



An Evaluative Study of Pandemics and Narcotics: A Religious Perspective

Dr. Rayees Ahmad Dar

Faculty of Education, University of Kashmir, Srinagar, India

Email: rayees78601@gmail.com

ABSTRACT

We probably know that COVID-19, the illness caused by the new corona virus SARS-CoV-2, is a pandemic. But what's the difference between a pandemic, an epidemic, and an outbreak? And when does a disease become a public health concern? Here are the basics of the spread of serious diseases and what you can do to protect yourself, your family, and your community. A pandemic is a disease outbreak that spreads across countries or continents. It affects more people and takes more lives than an epidemic. The World Health Organization (WHO) declared COVID-19 to be a pandemic when it became clear that the illness was severe and that it was spreading quickly over a wide area. "The pandemic has also led to opioid shortages, which, in turn, may result in people seeking out more readily available substances such as alcohol, benzodiazepines or mixing with synthetic drugs. More harmful patterns of use may emerge as some users switch to injecting, or more frequent injecting." According to Ghada Waly, Executive Director for the UN Office on Drugs and Crime, there are more people using drugs, more substances and more types of narcotics than ever. The drug market is becoming increasingly complex, with the use of plant-based substances like cannabis, cocaine and heroin as well as hundreds of synthetic drugs, many beyond international control, rising, the report said. Narcotic, drug that produces analgesia (pain relief), narcosis (state of stupor or sleep), and addiction (physical dependence on the drug). In some people narcotics also produce euphoria (a feeling of great elation). Recent studies on religious behaviors suggest the correlation between fear and beliefs. The literature exposes two causal links: fear motivates religious faith and then the last one mitigates fear (Donovan 1994). The sample for the study was 50 COVID_19 patients were recovered after the treatments. The findings show that the affected people offers more religious duty and become more religious.

Keywords: COVID-19, SARS-CoV-2, Pandemics and Narcotics



INTRODUCTION

We probably know that COVID-19, the illness caused by the new corona virus SARS-CoV-2, is a pandemic. But what's the difference between a pandemic, an epidemic, and an outbreak? And when does a disease become a public health concern? Here are the basics of the spread of serious diseases and what you can do to protect yourself, your family, and your community. An **outbreak** is when an illness happens in unexpected high numbers. It may stay in one area or extend more widely. An outbreak can last days or years. Sometimes, experts consider a single case of a contagious disease to be an outbreak. This may be true if it's an unknown disease, if it's new to a community, or if it's been absent from a population for a long time. An **epidemic** is when an infectious disease spreads quickly to more people than experts would expect. It usually affects a larger area than an outbreak. A **pandemic** is a disease outbreak that spreads across countries or continents. It affects more people and takes more lives than an epidemic. The World Health Organization (WHO) declared COVID-19 to be a pandemic when it became clear that the illness was severe and that it was spreading quickly over a wide area. The number of lives lost in a pandemic depends on:

- How many people are infected
- How severe of an illness the virus causes (its virulence)
- How vulnerable certain groups of people are
- Prevention efforts and how effective they are

The WHO's pandemic alert system ranges from Phase 1 (a low risk) to Phase 6 (a full pandemic):

- **Phase 1:** A virus in animals has caused no known infections in humans.
- **Phase 2:** An animal virus has caused infection in humans.
- **Phase 3:** There are scattered cases or small clusters of disease in humans. If the illness is spreading from human to human, it's not broad enough to cause community-level outbreaks.
- **Phase 4:** The disease is spreading from person to person with confirmed outbreaks at the community level.
- **Phase 5:** The disease is spreading between humans in more than one country of one of the WHO regions.
- **Phase 6:** At least one more country, in a different region from Phase 5, has community-level outbreaks.



Restrictions imposed by the corona virus pandemic have forced innovation across sectors, including the global drug market, which has turned to new routes, trafficking methods and illegal substances, the UN warned in a report published Thursday. The latest World Drug Report presents an increasingly complex situation with the use of traditional drugs like cocaine, heroin and cannabis at an all-time high as well as the proliferation of synthetic substances."Due to COVID-19, traffickers may have to find new routes and methods, and trafficking activities via the dark net and shipments by mail may increase, despite the international postal supply chain being disrupted," the report said.

"The pandemic has also led to upload shortages, which, in turn, may result in people seeking out more readily available substances such as alcohol, benzodiazepines or mixing with synthetic drugs. More harmful patterns of use may emerge as some users switch to injecting, or more frequent injecting."According to Ghada Waly, Executive Director for the UN Office on Drugs and Crime, there are more people using drugs, more substances and more types of narcotics than ever. The drug market is becoming increasingly complex, with the use of plant-based substances like cannabis, cocaine and heroin as well as hundreds of synthetic drugs, many beyond international control, rising, the report said. The UN has also registered a spike in the use of pharmaceutical drugs, in some cases counterfeits, for recreational purposes and without medical supervision, something that has caused tens of thousands of deaths in the US in recent years. There were some 269 million drug users in the world in 2018, which amounts to 5.4 per cent of the world's adult population, one out of every 19 people on the planet, the report said. The figure is 30 per cent higher than in 2009, with more than 35 million people suffering from serious drug addiction disorders. Experts believe 585,000 people will die from drug use, a figure mirrored in last year's report on narcotics use in 2017.Cannabis is still the most popular drug in the world with 192 million users, but opioids, like heroin and its analogues, are the most lethal and are behind two-thirds of deaths. In the last decade, drug use has grown at a much faster rate in developing countries than in the industrialized world. The UN has identified inequality as a deciding factor in drug use, with the most serious drug addiction problems recorded among the poorest in society. "We need all governments to show greater solidarity and provide support, to developing countries most of all, to tackle illicit drug trafficking and offer evidence-based services for drug use disorders and related diseases, so we can



achieve the Sustainable Development Goals, promote justice and leave no one behind," Waly said. As a result of corona virus lockdowns, traffickers are identifying new routes and methods through the so-called deep web and postal mailing of drugs has also increased, the report added. Air routes - important for trafficking of amphetamines and synthetic drugs - and land routes - essential for heroin trade - have had to be modified due to flight cancellations and the closure of borders. The increase in cocaine seizing's in European ports and the heroin loads seized on ships in the Indian Ocean, as an alternative to the Balkan road route, are indications of these changes. The slowdown in international trade has also been noted in the shortage of chemical substances needed to produce heroin and cocaine, which has seen a decline in manufacturing volume. The UN noted that increased border controls have resulted in less heroin trafficking from Mexico to the US, which has led to a shortage of the opioid. A drop in supply has also been detected in Europe. The rise in prices of narcotics also points to a shortage of supply. Restrictions on movement may have led to a provisional drop in the use of stimulants often consumed at music festivals and clubs. The absence of opioids due to the restrictions has led to the search for substitutes, leading to a spike in the use of alcohol, benzodiazepines and synthetic drugs, the UN warned. Heroin users have also turned to more harmful substances produced locally, such as fentanyl which is 50 times more powerful than the opioid. The emergence of more harmful consumption patterns via injectable substances have resulted in a higher risk of transmission of diseases like HIV or Hepatitis-c. The economic crisis as a result of the pandemic will affect the most vulnerable in society due to a rise in unemployment and poverty, which could lead to an increase in drug use, illicit cultivation or drug trafficking to survive. **Narcotic**, drug that produces analgesia (pain relief), narcosis (state of stupor or sleep), and addiction (physical dependence on the drug). In some people narcotics also produce euphoria (a feeling of great elation). A brief treatment of narcotics follows.

As the number of corona virus confirmed cases approaches 845,000 in 202 countries and territories around the world (more than 41,000 deaths has been reported so far) and since scientists and politicians struggle to agree a response to the economic, social and health crisis due to the pandemic, many people are turning toward faith. The inspiration for this publication was strong "Churches are like hospitals for the soul". But is what is good for the soul always good for the body? Since the disease is a novelty to us, at first no protocols had really existed to fight it. It had not been subject



to strict control, and referring to the data, Italy has become a hot spot of Europe with the largest number of people infected with Covid-19 after the virus's expansion in China. The corona virus outbreak in Europe has become a game changer for surveillance.

Over 98% of Poles are Christians, but only about 82% consider themselves to be actively practicing their religion. The rest reveals attending church services for a sense of duty or willingness to pass the tradition to their children. Modern European society is delineated by indifference to religious institutions or ideology and the concept of God functions as a force majeure, fate or destiny. However, in the face of illness and suffering, a significant change of attitude is observed, as evidenced by numerous testimonies of Italian doctors. Religious creeds and beliefs not only allow us to understand but they also influence the meaning of many events occurring in everyone's life. With this approach, faith or broadly understood spirituality is a force that helps to overcome mental crisis as well as facilitate adaptation to the disease or the restrictions resulting from it.

In light of pandemic of COVID-19, most people are much more open to faith as well as prayer. The virus is going to be spreading rapidly and causing enormous crisis in all societies. In the current pandemic, engagement with religious practices gives us control over the situation, helps to make it understandable and what is most important gives us hope.

Objectives

- a) To study Pandemic Covid-19 as a problem.
- b) To study ill effects on Narcotics on pandemic patients.
- c) To study the influence of religious prospective.

Materials and Methods

The study group consisted of 50 COVID-19 Patients, and the survey was conducted and also data, information was collected from net. The dates are of significance as it was the period when the Covid-19 fear has started to spread nationwide. The first case of infection with Covid-19 in Poland was reported on March 4, 2020. Since March 14, 2020, an epidemic emergency has been in force, and on March 15, 2020 a sanitary cordon was implemented around the few countries. The survey was

distributed among the general population via Google docs using popular mobile messengers and other social media channels. The tool measured ten dimensions: sex, age, education, place of residence, faith, the essence of faith in life, the practice of prayer, the importance of faith/spirituality in connection with corona virus danger, strengthening of the faith/spirituality in connection with the increasing corona virus risk, the belief that faith/spirituality will increase the sense of security in the times of the pandemic.

Data Collection Procedures

Data collection was carried out online as well as offline mode and the designed tool used different scales, depending on questions. In order to gather socio-demographic data, we created our own part of the survey. For assessing the essence and the practice of prayer, we used 5-point Likert scale. For assessing the importance of faith/spirituality and its strengthening and influence, we used a yes/no questionnaire.

Discussion

The emergence of the Covid-19 pandemic has caused distinct human responses and reactions, has strengthened us and made us aware of the fragility of our human existence. We have been taught a lesson in humility, but we are also accompanied by feelings of powerlessness and fear. The analysis of the conducted survey, with 50 participants, showed that mainly young people, both women and men, dominated. In the group of young people between the ages of 21 and 35, the essence of faith was of a great importance and was declared to be accompanied by the frequent practice of prayer. In Poland, there has been a discussion of a growing crisis of faith in the younger generation and their lack of attachment to church traditions. This survey group makes an extremely interesting case for further analysis because it has never experienced such a social disaster before. Our research proves that women more often declare strengthening their faith/spirituality in the face of the corona virus hazard. Also worldwide research indicates that women participate in religious life more often, pray more or feel a greater presence of God in everyday life (Forlenza and Vallada 2018). Perhaps this is related to the image of God as a good and merciful father who will be able to save us from all evil and suffering. In general, the development of faith is also observed in the group of the elderly, which may be caused by



the awareness of the inevitability of death (Harrington 2016). To conclude, when being exposed to a threat we use various strategies of survival, faith being one of them, which allows us to keep hope as well as feel sense of security. The current worldwide situation can bring people together, also through joint prayer

Conclusion

This analysis is quite modest with respect to offering certain answers on the changes in the religious practices of Catholics during the COVID-19 pandemic. I consider, however, that it can offer several guidelines towards more systematic and rigorous research on the above questions. I conclude with a series of questions and hypotheses that, in our opinion, could be fruitfully studied in the future. In the first line, the religious interpretations of the pandemic could be studied: its ways and channels of reproduction and its relationship with daily care practices and with political treatments of the problem. For example, I saw some indication that not consulting specialized sources (i.e. sharing information not verified by a specialist through family networks like Facebook and WhatsApp) may increase apocalyptic and religious interpretations of the virus. This is not a new discovery since each individual in their innermost circles receives and transmits unconfirmed information, that is, each group usually reinforces its own vision of the world. This will help us gain certainty about this dynamic, in the context of religious accounts and social media. Similarly, I hypothesized that the propensity to share these views of the pandemic could be correlated with older people and low levels of education. Testing this hypothesis would certainly show the old idea that lack of education is a breeding ground for the transmission of Manichean and plotting ideas. However, it would be interesting to analyze how religious leaders respond to these representations and discourses. A third group of questions refers to possible contrasts between genders. I saw some evidence that men behave religiously differently than women. Likewise, their vision of the pandemic, priorities and reactions during this time are diverse. This could be a culture matter, namely, that religious sensibilities have been constructed interjectionally with gender roles or a simple matter of skills. Focused inquiry into these differences could help us gain greater clarity. Fourth, I find that there is a de-intensification of religious practices during the pandemic, which is greater in institutionalized rites than in personal ones.

References

- 1) Armstrong, M. (2006). A Handbook of Human resource Management Practice, Tenth Edition, Koran Page Publishing, London, , p. 264
- 2) Diuguid, Darraya.R. in(2009). Studied Student Teachers Awareness, Preparedness and Attitudes of Issues Related to high Poverty Schools. . *Journal of Experimental Education* June 1955.
- 3) Christen, M., Ayer, G. and Sober man, D. (2006). Job Satisfaction, Job Performance, and Effort: A Reexamination Using Agency Theory, *Journal of Marketing*, January, Vol. 70, pp. 137-15
- 4) Davis, K. and Nostrum, J.W. (1985). Human Behavior at work: Organizational Behavior, 7 editions, McGraw Hill, New York, p.109
- 5) Herzberg, H. F. (1976). Motivation-Hygiene Profiles, p. 20 George, J.M. and Jones, G.R. (2008). Understanding and Managing Organizational behavior, Fifth Edition, Pearson/Prentice Hall, New Yersey, p. 78
- 6) Hop pock, R. (1935). Job Satisfaction, Harper and Brothers, New York, p. 47
- 7) Kaminski, B.S. (2007). Encyclopedia of Business and Finance, Second edition, Thompson Gale, Detroit, p. 446
- 8) Lawler, E.E. III and Porter, L.W. (1967). The Effect of Performance on Job Satisfaction, *Industrial Relations*, pp. 20-28
- 9) Locke, E.A. and Latham, G.P. (1990). A theory of goal setting and task performance, Prentice Hall, p.4 Lufthansa, F. (1998). Organizational Behavior, 8 Editions, McGraw-Hill/Irwin, Boston, p. 147
- 10) Mullins, J.L. (2005). Management and organizational behavior, Seventh Edition, Pearson Education Limited, Essex, p. 700
- 11) Mrunalini, T. & Sankaraih.B. (2010). *Study on Attitudes and Reflections of Prospective Teachers on Environmental Concerns. Social psychology of Education*,6,61-90.
- 12) Pandey, R and Tripathy,(2006). Attitude towards teaching, Harper and Brothers, New York, p. 47
- 13) Rue, L.W. and Byers, L. (2003). Management, Skills and Application, 10 ed., McGraw-Hill/Irwin, New York, p. 259
- 14) Reno and Nanda (1999)). A theory of goal setting and task performance, Prentice Hall, p.4
- 15) Specter, P.E. (1997). Job satisfaction: Application, assessment, causes and consequences, Thousand Oaks, Corsage Publications, Inc Stat, D. (2004). The Rutledge Dictionary of Business Management, Third edition, Rutledge Publishing, Detroit, p. 78
- 16) Sweeney, P.D. (2005). Organizational Behavior, Solutions for Management, McGraw-Hill/Irwin, New York. 57



- 17) Sunitha and Badola, (2010). Study on studied, IGNOU (B.ED.)Teacher Trainees Attitude towards Awareness of the Fundamental Rights of Secondary school Students rights of secondary school students. . *Journal of Higher Education Policy Management*, vol.21, no.2, pp. 203-214.
- 18) Selvaraj Gnanaguru, A & Suresh Kumar, M, in (2008). Study on under Achievement of B.Ed Students in Relation to their Home Environment and Attitude towards Teaching. . *Journal of Higher Education Policy Management*, vol.21, no.2,pp. 203-214.
- 19) UNESCO, (1998). World Declaration on Education for All. Adapted by the World conference on Education for All meeting Basic Learning Needs. Jomtin, Published by UNESCO.