

Drug Addiction among Youth in Kashmir

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This paper attempts to present an overview of the profile of drug addicts in order to draw scientific generalization of the prevalence and pattern of drug abuse among youth of Kashmir. Research subjects consisted of 150 Kashmiri youths, aged 15 to 30 admitted into a three inpatient/outpatient drug de-addiction centres of three districts of Kashmir valley. The recorded data were analysed using a qualitative framework i.e. Thematic Content Analysis. The study revealed that youth of Kashmir have increasingly been linked with the influence of social variables on their addictive behaviour such as age, gender, caste, marital status, religion, education, occupation and place of residence. Preventive strategies seeking to reduce the occurrence of drug abuse among those who are at greater risk, should focus on the development of influential cognitive, social skills and social bonding.

Keywords: Drug abuse; Addiction; Youth, Risk factors, Peer pressure, Kashmir.

.Shakespeare's expression, "what's past is prologue," underscores the idea that past events establish a significant framework for interpreting the present and anticipating the future. This phrase highlights how historical experiences can offer valuable insights and serve as a guide for making informed decisions about what lies ahead. The history of drug use offers a sobering lesson to the point that the past is a prologue (Cook, 1997; Shakespeare, 2008; Kirwan, 2010). Drug abuse refers to the inappropriate consumption of substances that are not required for medical purposes. It involves using drugs in excessive amounts or for non-essential reasons, deviating from their intended therapeutic use and often resulting in harmful consequences (Ali, 2013; Henkel, 2011; Steiner, 2019; National Collaborating Centre for Mental Health (UK), 2008). The misuse of drugs has penetrated every part of the world and increased in a greater pace with no limits. This condition is a persistent and recurrent disorder impacting millions

globally. It is predominantly characterized by an uncontrollable urge to consume addictive substances, often despite the negative outcomes it may cause, making it a complex and widespread issue (George & Nora, 2010; Cunningham & McCambridge, 2012). Drug misuse involves the utilization of substances for purposes or conditions where they are not the ideal option. Alternatively, it can also occur when a drug, despite being appropriate for a specific condition, is consumed in incorrect dosages, leading to potential harm or reduced effectiveness (WHO, 2000; WHO, 2006; Zhan et al., 2001; Kasprzak, 2000). Since, prehistoric time's humans have used mind-altering plants (Siegel, 2005; Guerra-Doce, 2015). Ancient people found that consumption of some plants gave a feeling of ease, drowsiness, happiness, or peace (Baylen & Rosenberg, 2006). Some others gave a feeling of strength, stamina, alertness and, some produced different types of unusual experiences, terrifying visions, or a profoundly different consciousness (Reardon

& Creado, 2014; Nichols, 2016). The main bases for which people are indulged in to drug use are: ritualistic, psychological and medical, which inducing the feeling of euphoria or to seeking freedom from the feelings of anxiety, depression, and dejection (Khalily, 2001). The usage of these drugs is based upon a belief that it enhances physical wellbeing, metaphysical experiences and to heighten religious beliefs which are closely related to substance usage (Mueller, Plevak, & Rumman, 2001; Weinandy & Grubbs, 2021)

The coexistence of drug use and abuse dates back thousands of years, during which it was not regarded as a social issue or morally objectionable. Only in the last few centuries has drug abuse been identified as a societal problem or 'social evil' (Erich Goode, 2008; De-Gonzague et al., 2019; Tsatsakis et al., 2019). Despite this, drug abuse possesses a rich historical and political background (Fang & Wang, 2008; Nichter et al., 2004). Historically, humans have utilized natural substances for survival, healing, and altering consciousness, often within religious and economic contexts, a practice that even predates agriculture (Mir, 1996). It takes on the magnitudes of a great global tragedy that engulfs people from every corner of the world, developing, developed and underdeveloped. No nation is new to using drugs for different purposes (Alexander, 2000; Bourgois, 2003; Kessler et al., 2009; Volkow, 2010; INCB, 2011; Chesang, 2013; Safdar, 2015; Islam & Hossain, 2017; WDR, 2018; Khanday, 2019; WDR, 2020). The drug abuse has never before posed such a challenge to the quality of life as it seems today in human history (Krug et al., 2002; US Department of Health and Human Services, 2016). In its initial stage, society does not make any type of interventions of this problem, since addiction was not of a very high magnitude and limited only to certain sections of society (Singh,

2020). The drugs that were in use in ancient times were not as harmful as they are today. Many problems of the drug abuse in recent years have had an impact on public discourse and have caused national and international concern, particularly among younger generation (Hsu, Lin, & Tsay, 2014; Warner, Kaufman & Grundmann, 2016; Okafor, 2020;). Substance abuse or dependence-producing substances have deleterious and damaging influences on the health of the nation, the economic prosperity of a country, corrupts the system, as also upon the stability and security of the country (UNDP, 1995; Manchikanti, 2007; National Drug Control Policy, 2011; National Drug Intelligence Center, 2011; Degenhard et al., 2018; NIDA, 2020). Addiction to Tobacco, alcohol and cigarette smoking is now considered a major global public health issue. The adverse effects of drug addiction can be perceived in all societies and none is immune from its negative effects (Volkow, 2014; Eric, 2017). The health implications involve the dissolution of human personality, mental disorientation and emotional derangement pushing the victim towards a fate from which there is seldom any hope of recovery (Morland, 2000). The most common abused drugs have a great affect in the nervous system, particularly brain is being targeted (Buttner, 2011; Madras & Kuhar, 2013). Some of these drugs are obtained from natural sources such as marijuana, opium, cocaine, mescaline, caffeine, nicotine, and psilocybin while others are synthetic or designer drugs (Onaivi, 2009; Feng, 2017). The consequences are far reaching, attacking the younger generation of a country and destroys the flower of a nation's future (Wani, 2004).

The 2021 World Drug Report revealed that in 2019, global drug abuse resulted in the deaths of half a million individuals and caused drug-related disorders in approximately 18 million people, with opioids

being the primary contributor (WDR, 2021). Furthermore, drug addiction contributes to severe illnesses, especially among those who inject drugs (Khalsa, 2008; CDCP, 2018). Beyond health impacts, illicit drug trade undermines social and economic progress, disproportionately affecting marginalized groups and posing a significant threat to security and stability worldwide. United Nations survey estimated that nearly 20 million people, mostly Asians and Africans took the cannabis drug. (WDR, 2021). The International Criminal Police Organization (Interpol) conducted a study in 1970 on drug abuse in different countries which revealed that the use of narcotic drugs and psychotropic substances had considerably increased among the young people (WDR, 2018). The United Nations Drug Control Programme reports cannabis is most widely abused/consumed substances in the world i.e. (144 million people) followed by amphetamine-type stimulants (29 million people), cocaine is used by (14 million) and opiates is used around (13.5 million people, 9 million of whom are take heroin) the total number of users who used illicit drugs was reported around 180 million people, which is equal to 3% of the world population (Wani, 2004, WDR, 2021). The introduction of far more dangerous substances on the scene, such as heroin, amphetamine, Lysergic Acid Diethylamide, Methaqualone, and the increasing prevalence of miss-use of drugs even among adolescents and school-going children have brought the issue in to focus around the world

The qualitative change in India's drug abuse scenario occurred after the sixties, when new varieties of narcotic drugs (Heroin, Smack, Brown sugar, Angel dust) and psychotropic substances started surfacing on the scene (Steiner, 2019). Media reports, research reports and other publicity materials show that a non-issue becomes a critical issue in India in the eighties (Das, 2012). The

disquieting aspects of the current drug abuse problem have considerably alters the picture of the use and abuse of narcotic and psychotropic substances (Johnston, O'Malley & Bachman, 2004). The dramatization of the drug abuse evil by the media in the eighties had the desired effect on the government (Murji, 2020). Serious introspection and planning for meaningful action, both by central and state governments was taken up and efforts started at evolving a consensus on ways and means of tackling this menace

The drug menace, as emerging now, has proportions of genocide, preserving the younger generation's vitality and has to be fought by the common will of humanity (Bush, 1991; Sharma, 2017; Antonova & Polishchuk, 2019). Today there are more young addicts between the ages of 15 and 24 than ever before in the history of mankind, and according to the estimate more than three quarters of these young people live in developing countries (Gore, 2011; Chan, 2016; Hingson, Zha & Weitzman, 2009; Henkel & Zemlin, 2016). Youth is a resource of the whole world and cannot undermine or ignore its potential (Koller & Verma, 2017). If the potential of youth is to be properly trapped it requires great understanding of their problems, formidable challenges and lurking dangers of drug, tobacco and alcohol abuse and addiction by giving them support (Saxbe, 2012; Harris, Brownell & Bargh, 2009; Sarkingobir & Dikko, 2020). The youth is indeed the most vital and vibrant section of our population and our best resource which needs to be utilized for their own optimum development and for the real progress of the nation (Chidiebere, Iloanya & Udunze, 2014; Rani, 2017; Farooq, 2017). Drug abuse and addiction has to be combated and prevented for the sake of humanity, and the explosive energy of youth and its natural curiosity are to be used to build a better world. Therefore, greater attention needs to be paid consistently to control, manage or mitigating

drug abuse through the legal, medical, social and educational levels (Anglin & Hser, 1990). For the sake of humanity, it has to be combated and avoided, because drug dependence is century's most challenging threat to the nation's growth, to the capacity and creativity of our generation.

Existing Phenomena of Drug Abuse in Kashmir

Drug abuse has become one of the most pressing social challenges in modern society, transcending cultural, religious, political, and economic barriers (Pedersen, 2002; Amin, 2013; TaghiSheykhi, 2019). Over the last decade, Jammu and Kashmir have experienced a sharp rise in drug abuse, particularly among the youth, severely impacting their physical and mental health (Sidiq et al., 2016; Manzer, Dubey & Bhat, 2017; Amin, 2013; Bhat, Rahi & Sidiq, 2015). The problem exacerbates personal, familial, and societal difficulties (Khan, 2019). Alarmingly, heroin use among youth has surged, with individuals transitioning from cannabis to hard drugs at a faster rate, exposing them to diseases like Hepatitis and HIV (Margoob et al., 2004; Rather et al., 2013). This situation not only imposes health-related costs but also economic strains, often driving youth into petty crimes and drug trafficking (Baba, 2013; Malla, 2019). The menace spans all societal strata, threatening the fabric of society if left unchecked (Khan, 2019).

The state of Jammu and Kashmir and the valley in particular, has been grappling with an armed insurgency (Evans, 2000; Sikander, 2012; Ganie & Din, 2015; Rai, 2018). The occurrence of violence has significantly disrupted everyday life, altering the social dynamics of communities. Both civil society and government officials have voiced concerns over how persistent violence is reshaping societal conditions and norms, prompting discussions on its far-reaching

impact (Kaura, 2017; Faheem, 2020; Wani, Suwirta, & Fayeye, 2013). Psychiatrists and researchers in the valley believe that experiencing violence has a long term effect on one's mental landscape predisposing one to common mental health disorders like Post-traumatic Stress Disorder (PTSD), chronic depression, anxiety (Stuart, 2003; Helfrich, Fujiura, & Rutkowski-Kmitta, 2008; Alejo, 2014). Generally, youth with such mental ailments are mostly finds their comfort from substance use (Volkow, 2005; O'Connell, Boat & Warner, 2009). The increase in substance abuse within Kashmir is closely tied to the valley's geographical proximity to the Golden Crescent region, comprising Afghanistan, Pakistan, and Iran. This region is a major hub for drug production and trafficking, facilitating the cross-border smuggling of narcotics into Kashmir and contributing to the widespread availability of these substances (Prabha, 2001; Upadhyay, 2001; Naqshb, 2012; Haji, 2012; Amin, 2013; Rather, 2013; Shafi & Tabassum, 2013; Bhat, Rahi & Sidiq, 2015; Rahaman, 2014; Noor & Llah, 2015; Shafi, 2019; Malla, 2019; Adil, Farhat & Rather, 2019; Chanda, 2019).

In South Kashmir, opium cultivation has become increasingly prevalent, with expansive fields of poppy plants visible during April and May (Amin, 2013). Historically, farmers grew poppy plants to harvest seeds, locally known as 'Khash Khash,' for culinary purposes (Shrivastava, 2003). However, in recent years, the focus has shifted toward opium production for financial gain. Many farmers are unaware of the long-term societal implications, despite campaigns by law enforcement and the excise department to destroy poppy fields and curb the practice (Shafi, 2019).

The issue of drug abuse in Kashmir has a longstanding history. However, in recent years, this problem has intensified, transforming into a full-scale epidemic. It has severely disrupted the social framework of

the region, making it one of the most critical and alarming challenges in contemporary times (Rather, 2013; Khan, 2019). Consumption of brown sugar is spreading in almost all the localities (Sidiq et al, 2016). Houseboats, hotels and tabas are becoming peddler's paradise (Agarwal, 1995). The abuse of substances such as tobacco, cannabis, alcohol, and benzodiazepines, including sleeping pills like Alprax and Valium, has been widely reported in Jammu and Kashmir. Additionally, opiates such as codeine, heroin, and morphine, as well as brown sugar and inhalants like Fevicol SR, glue, paint thinner, petrol, and shoe polish, are among the primary drugs being misused in the region (Bhat, 2015; Sidiq et al., 2016; Manzer, Dubey & Bhat, 2017; Kumar, 2021). Another report published on the occasion of the International Day against Drug Abuse and Drug Trafficking, has estimated that almost 60000 people have taken drugs for one or the other reason (Health Education Bureau, 1983). According to a survey conducted by UNDCP, there are seventy thousand drug addicts in Kashmir division alone including four thousand women, and 65% to 70% of students (UNDCP, 2008; Lone & Mircha, 2013; Noor & Llah, 2015; Bhat, 2017; Wani & Singh, 2017; Khanday, 2018; Wani, 2021). Reports from the Government Psychiatric Disease Hospital reveal that 90% of individuals suffering from drug addiction are aged between 17 and 35 years, indicating a high prevalence of addiction within this demographic (Wani & Singh, 2017). The valley currently has an estimated 2.11 lakh drug abusers, though societal stigma may obscure the true extent of the problem, suggesting that the actual number could be much higher (Magroob, 2008). Kashmiri young addicts would first abuse cannabis or medicinal opioids and then gradually shift to harder drugs like heroin, brown sugar. But now, many people start with heroin abuse and gradually shift from oral to injectable consumption (Gasior, Bond & Malamut, 2016;

khan, 2019). In 2018, the most frequently abused substances included opioids (27.26%), cannabis (24.14%), benzodiazepines (2.4%), alcohol (4.17%), inhalants (11.1%), nicotine (1.55%), and poly-drug combinations (38.9%). These substances were primarily consumed by individuals aged between 11 and 25 years (Rather, 2013; Bashir et al., 2015; Bilques et al., 2015; Farhet et al., 2015; Malla, 2019; Rather et al., 2021). A national survey conducted by NDDTC, AIIMS, and SKIMS using Respondent Dependent Sampling Survey (RDSS) identified Anantnag and Srinagar as having the highest consumption rates of alcohol (3.5%) and opioids (4.91%) (Police Drug De-addiction and Rehabilitation Centre, 2019).

Patients in Kashmir

There are various governmental and non-governmental NGOs/Counselling centers and De-Addiction centers in the State of Jammu and Kashmir, working hard for curbing this drug menace. (NDDTC & AIIMS, 2019; Observer, 2022). Data base provides the information of the number of patients visiting Out Patient Department (OPD) with drug related problems. People of different age groups come voluntarily or through referenced persons to these de-addiction centers for detoxification (Mangilal, Kumari & Kavitha, 2014). The Drug De-Addiction Centre in Srinagar, managed by the Jammu and Kashmir police, recorded 2,521 out-patient cases (OPDs) and 276 in-patient cases (IPDs) in 2020 (The Federal, 2020). Comparatively, in 2017, OPD cases stood at 2,981 and IPDs at 454. By 2018, the OPD cases had risen to 3,500, with 731 IPD cases (Gowher, 2020). Additionally, data from Government Medical College Srinagar showed an increase in substance abuse-related visits, from 6,157 cases in 2016-2017 to 6,550 cases between January and December 2017 (GMC, 2019). In between 2018-19, almost 46,000 patients were treated

at the Shri Maharaja Hari Singh (SMHS) hospital alone, out of which more than 12,000 were treated via OPDs (Tribune, 2016; The Hindu, 2017; Kashmir Walla, 2019). In addition, there has also been a steep rise in the number of heroin addicts in the Valley; the official records of the Department of Psychiatry at SMHS hospital reveal that out of 342 people admitted to the hospital from 01 January 2019 to 20 June 2019, at least 309 patients were found to abuse heroin (Margoob et al., 2004; Rather, 2018; Wire, 2019; Mugloo, 2019; Wion, 2021; Decan heard, 2021, 2022). Officials blame the easy availability of the drugs for the increase in the number of drug users (Naqshb, 2012; Amin, 2013). According to the estimates by *Deccan Chronicle* about 200 people between 15 to 30 years of age visited the de-addiction centers with severe withdrawal symptoms. Many were admitted to different wards and kept under observation, while others were sent away after the completion of complete medication and therapies (Vikram, 2019). A survey by the Ministry of Social Justice and Empowerment claims that 4.9 percent of the Jammu & Kashmir population has been abusing opioid drugs (Ali, 2019). Thus, according to the existing data Kashmir is witnessing an alarming increase in drug consumption particularly among youth, since the past three years there seems a registering jump from gradual increase to rapidly increase of all drug addicts treated at government-run facility centers (Dar, 2019).

Method

Research site

Presently there are 13 de-addiction centres in Kashmir valley. These centres are administrated by both private and government organizations working for the betterment of drug addicts particularly focused upon youth. These de-addiction centres are situated across various districts

of Kashmir. In the present study, the researcher has selectively taken three government-recognized de-addiction centres from three districts namely Anantnag district from south Kashmir, Barmullah district from north Kashmir and Srinagar district from central Kashmir, which were approached after the proper approval of concerned authorities. The main goal of de-addiction centers is to assist individuals in confronting and overcoming substance dependence. These facilities work to eliminate substance abuse and prevent its psychological, legal, financial, social, and physical repercussions, aiming for holistic rehabilitation.

Participants

Research subjects consisted of 150 Kashmiri youths, within age group of 15 to 30. The above age group takes into consideration according to the official document of National Youth policy published by ministry of youth affairs. Respondents were admitted into a three inpatient/outpatient drug de-addiction centres of three districts of Kashmir valley. 50 respondents were selected from each de-addiction centre. For comparison purposes, the taken age group were divided into three age groups i.e. (15-20), (21-25) and (26-30) according to their past and current use of illicit drugs. Distribution of the age group is 15-20 (n=47), 21-25 (n=43) and among the age group 26-30 its (n=60).

A purposive nonprobability sampling method was applied to ensure an even distribution of participants across centers, with 33.3% representation from each. By comparing the findings with census data and official records, no significant discrepancies in demographics were identified. However, the increased availability of drugs since 2015 emerged as a notable concern.

To enhance data validity, we avoided the usual techniques of survey methodology.

Instead of obtaining data from captive subjects in rehabilitation centers, researcher conducted interviews with youngsters in informal settings, mean to say in their native language (Kashmiri) in order to avoid the language barrier that could probably affect the information. All the sample subjects were interviewed at de-addiction centers after the proper approval of the concerned authorities of those centers. Because the study focuses on illegal behaviors, we felt that the most accurate information could be obtained by contacting directly to substance abuse youths at legal and official centers.

Results

A study of respondent's social characteristics forms an important aspect of a scientific research. It helps in having a close look in various aspects of the respondents. It helps in finding out the direct and indirect relation of dependent and independent variables, the impact of socio-economic conditions on the incidence of drug abuse and on the attitudes of the respondents towards a particular malady. The study of age, religion, caste, sex, domicile, marital status, educational qualification etc. prove useful in ascertaining the personalities of respondents to a greater extent and consequently their reaction towards a particular situation. Therefore, in the present study, an attempt has been made to gauge the influence of social characteristics on drug addicts, so as to make an in-depth study of causal and other compulsions leading to such addiction.

Table1 shows the age composition of inmates has been classified into following three categories i.e. 15 to 20 years, 21 to 25 years, and 26 to 30 years. Majority of the respondents i.e., 60 out of 150 (40%) belonged to the age group of 26-30 years, followed by 47 (31.3%) who belonged to 15 to 20 years, and 43, (28.6%) belonged to 21 to 25 years. Therefore, findings of the above

table show that the age group between 26 to 30 years are more prone to addiction.

Table1. Age composition of inmates

Age	(n)	%
15-20	47	31.3
21-25	43	28.6
26-30	60	40
Total	150	100

Table 2 shows, the composition of gender of the inmates depicts that all the study participants are male population because of the absenteeism of female addicts in de-addiction centres. This might be a reflection of the fact that women might not seek help from drug de-addiction centres due to social taboos particularly in Kashmir.

Table 2. Gender of the Inmates

Gender	(n)	%
Male	150	100
Female	00	00.0
Total	150	100

Table 3 depicts that majority of the respondents are belongs to the category of unmarried population i.e. 29 (68%). Followed by married population 29 (19.3%), and the rest is the divorced population which is 19 (12.6%). Obviously, discord with, or absence of a spouse seem to make much difference to the habit of drug abuse. This might reflect the fact that teenagers are more vulnerable with the experimentation of new traits in their life.

Table 3. Marital status of the participants

Marital Status	(n)	%
Married	29	19.3
Unmarried	102	68
Divorced	19	12.6
Total (N)	150	100

Table 4, the religious composition of the drug addicts depicts that two major religions are clearly found dominant in different parts of Jammu and Kashmir, respondents were found to follow either Islam or Hinduism. Majority of the respondents i.e., 141, (94%) out of 150 respondents were Muslims and the rest 09 (6%) were Hindus.

Table 4. Religious composition

Religion	(n)	%
Hindu	09	06
Muslim	141	94
Sikh	00	00
Total (N)	150	100

Table 5 displays the distribution of caste categorization depicts that majority of the respondents i.e., 91, (60.6%) out of 150 were belonged to middle Caste. The second majority i.e., 31, (20.6%) belonged to Lower Caste and the rest i.e., 28, (18.6%) belonged to upper caste. Middle caste respondents also belonged to socially, educationally, and economically middle segment of society.

Table 5. Caste

Caste	(n)	%
Upper caste	28	18.6
Middle Caste	91	60.6
lower caste	31	20.6
Total (N)	150	100

Table 6 shows the distribution of educational status depicts that majority of the respondents i.e., 40, out of 150 (26.6%) were educated up to High School. The second majority i.e., 34, (22.6%) were Graduates. the third majority i.e., 26, (17.3%) were educated up to Primary School. Those who educated up to Senior Secondary School were 23, i.e., (15.3%) respondents out of 150. The rest i.e., 15, (10%) were post-graduates followed

by 09 respondents i.e., (6%) who were educated up to middle school. the lowest number of respondents i.e., 03, (2%) could read and write *kashour* (Kashmiri dialect) but had no formal education and none of the respondents were illiterate.

Table 6. Educational qualification

Level of Education	(n)	%
Primary School	26	17.3
Middle School	09	06
High School	40	26.6
Senior Secondary school	23	15.3
Graduation	34	22.6
Post-Graduation	15	10
Literate	03	02
Total (N)	150	100

Table 7 displays the distribution of the occupational status depicts that majority of the respondents i.e., 58, out of 150 (38%) were student. The second majority i.e., 52, (34%) were self-employed. The third majority i.e., 20, (13.3%) were labourer. This was followed by 12, i.e., (8%) were employed in private section. The rest i.e., 8, (5.3%) were government employee.

Table 7. Occupational status

Occupation	(n)	%
Government Employee	08	5.3
Private Job	12	08
Self Employed	52	34
Labour	20	13.3
Student	58	38.6
Total (N)	150	100

Table 8 shows the distribution of the residential areas depicts those respondents belonged to three districts of Kashmir valley and their adjoining areas, where majority of

the respondents came from the places of urban setting i.e. 90, 60% followed by 60, i.e. 40% percent of the respondents from rural setting.

Table 8. Residential area

Place of residence	(n)	%
Urban	90	60
Rural	60	40
Total (N)	150	100

Discussion

The present study examined the influence of selected variables such as age, gender, caste, religion, marital status, educational status, occupation and place of residence on the behaviour of drug addicts admitted in de-addiction centres. The analysed sample was consisted of 150 respondents of past and current drug users. The age composition of the respondents were 15 to 30 years, which in India, is the official age group of youth defined by the National Youth Policy document published by Ministry of Youth Affairs 2014. The age group of 15-30 is divided under three subsets, in order to find out the dominant age group that falls into the trap of drug addiction. The proportional distribution of age group 15-30 is (15-20, n=47, 31.3%), (21-25, n=43, 28.6%) and (26-30, n=60, 40%). Majority of the respondents i.e., 60 out of 150 (40%) belonged to the age group of 26-30 years, followed by 47 (31.3%) who belonged to 15 to 20 years, and 43, (28.6%) who belonged to 21 to 25 years. The study of Maruf, Khan & Jahan (2016) substantiates the findings in this context. Data of the present study is in conformity with the earlier findings that age group between 26 to 30 years are more prone to addiction. It also brings out that, this age group is the most active age group of the general population in which environmental influences are more pronounced. Another Variable is

Gender which is described as a socially constructed system of organization that prescribes behaviors based on perceived biological characteristics. These perceptions are influenced by socio-cultural dynamics and evolve over time, reflecting the structure and processes of society (Sterling, 2012).

In the present study all of the 150 respondents were male and there were no female. This might be a reflection of the fact that women might not seek help from drug de-addiction centres due to social taboos. This statement is supported by one of an earlier study conducted by National Institute on Alcohol abuse and Alcoholism where they highlighted that *women are more likely than men to face multiple barriers to accessing substance abuse treatment and are less likely to seek treatment*. Secondly, women might not have reached a state of addiction where they needed the drug de-addiction centre's solace. The marital status of the drug-dependents was categorized into married, unmarried and divorced. Results shows that majority of the respondents belongs to the category of unmarried i.e. 68 percent and the percentage of married addicts was 19.3 per cent, followed by divorced which is 12.6 percent. The figures of this section reflects the fact that the population of unmarried group are more prone to abuse illicit drugs because of the curiosity of experimentation with illicit drugs typically begins during the teenage. The findings of this variable is consistent with the study of SAMHSA, 2008; Chen & Kandel, 1995. From the very beginning religion has been found to be a protective factor against any deviant act of an individual. There may be a prohibition for an act in a particular religion but at the same time, it may not be considered as a deviant act in another religion. According to census 2011, the total population of district Srinagar is 1,236,829 out of whom (95.19%) are Muslims and (3.44%) are Hindus. The population of district Anantnag is 1,078,692

out of whom (97.99%) are Muslims and (1.22%) are Hindus and the district Barmullah has 1,008,039 population, out of whom (95.15%) are Muslims and (3.4%) are Hindus. Therefore, two major religions are clearly dominant in different parts of Jammu and Kashmir. However, in terms of total population, Islam dominates the Kashmir valley with 68.31% followed by 28.44% which are Hindus (Census, 2011). In the present study, respondents were found to follow either Islam or Hinduism. Majority of the respondents i.e., 141, (94%) out of 150 respondents were Muslims and the rest 09 (6%) were Hindus. The findings of this study is consistent with the study of Arfken & Ahmed, (2016). However, it can be said that religion has ceased to have much control over an Individual's behaviour and deviance. It seems to weaken the social fabric and lessen the control mechanism that religion traditionally exercised over society.

Being a part of the broader Indian social system, the society of Kashmir has also been affected by traditional caste system, where Muslims dominate the broader area of society and are stratified on the basis of caste. In the present study caste categorization mentioned by Dabla (2012) and Wani (2013) in study of social stratification among Muslims in Kashmir is adopted. They revealed three-fold divisions of caste in Kashmir, i.e., Upper Caste, Middle Caste, and Lower Caste. The upper caste consists of Syeds, Piers, Baghdadi, Ulemas, and Sheikhs. Wattal, Waza, Chopan, Ganai, Dobi, Hajjam, Hanji are at the bottom of the hierarchy, and the rest of the castes occupy the middle position in the caste hierarchy. In the present study, majority of the respondents i.e., 91, (60.6%) out of 150 were belonged to middle Caste. The second majority i.e., 31, (20.6%) belonged to Lower Caste and the rest i.e., 28, (18.6%) belonged to upper caste. The finding of this variable is consistent with the study of Sharma (1996) in sociocultural

perspective of substance use in India, where he also highlighted that fact that middle caste people are more vulnerable to drug addiction. in relation to Education, regarded as a cornerstone of national development, equips individuals with essential knowledge and skills. Beyond academic growth, education plays a crucial role in shaping the personalities and aspirations of the youth, contributing to a nation's progress. Education plays an important role in determining the values, attitude, behaviour, and living conditions of an individual (Idris et al, 2011).

In the present study respondents had different educational level which is divided as, Primary School, Middle School, High School, Senior Secondary School, Graduation, and Post-graduation. Majority of the respondents i.e., 40, out of 150 (26.6%) were educated up to High School. The second majority i.e., 34, (22.6%) were Graduates. the third majority i.e., 26, (17.3%) were educated up to Primary School. Those who educated up to Senior Secondary School were 23, i.e., (15.3%) respondents out of 150. The rest i.e., 15, (10%) were post-graduates followed by 09 respondents i.e., (6%) who were educated up to middle school. the lowest number of respondents i.e., 03, (2%) could read and write *kashour* (Kashmiri dialect) but had no formal education. None of the respondents were illiterate. In this regard, findings of the present study are consistent with the findings of Lal (2011) where he also disclosed that majority of the drug addicts were educated up to high school. However, the findings are inconsistent with the work of Kubica (1990) & Sethi (1979) based on secondary sources, were they found that majority of the inmates were illiterate. A study of the occupation of the respondents gives a better understanding of their economic status and living conditions which are reflected in their behaviours (Roberts & Lee, 1993). The occupation of

an individual often impacts other dimensions of their life, influencing familial and societal relationships. In some instances, the demands of parental occupations can restrict opportunities for effective child socialization, potentially leading to deviant behaviors (Amin, 2013). In the present study respondents were found to be either, Government Employee, Private employee, Self-employed, Labourer or Student. Majority of the respondents i.e., 58, out of 150 (38%) were student. The second majority i.e., 52, (34%) were self-employed. The third majority i.e., 20, (13.3%) were labourer. This was followed by 12, i.e., (8%) were employed in private section. The rest i.e., 8, (5.3%) were government employee. In this regard, findings of the present study are consistent with the findings of Amin (2013) where majority of the respondents were found students. However, it can be said that youth spend much of their time in educational institutions where officials can provide knowledge and tools to prevent and reduce involvement of youth towards drug abuse and should provide an appropriate environment to implement prevention programs that seek to reduce the risk factors and increase the protective factors of substance use and abuse among youth. Finally, the population of the world has their own ways of living with distant places, living lifestyles may be different but every society has its own place of residence. Some people live in rural areas, some live in urban areas and, some reside in semi-urban or in semi-rural areas. Young individuals from diverse residential areas exhibit varying levels of vulnerability to substance abuse. These disparities arise due to differences in exposure to risk and protective factors associated with drug use. Furthermore, environmental diversity influences the magnitude of these factors, altering the likelihood of substance abuse in different contexts (Rhew et al, 2011). In the present study, respondents belonged to three

districts of Kashmir valley, each district is divided on the basis of rural-urban continuum. It has been found that majority of the respondents came from the places of urban setting i.e. 90, 60% followed by 60, i.e. 40% percent of the respondents. The section of residence indicated the fact that exposure towards illicit drugs are more in urban areas than rural areas. Ompad & fuller (2005) also reported in their study "The Urban Environment and, Drug Use and Health" that the drug abuse has a strong relationship with the environment of urban setting.

Conclusion

For the past two decades, Kashmir has been grappling with the effects of armed conflict, which has severely disrupted daily life. Both civil society and the government have expressed concerns over how prolonged violence is altering the region's social and cultural conditions, emphasizing the need for urgent solutions. In general population, norms and values of the society regarding drug abuse have become less favourable to the excessive consumption of illicit drugs. Unfortunately, the abuse of illicit drugs has remained stable or increased very rapidly, as indicated by de-addictions and treatment centres. It seems that the use of illicit drugs is becoming concentrated in high-risk groups. Therefore, the above findings show the importance of public participation and rehabilitation centres in preventive strategies. These findings may become ground for the drug professionals in order to prevent the predicted subjects from this deadly menace. If communities, health professionals, official members are to become protective pathways for healthy environment, they must have to take responsibility for addressing, prioritizing and identifying risks in the society and for implementing preventive strategies in order to reduce the prominent risks and boost the environment

of social integration and attachment to the community standards. Preventive strategies seeking to reduce the occurrence of drug abuse among those who are at greater risk should focus on the development of influential cognitive, social skills and social bonding from the very beginning and should promote the strong societal standards in response to drug abuse.

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