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The hidden social crisis: Drug addiction in the Kashmir Valley, India

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ABSTRACT

The paper investigates the responses of drug-addicted persons to understand the association between socio-economic characteristics and the driving factors of drug addiction. For this, a cross-sectional analysis of 100 addicted persons from Kashmir Valley, who were currently under treatment for de-addiction at the rehabilitation center of Shri Maharaja Hari Singh (SMHS) Hospital, Srinagar, was carried out through a structured questionnaire. The analysis was conducted using basic statistical approaches. The results show that the primary drugs used include natural to synthetic, supplied mainly by friends, and mainly used for enjoyment. More than 95 % of the sampled respondents were less than 25 years in age and 34 % were polydrug users. Most of the persons admitted were below 40 years of age and using the substances more than three times each day. Additionally, 85% of the samples came from economically well-off families with a monthly income of more than 50,000 Indian Rupees, and 67% had a secondary school level of education or higher. The impacts of drug abuse varied and mainly affected the work, individual behavior, and health of the person. The people get involved in illegal activities like theft. Among the responders, 60 % were facing chronic health problems and 66 % reported that their social and economic conditions were severely affected. The persons were not able to easily give up drugs anytime and seek

professional assistance and counseling at the early stages. The study indicated a growing curiosity among addicted persons about the need to stop the crisis. The results suggested that cutting the supply and implementing stricter laws could be among the best strategies of the government agencies and civil bodies for controlling the spread of drug abuse in society.

Key words: *Drug addiction, Social Disaster, Economic Distress, NashaMukt Bharat*

INTRODUCTION

The Union Territory of Jammu and Kashmir is emerging as the drug menace capital of India, where the drug addiction has surpassed the state of Punjab (Sharma et al. 2022). More than 1 million people were addicted to illegal drugs in 2018 as per National Drug Dependence Treatment Centre (NDDTC-AIIMS, 2018, https://socialjustice.gov.in/writereaddata/UploadFile/Survey%20Report.pdf). Drug addiction (Karch, 2019) has increased tremendously over the last decade, particularly in the Kashmir Valley (Amin, 2013). The region is highly vulnerable to drug addiction due to geographical location, geopolitical setup (Kelman et al. 2018; Hussain, 2020; Zehra and Singh, 2021), and existing political unrest (Sidiq et al. 2016). This has turned the Valley into one of the hardest hit regions with illegal drug supply and demand (Ghuman et al. 2023). Addicted cases are reported from every nook and corner and section of the society (Farhat et al. 2015; Azim, 2019; Dar, 2025). The cases are alarmingly rising in different groups such as gender, age, marriage, income, education, and occupation (Rather et al. 2013). The rate is faster among youth (Naqshbandi, 2012; Malla, 2019), mainly due to maltreatment by family members (Hussain, 2020). The rehabilitation facility at Srinagar reported a 2660 % increase in addicts seeking treatment since 2016, which is twice the national average. Of the total persons visiting OPD, 95% were heroin addicts, a quantum jump of more than 80% compared to 2015. Educational pressure, growing financial stress, unemployment, unfulfilled aspirations, high expectations from parents, relationship break-ups, etc. are the other factors driving illegal drugs (Bhat and Imtiaz, 2017; Bhat et al. 2015; Azim, 2019; Goyal et al. 2022; Yousuf et al. 2023; Fazili and Singh, 2024).

This social disaster is bringing despair and gloom to the fabric and health of the beautiful society (Sidiq et al. 2016; Maqbool et al. 2020; Esther, 2022; Malik and Yatoo, 2023). The public health crisis is leading to massive human misery in terms of mortality, and brain and behavioral changes (Baba et al. 2013; Amin et al. 2023). The economic distress on the affected families is beyond imagination (Rather et al. 2013; Zehra and Singh, 2021). The affected persons are facing highly stressful traumas on a daily basis (Sofi and Authoy, 2016). An increase in the persons suffering from psychosocial disorders like depression and stress is seen (Zehra and Singh, 2021). Such affected persons are vulnerable to further usage of drugs (Roe and Becker, 2005), hoping it will alleviate the apprehension symptoms (Bhat et al. 2017). Addiction-related cases of theft, burglary, and even murder and suicidal

tendencies are seen in young ones (Hussain, 2014; Sharma et al. 2022; Malik and Yatoo, 2023).

Studies on drug addiction in India, and particularly in Kashmir, are limited and are mostly perception-based. Clear information on the factors, sources, pathways, and consequences on the society is lacking (Farhat et al. 2015). There have been various programs initiated by the Governments (Noor and Llah, 2015) and the societal bodies (Shayeq, 2015) to prevent the spread of drugs among youth. However, these initiatives have not effectively managed the menace due to various reasons such as huge scale of addiction, limited or uneven infrastructure and staff, poor follow-up, discouragement from society for treatment, shift from traditional to poly-drug use, and limited education and awareness programs, etc. (Varma, 2016; Sharma et al. 2020; Anusuya, 2024; Sharma et al. 2024; https://indianexpress.com/article/express-exclusive/jammu-kashmir-drug-menace-one-addict-walks-into-srinagar-opd-every-12-minutes-8897386/lite/?utm_source=chatgpt.com; https://risingkashmir.com/drug-abuse-jk-records-25400-opd-cases-1399-ipd-admissions/?utm_source=chatgpt.com).

Therefore, there is a big opportunity to improve the understanding of drug addiction in the region (Amin et al. 2023). For this reason, the present study was taken to ascertain the nature of drug abuse, its spread and prevalence, and the role of demographic, socio-economic, and other driving factors like friendship, stress, etc., on the use of illegal substances. The study will help the general masses, law-making bodies, and other agencies so that better planning can be designed for the complete eradication of the social disaster. The study aligns with the ***Nasha Mukht Bharat Abhiyan*** (https://nmba.dosje.gov.in/), which is a successful Government of India initiative for the drug-addiction-free country. Currently, the Drug De-Addiction Programme (DDAP) of the Ministry of Health & Family Welfare, Government of India, is operational in the 20 districts of Jammu and Kashmir; 11 in Kashmir and 09 in Jammu (Anusuya Yadav, 2024).

STUDY AREA

Geographically, Kashmir is located between 33° 30′ and 34° 45′ N latitudes and 74° and 75° 30′ E longitudes (Fig. 1). A unique oval-shaped valley, at an average altitude of 1800 meters above mean sea level, is surrounded by the Great Himalayan Range in the northeast and the Pir Panjal Range in the southwest. The study area falls in the entire Kashmir Valley of the Union Territory of Jammu and Kashmir, India, covering an area of 15,948 km^2. The Valley comprises of 10 districts. As per the 2011 Census, the population was 6.8 million (males 3.94 million and females 2.86 million) with a population density of 431.93/km^2. The average literacy rate is about 68.8% (males 78.26% and females 58.01%). Kashmir Valley has a young population, with about 69% people under the age of 35 years. About 63% of the male residents were under the age of 30 years. The Valley experiences severe winters,

pleasant springs, and moderate summers. Most of the area has a single cropping pattern, and the major population derives its livelihood from horticulture and agriculture. The summer capital, Srinagar, lies at an altitude of 1685 meters above sea level, spread on both sides of the Jhelum River.

METHODOLOGY

The study is mainly based on primary data collected by using a structured questionnaire comprising of 30 questions, which was pre-tested and validated by the subject experts. The data about demographic profile, socioeconomic conditions, pattern, frequency, duration, exposure level, and potential health and social consequences was collected through a cross-sectional design (e.g., Newcomb and Felix-Ortiz, 1992). It is a powerful tool for generating a snapshot of drug abuse during a particular span of time. The methodology, adopted by researchers (James et al. 2013; Fendrich and Mackesy-Amiti, 2000), provides valuable insights on the scope of the problem and the required interventions. Relevant information was collected at the Government Shri Maharaja Hari Singh (SMHS) Hospital, Srinagar, from 100 addicted persons who came from different districts for counseling and treatment. Keeping in view the limitations of getting in touch with addicted persons in the Valley, the convenience sampling method was used. The Head of the Center granted permission to directly interview the patients. Although 100 in number, the samples represent the whole addicted population of the Valley who are referred by tertiary hospitals. So there was no bias in selecting the samples. The survey was conducted during 2024, and keeping in view the time constraint, the target of 100 was achieved in almost three months. The secondary data from Narcotics Control Bureau (NCB) Ministry of Home Affairs, Government of India (https://narcoticsindia.nic.in/index.php#home-section) was used to strengthen the results. The Institute of Mental Health and Neurosciences (IMHANS) reports as published in several regional and national newspapers were incorporated to prepare some of the secondary sources of data.

RESULTS AND DISCUSSION

4.1. Nature of drug addiction in Kashmir

Table 1 and Fig. 2 reveal that of the total sampled addicted persons, nearly half of them used natural illegal drugs due to low cost and availability. A person addicted to heroin spends about 88,000 Indian Rupees (INR) a month to procure it. Some addicts sought treatment because they had no choice due to the rising cost. More than one-third had used both natural and synthetic drugs, and about 18% had used synthetic substances. The patients from northern districts mainly consume natural drugs such as cannabis and cocaine and the southern ones mainly consume artificial ones such as amphemitines, codeine, inhalers, Fevicol, etc. (Fig.

2a). The district-wise analysis reveals that the entire sampled addicted persons in district Ganderbal and Shopian used natural drugs, followed by Budagm (50%), Baramulla (50%), Kulgam (50%), Anantnag (50%), Srinagar (33%), Pulwama (25%), and Kupwara (25%). From the southern districts, Pulwama and Kulgam, half of the samples used synthetic drugs, followed by Srinagar (42%) and Baramulla (33%). All the addicted persons from Bandipora, followed by Kupwara (75%), Budgam (50%), Anantnag (50%), Srinagar (25%), Pulwama (25%), and Baramulla (17%) were using both natural and synthetic substances.

The data revealed that 68% of the addicted people were using illegal drugs for gaiety and enjoyment (**Fig. 2b**). All the samples from Budgam, Ganderbal, Kulgam, and Shopian, 68% from Srinagar, and 50% from Baramulla, Kupwara, Pulwama, and Anantnag had used them for enjoyment. About 17% samples indicate genetic reasons behind it. Half of the samples from Anantnag, followed by Bandipora (33%), Kupwara (25%), Pulwama (25%), Srinagar (21%), and Baramulla (17%) reported a genetic reason. The figures are consistent with the other studies (Salam and Niyaz, 2022). About 15% patients were consuming them due to pressure from peers and family issues. About 50% samples from Kupwara, followed by Bandipora (33%), Baramulla (33%), Pulwama (20%), and Srinagar (13%), mentioned peer pressure being the driving factor for drug abuse. The attitude and influence of peers is one of the strongest influencing factors for new addicts globally such as school children (Pilkington, 2007; Devi and Singh, 2023). Bad companions reinforce the favorable conditions and the substances become easily available in the group (Mason & Windle, 2001; Mason & Windle, 2001). The number of drug user friends and

the frequency of use has increased marijuana abuse (Bailey & Hubbard, 1991) and alcoholism (Wills et al. 2001). Family-related factors such as income, expressed emotions, disruption, economic burden, and violence influence drug use (Salyers & Mueser, 2001; Brook et al. 2006; Measelle et al. 2006; Biegel et al. 2007; Nebhinani et al. 2013; Atadokht et al. 2015; Mattoo et al. 2015; Kumar, 2019). Sometimes, maltreatment in the homes is another reason for youth involvement in drugs (Bashir et al. 2015). Children of families, whose members smoke, consume alcohol and drugs have 1.5 times, 5 times, and 2.5 times higher risk of smoking, alcoholism, and drug use, respectively (Whitesell et al. 2013; Webetu et al. 2020).

So far, the drug supply side is concerned, about 68% of the addicted persons reported that their friends were supplying the illegal drugs (**Tab. 1**). Nearly 27% samples have bought them from dealers, while as 3% were provided drugs by the relatives, which is consistent with the results of Pirzeda (2011) and Humaira (2019). In three districts namely Ganderbal, Anantnag, and Shopian all the addicted persons followed by Kupwara (75%), Srinagar (71%), Budgam (50%), Baramulla (50%), Pulwama (50%), and Kulgam (50%) reported that the illegal drugs were supplied by close friends. In Bandipora (67%), Budgam (50%), Pulwama (50%), Kulgam (50%), Kupwara (25%), Baramulla (17%), and Srinagar

(13%) of the sample reported that dealers were the main suppliers of illegal drugs. In only two districts, Baramulla (17%) and Srinagar (8%), illegal drugs were supplied by family relatives. This suggests that multiple sources distribute the drugs at the wholesale and retail levels (Desroches, 2007). However, there is a need to consider and understand other factors like race, ethnicity (Murji, 2007), as well as the factors which determine the spread, market operations, and who promotes them (Caulkins and Nicosia, 2010; Holt, 2017; Sánchez-Pérez et al. 2023). There is a worldwide lack of understanding regarding the supply chain, spread, market operation, and promoters of illegal drugs (Caulkins and Nicosia, 2010; Holt, 2017; Sánchez-Pérez et al. 2023).

Of the total samples, more than half had been using illegal drugs more than thrice a day, about 21% twice a day, nearly 9% thrice a day, and only 3% only once a day (**Tab. 1)**. The results show that in Ganderbal and Shopian all the addicted samples were using them more than thrice a day, followed by Baramulla (67%), Srinagar (58%), Kupwara (50%), Pulwama (50%), Kulgam (50%), Anantnag (50%), and Bandipora (33%). While as, in Anantang (50%), Bandipora (33%), Kupwara (25%), Pulwama (25%), and Srinagar (13%) illegal drugs were used once in day. The addicted younger people and students in India are consuming illegal drugs multiple times each day (Ambekar et al. 2015).

Table **2** shows that, of the total respondents, nearly 74% reported having used illegal drugs for the first time during the age of 15-25 years. According to Bhat and Imtiaz (2017) and Amin et al. (2023), about 90% of the addicts in the Valley were between 17-35 years of age. Bashir et al. (2015) inferred that about 75% of the such persons start using drugs at a younger age (11-16) with an average onset age of about 10 years. About 21% samples had used illegal drugs for the first time before the age of 15 years, and only 5% reported they had used first time after 25 years of age. About half of the samples from Kupwara and Anantnag started using drugs before turning 15 years of age, while as all the sampled persons from Ganderbal, Kulgam, and Shopian, districts started taking them within 15-25 years' age, followed by Baramulla (83%), Pulwama (75%), and Srinagar (63%).

Similarly, half of the samples from Pulwama and Kulgam followed by Bandipora (33%), Baramulla (33%), and Srinagar (21%), were using narcotics (**Fig. 3**). About 75% of the samples from Bandipora, 50% from each of the five districts, namely Budgam, Kupwara, Pulwama, Anantnag, and Shopian and 33% from Srinagar had used cannabis as the first drug. The synthetic substances such as Fevicol, SR, shoe polish, etc. and cannabis were the two main illegal drugs used for the first time. The other major drugs used include codeine, heroin, cannabis, alcohol, benzodiazepines, and opiates (NDDTC-AIIMS, 2018). Thus, the Government must effectively regulate the use of such illegal drugs, primarily because they are readily available. The district map indicates a particular pattern of the use of illegal drugs in the Valley. All the sampled persons from Ganderbal, three-fourths from Kupwara,

and half from Budgam and Anantnag had used illegal synthetic drugs for the very first time. Half of the addicted persons, mainly from south Kashmir (Kulgam, Anantnag, and Shopian) had abused alcohol for the first time (**Tab. 2**). The results are in agreement with the secondary data, which provides the information on the addicted persons in the UT of Jammu and Kashmir. Most of the addicted persons have been found to be poly-drug abusers. About 420,000 people consume alcohol, 140,000 cannabis, 540,000 opioids, 170,000 sedatives, 135,000 inhalants, 2000 amphetamines type stimulants, and 1000 each using cocaine and hallucinogens (NDDTC AIIMS, 2018). As shown in **figure 4**, more than half (54%) of the addicted persons were in the dragnet of narcotics (98.5% males and 1.5% females), nearly 17% used different types of sedatives (160,000 males and 8,000 females), about 14% used cannabis 144,000 (108,000 males and 36,000 females), about 13 % i.e. 134,000 (127,000 males and 7,000 females) were dependent on different kinds of inhalants, and a significant portion consume hallucinogens, cocaine, and synthetic drugs (IMHANS, 2022 as cited in Kashmir Observer 2023).

4.4. Socio-economic status of the addicted persons

Socio-economics determines the living standard of a person and access to various amenities and facilities. This information collected from the addicted persons is presented in Table **3**. Most of the respondents were in their early 20s and 30s. A high prevalence of drug addiction among the youth is a big challenge, particularly in societies where the younger generation is more (Bhat and Imtiaz, 2017). The average age of the sampled persons across all the districts in the Valley was about 28 years, with the lowest in Pulwama (26 years), Srinagar (26 years), and Kupwara (26 years), and the highest in Anantnag (40 years). Table **3** and **Fig. 5a depict** that of the total sampled addicted persons, about 33% belong to the younger age group of 15-25, and 48% belong to 25-35 years of age. Only 19% of the samples were older or were more than 45 years in age. This indicates that the younger generations of the Valley are more influenced by the drugs as seen in recent findings (Naqshbandi, 2012; Bhat and Imtiaz, 2017; Malla, 2019).

Remarkably, all the sampled respondents within all the districts were well educated. Analysis (**Tab. 3, Fig. 5b**) reveals that a significant number, i.e., 23 % of the sampled persons were graduate, post-graduate or higher education level, nearly 44% had secondary education, and 33% had primary education. This indicates that the drug addiction in the Valley is not limited only to the illiterate or less qualified in education (e.g., Humaira, 2019). This might indicate the educational pressure and stress as the driving forces for illegal drugs in Kashmir (Naqshbandi, 2012).

About 35% of the sampled persons were having more than 50,000 INR (**Tab. 3**), about 28% have 16,000 to 30,000 INR, nearly 21% having 30,001 to 50,000 INR, and about 16%

having 5000 to 15,000 INR as monthly income.

4.5. Consequences of drug addiction

Drug abuse is impacting the Kashmir society to a great extent (Noor and Llah, 2015; Malik and Yatoo, 2023). The results highlight that of the total sampled addicted persons, about 86% reported that their work productivity got severely affected (**Tab. 4**). Averagely 29% addicted persons were involved in illegal activities and crimes in order to obtain more drugs (**Tab. 4**). Severe impacts were reported by most of the addicted persons of Kulgam (100%), Anatnag (50%), Shopian (50%), Srinagar (33%), Baramulla (33%), and Pulwama (25%). The unprecedented increase in drug addiction has led to a significant escalation in the heinous crime rate within the region (Noor and Llah, 2015; Zehra and Singh, 2021; Sharma et al. 2022). The need for a substantial amount of cash to procure costly sedative drugs has pushed these persons to explore illegal means to acquire them. The cost of a gram of heroin has increased from 2000 INR in 2022 to about 6000 INR in 2023. Such persons are pushed to theft, burglary, and even murder out of desperation and frustration (Hussain, 2014). Over time, some addicts become drug peddlers or dealers (Rather et al. 2013; IMHANS, 2022 as cited in Kashmir Observer 2023; https://kashmirobserver.net/2023/11/04/alarming-rise-in-drug-abuse-a-collective-failure/). The black money market is also linked to illegal drug-related activities that have increased terrorism, corruption, and other unlawful activities in many parts of India (Taylor, 1992; Rather et al. 2013; Rani and Kumar, 2014; Hussain, 2014; Swadia, 2017; Saxena, 2021).

Furthermore, 69% sampled persons were not able to easily stop using the drugs whenever they felt need of it (**Tab. 4**). All the samples from Ganderbal and Shopian followed by Baramulla (83%), Kupwara (75%), Srinagar (67%), Bandipora (67%), Budgam (50%), Pulwama (50%), and Anantnag (30%) were struggling to stop using the drugs.

Table 5 shows that about 85% of the addicted persons from Budgam, Ganderbal, Baramulla, Kulgam, and Shopian, 88 % from Srinagar, 75% from Kupwara and Pulwama, 68% from Bandipora, and 50% from Anantnag had faced severe consequences individually, and nearly 15% had faced moderate consequences. The data (**Tab. 5, Fig. 6a**) reveal that about 65% samples confessed that their own families neglected them both socially or economically, which had other impacts on the addicted persons. Also, 26% were neglected only socially and the families economically restricted 9% of the samples.

Drug addiction, by and large, leads to serious health consequences (**Tab. 5, Fig. 6b**). About 60% samples were facing chronic diseases (nose/mouth bleeding, liver dysfunction, kidney problems, cardiovascular diseases, lung diseases, etc.). All the sampled persons from Shopian and Anantang district, about two-thirds from Budgam, Bandipora, Baramulla, and

Pulwama, followed by half from Kulgam, 45% from Srinagar, and 40% from Kupwara were suffering from chronic health diseases (**Fig. 7**). About one-fifth of them were suffering from infectious diseases like hepatitis, and nearly 18% were suffering from neurological diseases. The neurological diseases were mostly found among the addicted persons of district Kupwara (40%), followed by Srinagar (35%), one-third from Bandipora and Baramulla, one-fourth from Kulgam, and about 17% from Pulwama.

The results correlate with the similar findings in India (Sofi and Authoy, 2016; Zehra and Singh, 2021; Malik and Yatoo, 2023), which highlighted that majority of the addicted people irrespective of gender, age, education, occupation, and income face highly stressful traumas on daily basis such as psychosocial disorders like depression, stress, etc., Addiction-related suicide cases especially among the young are seen (**Tab. 5, Fig. 6b**). Drug addiction has a wide range of unanticipated bodily repercussions. Such persons are positively associated with numerous medical, spiritual, economic, social, family, and legal problems, creating a significant burden on them, their families, and society (Dennis and Daley, 2013; Maalouf & Campello, 2014; Hoffman and Goldfrank, 1990; Manurung, 2024).

4.6. Future directions of drug de-addiction in the Valley

The data (**Tab. 6**) depicts that of the addicted persons, only 10% had any awareness about drug de-addiction centers within Kashmir. The percentage of these respondents was Budgam 100%, Baramulla 17%, and Srinagar 8%. Similarly, 90% samples were unaware of drug de-addiction and rehabilitation programmes. The unaware patients were mostly from seven districts: Srinagar (92%), Baramulla (83%), and the other seven districts (100% respondents). This reflects the need for strengthening drug de-addiction capacity building in the Kashmir Valley (Cole, 2022). More than half of the samples were taken care by their family and engaged with the de-addiction, treatment, and counseling centers. The percentage of these persons includes: (Ganderbal 100%, Shopian 100%, Kupwara 60%, Srinagar 58%, Baramulla 50%, Pulwama 50%, Kulgam 50%, Anantnag 50%, and 25% from Bandipora). About 31% samples (50% from each Bandipora, Budgam, Baramulla, and Anantanag, 29% from Srinagar, 25% from Pulwama, and 20% from Kupwara) got information about the drug de-addiction from the friend circle, and nearly 15% knew from the media and religious preachers.

The data shows that about 40% addicted persons from the Valley (100% from Kulgam, 50% from each Baramulla, Anantnag, Shopian, 46% from Srinagar, and 25% each from Kupwara and Pulwama) seek professional help after 2 to 4 years of addiction (**Tab. 6**). Nearly 28% went for professional help within two years of addiction and the district-wise values are Pulwama 50%, Anantnag 50%, Bandipora 33%, Baramulla 33%, Srinagar 29% and Kupwara 25%. The rest 20% sought professional help after 4-6 years (Ganderbal 100%, Bandipora 67%, Budgam 50%, Kupwara 50%, 17% from Baramulla, and Srinagar 13%). And about 12% went to de-addiction centers after six years (Budgam 50%, Shopian 50%, Pulwama 25%, and Srinagar 13%). Seeking drug addiction-related rehabilitation and treatment at an advanced stage in the region is another challenge in crisis management (Deccan Herald, 2024).

Data shows that of the total sampled persons, about 44% were of the opinion that cutting-off the supply is the main step to overcome the crisis (**Tab. 6**). Drug trafficking remains the biggest challenge, especially on the Dark Net. Individual districts show a highly variable pattern (Bandipora 60%, Pulwama 57%, Kulgam 50%, Anantnag 50%, Kupwara 44%, Srinagar 40%, Budgam 40%, Ganderbal 33%, and Baramulla 33%). Furthermore, nearly 40% samples suggest that strictly enforced laws can save the prospective targets from the disaster (Shopian 67%, Kulgam 50%, Anantnag 50%, Baramulla 42%, Srinagar 40%, Bandipora 40%, Ganderbal 33%, Kupwara 33%, Pulwama 29%, and Budgam 20%). Also, about 9% samples thought community can play a great role to curb drug menace (Ganderbal 33%, Budgam 20%, Baramulla 17%, Srinagar 13%, and Kupwara 11%) and only 6% suggest that reduction in demand can help to prevent drug abuse (Budgam 20%, Pulwama 14%, Kupwara 11%, Baramulla 8%, and Srinagar 8%).

The grim picture of drug addiction in Kashmir has put tremendous challenges for the Kashmiri Community in general and the UT Administration in particular to curb the disaster (Lone and Mircha, 2013; Rather et al. 2013; Hussain, 2014; Avasthi and Ghosh, 2019; Dalal, 2020). This highlights the need for a major shift in efforts to reduce the risk factors and consequences. Drug de-addiction efforts are growing in India, and each year tons of illegally imported drugs are seized (**Fig. 8**) by the national agencies like the Narcotics Control Bureau (NCB), National Centre for Drug Abuse Prevention, and Central Drugs Standard Control Organization, etc. (https://www.mha.gov.in). Huge quantities of drugs reach India mainly because it is wedged between the world's two largest illicit opium producers, the Golden Crescent (Pakistan, Afghanistan, and Iran) and the Golden Triangle (Thailand, Myanmar, Vietnam, and Laos)' (UNODC, 2004). Several initiatives are taken by the J&K Government Administration as well as social and religious groups to make the region a drug-abuse-free society. One such was the formation of District Level Narco Coordination Committees (https://www.pib.gov.in/PressReleasePage.aspx?PRID=2147186). Each year the agencies

with the help of local people destroy hundreds of acres illegally cultivated weeds such as opium poppy and cannabis (**Fig. 9**). However, the need for more vibrant and effective multi-faceted strategies is crucially required for prevention and mitigation of the addicts (Lone and Mircha, 2013; Goyal et al. 2022).

In summary, the responses to the questions by the addicted persons reveal a high variability in the causes, drug types, and consequences. Tables **7 and 8** highlight the major responses (50% or more than 50%) that most of the addicted persons provided about each question they were asked. Thus, the primary drugs used include natural to synthetic ones and mainly friends supply them. They use the substances more than three-times a day and at a younger age of below 25 years. Most of the addicted persons admitted were below 40 years of age, were secondary or higher in education, and from economically sound families having monthly income of up to 50000 INR. The first drugs used were cannabis and synthetic, and mainly used for enjoyment. The impacts were varied and mainly affect the work, individual behavior, and health of the addicted persons. The people get involved in illegal activities like theft, etc. Addicted samples were not able to easily give up the drugs at any time. They were also not able to seek professional assistance and counseling at the early stages. Most of the respondents suggest that cutting the supply chain is the best strategy for controlling the spread of drug abuse.

LIMITATIONS

The major limitation of the present study is that the convenience sampling was used to collect data from 100 addicted persons from only one de-addiction center. The cross-sectional study limits our ability to assess how drug abuse has changed over time in the region. The spatial location of the samples was not available, which also limits our ability to analyze the variability on the basis of urban-rural locations. The possibility that the responders might have hidden some sensitive information feeling that it might expose their identity, which is a general thinking about such studies. There were also certain limitations as per the Hospital rules and regulations, which did not provide all the information about the responders. It is suggested that detailed studies need to be continuously carried out to understand the behavior and pattern of addicted patients and potential new targets, as suggested in the case of substances such as alcohol (Kumar et al. 2018; McFall et al. 2023).

CONCLUSION

The epidemic of drug addiction in the Kashmir Valley is spreading at an alarming rate, resulting in a crisis and impacting society. In order to analyze the current drug abuse scenario, a cross-sectional study was carried out, in which addicted persons from the Kashmir Valley were interviewed. These patients were being treated at the Drug de-Addiction Center of SMHS, Srinagar. The results reveal that currently the addiction is not limited to a particular

section of society as is generally believed, but is prevalent in all groups of age, marital status, economy, education, and location. More than 54% sampled respondents were in the dragnet of narcotics in the region. The addicted persons had been using drugs more than three times a day. In most cases, the close friends supplied the drugs. The average age of the addicted persons was 28 years. Nearly 74% addicted persons had used illegal drugs for the very first time between 15-25 years of age. Two-third of the samples were using them for gaiety and enjoyment. More than one–third were having more than 50,000 INR as their monthly income. In order to purchase drugs, about 29% samples were involved in illegal activities and crimes. About 60% had chronic diseases (nose/mouth bleeding, liver dysfunction, kidney problems, cardiovascular diseases, lung diseases, etc.). About one-fifth were suffering from infectious diseases like hepatitis, and nearly 18% from neurological diseases. The results highlight how the substances reach and who is responsible for transmitting them to new targets. The study also shows that addiction cases are found in all the districts of the Valley, irrespective of age, education, and economy. Therefore, it is important from a policy point of view to track and identify the possible new drug targets. Despite various initiatives taken by the Government agencies, NGO, societies, and families, the situation is concerning. The growing tendency calls for additional study and stringent regulations to address this threat. Furthermore, detailed studies are required to calculate the prevalence and morbidity/mortality rates among the addicted persons so that effective strategies are taken to make the Nash Mukt Bharat Abhiyan a successful initiative in Kashmir.

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Ethical Clearance: Ethical clearance to conduct this study was taken from the Head of the center at SMHS by Safoora Khaliq, who visited the hospital, interviewed the persons, and prepared a preliminary report.

Author contribution: FAD, SAB, and SK designed and conceptualized the study; SK conducted the field survey and prepared a preliminary report. IK helped in artworks, maps, and interpretation. GMR and all other authors contributed equally in the analysis of the results, writing, and drafting of the manuscript.

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CAPTION TO THE FIGURES

Fig. 1: Map of the study area showing the present district-wise drug de-addiction centers in India (Sourced by: Narcotics Control Bureau) and district-wise illegal drug prevalence rate and drugs abused in the Kashmir, India (Source: Based on field survey, 2024).

Fig. 2. (a) Illegal drug types used by the people in Kashmir and (b) major causes of drug abuse in the valley.

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Fig. 5: Age and educational status of the sampled addicted persons in Kashmir, 2024. Source: Based on Field Survey, 2024

Fig. 6: Health consequences of drug addiction (a) economically and (b) health-related on sampled addicted persons in Kashmir, 2024. Source: Based on Field Survey, 2024

Fig. 7: District-wise distribution of health consequences of drug addiction on sampled addicted persons in Kashmir, 2024.

Fig. 8. Details of major Narcotic Drug/Psychotropic Substance/Controlled Substance seized by NCB and other agencies in India during 2018-2022. Source of the data: NCB, Ministry of Home Affairs, Government of India, 2023.

Fig. 9. Figure shows the destruction of the land area, which has been cultivated for the illegal weeds or crops by NCB and other agencies in J & K in the past few years. Source: NCB, Ministry of Home Affairs, Government of India, 2023.

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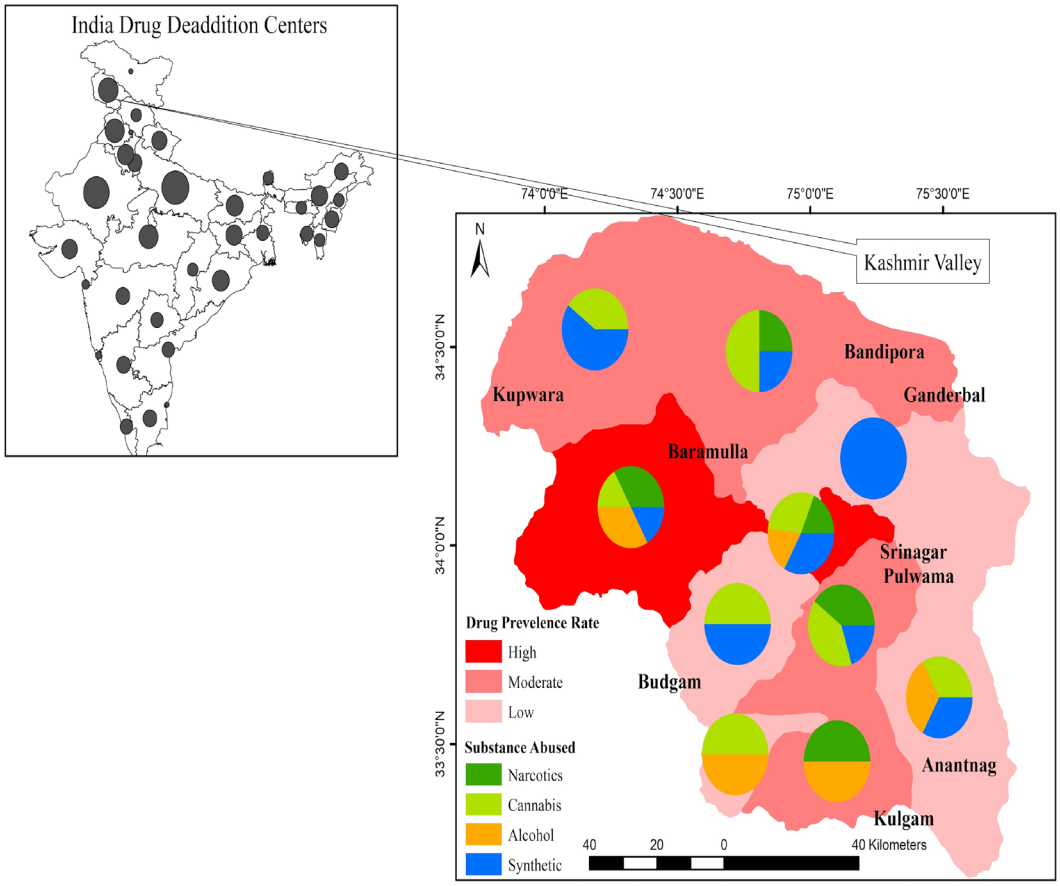


Figure 2.

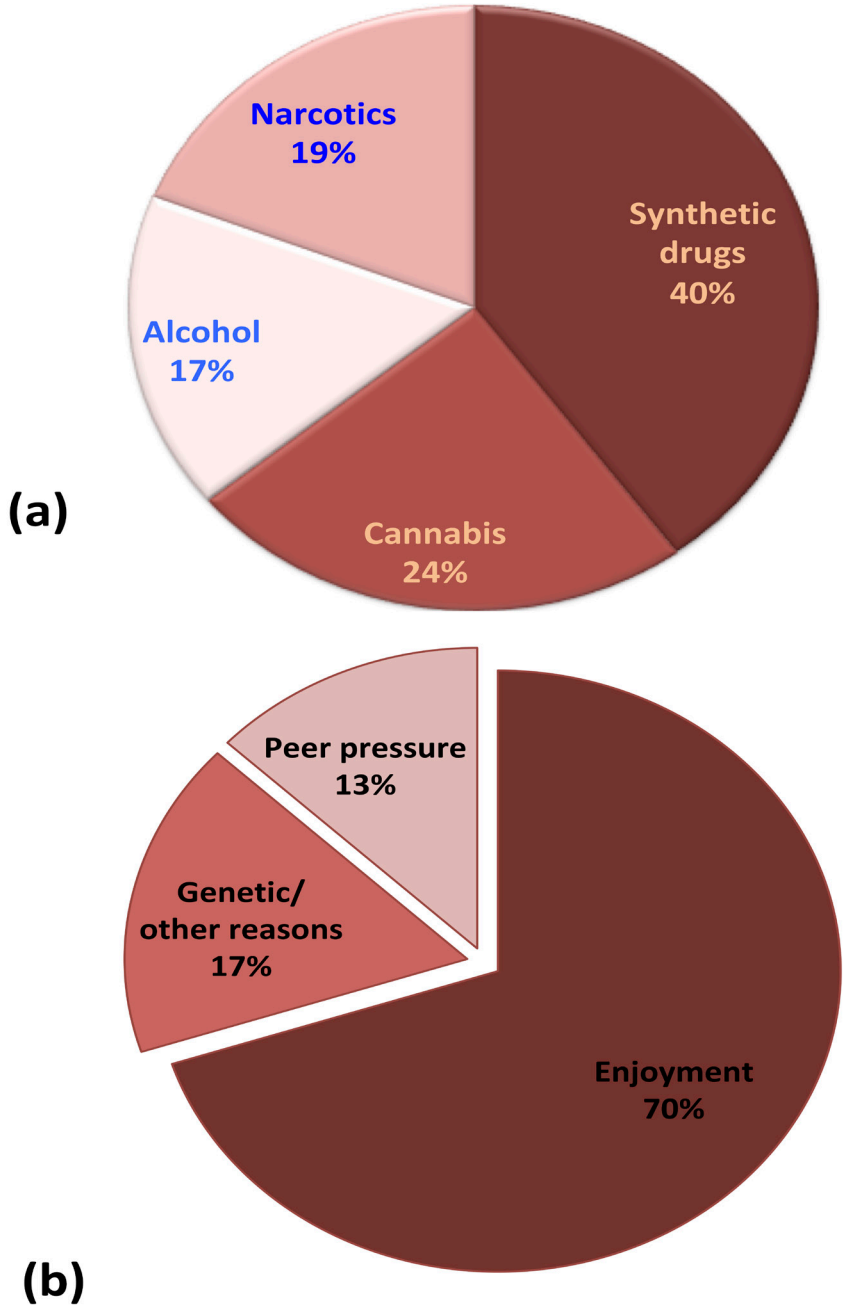

Narcotics
19%
Synthetic
drugs
40%
Alcohol
17%
Cannabis
24%
(a)
Peer pressure
13%
Genetic/
other reasons
17%
Enjoyment
70%
(b)

Figure 3.

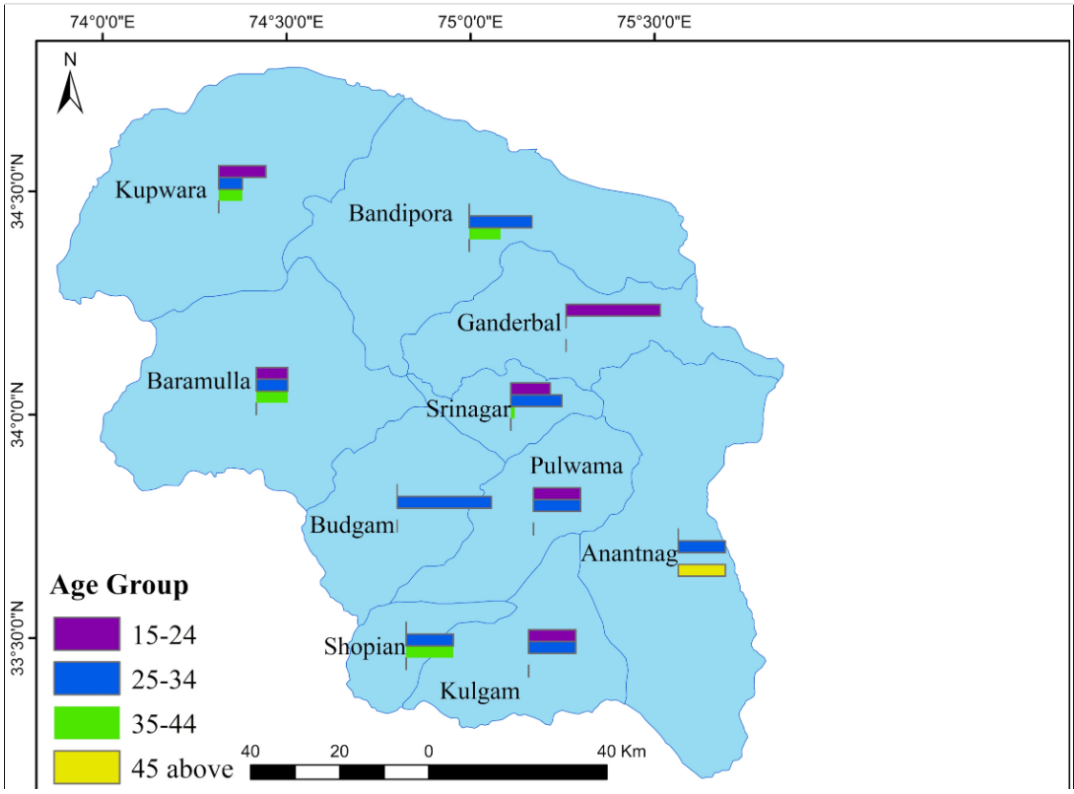

74°0'0"E
74°30'0"E
75°0'0"E
75°30'0"E
N
34°30'0"N
34°0'0"N
33°30'0"N
Kupwara
Bandipora
Ganderbal
Baramulla
Srinagar
Pulwama
Budgam
Anantnag
Shopian
Kulgam
Age Group
15-24
25-34
35-44
45 above
40
20
0
40 Km

Figure 4.

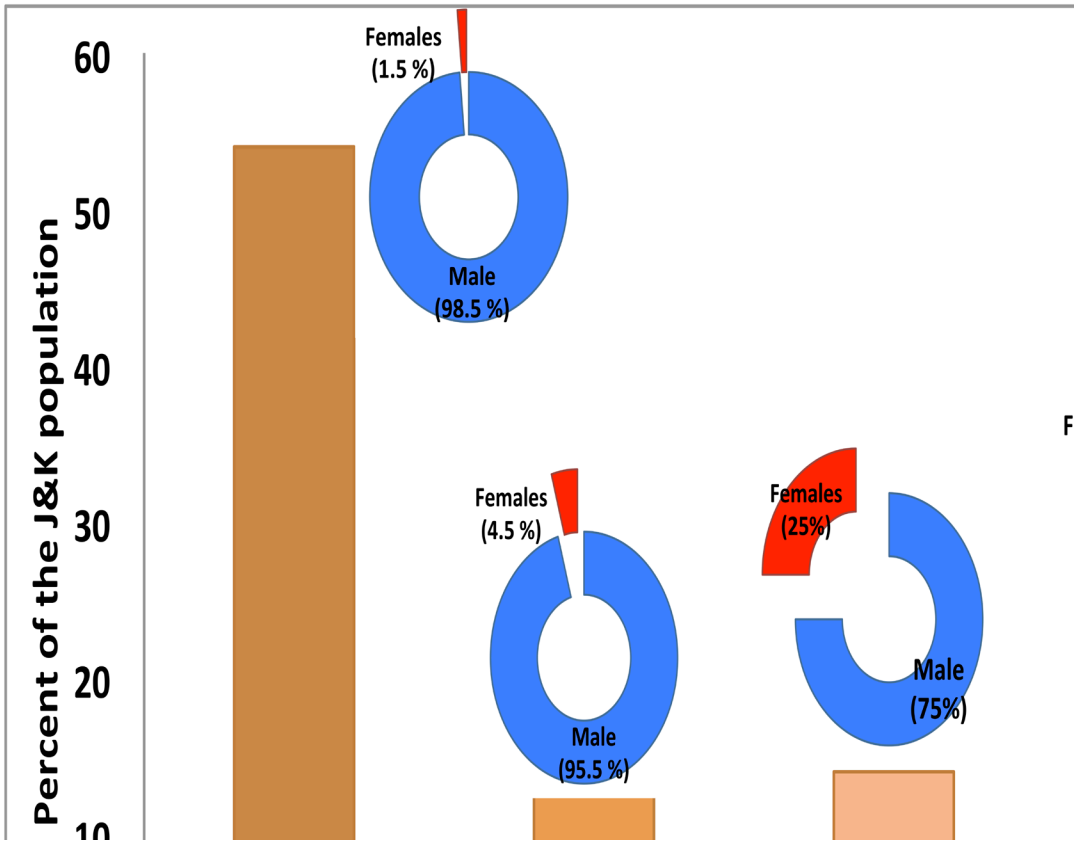

Percent of the J&K population
60
50
40
30
20
10
Females
(1.5 %)
Male
(98.5 %)
Females
(4.5 %)
Male
(95.5 %)
Females
(25%)
Male
(75%)
F

Figure 5.

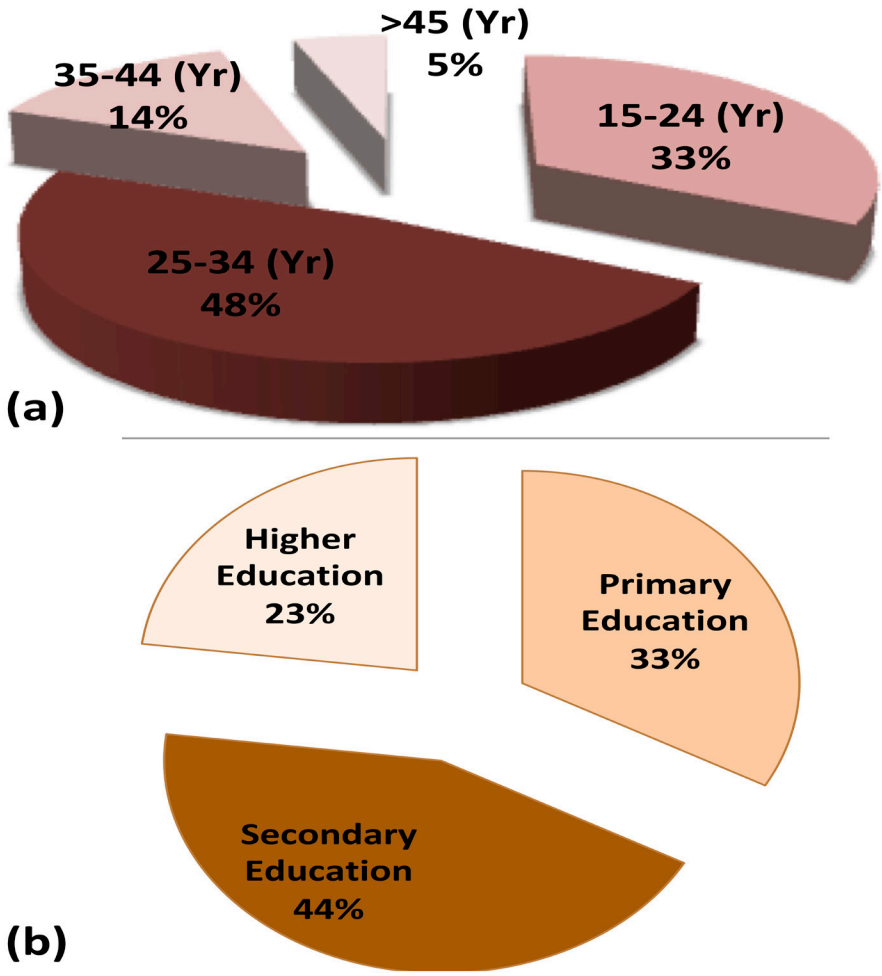

>45 (Yr)
5%
35-44 (Yr)
14%
15-24 (Yr)
33%
25-34 (Yr)
48%
(a)
Higher
Education
23%
Primary
Education
33%
Secondary
Education
44%
(b)

Figure 6;

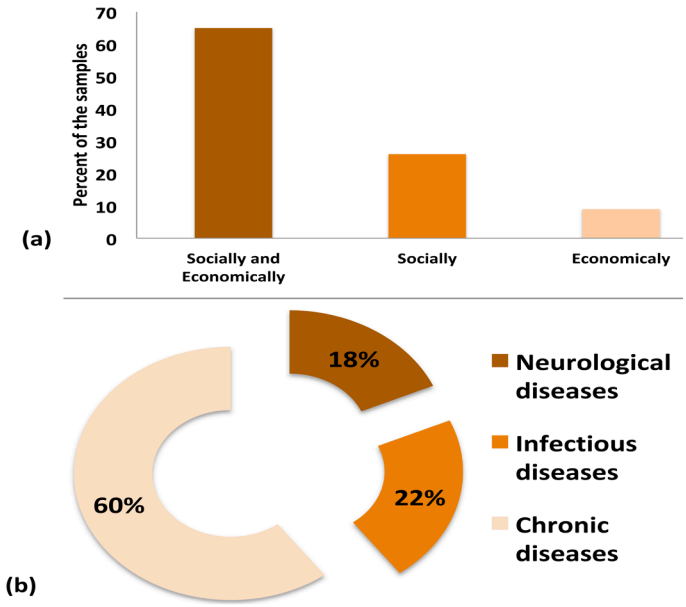


Figure 7.

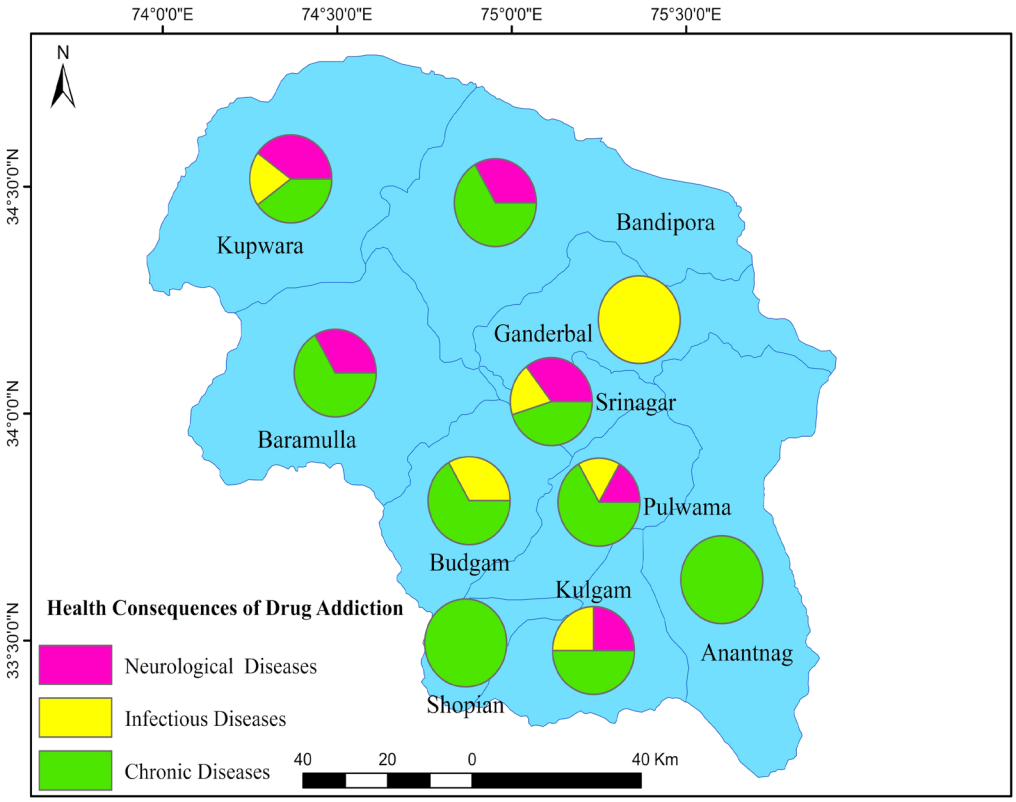
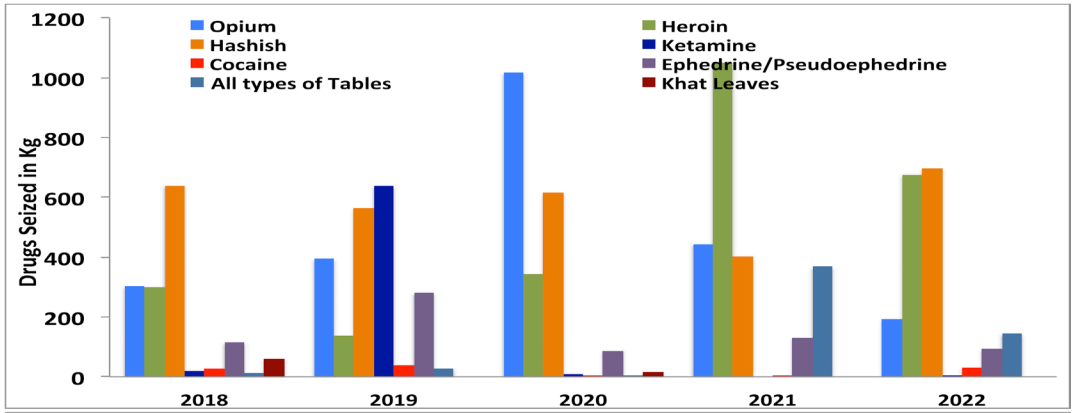
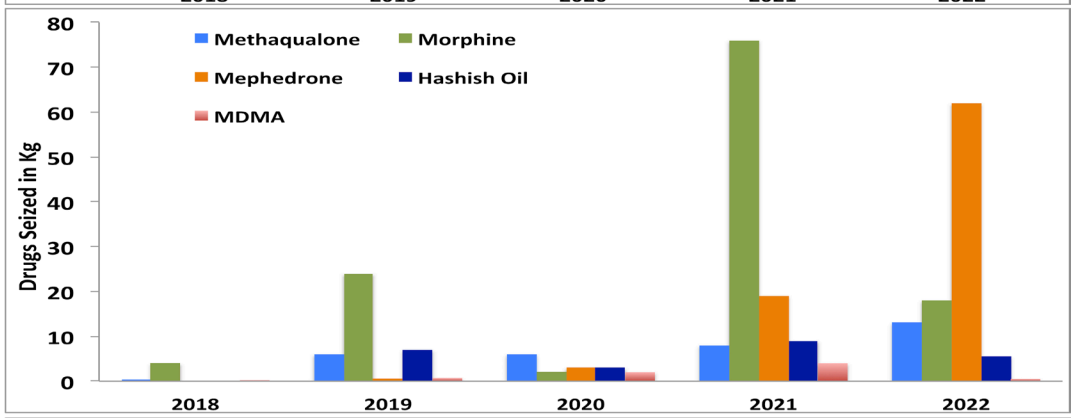


Figure 8.


Opium
Hashish
Cocaine
All types of Tables
Heroin
Ketamine
Ephedrine/Pseudoephedrine
Khat Leaves
Drugs Seized in Kg
1200
1000
800
600
400
200
0
2018
2019
2020
2021
2022


Methaqualone
Morphine
Mephedrone
Hashish Oil
MDMA
Drugs Seized in Kg
80
70
60
50
40
30
20
10
0
2018
2019
2020
2021
2022

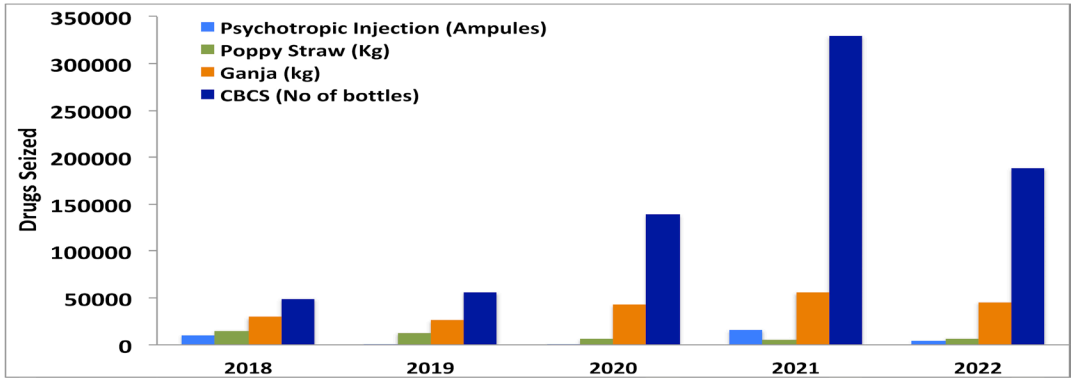
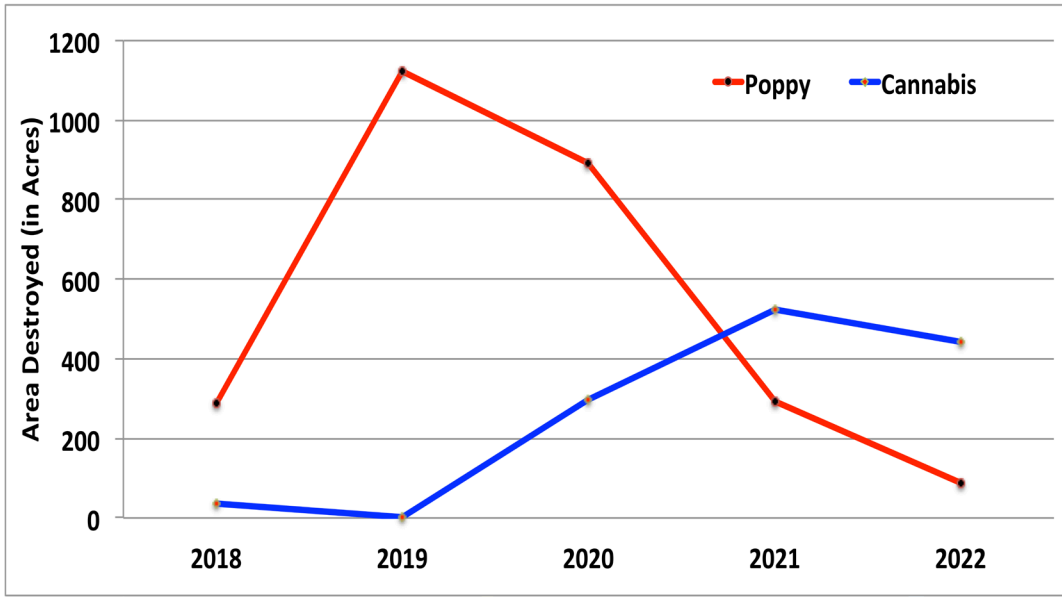

Psychotropic Injection (Ampules)
Poppy Straw (Kg)
Ganja (kg)
CBCS (No of bottles)
Drugs Seized
350000
300000
250000
200000
150000
100000
50000
0
2018
2019
2020
2021
2022

Figure 9.


1200
1000
800
600
400
200
0
Area Destroyed (in Acres)
Poppy
Cannabis
2018
2019
2020
2021
2022