

## Article

# Drug addiction and youth of Kashmir

M. Mudasir Naqshbandi

<sup>1</sup>School of Social Work, Indira Gandhi National Open University, New Delhi, India. E-mail: aerie25@gmail.com.

<sup>2</sup>Amar Singh College, 1202 Srinagar, India.

Accepted 23 November, 2012

**Drug addiction is fastest growing problem among youth in developing countries and also in developed countries. This study looks at the impact of conflict and unemployment in increase of drug addiction among youth in Kashmir. A study on youth was conducted using interview schedule method to collect data from respondents so that answer to the objectives can be found. The study results make some interesting revelations. It reveals that most of the respondents feel that conflict and unemployment both has added to the problem of drug addiction among youth. Whereas 158 respondents also revealed that girls also take drugs. 143 respondents revealed that member from their family take gateway drugs. Many respondents also revealed that educational stress is one reason for youth to indulge in drug addiction. Youth are the future of nation if they indulge in drug addiction it is surely going to have worst impact on society. It also brings economic, cultural and moral degradation to individual in particular and family in general. This study shows how our youth look to the problem of drug addiction. This study looks to awareness among youth about drug addiction's evil impact. And it also finds that girls also had impact of drug addiction.**

**Key words:** Drug addiction, conflict, unemployment, youth.

## INTRODUCTION

In today's world we are facing more challenges, like poverty, corruption, begging, underdevelopment, unemployment etc. and all these problems contribute to form a new problem and that is one of the fast growing problems that is, drug addiction. As the time passes through the range of drugs increased to alarming level, drugs like Narcotic: Analgesics, Morphine, Opium, Heroin, 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 frequently abused.

If the world statistics on the drug scenario is taken into account with a turnover of \$500 billion, it is the third largest business in the world next to petroleum and arm trade. About 190 million people all over the world consume one drug or other (Carballo and Nerukar, 2001). India too is caught in this vicious circle of drug abuse, and the number of drug addicts is adding day by day. According to (Drugs, 2004) 1 million heroin addicts are registered in India and unofficially there are as many as 5 million.

The geographical proximity has played very vital role so far as the production, cultivation, trafficking and promotion of drug abuse in the world is concerned. The Golden triangle which consists of a vast region of South-East Asia includes the wild mountainous regions of Eastern Burma, Northern Laos and Thailand produces the maximum possible Opium. The production and use of Opiates does not only revolve around the economic gains and social acceptability among the hill people of the area, but Opium trade is also instrumental in the armed conflicts and the drugs are traded for military hardware and ammunition. The close territorial chain of Iran, Afghanistan, and Pakistan known as Golden Crescent plays vital role in the drug trade, for obvious political and economic considerations. Over the past 25 years the global illegal drug industry has grown to the point that it currently has annual revenues approaching \$300 billion with a retail value of these substances exceeding that of the worldwide oil trade .A report by the WHO stated that drug use is a growing problem in both the developed and developing world .Along with the United States, Japan and Sweden have "large scale epidemics of amphetamine abuse".

According to the United Nations Office on Drug and Crime 2008 World Drug Report, an estimated 208 million people, or nearly 5% of the world's population between the ages of 15 and 64, consume illegal drugs. One hundred and sixty two million people abuse cannabis (marijuana or hashish), making it the most prevalent illicit substance, followed by amphetamine type stimulants, opiates and cocaine. 35 million used amphetamine type stimulants, 16 million are opiates and 13 million are cocaine users. In Europe, recent studies among 15 years old and 16 years old suggest that use of cannabis varies from under 10% to over 40%, with the highest rates reported by teens in the Czech Republic 44% followed by Ireland 39%, the UK has 38% and France 38%. In Spain and the United Kingdom cocaine use among 15 to 16 years old is 4 to 6%. Cocaine use among young people has risen in Denmark, Italy, Spain, United Kingdom, Norway and France.

### **Drug abuse in Kashmir**

According to a survey sponsored by United Nations Drug Control Programme (UNDCP) there are 70000 drug addicts in Kashmir division alone including 4000 women? As per recent survey, 65 to 70% students in Kashmir are drug addicts who include gateway drugs too and around 26% female students. As per Government Psychiatric Disease Hospital (GPDH) statistics 90% abusers belong to the age group of 17 to 35 years with a lifetime prevalence of drug addiction. Kashmir as it is known for its attraction for tourist and migrant labourers which increase rate of different drug use among drug addicts. Easy availability and lack of accountability from parent gateway drugs like cigarette, Paan, Gutka etc are commonly used by young male aging 12 to 15 years.

### **Drug addiction**

Any substance that makes you crave it when you start using it is an addictive agent; a person who succumbs to feeding the craving is an addict. A person might develop a physical "need" for the drug, or a psychological craving for the drug. Drug addiction involves compulsively seeking to use a substance, regardless of the potentially negative social, psychological and physical consequences. In other words, you may have a psychological and emotional, plus a strong physical dependence on the drug. When an addict stops taking a drug, it can produce an unpleasant physical reaction.

### **LITERATURE REVIEW**

Chuah et al. (2003) mentioned in their study that Opium addiction is now less common, but abuse of newer

opioids, like heroin, cannabis, marijuana, amphetamines and Ecstasy are on the increase.

Chopra (1971) mentions in the study that Psychiatric ill-effects of chronic drugs use are more difficult to evaluate with certainty. Nutritional deficiencies, head injuries and periods of partial anoxia associated with profound intoxication are probable aetiological factors involved. Large doses of amphetamine, LSD, cannabis and the newer synthetic "Hallucinogens" can and do produce disturbances of perception and emotional response which are part of their hallucinogenic effect. Drugs, produce physiological changes which, on interruption of drug use, give rise to characteristic, clinically observable withdrawal syndromes.

Thacore et al. (1971) suggest in their study that Methaqualone is being abused by a cross section of the population. Most of them were introduced to the drug by doctors who in many instance happen to be their friends. It is taken to experience a feeling of euphoria and a sense of pleasure and may be used regularly or sporadically. Study further mentions that it appears to be an effective tranquillizer (one subject preferred it to phenobarbitone) and may be of value in treating alcoholic withdrawal symptoms, but not without risk of substitution. Undesirable side-effects were mainly subjective in nature. Overdose interferes with normal mentation but no psychotic symptoms were reported.

Collier (1966) suggested a different explanation for the development of tolerance and physical dependence. He proposed that when tolerance occurs without development of physical dependence, it is due to increase in "silent receptors" and decrease in "pharmacological receptors" but with drugs of dependence, tolerance occurs due to a decrease of some excitatory transmitter. This causes an increase in "pharmacological receptors" (analogous to denervation supersensitivity). Upon withdrawal of the drug of normal quantum of transmitter is liberated which acts on a supersensitive neurone and thus abstinence syndrome results.

Winslow and Wood (1959) suggested that morphine acts at two different receptor sites in a neuronal pathway. It acts at the receptor on the distal neurone and depresses the conduction, resulting in depression and euphoria, but it enters the proximal neurone and by certain biochemical changes it builds up hyper excitability. These actions are antagonistic and hence to produce the same degree of depression more drugs is required (tolerance). On drug discontinuance the latent hyper excitability becomes manifest as abstinence syndrome.

Abuse, Division of Epidemiology, and Research (2003) Suggests that the child is more vulnerable for drug addiction if he/she is kept in condition where more risk factors (that is, the factors associated with greater potential for drug abuse) prevail. As per the findings many risk factors like aggressive behaviour in schools leading to rejection by peers, punishment by teachers

and academic failure can lead to the most immediate behaviours that put a child at risk, for drug abuse such as skipping school and associating with peers who abuse drugs. As per the study, research based preventive programs can intervene early in the Childs development to strengthen protective factors and reduce risk factors. Research also has shown that the key risk periods for drug abuse occur during major transitions in children's lives. These transitions include significant changes in physical development for example puberty or social situations like divorce of parents etc. The study has suggested some preventive measures for drug abuse both at the family and at the community level.

Harakeh and Vollebergh (2011) suggested that the impact of peer influence young adult into smoking. In the study about 68 smoking students aged between 16 to 24 years were studied. Participants had to perform a 30 min music task with a confederate. In the study participants were given different conditions. From the study it was evident that the peer pressure did not have a significant addition contribution, over and above smoking of the peer. The study reveals that passive peer influence affected young adult smoking rather than active peer influence. The researcher would have got more significant or reliable results if he would have taken more sample size and also he would have reached better conclusions if he would have taken the respondents above the age of 24.

Margoob and Dutta (1993) suggested that most drug abusers were males and their main substance of abuse was Cannabis followed by heroin. Researchers have conducted the study on the sample which was mainly ranging between the age group of 26 to 35 years which is considered as an adolescent age. It would have been a better study if the teen age group would have also been included in the study.

Rao and Vasudevan (1980) in their study has shown that most of the drug addicts nearly 80% get this addiction before the age of 30. In the study the sample size was 178 among whom 175 were males and 3 were females. The study also reveals that the major substance of abuse was either cannabis or alcohol. As per the study all the respondents were "hardcore" addicts indulging in continuous or intermittent use and suffering physical/psychological withdrawal features at the time of consultation. As per the study cannabis abusers were consuming moderate to heavy doses of ganja daily while as opiates and barbiturates were taken in larger doses per day. The study has also shown that the youngest age was as 8 years for cannabis habit and ten years for opium. The study has brought out an unusually low number of addicts among the females. It would have been a better study if the researcher would have taken equal number of respondents with respect to that of gender.

Drugs et al. (2002) suggests that religion plays a major role in shaping the individual's worldview and existential

understanding. Alcohol, cannabis, nicotine, opium and mushrooms have been used for rites in many cultures. The association that evolved through the years has been well engrained in people's minds, and can be observed even today in rural and tribal areas. Cannabis has many religious associations in India. Among Hindus, kinship and caste are two basic elements of social organisation. The use or non-use of a particular drug depends on the individual's membership in a varna and caste. The use of ganja, bhang and charas is associated with Hindu religious and social ceremonies. It is believed that the god Shiva was very fond of hemp drugs; these drugs are still offered to Shiva in temples on the night of Shivaratri, the anniversary of Shiva's marriage, as the "food of the god". Bhang is poured on Shivalinga, a metaphorical image of male and female genitals, and people consume cannabis as an expression of happiness.

Sudan (2007) suggested in his study that youth are at the forefront of violent conflict, often fighting without a choice. Youth of Kashmir consistently reported that they continued to have serious psychological and social difficulties as a result of the ongoing violence and deprivation they had experienced during the last few years, such as feelings of hopelessness and profound social alienation. As young people constitute the majority of militia recruits, they suffer disproportionately most from the trauma and psychological effects of ongoing violent conflict. Many young men and women try to overcome their disappointment, stress, depression by shifting to different drugs.

Nadeem et al. (2009) have mentioned in their study that changing cultural values, increasing economy stress and dwindling supportive bonds are leading to initiation into substance use. The study has also shown that cannabis, heroin, and Indian produced pharmaceutical drugs are the most frequency abused drugs in India. The study has also revealed that the process of an industrialization, urbanization and migration has led to loosening of the traditional methods of social control rendering an individual vulnerable to the stresses and strains of modern life.

## METHODOLOGY

The study applied both quantitative and qualitative methods in order to obtain a holistic insight into the objectives of the study. The exploratory nature of the study necessitated a quantitative approach in order to obtain the perceptions and feelings of participants and the underlying issues, which qualitative data would omit. The study adopted quantitative techniques using the survey method. The survey method was used because it can empirically test the hypotheses used in this study. The survey was carried out by using interview schedule and targeted Youth in different districts of Kashmir. An interview schedule was administered and the respondents were asked the relevant questions. The questions were asked in simple and easy-to-understand language. The answers were immediately marked on the interview schedule, and this was done so that no details escape the mind.

**Table 1.** Respondents profile.

Profile	Valid	Frequency	Percentage
Gender	Male	152	60.8
	Female	98	39.2
Family type	Nuclear	154	61.6
	Joint family	96	38.4
Age (years)	16 – 19	79	31.6
	20 – 25	107	42.8
	26 – 30	57	22.8
	31 – 35	7	2.8
Educational qualification	Under graduate	103	41.2
	Post graduate and above	138	55.2
	Professional degree	7	2.8
	Uneducated	2	0.8
<b>Total</b>		<b>250</b>	<b>100.0</b>

### Research site

The data was collected for different areas of district Srinagar, Anantnag, Baramullah, Pulwama and Budgam of Kashmir province of Jammu and Kashmir State.

The total numbers of 270 interview schedules were collected and the normality test was used to test and to ensure all variables were normally distributed then frequency test was carried out in which 20 respondents were found ineligible as they have not answered many questions asked to them hence 20 interview schedule were omitted for further tests hence only 250 interview schedules qualified for further testing.

### Data analysis techniques

The collected interview schedules were verified to ensure all responses were qualified for conducting this research; all the unqualified responses were eliminated. The unqualified schedules mostly included the ones with many blank answers. The Statistical Package for Social Sciences program (SPSS) version 16.0 was used for data analysis. First, we tested for normality of the data. Normality test showed that the data was normally distributed. Second, descriptive statistics was used to analyze the demographic information of the qualified respondents. Third cross tabulation was conducted to understand the relation between variables. Later inferential statistics was used to further analyze the data. The results of these tests are shown in the results section of this work.

## RESULTS

### Respondents profile

The analyzed data showed that 60.8% of respondents were male and 39.2% of respondents were female. 61.6% of respondents were from nuclear families and 38.4% were from joint families. 42.8% of respondents were in age group of 20 to 25 years. 31.6% of

respondents were in age group of 16 to 19 years. 22.8% of respondents were in age group of 26 to 30 years and 2.8% of respondents were of age in between 31 to 35 years. 55.2% of respondents revealed that their educational qualification is Post graduate level or above. 41.2% of respondents mentioned that their educational qualification is Under Graduate level however, 2.8% of respondents were having professional degrees and only 0.8% of respondents were uneducated (Table 1).

Analysis of Table 2 gives account about awareness. 63.15% of male respondents and 70.73% of female respondents ageing between 16 to 19 years revealed that they know what gateway drugs are. 46.77% of male respondents and 37.77% of female respondents ageing between 20 to 25 years mentioned that they do not know what gateway drugs are. 75.0% of female and 22.22% of male respondents ageing between 26 to 30 years revealed that they know what gateway drugs are. Whereas 71.42% of male respondents ageing 31 to 35 years mentioned they know what gateway drugs are and just 28.57% of male respondents with same age do not know what gateway drugs are. Overall female respondents from all age groups have better knowledge about gateway drugs than that of male respondents.

Analysis of Table 3 shows that 62.76% of male respondents and 56.66% of female respondents from nuclear families mentioned that gateway drugs are used in their family. However 37.23% of male respondents and 35.0% of female respondents from nuclear families denied that gateway drugs are used in their family by any of their family member. 63.15% of female respondents and 44.82% of male respondents from joint families revealed that gateway drugs are used in their family. 51.72% of male respondents and 36.84% of female

**Table 2.** Gender of respondent; \* Age of respondent \* Do you know what gateway drugs are?

Do you know what gateway drugs are?	Respondent's gender	Age of respondent (years)				Total
		16-19	20-25	26-30	31-35	
No	Male	11	17	28	2	58
	Female	12	17	3	0	32
	Total	23	34	31	2	90
Yes	Male	24	29	10	5	68
	Female	29	15	9	0	53
	Total	53	44	19	5	121
No idea	Male	3	16	7		26
	Female	0	13	0		13
	Total	3	29	7		39

**Table 3.** Gender of Respondent \* Family type \* Is anyone from your family taking gateway drug?

Is anyone from your family taking gateway drug?	Respondent's gender	Family type		Total
		Nuclear	Joint family	
No	Male	35	30	65
	Female	21	14	35
	Total	56	44	100
Yes	Male	59	26	85
	Female	34	24	58
	Total	93	50	143
No idea	Male	0	2	2
	Female	5	0	5
	Total	5	2	7

**Table 4.** Gender \* Do girls also take drugs?

Gender	Do girls also take drugs?			Total
	Yes	No	No idea	
Male	107	34	11	152
Female	51	40	7	98
Total	158	74	18	250

respondents from joint families denied.

Analysis of Table 4 reveals that 70.39% of male respondents and 52.04% of female respondents mentioned that girls also take drugs. However 40.81% of female respondents and 22.36% of male respondents revealed that girls do not take drugs. 7.23% of male respondents and 7.14% of female respondents had no idea about this.

Analysis of Table 5 reveals that 72.36% of male respondents and 57.14% of female respondents make unemployment and conflict responsible for the increase in use of drug addiction among youth. Whereas 1.31% of

male respondents and 5.10% of female respondents mentioned that conflict is not responsible for increase in drug addiction among youth. 3.28% of male respondents and 3.06% of female respondents mentioned that unemployment is not responsible for increase in drug addiction among youth. However 11.18% of male and 13.26% of female respondents have no idea either unemployment is responsible for increase in drug addiction among youth or not.

Analysis of Table 6 shows that 26.31% of male respondents and 16.32 female respondents who have smoked cigarette feel that educational stress is reason

**Table 5.** Gender \* Do you feel that unemployment is reason for increasing use of drug among youth? \*Do you feel conflict is responsible for drug addiction among youth?

Do you feel conflict is responsible for drug addiction among youth?	Respondent's gender	Do you feel that unemployment is reason for increasing use of drug among youth?			Total
		Yes	No	No idea	
Yes	Male	110	5	17	132
	Female	56	3	13	72
	Total	166	8	30	204
No	Male	2	15		17
	Female	5	9		14
	Total	7	24		31
No Idea	Male	0	3	0	3
	Female	7	3	2	12
	Total	7	6	2	15

**Table 6.** Gender \* Have you ever switched to cigarette smoking? \*Do you feel educational stress is reason for drug addiction among youth? Crosstabulation.

Do you feel educational stress is reason for drug addiction among youth?	Respondent's gender	Have you ever switched to cigarette smoking?			Total
		Yes	No	No idea	
Yes	Male	40	13		53
	Female	16	20		36
	Total	56	33		89
No	Male	15	50		65
	Female	7	33		40
	Total	22	83		105
No idea	Male	4	28	2	34
	Female	0	22	0	22
	Total	4	50	2	56

for drug addiction among youth. 8.55% of male and 20.40% of female respondents who have not smoked cigarette in their life also feel that educational stress is reason for drug addiction among youth. 9.86% of male respondents and 7.14% of female respondents who have taken cigarette in their life feel that educational stress is not reason for drug addiction among youth. Whereas 32.90% of male respondents and 33.67% of female respondents who have not smoked cigarette in their life also feel educational stress is not reason for drug addiction among youth. 18.2% of male respondents and 22.44% of female respondents who have not smoked cigarette in their life have not idea either educational stress is responsible for drug addiction among youth or not.

## DISCUSSION

This study reveals that unemployment is one of the major

reasons for drug addiction among youth same was studied by Nadeem et al. (2009) in their study that changing cultural values, increasing economy stress and dwindling supportive bonds are leading to initiation into substance use.

This study also reveals that conflict also plays vital role increasing drug addiction among youth the same was studied by Sudan (2007) in his study where he mentions that violent conflict has serious impact on youth psychology. Many young men and women try to overcome their disappointment, stress, depression by shifting to different drugs.

## Conclusion

This study tries to look viewpoint of youth about increase of drug addiction in society. 166 respondents revealed that both unemployment and conflict are responsible for drug addiction among youth. More shockingly 72.36%

male and 57.14% female respondents revealed that girls also take drugs; so far hardly any study had been done about female and their addictive approach. 56 respondents who are smokers and 33 respondents who are not smokers feel educational stress is other reason for youth to indulge into drug addiction. Counselling cells should be brought into existence for youth who suffer from depression, stress, disappointment etc. so that they can be motivated and prevented for addiction.

## REFERENCES

- Abuse NIOD (2003). Division of Epidemiology, S., & Research, P. Prevention Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders. No.: NIH Publication (04-4212), p. 49.
- Carballo M, Nerukar A (2001). Migration, refugees, and health risks. *Emerg. Infect. Dis.* 7(3 Suppl):556.
- Chopra I (1971). Symposium on drug addiction. *Indian J. Pharmacol.* 3(1):43.
- Chuah S, Leong C, Pang, C (2003). Dilated Common Bile Duct in Opium Addicts with and without Biliary Symptoms - Implication for Research in AIDS Cholangiopathy. *Singapore Med. J.* 44(5):261-267.
- Collier H (1966). Tolerance, physical dependence and receptors. *Adv. Drug Res.* 3:171-188.
- Drugs UNOO (2004). World Drug Report 2004: Analysis: United Nations Publications, Volume 1.
- Drugs UNOO (2002). Crime, Ctr, V. I., Austria, Education, U. I. f., & Germany, U. Globalisation, and Drugs Criminalisation (CD-ROM).
- Harakeh Z, Vollebergh WAM (2011). The impact of active and passive peer influence on young adult smoking: An experimental study. *Drug Alcohol Depend.* 121(3):220-223.
- Margoob MA, Dutta K (1993). Drug Abuse in Kashmir - Experience from a Psychiatric Diseases Hospital. *Indian J. Psychiatr.* 35(3):163.
- Nadeem A, Rubeena B, Agarwal V, Piyush K (2009). Substance abuse in India. *Pravara Med. Rev.* p. 4.
- Rao AV, Vasudevan P (1980). The course and outcome of drug addiction. A follow-up study of 178 cases in Madurai, South India. *Drug Alcohol Depend.* 6(6):351-357.
- Sudan FK (2007). Sponsored by Centre for Study of Developing Societies, New Delhi, India.
- Thacore V, Saxena R, Kumar R (1971). Epidemiology of drug abuse in Lucknow with special reference to methaqualone. *Indian J. Pharmacol.* 3(1):58.
- Winslow A, Wood LA (1959). Relation of land subsidence to groundwater withdrawals in the upper Gulf Coast region, Texas. *Min. Eng.* 11(10):1030-1034.