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Invisible victims and Narcotised discourses: Media, culture, and social inequity in Punjab's drug crisis

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Abstract
Punjab's alcohol and substance-use crisis is frequently discussed in public and political spheres.Yet, mass media portrayals often emphasise law-and-order, moral panic, and sensational narratives rather than structural drivers, mental health impacts, and inequities in service access. This paper synthesizes epidemiological data, national surveys, peer-reviewed studies, and media content to: (a) statistically establish the scope of alcohol and substance abuse in Punjab, including onset, morbidity, and mortality patterns; (b) analyze how gender, caste, class, and urban-rural divisions intersect with substance-related harms; (c) examine political agendas and news/social media frames around the "Punjab drug crisis"; and (d) analyze portrayals of drug and alcohol use in Indian cinema, Punjabi music, and popular culture. Using an intersectional framework and critical discourse analysis, the study argues that Punjab's crisis is as much a discursive inequity—reproduced through media and cultural narratives—as it is a public health inequity, and that media reform and equity-oriented policies are essential to a humane, effective response.

Keywords: Punjab, substance abuse, alcohol, media discourse, mental health, inequity, cultural representation

1. Introduction
Punjab, a state in north-western India with a rich agricultural heritage and relatively high per capita income, has emerged as a focal point of national concern over alcohol and substance abuse. In recent years, data and media attention have converged to paint a picture of escalating substance misuse, especially among youth, with serious implications for public health, mental health, and social equity.

According to Chavan, Garg, Das, Puri, and Banavaram (2019) [4], a comprehensive state-level study as part of the National Mental Health Survey found a weighted prevalence of alcohol use disorders in Punjab at 7.90%, other (illicit) substance use disorders at 2.48%, and tobacco dependence at 5.50%. The same study reported that approximately 35% of households in sampled districts had at least one person with a substance use disorder. Importantly, the highest prevalence was observed among those aged 30-39 years, among individuals with lower levels of formal education, and in urban metro areas. The treatment gap—the proportion of people who need help but do not receive treatment—was alarmingly high at approximately 80%.

In rural Punjab, Sharma, Arora, Singh, Singh, and Kaur (2017) [23] studied adolescents and young adults (ages 11-35) across 15 villages in Jalandhar district. Their findings indicated 65.5% prevalence of substance abuse in this group, with alcohol being misused by 41.8%, tobacco by 21.3%, and heroin or other illicit drugs by a sizable proportion. The study also found statistically significant associations between substance abuse and male gender, illiteracy, and age above 30 years.

Additionally, the United Nations Office on Drugs and Crime's *Drug Abuse Monitoring System (DAMS)* monograph (Ministry of Social Justice & Empowerment, Government of India & UNODC, 2000) provides early national-level treatment-seeker data showing that among 16,942 new drug abusers reporting to treatment centres: *alcohol accounted for ~44%*, cannabis ~12%, heroin ~11%, and opium ~9%. The majority had been using substances for 5 years or more. Rural/urban distribution was nearly balanced; most users were male. These figures, though somewhat dated, establish a basis for comparing both temporal trends and regional variation.

These statistics indicate (1) a high and possibly growing prevalence of both legal (alcohol, tobacco) and illicit substance use; (2) large treatment gaps, showing that many people who need help are not getting it; (3) significant socio-demographic differentials, especially by age, education, gender, and urban/rural residence.

Despite these alarming figures, public discourse—including political rhetoric and mass media coverage—often frames substance abuse in Punjab primarily as a law and order issue, moral failure, or border smuggling problem (Gautam, 2023) [10]. Media reports frequently highlight sensational cases or enforcement activities (raids, arrests, seizures), while downplaying or ignoring the structural drivers (economic distress, unemployment, caste marginalization, mental health comorbidity) and the experiences of "significant others" (spouses, children, caregivers).

This paper aims to bridge that gap by statistically establishing the current status of substance abuse in Punjab (onset, morbidity, mortality, socio-economic variables), and by analyzing how media discourse (news, social media, film, popular culture) reinforces or challenges inequities in mental health outcomes and service access. An intersectional framework will be used to examine how gender, caste, class, and geography shape patterns of use, risk, and representation.

2. Background and Theoretical Framework

The conceptual foundation of this study integrates the social determinants of health (Marmot, 2004) [14] and intersectionality (Crenshaw, 1989) [6] with sociological theories of addiction. Three major theoretical strands are used:

1. Biological theory - viewing addiction as a neurobiological condition (Clayton & Akin, 2007).
2. Psychological theory - emphasising behaviour and personality (Leonard & Blane, 1987).
3. Social theory - situating addiction within social structure, inequality, and cultural norms (Shaw, 2002; Jung, 2001).

Marmot's (2004) [14] social gradient theory posits that health outcomes worsen progressively with decreasing social position. In Punjab, where caste and class hierarchies remain entrenched, addiction and its related mental health impacts follow this gradient. Dalit communities — who constitute over 30% of Punjab's population — face compounded disadvantages in both access to treatment and stigma management (National Health Profile, 2020).

Crenshaw's (1989) [6] intersectionality framework further underscores that gender, caste, and economic status interact to create unique forms of vulnerability. Women married to alcohol or drug users often face mental health issues such as depression, anxiety, and post-traumatic stress (Haber & Jacob, 1997) [12]. These "significant others" represent invisible victims within the addiction discourse.

2.1 Addiction, Mental Health, and Social Determinants

Traditional approaches to alcohol and substance abuse emphasise biological, psychological, or legal explanations (Clayton & Akin, 2007; Leonard & Blane, 1987; Shaw, 2002). While these are valuable, they risk depoliticizing addiction unless embedded within social-determinant frameworks (Marmot, 2004) [14]. Social determinants—education, income, employment, living conditions, and social status (including caste and gender)—shape vulnerability to substance misuse, access to care, and recovery trajectories (Friel, 2009) [8]. Mental-health problems associated with substance use range from depression and anxiety to trauma and suicidality, and the burden is borne not only by people who use substances but also by family members and caregivers (Abadinsky, 2008; Mooney Knox &Schachi, 2009) [1, 16].

Statistical Overview: Alcohol and Substance Abuse in Punjab

Table 1: Key Statistics on Alcohol and Drug Abuse in Punjab

Indicator	Punjab (%)	National Average (%)	Source
Alcohol use among adult males	46.5	29.3	NSSO (2014) [18]
Opioid use (population aged 10-75)	2.7	0.7	UNODC (2018)
Alcohol-related deaths per 100,000	27.4	18.2	WHO (2020)
Suicide cases linked to substance use	18	6	NCRB (2022)
Households reporting domestic violence linked to alcohol	41	22	NFHS-5 (2021)

The data indicate a clear overrepresentation of Punjab in national addiction statistics. Male prevalence remains high, but female alcohol use once negligible has risen in urban areas (Sharma, 2017) [23]. Youth (ages 15-35) constitute nearly 60% of users (UNODC, 2018)

2.2 Media Framing, Stigma, and Policy

Media framing theory posits that the way issues are presented shapes audience interpretation and policy salience (Entman, 1993; McCombs & Shaw, 1972) [7, 15]. For substance abuse, dominant frames criminality, moral failure, or political scandal can drown out health frames that foreground social determinants and the need for accessible mental-health care. Stigmatizing frames hinder help-seeking and reduce political support for public-health solutions (Corrigan, Druss, & Perlick, 2014) [5].

2.3 Intersectionality as Analytical Lens

An intersectional lens (Crenshaw, 1989) [6] reveals how multiple social categories gender, caste, class, and location interact to produce unique vulnerabilities and barriers to care. This framework informs analysis of both epidemiological patterns and media representation: which groups are visible or invisible in news, film, and music narratives, and how that visibility maps onto policy priorities and service distribution.

3. Methods and Data Sources

This paper synthesizes quantitative epidemiological data, peer-reviewed prevalence studies, government surveys (e.g., NSSO and National Mental Health Survey outputs for Punjab), UN/agency reports, and national media content (print, television, and social media) from 2010-2024. Analytical methods include:

1. Statistical synthesis of prevalence and mortality data using published studies (e.g., Chavan *et al*., 2019; Sharma, 2017) [4, 23], NSSO consumption figures, and government/NCB seizure and mortality reports. Where state-level official statistics are incomplete, peer-reviewed population studies and specialist monographs (UNODC, 2009; National Mental Health Survey outputs) [24] supplement the analysis.
2. Critical discourse analysis (CDA) of news headlines, editorial frames, and social-media narratives to identify dominant frames (conflict/crime, moral panic, public health) and patterns of representation (gender, caste, urban/rural).
3. Cultural analysis of influential films (e.g., Udta Punjab) and popular Punjabi music to examine how media and popular culture present substance use, its causes, and its social consequences.

Major sources used include peer-reviewed studies on Punjab prevalence (Chavan *et al*., 2019; Sharma, 2017) [4, 23], UNODC reports, NSSO reports on alcohol consumption, the WHO Global Status Report on Alcohol and Health (2014) [18], Narcotics Control Bureau (NCB) reports, and prominent media coverage (national and Punjabi press). For cultural analysis, film reviews, academic critiques of films and music, and press reporting on controversies were consulted (e.g., on Udta Punjab and specific Punjabi songs reported for glorifying drugs).

4. Statistical Profile: Alcohol and Substance Use in Punjab

4.1 Prevalence estimates

Punjab's burden of substance use has been documented in national and state-level studies. The National Mental Health Survey and Punjab-specific analyses indicate substantive prevalence of alcohol and other substance use disorders (Chavan *et al*., 2019) [4]. Chavan and colleagues (2019) [4] reported a weighted prevalence of substance use disorders in Punjab of approximately 7.9% for alcohol and 2.48% for other substances, with tobacco dependence at 5.5%; these disorders were concentrated in the 30-39 age group, in urban metro areas, and among less educated persons. Other population-based surveys and community studies have reported high prevalence in some rural and peri-urban settings: Sharma's rural Punjab study (2017) indicated a prevalence of substance use as high as 65.5% among a specific study group, with alcohol (41.8%) and tobacco (21.3%) the most commonly used substances (Sharma, 2017) [23]. UNODC surveys and monographs further corroborate long durations of drug careers for substantial proportions of users (UNODC, regional monographs).

These figures suggest substantial heterogeneity: while state-wide prevalence estimates from large surveys indicate moderate population prevalence's, local community studies in high-risk districts report much higher usage rates. This heterogeneity underscores the need for localized interventions targeted to hotspots.

4.2 Patterns of onset and age distribution

Available evidence indicates that onset of use, particularly for alcohol and opioids, tends to occur in adolescence and young adulthood (late teens to early 20s), a period associated with risk-taking, economic precarity, and peer influences (Gautam & Nainwal, 2025) [11]. The National Mental Health Survey's Punjab-specific findings (as reported by Chavan *et al*., 2019) [4] document the highest prevalence in the 30-39 age band, suggesting prolonged use and progression from earlier onset.

UNODC analyses note that substantial proportions of users report 5-10 years of drug use, with alcohol and opiate users often sustaining longer drug-use careers (UNODC results monograph). Documentary and case studies from Punjab indicate that unemployment, agricultural distress, and social dislocation among youth contribute to early initiation (Narcotics Control Bureau data; region-specific academic analyses).

4.3 Mortality, morbidity, and treatment gaps

Mortality attributable to substance abuse in Punjab includes deaths from overdose, illicit liquor (spurious alcohol) poisoning, and indirect causes such as suicide and road accidents linked to intoxication. National Crime Records Bureau and NCB reporting (and media summaries) have repeatedly flagged Punjab among states with high NDPS (Narcotic Drugs and Psychotropic Substances Act) cases and drug-seizure volumes; in recent years Punjab has accounted for a disproportionate share of heroin seizures and NDPS cases relative to population share, suggesting a high intensity of narcotics activity (NCB annual reports; press reporting summarizing NCB data).

Treatment gaps for substance use disorders are severe. Studies indicate high treatment gaps (e.g., ~80% not receiving needed care), driven by limited mental-health infrastructure, cost, stigma, and poor geographic distribution of services (Chavan *et al*., 2019; National Mental Health Survey outputs) [4]. The shortage of opioid-agonist therapy access and community mental-health services remains a major barrier to harm-reduction approaches (Vallath, 2017) [25].

4.4 Gender, caste, and socio-economic differentials

Epidemiological data show marked gender differentials: substance-use disorders are more prevalent among males, while women's use is underreported and often hidden owing to social stigma (Ashutosh, 2010) [2]. However, women disproportionately experience secondary harms: domestic violence, caregiving burdens, economic insecurity, and mental-health sequelae related to a partner's substance misuse (Haber & Jacob, 1997; Parekh *et al*., 2022) [12, 8].

Gendered experiences of addiction reveal profound mental health inequities. Wives of alcoholics show higher rates of depression and anxiety disorders, compounded by domestic violence and economic deprivation (Floyd *et al*., 2006). Women rarely access support services due to social stigma, lack of resources, and patriarchal constraints (Gautam & Bansal, 2014) [9].

Caste stratification amplifies addiction vulnerabilities. Studies show that 55% of opioid users in Punjab belong to Scheduled Castes (Dalits) or economically backward groups (Chavan *et al*., 2019) [4]. These communities often inhabit urban slums or rural peripheries with limited healthcare infrastructure. Caste and class stratification are rarely foregrounded in official statistics but are evident in community studies: lower socio-economic groups and marginalized castes often have higher exposure to risk factors (poverty, low education, precarious employment) and lower access to care (Marmot, 2004; Friel, 2009) [14, 8]. Case studies of alcohol-affected families indicate that violence and other harms are more prevalent among low-income and less-educated households (Journal of Applied Indian Research case study, 2024) [13].

Table 2: Intersectional Gradient of Mental Health Inequity in Addiction

Social Category	Vulnerability	Mental Health Risk	Access to Services
Upper Caste Men	Moderate	Low to Moderate	High
Dalit Men	High	High	Limited
Women (all castes)	High	Very High	Poor
Youth (15-35 yrs)	Very High	Moderate	Moderate
Urban Poor	High	High	Low

Social gradients manifest not only in treatment access but also in public narratives. Addiction among the elite is treated as a private health matter; among the poor, it becomes a moral failure or criminal issue.

5. Case Studies and Vignettes

To humanize the statistical profile, this section synthesizes illustrative case material from published case studies and media reporting, avoiding identifiable personal details where necessary.

Case Study 1: Tarn Taran District

Tarn Taran, a border district, has one of the highest opioid addiction rates in India (UNODC, 2018). Rehabilitation centers report a 400% increase in admissions between 2010 and 2020, yet only 7% of users complete treatment. Families report suicides and severe depression among women, illustrating intergenerational trauma and mental health neglect.

5.1 Family violence and caregiving burden in low-income households

A 2024 case study of alcohol-affected families in Punjab found that 87% of families reported incidents of violence associated with alcohol addiction, with spouses, parents, and children reporting high rates of physical, verbal, and psychological abuse. Low income and less education were positively associated with these adverse outcomes; the study concluded that the social and economic costs are borne disproportionately by disadvantaged households (Journal of Applied Indian Research, 2024) [13].

5.2 Opioid dependence and economic precarity among youth

Multiple investigative reports and academic papers chronicle trajectories of young men involved with opioid use—often linked to unemployment, lack of livelihood opportunities, and social isolation. These accounts frequently describe cycles of arrest, detoxification (often involuntary), relapse, and lack of sustained treatment support, reflecting systemic gaps in harm reduction and rehabilitation (regional reporting; UNODC analysis).

5.3 Spousal mental health and hidden morbidity

Qualitative family studies and marital-interaction research point to elevated depression, anxiety, and life dissatisfaction among spouses (predominantly wives) of men with alcohol dependence (Haber & Jacob, 1997; Parekh *et al*., 2022) [12, 20]. These studies suggest the need for family-oriented mental-health services and caregiver support mechanisms that are largely missing in current service configurations.

6. Mass Media Discourse: News, Social Media, and Political Framing

6.1 Dominant news frames: Crime, moral panic, and political blame

An analysis of regional and national news coverage reveals recurrent framing of Punjab's issue as a "drug crisis" characterized by criminal networks, trafficking across borders, and political culpability. Headlines highlighting seizures, arrests, and sensational incidents (including spurious-liquor deaths) dominate print and television coverage. While such reporting draws necessary attention, it often foregrounds enforcement and sensational episodes rather than chronic, structural drivers or mental-health solutions (Entman, 1993) [7].

Political actors routinely leverage the drug issue for electoral advantage, accusing rivals of complicity or a lack of resolve. Media amplification of such political narratives reinforces a binary public discourse: "tough on crime" law enforcement versus moral denunciation, rather than nuanced public health responses. News coverage tends to highlight male users (often criminalized) while ignoring the invisible suffering of families—particularly women and children who are less visible in media narratives (Basu & Dutta, 2011) [3].

6.2 Social media and moral panic

Social media amplifies sensational stories and moralist narratives, often with limited verification. Viral posts about arrests, celebrity involvement, or alleged smuggling create moral panic cycles and policy demands for immediate punitive responses. At the same time, social media has enabled grassroots activism and survivor voices to circulate, but these are often drowned out by louder punitive narratives.

6.3 Media silences: mental health, marginalization, and service gaps

Consistent with previous critiques of health journalism in India, mainstream media coverage underrepresents structural determinants and treatment barriers (Basu& Dutta, 2011) [3]. Stories that link addiction to agrarian distress, unemployment, caste exclusion, or inadequate health infrastructure are relatively rare. Importantly, media coverage rarely follows up on rehabilitation outcomes or family mental health, contributing to a sense that the problem is episodic rather than chronic and systemic.

7. Political Agendas and Debates in Punjab

7.1 Prioritization of enforcement over public health

Punjab's policy responses have historically oscillated between enforcement (NDPS operations, arrests, and seizures) and episodic de-addiction drives. Successive

governments have announced crackdowns on trafficking and punitive measures, and media coverage has often validated these as decisive action. However, enforcement-heavy approaches have limited effectiveness in reducing demand and often exacerbate stigma and marginalization, pushing users away from care (Vallath, 2017) [25].

7.2 Political narratives: blame, image, and electoral politics

Political Discourses and Policy Responses

Political actors have used the drug issue to score points—blaming predecessors, alleging cross-border smuggling, or casting moral aspersions on an entire generation. Such politicization often simplifies complex socio-economic causes and encourages short-term, visible interventions over long-term health system strengthening. Media coverage amplifies these debates, sometimes privileging sensational claims without robust substantiation.Punjab's drug crisis has long been a politically charged issue. Electoral campaigns often weaponize addiction as a symbol of moral decay or governmental failure. Political parties — from the Shiromani Akali Dal (SAD) to the Indian National Congress (INC) and the Aam Aadmi Party (AAP) have alternately promised "NashaMukt Punjab" (Drug-Free Punjab) without achieving sustained change.

Media coverage of these campaigns reflects polarization. During the 2017 assembly elections, news outlets framed the crisis as both a law enforcement issue and a moral panic (India Today, 2017). The politicization of the Udta Punjab film exemplified how artistic portrayals of addiction collided with state image management.

Despite large-scale police crackdowns, addiction persists due to systemic corruption and lack of community-based rehabilitation. The Punjab State Mental Health Policy (2018) acknowledges the need for integrated mental health and addiction care, yet implementation remains fragmented.

Table 3: Political and Policy Timeline

Year	Political Event	Policy Initiative	Media Narrative
2014	Parliamentary debate on drug trafficking	NDPS Act amendments	"Narco-state" narrative emerges
2016	*Udta Punjab* controversy	—	Censorship battle over state image
2018	Punjab Mental Health Policy launched	Focus on rehabilitation	Limited media follow-up
2022	AAP Government elected	"War on Drugs" renewed	Mixed media coverage of progress

The discourse remains oscillatory between denial, blame, and sensationalism, obscuring structural inequities like unemployment, migration, and social exclusion.

7.3 Policy gaps: rehabilitation, funding, and service distribution

State budgets and health plans have shown uneven investment in community mental health and opioid-agonist therapy. Rehabilitation centers—where present—are often urban and cost-prohibitive for marginalized families. The treatment gap remains large, especially for opioid dependence and co-morbid mental disorders, reflecting the need for investment in primary care integration and community-based services (Chavan *et al.*, 2019; Vallath, 2017) [4, 25].

8. Film Media Discourse: Representation in Indian and Punjabi Cinema

Mainstream Indian media often simplifies Punjab's addiction crisis into moral binaries — victim or villain. A 2019 content analysis by Singh and Kaur (2019) found that 72% of media articles framed addiction as a "youth menace" rather than a public health issue. This framing reinforces stigma and discourages users from seeking help.

Television coverage tends to focus on law enforcement and celebrity commentary rather than systemic reform. The voices of women, marginalized castes, and mental health experts are almost absent (Gupta, 2021).

Social media activism, particularly on Twitter and Instagram, has created new spaces for advocacy. Hashtags like #UdtaPunjab and #DrugFreePunjab mobilized youth movements but also polarized discourse. Digital campaigns led by NGOs like *SAHAJ Punjab* and *Nasha Mukti Abhiyan* have highlighted rehabilitation success stories and mental health awareness, though their reach remains limited to urban populations.

8.1 Udta Punjab and mainstream attention: The 2016 Hindi film *Udta Punjab* precipitated an intense national conversation about drug abuse in Punjab by dramatizing the lives of users, dealers, law enforcement, and caregivers. Despite controversies and legal battles with the censor board, the film brought narratives of addiction to mainstream audiences and foregrounded youth suffering and systemic failures (media reviews; academic critiques). Analyses of *Udta Punjab* noted its capacity to humanize users and depict the social context of addiction, even as some critics cautioned about potential stereotyping and sensationalism (Latimes coverage; academic essays).

8.2 Punjabi cinema and regional narratives

Punjabi cinema has produced varied portrayals: some films romanticize substance use or conflate drug themes with criminality and masculinity; others attempt more nuanced depictions of addiction's social cost. Regional films often compete with a music video culture that glamorizes macho images, guns, and sometimes substance use, complicating public perceptions.

8.3 Cinema's effect on public perception

While films like *Udta Punjab* can raise awareness, they also risk framing the issue as exceptionalized drama unless accompanied by substantive media and policy follow-through. Moreover, cinematic tropes that tie drugs to criminality or a particular region can reinforce stigma and prejudice against entire communities.

9. Popular Culture and Music: Glorification, Contestation, and Regulation

9.1 Punjabi popular music, youth culture, and controversy

Contemporary Punjabi popular music, which enjoys wide youth audiences both in India and among the diaspora, has frequently been criticized for lyrics and videos that glorify guns, drugs, and a violent, hyper-masculine lifestyle. Press reports have documented attempts by state actors to ban or

investigate songs alleged to promote drugs or violence (Times of India reporting on 2023 song bans) [28]. Such music often intersects with aspirational consumer culture and can normalize substance-linked imagery for young listeners.

9.2 Tradition, festivities, and alcohol
Alcohol has a cultural place in many Punjabi social contexts (festivities, marriages), and there is often a thin line between social drinking and problematic use. Cultural scripts that condone or expect male drinking in certain settings may make it harder to recognize problematic consumption and to promote early intervention.

9.3 Popular culture as contested terrain
While certain music and media forms may glamorize substance-related lifestyles, popular culture is contested: artists, activists, and community groups also produce counter-narratives emphasizing recovery, trauma, and the social costs of addiction. The regulatory responses to controversial songs highlight tensions between freedom of expression, cultural norms, and public health concerns.

10. Discursive Inequity: How Media Representation Reinforces Social Inequities
10.1 Visibility and voice
Media representations determine whose stories are told—and whose are ignored. In Punjab, the visible narratives are often male, urban, and sensational (trafficking arrests, celebrity cases). Invisible are the wives, children, lower-caste families, and rural communities whose experiences of violence, poverty, and caregiving are less likely to attract media attention. This discursive invisibility translates into policy neglect.

10.2 Moralizing frames and stigma
When media emphasize moral failing or criminality, public sympathy is less likely to extend to those in need of treatment. Stigma impedes help-seeking, reduces political will for service financing, and justifies punitive approaches.

10.3 Media as policy actor
The media can catalyze policy, for better or worse. Sensational coverage can produce red-flag responses (e.g., raids, arrests) but may not sustain the longer, more costly investments in community mental-health services, family interventions, or harm reduction that evidence suggests are necessary.

11. Policy Implications and Recommendations
This section translates analysis into actionable recommendations to reduce both material and discursive inequities.

11.1 Health system reforms
1. **Scale up community-based mental-health and substance-use services:** Integrate screening and brief interventions into primary health centers, expand opioid-agonist therapy, and ensure geographically equitable service distribution.
2. **Family-centred mental-health programs:** Establish counseling and social support initiatives for spouses, children, and caregivers of users.
3. **Data systems and surveillance:** Invest in systematic collection of disaggregated data by gender, caste, age, and location to identify hotspots and tailor interventions.

11.2 Media and communication reforms
1. **Promote health framing:** Encourage journalists to adopt public-health narratives, highlighting social determinants, recovery pathways, and evidence-based interventions.
2. **Ethical reporting guidelines:** Develop guidelines for responsible coverage of substance use and mental health (avoid sensationalism, protect privacy and include treatment information).
3. **Support data-driven journalism:** Collaboration between public-health agencies and media to ensure accurate reporting of prevalence, treatment gaps, and service availability.

11.3 Cultural engagement
1. **Partner with cultural producers:** (filmmakers, musicians) to promote narratives of recovery and social determinants, and to discourage glamorization of substance use.
2. **Youth engagement:** Culturally tailored prevention programs that account for youth aspirations and the influence of music and social media.
3. **Community dialogues:** Engage traditional and religious leaders in destigmatizing mental health and promoting help-seeking.

11.4 Political strategy
1. **Depoliticize the issue:** Shift the debate from blame to solution-oriented discussions emphasizing health, jobs, and social protection.
2. **Budgetary realignment:** Allocate resources toward prevention, treatment, and social services rather than solely towards enforcement.

Punjab's addiction crisis reveals the interplay of social inequality, media power, and cultural normalization. Media discourse simultaneously amplifies and obscures the problem dramatizing symptoms while neglecting systemic causes such as unemployment, agricultural decline, and mental health neglect.

Popular culture sustains a contradictory ethos: while certain narratives condemn addiction, others celebrate intoxication as a marker of masculinity and success. The resulting "narcotized discourse" (a term this paper employs) represents a society numbed to its own suffering where spectacle replaces empathy.

Structural inequities also manifest in gendered mental health burdens. Studies show that 42% of women in households with alcohol-dependent spouses exhibit symptoms of depression (Mooney *et al*., 2009) [16]. Mental health services remain urban-centric, underfunded, and socially inaccessible.

12. Limitations and Directions for Future Research
This paper synthesizes existing data and media content but is limited by the uneven availability of state-level epidemiological data disaggregated by caste and gender, and by the reliance on media reports that may themselves be selective. Future empirical research should include:

- A longitudinal, representative household survey in

Punjab collecting alcohol and drug use, age of onset, morbidity, mortality, and treatment access, disaggregated by caste, gender, and location.
- Ethnographic and qualitative studies of caregivers and women in affected families to map mental-health needs.
- Systematic content analysis of media coverage over time to quantify framing trends and their association with policy outcomes.
- Impact evaluation of media interventions and of community-based treatment models.

13. Conclusion

Punjab's alcohol and substance-use situation embodies both a public health challenge and a crisis of representation. The statistical evidence and case studies reviewed in this paper attest to substantial prevalence, early onset in youth, significant family-level harms, and a large treatment gap particularly affecting disadvantaged groups. Yet mainstream media and political discourse have largely privileged punitive, sensational, and moralizing frames that obscure the social determinants of use and the mental health needs of "significant others." Film and popular music play ambivalent roles—sometimes raising awareness (as with *Udta Punjab*), sometimes glamorizing risk behaviors.

Addressing Punjab's crisis equitably requires both material reforms (service expansion, harm reduction, social protection) and discursive reforms (health-framing in media, centering marginalized voices, ethical reporting). Only by aligning media narratives with evidence-based public health approaches and investing in community mental-health infrastructure can policy and practice effectively mitigate the health, social, and cultural burden of alcohol and substance abuse in Punjab.

Punjab's addiction crisis is not merely a law enforcement problem or a moral failing, it is a symptom of social inequity, political neglect, and cultural complicity. A comprehensive approach requires integrating public health, social justice, and media accountability.

Policy Recommendations

1. **Integrated Mental Health Services:** Combine psychiatric, psychological, and community-based rehabilitation in rural and urban centers.
2. **Gender-Sensitive Programs:** Address women's mental health as a central component of addiction policy.
3. **Media Accountability:** Encourage responsible representation of addiction and ban glamorization of substance use in mainstream media.
4. **Community-Based Outreach:** Mobilize local NGOs and panchayats to create stigma-free treatment environments.
5. **Educational Reforms:** Integrate substance abuse awareness and mental health education in schools and colleges.

Ultimately, Punjab's challenge lies not only in detoxifying its bodies but also its public discourse. As long as cultural, political, and media narratives remain narcotized unable to see the structural roots of pain the cycle of addiction will persist.

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