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469A Bukit Timah Road
#07-01, Tower Block, Singapore 259770
Tel: 6516 6179 / 6516 4239
Fax: 6776 7505 / 6314 5447
Email: isassecc@nus.edu.sg
Website: www.isas.nus.edu.sg



Factors Driving Drug Abuse in India's Punjab

Rahul Advani¹

Abstract

This paper explores the phenomenon of drug abuse among the youth of Punjab, India. In aiming to identify the factors influencing the problem, the paper focuses on the importance of the exceptional aspects of drug abuse in Punjab, including the core demographic of users and the types of drugs being commonly used. These unique characteristics point towards the contextual factors that have possibly influenced the scale and character that the state's drug problem has taken on. For example, the rural background of Punjab's drug-user demographic hints at the influence of factors including historical developments in the state's rural economy and the Punjabi culture of masculinity which is deeply tied to images of strength and physical labour. On the other hand, their relatively-affluent class background suggests that the impact of unemployment, the cultures of consumption and aspiration and the modernity associated with injectable drugs are all particularly powerful in driving them to use drugs. The literature referred to in this paper includes both quantitative and qualitative studies of drug abuse in Punjab and throughout India, the history of Punjab's rural economy, unemployment, participation in higher education, masculinity, as well as ethnographies of young men in Punjab.

Introduction

Only a decade ago Punjab, one of the wealthiest states in India at the time, was heralded as one of the country's "crown jewels".² In 2004, it was ranked as the "second richest" state in

¹ Mr. Rahul Advani is a Research Assistant at the Institute of South Asian Studies (ISAS), an autonomous research institute at the National University of Singapore. He can be contacted at isasra@nus.edu.sg. The views expressed in this paper are those of the author and do not necessarily reflect those of ISAS.

terms of GDP per capita, according to a report by the Confederation of Indian Industry, “with a per capita income of Rs 25,652”.³ Now, however, the success story of Punjab’s economy has seemingly come to an end. What was once the fastest-growing state in the country is now one of India’s slowest. During 2011-2012, Punjab’s growth rate slipped to “5.79 per cent – the lowest in the last five years of the Parkash Singh Badal government”.⁴ The “inherent edge of skilled manpower and entrepreneurial skills” that Punjab had been praised for having ten years ago when there was much excitement over its “vast potential in the manufacturing and service sector”,⁵ no longer exists.

What has instead put Punjab in the national headlines is a drug epidemic that has swept across the state, accompanying the decline in economic growth. The extent to which the problem is specific to the state can be seen from the fact that “roughly 60 per cent of all illicit drugs confiscated in India are seized in Punjab”.⁶ The recent nature of the problem can be deduced from a 2008 UNAIDS/SPYM report estimating the extent of Injecting Drug Use (IDU) which found that in Punjab, “the IDU phenomena was observed to be of relatively recent onset”, with “more than half of the IDUS reported injecting 2-6 times a week while another third reported injecting daily, once per day”.⁷ With young men making up the majority of those consumed by drug addiction in Punjab, it seems that the state’s demographic ‘edge’ may not be so much of an edge after all.

This paper seeks to contextualise the problem of drug addiction in Punjab by examining its links with ideas of Punjabi masculinity and the culture of consumption. Furthermore, this paper will examine Punjab’s drug epidemic in relation to the developments in Punjab’s rural economy that have unfolded over the last few decades. The problem of drug addiction in Punjab is, in many ways, unique and therefore needs to be understood with reference to its social and economic context. In most countries, “drug use is linked to urbanization”⁸ as well as poverty. The situation in Punjab paints a very different picture. Firstly, the problem is occurring on a scale of exceptional proportion. According to a 2011 report on drug abuse and alcoholism in Punjab by the Ministry of Youth Affairs and Sports, “40 per cent of Punjabi

² Punjab second richest state in country, *Times of India* [online]. Available from World Wide Web: <http://articles.timesofindia.indiatimes.com/2004-04-08/chandigarh/28336153_1_northern-states-capita-income-total-software-exports>.

³ Ibid.

⁴ Kaur, S, 2012, Punjab ‘growth’ story derails, slips to lowest in last 5 years, *The Indian Express* [online]. Available from World Wide Web: <<http://www.indianexpress.com/news/punjab--growth--story-derails-slips-to-lowest-in-last-5-years/917547/1>>.

⁵ Punjab, Haryana among 5 richest states in India, *The Tribune* [online]. Available from World Wide Web: <<http://www.tribuneindia.com/2004/20040408/biz.htm#6>>.

⁶ Yardley, J, 2012, Indian State Finds Itself in Tight Grip of Addiction, *The New York Times* [online]. Available from World Wide Web: <http://www.nytimes.com/2012/04/19/world/asia/drug-addiction-is-a-growing-problem-in-punjab.html?pagewanted=1&_r=2&ref=world>.

⁷ Ambekar, A, 2012, *HIV prevention among injecting drug users and their female sex partners: Implementation gaps and barriers*, New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia, p.9.

⁸ Travis, A, 2012, Global illicit drug users to rise 25% by 2050, says UN, *The Guardian* [online]. Available from World Wide Web: <<http://www.guardian.co.uk/society/2012/jun/26/global-drug-users-rise-un>>.

youth in the age group of 15 to 25 years have fallen prey to drugs”.⁹ If we were to apply this statistic to the total youth population of Punjab,¹⁰ this would suggest a population of roughly 1.5 to 2 million young Punjabis addicted to drugs. The long-term effects this would have on the demography of the state could be potentially devastating, especially since many within this population of drug addicts are soon to enter their productive and re-productive years. Such a sizeable population of drug users could lead to, in the future, increasing levels of crime, broken marriages, destroyed families and children who face psychological, emotional and developmental problem as a result of drug-addict parents. Secondly, the demographic of users (most of whom are middle- and upper-middle class rural youth) varies vastly from the global stereotype of the drug-addict as a poverty-stricken urbanite. Therefore, an analysis of Punjab-specific social and economic factors may help explain why and how so many of Punjab’s youth have gone down the path of drug addiction.

Demographic

Many of the newspapers that cover the issue provide an overview of the general situation, yet do not often identify specifically which groups of people are fuelling the drug subculture in the state. In this case, an understanding of exactly what kind of people are part of the problem may be useful in providing clues as to why it is occurring on such a large scale. The middle class-specific nature of the problem is alluded to in claims in *Firstpost India* that drug addiction in Punjab “isn’t about rich boys scoring heroin or coke” or “some poor farmers languishing quietly in the throes of an opium haze”. According to Doctor J P S Bhatia, who runs a rehabilitation clinic in Amritsar, “the middle class and the affluent are the worst victims of this crisis”.¹¹ However, much of the media coverage reveals little else about the specifics of the problem. For example, the *BBC* mentioned that “all sectors of society have been affected”¹² while the *New York Times* referred to the problem as occurring “throughout the border state of Punjab, whether in villages or cities”.¹³ This gives the impression that drug abuse in Punjab is happening as much in rural contexts as it is in urban areas. Digging deeper into the literature reveals this to be simply not the case.

In a study of 200 patients in a drug de-addiction centre in Punjab, Kalra and Bansal (2012) found the majority of patients to be young married men working either as labourers or farmers in the rural areas of Punjab. Their findings reveal most patients to be male (100%), married (76%), residing in rural areas (85.5%), and working as farmers (42.5%).¹⁴ Whilst most of the patients were perhaps too old to be considered youth, the problem of drug

⁹ Ministry of Youth Affairs and Sports, 2011, *Awareness and Education for Prevention of Drug Abuse & Alcoholism in Punjab*, New Delhi: Nehru Yuva Kendra Sangathan, p.3.

¹⁰ See Appendix.

¹¹ Dummett, M, 2010, Punjab’s drugs epidemic, *BBC News* [online]. Available from World Wide Web: <<http://www.bbc.co.uk/news/world-south-asia-11925617>>.

¹² Ibid.

¹³ Yardley, J, above n 6.

¹⁴ Kalra, I, and Bansal, P D, 2012, Sociodemographic Profile and Pattern of Drug abuse among Patients Presenting to a Deaddiction Centre in rural area of Punjab, *Delhi Psychiatry Journal*, **15** (2), p.328.

addiction itself can nevertheless be framed as a youth problem. This is because it marks the time around when men are most vulnerable to addiction and most likely to begin taking to drugs. The study found that the average age of patients at the time they began substance abuse was 25 years of age.¹⁵

Singh, Gupta and Jindal's (2000) study similarly finds a large demographic of drug users in Punjab coming from the agricultural sector. In addition, it reveals the abnormally large scale in which drug addiction is occurring. In interviewing 289 female attendees at the Annual Farmers Fair (*Kisan Mela*) in Ludhiana, March, 2000, they found that "about half of the respondents were of the opinion that fifty per cent, or more, of male adult inhabitants in their native villages were addicted to one or more than one type of drugs".¹⁶

Punjab as an Exceptional Case of Drug Addiction

The demographic of drug addicts in Punjab represents an anomaly when framed within the wider context of drug abuse in India. Upon comparison with the data from other parts of the country, it becomes clear that the situation in Punjab represents an extreme in terms of the extent of drug addiction as well as an exception in terms of its character. Starting with the extreme nature of the problem, those residing in Punjab are far more likely to be drug addicts than those from most other states in India. For example, the types of drugs that are most popular vary greatly from region to region. A 2004 United Nations Office on Drugs and Crime (UNODC) report detected high levels of alcohol abuse in the northeast states of Nagaland, Arunachal Pradesh and Himachal Pradesh, whereas Manipur, Bihar and Orissa topped the list when it came to cannabis abuse. The extent of drug abuse in Punjab, by comparison, is evident from the fact that for two of India's most popular drugs, Punjab tops the list. The UN report, based on data from 203 drug treatment centres across India (collected during March 2000 to November 2001), singled out Punjab as the state with the highest levels of abuse of opium as well as propoxyphene, a commonly injected drug. Specifically, it stated that "the highest number of opium users was reported from Punjab (around 56%) followed by Rajasthan (around 11%) and Haryana (around 6%)". It also mentioned that "the use of propoxyphene was restricted to Punjab and the two north eastern states namely Nagaland and Mizoram".¹⁷ While the sample of the report was non-random and therefore cannot be generalised for the entire population, it certainly gives an indication of the type, as well as the extent, of drug use in Punjab.

Perhaps more interesting, and possibly helpful in terms of explaining Punjab's abnormally high levels of drug addiction, are the characteristics of Punjab's core demographic of drug users which differ greatly from most other Indian drug addicts. A comparison with the rest of

¹⁵ Ibid.

¹⁶ Singh, S, Gupta, A K and Jindal, B R, 2000, *Menace of Drug abuse in Punjab: An Opinion Survey*, Ludhiana: Department of Economics & Sociology, Punjab Agricultural University, p.1.

¹⁷ United Nations Office on Drugs and Crime, Regional Office for South Asia, 2004, *National Survey on Extent, Pattern and Trends of Drug Abuse in India*, New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia, pp.32-33.

India will reveal the exceptional nature of the drug phenomenon in Punjab. The report found that, nationwide, users of cannabis “were generally from a rural background” whereas people from an urban background were more likely to report “injecting drug use (IDU) and needle sharing”.¹⁸ In this case, Punjab represents an anomaly given that IDU is one of the most popular forms of drug abuse among the state’s rural population. According to a 2012 UNODC report, “the IDU phenomenon exists in many smaller towns and even villages of Punjab”.¹⁹ In addition to the rural/urban distribution of drug use, the class demographic of Punjab’s drug abusers presents another exception. Drug use on a national level is most noticeable “among the working poor”²⁰ whereas in Punjab, “the problem is prevalent in middle-class enclaves”.²¹

The ‘Rural’ Element of the Problem

One of the unique aspects of Punjab’s drug addiction problem which provides the starting point for this paper is the extent to which it occurs predominantly in the rural context. The extremely skewed distribution of drug users in Punjab across the rural/urban divide becomes especially significant when compared to the distribution of drug users across India. At the national level, the 2004 UNODC report found, based on a sample, that “31,159 (76.6%) were from a rural background and the remaining 9,538 (23.4%) were from an urban background”.²² This is much in line with the distribution of India’s total population between rural areas (“68.84%”) and urban areas (“31.16%”²³). However, while the distributions of Punjab’s general population and drug user population are both heavier in rural areas, the difference between the former and latter is staggering, unlike at the national level where the two distributions fit relatively closely. The argument that a heavy concentration of drug abusers in rural areas is simply a matter of numbers and a result of “the majority of the population residing in the rural areas”²⁴ could be posed for India as a whole, yet it cannot be applied with equal confidence to the case of Punjab.

Punjab’s population is distributed somewhat more heavily in urban areas than India’s total population, with a 62.5% rural population and a 37.5% urban population, according to the 2011 census.²⁵ In fact, “Punjab is one of the most highly urbanized states in India”,²⁶ yet its population of drug abusers is one of the most-rural compared to those in other Indian states.

¹⁸ Ibid, p.35.

¹⁹ Ambekar, A, above n 7, p.9.

²⁰ DARA, 2011, Drug Addiction in India, *DARA (Drug & Alcohol Rehab Asia)* [online]. Available from World Wide Web: <<http://alcoholrehab.com/alcohol-rehab/drug-addiction-in-india/>>.

²¹ Yardley, J, above n 6

²² United Nations Office on Drugs and Crime, Regional Office for South Asia, above n 18, p.23.

²³ Chandramouli, C, 2011, *Census of India 2011 – Rural Urban Distribution of Population*, New Delhi: Ministry of Home Affairs, p.5.

²⁴ Mohan, D, Sundaram, K R, and Sharma, H K, 1986, A study of drug abuse in rural areas of Punjab (India), *Drug and Alcohol Dependence*, **17** (1), p.57.

²⁵ Chandramouli, C, 2011, *Census of India 2011 (Provisional Population Totals): Punjab Profile*, New Delhi: Ministry of Home Affairs, p.1.

²⁶ Kaminsky, A D and Long, R D, 2011, *India Today: An Encyclopedia of Life in the Republic, Volume 1*, Santa Barbara: ABC-CLIO, p.574.

Equally significant is the fact that Punjab's population of drug abusers is much more rural than its general population. While it is not representative, Kalra and Bansal's study (2012) on a drug de-addiction centre in Punjab found far more rural drug abusers (85.5%) than urban ones (15.5%) in Punjab. Both the extremely skewed distribution between Punjab's rural and urban drug users, and the disturbingly large number of addicts within rural Punjab suggest that the state's rural economy and socio-cultural factors specific to the rural community may help explain the state's drug phenomenon.

Punjab's Agricultural Economy

Traditionally, Punjab has been popularly known as the 'bread basket of India', indicating high levels of productivity and growth in agriculture. Such a title seemed fitting until "the late 1980s" when even though "the per capita income remained among the highest in the country, the *growth* in agriculture in Punjab levelled off".²⁷ Among other factors, the use of fertilizer "at levels exceeding the recommended amounts" led to "increasing stress on natural resources".²⁸ Tactics such as these which were responsible for the high rates of growth in Punjab's agriculture sector during the 1970s and 1980s led to what is now an unsustainable farming culture. As a result, the "income of the farmers in Punjab has stagnated due to stagnation in the productivity of rice, significant fall in the productivity of cotton, rise in fixed cost and increase in the inputs use and their prices".²⁹ According to Sidhu and Bhallar, "technology has shown the signs of fatigue, the income growth has slowed down and employment has shrunk".³⁰ Singh, Singh and Brar (2003) similarly argue that Punjab's "highly seasonally characterised and mechanised development process of agriculture has led to the considerable decline of the labour-absorption capacity of this sector".³¹

In addition to the over-mechanisation of the agricultural sector, the "huge influx" of "cheap migrant labour"³² into Punjab, both during and after the Green Revolution, has contributed to the inability of Punjab's farms to provide suitable employment for local youth. The Green Revolution in Punjab, which started in 1966 with the introduction of high-yielding varieties of wheat, "brought about a substantial increase in farm employment".³³ This created additional demand for labour which was "largely met by migrant labourers from Rajasthan

²⁷ Chaturvedi, R, 2010, Review of 'Pritam Singh, 2008, Federalism, Nationalism and Development: India and the Punjab Economy', *Journal of South Asian Development*, **5** (1), p.171.

²⁸ Gulati, A, 2007, Withering Punjab Agriculture: Can It Regain Its Leadership? *International Food Policy Research Institute New Delhi* [online]. Available from World Wide Web <http://pdf.usaid.gov/pdf_docs/PNADK223.pdf>.

²⁹ Sidhu, R S and Bhallar, R S, 2004, Changing Structure of the Farm Economy in Punjab: Impact of Livestock on Income and Employment, *International Journal of Agricultural Economics*, **59** (3), p.580.

³⁰ Ibid, p.578.

³¹ Singh, B, Singh, S and Singh, J, 2003, Extent of Unemployment in the Border Districts of Punjab: A Case Study of Rural Ferozepur District, *Centre for Research in Economic Change* [online]. Available from World Wide Web <http://planningcommission.nic.in/reports/sereport/ser/stdy_unempnjb.pdf>.

³² Singh, G, 2002, Review of 'Himmat Singh, 2001, Green Revolutions Reconsidered: The Rural World of Contemporary Punjab', *Indian Journal of Agricultural Economics*, **57** (2), p.276.

³³ Sharma, R K, 1974, Green Revolution & Farm Employment: An Analysis of Experience in the Punjab, *Indian Journal of Industrial Relations*, **9** (3), p.419.

and Uttar Pradesh”.³⁴ With an already prominent presence in the state’s agricultural scene during the 1970s and 1980s, migrant labourers came to dominate farming jobs during the 1990s. It was during this period that the “massive attack of American bollworm” led many farmers to leave cotton cultivation and “forcefully adopt paddy cultivation”.³⁵ Until then, many of them were employing local labourers for cotton cultivation, yet local labourers were “not well equipped with paddy cultivation”.³⁶ Consequently, during the switch-over from cotton to paddy, “many farmers started employing migrant labourers from the states of Uttar Pradesh and Bihar”.³⁷

In spite of slow growth rates, Punjab is still, in many ways, reaping the benefits of its former economic glory. The state has one of the lowest poverty rates in India – with a total poverty headcount ratio of 15.9 per cent in 2009-10, Punjab is far closer to resembling Himachal Pradesh (its poverty headcount ratio of 9.5 per cent is the lowest in India) than Bihar (the poorest state in the country with a ratio of 53.5 per cent).³⁸ Based on the most popular demographic of drug abusers in the state (middle and upper-middle class rural youth), it can be argued that the practice of extreme drug abuse emerges out of tension created by the combination of a relatively wealthy and aspiring rural population with a slowing agricultural economy.

Unemployment and Aspiration

Punjab has faced a slowdown in agricultural productivity, a mismatch between educational qualifications of high school graduates and the skills required as an agricultural labourer, a “demand for migrant labourers instead of local labourers”³⁹ and stagnating incomes in the sector. All these have meant that farm jobs are no longer an attractive option for Punjab’s growing mass of increasingly educated rural youth. What has made matters worse is the fact that “higher education expanded in Punjab”⁴⁰ during this process of decline, creating a wider gap between the availability of labour and actual employment opportunities in the rural sector. However, with many more youths completing education till matriculation level (10th standard), they are “no longer interested in tilling the land or going back to the old ways of their fathers”.⁴¹ As a result of aspiration and expectation, “educated rural youth do not find farming profitable enough”.⁴² The problem is that they find “no other jobs to absorb them”.⁴³

³⁴ Ibid, pp.419-420.

³⁵ Dutta, S, 2012, Green Revolution Revisited: The Contemporary Agrarian Situation in Punjab, India, *Social Change*, **42** (2), p.237.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ministry of Finance, 2013, *Economic Survey 2012-13*, New Delhi: Ministry of Finance, pp.276-277.

³⁹ Dutta, S, above n 36, p.238.

⁴⁰ Ibid.

⁴¹ Manish, S, 2012, What hit this land of plenty? *Tehelka* [online]. Available from World Wide Web: <http://archive.tehelka.com/story_main52.asp?filename=Ne140412WHAT.asp>.

⁴² Singh, S, 2005, *Political Economy of Contract Farming in India*, Mumbai: Allied Publishers, p.35.

⁴³ Manish, S, above n 42.

This is due to a variety of reasons. One is the “poor quality of education in Punjab” that makes “graduates incapable of making the cut for the few high-skill jobs that are available”.⁴⁴ At the same time, they are also unsuited to the low-skill industrial jobs for which urban people are preferred “as they are more tuned to industrial or corporate work culture”.⁴⁵ Another factor is that “almost all (95 per cent) the unemployed want jobs within Punjab”,⁴⁶ yet for those seeking non-farm jobs, very few are available due to the process of deindustrialisation that is happening in the state. For example, “there were 127 textile processing units in Amritsar in 1990. There are now only 20”.⁴⁷

Unemployment of Punjab’s educated rural youth has left them with little to do – indulging in drugs possibly provides a way to while away the time. But time alone fails to explain the inclination towards drugs. In other parts of India, unemployment has led many young men to engage in politics, extorting money or ‘timepass’ – a term indicating their sense of aimlessness and dislocation as they while away the time by “wandering, chatting to friends, going to the tea stall”,⁴⁸ etc. In the case of Punjab, however, it is the reaction to unemployment of those who enjoy a fair degree of prosperity in both financial and cultural terms that may be the influencing factor. When met with the issue of unemployment, this produces, in some cases, an outcome of confusion and even depression.

J P S Bhatia suggests that “the prosperity Punjab is renowned for (at least prior to the recent economic sluggishness) may be part of the problem”⁴⁹ of the state’s spiralling levels of drug addiction. In addition to the state’s former status as an economic powerhouse, the widespread practice of family members migrating abroad helps to explain the culture of prosperity. In Punjab, there is an “influx of young men moving to the city to gain the language and vocational training they need to migrate abroad”.⁵⁰ Many go to Canada, Australia, England or the United States, after which they “remit money home, helping retain and improve the family’s fortune”⁵¹ and “invest in the region’s economy”.⁵² Prosperity therefore not only features financially in the individual lives of rural Punjabi youth, but also pervades the overall economy, culture and lifestyle of the state, thus fuelling aspirations and expectations. As “the tide of rising expectations” created by the accumulation of wealth and economic confidence within the state “has not been met by either rising skills or opportunities”, the “hit of smack or injection of Avil, or sip of cough syrup offers a way out of a morass of ennui and frustration.”⁵³ Unemployment has a clear part to play in driving Punjab’s youth to experiment

⁴⁴ Ibid.

⁴⁵ Singh, S, 2000, Crisis in Punjab Agriculture, *Economic and Political Weekly*, **35** (23), p.1891.

⁴⁶ Ibid.

⁴⁷ Simha, V, 2010, Punjab: Rich & Ruined – The Poverty of Plenty, *Tehelka* [online]. Available from World Wide Web: <http://archive.tehelka.com/story_main47.asp?filename=Ne021010Cover_story.asp>.

⁴⁸ Jeffrey, C and Young, S, 2012, Waiting for change: youth, caste and politics in India, *Economy and Society*, **41** (4), p.645.

⁴⁹ Ghosh, P, 2013, India’s Punjab State Engulfed In Drug Epidemic, *International Business Times* [online]. Available from World Wide Web: <<http://www.ibtimes.com/indias-punjab-state-engulfed-drug-epidemic-996678>>.

⁵⁰ Chopra, R, 2010, *Militant and Migrant: The Politics and Social History of Punjab*, London: Routledge, p.55.

⁵¹ Ibid.

⁵² Gill, H S, 2012, *Becoming Men in a Modern City*, Ann Arbor: ProQuest, p.49.

⁵³ Chaudhry, L, above n 11.

with drugs. How exactly it does so, however, is more complex – it seems that there are different routes through which unemployed youth move towards drug abuse.

There are two main types of responses by young unemployed Punjabi drug addicts that are depicted in the literature, though it is probably the case that the lines dividing them are far more blurred than would seem to be the case. One set of responses are from those driven to addiction by unemployment and frustrated economic expectations. According to sociologist Ravinder Singh Sandhu, “Punjabis are very aspirational people, and when their aspirations are not fulfilled, then they are depressed”.⁵⁴ The other set of responses come from users like a 23-year-old engineering student who seems less affected by the lack of opportunities and instead sees drugs as a way to overcome boredom that comes with not having to work. His drug use appears not to be driven by desperation or depression as he says “I have my entire life to live on the farm so it's all right for me to have a little bit of fun”.⁵⁵

Based on these differing narratives that emerge from the literature, several hypotheses can be conceived to explain the link between unemployment and drug abuse in the state. In some cases, it may be that unemployment, for rural Punjabi youth, results in great frustration as their strong aspirations (shaped by the culture of economic security and prosperity in which they have grown up) are unfulfilled. Arguably this leads them to turn towards drugs. According to a study conducted jointly by Ludhiana-based organisations Guru Gobind Singh Study Circle and *Aas Kiran* on 192 drug addicts at *Aas Kiran* De-addiction Centre, “about three fourth respondents belonged to the age group of 15-35 years”, out of which the majority “were hooked to this deadly habit during 21-25 years of age.”⁵⁶ This is precisely the age period when many youths graduate from high school and university, and in the case of Punjab, find themselves facing unemployment. This is evident from a 2002 study on unemployment in Amritsar District, Punjab, which found that “fresh matriculates are the single largest category of unemployed”.⁵⁷ The possible outcomes of frustration and depression resulting from unemployment may be a factor leading to the high levels of drug abuse among Punjab’s educated youth.

For others, the desire for drugs in the context of unemployment may simply be a case of boredom rather than anxiety. Their financial security may lead them to develop a sense of comfort instead of aspiration. As a result, instead of being pushed to look for alternative sources of income such as crime (as has happened to less-financially-secure youth in other parts of India who face unemployment), unemployment merely leaves them in a position where they can sustain themselves without having to work. Unemployment has driven

⁵⁴ Denyer, S, 2013, Drug epidemic grips India’s Punjab state, *The Washington Post* [online]. Available from World Wide Web: <http://articles.washingtonpost.com/2013-01-01/world/36323657_1_afghan-heroin-golden-crescent-pharmaceutical-drugs>.

⁵⁵ Sra, G, 2010, Punjab: Substance state. *India Today* [online]. Available from World Wide Web: <<http://indiatoday.intoday.in/story/punjab-substance-state/1/124458.html>>.

⁵⁶ Drug abuse on the rise in Punjab, *The Times of India* [online]. Available on World Wide Web: <http://articles.timesofindia.indiatimes.com/2002-07-25/chandigarh/27306124_1_drug-addicts-drug-abuse-illegal-drugs>.

⁵⁷ Ramachandran, H, 2002, *Extent of Unemployment in the Border Districts of Punjab: A Study of Amritsar District*, New Delhi: Institute of Applied Manpower Research, p.iii.

working class and lower-middle class youth across India to engage in activities such as timepass, politics, extortion, and continuing to study for further degrees. The sons and daughters of farmers in Punjab, on the other hand, live a relatively comfortable life from a financial point of view as “farmers’ incomes in Punjab are higher than in other states”.⁵⁸ They are therefore much more able, even when unemployed, to afford indulging in drugs on a daily basis. In addition to this, their free time as a result of unemployment not only enables but in some cases even causes their drug abuse – their free time may turn into boredom which they seek to counter through drugs.

In both these situations, drugs can be considered an attractive option. In the former, where prosperity leads to expectations of employment, it may be that the biological effects of drugs allow those facing stress and frustration, due to unemployment, to experience a temporary ‘high’ which absolves them of their worries. In the latter, it might be because the nature of drug abuse is such that the process itself is a non-strenuous and stationary activity compared to the physically and emotionally demanding practices of extortion or politics. Connected to the idea of prosperity is the sense of privilege and entitlement that stems from economic security. The incentives for unemployed yet affluent youth to use drugs rather than actively search for employment are evident from the fact that “they are not labourers who don't have to worry about getting up in the mornings. They can sit at home taking heroin, while someone else does their work”.⁵⁹

It is likely that in most cases the situation is more complex. The two experiences described above are by no means mutually exclusive. It is highly possible that most cases are ‘mixed’ whereby frustration, boredom and laziness are all experienced simultaneously. Some would be frustrated by their boredom while others may only outwardly experience boredom, yet have deep-seated feelings of frustration that unconsciously drive them towards drugs. Some may also be depressed by their inability to gain employment they aspire for and yet choose to remain unemployed by refusing to take up the jobs they feel overqualified for: this may result in boredom. The mix of conflicting emotions that has likely led unemployed youth to drug abuse is evident from Singh’s study (2010) of Punjabi male drug abusers between the ages of 20 and 25, in which most respondents cited that “many factors acted collectively for the continuation of drug abuse”,⁶⁰ rather than just one factor.

Masculinity and Consumption

In addition to youth unemployment, several other Punjab-specific factors such as practices of consumption and the Punjabi sense of masculinity may help explain the growing phenomenon of drug abuse in the state. According to Kalra and Bansal, the most popular reason for drug abuse given by abusers was “to enhance sexual performance. These people

⁵⁸ Gulati, A, above n 29.

⁵⁹ Ghosh, P, above n 50.

⁶⁰ Singh, A, 2010, Drug Abuse among Rural Youth: A Sociological Study of Punjab, *Research Analysis and Evaluation*, 1 (9), p.17.

had started taking opioids to enhance sexual performance as per the popular belief among them”.⁶¹ The notions of strength, endurance and performance contained within this desire link closely to the traditional forms of Punjab masculinity. This suggests that drug abuse is, at least in part, practised for both the display of, and the consequent realisation of, masculine identity.

The centrality of strength within ideas of Punjabi masculinity is evident from how the male body is seen as the main site of masculine identity. In particular, the male body’s physicality is a defining feature of Punjabi masculinity in that it is shaped, culturally and physically, by the intensive labour typically practised in Punjab’s agricultural landscape. Chopra (2004) argues that the body of the Punjabi farmer and the markers of physical work on the body signify a specific middle class Jat farmer and landowner masculinity, one where men are produced through the act of farming and the cultivation of land.⁶² The desire to enhance the capability of the body through drugs, be it for strength or for sexual performance (though both purposes are arguably perceived as connected, influencing each other), indicates the influence of masculinity as a factor in drug addiction. Further reinforcing this influence is the fact that the specific type of Punjabi male who most closely fits this model of masculinity – the middle class farmer or farmer’s son – is the one who is most susceptible to drug abuse.

The desire to enhance sexual prowess, a highly ‘macho’ form of behaviour, is frequently cited by drug abusers. This conveys the link between masculinity and drug addiction in Punjab. However, other aspects of Punjab’s “macho culture”, such as the fact that it is “very prone to consumerism”,⁶³ also make Punjabi men especially vulnerable to drug addiction. The culture of consumption is visible in the day-to-day lives of rural Punjabis. Goyal and Kaur have observed “increasing consumerism among the nouveau rich middle class in rural areas”⁶⁴ of Punjab. The everyday practices of consumption have arguably influenced the way that drugs are perceived – as something to be consumed rather than avoided. According to sociologist Akhila Verma, in Punjab, “drugs are deemed acceptable to a certain extent; poppy husk and afeem are seen as a common way of recreation in villages and every boy is encouraged to drink”.⁶⁵ The acceptability of these drugs has undoubtedly had a spill-over effect, influencing the rising popularity of “synthetics such as lomotil, painkillers and morphines”⁶⁶ that are at the centre of the epidemic.

The extent of Punjab’s (largely male) drug problem, in comparison to the rest of India, can be linked to the fact that Sikh males are outperformed by Sikh females and males from other religious groups when it comes to university attendance. According to a study by Raju (2005)

⁶¹ Kalra, I and Bansal, P D, above n 15: p.330.

⁶² Chopra, R, 2004, Encountering Masculinity: An Ethnographer’s Dilemma, in Chopra, R, Osella, C and Osella, F, *South Asian Masculinities: Context of Change, Sites of Continuity*, New Delhi: Women Unlimited, pp.44-47.

⁶³ Ghosh, P, above n 50.

⁶⁴ Goyal, P and Kaur, N, 2009, *Human Resource Management Practices In Selected Organised Rural Retail Outlets in Punjab*, Ludhiana: Punjab Agricultural University, p.3.

⁶⁵ Sra, G, above n 56.

⁶⁶ Ibid.

on 18-23 year olds in higher education, Sikhs are the only religious group in India (apart from Christians whose women outnumber men in higher education though only marginally) where women have a higher gross enrolment ratio (GER) in higher education compared to men. With the difference in the number of enrolments between Sikh men and women amounting to almost fifty per cent (Sikh women have a ratio of 14.99 while Sikh men have a ratio of 10.77), Sikhs greatly deviate from India's total population where men (14.42) strongly outnumber women (10.57) in higher education.⁶⁷ While the study does not address the state of Punjab directly, it is nevertheless relevant in the case of Punjab's university students, most of whom would be Sikh given that the majority of India's Sikhs reside in Punjab (a Sikh-majority state as "more than 60 percent of the population is Sikh"⁶⁸). Moreover, given that Punjab is one of the less progressive states in India when it comes to matters of gender equality and female empowerment, it is much more likely that the statistics are a sign of less Sikh men going to university than other Indian men, rather than a sign of Sikh women outperforming other Indian women in university enrolment.

Therefore, from the study's findings, it can be argued that there is clearly a problem affecting the ability of young men in Punjab to participate in higher education in ways that other men across the country are able to. It is likely that the popularity of drug abuse among Punjab's young men and its consequent effect on their lifestyle interferes with their ability to enrol and regularly attend college. Furthermore, the patriarchal culture of the state perhaps means that young men are given a greater degree of freedom to control their own lives. They would have a greater ability to make decisions independently of their parents and engage in activities such as drug abuse without their parent's knowledge. The higher participation rate of their female counterparts in higher education, on the other hand, may be due to the fact that they are more closely regulated by, and more pressured to obey the wishes of, their families.

Both the frequency with which the average drug abuser in rural Punjab experiments with drugs and the way that drugs are accessed suggest that the state's drug addiction problem is very much about the process of consumption. There are elements of both financial and cultural consumption at play. According to Akhila Verma, the younger generation's "access to money" and its exposure to "different cultures through the Internet and television" have led to its obsession "with the idea of a global lifestyle".⁶⁹ The consumption of global media has possibly influenced the young persons' desire to purchase synthetic drugs from medical stores. Moreover, their financial capital has provided them with the means to do so frequently, even daily or several times a day. This becomes especially important when considering the expenses required for constantly purchasing such drugs, evident from the "thousands of chemists and pharmacies that sell pills at two to three times the official price without prescription".⁷⁰

⁶⁷ Raju, S, 2005, Gender Differentials in Access to Higher Education, in Thorat, S, *Higher Education in India: Issues Related to Expansion, Inclusiveness, Quality and Finance*, New Delhi: University Grants Commission, p.90.

⁶⁸ Kaminsky, A D and Long, R D, above n 27, p.574.

⁶⁹ Ibid.

⁷⁰ Simha, V, above n 48.

It is therefore, not surprising that these kinds of drugs, in keeping with the image of a more global and consumerist lifestyle, are “beating alcohol and poppy husk”,⁷¹ as found in a study of Punjab conducted by the Institute for Development Communication (IDC). The popularity of these drugs is further evident from a 2011 UNODC Report which found that Punjab has been “negatively impacted by pharmaceutical and injecting drug use”, with the “use of buprenorphine and pentazocine and a variety of sedatives”⁷² becoming increasingly common. From observing the origins of these drugs, it becomes clear that the problem of drug addiction in Punjab cannot be explained solely by geography. The state’s proximity to Pakistan and Afghanistan (where it is suspected many of the drugs that are smuggled into India come from) is apparently not as influential a factor as it would seem to appear. According to Kunal Kishore of the UN Office on Drugs and Crime, “the bulk of the injectable pharmaceuticals are being produced illicitly in India”.⁷³ The visibility of injectable drugs in the state, available over the counter in pharmacies, rather than only underground, has increased both the access to and the acceptability of drugs, leading to its growing usage among youth. One of the major parts of this puzzle is the question of where the pharmacies are obtaining these drugs from, as there appears to be little information in the literature on the drug supply chain. What this does indicate, however, is that there needs to be further exploration of the major loopholes in the law and the pharmaceutical industry that are allowing injectable drugs to be illicitly obtained and sold on such a wide scale.

Conclusion

This paper has attempted to portray the state of Punjab in India as an extreme and exceptional case of drug addiction. In unpacking the extremities and exceptionalities of the problem, what this paper has specifically aimed to do is to provide an explanation of why it has acquired the scale and character that it has. This has been done by hypothesising connections between the characteristics of drug addiction in Punjab, many of which are seen to be ‘exceptional’, and the socioeconomic factors that have potentially influenced the state’s growing problem.

The unique aspects of drug addiction in rural Punjab explored in this paper include the demographic of users (most of whom are relatively affluent, unlike the majority of drug addicts in India, as well as far more rural), the kinds of drugs being used (such as injectable drugs which are more commonly associated with urban contexts), and the extreme extent to which it has occurred, not only in terms of the number of addicts but also in terms of the intensity of the addiction. The contextual factors identified, on the other hand, include conceptions of Punjabi masculinity, the declining growth rates of Punjab’s rural economy, the influx of migrants, the impact of unemployment on educated rural youth, and the culture of aspiration and expectation that has traditionally been associated with the Punjabi community.

⁷¹ Sra, G, above n 56.

⁷² United Nations Office on Drugs and Crime, Regional Office for South Asia, 2011, *Misuse of Prescription Drugs: a South Asia Perspective*, New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia, p.8.

⁷³ Denyer, S, above n 55.

The failure of Punjab's industrial sector to effectively absorb the increasing number of matriculate-level and college-educated graduates from rural areas, and the "cultural attributes that inhibit educated youth from taking up certain kinds of employment",⁷⁴ especially in the agricultural sector, have arguably influenced the rising drug use among educated yet unemployed rural youth. Yet this alone does not explain why drug abuse is so much more prevalent in Punjab than in other states that are similarly impacted by unemployment. Rather, it may be the clash between unemployment and the culture of aspiration that exists among the many affluent young men in rural Punjab who are at the centre of the problem. The class background of these users is unique to drug abuse on such a large scale; their particular experience with unemployment – which may be extreme in that it could be depression (due to ruined expectations), or complete indifference (due to their ability to sustain their lifestyle without working), or more likely a mixture of both – has generated an equally extreme response – drug abuse, thereby increasing the extent of the problem.

Another feature of the Punjab problem that is unique to drug abuse in rural areas is the popularity of injectable pharmaceuticals. According to *Tehelka*, "the epidemic of young people in the state injecting drugs like Coaxil directly into their bodies has hardly any parallel elsewhere in the country. Not even in Manipur, the other Indian state ravaged by addiction".⁷⁵ These drugs have increased the extent of the problem through their easy availability. Similarly influencing the extent of drug abuse in Punjab is the culture of masculinity and consumption deeply embedded in the social fabric of the state. It is no secret that Punjab has had a long "history of drug use".⁷⁶ However, the interaction between the fast-changing economic circumstances and the deep-rooted cultures of consumption and masculinity has made Punjab the perfect setting for addiction to spiral out of control. It therefore becomes clear that not only do factors such as unemployment and masculinity influence both the exceptional and extreme nature of drug abuse in the state but the exceptional aspects of Punjab's drug abuse, including the types of drugs and the demographic of users, also play a part in furthering the extent of the drug problem.

Drug abuse in the state has led to serious health consequences such as death and the spread of AIDS. While the use of injectable pharmaceuticals has made drug users especially susceptible to contracting HIV, the scale in which drug abuse has occurred has made the spread of AIDS a growing reality in Punjab. For example, "of the 65 AIDS deaths reported from Patti tehsil in Amritsar during the past few years, at least 50 per cent of the victims were suspected to be drug addicts. It was the frequent use of the same needle for injecting drugs that led to the spread of the fatal disease".⁷⁷ Whilst drug treatment centres "have proliferated across the state",⁷⁸ these are reactive measures rather than preventive ones. Many of them only come into action far too late in the process of addiction when the patient has already

⁷⁴ Ramachandran, H, above n 58, p.8.

⁷⁵ Manish, S, above n 42.

⁷⁶ Denyer, S, above n 55.

⁷⁷ Kaur, R and Gulati, J K, 2007, *Drug Abuse: Trends and Issues*, Ludhiana: Punjab Agricultural University, p.393.

⁷⁸ Yardley, J, above n 6.

done so much damage to himself that he requires professional help. More action needs to be taken to prevent drug addiction from occurring in the first place. The frightening possibility of an entire generation in Punjab being lost to drugs, whether it is through AIDS or drug overdose, signifies an urgency required for recognising the problem's socio-economic dimensions and tackling it through preventive measures.

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Appendix

Population distribution across age groups in absolute numbers⁷⁹

Punjab	Source	Age Groups						Total
		5 to 9 years	10 to 19 years	20 to 35 years	35 to 49 years	50 to 59 years	60 years & above	
	Census (2001)	2,657,368	5,387,703	6,053,927	4,332,878	1,512,790	2,285,595	22,230,261

⁷⁹ Census 2011.