of the income from the licit opium crop. The crushed pods left after extraction of the seeds are referred to as poppy straw. This poppy straw contains a small concentration of morphine residue. The state governments in India regulate the sale of poppy straw for medical and scientific purposes. Trafficking and abuse of poppy straw is a common problem in some north-western states of India. Raw opium is a viscous product with considerable moisture content. Opium tendered by the farmers at the time of procurement normally comprises of 55-60% solids; the remainder is moisture. For the sake of uniformity, all production figures of opium in India are calculated using a consistency ratio of 70 degrees i.e., comprising 70% solids and 30% moisture) According to provisional data from the Central Bureau of Narcotics, the total quantity of opium harvested in 2005 (March – April) declined by more than half to 439 metric tons. This was the result of a conscious decision by the union government to reduce the number of hectares under cultivation. The number of hectares harvested in 2005 was 7,833, down from 21,141 in 2004. The number of cultivators who actually tendered opium was 79,016, down from the 2004 total of 98,555. The average yield declined minimally from 57.07 to 56.04 kgs per hectare at 70 degrees consistency.^[4,5]

Routes for Drug Trafficking and Smuggling in Sikkim

Many respondents were of the opinion that easily availability of drugs is the reason for the state drowning in this addiction. One respondent said, “Drug of any kind or form are available in Sikkim, whether it is a rural or an urban area. When it is so easily available, people will try to experiment with it and thereby get hooked to it. if we can curb this inflow of drugs then the problem can be solved.” In the border-town of Jorethang, about 70 km from Sikkim’s capital Gangtok, police officers stand guard by the river Rangeet because across the river and past a dense forest lies West Bengal. Jorethang residents can cross over by foot or by boat to buy cheap, easily available pharmaceutical drugs. Another respondent said, “Siliguri is so near. There anyone can get anything they want. It is the main city for the entire north-east region as it connects them as well as Bhutan and Nepal and India. Bangladesh is not very far away, and drugs from, north-east, Nepal, and Bangladesh reach Siliguri from where it is trafficked to the other parts of the country, and some make entry to Sikkim as well.” It is not the drugs entering Sikkim from Siliguri concerning most of the respondents, but the over-counter availability of many drugs which concerns them. The means for achieving success has been earning lot of money for many people in the state. In this endeavor some do not mind indulging into illegal activities, like selling drugs without prescriptions. One of the respondents said, “The chemists sell drugs without proper prescriptions and if they know that the drug is to satiate one’s addiction, they also charge higher than the regular price. This is hampering the state of the society much more than the drugs being peddled by some paddlers.” Another respondent said, “all the drugs which an addict needs is available in all chemist shops. So it is not difficult for an addict to get what is required by them. This has further compounded the problem.” Another respondent said that, “Establishment of the pharmaceutical industries has increased the drug addiction in Sikkim. Due to their presence the local boys and girls are involved in the production of drugs. They have access to many drugs, which are even use as intoxicants. They consume these and become drug addicts. They may even supply these to their friends at a lower cost which is available in the market to supplement their merger salary which in turn affects the already volatile situation of the society.”^[6]

Reasons Behind The Drug Addiction

Young people are the ones who are indulging into drug addiction. They are more obsessed with their individual self that they do not think about anyone else. The impact of other culture is evident in the society. Drug addiction in the society is a new phenomenon. It started with

the cultures being introduced to young people. Immediately after the merger with Sikkim with India people are exposed to various cultures. Through new modes of entertainment, people are exposed to “hippi” culture, the culture of protest where the uses of drugs are common. One respondent said, “The inflow of foreign tourists after Sikkim merger with India exposed many young people to these lifestyles of the foreigners, and many adapted their life style. This also included using of drugs.” another respondent said “as we started to develop our state in the early 1980s, people started to earn money and this lead many to visit the outside world. There they witnessed many new things and some who could not make a choice between the right and the wrong also started indulging in drugs.” another respondent blamed the development of entertainment as the reason for the problem of drug addiction. He said, “Entertainment for the people became essential with time. Earlier, entertainments for the people were to visit their relatives and indulge in communal drinking, but today date gives us a different method of entertainment, from which one can choose his/her, wishes. Variety of movies and television programmes shows different ways of entertainments in different cultures and societies. Among which some have chose drug addiction as their mode of entertainment and ruined their lives.”^[6] Many respondents were of the opinion that easily availability of drugs is the reason for the state drowning in this addiction. One respondent said, “Drug of any kind or form is available in Sikkim, whether it is a rural or an urban area. When it is so easily available, people will try to experiment with it and thereby get hooked to it. If we can curb this inflow of drugs then the problem can be solved.” Another respondent said, “Siliguri is so near. There anyone can get anything they want. It is situated in the core for the entire north-east region as it connects them as well as Bhutan and Nepal and India. Bangladesh is not very far away, and drugs from, north-east, Nepal, and Bangladesh reach Siliguri from where it is trafficked to the other parts of the country, and some make entry to Sikkim as well.”^[6] It is not the drugs entering Sikkim from Siliguri concerning most of the respondents, but the over-counter availability of many drugs which concerns them. The means for achieving success has been earning lot of money for many people in the state. In this endeavour some do not mind indulging into illegal activities, like selling drugs without prescriptions. One of the respondents said,” The chemists sell drugs without proper prescriptions and if they know that the drug is to satiate one addiction, they also charge higher than the regular price. This is hampering the state of the society much more than the drugs being peddled by some paddlers.” Another respondent said, “All the drugs which an addict needs is available in all chemist shops. So it is not difficult for an addict to get what is required by them. This has further compounded the problem.” Another respondent said that,

“Establishment of the pharmaceutical industries has increased the drug addiction in Sikkim. Due to their presence the local boys and girls are involved in the production of drugs. They have access to many drugs, which are even use as intoxicants. They consume these and become drug addicts. They may even supply these to their friends at a lower cost which is available in the market to supplement their merger salary which in turn affects the already volatile situation of the society.”^[7]

Pharmaceuticals Are the Key to Sikkim’s Drug Problem

A few meters from local resident’s home in Jorethang runs the river Rangeet. Police officers stand guard here because across the river and past a dense forest lays West Bengal. Jorethang residents can cross over by foot or by boat to buy cheap, easily available pharmaceutical drugs. Most Sikkimese drug users choose cheap pharmaceuticals instead of deadlier options, such as heroin.^[8] India is the third largest producer of pharmaceuticals in the world and some of this is diverted for drug abuse. There are little data on the subject, but according to this 2011 UNODC study, many drug users in the country have shifted from narcotics to pharmaceutical abuse.^[9] The medicines prone to abuse include codeine-based cough syrups, spasmoproxyvon (SP), a pain killer that India banned in 2013 for containing an opioid, and Nitrosun (N10), a hypnotic drug used to treat insomnia, anxiety and epilepsy. These drugs, although unavailable over the counter in Sikkim, can be easily bought across the state, into which they filter from West Bengal basically from Siliguri, about 116 km south of Gangtok, remains the main transit point. While Sikkim has a history of alcohol abuse and the use of cannabis, drug abuse in Sikkim has only increased rapidly over the last five years since large pharmaceutical companies moved base to the state to take advantage of a 10-year tax exemption.^[9] There are now about 15 such companies in the state. This has led to increased diversion of legal pharmaceuticals to the illicit market. Sikkim was amongst the first states to draft a drug policy but its act, the Sikkim Anti-Drugs Act (SADA), 2006 makes no distinction between drug users and peddlers. It criminalises drug use, imprisons addicts for small crimes and offers little help in rehabilitation or recovery. The state’s public health system too is indifferent to the health issues faced by drug users. “Drug users cannot really be imprisoned, but usually they double up as small-time peddlers to make some money. So, when someone is found with substance, police officers add other sections and put them in jail,” said Khilburna Gurung, senior superintendent of police at the Central Jail in Gangtok. “Unless the law is amended, this will keep happening.” On the Facebook page, the Sikkim Police, which launched a “special drive against drugs” in March 2016, regularly posts photos of those

caught with pharmaceuticals booked under SADA. “As per the UN international drug conventions on drug control, of which India a signatory is, SADA is harsh, and does not support the health and human rights of drug users who need treatment,” said Kishore, the UNODC official. “Drug users as well as smugglers and mafia are being tried under the same sections of the law here, which is similar to what is happening in Philippines.” There are few government funds for the education, treatment, aftercare, rehabilitation and social reintegration of addicts, the state’s department of healthcare said in a right-to-information reply to a query filed by HepCos. Under SADA, these programmes are supposed to be running. According to a statement by the police, 147 cases were registered and 191 people involved in drug trading were arrested between March and October 2016. During this period, 52,053 capsules of SP, 7,497 tablets of Nitrosun10 (N10) a medicine used to treat insomnia, anxiety and epilepsy and 2,212 bottles of cough syrup were confiscated.^[8,9]

The state government’s department of health care, human services and family welfare, in a response to a Right to Information query, stated that it lacks funds for the treatment of addicts. It also admitted that it has no machinery to “tackle the people who use drugs”, adding that the police looked at such cases as a “law and order problem”. Only one of eight rehabilitation centres in Sikkim receives funds from the central government; others function privately. “It’s not like the government isn’t doing anything. More could be done, of course, but a number of things are in process,” he said. In 2015, Sikkim’s suicide rate was 37.5 per 100,000 people, second only to Pondicherry (43.2) among all of India’s states and union territories. Rehabilitation centres in Sikkim follow the 12-step recovery programme of Alcoholics Anonymous and Narcotics Anonymous—global addiction recovery organizations that outline steps based on social support and spirituality—but founders and counsellors agree that football is unofficially an integral part of the treatment and recovery process. In addition, there are about seven other rehabilitation centres in Sikkim. But in most of the centres there is a huge crisis of staffs, psychiatric drug and others problems is there.^[10]

CONCLUSION

Drug abuse among the young people has become a genuine social problem in Sikkim. The problem of drug abuse is increasing everyday in Sikkim as in the other parts of the world and this indicates the increasing social crisis in the society. There are many changes taking place in the society and in the nature of the people due to drug addiction, which is drastically changing the younger generation and massively harming the future of the society. This

changing nature of the society due to this deadly addiction brought by the western urbanization into Sikkim's ethnic society is has a strong correlation with the socio-economic and political changes that took place in the state since its merger with the Indian Union in 1975. Due to the gain in economic capital, people today have lost their social and cultural capital. This led to the loosening of familial and societal bonds and solidarity. This has led to decrease in the social control and support among the people. People have become more individualistic and materialistic and the old traditional values are not taken seriously. In the absence of these social controls and supports, isolation of the young people is evident. The young people are more prone to drug and substance abuse these days. This has become evident especially for those children, where both the parents are working and have less or no time to spend with their children. There is a need of periodic and monthly state surveys to determine the substances which are abusing in the state. There are lots of pharmaceutical companies in the state, so government should concern with their import and export business. All the state rehabilitation centres should be re-modified and should have the proper facilities. The government should take the appropriate steps according to the SADA act 2006. This will not be enough for stopping this drug abuses in the state although the young people of Sikkim need to understand their social value today otherwise one day this total organic state moral value will be vanished.

REFERENCES

1. A profile of substance abusers using the emergency services in a tertiary care hospital in Sikkim, Akhil Bhalla, Sanjiba Dutta, Amit Chakrabarti, *Indian J Psychiatry*, 2006 Oct-Dec; 48(4): 243–247. doi: 10.4103/0019-5545.31556
2. <https://scroll.in/article/832158/sikkim-paradox-why-the-rich-orderly-himalayan-state-has-indias-highest-suicide-rate>.
3. Mishra, P. (2016). Drug Addiction in Sikkim: A Sociological Study. *IRA-International Journal of Management & Social Sciences* (ISSN 2455-2267), 4(1). doi:<http://dx.doi.org/10.21013/jmss.v4.n1.p12>
4. <http://images.aarogya.com/addiction/pdf/10-india.pdf>
5. <http://www.readbag.com/unodc-pdf-india-publications-south-asia-regional-profile-sept-2005-10-india>
6. Drug users' perceptions of 'controlled' and 'uncontrolled' use, *International Journal of Drug Policy*, 1 October 2001; 12(4): 297–320, [https://doi.org/10.1016/S0955-3959\(01\)00095-0](https://doi.org/10.1016/S0955-3959(01)00095-0)

7. <https://www.quora.com/Which-business-will-hit-instantly-in-Siliguri-a-place-which-connects-Bhutan-Nepal-Bangladesh-and-the-entire-North-East-India>
8. <https://www.firstpost.com/india/behind-sikkims-prosperity-hides-the-states-alarming-suicide-rate-the-highest-in-the-country-3341132.html>
9. <https://www.hindustantimes.com/india-news/why-sikkim-a-rich-and-orderly-himalayan-state-has-india-s-highest-suicide-rate/story-tiYgbaZwgEdIoghZ7EVeWI.html>
10. <https://www.livemint.com/Sundayapp/C6sUZgC6Pht0ZJ8EceDBhL/In-Sikkim-football-is-weaning-drug-addicts-away-from-the-da.html>