

Beyond Enforcement: A Comparative Critical Review of Anti-Drug Policies in Punjab, Jammu and Kashmir, Arunachal Pradesh and Manipur

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Abstract

Anti-drug campaigns in India are often described as a “war on drugs”, but the phrase hides important differences in drug markets, public services and local livelihoods. This article compares Punjab, Jammu and Kashmir, Arunachal Pradesh and Manipur through a qualitative review of published sources, supplemented by original field evidence from selected villages of Kangpokpi District in Manipur collected during ICSSR-supported postdoctoral research. It examines enforcement, prevention, treatment and livelihood alternatives. The four cases reveal different challenges: trafficking and opioid dependence in Punjab; the intersection of security and health in Jammu and Kashmir; gaps between policy commitments and services in Arunachal Pradesh; and the relationship between eradication, livelihood insecurity and limited rehabilitation services in Manipur. Field accounts from Saikul suggest that agricultural outreach can coexist with continued economic reliance on poppy cultivation, while community-run rehabilitation facilities help fill gaps in public provision. These findings do not represent all of Manipur or provide a direct measure of policy impact. The article argues that arrests, seizures and crop destruction are insufficient indicators of success; sustained progress also requires accessible treatment, viable livelihoods and accountable local governance.

Keywords: War on Drugs; Drug Policy; Punjab; Jammu and Kashmir; Arunachal Pradesh; Manipur; Harm reduction; Alternative livelihoods

1. Introduction

The expression “war on drugs” conveys urgency but often compresses distinct problems—illicit cultivation, trafficking, dependence and organised crime—into a single security narrative. Punjab and Jammu and Kashmir occupy northwestern routes associated with trafficking across the Pakistan border, while

Arunachal Pradesh and Manipur share an international boundary with Myanmar and are affected by drug markets linked to the wider Golden Triangle. Geography matters, but it does not determine either the prevalence of drug use or the effectiveness of policy. These outcomes also depend on local markets, livelihoods, public services and the capacity of institutions.

The question guiding this article is: how do the priorities and limitations of anti-drug campaigns differ across four Indian border regions, and what does this variation imply for effective governance? Unlike a state-by-state catalogue of incidents, the analysis compares the same dimensions in each case: the structure of the drug problem, principal policy instruments, implementation constraints and plausible policy implications. The argument is that a common enforcement-led vocabulary masks different policy problems and therefore requires differentiated responses.

2. Method and analytical framework

This article combines a qualitative comparative review of secondary literature, policy material and published commentary for four states with selected original field findings from Manipur. The Manipur material comes from the author's ICSSR postdoctoral research, including questionnaire responses, field observations, telephone interviews and local-informant accounts in Saikul Sub-Division and other villages of Kangpokpi District. The field material was organised thematically around livelihoods, governance, drug use, campaign perceptions and rehabilitation services. Its purpose here is to illustrate mechanisms and local experiences, not to estimate district-wide prevalence or measure the causal impact of the campaign. Field accounts, administrative information reported to the researcher and independently verified facts are distinguished wherever possible. Because no comparable primary fieldwork was undertaken in the other three cases, the comparison remains principally documentary and is not a balanced four-state field study.

Four analytical dimensions organise the comparison. Supply reduction comprises border interdiction, arrests, seizures and crop eradication. Demand reduction includes prevention, education and treatment. Harm reduction concerns measures that mitigate health and social consequences of drug use, including evidence-informed care and referral. Socioeconomic substitution concerns whether cultivators can move to viable legal livelihoods. These dimensions are assessed against a basic distinction between outputs (arrests, hectares destroyed, campaigns conducted) and outcomes (sustained reductions in problematic use, trafficking harms and livelihood vulnerability). Because the

reviewed sources use different dates, geographies and definitions, their figures are not treated as directly comparable.

3. National and international policy context

India's Narcotic Drugs and Psychotropic Substances Act, 1985 provides the principal criminal-law framework for drug control. National initiatives such as *Nasha Mukht Bharat Abhiyaan* have also emphasised awareness and community mobilisation. Yet criminal enforcement and health services pursue different immediate objectives: the former seeks to disrupt prohibited activity, while the latter seeks to reduce dependence, illness and social harm. An effective policy requires coordination without assuming that more arrests necessarily produce improved health outcomes.

International debate likewise questions the adequacy of punitive measures alone. Gill (2024), discussing Colombia, highlights calls to reconsider prohibition-centred strategies. That discussion offers a cautionary comparison, not proof that all enforcement is futile or that Latin American experience can be transferred directly to India. The relevant lesson is methodological: policy success must be assessed using demonstrable social and health outcomes rather than the scale of coercive activity.

4. Comparative state analysis

4.1 Punjab: trafficking networks and opioid dependence

Punjab illustrates a drug economy in which trafficking and consumption are central concerns. Deep (2022) describes heroin and other opioids, cross-border supply networks and the role of local intermediaries. The proximity of the Pakistan border makes interdiction important, but border seizures address only one stage of a wider distribution chain. Drug availability also reflects internal networks, demand and the capacity of enforcement agencies to investigate higher-level organisers.

The policy dilemma is therefore not simply whether to increase policing. An exclusively interdiction-based strategy risks treating visible couriers and people who use drugs as proxies for the whole market. Punjab requires coordinated investigation of trafficking networks alongside accessible opioid-dependence treatment, overdose prevention, aftercare and community-based prevention. Claims about the scale of dependence should be grounded in survey definitions and dates; the 2015 Punjab Opioid Dependence Survey cited by Deep cannot, by itself, establish current prevalence or a trend through 2026.

4.2 Jammu and Kashmir: security framing and treatment needs

In Jammu and Kashmir, drug trafficking is frequently discussed through a security lens. Wani (2023) links the concern to cross-border smuggling and alleged financing of militancy, while also identifying unemployment, social disruption and weakened community support as relevant contextual factors. Such allegations require case-specific evidence: it would be misleading to infer that all trafficking or drug dependence is linked to insurgency.

Police registration of cases, seizures and property attachment may disrupt specific networks, but these are indicators of enforcement activity rather than definitive measures of reduced consumption. Awareness initiatives under Nasha Mukta Bharat Abhiyaan provide a different entry point. The central governance challenge is to combine legitimate security investigation with confidential treatment, psychosocial support and credible community engagement, without stigmatising users or conflating illness with criminal participation (Wani, 2023).

4.3 Arunachal Pradesh: a three-pillar policy and implementation gap

Arunachal Pradesh offers a useful contrast because its Policy on Psychoactive Substances, 2021–2026 explicitly recognises supply reduction, demand reduction and harm reduction. Manpoong (2021) nevertheless raises concerns about limited rehabilitation resources and the tendency to measure progress through arrests. The significance of the policy lies in its broader stated design; its weakness, on the available evidence, is the gap between formal commitments and service delivery.

Changmi (2023) describes the role of the All Tangsa Women Welfare Society in Changlang district, illustrating how community groups can help identify local concerns and support prevention. Community participation, however, should not be reduced to surveillance or reporting suspects. Sustainable partnerships also require referral pathways, confidentiality, non-stigmatising education and institutional support. The key question is whether resources, trained personnel and treatment capacity keep pace with enforcement intensity.

4.4 Manipur: eradication, illicit markets and livelihood insecurity

Manipur combines trafficking and drug consumption concerns with illicit poppy cultivation in some hill areas. Government communications describe the “Nisha Thadoklasi” campaign and the subsequent War on Drugs initiative (Team MyGov Creative Corner, 2019). Bhat (2023) reports concerns about trafficking and the limits of targeting low-level participants, while Oinam (2022) questions whether crop destruction without viable alternatives can bring lasting change.

Original field accounts from selected Kangpokpi villages add a local perspective to this debate. Respondents described poverty, uncertain agricultural returns and limited market opportunities as reasons some households continue cultivating poppy. They also distinguished cultivation as a livelihood activity from drug consumption, cautioning against treating cultivators and people with drug dependence as the same group.

A telephone interview with a woman cultivator in Saikul illustrates this economic pressure. She described an unemployed husband with a disability, school-going children, poor returns from rice cultivation and limited income from household vegetables. She reported selling approximately two kilograms of opium for about ₹1.5 lakh. This is a single, unverified self-report, not a typical income estimate or evidence of prevailing prices. Other respondents reported that labour on poppy farms could earn about ₹500 a day. These accounts help explain why destroying crops may not remove the economic incentives for cultivation.

Alternative farming assistance has been reported (The Indian Express, 2022), but seeds, equipment or scheme enrolment alone do not demonstrate that legal crops can provide reliable income. Market access, transport, irrigation and continuity of support also matter.

The field evidence also reveals a distinction between the reach of agricultural schemes and their livelihood effects. In an interaction with a Village Extension Worker, the researcher learned that many small and marginal farmers had applied for PM-KISAN. The Saikul Agriculture Office was reported to have issued approximately 3,700 Farmer's Cards between October 2024 and September 2026; this is field-reported administrative information, not an independently audited count. At the same time, one cultivator alleged that agricultural inputs did not always reach intended recipients and sometimes had to be purchased from intermediaries. The allegation was not independently verified. Taken together, the accounts suggest that programme visibility does not necessarily mean sufficient income security or reliable last-mile delivery. Respondents also described limited capacity among local institutions and uneven enforcement, although these perceptions do not establish misconduct by any named authority.

Treatment presents a second governance gap. Interviewees and local informants did not identify a government-run residential rehabilitation centre in Kangpokpi District. This is a finding about facilities identified through the study,

not proof that no public treatment service exists. They described private or faith-based services, including Peniel Care Centre, Restore Rehabilitation Centre in Kangpokpi district and Life Way Mission in the Saikul area. Accounts mentioned counselling, basic care and community support; the study did not independently assess clinical standards or outcomes. An informant also reported that some former residents may later work in such centres. These accounts suggest the value of community initiatives but also the need for professional referral, medical oversight and publicly supported treatment.

Respondents generally recognised the campaign's awareness-raising and visible crop destruction, but questioned its long-term value where livelihood alternatives and treatment remain limited. Some also viewed trafficking as extending beyond villages into wider border and interstate networks; these are perceptions, not independently mapped trafficking routes. The Manipur case therefore points to two related but distinct tasks: addressing organised drug supply and providing credible economic and health support. It would be misleading to equate illicit cultivation with addiction or to attribute criminality collectively to any community (Bhat, 2023; Oinam, 2022).

5. Cross-case comparison: what varies, and why?

Region	Dominant policy challenge	Visible response	Key limitation to test
Punjab	Cross-border supply and opioid dependence	Interdiction and criminal investigation	Treatment access and disruption of organisers
Jammu and Kashmir	Trafficking amid security concerns	Policing, seizures and awareness	Separation of security claims from health needs
Arunachal Pradesh	Drug use and trafficking; uneven service capacity	Three-pillar policy and local mobilisation	Funding and implementation of harm reduction
Manipur	Trafficking, drug use and illicit cultivation	Eradication, policing and alternative farming	Viable livelihood transition and treatment

Three comparisons follow. First, the four regions share a language of enforcement but face different drug economies. Punjab's documented challenge centres on trafficking networks and opioid dependence; Manipur also raises questions about agricultural livelihoods. Second, Arunachal Pradesh explicitly includes harm reduction in its policy design, whereas field accounts from Kangpokpi point to gaps in locally accessible rehabilitation services despite community initiatives. Third, security narratives are particularly prominent in Jammu and Kashmir, while Manipur's field material shows how crop destruction may interact with economic insecurity. The primary field evidence for Manipur makes this illustration more detailed, but it does not prove that its challenges are more severe than those in the other states. The reviewed evidence does not permit a league table of policy success. Arrest counts depend on policing intensity; seizures depend on detection; rehabilitation enrolment depends on service availability; and acreage destroyed does not establish whether cultivation has permanently declined. A common monitoring framework should instead track treatment coverage and retention, overdose and infection harms where reliably measured, prosecution of major networks, recurrence of cultivation and livelihood outcomes, with consistent periods and definitions.

6. Policy implications

The comparison supports a coordinated approach adapted to local conditions. Enforcement should focus on organised trafficking and corruption, with safeguards and case-based evidence. Health services should expand voluntary, affordable treatment and appropriate harm reduction. In areas affected by cultivation, alternative livelihood programmes should be assessed by actual farm income, market access and reliability of support—not merely by the number of beneficiaries enrolled. The Saikul accounts also suggest the need to check whether agricultural inputs reach vulnerable households and whether local government and village institutions can help implement programmes fairly. Private and faith-based rehabilitation providers may contribute to community support, but they cannot replace accessible, professionally supervised public-health services.

Administrative coordination is essential. Police, health, social welfare, agriculture and local institutions should publish comparable indicators while protecting individual privacy. Independent review can help determine whether an apparent decline reflects genuine improvement, displacement to another location or changes in detection. These recommendations follow from the comparative analysis; they are not presented as interventions already demonstrated to succeed in all four regions.

7. Conclusion

The “war on drugs” in India covers different governance problems. Punjab’s trafficking networks and opioid dependence, Jammu and Kashmir’s security and health concerns, Arunachal Pradesh’s challenge of implementing a broad policy, and Manipur’s combination of eradication, livelihood insecurity and treatment gaps cannot be addressed through one uniform strategy. The Manipur field accounts show why the visibility of enforcement and agricultural schemes should not be confused with lasting changes in household choices or access to care. They also show that cultivators, traffickers and people who use drugs must not be treated as interchangeable groups.

A stronger approach combines investigation of organised networks with treatment, community participation and viable legal livelihoods where cultivation is involved. Progress should be measured through health, livelihood and trafficking outcomes rather than arrests, seizures or crop destruction alone. Because the sources differ across states and the original field evidence is limited to selected parts of Kangpokpi, the article offers a comparative interpretation rather than a causal evaluation of campaign success. Future studies should use comparable indicators and wider field coverage.

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