

## Drug Addiction: A Menace to the Future of Kashmir

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### ABSTRACT

The nuisance of drug abuse amid natives in Kashmir has developed into a fundamental communal depravity as well as swaggar a large confront to public health as well as turn out to be a subject of great apprehension in the present scenario of the society. Kashmir has been from side to side three decades of violence, resulting in an outbreak of psychosocial turmoil among its inhabitants. A number of psychiatric tribulations have emerged like Post-traumatic Stress Disorder (PTSD) and Depression, Obsessive-Compulsive Disorder (OCD). The conflict-ridden valley has also seen a remarkable augment in substance abusers over the past many years. Most of the drug users use the substances out of nosiness and in the certainty that it will lessen their troubles like trauma, stress, anxiety or depression. Some people become obsessed to these detrimental drugs because of the bad company they keep, lack of parental guidance or direction, too much pocket money they hold, and easy accessibility of drugs and so on. The aim of this paper is to determine the awareness regarding threat of drug addiction and factors contributing to drug abuse among Kashmiris. The results show a very unsatisfactory figure and confront for the society to control a distressing spike in drug abusers.

*Keywords: Drug Abuse, Awareness, Problems, Kashmir*

According to World Health Organization (WHO), “Drug abuse is the consumption of a drug apart from therapeutic need or in the unnecessary quantities.” Encyclopedia Americana defines the term as “the extreme or addictive use of psychotropic substance for non-medical purposes” (Amin, 2013). Drug abuse is a multi-dimensional problem, both in developed and developing countries linked with a variety of factors and circumstances which differ from nation to nation, civilization to civilization and ethnicity to ethnicity (Malla, 2019). Persons embark on to make use of drugs with varied choices. A few people make use of drugs to mitigate some medical circumstance but continue to use them later than the medical circumstance is over. Some people who sense disheartened embark on to make use of the drug to self-medicate and get obsessed to it (Bhat and Imtiaz, 2017). In today’s world we are facing more challenges, like scarcity, pleading, fraud, unemployment, underdevelopment etc. and all these troubles contribute to form a new crisis and that is one of the fast-budding troubles that is, drug addiction. As the time passes throughout the range of drugs augmented to distressing level, drugs like Narcotic: Opium, Analgesics, Heroin,

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Morphine, Brown Sugar, Pethedine: Stimulants, Cocaine, Amphetamine, Depressants: Alcohol, Barbiturates, Diazepam, Hallucinogens d-lysergic acid diethylamide (LSD), Mescaline, Phencyclidine, Psilocybin and Cannabis: Ganja, Charas, Hash Oil etc. are now commonly abused (Naqasbandi, 2012). Kashmir valley is considered to be one of the hardest hit places with drug use and the situation worsened by the existing turmoil (sidiq, et.al, 2016). Kashmir valley at present is in the middle of those untoward regions of the world where disclosure to a multiplicity of severely stressful traumas has turn out to be nearly a daily affair for the majority of population irrespective of their age, gender, domicile and profession. The number of people looking for help for their emotional disorders has revealed huge increase over the years. Evidently due to long-lasting stress arising out of declining financial growth, destruction of life and property, devastating panic and ambiguity, an increasing number of people are resorting to medicine with drugs that make at least fleeting serenity and also sleep. There has also been an extra-ordinary increase in the number of people suffering from mental disorders like depression, stress and adjustment related disorders. These people are also at increased risk of increasing drug addiction because of the fact that drugs are used to alleviate apprehension symptoms (Bhat, et.al, 2017). According to a survey conducted by United Nations Drug Control Programme (UNDCP) around 70000 people in Kashmir are drug addicts among which 4000 are females. Several studies conducted in the valley discovered that youth mostly between the age group of 17-30 are mostly involved in this nuisance of drug craving (Bhat and Imtiaz, 2017).

### REVIEW LITERATURE

Baba, et.al (2013) administered a study on “an epidemiological study on substance abuse among college student of North Kashmir”. The results of the study show that male students had significantly higher prevalence of substance abuse. Moreover, the most common being substance being used was tobacco products, solvents, alcohol, sedatives and cannabis.

Lone and Mircha (2013) conducted research on “Drug addiction and the awareness regarding its possible treatment and rehabilitation of young drug users in Kashmir”. The results show that majority of the respondents were aware about the drug de-addiction process but were not aware about the drug de-addiction centers or NGO’s working for the treatment / rehabilitation of drug addicts in Kashmir.

Ahmad, et.al (2009) carried out a study on “Substance abuse in India”. The authors conclude that changing cultural values, increased economy stress and dwindling supportive bonds are leading to initiation into drug abuse. Furthermore, the process of urbanization, industrialization and migration has increased stress and strains and to overcome this stress people are easily falling prey to drugs.

#### *Objectives*

- To ascertain the level of awareness regarding the menace of drug addiction and its treatment/ prevention.
- To observe various factors contributing to drug abuse among Kashmiris.
- To find out the health implications of drug addicts.

### METHODOLOGY

The study was conducted in various rehabilitation centers and medical institutes of Kashmir valley, by using interview schedule. To collect the relevant information 400 respondents, 280 male and 120 female were taken by administering simple random sampling technique.

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Both primary and secondary data was used for the study. After collecting the data was carefully analyzed and scrutinized by using appropriate statistical tools.

### RESULTS AND DISCUSSION

*Table-1 Demographic Profile Of The Respondents*

| Demographic characteristics |               | N   | %    |
|-----------------------------|---------------|-----|------|
| AGE (yrs)                   | ≤15           | 38  | 9.5  |
|                             | 16-25         | 166 | 41.5 |
|                             | 26-35         | 167 | 41.6 |
|                             | Above 35      | 29  | 7.3  |
| GENDER                      | Male          | 280 | 70   |
|                             | Female        | 120 | 30   |
| DWELLING                    | Rural         | 281 | 70.3 |
|                             | Urban         | 119 | 29.8 |
| TYPE OF FAMILY              | Nuclear       | 291 | 72.7 |
|                             | Joint         | 83  | 20.7 |
|                             | Extended      | 26  | 6.5  |
| MARITAL STATUS              | Married       | 147 | 36.8 |
|                             | Unmarried     | 253 | 63.2 |
| LEVEL OF LITERACY           | Primary level | 23  | 5.7  |
|                             | Middle level  | 46  | 11.5 |
|                             | High school   | 76  | 19   |
|                             | College       | 188 | 47   |
|                             | P.G.          | 28  | 7    |
|                             | Professional  | 39  | 9.8  |
| INCOME                      | ≤4000         | 74  | 18.5 |
|                             | 5000-10,000   | 116 | 29   |
|                             | 10,000-15,000 | 93  | 23.2 |
|                             | Above 15,000  | 117 | 29.3 |

Table 1 reveals that majority of the respondents i.e., 41.6 percent is in the age group of 26-35, followed by 41.5 percent in the age group of 16-25, 9.5 percent in age group of ≤ 15 and 7.3percent in the age group of ≥ 35 with 70 percent males and 30 percent females. Most of the respondents were unmarried 63.2percent and belonged to the rural areas 70.3percent and majority i.e., 47 percent of the respondents drug abusers were college going, followed by 11.5 percent in high school level, 9.8 percent in professional courses, 7 percent in P.G. level and 5.7 in primary level. This shows that youths are getting more and more involved in this menace which is a matter of concern for Kashmir valley. Further, most of the respondents i.e., 29.3 percent had a monthly income of ≥15,000.

*Table: 1.2 Level of Awareness about menace of Drug Addiction*

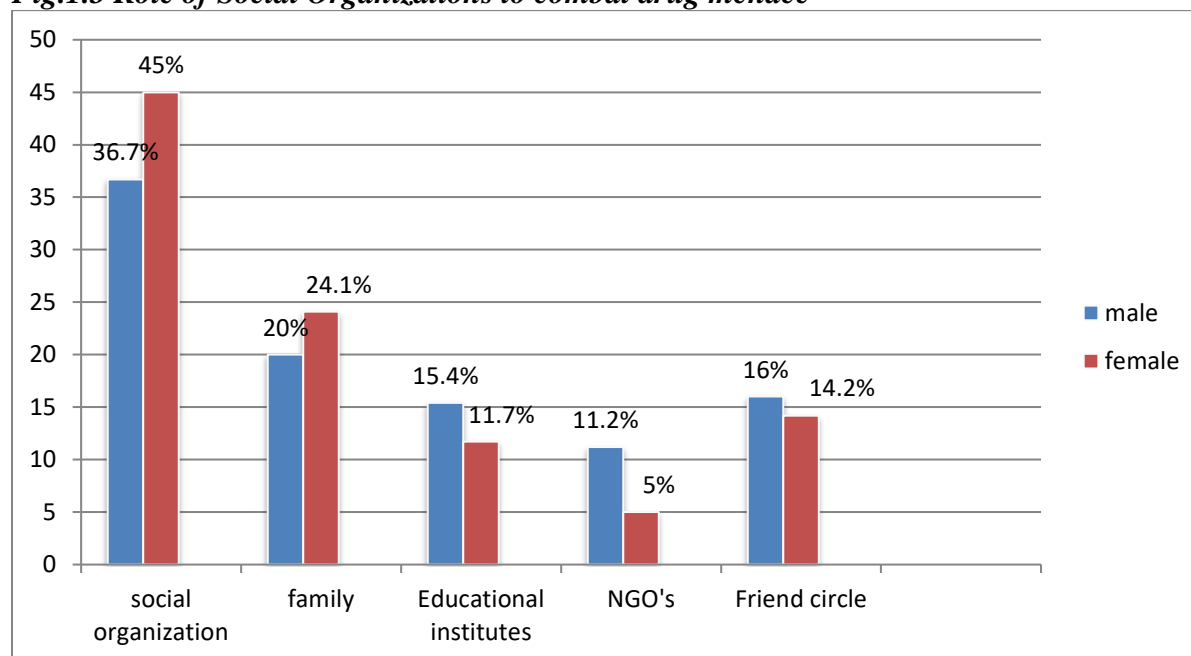
| Question asked   | age      | Male | %    | Female | %    |
|--|----------|------|------|--------|------|
| At what age u think people are more prone to fall preys to drugs   | ≤15      | 39   | 13.9 | 23     | 19.2 |
|  | 15-25    | 79   | 28.3 | 62     | 51.7 |
|  | 25-35    | 134  | 47.8 | 26     | 21.6 |
|  | Above 35 | 28   | 10   | 9      | 7.5  |
| You believe smoking is the first step that leads to drug addiction | Yes      | 96   | 34.3 | 32     | 26.6 |
|  | No       | 184  | 65.7 | 88     | 73.4 |

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|   |     |     |      |    |      |
|---|-----|-----|------|----|------|
| You know how harmful it is for your health          | Yes | 204 | 72.8 | 97 | 80.8 |
|   | No  | 76  | 27.2 | 23 | 19.2 |
| Know the measures/ remedies to overcome this menace | Yes | 114 | 40.7 | 38 | 31.6 |
|   | No  | 166 | 59.3 | 82 | 68.4 |

Data represented in Table 1.2 depicts that most of the male respondents i.e., 47.8 percent believe that people become drug addicted in the age group of 25-35 years, followed by 28.3 percent in the age group of 15-25 years, 13.9 percent in the age group of  $\leq 15$  and a meager percent i.e. 10 percent in the age group of  $\geq 35$  fall prey to drugs. Furthermore, the female respondent believe that most of the people i.e., 51.7 percent become drug addicts in the 15-25 years, followed by 21.6 percent in the age group of 25-35 years, 19.2 percent in the age group of  $\leq 15$  years and 7.5 percent in the age group of  $\geq 35$  years. However, in response to question ii most of the male i.e., 65.7 percent respondents believe that smoking does not lead a person to get addicted to drugs followed by female i.e., 73.4 percent respondents who are of the same opinion. Further, majority of the respondents 72.8 percent male and 80.8 percent female respondents admitted that they know how dangerous it is for their health but unfortunately they still get addicted to this menace and above all the disappointing figure is that most of the respondents of both gender i.e., 59.3 percent male respondents and 68.4 percent female respondents don't know the measures to overcome this deadly menace.

**Fig.1.3 Role of Social Organizations to combat drug menace**



It is observable from the figure that majority of the respondents i.e., 36.7 per cent males and 45 per cent female respondents held government responsible for the gravity of the menace. They believe that the government could play its role by stopping the supply of these drugs. Furthermore, 20 per cent male respondents and 24.1 per cent female respondents felt that family could play an important role in the prevention of drug abuse, followed by 16.7 per cent male respondents and 14.2 per cent female respondents who believe that friend circle could help a person by maintaining cordial relations and suggesting better ways to overcome stress and tension. Also, 15.4 per cent male respondents and 11.7 per cent female respondents said that educational institutions can play an eminent role in the prevention of drug abuse by providing drug education at different levels of educational process. Non-

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Governmental Organizations" (NGOs) role in drug abuse reduction in the demonstration of providing treatment and remedial services has been accepted by only 11.2 male respondents and 5 per cent female respondents respectively.

**Table: 2 Factors contributing to drug addiction**

| Factors             | Male | %    | Female | %    |
|---------------------|------|------|--------|------|
| Family discord      | 78   | 27.8 | 42     | 35   |
| Unemployment        | 54   | 19.4 | 21     | 17.5 |
| Peer group pressure | 62   | 22.1 | 19     | 15.8 |
| Conflict in valley  | 77   | 27.5 | 26     | 21.7 |
| Any other (specify) | 9    | 3.2  | 12     | 10   |
| Total               | 280  | 100  | 120    | 100  |

It is apparent from table 2 that majority i.e., 27.8 per cent of male respondents and 35 per cent of female respondents were taking drugs because of family discord as most of the respondents complained that their parents are so busy in their life that they hardly give their time to their children which leads to stress and tension and unfortunately to overcome this stress they drag themselves to this deadly menace. The above table also reveals that 27.5 per cent males and 21.7 per cent females have admitted that stress level has increased due to the ongoing conflicts in Kashmir valley that lead people to depend on drugs to seek relief from stress and tension. Further, 22.1 per cent male respondents and 15.8 per cent female respondents got intertwined in drug abuse because of their peer group pressure, followed by 19.4 per cent males. Whereas, 17.5 per cent females addicts because of unemployment, followed by 12 per cent male respondents. Furthermore, 10 per cent female respondents admitted that they engage in this menace of other reasons like failure in academics, failure in love affairs and death of family member.

**Table-3 Health Implications of Drug Abusers**

| Health problems         | Male | %    | Female | %    |
|-------------------------|------|------|--------|------|
| Liver dysfunction       | 56   | 20   | 46     | 38.4 |
| Kidney problem          | 23   | 8.3  | 21     | 17.5 |
| Mental disorders        | 122  | 43.5 | 34     | 28.4 |
| Lung diseases           | 68   | 24.3 | 19     | 15.7 |
| Cardiovascular problems | 11   | 3.9  | -      | -    |
| Total                   | 280  | 100  | 120    | 100  |

Drug nostalgia leads to by and large health trouble of drug abusers. The data depicts that 43.5 per cent male respondents were having mental disorders, followed by 24.3 percent with lung diseases, 20 percent with liver dysfunction 8.3 percent with kidney problem and 3.9 percent with cardiovascular problems. Further, majority of female respondents i.e., 38.4 per cent reported that they suffer from liver dysfunction, followed by 28.4 per cent with mental disorders, 17.5 per cent with kidney problem and 15.7 per cent with lung diseases. It is clear that drugs cause rigorous harm to the central organs of the body thereby exposing the abusers vulnerable to immediate death or anxious life. In general, it can be believed that drugs put down ones health with an enormous speed which can cause death immediately if not congested instantly.

## CONCLUSION

The study concludes with the remark that drug menace is spreading day by day like a blaze in Kashmir valley. This study found that a maximum percentage i.e., 80 per cent of drug users are males and 20 per cent are females. The participation of females in drug abuse is attributed to many social, economic and psychological factors. Vis-à-vis marital status greater part of the abusers were found unmarried. The maximum association of respondents in drug abuse reveals multiple reasons, which include family discord, living in a conflict zone, peer pressure and unemployment. The results also exposed that most of the respondents were aware about the negative impacts of drug addiction but still they can't stop themselves to become victim to drugs and also after getting involved they don't know how to conquer this nuisance to enhance their life as before; this indicates that there is a need to conduct programmes and campaigns to make people aware and vis a-vis treatment of drug addiction. In the health perspective, the overall impact of drugs on health was found devastating and disturbing. Furthermore, the study reveals that remarkable agencies, institutions, organizations and individuals can play an imperative task in avoidance of drug abuse; particularly government agencies can play an apex role in fighting this nuisance.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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