DRUG ABUSE AMONG YOUTH OF JAMMU AND KASHMIR

Thesis submitted for the Award of the Degree of

DOCTOR OF PHILOSOPHY

in

Sociology

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DECLARATION

I, hereby declare that the presented work in this thesis entitled **"Drug Abuse among youth of Jammu and Kashmir''** in the fulfilment of my degree of **Doctor of Philosophy (Ph.D)** is the outcome of the research work carried out under the supervision of **Dr. Jaspal Kaur (UID: 28308)** working as Assistant Professor in the Department of Sociology of Lovely Professional University, Punjab, India. In keeping with the general practice of reporting scientific observations, due acknowledgements have been made wherever work described here has been based on the findings of another investigator. This work has not been submitted in part or full to any other University or Institute for the award of any degree.

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CERTIFICATE

This is to certify that the work reported in the Ph.D thesis entitled "**Drug Abuse among Youth of Jammu and Kashmir**'' submitted in fulfillment of the requirement for the award of degree of Doctor of Philosophy (Ph.D) in the Sociology/School of liberal and creative Arts (Social Sciences and Languages), is a research work carried out by Sakshi Sharma, 12021163, is a bonafide record of his/her original work carried out under my supervision and that no part of this thesis has been submitted for any other degree , diploma or equivalent course .

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ABSTRACT

This thesis delves into the rising issue of drug abuse among the youth in Jammu and Kashmir, a region deeply affected by years of conflict and social instability. The aim of this research is to understand how widespread drug abuse is among young people and what factors contribute to it. The study explores the psychological, social, and economic reasons behind why many youths in the region turn to drugs, and the effects it has on their lives. The study has also focused on ascertaining the socio-demographic profile of drug addicts through visiting various drug de addicting centers and conducting the research over there. Through surveys and interviews with young people from both urban and rural areas, the research sheds light on the severity of the problem. It finds that drug use is common across different social groups, with many young people turning to substances due to stress, unemployment, and limited access to healthy recreational activities. The pressure from friends, family issues, and exposure to violence also play a major role in pushing youth towards addiction. The study shows the significant impact drug abuse has on their education, relationships, and mental health. Finally, the thesis suggests several solutions, including awareness programs, better mental health support, and the establishment of rehabilitation centers, to help tackle drug abuse and assist young people in recovering from addiction in Jammu and Kashmir and further discussed about the measures followed in the centers for post and during the time of treatment .The study also tried to form the relationship between educational and environmental factors as keeping them as the main points and then discussed further the analysis in which it was found maximum drug of abuse was heroin known as chetta .

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LIST OF ABBREVATIONS

WORD	FULL FORM
UNODC	The United Nations Office on Drugs and Crime
DPS	Department of Public Safety
LSD	Lysergic Acid Diethylamide
CNS	Central Nervous System
IR	Immediate Release
ACTH	Adrenocorticotropic Hormone
ICU	Intensive Care Unit
MV	Mechanical Ventilation
UNDOC	United Nations Office on Drugs and Crime
HIV	Human Immuno Deficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
ATS	Amphetamine Type Stimulants
IPE	Injected Image and Performance Enhancing Drugs
UNDP	United Nations Development Programme
IDU	Injecting Drug Users
AZT	Adhering to Zidovudine
MCV	Mean Corpuscular Volume
MEMS	Medication Event Monitoring System
ASI	Addiction Severity Index
MMT	Methadone Maintenance Treatment
DARP	Drug Abuse Reporting Program
MDMA	Methylenedioxymethamphetamine
MDD	Major Depressive Disorder

DSM	The Diagnostic and Statistical Manual of Mental Disorder
PCP	Phencyclidine (PCP)
GDP	Gross Domestic Product
NIDA	National Institute of Drug Abuse
GATS	Global Adult Tobacco Survey
ASC (H-ASC)	High Grade Squamous Intraepithelial Lesion
YRBS	Youth Risk Behavior Survey
PWID	People who inject drugs
NIOU	Non-injecting Opioid Users
SUD	Substance Use Related Disorders
UNDCP	United Nation Drug Program
SZC	Schizophrenia
TLRs	Toll Like Receptors
OD	Overdose
MOUD	Medication of Opioid Use Disorder
CBT	Cognitive Behavior Therapy
MET	Motivational Enhancement Therapy
NSS	National Service Scheme
PCR	Police Control Room

LIST OF CONFERENCES AND PUBLICATIONS

S.No.	Title of paper	Name of Journal/ Conferences	Publish date	ISSN no/ Vol no, Issue no.	Indexing in scopus/ web of science/ ugc-care list
1.	Drug and Substance Abuse among youth in Jammu: A Contemporary Social Problem	International Journal of Environmental Sciences	06-01-25	2229-7359/ 11 & No.3S	Scopus
2.	Drug Abuse among youth A Socio-Demographic analysis of patients at D Dwari De Addiction Center Samba District Jammu.	Frontiers in Health Informatics	2024	2676-7104 /Vol-13 & Issue No.3	Scopus
3.	Drug Abuse among youth -profile of Substance abusers from Mashwara Drug DeAddiction Centre Jammu, District Jammu.	African Journal of Biological Sciences	29-06-2024	2663/2187/ Vol-6 & Issue No.4s	Scopus

4.	Food Security	International Conference on "Revitalising Social Institutions for peace justice and environmental protection" Organised by School of Law LPU Punjab	16-02-2022		
5.	Status of Family and marriage in a digitalised world	International Conference on "Sociological understanding of technological advancements in knowledge society (SUTAKS)"	05-02-24		
6.	Disaster Management & Governance	International Conference on "Public policy, Governance & Administration in post pandemic era"(PPGAPPE-2024)	13-11-2024		

CHAPTER – 1
INTRODUCTION

1.1 INTRODUCTION

India is a land of rich cultural heritage and ethnic diversity, comprising 28 states and 8 Union Territories. The country shares its borders with seven nations: Pakistan, China, Nepal, Myanmar, Afghanistan, Bhutan, and Bangladesh.Jammu and Kashmir, a newly formed Union Territory in northern India, was created following the passage of a parliamentary resolution on August 6, 2019, which bifurcated the former state into two Union Territories Jammu & Kashmir and Ladakh. This region has been a subject of territorial dispute between India, Pakistan, and China since 1947.India's geographical location makes it highly vulnerable to narcotic drug trafficking, as it lies between two major illicit opium-producing regions the "Golden Crescent" (Afghanistan, Iran, and Pakistan) and the "Golden Triangle" (Thailand, Laos, and Myanmar) (Ambekar A et al., 2005). The country shares land borders with three of the world's largest heroin and opium producers: Afghanistan, Pakistan, and Myanmar, leading to significant cross-border drug trafficking. The Indo-Pakistan border, in particular, has remained a key entry point for drug smuggling through the "Golden Crescent" since 1983 (Pushpita Das, 2018). Opium was introduced to India by Arab traders along the West Coast around the 9th century (Ram Nath Chopra et al., 1940). Initially, it was primarily used for medicinal purposes, but over time, its use expanded to recreational consumption.During the Mughal era, particularly under Emperor Akbar, opium was utilized for various health concerns, including self-medication, recreation, and mental distress relief. Both Akbar and Jahangir occasionally consumed *kuknar*, a beverage made from poppy capsules, and indulged in *charburgha*—a mixture of hemp, opium, wine, and *kuknar* for leisure.Among the Rajputs, opium played a significant role in social customs, including weddings and business dealings. It was also believed to enhance longevity, increase sexual pleasure, and was consumed during critical situations such as battles and wrestling (Dr. K. K. Ganguly, 2008).A study by R.N. Chopra, Colonel, and G.S. Chopra titled *"The Present Position of Hemp-Drug Addiction in India"* highlights that the term *Bhanga* (meaning hemp) is mentioned in the *Atharva Veda*, dating back to approximately 2000–4000 BCE. R.N. Chopra and his colleagues also noted that *Bhanga* (cannabis) was mentioned as a medicinal substance in the works of Sushruta, an ancient Indian physician from the 6th to 7th century. The intoxicating effects of *Bhanga* were well recognized, as referenced in dramatic literature from the 14th century.Cannabis holds cultural and religious significance in

India and is traditionally consumed during Hindu festivals such as Trinath Puja and Shivaratri. In Puri, Odisha, worshippers of Lord Jagannath also use *Bhang* as part of their rituals.During the Mughal Empire, alcoholic beverages, opiates, and hemp-based drugs were widely consumed (R.N. Chopra et al., 1940). Throughout history, cannabis and opium have been used in India for medicinal, spiritual, and recreational purposes. Given the country's long-standing tradition of narcotic consumption, most of these substances were historically produced locally.During the reign of Mughal Emperor Akbar, poppy cultivation was widespread across various regions of India. Opium derived from poppy was not only consumed domestically but also played a significant role in trade, with exports to China and other Eastern countries (Bhattacharji R, 2007).In 1773, the British government took control of the opium trade, transforming it into a large-scale commercial enterprise. While the cultivation of poppy and the production of opium were strictly regulated, consumption remained largely uncontrolled. The Opium Acts of 1857 and 1878 were introduced to bring greater oversight to the trade (The Opium Act, 1857).By the 1920s, traditional drug use had been largely eradicated, and several state governments enacted laws to restrict opium consumption, such as the Assam Opium Smoking Act of 1927.After India gained independence, farmers in Rajasthan, Madhya Pradesh, and Uttar Pradesh were granted licenses to cultivate opium, but only for medical and scientific purposes to meet domestic needs. The Indian government established the Central Bureau of Narcotics in 1850 and later introduced the Narcotic Drugs and Psychotropic Substances (NDPS) Act in 1985 to further regulate drug production and usage.

1.2 TRENDS OF DRUG USERS OR GLOBAL SCENARIO OF DRUG USE:

According to the *World Drug Report 2022* published by the UN Office on Drugs and Crime (UNODC), an estimated 11.2 million people globally were found to be injecting heroin. Among them, nearly half were diagnosed with Hepatitis C (HCV+), while approximately 1.4 million were living with HIV due to substance abuse or misuse. Alarmingly, around 1.2 million individuals were affected by both HCV and HIV.The report also highlighted that in 2020, approximately 284 million people aged 15–64 suffered from substance use disorders and engaged in drug consumption worldwide. This figure represents a 26% increase compared to the previous decade.Additionally, the report noted that the legalization of cannabis in several

countries has led to increased daily usage due to its easy availability. This surge in consumption has, in turn, contributed to a rise in various health-related problems and disorders.The *World Drug Report 2022* by the UN Office on Drugs and Crime (UNODC) also highlighted a significant rise in drug manufacturing, particularly cocaine production, along with the expansion and development of various synthetic drugs. Additionally, the report emphasized concerns regarding the accessibility of treatment and rehabilitation centers for substance use disorders, especially for women.The current situation in Kashmir presents a grim and alarming picture, with a sharp increase in substance use disorders, particularly among the youth, regardless of their socio-demographic, socio-economic, and cultural backgrounds.Furthermore, the report revealed that India has the highest number of opiate (heroin) users in the world, highlighting the severity of the country's drug-related challenges.The report also indicated that India ranks as the fourth-largest producer of opium. In 2020, approximately 5.2 tons of opium were seized, along with the highest recorded seizure of morphine in the country, totaling 0.7 tons. Additionally, around 3.8 tons of heroin were confiscated that year, making India the fifth-highest in heroin seizures worldwide.These figures provide a concerning perspective on the direction in which the situation is heading, highlighting the growing challenges associated with drug production and trafficking in the country.The same report also highlighted that India has the world's largest market for opium consumption, along with a significant demand for medicinal opioids. There are concerns that the country may become increasingly vulnerable to a rise in supply (*UNODC World Drug Report 2022*).India is not immune to the challenges of drug addiction. The country has a long-standing tradition of consuming substances such as *charas*, *bhang*, and *ganja*, reflecting its historical association with narcotic use. These types of drugs are often consumed during social gatherings, festivals, and special occasions, including religious ceremonies.According to reports, India exports approximately 600 tons of opium to other countries, where it is later used in the production of medicinal opioids such as cough syrups, painkillers, and capsules (*Times of India, 1997*). Additionally, a report by the *International Bureau of Narcotics (IBN)* estimated that the drug trade in India is valued at around ₹5,000 crore per year.According to a national-level survey conducted in 2019, approximately 2.8% of Indians aged 10–75 years had used cannabis in some form, including *bhang*, *charas*, and *ganja*. The survey reported that around 3.1 crore individuals had consumed these substances (*National Centre for Drug Abuse Prevention, 2019*).Another national survey

from the same year, which examined the extent and patterns of substance use in India, found that 2.1% of the total population (approximately 2.26 crore individuals) were opioid users. This included the consumption of heroin, opium, and medicinal opioids (*National Centre for Drug Abuse Prevention, 2019*).Let's take a closer look at the issue of drug addiction in Jammu and Kashmir, particularly in the Kashmir province, as the research will focus on samples from this region.According to a report published in Kashmiri media, drug abuse in the valley has surged by an alarming 1500% over the past three years (*Zulfikar Majid, 2021*). Studies conducted by *Bhat et al.* (2016, 2017) revealed that 90% of substance abusers in Jammu and Kashmir are unaware of the existence of drug de-addiction and rehabilitation centers. Additionally, a survey conducted by *Yasir et al.* found that heroin was the most commonly used drug among respondents, with 84.33% reporting its use in the past year. The survey also indicated that the current prevalence of injection drug use was 0.95%. Among opioid drugs, heroin was the most dominant substance used by Injection Drug Users (IDUs), with 91.12% of IDUs consuming it, followed by Pentazocine, which was used by 5.92% of the respondents.*Mushtaq et al.* (2004) reported that 90% of substance abusers in Kashmir are poly-substance users, meaning they consume two or more drugs simultaneously. Their study also found that the age of initiation into drug use ranged between 11 and 20 years. Additionally, peer pressure was identified as the primary reason for substance abuse in the region.*Margoob and Dutta* (1993) observed that Kashmiri youth use various types of drugs, with cannabis being the most commonly consumed substance. Furthermore, many cannabis users were also poly-substance abusers, indicating their consumption of multiple drugs.A survey conducted by the *National Drug Dependence Treatment Centre (NDDTC) of AIIMS*, titled *"Magnitude of Substance/Drug Use in India,"* ranked Jammu and Kashmir as the fifth most affected region in the country. The report highlighted that over six lakh people in the valley alone were struggling with substance use disorder, with the most affected age group ranging from 17 to 33 years.

(AIIMS) According to a survey conducted by,(MoSJE) Ministry of Social Justice and Empowerment, which was done in February 2019,and it was reported and found that 600,000 people, which is 4.6 percent of the total population across Jammu and Kashmir was using opioid substances / drugs, in which more than 80 percent of the total clients were using heroin and morphine. (Source.C.S UT JK 2020) Another study

of substance abuse was conducted by Dr Pirzada M. Amin revealed that most common drugs were medicinal opioids (63%) followed by cannabis (53%), and people started consuming drugs at the age between 15-25 years. As far as occupational status was concerned, it revealed that 29% were students, 28% were businessman, followed by that 21% drivers, and 15% of the total respondents was employees, 7% were laborers. While as another information which is based on substances use disorder in context of Kashmir and As per the data and information available from Youth Development and Rehabilitation Centre Srinagar (which was previously Known as Drug De-Addiction and Rehabilitation center DDRC which is run by J&K police) that the cream of the society and nation, which we called youth of Kashmir are particularly involved in the addiction of hard core drugs that is of heroin addiction and the moat vulnerable age groups fall between 17-35 years. A GMC Srinagar runs two OPDs for people seeking treatment for SUD and, as per the data 13500 OPD registrations were made between January 2021 and end of November 2021. Srinagar district has highest numbers of patients with enrolment of 4183 patients, followed by district Anantnag 1666, district Baramulla 1565, 1338 from district Pulwama and 1247 from district kupwara (Zehru Nissa 2021)

1.3 DRUG

A drug is any substance used in composition of medicine. The term drug may also be defined as a natural, semi synthetic or synthetic substance that is used to produce physiological and psychological effects in man and higher order animals. In the modern parlance, drugs are a necessity for sustaining and prolonging life, but to others it provides an escape from the pressure of life and to yet others drugs are the means of ending life. Thus, the modem definition of the term drug includes pharmaceuticals, tobacco, and alcohol as well as controlled substances and designer drug. Natural drugs are the active ingredients, secondary metabolic products of plants and other living systems that may be isolated by extraction. Semi-synthetic drugs are products from natural sources, but they have undergone a chemical process, (example heroin, LSD). And synthetic drugs are artificially produced substances for the illicit market which are almost wholly manufactured from chemical compounds in illicit laboratories (example-amphetamines, benzodiazepines). Designer drugs, on the other hand, are substances whose molecular structure has been modified in order to optimise their effects and to

bypass laws and regulations governing the control substances. Once designer drugs have been outlawed by competent authorities, they are called control substances Thus, when used rattionally and for medicinal purposes, drugs are an effective means for sustaining and prolonging life. On the other hand, when used irrationally or recklessly for purposes other than medicinal, they produce untold miseries and hardship not only to the individual user, but also to the society at large. A drug is any chemical substance when consumed, causes a change in the individual/ organism's physiological and psychological domains of personality. There are different modes of taking drugs / substances by an individual like through inhalation, snooze, followed by injection in all possible ways that is (IV /IM/ SC), smoking, ingestion, absorption, and also putting a patch on the skin, suppository, or dissolution/ putting under the tongue. The FDA (Food Drug and Cosmetic Act) defines a drug as intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease,‖ The pharmacologists defined the drug as a chemical substance typically of known structure, and when administered human beings, it produces a biological or physiological effect. It‘s also called as medication or medicine, because of its chemical properties, is used for treatment, prevention and also to diagnose a disease or , say for promotion of wellbeing. (H.P Rang et al 2011). When we talk about psychoactive substances / drugs, They contain all those chemical substances which when taking by any modes will affect the functioning of the central nervous system (CNS) by altering or changing the perception, mood, consciousness, attention etc. of an individual. WHO have defined the Psychoactive drugs as substances and when taken /administered by an individual is directly affecting mental processes like perception , cognition , or mood ,consciousness ,attention and emotions .while as (WHO) also classified the drugs into different categories, like stimulants, depressants, hallucinogens , anxiolytics , antipsychotics and anti-sdepressants. These drugs are used in treating different kinds of mental health problems and other medical conditions. (Crocq MA 2003). When a person starts abusing these drugs ,it will finally lead physical or psychological dependence or we can say it causes drug addiction.

The term drug is thought to originate from an old French word “drogue” or “droge-vate” referring to medicinal plants preserved in dry vessels that invokes psychoactive properties. The term drug is generally used in reference to any material other than food of natural or synthetic origin that invokes psychoactive properties by altering the body’s functions physically and/or psychologically. Drug also refers to a

substance taken for both therapeutic and non-therapeutic purposes (Ossaine, 2005). Other experts have defined drug as any medical or chemical substance that when taken into the body by any means causes a change in the body (Kilonzo & Mbatia, 1999). Drug alters the body functions either positively or otherwise depending on the body composition of the user, the type of drug used, the amount used and whether used singly or with other drugs at the same time .

Substances are any material other than food which due to their chemical nature affects the structure or functioning of the living organisms especially psychologically (Szasz, 1975). Examples of substances are heroin, cocaine, inhalants, solvents, glues, tube repair solution, petrol, gasoline, spot removers, nail polish, nail polish remover (dissolver), spirit (mentholated spirit).

1.3.1 NARCOTIC DRUGS & PSYCHOTROPIC SUBSTANCES

A narcotic drug, when referred by a medical man, means any drug that benumbs the body and produces sleep. The term “narcotic" is derived from the Greek word “narcotikos”, meaning benumbing which in turn comes from the Greek word “narke” used for designating “numbness”, stupor or torpore. The non-medicinal drugs are drugs used when no health or medical need exists. The best example of non-medicinal drugs are alcohol, tobacco, ganja (marijuana), opium, heroin, cocaine etc. Most of the non-medicinal drugs are mind altering drugs. The mind altering drugs can affect in the t brain in three ways : They can speed up the working of the brain, slow down its working or may put the brain machinery completely out of gear. Those drugs that speed up the working of the brain are called “stimulants’* or “uppers”, those slowing down are called “depressants” or “downers” and those which put the brain out of gear are called “hallucinogens”4. The mind altering drugs are addictive in nature. They change the working of the body in such a way that after some time the body starts demanding them. If the drug is not taken again, the person become lethargic, listless and restless. The moment the drug is taken, he starts feeling energetic again. In other words he became an addict and dependent on that drug. A peculiar feet about mind altering drug is that the user needs to increase each subsequent doses of the drug to get the same effect once felt with a smaller dose or amount taken. This is called the “tolerance” to the drug and the requirement of the addict out grows. Sometimes tolerance to one drug may automatically produce tolerance to a similar drug although the addict may never have

taken that drug . This is known as “cross tolerance” . When the drug on which the addict has become dependant is not supplied to him, he experiences unusual symptoms like depression, vomiting, fever, convulsion etc. These are called withdrawal symptoms or syndromes. The mind altering drugs are also called psychotropic or psycho active drugs or substances as they effect the psyche or mind of the users.

1.4 DRUG ABUSE

Drug Abuse is a chronic or habitual use of any chemical substance to alter states of body or mind for other than medically warranted purposes. Traditional definitions of addiction, with their criteria of physical dependence and withdrawal and often an underiying tenor of depravity and sin have been modified with increased understanding; with the introduction of new dmgs, such as cocaine, that are psychologically or neuropsychological addicting; and with the realization that its stereotypical application to opiate-drug users was invalid because many of them remain occasional users with no physical dependence. Addiction is more often now defined by the continuing, compulsive nature of the drug use despite physical and/or psychological harm to the user and society and includes both licit and illicit drugs, and the term "substance abuse" is now frequently used because of the broad range of substances include alcohol and inhalants that can fit the addictive profile. Psychological dependence is the subjective feeling that the user needs the drug to maintain a feeling of well-being; physical dependence is characterized by tolerance and the need for increasingly larger doses in order to achieve the initial effect and withdrawal symptoms when the user is abstinent. Definitions of drug abuse and addiction are subjective and inftised with the political and moral values of the society or culture. For example, the stimulant caffeine in coffee and tea is a drug used by millions of people, but because of its relatively mild stimulatory effects and because caffeine does not generally trigger antisocial behavior in users, the drinking of coffee and tea, despite the fact that caffeine is physically addictive, is not generally considered drug abuse. Even narcotics addiction is seen only as drug abuse in certain social contexts. (The Columbia Encyclopedia, 2004) .

Drug use is related to the illness of man. Upon falling ill, man looks for treatment and tries to use appropriate drugs so as to get relief from the suffering. Man has been using drugs for ages primarily for medicinal purposes. Generally drug use is normal and socially acceptable behavior. With the passage of time as man developed,

the nature and type of drugs also changed to meet the changing demands of man. Advanced medical research has produced many miracle drugs today. These drugs give relief from pain on one hand and on the other hand, it enslaves the man to be dependent upon them forever. The mutual opposition of drug use and abuse is not a new phenomenon. However, it has taken a new shape in this modem era. At present these dmgs not only save man from physical discomforts and pains like the dysfunctions of various organs of the body and the brain but also soothe and relieve anxieties and solve various health problems of life. Drug behavior appears to be the chief characteristic of some young people. An adolescent may feel free to use his own tactics. He may take drugs out of curiosity, to explore and to have new experiences or pleasure and thrill, or to feel 'big' in a peer group, or to compensate feelings of inadequacy. However, medical use of drugs seems reasonable and normal but the phenomenon of drug abuse or non-medical use is as old as the phenomenon of dmg use for illness. History reveals that man tends to abuse some substances and dmgs. There has always been a segment of which is inclined towards recreational dmgs, overuse of some dmgs has the tendency of shifting from one intoxicant drug to another one. Some of the drugs are highly addictive and people are soon hooked to them. This constitutes a major menace to the whole society. Therefore it gives rise not only to personal health problems, but various social and legal problems such as the committing of crimes and the enforcement of laws to check them (Shafi, 1989 and Waseem, 2009).

In the present social context, drugs are extensively used for medical purposes. Such use is based on its capacity to affect the various organism of the human body and to stimulate or pacify the psychic mood of the patient. But when drugs are taken for reasons other than medical in a manner that adversely aggravate the physical and mental functioning, it leads to drug abuse. From the law point of view, drug abuse is explained as habitual use of drugs, both legal and illegal one, associated with loss of self control and consequences detrimental to the individual and harmful to the public moral, safety, health and welfare of the society. Due to the adverse physical, economic and social implications, the non medical use of drugs has never been approved in any society. An expert committee of World Health Organization (WHO) has defined “drug abuse” as a state of periodic, chronic intoxication, detrimental to the individual and to the society, produced by repeated consumption of drugs, either natural or synthetic. The meaning

of the terms like drug abuse, drug addiction, drug habituation etc. has also forced the WHO to replace these concepts with a new one called “drug dependence”.

Drug abuse means excessive and addictive use of drugs. A Drug abuse can be said that when someone is using it in inconsistent ways or use in ways one shouldn‘t which can severely and much badly affect physiological, psychological and social aspects of human personality. In which someone may take more than a drug irrespective of their regular dosage or we can also say that they can follow or use other peoples prescription as well. Drug abuse is that kind of illness which can highly affect the emotional, academic ,psychological followed by social, physical, mental, and job-related problems. It can be also defined a drug which is viewed as posing a problem by the society concerned (Edward & Arif). It can be referred as excessive use of a drug in a way one should not use and also which is detrimental for its consequences to one or societies , or at times both. Drug abuse when taken in any ways will develop both physical and psychological dependence and severe withdrawals followed by cravings .Discussing about Physical dependence, it is caused by prolonged use of a drug which alters the physiological state to an extent that at times is very difficult to bear or on the other hand we can say withdrawal symptoms will develop only when a person is not able to consume it or when a person will discontinued the same drug. while as Psychological, dependence is that condition which refers to a intense and in-depth need or extra ordinary desire to continue taking a drug in the absence of physical dependence.

Drug misuse is not a severe problem. However repeated drug misuse or frequent misuse of drugs can escalate and lead towards drug abuse which eventually leads a person into drug addiction were he / She moves in a vicious process by developing tolerance, dependence and has to face severe withdrawals whenever he / she tries to stop of taking drugs.Keeping above facts in mind it can be said that Drug use, misuse, abuse, as well as addiction, they all are find as serious health concerns or challenges faced by any nation because all these stages or phases clearly deals with the use of illegal drugs (e.g. cannabis, opium, fukki ,heroin , brown sugar etc.) and also the misuse or inappropriate use of legal drugs (e.g., prescription medication ,tobacco, alcohol, like benzodiazepines, barbiturates, sleep inducing medicines etc.)

1.5 YOUTH

The United Nations defines youth as persons between the age of 15 and 24 with all UN statistics based on this range. Youth is the time between childhood and adulthood (Maturity) and can be referred to a time of life when one is young. Today, there are 1.2 billion young people aged 15 to 24 years, accounting for 16 per cent of the global population (United Nation Youth Strategy 2018) 22 . The World Youth Report: Youth and the 2030 Agenda for sustainable Development, prepared by the United Nation Department of Economic and Social Affairs, stated that:

- Unacceptably high numbers of young people are still experiencing poor education and employment outcome
- In education 142 million youth of upper secondary age are out of school
- Almost 30% of 12 to 14 year old have never attended school
- Across many regions young women face challenges in terms of securing and completing education.

Wing, John Jr. said that "Youth is the stage of constructing the self concept". The self concept is a general term used to refer how someone thinks about, evaluates or perceives themselves. Self concept is important to make up of self-confidence, self awareness, self-efficacy and self-esteem. Youth begin to see themselves or feel about themselves as they interact with their environments. Wing John Jr. mentioned that the self-concept of youth is influenced by peers, lifestyle, gender, and culture (Wing, John 2012) . World Health Organization defines aged between 10-24 years is a transitional phase of grow and development between childhoods to adulthood (WHO). The life phase of youth is a time of transition, as it involves significant changes in biology, social status, role and responsibilities and institutional context. Transition represents one of the most dynamic, broad and influential periods of human development. Youth is the time of fast growth physically, emotionally and socially. It is a unique period of challenge and opportunity for positive development. However they respond to the challenges and what types of resiliency and protective factors is important for youths during their developmental period (Jodi A. Quas 2014).

World Development Report 2007 identified five major areas of youth life on the path to adulthood: Continuing to learn, Starting to work, Developing a healthful lifestyle, Beginning a family and Exercising citizenship (IBRD, 2006). The choice made in these different areas enable youth to realize their full potential in adulthood as citizen, household heads, workers, entrepreneur, leaders and so on. During any transitional period, the individual's are confused about the roles expected to be played. It's the time of a persons life when their choices are most likely to affect their future. The unfulfilled desires and aspiration during transitional period can affect youth life.

Elizabeth B. Hurlock explained that young people face many challenges during their developmental phase. Adjustment with elders and family are one of the most difficult tasks for young people. For example, young people feel that their parents and elders do not "understand them" and their standards of behavior are old fashioned. Sometime the relationships of youth with members of families and elders become difficult due to cultural gap or generation gap. The fact is that many young people now have greater educational, social and cultural opportunities than most of their parents and elders had when they were young (Elizabeth B. Hurlock 1981)30. Youth share their problems and discuss matters with their friends, which they cannot share with their parents, elders and teachers. Parents and elders sometime find it difficult to accept youth behavior and their objection. It is important to understand and recognize the area of disagreement due to generation gap between young people and parents or grandparents. Today's youth are living in a different world then which elders and family grew up.

India adopted the age group 15-34 for defining youth. Initially (2003), National Youth policy defined the youth as in the age group 13-35 years then in 2014 National Youth Policy modified the age group of 15-29 years (National Youth Policy-2014) . The 'Youth in India 2017" report mentioned that to show trends and changes over longer periods of time in the present Indian adopted 15-34 years as youth. India has world's highest number of 10-24 year old and account to 242 million people. India is a young Nation as youth (15- 24 years) as a % of total population in 2011 stood at 34.8% (Youth in India 2017: Central Statistics Office). National Statistical Office (NSO), Ministry of Statics and Programme Implementation (MOSPI) published "Youth in Indian 2022 Report (4th Issue)" noted that youth population is expected to increase initially but will start to decline in the latter half of 2011-2036 period (Youth in India

2022). 'Youth in India 2017' profile and program was brought out in 1998 by the Central Statistical Organization while Ministry of Planning and Program Implementation, Government of India through different organizations are producing age wise data on different aspect of the population of youth. The Ministry of Youth Affairs and Sport Government of India is investigating the situation of youth in India, identifying the problems faced by them, understanding the behavior pattern of youth population. Their primary aim is to understand the condition of youth and service to youth through government and non-government agencies for community development. Youth is the most valuable human resources for economic, cultural and political development of a nation, with their creative and innovate contribute to sustainable development.

Youth are defined as those aged 15 to 29 years in National Youth Policy (2014). This age-group constitutes 27.5% of India's population. The 2011 census counted 563 million young people from 10 to 35, according to the 12th Five- Year Plan Vol. 11 (2013). Drug addiction and drug abuse are chronic or habitual use of any chemical substance to alter states of body or mind for other than medically warranted purposes. Drug abuse is defined as the harmful medical use of one or more such drugs, also called psychoactive drugs can lead to poor health and to personality and behavior problem (The World book Encyclopedia; 1994). Drug addiction is the inability of a person to control the use of drug .It is characterized by an overwhelming desire to continue taking the drug and the tendency to increase the dosage becomes the individual's tolerance to the drug to get the same effect. Addiction is more often now defined by the continuity, compulsive nature of the drug use despite physical and /or psychological harm to the user and society and includes both licit and illicit drugs or may be defined "physical and mental dependence of a person on any substance e.g. tobacco, alcohol and drugs''. The term "substance abuse" is now frequently used because of the broad range of substances (including alcohol and inhalants) that can fit the addictive profile. Psychological dependence is the subjective feeling that user needsthe drugs to maintain a feeling of well being ; physical dependence is characterized by tolerance (the need for increasingly larger does in order to achieve the initial effect) and withdrawal introduction symptoms when the user is abstinent. There are over 190 million drug users around the world and the problem has been increasing atalarming rates, especially among the young adults under the age of 30. Apart from the long term damage to the body drug abuse causes, drug addicts who uses needles are also at the risk of contracting

HIV and hepatitisB and C infections. Drug abuse are usually psychoactive drugs that are used by the people for various different reasons which are, curiosity and peer pressure, especially among school children and young adults , the use of prescription drugs that were originally intended to target pain relief may have turned into recreational use and became addictive, chemicals may be used as part of religious practices or rituals, recreational purposes or it can be used as a mean of obtaining creative inspiration, few fell for them because they think it's cool and few get influenced from the reference groups of their role model/idols as we say.There are three types of groups of drugs. Depressants: These cause depression of the brain's faculties and examples include sleeping pills(barbiturates) and heroin. Stimulants: These cause stimulation of the brain, giving rise to alertness and increased bursts of activity. A rapid heartrate, dilated pupils, raised blood pressure, nausea or vomiting and behavioral changes such as agitation, and impaired judgment may also result. In severe cases, there may be delusional psychosis which can occur with the use of cocaine and amphetamines.Hallucinogen: These cause hallucinations and an "out of this world" feeling of dissociation from oneself. Hallucinogens may cause distorted sensory perception, delusion, paranoia and even depression. Examples include ecstasy, mescaline and Lysergic acid Diethylamide. Example of Drugs are: Alcohol, Tobacco, Cocaine from coca, Opium and opioids from poppy plants. Hashish or marijuana from cannabis, Synthetic drugs such as heroin, ecstasy and Lysergic acid Diethylamide. Drug abuse is seen in various 5 different age groups and in individuals from nearly all walks of life and socioeconomic strata. However, men are more likely to abuse drugs than women, single people are more likely than married individuals and urban dwellers are more likely than rural dwellers. Prisoners, street children and younger individuals are also more likely to abuse drugs. In this synopses I would like to highlight the key issue of drug abuse faced by the youth of Jammu and Kashmir that makes them vulnerable to fall for the trap of drug abuse due to which not only they themselves but the complete families suffer. My attempt would be focused on joining more hands to save our generation from drug abuse through creating awareness and writing and researching more.

1.5.1 YOUTH IN INDIA

'Youth in India 2017' profile and program was brought out in 1998 by the Central Statistical Organization while Ministry of Planning and Program

Implementation, Government of India through different organizations are producing age wise data on different aspect of the population of youth. The Ministry of Youth Affairs and Sport Government of India is investigating the situation of youth in India, identifying the problems faced by them, understanding the behavior pattern of youth population. Their primary aim is to understand the condition of youth and service to youth through government and non-government agencies for community development. Youth is the most valuable human resources for economic, cultural and political development of a nation, with their creative and innovate contribute to sustainable development.

The Government of India through Ministry of Youth Affairs and Sports has sponsored a number of schemes and programs for youth engagement. In addition, the state government and other stakeholders are also working to support youth development to enable productive youth participation. A few schemes like: Make in India, Digital India, Skill India (PMKVY), Start up India, Stand up India, Mudra Yojana, Khelo India and Rashtriya Yuva Karyakram, BetiBachao, Beti Padhao are some of the major schemes.

Nehru Yuva Kendra Saga launched in 1972 is one of the largest youth organizations. The objective of the program is to develop the personality and leadership qualities of the youth and engage them in nation building activities. The areas of focus by NYKS activities include literacy and education, health and family welfare, sanitation and cleanliness, environment conservation, awareness on social issues, women empowerment, rural development, skill development and self-employment, entrepreneurship development, civic education, disaster relief and rehabilitation, etc. Youth work through voluntary efforts for social development (National Services Scheme) 35. The Finance Minister Nirmala Sitharaman, announced for youth in her budget 2020 focused on access to Education, Health and better jobs. The Finance Minister has earmarked Rs 99,300 crore for Education sector in 2020-21 and Rs 3,000 crore for Skill Development (Business Today: Feb 1, 2020) India has made substantial progress in improving access to education than ever before. At the same time young people are withdrawing from school/college due to various reasons including economic barriers, substance use, and scholastic backwardness, parental concerns about safety of the girls and poor quality of teaching etc. Indian youth face challenges with regard to

employment below the legal age for work (18 years) and unemployment of educated youth.

NFHS-3 survey 2005-2006 present more than two in five men and one in three women age 15-17 are engaged in economic activity, even though they are below the legal age of employment. In rural areas both women and men are engaged in agricultural work whereas in urban areas production work is the most common occupation for both women and men. Indian youth are entering the labor force and working in exploitative and unskilled job before the legal age for work. Urban youth are less employed than rural youth mainly due to the higher school/college attendance of urban youth (International Institute for Population Sciences 2009). NFHS -5 Survey 2019-2021 report mentioned that employment level is much higher among less educated persons, highest among person with less than 5 years of schooling (89% men and 34% female) between the age of 15-49. Males are more likely than females to attend school at age between 15-17 years (IIPS and ICF 2021) The Economic Forum and the Observer Research Foundation collaboratively conducted a survey of "Youth Aspiration" the report indicates that Indian youth are eager to pursue higher education, undergo additional training and enroll in skill development programs. At the same time, various factors are blocking their ambition and preventing them. Factors like lack of guidance for career goals, making professional choice and youth lack of awareness of available government run skill development programs (Vidisha Mishra, Suchi Kedia et al. 2018) Indian constitution laws that aim to protect the young – like the prevention of early marriage, sexual harassment, rape, sex section, prohibition of dowry – are not implemented to their fullest extent (Population council, UNICEF 2013) "Youth in India, 2022" highlighted that youth are experiencing a demographic window of opportunity which they come across various development challenges viz. access to education, gainful employment, gender inequality, child marriage, youth friendly health services and adolescent pregnancy but with their participation young people can transform social and economic productivity. The report also mentioned that time spent by young people for education is progressing over a period of 4 years both rural and urban areas but female literacy rate (64.7%) is still much lower than male literacy rate (80.9%) and early marriage has been declining. Vocational courses and technical training are becoming quite popular among youth for better employment opportunities i.e. 7.3% has improved in 2020-2021 (Youth in India, 2022) The protest of youth against National

Register of Citizen (NRC) enacted by the government of India on 12 December 2019 has resulted in youth activism and politics. The protests first begin in Assam on December 4, 2019 after the bill was introduced in parliament and spread to the major cities of India. On 15 December 2019, major protest took place near Jamia Millia Islamia in New Delhi and Aligarh Muslim University. The fact is that, youth protest has been closely associated with politics in India due to unemployment and corruption in the country. A study on "Unemployment rate, opioids misuse and other substance abuse: quasi-experimental evidence from treatment admission data" finding suggest that economic hardship may increase substance abuse (Sunday Azagda et.al 2021).

1.5.2 DRUGS IN YOUTH OF INDIA

Today, Indian youth are moving forward as education system has grown many folds but most of the youth are confused about their career facing pressure from every field in education competition, unemployment and lack of job skills. There is no single reason why young people use alcohol and drugs. Young people start experimenting with alcohol and drugs. Tobacco is often the first drug pick up by youth. Study on Tobacco Control in India by the Ministry of Health and Family Welfare (2004); documents that 4 million people under the age of 15 years use tobacco regularly (K. Srinath Reddy et at 2004). Population council and UNICEF survey in 2013 mentioned that 250 million tobacco users at the age of 10 years and above in India (Population council, UNICEF 2013). The youth in different social roles, communities or culture define drug abuse differently; tobacco and alcohol, non-prescription medicines as well as opiates, cannabis, hallucinogens and inhalants were used and abused by many younger generations in India. A Study on Substance Abuse among School Going Male Adolescents from Dehradun shows that supari/gutka/pan was the most common substance abused by the youth (Vartika Saxena et at 2017) Another study from Sambalpur Orissa on Substance Abuse Among Adolescents in Urban Slums of Sambalpur reported that the most common substance used by the youth were Gutkha powdered, tobacco, smoking and alcohol (Lisa Sarangi el.at 2008).

Addictive prescription drugs, cannabis, alcohol and heroin were the most frequently abused drugs in Jammu and Kashmir. A study from Kashmir valley on Understanding the pathology of Drug Abuse in Kashmir Valley shows that most of the drugs abused in J&K were medicine abuser 60%, Charas 53% and alcohol 42% (Pirzada

M 2013). A recent National Survey on Extent and Patterns of Substance Use in India conducted during 2018 (Published in 2019 February) by the Ministry of Social Justice and Empowerment, Government of India through the National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, revealed that alcohol is the most common psychoactive substance used in India. After alcohol, cannabis and opioids were the next commonly used substance in India. It was estimated that the prevalence of opioid use in India is higher than the Global and Asian average. However, the prevalence of cocaine and amphetamine type stimulants (ATS) used is much lower. For the survey they have selected the age groups 10-75 years old. However, the demographic age group with the largest prevalence of psychoactive substance such as alcohol, opioid, cannabis and other drugs used were 18 years of age. Inhalants were used among children and adolescents the only drug category which has higher prevalence among children and adolescents as compared to adult population (MSJE 2019). In 2004, United Nation Office of Drug and Crime and the Ministry of Social Justice and Empowerment, jointly released the National Survey on the Extent, Pattern and Trends of Drug Abuse in India. Drug Abuse Monitoring System (DAMS) data were collected from 203 Treatment Centers (De-addiction Centers) in various states (Uttar Pradesh, Maharashtra, Delhi, Punjab etc) of India. It showed that 33% of treatment seekers were between 21-30 years of age and current users of heroin and cannabis were in the age group of 15 years and above (UNODC and MSJE 2004)

Nowadays, more young people discover themselves to be addicted to drugs than ever before. Alcohol and drug use among young people is an increasing problem in India. There are different reasons why youth take alcohol and drugs. Young people may do drugs because they want to be accepted by peers who are doing drugs. Stress, boredom etc or being influence by actors and actresses as their role model. The media representation of celebrity behavior is having a negative impact on young people. Teenagers take their favorite celebrities and try to emulate/imitate them. On 18 September 2020 in India TV, A politician Manjinder Singh Sirsa stated that bollywood stars are the role model of today's youth and their connection to drugs can be a bad influence on the young people (India TV 18 September 2020). Celebrities can have a negative influence on youth, particularly in regards to substance use.

1.5.3 DRUGS IN YOUTH OF JAMMU AND KASHMIR:

According to the 2011 census, Jammu and Kashmir has a population of approximately 12 million, ranking it as India's 19th most populous state. The problem of drug usage has infiltrated every aspect of the rapidly changing global landscape, and no country is immune. Drug usage among children is prevalent and has sparked heated debate both domestically and globally. It poses a significant threat to humanity, with the ability to devastate society as a whole. It is becoming one of the most significant difficulties, in addition to the disastrous implications for users and social integration in the family and community.

A rigorous research of the problem of drug addiction in the state of Jammu and Kashmir indicated that 40 percent of young people, including boys and girls, fall victim to drug misuse between the ages of 16 and 25. The collapse of society's moral fabric has resulted in chaos and uncertainty, with societal values being neglected, creating a broken society full of evils and deviances.

For centuries, the use of narcotics to achieve fulfillment, excitement, escape, or exhilaration was strictly controlled by the state. Teachers and seniors were undoubtedly obeyed and respected, social traditions were upheld, and young people rarely smoked or drank in front of elders. The joint family system, together with the undivided attention of the family and society, served as an efficient social check, guiding young people. However, the times have changed, and the social standards, moral obligations, economic avenues, and perception of good and bad have evolved, as have the concepts of "respect and honor." Simultaneously, the family and society have undergone significant transformations. The breakdown of the joint family system, the struggle to live in a competitive society, and the expectations of living a fulfilling life in a materialistic environment have all harmed the social fabric.

Drug use has skyrocketed in recent years, wreaking havoc on a community that already lacked a strong organizational structure. The introduction of synthetic chemicals and intravenous drug use exacerbated the situation, with significant social, legal, moral, political, and economic consequences. Drug use has risen in the Jammu and Kashmir valley due to a variety of circumstances. Many young people use drugs to escape the harsh realities of life when they are dissatisfied and despairing. It is

increasingly clear that drug misuse is intricately linked to societal variables that drive drug demand, rather than being solely a problem of drug availability. The susceptibility of today's society to the use and abuse of narcotic and psychotropic drugs is one of the major contributors. This menace has created a fear in the society and in the mind of those who have lost their children, parents or other family members because of abusing the drugs. Now the state administration is also concerned for this highly graved issue of life taking or ruining the lives of many. Even NGOs are concerned about this; different NGOs came forward in India and Jammu and Kashmir with the hope to eradicate the problem of drug abuse. Psychoactive substance such as tobacco, cannabis, opium and alcohol are consumed by the youth voluntarily to get pleasure or depend on individual mood, thinking and perception. Psychoactive substance can cause addiction when taken repeatedly. In a National Survey conducted during 2018 (Published in 2019 February) by the Ministry of Social Justice and Empowerment, Government of India through the National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi. The survey was conducted covering all the 28 states and UTs for the age group between 10- 75 years. The survey estimated about 16 crore persons were users of alcohol. Alcohol is the most common psychoactive substance used in India. After alcohol, cannabis and opioids were the next commonly used substance in India.

Table 1: Substance use in India (National Survey report-2019)

	Alcohol use in India	**Cannabis use in India**	**Opioid Use in India**
Users	16 crore	3.1 crore	2.3 crore
Problem users	5.7 crore	72 lakh	77 lakh
Dependence	2.9 crore	25 lakh	28 lakh

Alcohol use in India Cannabis use in India Opioid use in India Users 16 crore 3.1 crore 2.3 core

In the Indian population about 3.1 crore individuals use Cannabis products and 2.3 crore individuals use Opioids. The most opioid used is Heroin 1.14% followed by pharmaceutical opioids (0.96%). About 1.18 crore people are current users of sedatives (non-medical, non-prescription use). The report mentioned that children and

adolescents were current users of Inhalants, Cocaine, Amphetamine and Hallucinogens. This report highlights higher number of people affected by drug abuse at the national level.

Many youth in India are affected by drug trafficking, supply expansion of drug markets, also illicit and licit cultivation of opium, cannabis and alcohol production within the country. Jammu and Kashmir has a Line of Control (LOC) border with Pakistan which is the military control line between Indian and Pakistan and does not constitute a legally recognized international boundary. Pakistan is one of the regions of the Golden Crescent global site for opium production and distribution and is considered as a gateway of drugs to Jammu and Kashmir. Afghanistan is the world's leading illicit opium producer which is supplied to international market via Pakistan (UNODC: World Drug Report-3, 2018)

The researcher had a discussion with the people with substance use disorder or drug addiction at various centers in Police de addiction center Gandhi nagar, D-Dwari de addiction center, Gurha slathia, Mashwara de addiction center, Parivartan foundation de addiction center, Domana, Jeewan Daan foundation de addiction center, Life line rehab Kathua, Aaghaz drug de addiction center Bagh-i-Mehtab Srinagar. The Grooming De addiction centre, Chandpora Harwan rd, Srinagar, Youth development and Rehabilitation center, Grid rd, Wanganpora iddagah, Srinagar, JK Police Drug de addiction center, Srinagar, Drug De addiction and Rehabilitation centre, PCR, Srinagar. The Chakki River near the borders of Himachal Pradesh and Punjab has become a hub for drug activities since a long time. Jammu drug trafficking is being done through border areas from Poonch, Rajouri and most of the narcotic drugs are purchased from Kashmir. In Kashmir meandering rivers and streams along Indo Pakistan border are popular routes for smugglers because they are not easy to track by the Indian forces. When we consider the global scenario, drugs are manufactured in Afghanistan and they reach India via Pakistan. Narcotic drugs like chetta (Heroin), brown sugar, opium, morphine and pharmaceutical drugs are frequently used by the youth in Jammu.

The present study is about "**Drug Abuse among Youth of Jammu and Kashmir".** It highlights the vulnerability of youth to alcohol and drug use, presented with today's situation and youth issues. The focus area of the study is related to Jammu

and Kashmir. Chapter 1 - Introduction focuses on the priority areas which are - youth in India, types of drugs.

1.6 GEOGRAPHICAL AREA OF JAMMU AND KASHMIR

The Union Territory of Jammu and Kashmir is located between 32°17' N and 37°6' N latitude and 73°26' E and 80°30' E longitude, positioned at the northernmost part of India. It covers a total geographical area of 222,236 square kilometers and is divided into three regions: Jammu, Kashmir, and Ladakh. Kashmir Division includes the districts of Anantnag, Kulgam, Pulwama, Shopian, Srinagar, Ganderbal, Budgam, Baramulla, Bandipora and Kupwara. Jammu Division consists of Doda, Ramban, Kishtwar, Udhampur, Reasi, Jammu, Samba, Kathua, Rajouri and Poonch districts. Ladakh Division (now a separate Union Territory) comprises Kargil and Leh districts. Each region has its own distinct social, economic, linguistic, and cultural identity, making Jammu and Kashmir a diverse and unique territory. (Department of Social Welfare, Jammu and Kashmir). According to 2011 Census, Jammu and Kashmir had a population of 12548926, the decadal growth rate is 23.71. The sex ratio of the population (number of females per 1,000 males) in the State according to 2011 Census was 883.

1.6.1 DISTRICT MAP OF JAMMU AND KASHMIR

Fig:1 District Map of Jammu & Kashmir

1.7 AREA OF STUDY

Table 2: AREA OF STUDY

JAMMU DIVISION	KASHMIR DIVISON
1) POLICE DE-ADDICTION CENTRE GANDHI NAGAR	7) AAGHAZ DRUG DE-ADDICTION CENTRE, BAGH-I- MEHTAB, SRINAGAR
2) D-DWARI DEADDICTION CENTRE, GURHA SLATHIA	8) THE GROOMING DE-ADDICTION CENTRE, CHANDPORA HARWAN RD, SRINAGAR
3) MASHWARA DE-ADDICTION CENTRE, JAMMU	9) YOUTH DEVELOPMENT AND REHABILITATION CENTRE, GRID RD, WANGANPORA IDDGAH, SRINAGAR
4) PARIVARTAN FOUNDATION DE-ADDICTION CENTRE, DOMANA	10) JK POLICE DRUG DE-ADDICTION CENTRE, SRINAGAR
5) JEEWAN DAAN FOUNDATION DE-ADDICTION CENTRE	11) DRUG DE-ADDICTION AND REHABILITATION CENTRE, PCR, SRINAGAR
6) LIFE -LINE REHAB KATHUA	

1.8 STATEMENT OF PROBLEM

In Jammu and Kashmir region, the growing and contributing factors of medicine abuse particularly among teenagers specially economically unsound is increasing on an alarming level and poses a serious threat to health challenges for adolescents and society. The matter of substance abuse affects the physical, mental and social health of individuals and disturbs the entire family. The menace of substance abuse among adolescents is often traced to social, economic, political and environmental factors. The political turbulence, armed militancy conflict, psychological distress, socio environmental conditions and socio-economic conditions like rapid unemployment, mass corruption, lack of commercial and infrastructural development, allied sectors, underdevelopment, economic and social marginalization has drastically added to the statement of the problem. The generation particularly the younger generation passing

through a critical phase / stage characterized by violence, terrorism, tension, repression, has accelerated the number of drug addict and drug smuggling in the valley and in Jammu city. The steady supply of the drugs across the borders is also one of the reasons that affects the youth of Jammu and Kashmir. Primarily youth are involved in using pharmaceutical drugs like Proxy Van, Spasmo Proxyvon, Corex and other sedative drugs post which they start using Charas or Bhang (cannabis), Smack (heroin), Brown Sugar and Bhukki. The prescription drugs and psychotropic drugs are brought from the neighboring states like Punjab and Himachal Pradesh and then sold in black markets in the town.

The unreported cases would repeatedly be quite the recorded figure. The position is gradually becoming high. The drug addiction and rehabilitation centers in Srinagar and Jammu has reported

Thousands of Junkie patients are diagnosed per annum, during which most of them are educated and unemployed youth. A study conducted by Rifat Khan (2008) has revealed that 80% of younger generation within the UT are victims of Drug abuse which includes the age bracket from 16years to 25 years including males and females. Thus, such fragile situation has motivated the researcher to conduct the research in Jammu and Kashmir.

Small incident: As per the local newspaper report, at In Amar Singh Club, near about 1510 bottles of beer or alcohol & 1490 bottles of IMFL were consumed during the years 2009-2010 & at Royal Spring Golf Club Srinagar, while as it was also reported in the same report that 350 bottles of beer & 109 bottles of IMFL were also consumed during the years 2009-2010. Liquor consumption in 2012-2013 was 500.37 lakh bottles; in 2013-2014 it was 520.75 lakh bottles and in 2015 it was 556.67 lakh bottles. (Kashmir Age 12 May, 2016).

1.9 SIGNIFICANCE OF STUDY

Sociologists have always been tasked with examining drug misuse from a variety of angles and disciplines. The socialization of drug use (parenting, excess and lack of resources provided to the children, neighborhood, and peers), culture (occasionally consuming bhang and thandai), social interactions (peer group, sometimes to imitate the high-class people), social inequality (unemployment, poverty,

etc.), deviance, and group membership are the main areas of focus for sociologists on psychoactive drug. It examines the behaviors of individuals under the influence of drugs and how society either condones or regulates them. Drug abuse's destructive symphony is weakening the foundations of our society's social, economic, and cultural fabric. It leads to criminal activity and criminality, which in turn causes social collapse. It is essential that sociologists give this problem top emphasis. Therefore, the current study represents a modest attempt in that direction. The purpose of this study was to determine the youth in Jammu and Kashmir are becoming victim of drug addiction. Youth using heroin (street name chetta) is growing concern in Jammu and Kashmir. The purpose of this study is to understand why Jammu and Kashmir youth are vulnerable to drugs use. Researcher selected addicts from deaddiction centers as samples in order to understand whether Jammu and Kashmir youth are involved in alcohol and drug use. To identify effective ways to approach and involve in demand reduction intervention researcher interviewed with drug addicts. Additionally, purpose of this study is to understand de addiction center's technique and potential and actual role, intervention and encounter with people substance use disorder in drug de-addiction treatment facilities.

1.10 RESEARCH OBJECTIVES

"To understand the nature, trend and prevalence of drug abuse in state of J&K and locate how far the socio-economic factors like unemployment, irregular employment, poverty, excess of resources are responsible for drug abuse".

- "To analyze the social profile of drug addicts".
- "To understand the rehabilitative techniques available for drug de-addiction in the study area and suggest policy measure for more meaningful absorption of drug addicts on the social realm during and after drug de-addiction".

1.11 RESEARCH GAP

1) Lack of awareness among the youth, the young people generally don't open up with their problems very easily, they are usually very prone to fall for the category of depressed persons due to academic or love failure, low self esteem, frustration, low confidence etc. and they feel drugs is something that can sooth

their problems and give them relaxation as they are unaware about the adversities.

2) Educational loopholes, there is not enough stress laid upon the schools and colleges in the early stage of the child development to talk and create awareness related the same.

3) Parenting and Socialization problem, there is problem among the socialization process sometimes the children fall among the wrong peer group and they find it's cool to do the drugs and not only they are sometimes forced for doing so by the group also they are sometimes provided with the free drug supply initially to set the trap for the prey and innocent children usually falls for it.

4) Problem in framing adequate guidelines for the policy frame work, usually this problem is not kept into the mind while framing the policies by the government.

5) Stereo typification and the stigma associated with the drug abuse .so what happens sometimes the druggist with the help of drug de addiction centre is able to refrain from it but then society don't change their perspective so easily and hence there is a gap in their understanding also as they don't know now hoe to deal with the person who was once the drug abuser. Identification problem and reporting who are drug sellers and the smugglers. If the reporting process is done correctly then there are chances to curb this problem very fastly.

6) Researchers haven’t taken up this concern very seriously and there is yet so much to be researched and analysed for the matter of the fact, as it is on the increasing trend.

1.12 RESEARCH QUESTIONS:

Q1. What is the demographic profile of drug addicts in Jammu and Kashmir (including age, area of residence, income, and religion)?

Q2. What types of drugs are most commonly misused by the youth in Jammu and Kashmir, and what are the prevalent modes of drug consumption?

Q3. What are the typical reasons and circumstances that lead to the initiation of drug use among youth in Jammu and Kashmir?

Q4. How do addicts in Jammu and Kashmir perceive their own addiction, and what social consequences do they experience?

Q5. What methods and rehabilitation strategies are employed by de-addiction centers in Jammu and Kashmir to combat substance abuse?

1.13 DRUGS: A CONCEPTUAL UNDERSTANDING

Drug misuse was classified as a disorder by the "American Psychiatric Association and the World Health Organization in 1956". "It refers to the illicit use of any natural or pharmaceutical substance to change a person's feelings, thoughts, or behavior, disregarding the harmful bodily and psychological side effects." Any substance aside from food that alters how the body or mind operate when ingested is considered a drug. **(Mehta.)**

The present chapter in this thesis aims at building the conceptual understanding of the drug and drug abuse and cultural links by which it is understood differently specifically focusing on the Indian society. This chapter also aims at exploring the global scenario of drug abuse and not only that then focuses on the stages of addictions and the types of the drugs.

DRUGS

"A drug is a pharmaceutical preparation or a naturally occurring substance that is primarily employed to modify an existing physiological, psychological, or biochemical state".

"It can be any substance, either natural or synthetic, that alters the processes or functions of a living organism when introduced into it." It is known as drugs. As per **(Jullian, 1977). "**A drug is any chemical substance that affects bodily functions, mood, perception, or consciousness, often carrying the potential for misuse and harm to both individuals and society. Socially, the term drug can also be understood as a cultural construct and a product of social interpretation". Certain parts of society have defined drugs in arbitrary ways, meaning that not all substances labeled as drugs share common

characteristics recognized by society. This highlights that the effects of drugs are largely unrelated to how they are defined or categorized. The classification of drugs is artificial, existing only in our perceptions rather than in the substances themselves, making these definitions arbitrary rather than based on inherent properties. Society's definition of what constitutes a drug influences our behavior and attitudes toward these substances, shaping how we perceive and interact with them.

1.13.1 DRUGS DEFINED IN INDIAN LAWS:

"Section (b) of the Drugs and Cosmetics Act, 1940" defines drugs as:

1. Drugs for internal or exterior usage in people or animals, as well as any materials created for the identification, management, alleviation, or avoidance of illnesses or conditions in either species. Preparations used on the human body to deter insects like mosquitoes are included in this category.

2. Substances used to eradicate rodents or insects that transmit diseases to humans or animals, or substances (apart from food) used to alter the composition or operation of the human body. The Central Government periodically specifies certain compounds through announcements in the Official Gazette.

3. All materials, including empty gelatin capsules, that are meant to be used as medication ingredients.

4. The Central Government, after consultation with the Board, may designate devices for internal or external use in diagnosing, treating, mitigating, or preventing diseases in humans or animals through an announcement in the Official Gazette.

Additionally, some common drugs in India include:

- **Smoking-related products**: Cigarettes and beedis.
- **Chewing tobacco products**: Gutkha and pan masala.
- **Alcohol**.
- **Cannabis derivatives**: Ganja, bhang, and charas.

- **Opioids**: Heroin, opium, injection buprenorphine, capsule Spasmoproxyvon, and certain cough syrups.
- **Sedatives and hypnotics**: Sleeping pills, alprazolam, and diazepam.
- **Inhalants**: Typewriter correction fluid.
- **Amphetamines**: Ecstasy tablets.

1.13.2 REGULATED DRUGS

"Drug abuse includes both the use of illegal narcotics and the misuse of prescription or over-the-counter medications", Because of its potential for abuse or related hazards, a controlled or scheduled medicine is one that is subject to stringent regulations regarding its use and distribution. The Federal Drug Enforcement Administration (DEA) divides-controlled chemicals into categories.

According to their propensity for abuse, Schedule I pharmaceuticals pose the greatest risk, while Schedule V drugs pose the lowest. The letters C-I, C-II, C-III, C-IV, and C-V are often used to represent these classifications. The following are some instances of forbidden substances:

Schedule I Drugs

This category comprises substances with a high potential for abuse. In nations like the United States, they are regarded as having no recognized or safe medicinal use. Crack cocaine, heroin, marijuana, LSD, and PCP are a few examples.

Schedule II Drugs

Although these drugs are recognized to have safe and accepted medical applications in countries such as the United States, they also have a significant risk of abuse. They may lead to significant physical or mental dependence. Certain narcotics, stimulants, and depressants are classified as Schedule II substances. Cocaine, methylphenidate (Ritalin), dextroamphetamine (Dexedrine), morphine (Percodan), and oxycodone are a few examples.

Schedule III, IV OR V Drugs

In the United States, these medications are regarded as safe and established medical purposes, with a lower risk of abuse than Schedule II pharmaceuticals. Schedule III, IV, or V drugs include anti-anxiety medications, tranquilizers, sedatives, stimulants, and non-narcotic pain relievers. Examples include paregoric, hydrocodone with acetaminophen (Vicodin), diazepam (Valium), alprazolam (Xanax), propoxyphene (Darvon), pentazocine (Talwin), and acetaminophen with codeine (Tylenol No. 3).

The Department of Public Safety (DPS) receives prescription data electronically from pharmacies. This information aids licensing authorities in keeping an eye on medical practitioners, including physicians, dentists, and pharmacists, in order to spot any improper prescription practices for these strictly regulated medications. The DPS can also promptly identify possible abuse, misuse, or diversion instances, allowing for prompt action. In Texas, this approach has been successful in lowering the illicit distribution and abuse of Schedule II drugs.

1.14 CATEOGARIES OF CONTROLLED SUBSTANCES / DRUGS:

Table 3: Distribution of Narcotics:

DRUGS (NARCOTICS)	TRADE / OTHER NAMES	DEPENDENCE PHYSICAL	PSYCHOLOGICAL	TOLERANCE
OPIUM	APHEEM	HIGH	HIGH	YES
MORPHINE	MORPHINE, MORPHIA	HIGH	HIGH	YES
CODEINE BASED COUGH SYRUP	EMPRINE, CODEINE, PHOSPHATE	MODERATE	MODERATE	YES
HEROINE	DIACETYL-MORPHINE, SMACK, BROWN SUGAR	HIGH	HIGH	YES
“MEPERIDINE”	DEMEROL (brand name for meperidine)	“HIGH”	“HIGH”	“YES”
“METHADONE”	METHADONE	“HIGH”	“HIGH”	“YES”
“ADDITIONAL” NARCOTICS	“LOMOTIL”, DOLOPHINE, AMIDONE	“HIGH-LOW”	“HIGH-LOW”	“YES”

Table 4: Distribution of Depressants:

DRUGS (DEPRESSANTS)	TRADE / OTHER NAMES	DEPENDENCE PHYSICAL	PSYCHOLOGICAL	TOLERANCE
BARBITURATES	AMYTAL, CYCLOBARBITAL BARBITAL, CHILL PILLS	HIGH-MODERATE	HIGH-MODERATE	YES
"BENZODIAZEPINES"	"DIAZEPAM, LIBRIUM, PAXIPAM, CALMPOSE"	"LOW"	"LOW"	"YES"
"METHAQUALONE"	"MANDRAX, PRODORM"	MODERATE	MODERATE	"YES"
"OTHER DEPRESSANTS"	"PLACIDYL"	"MODERATE"	"MODERATE"	"YES"

Table 5: Distribution of Stimulants:

DRUGS (STIMULANTS)	TRADE / OTHER NAMES	DEPENDENCE PHYSICAL	PSYCHLOGICAL	TOLERANCE
COCAINE	CRACK	POSSIBLE	HIGH	YES
AMPHETAMINES	DEXEDRINE, BIPHETAMIN E	POSSIBLE	"HIGH"	"YES"
PHENMEYRAZINE	"PRELUDIN"	"POSSIBLE"	"HIGH"	"YES"
"METHYLPHENIDAT"	RITALINE	"POSSIBLE"	"HIGH"	"YES"
"OTHER STIMULANTS"	"SANCREX"	"POSSIBLE"	"HIGH"	"YES"

Table 6: Distribution of Hallucinogens

"DRUGS" (HALLUCINOGENS)	"TRADE/OTHER NAMES"	"DEPENDENCE" PHSYICAL	PSYCHOLOGICAL	"TOLERANCE"
"LSD"	"ACID"	"NONE"	"UNKNOWN"	"NO"
"AMPHETAMINES" VARIANTS	"MDMA, ECSTASY"	"UNKNOWN"	"UNKNOWN"	"NO"
PHENCYLIDINE	"PCP"	"UNKNOWN"	"HIGH"	"POSSIBLE"
"OTHER HALLUINOGENS"	"MAGIC MUSHROOM, PSILOCYBIN PSILOCIN"	"NONE"	"UNKNOWN"	"NO"

Table 7: Distribution of Cannabis

DRUG (CANNABIS)	TRADE/OTHER NAME	DEPENDENCE PHYSICAL	PSYCHOLOGICAL	TOLERANCE
MARIJUANA	GANJA, REEFER, BHANG, GRASS, POT, WEED, SULFA, MARY, JANE, PASTO, SPLIT, COLOMBIAN, JAMAICAN	UNKNOWN	MODERATE	NO TOLERANCE FOR MODERATE USE, HEAVY DAILY USE PRODUCES TOLERANCE TO TACHYCARIDA
TETRAHYDROC -ANNADINOL	"THC"	"UNKNOWN"	"MODERATE"	'REVERSE TOLERANCE'
"HASHISH"	"HASH, CHARAS"	"UNKNOWN"	"MODERATE"	"UNKNOWN"
"HASHISH OIL"	"HASH OIL"	"UNKNOWN"	"MODERATE"	"UNKNOWN"

1.15 DRUG ABUSE:

Many people assume that drugs possess inherent qualities that automatically define them as such. Even experts often believe that the term "drug" is rooted in a natural pharmacological reality suggesting that a drug must inherently be or do something specific to earn that classification.

1.15.1 DRUG ABUSE AND ADDICTION

The use of chemicals in non-medical circumstances, frequently in excessive and inappropriate amounts, is referred to as “drug abuse”. "The World Health Organization defines drug misuse as a repetitive use of natural or synthetic drugs that results in a condition of periodic or chronic intoxication that is detrimental to the individual and society". It entails using drugs for non-medical reasons in a way that affects one's ability to function physically or mentally. Addiction, which includes emotional, psychological, and physical reliance on substances, can result from drug usage. Developing tolerance is a common aspect of addiction, whereby lower amounts of the drug that were formerly effective are no longer sufficient, necessitating higher “doses to produce the same effect”. “Drug-centric” lifestyle may eventually be adopted as a result of addiction, creating a unique subculture with rigid membership requirements.

1.15.2 DRUG TOLERANCE AND DEPENDENCE:

Tolerance to drugs refers to the need for increased quantities or more frequent consumption to obtain the “same results as lesser doses previously generated”. “Dependence on drugs can be both physical and psychological”. Bodily dependence happens when the body is unable to operate correctly without the chemical, while psychological dependence involves an obsessive focus on the drug—constantly thinking about it, seeking it, and being emotionally or mentally unable to live a normal life without it.

Certain drugs, like cannabis, primarily cause psychological dependence, whereas others, such as opium and heroin, result in both physical and psychological dependence. When drug consumption is abruptly stopped, withdrawal symptoms occur symptoms. “Depending on the drug used, the duration of use, and the user's mood, these symptoms might range from mild pain to severe reactions such as vomiting or strong

cravings". Not all addicts experience the dramatic withdrawal symptoms often depicted in movies or TV shows. The kind of substance, the quantity used, the duration of addiction, and the standard of medical care all affect how severe withdrawal is. Medical supervision is essential during the withdrawal phase to safely manage the process of detoxification, where the body is freed from the substance's control.

Despite the negative impacts of drugs on their lives, users find it difficult to stop using them since withdrawal symptoms are frequently very unpleasant. The fear of these symptoms frequently prevents addicts from seeking help or attempting to stop using drugs.

1.15.3 MEDIATORS OF DRUG ABUSE AND DEPENDENCE

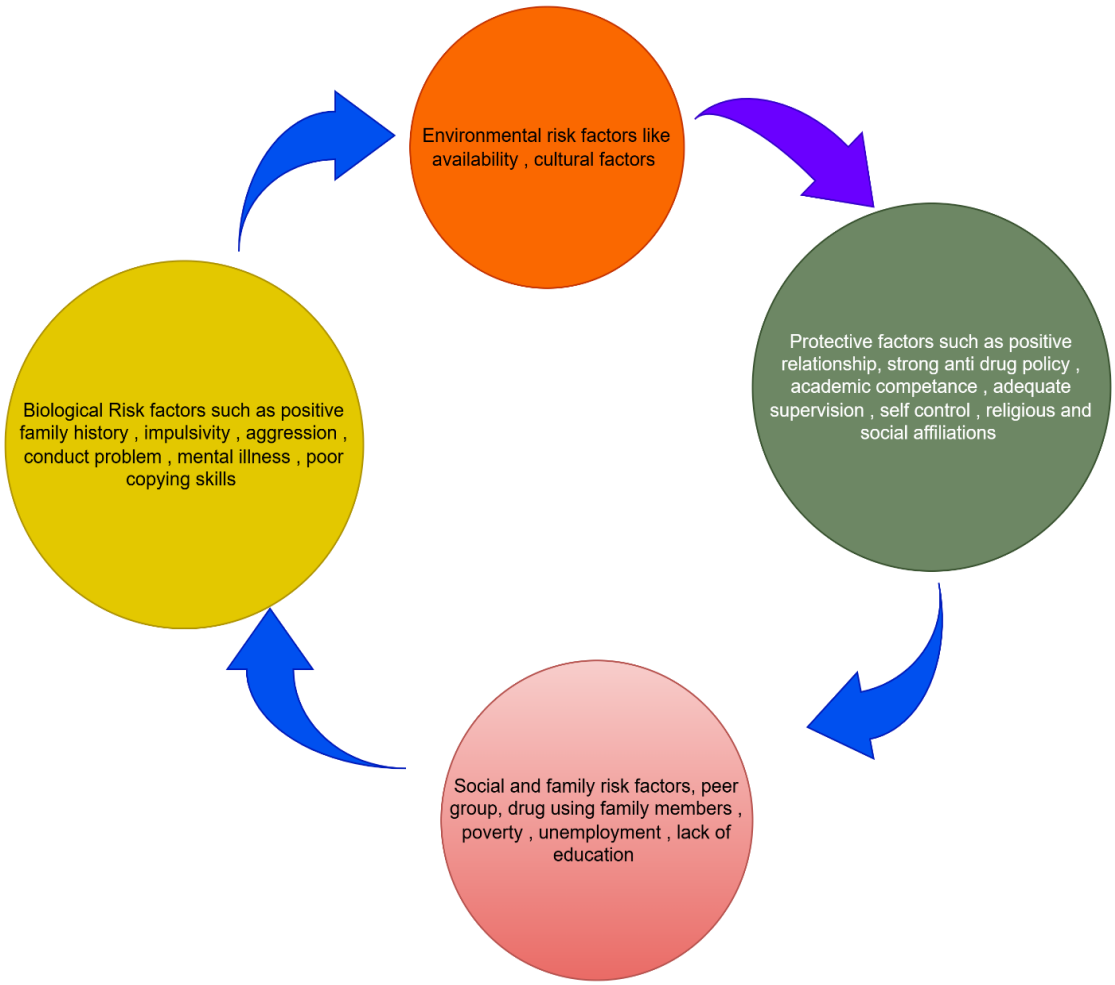


FIG. 2 DRUG DEPENDENC AND ABUSE

1.15.4 DRUG DEPENDENCE :

Psychological dependence refers to the mental and emotional adaptations that develop with the regular use of certain drugs, such as tranquilizers. “This dependence is evident through acute psychological withdrawal symptoms when substance consumption is stopped. Even following that psychological dependability diminishes, the journey to overcome craving often persists. To reduce stigma and negative connotations associated with terms like drug addiction, the World Health Organization (WHO) adopted the more neutral term "drug dependence" to foster a less judgmental perspective on the condition”.

1.16 SOCIOLOGICAL THEORIES AND FACTORS OF DRUG ABUSE / THEROTICAL FRAMEWORK

Without a theoretical framework, the replication and interpretation of studies remain unclear and ineffective, especially given the efforts and costs involved in many research programs. Sociological criminology has a rich tradition of theoretical diversity, often rivaling or exceeding that of any other subfield in sociology. Each of the major sociological theories’ structural functionalism, symbolic interactionism, and conflict theory offers well-defined explanations for delinquency and crime. This research will primarily draw on socio-cultural, psychological, cognitive, and self-esteem theories to explain why people abuse or become dependent on various substances. However, no single explanation has gained widespread acceptance. Like other disorders, excessive and chronic drug use is increasingly seen as the result of a combination of factors. A selected set of theories will be applied in this study to help understand the process by which adolescents become involved in drug-related offenses.

a) SOCIO-CULTURAL THEORY

Several socio-cultural theorists suggest that individuals are more likely to develop patterns of substance abuse or dependence when they live in stressful socio-economic conditions. Research has shown that lower socio-economic groups tend to have higher rates of substance abuse compared to middle and upper classes (Dohrenwend, 2000; Khan, Murray, and Barnes, 2002). Substance abuse and dependence are more likely to emerge in families and social environments where such behavior is normalized and accepted. Studies indicate that alcohol-related problems are

more prevalent among teenagers whose parents and peers drink, as well as those from stressful and unsupportive family environments (Lieb et al., 2002; Shucksmith et al., 1997). Lower rates of alcohol abuse are observed in families where drinking is only deemed acceptable within clearly defined limits (Ledoux et al., 2002). However, socio-cultural explanations do not fully account for why some individuals from disadvantaged social conditions develop substance-related disorders.

b) PSYCHODYNAMIC THEORY

Psychodynamic theorists suggest that individuals who abuse substances have deep dependency needs that can be traced back to their early childhood experiences (Shedler and Block, 1990; Stetter, 2000). They argue that when parents fail to meet a child's nurturing needs, the child may grow up excessively reliant on others for comfort and support. If this search for external support leads to experimentation with drugs, the individual may develop a dependent relationship with the substance. Some psychodynamic theorists also propose that certain individuals, in response to early deprivation, develop a substance abuse personality, making them more prone to drug abuse. Research has shown that people who abuse or become dependent on substances tend to be more dependent, antisocial, impulsive, novelty-seeking, and depressive than others (Cox et al., 2001; Finn et al., 2000). However, these findings are correlational and do not clarify whether these personality traits lead to drug use or if drug use causes individuals to become dependent, impulsive, and depressive.

c) BEHAVIORAL THEORY

Behaviorists argue that operant conditioning plays a crucial role in the development and maintenance of substance abuse. They suggest that the temporary relief from tension or the mood elevation caused by a drug has a rewarding effect, making it more likely that the user will seek out this reaction again (Rutledge and Sheer, 2001). Over time, the rewarding effects of the substance may lead users to increase their dosage or try more potent methods of ingestion. Some behaviorists also propose that classical conditioning contributes to drug abuse and dependence (Drobes, Saladin, and Tiffany, 2001). In this view, objects present when drugs are consumed may become classically conditioned stimuli, producing similar pleasure to the drugs themselves. For example, the sight of a hypodermic needle or a regular supplier may comfort people

who use heroin or amphetamines and help alleviate withdrawal symptoms. Likewise, objects present during withdrawal can trigger withdrawal-like symptoms. One individual, previously dependent on heroin, experienced nausea and other withdrawal symptoms when he returned to the neighborhood where he had gone through withdrawal before, which led him to start using heroin again (O'Brien et al., 1975). While classical conditioning may be involved in certain cases of drug abuse and dependence, it has not received extensive research support as a major factor in these behaviors (Drobes et al., 2001).

d) COGNITIVE THEORY

Cognitive theorists suggest that the rewards from drug use create an expectation that substances will be gratifying, and this expectation motivates individuals to increase their drug use during times of stress (Chassin et al., 2001). Research has shown that many individuals tend to drink more alcohol or seek heroin when they feel tense (Ham et al., 2002). Solomon (1980) proposed that the brain is structured so that pleasurable emotions, such as the euphoria induced by drugs, eventually lead to an opponent process—negative aftereffects—that leave the person feeling worse than before. Those who continue using pleasurable drugs inevitably experience these opponent aftereffects, such as cravings for more of the drug, an increasing need for it, and withdrawal symptoms. According to Solomon, these opponent processes eventually dominate, and the desire to avoid the negative aftereffects becomes the primary motivator for drug use, replacing the pursuit of pleasure.

e) SELF-ESTEEM THEORY

The term "self-esteem" refers to an individual's evaluation of themselves, encompassing the attitudes of approval or disapproval they hold about their own worth. It reflects how capable, significant, successful, and worthy a person feels. In essence, self-esteem is a judgment of one's own value, expressed through attitudes toward the self, which is conveyed to others through verbal communication and other observable behaviors (Coopersmith, 1987). According to self-esteem theory, low self-esteem is a contributing factor to delinquency (Kaplan, 1980). It is suggested that young people with low self-esteem often have negative experiences in conventional society, which

lead to painful feelings of self-doubt. To cope with these feelings, they may turn to substance abuse as a way to overcome their perceived lack of worth.

1.17 SUBSTANCE ABUSE AND DRUG ADDICTION:

Substance abuse is a broader concept than drug abuse. It refers to the irrational and repeated use of any substance for the purpose of intoxication, leading to social, economic, and personal distress and isolation. This includes a wide range of substances, from methadone, amphetamines, barbiturates, heroin, and alcohol to items like cough syrup, toothpaste, nail polish, white-out, photocopy solution, glue, petrol, and other similar substances. As briefly mentioned, drug addiction is a form of psychological conditioning that involves a set of mental and behavioral responses to drugs and related stimuli, which result from repeated reinforcement through drug use. While the terms "drug addiction" and "drug abuse" are often used interchangeably, there is a subtle distinction between them in a technical sense. Substance abuse is a broader term than drug abuse. Drug abuse specifically refers to the irrational misuse of drugs for non-medical purposes, whereas substance abuse encompasses a wide range of substances, both synthetic and natural, beyond just drugs, used to achieve euphoric pleasure.

A wide variety of drugs can be abused, not only illegal substances such as heroin, cannabis, cocaine, or ecstasy, but also prescription medications like tranquilizers, painkillers (analgesics), and sleeping pills. Even over-the-counter medicines, such as cough syrup or herbal remedies, can be abused. Alcohol abuse is also a significant concern. Drugs like cannabis and opiates, which have been used over long periods, are often referred to as traditional drugs, while substances like LSD, Angel Dust, heroin, and mescaline, which are more recent in origin, are considered modern drugs. Additionally, the types of drugs commonly used in rural areas of India differ from those typically abused in urban areas.

1.18 NATURE OF DRUG ADDICTION AND STAGES OF DRUG ADDICTION:

The World Health Organization defines drugs as any substance that, when introduced into a living organism, alters one or more of its functions. According to the dictionary, the term refers to a substance. Used to stupefy or poison or for self-indulgence. An individual who is taking drugs does not become addict at once. He or

She begins first with drug use and then becomes habitual of it. Drug addiction has different stages to it or different grades of growth but all such stages are very closely related. A person can use drug casually or once in a week or may be several times in a week or so without non-describing pattern in daily usage. It does not become a habit. The persons usually belong to either “adolescent initiates” or “Intermittent users”, they are usually completely hooked on the drugs but them of them are. When a person takes a drugs so much like bidi or cigarettes 5 times or 10 times in a day then it becomes a habit in accordance with the **World Health Organization,** the Brain Committee of the British Government in 1964 described drugs as "habituation," defining it as a condition that arises from the repeated use of drugs.”.

CHARACTERISTICS INCLUDES THE FOLLOWING:

1. A desire to keep using the drug because it makes you feel better, but not an urgent need to do so.

2. There is little to no inclination to raise the dosage.

3. There is a certain amount of psychological reliance on effects of the drug, but no physical dependence and, hence, no withdrawal symptoms.

4. Any harmful effects, if present, are primarily experienced by the individual.

Drug addiction is the acute stage of drug habit, when a person consumes drugs on a daily basis and finds it unable to function without them. One definition of drug addiction provided by the Brain Committee is "a state of periodic or chronic intoxication caused by the repeated consumption of a drug (whether natural or synthetic)." Among its attributes are the following:

- A strong, overpowering urge to keep using “the drug and obtain it by any means required”.

- Propensity to raise the dosage, even though other people might stay on a steady dosage for a long time.

- Reliance on substance effects, both physically and psychologically.

- When an individual stop using the medicine, a typical "withdrawal syndrome" starts to occur.

- Negative impacts on society and the individual.

To be more precise, being physically and psychologically dependent on drugs is what it means to be addicted to them. When drug usage is stopped, a person experiencing physical dependence moves into an adaptation stage marked by severe physical disruptions. Thus, the physical dependence is caused by the addictive drugs, which in turn produces the physical tolerance or tolerance can be stated as increasing dependence on the drugs to maintain it's effects. At these stages users has to consume the drug to satisfy the metabolic need of the body at the user's tolerable level. If the desired effect is not reached, the users keep on going to increase the dosage till the symptoms of withdrawal are gone. The users cannot shunt off the drug altogether at this stage, still if a person's tires to do so the withdrawal symptoms appear the syndrome will appear again and it is very often but at this time the result is death.

Different types of drugs posed different attraction and dependence, not only physical dependence but psychological dependence also on the person taking the drugs. In psychological dependence the desire to continue taking the drugs becomes the pronounced as to satisfy the sense of better well- being. There is a development of the relationship between the personality of the addict and the actual drugs which is being consumed. If a particular drug does not physical dependence it does not means that particular drug is safe or is harmless. There might not be an addiction in the strict sense but it's usage may bring a lot of problem in the mundane life.

The term 'dependence' was introduced by the WHO committee in 1964, and they defined it as "a static, psychic, and sometimes physical condition resulting from the interaction between a living organism and a drug. It is characterized by behavioral and other responses, primarily involving a strong need or compulsion to take the drug on a continuous or periodic basis, in order to experience its psychic effects and to avoid the discomfort of its absence.". Thus, frankly speaking, in drug addiction brain 's chemistry becomes forcibly dependent on the drug where as in drugs habituation there is no compulsive use of the drug. Another important thing is that the person addicted to a drug may commit any sort of crime to procure the drug, while a person habituated to a

drug is refrained from committing unlawful acts. Considering this definition, dependence does not imply any socially undesirable effects resulting from the continued use of drug, whereas addiction does imply a social and public health risk as well as danger to the user. For this reason, term addiction will be freely used throughout the current study.

Mostly, depending on the drugs leads to the drug abuse particularly of illicit drugs but drug dependence should be different from the drug abuse. In my study 'drug abuse 'will refer to the persistent, sporadic, excessive and often illegal drug use which occur in a way that is not acceptable to the normal medical practice. Consuming illegal drugs at the same time illegal taking of drugs falls under the category of drug abuse. Consuming illegal drugs may be called as drug abuse if the person consumes the drugs too often and frequently even without the well-founded indication or consume the drugs in excessive usage or consumes the drugs for intoxication which is not considered as normal in the society.

The abusers use the drugs with so much frequency that it causes the physical or mental harm to the addict and also it worsens the social functioning. Hence several hazards are associated with the drug abuse, some of these may be general like danger of getting infection from a syringe that is non-sterilize and needles injection used during the process of injecting the drug into the body. other risks can be like effects of particular drug on the body like paranoia with high doses of stimulants and lastly several other social repercussions.

According to **Anil Aggarwal, (1995), there are 4 stages of the drug addiction.**

Stage 1 is usually the experimental stage where person intakes the drugs to explore the new pleasures and seek what is unknown to him. Individual in this stage is mostly young and vulnerable and he thinks high of himself, he has got his own estimation that he can stop the consumption of the drugs whenever he feels like stopping it.

But young adults have already consumed the drugs, he/ she continues using the drugs without much thinking and casually as the stage 1 which was the experimental stage has already been passed by these young adults. These adults now enter into stage 2, in which he feels like using drugs he can establish good social interaction by

removing his self-induced social reticence. For example, many young people and old celebrates at parties or functions with "soft drugs'' where they express themselves freely and then later in peer pressure a person tries to do good or bad things. If a person is under a lot negative peer pressure he likes to be in the group and listen to fulfill their demands. To understand this situation well, let's consider one incidence that a person might just not feel like having a drugs but still in peer pressure, he cannot firmly said "NO" and is stuck to take the drugs.

In the 3rd stage, drugs out of habit, he has become habitual for taking the drugs, as he continues to take the drugs he becomes more and more dependent on the intake of the drugs. In this stage if a person thinks of not taking the drugs he gets to have the withdrawal symptoms. But there are still chance of getting better if a person tries to seek the medical help as in this stage the condition of the person is still not very poor or worsened. But if the addiction is developed and the damage is caused in the brain then it is not permanently cured.

The 4th stage is the stage where the person is not seeking the medical help. This is a very miserable stage for the person and he /she becomes a confirmed addict of the drugs or later on becomes the chronic addict too.

Different types of drugs has been there in the society for a longer period without any proper prescription, some drugs are quite addictive in the nature, for medical issues also if a person's uses the drugs for prolonged period of time the user become chronic addict later on. Chronic users are those who are trapped into the clutches of the drug addiction and they are now not normal. Usually in their routine when they wake up in the morning is intake of the drugs, they keep taking it during the day time and also before sleeping the last thing for them is to intake the drugs, even if the sleep is disturbed, they will again start taking the drugs. The addicts then slowly start giving the controlling the signs of depression by increasing the dosage and also by increasing the frequency. Different drugs have different effects on the body; we can consider the following for the better understanding: -

Table 8: Drugs & Effects on Body

NAME OF THE DRUGS	EFFECTS ON THE BODY
COCAINE	RED, RAW NOSTRILS
AMPHETAMINES	CONSTANT LICKING OF LIPS TO KEEP THEM MOIST RESULTING IN CHAPPED RAW LIPS, TREMOUR OF LEGS, LOSS OF WEIGHT, PROFOUSE PERSIPERTION AND BODY ODOUR.
BARBITURATES	LEGS DISTORTED, STAGGERING
LSD, OPIUM, MARIJUANA	PUPILS DILATED
HEROIN, OPIUM	DRASTIC LOSS OF WEIGHT
MORPHINE, CODEINE	RUNNING OF NOSE
MARIJUANA SMOKING	REDNESS AND WETTING OF EYES

There are chronic addicts too who wish to give up the drugs but fails in doing so, and usually they keep on telling this to people that they are going to give up on the drugs soon. They are of the age group from 20's to late 30's mostly, they are basically 'relapsed addicts'. Those addicts who have overcome this habit and have no intention of doing drugs again are known as 'ex-addicts'.

1.19 BIRD EYE VIEW ON DIFFERENT TYPES OF DRUGS:

TOBACCO

It is used by quite a large population, it has nicotine in it, and it is derived from the substances like **weed nicotiana tabacum, N.rustica and N.latissima .** Tobacco plant is grown round the globe. The nicotine in the tobacco act as the stimulant, many people take tobacco I different ways like in bidi, cigarette, hookah, chuttah, chilam, snuff or chew tobacco with pan. Biddi has 0.5gms of sundried and cured tobacco flakes hand rolled, then it is smoked, when the tobacco pieces are mixed with molasses it is burned and then smoked by dried, rolled and wrapped to form cigar which is burned

and smoked, tobacco chewing is very common in India, tobacco leaves are dried and flaked then mixed with betel nut or zarda pan (pan masala) and taken or then chewed. It is also taken in the powdered form, tobacco is also taken as a snuff which is inhaled through nostrils, it is also prepared as kheni and placed in a small amount between the lower lips and the gums.

Tobacco when is consumed in any of the above-described ways the mouth is filled with carbon particles and variety of invisible substances, once the tobacco becomes the habit it is difficult to overcome it then. Tobacco's continuous usage can cause increase in the blood pressure and other critical problems too like it's continuous smoking cause laryngitis, palpitations of the heart, shortage of the breath and lung cancer, if a person becomes the chain smoker, then the adverse effects can be observed in the body of an individual, a rare kind of blindness is associated with chain smokers. Excessive smokers are often reported to suffer from the pre-mature ejaculation and they are more vulnerable to fire and other misshapes or accidents.

ALCOHOL:

Alcohol is a very commonly used drug and it is produced by the fermentation by yeast of sugars from the plants like wine from grapes, cider from apples and bear from barleys. From distilling, the products like gin, whisky, brandy are produced there are other forms of alcohol too like vodka produced from the distilled from the potatoes or fermented grain mesh, country liquor (distilled spirits mixed with some flavouring agents), cocktails (a mixture of hot spirit with sugar and boiling water with lemon, used commonly as appetizers).

Nowadays, alcohol is the most prolifically produced organic chemicals in the industry. Ethanol known as ethyl alcohol or grain alcohol can be produced from fermentation from the carbohydrates which are found in fruits, molasses grains etc. The anesthetic is produced from the ethanol. Methanol which is known as Methyl alcohol can be manufactured from hydrogen and carbon monoxide too. The main ingredient that characterized alcohol beverage and chief contributor sought by the people who drink is ethyl alcohol.

When alcohol is consumed or drunk it is called as **depressant.** The manifestation of alcoholism depends upon the dose, nature of the person and his

mentality. Intaking alcohol regularly in considerably small amount does not bring a lot of pathological changes in a person but mild infrequent intoxication causes damage to mouth, food pipe and stomach not only that it can invite to the cancer as well. High Dose of alcohol can make a person talkative, boisterous, sentimental or melancholic. Then a person becomes mentally disturbed increased blood pressure etc. The alcoholic who are older also shows the sign of neurological defect and impaired brain function. If a pregnant woman becomes habitual of alcohol or event is an occasional drinker then also there are the chances of endangering the health of the baby, alcoholic person creates problem for family, self and society, the chances of domestic violence after drinking are reported are quite high. Chronic alcoholic also commits crimes and in acute cases they meet with accidents and sometimes it leads to death too.

1.19.1 THE MAIN DRUGS OF ABUSE:

According to the Hong -Kong Council of social sciences, 1988, Drugs may be classified under two types, Narcotic drugs and non-Narcotic drugs.

A. NARCOTIC DRUGS:

They are also known as psychotropic drugs. They are described as follows:

1. OPIUM:

It is described as 'king of narcotics.' Very strong addictive drugs like heroin are synthesized from opium. It is a natural narcotic analgesic derived from poppy plant, **papaver somniferum** which is grown in some parts of Europe, middle East, South Asia but is cultivated in areas of Golden Crescent (Pakistan, Iran and Afghanistan) and Golden Triangle (Laos, Myanmar, Thailand,) and Mexico. Opium was introduced to Indians by Arabs particularly traders in 9th Century. Basically, opium is the dried milky exudate obtained from the unripe soft pods of poppy plant. It is prepared in powdery form or a black or a tarlike gum. It contains morphine (10%), papaverine (1%), codeine (o.5%), and thebaine (0.2%). It is mixed and dissolved in the water or wine or juice etc for drinking purpose. Mostly it is used as a sedative, painkiller and anti-spasmodic or anti diarrohoeal agent.

Opium is used by men of all the ages. It's cultivation and preparation started around 5000 years ago Sumerians as evidence by the clay tablet left by them, it is believed that opium was first grown in Turkey and then it spread worldwide. Opium is also believed to improve the sex tendency and hence it is also consumed by the young men. Belon (French naturalist) wrote that Turks used to take opium as they thought opium made them more daring during the time of war, Rajputs used to consume drugs before going to the wars they thought that it gave them courage to fight in a better way and they became more daring in the battle ground , opium is abused either smoking, inhaling, swallowing in solid or in liquid state, it causes euphoria (a state of well-being), drowsiness , constipation , reduced urinary excretion, respiratory trouble, palpitation, loss of appetite, confusion etc. If a person a person develops a tolerance, then he or she is tend to increase the dosage to enjoy the pleasure they drive out of opium abuse. The withdrawal symptom of opium includes sneezing, headache, nausea, yawing, restlessness, heavy sweating, vomiting, heaviness in limbs, irritability, itching in facial region, high blood pressure, increased heartbeat, flushing of skin, redness. Opium when is fresh is brownish in color and when it is dried it turns to black and it has a fruity odor. It's composition as stated earlier is really complex one, it consists sugar, proteins, fats, water, meconic acid, plant wax, letex, gum, ammonia, sulphuric and lactic acid and alkaloids. The total alkaloid content varies from 5-10%: approximately 40 of these alkaloids have been identified, morphine (10-15%), nascopine (4-5 %), codeine (1-3%), papaverine (1-3%) the baine (1-3%). (Singh, et al. 2012) In Indian spices, the major alkaloids present are morphine (7-17%), codeine (2.1-4.4%), the baine (1.0-3.0%), noscapine (3.0-10%) and papaverine (0.5-3%). Poppy straw (the dry capsule 7.5 cm stem) contains a small quantity of alkaloid. (Singh, et al. 2012)

The history of opioids and the pattern use of it is recorded below as mentioned in Encyclopedia Britanica, during 19th and 20th century, The invention of hypodermic needle in mid-19th century and its subsequent use to administer opiate during the world wide produced quite a large number of addicted soldiers (4,00,00) during US civil war alone, it was thought that opiate would not cause the addiction or it can be controlled as it was injected in the veins and narcotic did not reached the stomach, by the end of the 19th century opiate was just not consumed by the soldiers but by the prostitutes, gamblers etc, it became associated with the criminal element with medical therapy. By the 20th Century it has also prevailed to become a worldwide problem, various agencies

national or international regulatory bodies began to control the trafficking or misuse for the same. By 20th Century its usage was then associated with the slums, culturally poor and socially deprived people. In modern era it is associated with the youths of every section who think it is cool to consume drugs including middle class people and narcotic addiction is infact now as days is associated with a mental health problem.

Not only that in Encyclopedia of toxicology (2014), it is stated that, Opium history dates back to 1500 in BC in the Ebers Papyrus. Opium poppy extract was reportedly recommended by Egyptian Physicians to Pacify incessantly crying children. During the times of Ancient Greece, Galden and Dioscordies were both advocated for therapeutic uses of opium and Aristotle described the poppy as a hypnotic drug. Hippocrates**,** father of modern medicine made note of the medicinal properties of the poppy. (Fields, 2014)

Opium advanced from being a sleep aid in the ancient history to prescribed for a variety of ailments during the Late Antiquity and Islamic Renaissance. The therapeutic use of opium expanded, although there was recognition in general of the harmful effects of opium by the physicians of its era. The importance of dosing opium based on physical characteristics and medical conditions of patients was recognized by Al Kindi (c. 850 CE). The phenomena of opium, tolerance, addiction and overdose were well known during Al Biruni ‘s (c.1000 CE) period. Still, opium was a popular remedy and promoted by stalwarts such as Ibn Sina for chronic daily pain and Maimonides for palliative care. The concept of addiction to opium was recognized as a istinct entity in Arab Culture. (Kumar, 2022)

2. MORPHINE:

Morphine or (MOR feen) is usually consumed to treat chronic pain and is prescribed medication when other pain medication do not work or when pain cannot be tolerated, it blocks the signal in the brain and comes in the category of CNS depressants. It basically belongs to a group of medication called opioids. This is long-acting medication. It is naturally occurring substance in opium category. It is basically processed opium with the impurities taken out. History reportedly stated that in 1803 Serturner (German) successfully isolated crystalline morphine as an active analgesic constituent of opium. The principal alkaloid (morphine) is a transparent white rhombic

prism or fine needles and as a powder in crystalline form. The taste of morphine is very bitter and it is slightly soluble in alcohol and completely soluble in water. Other alkaloids like methadone, codeine and heroine can also be synthesized from morphine. At earlier stage this drug was not thought to be very addictive and then later on it was found that it is more addictive than opium. Irrespective of its failure as a cure for opium addiction, morphine is conveniently used in medical field specially in surgical emergencies.

It is also used to relieve intense pain of coronary thrombosis, heart failure, unproductive cough and diarrhoea. The way to consume morphine is either through tablet or injection form (intravenous or intramuscular injection). Morphine is cerebral depressant but it is also a spinal stimulant. The effect of Morphine includes euphoria, relaxation for a short time but for a longer effect it can cause respiratory problems, loss of appetite, constipation impaired vision, menstrual irregularity, cold and clammy skin, lowered blood pressure, sleepiness, slowed breathing, slow pulse rate, coma and it's overdose can also cause death. Traditionally, morphine was used by injections only but pharmaceutical forms today support oral and other routes of administration too like oral solutions, immediate release and extended-release tablet and capsules. Individual who are dependent of morphine usually prefer it through injection as it enters the bloodstream more quickly.

Withdrawal of morphine can cause symptoms like yawning sweating, shivering, increased irritability, muscular pain, bone pain, concentrated kicking movements, insomnia, nausea, vomiting, abdominal cramps, weakness, depression and agitation, increased blood pressure, temperature, twitching and finally the addict feels like he is in the state of living hell and to avoid morphine, it is consumed again and again.

3. HEROIN

Heroin (diacetylmorphine or diamorphia) is a product of opium. It is produced by the direct acetylation of morphine, an alkaloid obtained from dried latex of incised unripe flower pots of the opium poppy ***papaver somniferum***. The only chemicals needed to produce heroin clandestinely from opium are calcium hydroxide, a pH modifier and acetylating agent. In the presence of excess acetic anhydride and heat, the 3- and 6- hydroxyl groups of morphine are acetylated, yielding heroin. After

acetylation, the solution is usually neutralized with sodium carbonate and treated with concentrated hydrochloric acid in order to produce heroin hydrochloride. 'Street -grade' heroin I usually sold as the hydrochloride salt. The predominant constituents of raw opium are alkaloids, fatty acids, sterols, alcohols, resins, sugar, and plan fragments. At least 30 alkaloids have been identified and have been classified into two categories **Phenanthrenes** and **benzylisoquinolines.** The phenanthrene alkaloids includes morphine codeine and theaine, and the benzylisoquinoline alkaloids consists of papaverine and noscapine. If not removed during preparation, many of these ingredients will remain present in heroin as a minor contaminant. (Kumar, et. al., 2012)

The chemical and physical appearance of illicit heroin varies depending upon its origin and synthesis. Pure heroin is a fine white powder whereas illicit heroin varies in appearance from white to dark brown. Crudely processed heroin, known a black tar s dark brown to black. The quantity and purity of heroin produced during illicit manufacture is a function of the alkaloidal content of raw opium, the procedures used to extract morphine and the techniques used during acetylation and the purification processes. Prior to distribution, illicit heroin is usually mixed with bulk diluents such as quinine, mannitol, dextrose, lactose and baking soda. Paracetamol, lidocaine and procaine are sometimes added to enhance the effect of heroin or to relieve pain during injection**.** (Merves, Goldberger, 2005)

Heroin in a white form is a white crystalline powder with a bitter taste; it is soluble in water. The Heroin produced from golden crescent and golden triangle is in 100 % pure state. Heroin produced in Mexico is only 60% pure. South East Asian heroin is generally light grey and that of Mexican is from off white to dark brown or black in color as there are presence of impurities in it.

Heroin was used in the ancient times as a powerful analgesic and to pain in the case of cancer. Presently quite a large number of youth abuse heroin through majorly four different way, which are swallowing, smoking, sniffing and injecting. The most frequent and common use method is injecting the heroin into the skin, (skin popping) or into main blood stream (main lining), it is mixed with cocaine so experience more kick, cocaine is also highly stimulated drug which is obtained through cocoa leaves. The mixture of cocaine and heroin is called as 'H" OR "C" or is also known as "speed ball''. When the veins are used again and again for the injection of heroin, they become

unusable or scarred. As, the larger vein collapse, abuser then turn to use or inject heroin in the smaller veins or hands, legs and arms, neck. When all the limb vein becomes scarred, the addict is often found using the heroin injection in the dorsal vein of penis, in fact it is seen that abusers inject the heroin injection under tongue, buttocks, breast, abdomen etc. If all the veins run out of use addict then start returning to the skin popping and it can lead to multiple sores under the skin and perhaps to tetanus. Heroin is the depressant type of a drug and it mainly affect the central nervous system, immediately after injecting heroin the body the body start feeling depressed. The effects of Heroin include euphoria, state of tranquility and analgesia.

Fig 3: Heroin Addict's Vein

Long term usage of Heroin produced tolerance and then physical and psychological dependence. Addiction of heroin is also characterized by compulsive drug seeking and use by neurochemical and molecular changes in the brain. The abusers of heroin typically state that there is a surge of pleasurable sensation referred as rush, intensity of rush depend upon the dosage of the drug consumed. Injection provides the fast rush and is of greatest intensity of drug, usually within seconds, if heroin is snuffed or snorted the impact or rush takes 10-15 minutes, once after the heroin is injected/ inhaled the heroin crosses the blood brain barrier and it is converted to morphine and it binds rapidly to opioid receptors.

Heroin if is compared to morphine is a more lipid (fat) soluble and it reaches more target tissue than morphine can, smaller dose of heroin effect large dose of morphine. The withdrawal symptoms can be excruciatingly painful and can lead to severe health problems. The addict after 4-6 hours starts developing the restlessness, perspiration, running nose, insomnia, vomiting, dilated pupil, these symptoms keeps on getting worse and worse bringing the relapse and dependency of drugs.

4. CODEINE

Codeine is the very widely employed naturally occurring opioid in developed countries. This alkaloid is found in opium in concentrations ranging from 0.7% to 2.5%, most codeine used in developed from morphine. Codeine is absorbed from gastro intestinal tract. The plasma concentration of codeine does not relate with brain concentration or relief of pain, Urinary excretion products also includes codeine of about 70%, norcodeine (10%), morphine (10%), normorphine (4%) a hydrocodone (1%) (Wilsey, et al., 2005). It is prepared in oral and parenteral preparations and is frequently administered in combination with acetaminophen, butalbital and caffeine intended for treatment of tension headache, it is commonly employed as an antitussive. It is obtained from morphine or opium in less potent form , it has no odour, and is white crystalline powder soluble in water and less soluble in alcohol , it is also used in cough syrups for curing cough and also used to treat mild body pain , it's action is quite mild about $1/6^{th}$ of that of morphine , hence it is not very liked by the youth and is less abused although it's regular consumption has side effects like , mood swings , impairment of vision , irregular mensuration , restlessness and tension etc. Withdrawal symptoms include symptoms that were similar to the morphine's withdrawal symptoms, and these appear within 8 hours and peak within 48 hours, the addict feels the psychologic dependence on the drug and start craving for it.

In other words, we can describe codeine as a pain medication which should have a brief warning and description, mainly it is used in pain relieving although there are many safer and more effective methods of treatment of pain, but people mostly think that opioid is less dangerous or less addictive. All opioid which interacts with opioid receptors have potential to cause dependence leading to addiction and possible in certain cases the death of an addict too.

5. METHADON:

Methadone is a synthetic opioid agonist with characteristics which are particular. It has oral and rectal absorption, no active metabolites are known and it has duration of action and lower cost than opioids, it was first sythesised by Germans during 2nd World War, when morphine was not available, it is also called as dolophine after Adolf Hitler, commercially it also has name of physepton. In its purest form it looks like white crystalline powder and is soluble in water and alcohol, it's a narcotic drug abused orally, but most abusers also insist on having vein injection too. In order to treat the addicts of the drugs methadone is used, as it has a quality to suppress the withdrawal effects, it can suppress chronic hunger for drugs but drug like heroin is not used in treatment of the addiction. The effects of the methadone is same as the heroin and morphine , but methadone kills the craving for hunger or it kills the physical or psychological satisfaction an addict derives from abusing the drugs , Considering United States of America the most abused drug after heroin is methadone , its regular consumption develops dependence on it for the addicts and abrupt withdrawal results in causing mood swings, irritation , reduced libido ,tiredness , sleeplessness , constipation , night vision is often blurred , bodily pain , sleepless ness , pupillary constriction and it's withdrawal effects includes urinary retention , irregularity in women for mensural cycle, impaired vision etc .

6. PANTOPAN:

It is a narcotic analgesic drug containing alkaloid of opium in the highly purified form, it basically is 50% morphine. It is available in the small white tablets or in ampules as amper solutions, it can also be injected in the muscles. The abuser after injecting feels drowsy, reducing in breath and depressed in the mood. The most common side effects of this is nausea, vomiting, headache, dizziness, flatulence diarrhea and stomach pain.

7. ETORPHINE:

It is relative of Morphine; it is first prepared from oripavine in 1960's. It is present in plant, pepaver orientale and P. bracteatum. Etorphine is considered is considered to be the most powerful pain reliever and its pain-relieving capacity is 10,000 times that morphine. It is also consumed by injection; it is also used for

immobilization of large animals. Non – mammals do not experience the same degree of respiratory depression as humans do, and so these drugs are suitable as immobilizing agents in large animals. (Bardal, et.al., 2011)

8. PETHIDINE:

It is an alkaloid obtained from opium and is sued for pain relieve. It is used very commonly and act as very rapid and is relatively a safe drug. It's injected in the body and the effect lasts for 3-4 hours, dosage usually taken is around 50-200 mg, and given to mothers during labour also depending on the intensity of the pain she is having. Although it owes have few side effects like nausea and increased blood pressure.

9. OXYCODONE (Percodon):

It is opium derivates and narcotic analgesic which hampers the functioning of central nervous system. It is produced form of a yellow scored tablet, bearing manufacturer's name 'ENDO' on one side. Abusers can inject it in intramuscular vein or it can also be consumed orally. The side effects include constricted pupil, drowsiness, dryness of mouth and reduction in respiratory disease. Oxycodone is a semisynthetic opioid that is closely related to morphine. since 1917, it is available for analgesia and was first introduced into clinical practice in Germany. It is processed from thebaine, an organic compound found in opium. Like morphine, the present forms of oxycodone include shot and long-acting preparations. Short acting oxycodone like Roxicodone or compounded with acetaminophen like Percocet, Roxicet Endocet or aspirin like Percodan. Long-acting oxycodone preparations are designed for oral administration and involve the use of specialized sustained release technology like Oxycontin and similar generics.

Similar to codeine there is genetic polymorphism in 10% of the population, which accounts for significant variation in the metabolism of oxycodone. Oxycodone is found in the following branded combination products: Percocet, Roxicet Solution, Xartemins XR, Combunox and Percodan. It is a semisynthetic opioid processed from the baine, an organic chemical found in opium. Oxycodone is available as an immediate release tablet combined with acetaminophen, aspirin or ibuprofen. It is also available as an immediate release (IR) solution and controlled release tablet combined with acetaminophen. With so many formulations available, it is one of the most popular

opioids in the United Sates. The popularity of oxycodone is in some part, due to its suitability for oral administration due to high bioavailability (60%), oral oxycodone is 1.5 times more potent than oral morphine. It is unfortunate that this property also contributes to abuse. Oxycodone in combination has been placed under restricted Schedule II controlled substance category in The United States America, its abuse has been a recurrent problem with law enforcement authorities.

During the last decade the oxycodone has surpassed that of morphine as a most common used opioid analgesic worldwide, the popularity of oxycodone is based on high analgesic efficacy in some pain states like visceral, neuropathic and cancer pain. It has active metabolites but the analgesic effects attribute mainly to the parent compound. Oxycodone binding affinity to opioid receptors and receptor activation is relatively low. It has an active influx into the brain, and thus the unbound drug exposure in the brain is higher than in the blood.

10. WELLCONEL:

It is a synthetic drug combination produced in a table form. The colour of this drug is pink and it is without any odour, it is also potent analgesic and its action last for about 6 hours. A patient having ceased morphine and pethidine is also administered with the welcome and if it is abused in continuous then there is the dependence which is developed for it. The side effects also include loss of appetite, constipation, physical or mental deterioration, withdrawal symptoms include, vision impairment, vomiting, insomnia, constipation etc.

11. TILIDINE:

It is also chemically synthesized drug which is used to treat moderate to severe pain, it is found as a white crystalline powder and has a bitter taste and is soluble in the water. The high intake of the tilidine creates euphoria, constipation, drowsiness, confusion etc. If it is consumed for a very long period it also produces the ill effects like nausea, vomiting, vertigo, flushing of skin, sweating, biliary spasm, breathing difficulty and restlessness etc. Tilidine is a allow to medium potency analgesic, it undergoes rapid first pass metabolism to its active metabolites, nortilidine and bisnortilidine.

12. MEPERIDINE (Demerol):

It is synthetic drug which is similar to that of morphine and it is a narcotic analgesic. Its appearance is like heroin white crystalline form, it comes in small tablets or in the cough syrups. It is also available in ampules or liquid, the non-stop usage of Demerol results in the symptoms like dryness of mouth and reduction in breathing rate, once the tolerance is developed the user developed the tendency to increase the dosage. Meperidine is well absorbed from all routes of administration, following oral administration, meperidine undergoes extensive metabolism on first pass through the liver and it is less than one half as effective when given orally as when given parenterally.

Meperidine was first introduced in 1939 and was the first synthetic opioid analgesic to be used extensively as a therapeutic agent. It exerts its primary actions with in the Central Nervous System, where it binds to opioid receptor to produce analgesia, sedation, euphoria and respiratory depression. It also has side effects like Pupil constriction, tremor, muscle twitches and seizures, but it has atropine like activity to cause dry mouth and blurred vision. It also releases the antidiuretic hormone and stimulate the chemoreceptor trigger zone to cause nausea and vomiting. It further inhibits release of ACTH and gonadotrophic hormone and produces an increased blood sugar. It has a shorter duration of action than morphine and produces fewer side effects. Although less efficacious than morphine as analgesic, it is capable of relieving the pain which is not relieved by the codeine (Bowery, 2007)

B. NON- NARCOTIC DRUGS OF ABUSE:

The non -narcotic drugs includes, hallucinogens, organic solvents and stimulate. They are equally dangerous as the narcotic drugs if they are used without medical advice. They are the subclass of the analgesic agents and they do not bind to opioid receptors and are not addictive. Many non – narcotic analgesics are offered as non-prescription drugs.

I. HALLUCINOGENS:

They are powerful mood altering and visual perception changing drugs**.** They can also bring behavioral changes; the following are the main type of hallucinogens.

They are psychedelic drugs that can potentially change the way people see, hear, taste, smell or feed and also affect the mood and thought. Hallucinogens can be defined as a drug that cause hallucinations. A hallucination can be defined as "a sensory experience of something that does not exist outside of the mind". It may involve hearing, seeing, smelling, tasting or feeling something that isn't really there, or it may involve distorted sensory perceptions.

Hallucinogens allow the human senses to experience stimuli at a much greater intensity than normal. As a result, many people take great care to take hallucinogens in a controlled environment as bad stimuli and good stimuli are magnified. Flashbacks may occur this is the reemergence of some aspect of hallucinogen experience in the absence of the drug. One common type of hallucination produced by these drugs is synesthesia, which is a transposing of sensory modes. For example, seeing a particular sight may cause the user to perceive sound.

The effect also includes dilated pupils, dazed or uncoordinated appearance, poor balance, distorted time and distance perception, sweating, goosebumps (piloerection), paranoia, nausea and hallucination.

Hallucinogen is a term used to describe compounds that alter a person's perception of reality. Typically, a hallucinogen causes the user to have a heightened state of awareness of sensory input (audio, visual etc) and diminished control over the experience. Sometimes, the sensation seems to allow the user to be both the participant and observer. **Hallucinogens are divided into several categories:**

1. LYSERGIC ACID DIETHYLAMIDE LSD:

It is derived from ergot (Clavicaps Purpurea), It was first synthesized in 1938 by Swiss Chemist, Albert Hoffman. It comes as powder or tablet form. It has no colour, odour or taste. Lysergic acid diethylamide (LSD) is synthetically derived from the fungus, Cladvicepr Purpuria. Several isomers of this compound exist, although the d-isomer is considered active. LSD was first synthesized by Albert Hoffman in 1938 in a search of an analeptic drug. LSD is the most potent of all the known hallucinogens. A fraction of an ounce of LSD can cause profound changes in the mood, perception and thought. It is also known as 'pyschodelic' or mind-expanding drug. It is largely abused by the youngsters, although it has no medical uses. It can be injected, inhaled or orally

consumed. It acts within 30 to 60 minutes and the effects of it usually last for 8-10 hours, although occasionally some effects can also be prolonged for several days. It is not a physically addicting drug but after it's regular use one gets tempted to use it in increased doses again in regular frequency in the hope of getting deeper experience which can ultimately lead them to the madness. The usages of LSD without any medical supervision is very dangerous. It can induce extraordinary mental aberrations, hallucinations and psychotic delusions which can be lasted for few days. The abusers can also suffer from loss to depth and time perception, decreasing ability to perceive danger, there is no distinction between consciousness and unconsciousness. There is this persistent phenomenon attached to it which is called as flashbacks or hallucinations (spontaneous recurrence of specific experience) is associated with the abuse of LSD. The sense of personal identity is lost and infact there may be fusion of subject and object, legs may seem to get shrinken or becomes extended and the body is felt like it is floating, the person feels like he is roaming in the universe as the space becomes boundless to him. Along with this, the person feels suspiciousness of the intentions and motives of others. This type of reaction has been described as depersonalization, dissociation or detachment. Panic reactions to this phenomenon may culminate in suicide. Continuous use of LSD in excessive dose leads to psychosis, temporary or permanent damage to the Central Nervous System or even death. It may also cause breakage of chromosomes of the white e blood corpuscles thereby affecting defective child birth or miscarriage. The psychological tolerance for LSD develops quite quickly, the effect of one particular dose level of LSD disappear within 72 hours of repeated administration, but the original sensitivity is soon restored if several days are allowed to intervene. Long Term abuse of LSD may not produce appreciable physical dependence but certain abusers may become psychologically dependent on the drug and his life style may revolve around the LSD.

OTHER LSD DRUGS ARE:

There are some other LSD type drugs which displays hallucinogenic properties. Following mentioned are the categories of the same.

i) Mescaline:

Mescaline is one of the many alkaloids which is present in peyote cactus, it is plant which is indigenous to Mexico and the Southern United States. The term 'peyote'

is derived from the Aztec word 'pevotl' meaning 'divine messenger'. The Mexican Indian used the 'mescal buttons' which are dried top cut from peyote cactus, they are having their appearance as mushroom like discs. It is the active principle of peyote cactus Lophophera Williamsii which grows in the southern United States of America and Mexico. Peyote itself has a large root but on the surface, it looks like clusters of small buttons like growths often mistaken for mushrooms or when these are dried, they are called as peyote buttons or mescal buttons. This drug acts primarily on the Central Nervous System, producing hallucinogenic effects. It requires 2 to 3 hours for onset, but the effects last for more than 12 hours. Excessive dose of mescaline may have lethal effect on the abusers and tolerance may develops after the long term of uses of the drug.

ii) Psilocybin and Psilocin:

These drugs are extracted from the Mexican Mushrooms (psilocy be Mexicana and Strophario Cubensis), both of these drugs act immediately within 20 to 70 minutes of taking the drugs into the body and their effects lasts for 5-6 hours and the physiological tolerance for the drugs develop somewhat more slowly than that of the LSD. These both are the active ingredients in magic mushrooms and are both of these are controlled internationally under **United Nations Drugs Control Conventions and in Canada, under the Controlled Drugs** and **Substances Act (CDSA).** Both are psychoactive indo leaklylamines of some therapeutic potential that are currently used for recreational or entheogenic purposes. Hallucinogenic hydroxylated derivatives of tryptamine are synthesized by various widely occurring species of fungi belonging to different genera, including psilocybe these are psilocybin, psilocin, baeocystin and norbaeocystin. Bufotenine (5 hydroxy isomer of psi;ocin) has been found in the species belonging to Amanita genus. Psilocybin was for the first isolated from psilocybe Mexicana by Hofman, Heim, Brack and Kobel **(1958).** The other name of these two drugs are magic mushrooms, the chemical name of psilocybin is 4 - phosphory10xy-N, N-dimethyltryptamine, sources for them are that they are mushrooms of genus psilocybe. Most species of *Psilocybe* are small mushrooms with brown caps. Hallucinogenic species typically have a blue-staining reaction when the fruit body is bruised.

Circumstances of Poisoning

Ingestion of psilocybin is most likely to occur in household pets who consume magic mushrooms collected or purchased by a person in the household. Voluntary ingestion by grazing animals seems to occur only when they are unable to avoid the mushrooms due to heavy infiltration of the pasture. Absorption, Distribution, Metabolism, and Excretion Oral absorption of pure psilocybin is approximately 50% and it is absorbed rapidly, it is firstly passed through liver with four metabolites and the main out of them is psilocin and possibly also the hallucinogenic metabolite too. (Dalefield, 2017)

(iii) Phencyclohexylpiperidine or Phencyclidine (PCP)

"Phencyclidine which is very commonly called as "hog'', "angel dust", "peace pill", "sheets", Basically, it is arylcyclohexalamine, which is essentially related to ease of production in home laboratories". "It's adverse impacts also includes hematemesis, cramps, diarrhea etc. It is also available in tablet and liquid or powder type. It can also be taken as **joint**, joint is made by sprinkling it on the cigarettes. The powder and tablet contain 2-6 mg of phencyclidine, whereas the joint contains an average of 1 mg per 150 mg of tobacco leaves, or around 30 to 50 mg per joint". (Adgerjr, et.al, 2008)

PCP is available as white crystalline solid and soluble in water and alcohol, it is also sprinkled on "Marijuana'' or plant and sold as 'Angel Dust'. It is also sold as lysergide, mescaline or cocaine in powder form. This drug is mainly abused by the youngsters and mainly teenagers. There are various names given like "peace pill'', "gorilla biscuits'', "magic mist", "rocket fuel". Later, 1967, its name was change to sernylan for economic purpose. During 1970's in United States of America only 7 million people abused PCP and majority of them abuse it regularly. The PCP is smoked and taken in oral way, between 30-60 minutes of smoking it"s effect gets evident and reaches the peak between 15 to 20 minutes after smoking it, the PCP 's effect is quite challenging immediately after taking it the addict remains stunt for 6 hours and the it takes 24 to 48 hours. The side effects of the PCP include symptoms like sweating, redness, skin flush, vomiting, high blood pressure, fast heart rate. Phencyclidine is a kind of drug which can be synthesized easily as discussed above in-home laboratories also, it powdered or crystal form gets easily dissolved in water or ''embalming fluid"

contains formaldehyde and methanol. It is said that it has a very different odor or smell. (Anonymous, 2011). Not only that it has varieties of different names like, “angel hair”, “boat”, “love boat”, “dummy boat”, “CJ”, “hog” or “hog dust”, “PeaCe Pill”, “rocket fuel”, “startdust”, “whack” and “zombie dust”. “Embalming Fluid” is added to cigarettes having tobacco, marijuana or other leafy materials like parsley, mint, oregano. Other names this drug is “supergrass”, “amp”, “happy sticks”, “sherm” and “wet stick”.

(IV) DOM (2, 5, dimethoxy -4-methylamphetamine) is called as STP (serenity, tranquillity and peace) is synthetic drug introduced in 1967. It is a very strong and powerful drugs than that of nascaline. The side effects include numbness, tension, tremors, fatigue and sweating. It is so strong that even if an abuser had 5mg of It then also he will start feeling hallucinated.

(V) M.D.A (3 Methylene- dioxyamphetamine) is commonly called as “love drug” or ‘mellow drug of America’ also has same effect as that of LSD**.**

(VI) DET (Dithyltrypytamine) is a fast-acting drug, it is analogue of DMT. It also causes, visual distortion, dizziness, and confusuion which lasts till 2-3 hours**.**

II. CANNABIS:

Cannabis, also known as marijuana, is basically a natural product derived from Cannabis Sativa plant. The psychoactive properties of its active ingredients, cannabinoids have led to its use for religious and medical purpose for thousands of years. Cannabis is a plant that have evolutionary aspect for its use and application throughout the history. Due to simple cultivation, it is present in abundantly in earth every country around the world. For many years, it was cultivated and used as a source of food and textile fibers. It has wide usage in treating various diseases and symptoms. Despite its extraordinary application, due to the chemical complexity of this plant and its plurality of constituents, the existing and possible applications of Cannabis are still considered incipient.

Cannabis is the most used illicit substance in the United States and be consumed through various routes of administration. Like all substances, cannabis comes with risk and benefits, and for some patients the risk outweighs the benefits and lead to

problematic use. The evaluation of problematic cannabis use should include a detailed history use, route of delivery, dose, frequency and reason or use and should also assess for mental health and substance use co-morbidities. The most important and valuable part of the cannabis is its hemp it is its resinous exudate as it contains the highest concentration of Tetrahydro cannaboil (delta -9-THC), it is an active hallucinogenic or psychoactive component of cannabis. It has become a general term, although it has different local names. The effect of cannabis is similar to that of hallucinogens. Its other effects include euphoria, impaired judgement, confusion, conjunctivitis, bronchitis. It's dosage if is consumed high it can cause depression, illusion, delusion and aggression etc. Prolonged use may impair psychomotor cognitive and endocrine function.

Marijuana is dried hemp plant and it produces milder effects than that of LSD. Its effect includes motor restlessness, tremor, ataxa, congestion of the conjuctivae of the eyes, impleasant delusions hallucinations. It is complex drug with many effects, although its acute psychological effects are well described, data linking cannabis use to chronic psychiatric or social problems and decreased driving or workplace safety are much less clear. Both acute and chronic effects of marijuana use have been described, they appear to be less than other commonly abused substance, including tobacco and alcohol. A lot of times marijuana smokers have experienced the "flashbacks" as in LSD abusers. **Hashish** is resinous exudate of the flowering top of the hemp plant. It is the most potent of the cannabis preparations, it's eight to ten times stronger compared to the Marijuana,In India we call Hashish as **Charas.** Hashish use also seemed to have widespread in Egypt during 19th century. Around 1893, Peterson a professor of nervous diseases at University of Vermont stated that the toxic effects resulting from "Hasheesh" excessive usage is that in 60 men and 4 or 5 women, did experiment and described the resulting "insanity", he described that presence of several hasheesh joints in Cairo and he paid visit to one of the and stated that "there were two or three rooms full of men enjoying their pipes and chinouques " (Peterson , 1893) . It is either ingested or drunk , it is really difficult to regulate it's result and produces higher degrees of intoxication that that of marijuana or bhang. Its effect includes restlessness, tremor, ataxia. Long term usage may cause mental deteriorations too. **Ganja** is less potent form of a cannabis and is prepared from the stem leaves, flowering tops and twigs. It is a commonly abused drug in India. **Bhang** is another commonly abused drug in India and is less potent form

of cannabis preparations (containing only 5 % of resins). It does not contain flowering tops. It can be smoked and drunk also.

III. ORGANIC SOLVENTS

These includes volatile hydrocarbons like methanole, ethanol, etc. Organic solvents are manly used in industrial synthesis processes to dissolve or disperse chemicals, specifically polar and unipolar organic substrates, reagents and catalysts. In fine chemical and pharmaceutical industries, the production of complex compounds requires large quantities of solvent during their synthesis and purification. These also includes automobile fuels, cleaning fluids, paint thinner, N-Hexane Touline, trichloroethylene and trichloroethene, acetone, benzene etc. These are mainly abused by youngsters and they produce anasthetic effects. Small doses can cause effects like hallucinogen, euphoria and alcohol like intoxication. Prolonged effects cause damage in nerves, brain, mucus, mucous membrane, liver, kidney, heart etc. They produces mild physical syndromes when withdrew but psychological effects are acute and severe.

Purely organic solvents or mixtures are effective in removing flux residues and other organic residues such as greases and oils. The highly polar alcohols such as isopropyl alcohol (IPA) and ethanol are also fairly effective in removing ionic and salt residues. Organic solvents have low surface tensions, good surface wetting ability, high solvency for surface contaminants, and easily vaporized, leaving the surfaces and electronic components dry. In fact, rinsing with fresh organic solvent is often used as the last step in aqueous cleaning to augment the removal of moisture and improve drying. Water miscible solvents like ethanol and isopropanol and partially water miscible solvents like ethyl acetate, ethyl formate, butyl lactate, triacetin, propylene carbonate and benzyl alcohol are considered pharmaceutically acceptable solvents. They are less hazardous and their use in formulation is preferred over the conventional hazardous solvents like dichloromethane.

IV. DEPRESSANTS:

They are the most abused drugs which effect the central nervous system by depressing its activities. They are either synthetic or natural it includes,

a) Hypnotic (sleep inducers)

b) Sedatives (inducing relaxing and sleep)

c) Tranquillizers (producing relief from anxiety, relaxation of muscles without sleep

(i) Hypnotic drugs:

The barbiturates or hypnotic drugs are also known as “sleeping pills”, “barbs”, “goofballs”, “candy” or “downers”. These drugs are derived from barbiturics acids, it was synthesized in 1963 by a German chemist**,** Adof Von Baeyer. These are divided into further four categories based the duration and speed.

Short acting barbiturates start producing their effects within 10-20 minutes and actions lasts for 2 to 6 hours like sarcobarbiton and hexobarbitone. Ultra-short barbiturates act immediately after their administration, and effect lasts upto 30 minutes. These drugs are pushed intravenously example Thailbarbitone and Thiopentone. Long -acting barbiturates have speed of 30-60 minutes and duration of 8 hours like, Barbitone, Phenobarbitone, Metho barbitone. Intermediate acting barbiturates have speed and duration of action from 4 to 6 hours like Amobarbitone, Butobarbitone, Cyclobarbitone, Pentobarbitone. Barbiturates are usually white in their natural form and bitter, odorless and soluble in water. Now-a-days barbiturates are abused under different trade names bearing green, blue – green, red, red -blue and yellow colour. They are the most abused barbiturates and are taken in tablet, capsules or liquid form.

(ii) Nitrazepam:

It has some good sedative properties and produced through chemical synthesis, it is also used in sleeping tablets like Mogadon. It is a minor tranquilizer belonging to benzodiazepine group of drugs. It is used to treat insomnia and epileptic spasms in infants. It is white in color. It’s prolonged usage causes dependence. Side effects cause drowsiness, confusion, fatigue etc.

V. SEDATIVES

Sedatives and analgesic agents are commonly used drugs by the physician to treat pain, stress and discomfort of critically ill patients in **Intensive Care Unit (ICU)** . During late 1990's, ICUs worldwide developed a culture of very deep and prolonged sedation and paralysis, especially in patients requiring vital support techniques such and **MV mechanical ventilation.** It's effects causes negative short and long term outcomes associated with increased levels of sedation in medical and surgical ICU patients undergoing MV. It can also cause respiratory depression, hemodynamic instability or metabolic acidosis**.**

(i) **Mandrax** also known as methaqualone which is hypnotic sedative. It is depressant or sedative hypnotic drug, produced through chemical synthesis. It is a white crystalline soluble substance, which is soluble in both water and alcohol. It comes as a tablet, although abusers can inject and smoke it also. This produces the feeling of calmness, relaxation, and drowsiness, lethargy, fatigue. Some abusers also develop restlessness, hallucinations, prickling or burning sensation or numbness of the body extremities. Continuous use of the drug develops tolerance, and the abusers increases the dose. The abusers will experience impairment of vision, insomnia, unstable, emotions, fatigue, nausea, loss of appetite, vomiting, tremor, abdominal pain, etc. Psychological dependence occurs if the drug is unavailable.

(ii) **Tranquilizers** they are least abused drugs by the youngsters. The motives for illicit use of tranquillizers (CNS depressants commonly prescribed for anxiety) were considerably more limited than those described for stimulants and analgesic use. It is used for treatment of various forms of psychosis. It also helps in suppressing anxiety. The major tranquilizers are valium, Xanax, Ativan etc. It also helps in controlling excitement or fear. Long use may cause psychological dependence. Withdrawal may cause insomnia, tremor, hallucinations etc.

VI. STIMULANTS

The CNS stimulants are pharmacologically diverse agents that increase alertness, enhance concentration and delay fatigue. They range from easily accessible agents such as caffeine to schedule I controlled substances such as ecstasy. Every CNS

stimulant raises the brain's general alertness. There is increased wakefulness and the ability to concentrate or focus. They are also called "upper" or "speed" as they stimulate the nervous system producing energy, well-being etc. The most commonly abused stimulants are "cocaine" and "amphetamines".

(i) Cocaine

Cocaine is one the most abused illicit drugs around the world and is mainly associated with other types of drug addiction and misuse, but researchers are still studying hard to understand the neuropharmacological profile of cocaine and its effects and manifestation at cognitive level. Cessation of cocaine can lead to various adverse withdrawal conditions, from the cellular and molecular level to the behavioral level of the individual users. It is derived from the leaves of the cocoa plant, **Erythroxylon coca** which is grown abundantly Bolivia, Chile and Peru along the western slopes of Andes mountains. Coca plant are also cultivated in Sri Lanka, India, Australia and West Indies. It was first isolated in 1859 by Australian chemist, Niemen.

Cocaine is alkaloid narcotic. It looks like a white crystalline powder. It is odorless, soluble in water and alcohol. This drug is very popular among pimps, prostitute people and musician. Coco leaves are chewed by Andean natives of South America. For the drug abuse cocaine is either orally applied, sniffed or mixed with liquid or injected like heroin. It is the strongest stimulant known to a man. Cocaine feels rush or euphoria after 3 to 5 minutes of injecting orally. The rush may start within 30 seconds if injected a longer and inhaled through nostrils. It act as central nervous system stimulant, it's effects includes numbness of sensory and motor nerves, contraction of blood vessels, blood pressure, temperature and respiratory rate, dryness in tongue and lips. Cocaine snuffing also causes perforation of nasal septum. Repeated use of cocaine produces psychotic symptoms such as imaginating insect crawling all over the skin. Prolonged use of this drug has deep and adverse impact on the health. It develops psychological tolerance in which the abusers feel sensation of mental and physical stimulation, euphoria, self-satisfaction, commitment of undesirable acts including crimes and bizzare sexual acts, suspicious and distrust to others to others. The drug overdose freeze respiration and stop the functioning of heart once for all. The withdrawal symptoms psychic depression, exhaustion, restlessness and hunger upon awakening.

(ii) Coca – Paste

It's another intermediary form of cocaine. It is abused mostly in coca producing countries. Coca paste contains impure mixture of cocaine sulphate and other alkaloids. It's usually mixed with marijuana or tobacco. Smoking of coca paste leads to drug dependence.

(iii) Crack

Crack- cocaine use is mainly popular in socio economically marginalized populations in America. It is generally observed that crack cocaine use is related to increased levels of violence. It is deadly form of cocaine obtained in crystalline form. It is consumed in smoked form and it has adverse effects on heart, lungs, nervous system etc. The addiction level of crack is too high and one a person becomes addict he or she cannot spend a day without using it.

(iv) Amphetamines

Amphetamine belongs to psychostimulant drugs, and it is that category of substance which increase wakefulness and activity levels, decreases fatigue and induce feelings of euphoria. The use of stimulants dates centuries back. In China, the drug Ma-Huang has been used for over 5000 years and in 1887, a Japanese scientist Nagai found that ephedrine was the active agent in Ma-huang. In the same year, German chemist Edeleau synthesized amphetamine for the first time, which was found to be related to the natural psychostimulant ephedrine. Although there was no formal indication for the medical use of amphetamine at that time**.** (Haggkvist, et. al,2013)

Amphetamines are the strong stimulants and are of three types:

Amphetamine proper: Benzedrine, along with its isomers, includes Dexedrine and Methamphetamine (Methedrine). All these drugs act on Central Nervous System and gives the feeling of a "superman". This drug is also called as "superman drug". Amphetamines elevates our mood and are mainly abused by the younger generation. The broad range of estimates for amphetamines reflects the higher number of estimated users in the available data from Caribbean countries, as well as the level of uncertainty in the estimates for Asia, which is considered one of the primary markets for

amphetamines. Amphetamine use surpasses the combined use of heroin and cocaine **(UNDOC 2010).**

Amphetamines are a class of neuro-stimulant drugs that can induce euphoria, increased energy, and arousal, though some individuals may also experience anxiety, paranoia, and hallucinations. Amphetamine is the parent compound, and its class includes various substituted forms, such as amphetamine itself (AMPH), methamphetamine (METH), and methylenedioxy-methamphetamine (MDMA). Amphetamines produce wakefulness, alertness, increased ability of energy, reduced hunger and feeling of wellbeing. It can be either taken orally or injected and it produces drug dependency, physiological tolerance and toxic effects but no physical addiction. A dose of 50 milligram of amphetamine can produce a toxic psychosis. A legal dose for human being is said to be around 900 milligrams. The adverse symptoms of amphetamines appear in four stages, during stage one there is restlessness and irritability, insomnia, tremors, sweating, dilation of pupils and flushing of face. During stage two there is increased blood pressure, temperature and respiratory rate. During stage three there are delirium, insomnia, self-injury, during stage four there are convulsions, coma, circulatory collapse, followed by death. Amphetamines resembles natural body hormones like epinephrine and norepinephrine. Hence that is why they are similar to natural hormones and body remains in stage of stress if it is intake and is threatened or expecting violent fights. Of all the three types of amphetamines, the methamphetamine is mostly abused the highest in the recent years. It was also known as “speed” or “Crank” during 1960s. Though it is an unexpensive alternative to cocaine proper, it is dangerous as “Crank” is smoked and its effect lasts for several hours. Moderate use of drug produces increased heartbeat, blood pressure, temperature and mental disturbance. Overdoes causes seizures, increased muscle tension or hyperthermia. The three types of amphetamines primarily differ in their ability to enter the brain and their affinity for their shared target, the presynaptic monoamine transporters. Amphetamines and their related compounds are classified as direct and indirect-acting sympathomimetic amines, which produce biochemical and pharmacological effects. Amphetamine has a long history, originally as a therapeutic and effective pharmacological agent, and more recently as a controversial and widely abused illicit drug with significant potential for misuse.

(v) Preludin:

Phenmetrazine was once used as a centrally acting anti-obesity agent (appetite suppressant) but is no longer in use. It is now more commonly misused, for example, as a performance enhancer and to relieve fatigue. Related to amphetamine, phenmetrazine is a mild stimulant and less potent than amphetamines. It induces a sense of well-being, and its potential for dependence and withdrawal symptoms are similar to those of amphetamines.

1.20 SOCIAL AND ETHICAL PERSPECTIVE OF DRUG ABUSE

Illicit drugs occupy an ambivalent position in modern society, often centered around the dual themes of pleasure and disapproval. This ambivalence is so apparent that people are aware of both the potential benefits and costs associated with drug use. There are numerous social and ethical issues surrounding drug use and abuse, which are complex due to conflicting values within modern societies. Social values are influenced by various factors, including religious, personal, and social considerations. Within society, values and opinions can greatly diverge, leading to conflicts over issues related to drug abuse.

The knowledge of drugs has existed throughout history. As mentioned earlier, ancient cultures were interested in drugs for their effects on the mind and body. People used drugs and alcohol in the belief that they could bring them closer to supernatural powers. In some cultures, the ritualistic use of drugs was revered and seen as an act of communion with the divine. Drugs were also used to mark the transition from childhood to adulthood, particularly in puberty rites. It has been observed that hallucinogenic drugs can induce profound mystical and transcendental experiences, often described as direct encounters with ultimate reality or the divine. These experiences are believed to stem from the awakening of deeply buried unconscious and non-rational responses, which are considered religious in nature and structured through cultic practices. Substances like alcohol, tobacco, caffeine, and tea have long been used in religious rituals, while other plants such as hemp, mushrooms, and cacti along with their derivatives have been used by humans for centuries to alter the mind and body.

Modern industrialized societies are far from neutral when it comes to the voluntary, non-medical use of psychotropic drugs. Whether one adopts the perspective

of American psychologist Erich Fromm, who argued that individuals are conditioned to desire behaviors that align with their economic and social systems, or whether one considers the Protestant ethic, as described by German sociologist Max Weber, which links an industrialist's pursuit of salvation through worldly work alone, it is generally considered "wrong," "immoral," or "inappropriate" for people to seek pleasure or salvation through chemical means. It is widely accepted that the only legitimate earthly rewards are those earned through effort, hard work, personal sacrifice, and a strong sense of duty to one's country, society, and family. This mindset is believed to align with the demands of industrialization. However, the social and economic structures of many modern societies have undergone significant changes in recent decades, even though traditional values continue to persist. In some areas, current debates about drug use reflect cultural lag, where the conflict in values stems from the mismatch between traditional teachings and the current perceptions of the world held by many within society. As a result, modern societies in a state of rapid transformation often experience periods of instability regarding their views on drugs and drug abuse.

There are records to indicate that ancient Aryans used **"Som Ras"** as drinks several years ago on all sacred ceremonies and other festivals. Other preparations of cannabis such as ganja, charas, bhang have been used by Indian for the worship of Lord Shiva and also to understand themselves. Drug abuse in India has a long history, possibly as old as or even older than in other parts of the world. From the earliest times, cannabis-based substances have been in use. Ancient texts are filled with references to intoxicants such as Somras, Devbooty, and Madeira. Opium gained popularity during the Mughal era, while cocaine was mainly known in the red-light districts. The post-war period witnessed the rise of both stimulants and depressants. As early as 1957, Chopra and Chopra discussed the use of intoxicants, particularly ganja, in India. Later, literature reviews began addressing the use of other drugs like heroin and LSD (lysergic acid diethylamide). In urban areas, people are increasingly aware of various drugs, including hallucinogens like Angel Dust. However, it is challenging to determine if the prevalence of psychoactive drug use in India matches that of many Western countries. Drug abuse is closely tied to the processes of modernization and urbanization. As a developing nation, India is grappling with growing concerns over drug abuse, a significant issue in current times. Cannabis, which is often used for religious purposes in Africa, is also illicitly consumed in the United States and Europe. It is believed that

the Scythians used cannabis in the 5th century, and in Latin America, indigenous people have used mushrooms like Psilocybe Mexicana in religious rituals.

Until the 1980s, cannabis use was not regarded as a major social issue in India, with minimal official concern about excessive consumption. Socio-cultural practices around cannabis use, such as specific forms, methods of consumption, contexts, and the types of users, helped manage the limited use of the drug within the country. In both India and Nepal, cannabis is often associated with religious festivals like Shivratri and Krishna Ashtami (the birth of Lord Krishna), and is consumed during bhajan sessions. Festivals such as Holi are incomplete without sharing bhang, a cannabis-infused drink. During these occasions, women and young people were allowed to consume bhang, often in the form of sweets, snacks, and curries. Similarly, opium is traditionally offered during the harvest festival, Akha Teej, a ceremony meant to strengthen family and clan bonds while resolving old conflicts.

Opium has been in use in Mediterranean island and in Greece since 3000 B.C. The ancient Greeks also used a typical form of wine their rites and rituals. In Islamic cult Hashish was founded in 11th century by the Assassins. There is another derivative of a powerful Hallucinogen called Piptadenia Perigrine had been in use in South America. American Indians claimed that its virtue includes healing powers and the powers to induce clairvoyance Various types of drugs were used by cults for their hallucinogenic effects and adopted for both explicit and implicit religious purposes. These substances are believed to enhance religious experiences, and the rituals associated with drug consumption become sacred practices through which followers seek to receive the qualities and gifts of the divine. Alongside this sacramental function, the use of drugs in these cults often involves a concept of purification, typically observed through ritual preparations or the observance of specific taboos in the days leading up to the ceremony.

Before smoking cannabis, sadhus (holy men) offer prayers to the Lord and consume it in His name, a pattern also observed among lay followers during Shivratri. The sharing of cannabis-based drinks and products during this festival is seen as a way to strengthen the bond with the divine. This close connection likely played a key role in limiting the use of cannabis to ceremonial contexts within India and Nepal, despite its widespread availability and local cultivation. In contrast to cannabis, opium does not

have significant religious associations, but the cultural ties to its consumption have acted as a strong deterrent to excessive use. Studies in Rajasthan and Gujarat have found that opium consumption is closely linked to cultural and caste identities. In some social gatherings, opium-infused drinks are even offered as a gesture of hospitality. Consumption during celebrations or get-togethers is often accompanied by songs and social interactions, creating a communal bond. Similarly, during Holi, the preparation and consumption of bhang involves collective participation, from deciding to make the drink to consuming it together in a group setting.

Alongside the sacramental role of drugs in cultic practices, there is the concept of purification through their use. This is often expressed through ritual preparations or the observance of certain taboos in the days leading up to the ceremony. The nausea and vomiting that result from the use of psychedelic drugs are viewed as a way of purging impurities or faults. Bad luck is sometimes seen as the result of a curse from an envious neighbor, while illness may be interpreted as the consequence of being possessed by an evil spirit. Over time, and with societal changes, the use and abuse of drugs, particularly among the youth, has evolved into a different form. This shift became especially pronounced in Western countries, where the influence of Western culture introduced new forms of recreation and pleasure-seeking behaviors. These modern trends have overshadowed the traditional cultic use of drugs, leading to a departure from the old practices.

The desire for reducing tension, and developing sensory pleasure and aggressive pursuit have dragged many youngsters, both men and women to hook to drugs of different sorts. Added to this, modern industrialization has brought changes in rural environment, Changes in the structure and nature of drug use have occurred over time, particularly with the influence of Western culture. Traditional uses of drugs in religious or cultic contexts have evolved, and the focus has shifted toward new forms of recreation and pleasure-seeking. These shifts have been especially noticeable among the youth in Western countries, where the old practices have been largely replaced by more contemporary trends. The result has been a significant departure from the original, ritualistic use of drugs, with the modern-day consumption often detached from its spiritual or ceremonial roots.

And the basic institution- the family. The cumulative effects such changes led to the breakup of the joint family and this reduced the role of the family and neighborhood is giving directions, and counselling, solace and kind of safety valve against deviant behavior. Consequently, the impact of drug on the younger generation has assumed a serious proportion. Talking about today's world young culture is not confined to young, the poor slum dwellers, industrial workers, the disadvantaged groups or even criminal but one can say there is a whole drug culture. It is common for individuals to justify their own drug use, yet they often view others who use drugs as weak or undesirable members of society. The reality is that many countries today have drug-oriented societies. However, the impact of drug use may not be the same for adolescents as it is for adults. Adults, having established their purpose and identity in life, are often more integrated into society. While both adults and adolescents may turn to drugs and alcohol for similar reasons, drug use does not typically prevent adults from remaining productive, fulfilling their obligations, maintaining emotional and occupational relationships, adhering to societal restrictions, and planning for the future. In fact, adulthood can sometimes foster more ethnocentric and egocentric tendencies with drug use, as individuals may withdraw into a narrow, self-contained drug culture. So, for many adolescents drug usage became a preposterous "cop out'' at a time when more important developmental experiences are required. If we imagine the answer to the unauthorized or unsanctioned use of drugs, it will really be difficult to think about it. The traditional ethic may response to this as an act of "self indulgement" or some may call it as "abusive of pleasure". If this is the case then it is difficult for a society to succeed if individuals are allowed to unrestrained self-indulgence. The actual question is how can one accounts for quantities of drug being manufactured and consumed today by the general people? Some people feel comfortable in widespread illicit use of the hallucinogens, but may further ask about the cosmetic use of stimulant for weight loss? If a conflict-ridden housewife or a conflict-ridden businessman is entitled to relax chemically or consume (alcohol, tranquillizers, sedatives and sleeping aids) than conflict ridden adolescents? If the physical pain is any less bearable than anguish or mental pain? Several thousand pills, sleeping pills and capsules of non-narcotics are produced monthly. Millions and billions of wine, beers and spirits are made in the market. There are so many drugs which are sold without medical prescription in the market. Therefore, there is no denying that there is a drug culture, and attitude of the

young adolescents are blamed for their drug habits. Drug abuse and drug addiction is to great extent hypocritical.

The task of sociologist has always been and remains with the perspective and disciplines investigating drug use. Sociologists specifically focus on what make the drug use a specifically social activity, how socialization (parenting, excess and lack of resources provided to the children, neighborhood, peers), culture (consuming bhang and thandai on occasions), social interaction (peer group, sometimes to imitate the high-class people), social inequality (unemployment, poverty etc.), deviance and group membership play a central role in the use of Psychoactive Substances. It looks at what people do under the influence of drugs and what societies do to control and accept it. The devastating melody of drug abuse is eroding the roots of our social, economic and cultural fiber of society. It gives rise to criminality and criminal behavior which eventually leads to social disorganization. It is imperative that this issue is addressed by sociologist on priority.

The present research is therefore a humble attempt towards the same. The study will be an addiction the literature on sociology in general and crime and society in particular which pave way for further research on the study of deviance. We are aware of the problem of drug abuse and it has disturbed our people, broken the traditional culture and threatened the very existence of this peace-loving people group of people on the soil. In recent years, the peaceful atmosphere was disturbed by bloodshed, violent, brutal murder as an outcome of drug trafficking. As this Union Territory has caught the attention of the world. Unless and quick and effective action is taken to solve the problem of drug abuse in Union Territory, the future of the youth on whom the nation depends will remain gloomy.

1.21 PRESENT RELEVANCE

The present researcher has also noted that when our existence is at stake on the account of the increasing number of problems of drug addiction among our children and youths. This study will be an addition and contribution to the problem-solving approach for this problem. Considering the importance of saving the lives of the people from sinking under the pressure of drug abuse and in order that new knowledge is added in the field of education and social science. It is imperative to study the problem of drug

abuse among the youth of today and try to find out the solution and remedial measures for these problems. Keeping these **objectives** like: **To understand the nature, trend and prevalence of drug abuse in state of J&K and locate how far the socioeconomic factors like unemployment, irregular employment, poverty, excess of resources are responsible for drug abuse. To analyse the social profile of drug addicts. To understand the rehabilitative techniques available for drug de-addiction in the study area and suggest policy measure for more meaningful absorption of drug addicts on the social realm during and after de-addiction in** the mind an attempt is made to study the different aspects of drug abuse and also throw some light on the ill effects of the drug abuse or drug addiction. The present study therefore is an attempt being made to elucidate these problems.

Apart from the above aspects an attempt is also being made to investigate the possible causes the factors which make the youth of Jammu and Kashmir in particular to fall prey for drug abuse. The researcher will also try to find out the factors and causes of drug abuse in Jammu and Kashmir in particular focusing on the factors like social (including family life), economical (including problems of unemployment ,economic backwardness of the state), Political factors (including corruption , malpractices, etc), educational (including undue expansion of ill equipped institutions , non-fulfillment of the needs and aspirations of youths, religious and cultural aspect of life of people of Jammu and Kashmir . The present study departs from the previous investigation carried out in India in respect to the range of drug abuse and addiction as also of the subject and method adopted. It is not merely an attempt into the prevailing conditions of drug abuse in Jammu and Kashmir but also tries to explore the myths which make drug abuse fascinating for the youth with a special focus on the de- addiction centers of the union territory. Case studies are also presented to explain the situation. The present study is also aimed at providing the picture of drug abuse as true as possible. It offers suggestions to prevent particularly from disease like hepatitise and HIV before the addicts enter into the black hole of the drugs and thereby saving the youth of the nation. In conclusion it can be said that comprehensive study is made to explore more about young generation and what can be the possible loopholes and remedial measures through which we can save these youths from falling into the trap of the circle of drug abuse. Measure which can help preventing our youths from becoming addicts and

develop wholesome personality through which a person can contribute best to the country and becomes a better individual on whole and proved themselves as an asset.

1.22 LEGAL FRAMEWORK

A number of legislative measures have been enacted by the Central and the provincial government that have been in operations for over a century, the most significant being the **Opium Act of 1878** and the **Dangerous Drugs Act of 1930**. Besides tackling the problem of loss of public revenue, the aim of the Opium Act was also to protect the health of the public at large. The drug abuse was dealt essentially as a medical problem. Legal controls under the Opium Act were somewhat limited and mainly directed to the trafficking in drugs. The act of 1875 did not provide any distinct and separate procedures for the investigation and trials of the offences created by it (Qadri, et al. 2005). The offences were to be investigated, inquired and tried under the supervision of Criminal Procedure Code. The maximum punishment provided under the Act was only one year which was enhanced to 3 years in 1957 through an Amendment.

The "**Dangerous Drugs Act" of 1930** was enacted primarily to deal with the drugs problems in international setting and covered drugs other than opium like Cocaine and Morphine. The need for the enactment was felt in the view of **Geneva Dangerous Drugs Convention of 1925.** The Act furnished substantial powers to the central Governments regarding the production, supply and control of dangerous drugs in the country. In the view of the prohibition policy accepted at the national level after independence, greater restrictions were placed on the consumption of the Cannabis, particularly Ganja and opium, in many parts of the country. In some states and territories Ganja and opium could be given only to addict on medical prescriptions.

The Drugs Act:

- The Drugs and Cosmetics Act of 1940 regulates the import, manufacture, distribution and sale of drugs.
- The Pharmacy Act of 1948, amended in 1959, 1976 ,1984 regulates the professions of Pharmacy in India.

- The Drug and Magic Remedies (Objectionable Advertisement) Act 1954 in the control advertisement regarding drugs and prohibits advertising of remedies alleged to possess magic qualities.

- The Narcotic Drugs and Psychotropic Substance Act 1985 consolidates and amends the laws relating to Narcotic Drugs and make stringent provisions for the control and regulations.

Narcotic Drugs and Psychotropic Substance Act, 1985:

The Narcotic Drugs and Psychotropic Substance Act, 1985 was enacted inter alia, to curb the drug abuse. Section 71 of the Act (Power of Government to establish centers for identification, treatment etc of addicts and for supply of narcotic drugs and Psychotropic substances) provides that "The Government may, in it's discretion , establish as many centers as it thinks for the identifications, treatment , education , after care ,rehabilitation , social integration of addicts for supply subject to such conditions and in such manner as may be prescribed by the concerned government of any narcotic drug and psychotropic substance to the addicts registered with the Government and to others where such supply is a medical necessity ". According to, the ministry of Social Justice and Empowerment has been supporting Integrated Rehabilitation Centre for Addicts (IRCA's) under the scheme of Prevention of Alcoholism and Substance (Drugs) Abuse being run by voluntary organization. (Ministry of Social Justice and Empowerment, 2011).

1.23 INJECTING DRUG USERS (IDU'S):

Injecting drug users (IDU) is defined as "injecting for non-medical purposes."

As discussed above, the drug abuse or addiction is a threat to our society but injecting drugs through injectable routes are the most-risky. Injecting drug abuse involves the use of needles to inject substances such heroin, cocaine or other drugs into the blood stream. Injecting drug users are relatively mobile groups, often moving between smaller cities, smaller communities, across the national and international boundaries for reasons of work, economics opportunities, security or access to narcotic (Rachlis, et al., 2007). Injecting drug use is of major concern to both western and developing nations, causing extensive associated harm at both individual and public health levels. Injecting drug use is being reported from an increasing number of Asian

and other 3rd world countries (John, 2008). It is now known to exist in over 80 countries (Stimson, 1992) This spread is being reports from an increasing number of countries and is now recognized to be problem in over 50 Nations. An estimated 13 million people worldwide inject drugs of those 78 percent live in developing and transitional countries (Gable et. al., 2006). Injecting drug use contributes significantly to the spread of HIV epidemic in many countries of the world including India. The sharing of injection equipment among drug users represents one the highest risks of HIV transmission and the prevalence is higher among injecting drug users (IDU's) s compared the other groups. The most significant shift in drug use pattern in India is the move from smoking or chasing to IDU. The most commonly abused drug injected is Heroin, but amphetamines, Buprenorphine, barbiturates, Cocaine are also injected. HIV prevalence among the drug users in India demonstrates considerable heterogeneity. There are high levels in some areas particularly in certain parts of North East India (e.g, The UT if Jammu and Kashmir with a reported HIV prevalence of upto 60% -70% in some districts). High prevalence also occurs in many cities with a concentrated IDU population (e.g Chennai and New Delhi). Low prevalence is observed in other urban areas such as Mumbai and Calcutta. In Mumbai, HIV prevalence rate among the IDU's was 20.40% in 2006 (HSS, NACO, 2006) (Rachlis, et.al, 2007) Until recently, it was believed that injecting drug use was mostly confined to north eastern states of India. Injecting drug users are considered a one of the most at-Risk Population (MARP) for HIV/AIDS transmission are one of the most. At any group for any intervention program under National AIDS control society (NACP). They are the most vulnerable groups, due to high partner exchange, lack of knowledge about the HIV transmission low condom usage with commercial and non-commercial and non-regular sex partners, lack of exposure to intervention and relatively high needle sharing behavior **(**Ram, et.al. 2011)

The behavior associated with injection drug use, such as reusing and sharing needles, can increase the user's risk for contracting and spreading blood borne infections such as herpes simplex, hepatitis B, hepatitis C and human immunodeficiency virus. ''There are evidences that injecting drug has played a critical role in transmitting the HIV to the general population in some states". The United Nations General Assembly Special Session on HIV/AIDS "Declaration of Commitment

on HIV/AIDS acknowledged that by the end of 2000, 36.1 million people worldwide were living with HIV/AIDS, 90% in the developing countries. (UNGA, 2001)

It has been estimated that up to 10 million people worldwide inject drug and by the end of 1999 IDU had been reported by 136 countries and 114 have been reported HIV infections associated with IDU. Furthermore, it has been recently estimated that in many countries in Europe, Asia, the, Middle East and Southern cone of Latin America, the sharing of injecting equipment is the primary mode of transmission, accounting for 30-90% of all reported infections. Injecting Drug Users (IDU s) have commonly been neglected in these efforts in most parts of India except in North Eastern regions where injection drug use drives the HIV epidemic.

India is estimated to have approximately 1.1 million IDUs with HIV prevalence as high as 64 percent among IDUs in some cities. (NACO,2004) **While** the HIV epidemic among IDUs receives appreciable attention only in the north easter regions of India, recent reports suggest high prevalence of HIV among the IDUs in the other cities such as Chennai, Mumbai, Kolkata and Delhi (Bal, et.al, 2013) This indicates that although the epidemic is driven by heterosexual transmission in most parts of India, there is a large and mostly unmet need for medical and psychological care for IDUs living with HIV.

1.24 WHAT IS INJECTED?

The most commonly injected drugs are heroin and other opiates, cocaine and amphetamines and the prevalence of each is likely to vary according to location and population group. In western European nations, heroin is the most commonly injected drug amongst the older users, whilst amphetamine-type stimulants (ATS) are favored amongst the younger people. ATS are also most commonly injected drugs in Thailand, Laos, South Korea, Cambodia and Japan whilst across Latin America, with the exception of Mexico, cocaine is the most prevalent injected drug (Leri, et. al., 2004).

The Canadian AIDS society argues heroin has been the focus of discussion while talking about the injection drug use and HIV but that cocaine is bigger problem in many cities. This is validated by the studied of Vancouver and Montreal which find cocaine is the most widely used injecting drug (Hope., et.al., 2013). The later also highlights the fact that the cocaine injections occur frequently among the users due to

the drug's shorter lasting effect, thereby increasing the risk of HIV transmission. It is also important to discuss that types of drugs can be injected -image and performance enhancing drugs (IPEs). There drugs use to change prevalence among the men who inject it similar to those men who inject cocaine or heroin. The highlight is that injecting practice that is important to monitor, rather than the type of substance injected. (Hope., et.al., 2013)

1.25 WHY ARE DRUGS INJECTED?

There are several reasons to why drugs are injected rather than taken in other forms. The UNDP HIV and Development program suggest that these include the availability of the drugs that can be injected, linked to production locations and trafficking routes, that is a cheaper and more rapidly acting method, the sharing knowledge about such techniques that comes from migrating drug users, and so none of the drug becomes lost is smoke especially when control efforts reduce its availability. The UNDP estimates that the most common change in drug consumption pattern is the move from the smoking opium to the injecting of heroin and other drugs as the result of law enforcement. Populations in developing nations have become more exposed to the new methods of drug tacking, including injecting, as refinement of drugs into injectable forms has been forced from more developed nations and closer to production areas. In Pakistan, the last 10-15 years has seen a shift from the inhalation and smoking of heroin, to the injecting of heroin and synthetic drugs. Injectors of heroin are an aver growing proportion of total heroin users rising from the less than 2 percent in 1993 to 15 percent in 2007. This is largely attributed to aggressive drug control measures that have reduced supply, boosted the cost and made injecting a more economically viable consumption. **(**Shamim & Gul, 2009)

One HIV positive -IDU in Pakistan described the scarcity and growing cost of heroin as the primary reason for switching from inhaling to injecting. Not only that he stated that "Good quality heroin is not available in the market anymore. There is a need for quality heroin at affordable prices. If we inject low quality Heroin its effects are immediate and prolonged''.

1.26 WHO INJECTS?

"Several factors can be related with, but not always cause, the use of injectable medicines. These causes may include criminal activity, family breakup, social upheaval, poor healthcare, low income, homelessness, substance abuse, despair, estrangement, or other personality traits". "It is estimated that 15.9 million persons worldwide inject drugs (IDUs), with 47 percent of this population living in only five countries: China, Vietnam, Malaysia, Russia, and Ukraine. The distribution of IDUs by region is seen below" (op.cit.ref.85)

3.7 million in Russia, Eastern Europe and Central Asia.

2.27 million in North America

1 Million in Western Europe

300,000 -1 Million in the Middle East and North Africa

2 million in Latin America

170,000 in Oceania.

186,000 in Caribbean.

1.27 WHY DO PEOPLE SHARE NEEDLES?

Many factors specific to individual IDUs and countries influence or cause needles sharing. For many users, sterile syringes are not readily available and drug paraphernalia laws in some countries make it an offence to distribute or possess syringes for non-medical purposes. In Mexico, a link has been found between arrests for carrying used or unused syringes, despite this being legal, with incidences of recent syringes sharing (Pollini, et. al., 2008)**.** In Mexico, a link has been found between arrests for carrying used or unused syringes, despite this being legal, with incidences of recent syringe sharing. One ID in the Indian state of Manipur where police can stop and search any suspected drug user described fear of the law as a factor in the needle and sharing. "When we (inject) drugs we need to be quick. Police might come at any time. For that reason… we don't mind sharing with others**"** (Rohes, et.al.,2008)

The United Nations Office on Drugs and Crime (UNODC) has published such assessment annually since 1999. Infact UNODC has introduced volume edition of the World Drug Report, which merges *Global illicit drug trends* publication and the World Drug Report. The consolidation for the two reports is designed to increase the breath of analytical coverage, while maintaining the annual frequency of the statistical outputs. The first volume covers market trends and provides in depth long terms trend analysis, the second volume compiles detailed statistics on all of the drug market, together they provide the most complete yet of the international drug problem.

CHAPTER II
REVIEW OF LITERATURE

2. LITERATURE REVIEW FOR UNDERSTANDING THE:

The problem of drug addiction, the different forms of drugs, and the prevalence. Understanding the effects of drug addiction, including its nature and trends in addiction treatment clinics. Recognizing the global drug abuse issue and identifying any shortcomings. Understanding factors behind the drug abuse

Researchers have shown that drug abusing behaviors are known to vary with age, time marital status, environmental hereditary and class differences etc. Drug abuse is reportedly is be seen in mostly young adult groups or adolescents. Thousands of people who intake the alcohol falls prey for drug abuse specially vulnerable adults those who live on streets, lack basic conditions. Pupils who are passing through the adolescent phase schools, street and homes have fallen for this problem perhaps could be because of lack of harmony at home, nuclear family or working parents, value crisis, ego hustles, socio economic problems, influence of peers, generation gap and other. As a result, drug abuse is increasingly prevalent in schools across most developing countries.

Gorsuch (1976) As discussed, research on initiation of "illicit drug use indicates that some people may be predisposed to start using illicit drugs due to disruptions in normal child-parent relationships, a lack of participation in organized activities, and a lack of effective peer relationships". Furthermore, this suggests that positive drug experiences, association with friends who use drugs, "parental modeling of both legal and illicit drug use", and socialization to non-traditional norms may plays substantial place commencement "of drug" use for others. Since different statistical analyses may be needed for people who follow each unique path, it is concluded that both theory and research must explicitly distinguish between the many pathways leading to beginning drug misuse.

Zinberg (1978) He addresses the nature of drug misuse in his paper, stressing the importance of distinguishing between "controlled" usage and harmful patterns, as well as between occasional, moderate, and stable non-medical drug use. Drug misuse has been difficult to define objectively and precisely, which has hampered research, treatment, and prevention initiatives, according to a study of the literature. The variety of drug-use behaviors is frequently ignored by popular perspectives on abuse, which place more emphasis on Puritanical principles and the social acceptability of particular

drugs. It was discovered that even supposedly scientific definitions, like provided by the “World Health Organization”, were ambiguous, contradictory, culturally biased. It was also discovered that quantitative measurements of drug use and user self-assessments were inadequate. In light of these difficulties, it is determined that phrases such as "drug abuse" ought to be swapped out for more precise explanations of certain drug-use scenarios, preferably backed up by case studies.

Beninger (1981) had carried out an experiment in which he compared the effects of three psychomotor stimulants and explained how to use conditioned reinforcement to study the acquisition of lever pressing as an operant activity. As a conditioned reinforcer, hungry rats were made to link food with an auditory tone. There was an effect on conditioned reinforcement in rats given cocaine (at doses of 1 or 5 mg/kg), but it was not noticeably stronger than in the control group. The information revealed significant variations in the ways that different medications in the psychomotor stimulant class improve conditioned reward responses. The pharmacological effects of these drugs on catecholamine release from diverse storage pools could explain these differences.

Cohen (1982) The authors reported on a study of 178 patients undergoing treatment for drug or alcohol addiction, including 101 from the United States and 77 from Australia. The study “sought to investigate the relationship between childhood abuse or neglect and the subsequent development of drug or alcohol addiction behaviors in victims of abuse”. “The questionnaire covered topics like family structure, parental violence, abuse, neglect, parental substance misuse, sibling relationships, and personal experiences of physical or sexual abuse, including incest and rape. The study found that 84% of individuals had a history of child abuse or neglect”.

Bradley (1989) In his article titled *Psychotomimetic Drugs and Drugs of Abuse*, the author discussed how the use of psychotomimetic drugs induces effects in normal, healthy individuals that shows “symptoms of naturally occurring psychosis”. These drugs characterized by their complex chemical structures and distinct pharmacological properties. Additionally, numerous psychotomimetic compounds structurally related to amphetamines have been synthesized, many of which are produced illicitly. Large doses of belladonna alkaloids like atropine and hyoscine can produce hallucination, confusion and amnesia and the plant from which they are derived have been used for centuries for

their effects. Ditran exhibits peripheral effects similar to those of atropine, but its actions on the central nervous system are stimulatory. It causes feeling of apprehension, disorientation in time and space, depersonalization, sensory disturbances and hallucinations followed by confusion, emotional disturbances and paranoid feelings. The facts that mescaline is structurally related to amphetamine and that amphetamine consumed in large doses and for prolonged period can induce a psychotic like state in a normal individual point to a common mechanism of action for these two drugs.

Shore (1996) "The authors talked about a study that looked for sociodemographic, lifestyle, or drug-related factors that could predict changes in self-reported drug injection frequencies over time among HIV-seronegative IDUs undergoing venipuncture for HIV antibody testing, risk-reduction counseling, and HIV testing". The change in "drug injection frequency" over time was represented by a regression slope for each participant, which was then classed as decreasing, increasing, relapsing (first dropping, then rising), or significant change. Despite recurrent HIV testing and counseling, just 44% of individuals decreased the frequency of their drug injections, according to the data. According to the results, methadone maintenance medication promotes an effective reaction to counseling about HIV risk reduction. The majority of subjects did not exhibit the declining trend in injection frequency highlights the need for more effective counseling and treatment measures.

Simpson (1997) The authors emphasized that longer retention is the most consistent predictor of positive outcomes in "drug abuse treatment". However, they highlighted the need to better define "Essential indicators of therapy effectiveness and Patient involvement within the treatment process". The study employed an integrative model to examine Sustain participation in the program analyzing data from "multisite sample of 527 daily opioid users who had been receiving methadone maintenance treatment for a minimum of three months". Upon admission, participants were randomly allocated to either cognitively enhanced counseling or normal counseling.

"Predictors were determined based on patient records and regular assessments conducted by both patients and counselors during the initial 90 days of treatment." Results showed that Therapeutic enhancements, like "node-link mapping" which is designed to strengthen to relationship between counselors and patients as it is a visual tool and it intensify the communication. These enhanced relationships had positive

feedback on the patient's involvement witnessed from "increase in the number of sessional attendances". We can say that motivation level had a direct impact with patient's involvement. Also, if there a strong relationship within the first two month of the treatment the reduction in the percentage of drug abuse is quite evident from that as it can be measured from the uninalysis in second or third month of the treatment. Furthermore, Longer program retention was predicted by improved session attendance and more robust therapeutic connections; longer program retention was also associated with reduced drug use throughout treatment. Study stated that main concept for "drug abuse treatment" is identification and relying on community-based program and better counseling techniques.

O'Brien (1998) The author of this study cites clinical data showing that a major feature of the addiction syndrome is the want to resume drug usage. Human experiments have examined key symptoms that motivate resuming drug use, including compulsion and craving. Although further research is required, the evidence that is now available indicates that learning processes have an impact on these symptoms. Drug effects can be conditioned, as shown in animal studies, which lays the groundwork for studies on human addicts. A lot of work has gone into proving that drug conditioning occurs in people and looking into the parts of the brain that might be involved in these learnt reactions. However, research on the general function of learning in relapse and the efficacy of conditioning-based therapies is still underway.

Ahmed (1999) This study examined the effects of restricting access to a continuous drug self-administration schedule on the intake behavior of rats. Animals tended to control their intake to a certain extent across time and across various doses when access time was limited. The results imply that a person's preferred degree of pharmaceutical effects might be determined by an internal limitation or set point. Finding out if moving to higher "drug intake levels is associated with a shift in this set point was the goal. To eliminate temporal limits on self-injections, the post-response timeout interval was shortened to 4 seconds for each dose during the experiment, and subjects underwent numerous testings. During the first hour of the trial, the intake of Long Access (LgA) rats increased gradually, reaching levels 200% greater than those of Short Access (ShA) rats. LgA rats ingested about twice as much cocaine as ShA rats, while all rats maintained a comparatively constant intake across dosages. LgA rats' cocaine intake

progressively decreased to pre-escalation levels when their access was limited to one hour", However, even after two months of reduced availability, it remained high. The study found that the transition to higher intake levels is linked to a persistent change in the cocaine set point.

Sambamoorthi (2000) "Using surveillance data on IDU status and healthcare claims, the author examined healthcare utilization across several subgroups of AIDS-afflicted IDUs, as determined by their current drug abuse status and involvement in methadone maintenance treatment (MMT)". "Ordinary least squares regression, basic logistic regression, and multinomial logistic regression were used to analyze the combined Medicaid and AIDS surveillance data".

The article further explored how methadone maintenance treatment (MMT) can reduce barriers to accessing appropriate HIV-related healthcare for AIDS-infected IDUs, as well as promote adherence to medical recommendations.

Sinha (2001) This study examined the well-established idea that stress causes relapse in addicts and contributes to drug dependence in susceptible people. Numerous well-known theories of addiction highlight how stress plays a major part in escalating drug use and relapse. The notion that stresses exposure improves medication self-administration is supported by data from a number of animal studies as well as some human laboratory research. Human research in this field is still mostly correlational and occasionally inconsistent, despite clinical indications showing stress exposure is associated with increased drug use, cravings, and relapse among addicts.

The paper's goals were to draw attention to the mounting preclinical data that emphasizes the crucial role that stress plays in substance dependence and to push for a more comprehensive investigation of this field in human research. The study examined whether long-term drug use changes an addict's stress response and coping strategies, raising the likelihood of drug-seeking behavior and relapse. It also analyzed empirical data on how stress may increase susceptibility to drug addiction.

The study came to the conclusion that stress and the drug itself are key factors in maintaining drug misuse and relapse, according to preclinical research. The processes by which stress contributes to these human effects are yet unknown, though. It is anticipated that improving our knowledge of the role stress plays in drug usage

would significantly influence the creation of more potent preventive and treatment plans in the field of addiction science.

Kral (2002) The authors' goal was to assess the risk variables for injectable “IDUs are drug users who inject others or receive injections from other IDUs. Design and Setting: Using targeted sampling approaches, IDUs were collected for a cross-sectional study in Oakland, Richmond, and San Francisco, California, between August 1996 and January 1997”."Injection Recipients" were defined by the study as IDUs who reported receiving injections from others during the same time period, while "Street Docs" were defined as IDUs who had “given injections to other IDUs over the previous month. The results demonstrated that IDUs in the San Francisco Bay Area frequently administer and receive injections” to better understand the dangers of infectious diseases associated with these activities, the authors stressed the necessity of both qualitative and epidemiological study. They came to the conclusion that in order to reduce harm, interventions should target these risks and offer workable answers.

Neiman (2002) The author emphasized the connection between drug misuse and a number of neurological issues. Hemorrhagic and ischemic strokes are frequently linked to the usage of particular “recreational drugs, and the majority of these strokes happen minutes to an hour after the drug is administered”. On the other hand, strokes with a delayed onset have also been noted. Acute severe hypertension, cardiac arrhythmias, “cerebral vasospasm, vasculitis, embolization from infectious endocarditis or dilated cardiomyopathy, and embolization from foreign materials injected with non-sterile diluents” or tainted "street drugs" that have cardiovascular effects are some possible mechanisms behind these events. Up to half of hemorrhagic stroke patients associated with cocaine use have been found to have ruptured aneurysms and arteriovenous malformations. Hemorrhagic strokes and mycotic cerebrovascular aneurysms in patients with infective endocarditis are uncommon findings. Cocaine has been shown to cause vascular headaches in addition to strokes. Unlike the withdrawal seizures frequently observed in alcohol consumption, seizures brought on by “recreational drug use are usually the consequence of acute intoxication”. Movement problems and brain shrinkage linked to the length of drug usage are further neurological impacts. Spongiform leukoencephalopathy has been documented in heroin addicts, and snorting chemical solvents can cause encephalopathy. Peripheral neuropathy may occasionally

arise from drug poisoning following intravenous administration. Factors such as drug impurities, unsafe administration practices, mixing multiple substances (often alongside alcohol), and the overall lifestyle of addicted individuals should be considered when assessing adverse neurological events.

McGovern (2004) The author talked on how alternative reinforcers for smoking, complementary smoking-related activities, and individual variations in reinforcer value all affect an adolescent's decision to smoke. The effect of these factors on smoking behavior was investigated in a study including 983 teenagers. Peer smoking and substance use were complementing reinforcers, but school involvement, academic achievement, physical exercise, and participation in sports teams were substitute reinforcers. Individual differences in reinforcer value were assessed using delay discounting. The likelihood of smoking advancement was almost half by substitute reinforcers, according to latent growth models. Complementary reinforcers, on the other hand, raised the chance of smoking advancement by 1.14 times. By altering complementing reinforcers, delay discounting had an indirect impact on the course of smoking. The findings "suggest that adolescents who smoke may have fewer protective reinforcers against smoking and more reinforcers according to the research, teenagers who smoke might have more reinforcers that support smoking and fewer that discourage it". Additionally, smoking behavior is impacted by the kind of reinforcers that are present due to the propensity to discount future rewards.

Volkow (2004) Although its significance in drug addiction is less obvious, dopamine's role in reinforcing is well documented. According to imaging studies, "The compounding consequences of human drug abuse" rely on quick and significant dopamine surges that are greater in magnitude and duration than dopamine spikes brought on by environmental cues. Furthermore, imaging has demonstrated how dopamine plays a part in motivation, as seen by both quick and long-lasting rises in dopamine levels. The supraphysiological activation brought on by drugs is probably interpreted as extremely salient, promoting motivation, conditioned learning, attention, and arousal because dopamine neurons react to salient stimuli. The threshold for dopamine cell reactions to stimuli in the natural environment may also be raised by this increased activation. Dopamine function has been significantly disrupted in drug-addicted individuals, according to imaging research. These include reduced dopamine

release and decreased availability of striatal dopamine D2 receptors. Reduced activity in the cingulate gyrus, which is involved in attention, impulsivity, and inhibitory control, is linked to these impairments, as well as the orbitofrontal cortex, which is involved in motivation, compulsive behaviors, and salience attribution.

Carroll (2005) "The author looked at how methods for developing behavioral therapies for drug abuse and dependence have evolved over the past three decades and how these therapies have advanced significantly." For different types of drug addiction, well-known strategies like couples and family therapy, Cognitive behavioral therapy, contingency management, and other behavioral therapies have demonstrated potential. The creation of methodical frameworks for the creation, assessment, and distribution of behavioral therapies has significantly aided advancements in this area. The article gives a summary of the variety of successful interventions currently available and highlights recent advancements in methods for developing behavioral therapies that effectively treat drug and alcohol misuse and dependence.

Daied (2005) The author emphasized that heroin, which is usually hidden in body cavities or household objects, is regularly trafficked via major Asian airports, including Bangkok, Mumbai, Delhi, Tehran, Karachi, Islamabad, and Lahore. In order to transfer heroin from Southeast Asia to Europe by plane, European citizens are frequently hired as couriers. The trafficking of heroin has spread from Moscow to Ukraine, Romania, and a number of Central Asian countries. Additionally, packages sent to North America and Europe are the main way that heroin is trafficked from Pakistan and Thailand. Smuggling heroin from Turkey to Greece and other European nations is another important route.

Agrawal (2006) Has stated that if a person consumes substances in the early age like cigarettes, alcohol, cannabis and all it can increase the risk of having develop the habit of starting with the drug abuse specially in women. In this paper author stated that person gradually moves from one drug to other another one although he /she might have initiated with the cigarettes then he starts to abuse other subsequent drugs. He further discusses the relation with early use and early age of substance and evaluated it through cox analyses and stated in the end that prevention should be taken before exposing to the risk of early usage of the “drugs”**.**

Vardanyan (2006) "1-methyl-4-phenylpiperidine-4-carboxylic acid is the ethyl ester of meperidine, a synthetic opioid analgesic. Meperidine is created by acidic ethanolysis of 1-methyl-4-phenyl-4-cyanopiperidine, which is produced by alkylating benzyl cyanide with N, N-bis(2-chloroethyl)-N-methylamine in the presence of sodium amide". The article goes on to explain that meperidine is an analgesic that is a member of the phenylpiperidine series. It functions as an agonist and shares a number of pharmacological characteristics with morphine, despite their structural differences. Similar to morphine, meperidine causes smooth muscle spasms and histamine production, however when taken orally, it is mainly inert. It shares many of the same pharmacological actions and indications as morphine. Meperidine does not, however, have antitussive qualities like morphine does. Its efficacy when administered parenterally is "about one-eighth that of morphine". Meperidine is commonly used for stabilizing and preoperative anesthesia; the paper also notes. Because of its quick onset of analgesic activity and brief duration of effect, it is especially valued in obstetric practice. Demerol, pethidine, and dolantin are often used synonyms for meperidine.

Kuczkowski (2007) The frequency of substance addiction during pregnancy varies greatly among nations, regions, and ethnic groups, making it an increasing global concern. "In the United States, almost 90% of drug-abusing women are of reproductive age. Among the drugs that are commonly abused during pregnancy include cocaine, amphetamines, opiates, marijuana, alcohol, tobacco, caffeine, and other solvents; polysubstance abuse is particularly prevalent". Substance abuse during pregnancy is associated with serious risks to the mother's and the fetus's health, such as increased morbidity. Cigarette smoking, a history of preterm labor, and a lack of prenatal care are risk factors for substance addiction during pregnancy. "The American College of Obstetricians and Gynecologists (ACOG) has issued several guidelines for the care of drug-using pregnant women". Counseling and suitable treatment should be provided to pregnant women who disclose substance use. Additionally, according to ACOG, certain jurisdictions in the US consider intrauterine medication exposure to be a type of child abuse or neglect.

Shippenberg (2007) The author of the article describes drug addiction as a chronic, relapsing disorder in which, in spite of the potential drawbacks, drug usage becomes the main driving force behind behavior. The motivation for organic rewards that

typically effect When drug usage becomes more compulsive, behavior declines. People who cease using drugs suffer from anhedonia, anxiety, dysphoria, and withdrawal symptoms. These consequences are thought can contribute to the recurrence of compulsive drug use and the persistence of drug use, which often occurs during the early stages of sobriety. Since 80–90% of human addicts relapse, it is thought that regular drug use permanently changes the brain circuitry involved in motivation and habit building. Determining the brain processes by which drugs of abuse produce one of the main objectives of addiction research is these impacts.

Reuvers (2007) The authors also highlighted that due to the unique spasmoanalgesic properties of pethidine during labor, it is considered the best choice for pain relief during this time. Its use does not lengthen labor nor reduce the strength of contractions. Additionally, it appears to have no effect on the severity of bleeding or the postpartum involution of the uterus. Pethidine freely enters the fetus during pregnancy and frequently reaches greater levels there than in the mother's blood. With a “half-life” of 18 hours length of action of 3–4 hours, pethidine is metabolized slowly in infants due to their weak metabolic ability.

Conner (2008) Conner and his fellow authors basically wanted to check the relationship with drugs and substance and specially among the addicts who use injections as we call them the “intravenous drug users or injecting drug users”. “He wants to evaluate the relationship between drug and depression and then drug use and impairment, alcohol and impairment, needle sharing, treatment and participation to identify such relations”. He witnessed that there is a relationship with drug usage and depression and stated that his hypotheses have actually worked. His study was also based on the gender parameter where he said that the female have stronger chances of falling for depression with current use of substance compared to the men. Women are observed sharing more needles and men have stronger bond with future drug use. Overall, it can be said that depression has relation with substance related behavior and this depends differently with male compared to female.

Becker (2008) examines the gender disparities seen in drug misuse at every stage, including beginning, increased use, addiction, and relapse following sobriety. Sex differences generally follow the same pattern for everyone substances related misuse, even though there are unique variances across different types of abused drugs. The

essay also emphasizes how women typically start self-administering drugs, both legal and illegal, at lower dosages than men do, and how their use escalates more quickly into addiction. After cessation, women are also more likely to relapse. In addition to examining the possible neuroendocrine pathways that could mediate these differences, the study delves deeper into the sex differences in drug usage in both human and animal models.

Perry (2008) The paper looks at impulsivity, a complex personality trait that has just been recognized as a risk factor for “drug abuse dependence”. Impulsivity "marks important role in different phase of drug abuse like phase H1 and phase two H2." It can be characterized by impulsive decision-making or a failure to inhibit actions. It is observed that a person becomes more impulsive during the H2 phase. Both H1 and H2 may have an impact on treatment results and relapse during abstinence. Impulsivity is also linked to other factors that increase vulnerability to drug use, such as sex, hormonal status, sensitivity to non-drug rewards, and the escalation or dysregulation of drug use . “Drug use over the course of addiction may also be influenced by early environmental exposures (H3)”. "The author used his three hypotheses as the foundation for his experiment in an attempt to establish a connection with the various stages of addiction."

Cody (2008) explained that the word "hallucinogen" refers to substances that change a person's experience of reality. Moreover, hallucinogens result in a reduced sense of control over the experience and an increased awareness of sensory input (sound, images, etc.). The user appears to be able to be both an observer and a participant time to time. Different categories under which “hallucinogens” fall. Hallucinogens can be “Grouped into nitrogen-containing and non-nitrogen-containing categories”. They are categorized as phenylalkylamine and indolylalkylamine by other classification schemes. “Most of the chemicals are either plant alkaloids or their derivatives, irrespective of the classification system”. Some medications that are categorized as hallucinogens are just mentioned without providing a thorough explanation. The writers also covered a range of amphetamine-related substances that have some psychedelic qualities. The majority of these medications are no longer in use, with the exception of the methylenedioxy compounds. The authors went on to say that because these compounds are chemically similar to amphetamine and methamphetamine, methods for analyzing amphetamines Can also be applied to these substituted amphetamines with

only slight modifications, such as elaborating runtimes and keeping an eye on the right mass ranges for mass spectrometry detection. Therefore, this chapter does not address specific methods for analyzing these substances. Additionally, this chapter examined substances such as methamphetamine and amphetamine. These substances have different effects than traditional methamphetamine. Depending on their enantiomer, these chemicals have different effects. For example, only one of MDMA's enantiomers possesses hallucinogenic properties, whilst the others do not. However, because these medications are racemic on the illegal market, they lose this subtle distinction and display characteristics from both enantiomers. The writers also attempted to explain several drug types, such as mescaline, psilocybin, phencyclidine (PCP), and lysergic acid diethylamide (LSD). Despite having differing chemical structures, psilocybin, mescaline, and LSD all have comparable pharmacological effects. Nature contains psilocybin and indolethylamine derivatives, as well as mescaline, a phenylethylamine derivative. Although LSD is a synthetic substance, it shares many characteristics with ergot alkaloids found in nature. The neurotransmitters serotonin, dopamine, and norepinephrine are similar to these three medications. This chapter will also include a detailed description of PCP. It is misused either alone or in combination with other substances, including when smoked with marijuana. LSD is a significant topic of discussion because of its ongoing use and the challenges associated with routine analysis. This medication and a number of its metabolites can be analyzed using a variety of methods. “Moeller and Kraemer” detailed examination Through samples utilizing a range of methodologies in a thorough assessment of analytical procedures, with a primary focus on driving while intoxicated. The paper explains how “The gas chromatography-mass spectrometry (GC-MS) and liquid chromatography-mass spectrometry (LC-MS) techniques found in the literature are employed to analyze various substances, such as LSD, PCP, psilocybin, and psilocin”.

Volkow (2009) “Volkow and his fellow author have studied the role of dopamine in the theory of drug reinforcement but they did not talked about the role of Dopamine in addiction through PET imaging test they studied the role of drug abuse in the brain of human beings and then they worked on establishing a link between the effect of drug and increase in extra cellular dopamine which is same to that of natural dopamine but it is more strong and powerful”. “Then they went of discussing the response of a dopamine cell to the stimulus and the effects it creates like being more attentive,

motivated and learning better so the authors said that when a person he repeating the substance abuse the boosted cell and signals are evident so this can be used for various behavioral theories and it can encourage better function and can be an example for the addicts involve themselves in non-drug activities".

Belin (2008) According to the essay, impulsivity and novelty seeking are two behavioral markers of a person's propensity to use addictive substances. It is unclear, although, how they relate to the propensity to obsessively seek out and use drugs, which is a crucial aspect of addiction. The scientists also point out that while strong impulsivity predicts the emergence of behavior resembling addiction in rats such as obsessive or persistent "Drug use despite harmful effects", high responsiveness against novelty predicts the chance of starting cocaine self-administration. In order to provide light on the causes and brain processes behind drug addiction, the study also provides experimental evidence that impulsivity gives way to compulsivity as addictive behavior progresses.

Murrin (2008) "The diacetyl derivative of morphine is heroin, often known as diamorphine". It undergoes additional metabolism in the body to become morphine after being transformed into 6-acetylmorphine (monoacetylmorphine, or MAM). "Heroin is approximately five to ten times stronger than morphine as a painkiller". Compared to morphine, heroin acts more quickly and lasts for a shorter period of time. Although heroin and morphine have comparable effects, there is evidence that "effects of heroin are also caused by the synthesis of MAM and morphine". Heroin is more prone than morphine to lead to dependence. In the United Kingdom, it is mostly used for treating severe pain and maintaining heroin habit, while in the United States, it is categorized as a Schedule 1 substance and is not approved for clinical use.

Hammod (2008) According to the authors of this article, pethidine has a shorter half-life than morphine and is a somewhat lipid-soluble substance. It can be injected intramuscularly or injected intravenously. The liver mostly breaks down pethidine into norpethidine, pethidinic acid, and norpethidinic acid, which are then eliminated by the kidneys. Norpethidine has around half the analgesic effectiveness of pethidine and can build up in cases of renal failure. Pethidine may also activate the central nervous system (CNS), potentially leading to seizures and myoclonus.

Lu (2009) In his article, the author discusses the "level of rise in substance use including rise in production in China" following the British importation of opium in the 1760s. Following "Opium Wars between the Qing Empire and the United Kingdom", this position deteriorated. The conflicts were intended to make China import British opium, but instead they allowed the opium trade to flourish freely, which had terrible social and health effects. However, stringent laws and penalties brought about by the creation of the new China significantly reduced drug use and established a drug-free environment. However, despite these efforts, drug consumption resurfaced as a major public health issue in the 1980s due to the open-door policy and legislative reforms.

In present-day China, drug abuse is strongly associated with drug-related crimes and the spread of HIV/AIDS. In response to the growing drug crisis, the Chinese government introduced the Methadone Maintenance Treatment Program, a comprehensive approach aimed at alleviating the health and social challenges caused by drug epidemics. Traditional Chinese medicine is a useful treatment for opiate addiction since it has been shown to be successful in preventing relapse with few adverse effects. This includes acupuncture and herbal therapy. It is thought that drug misuse and related issues in China can be managed with the ongoing use of these therapies in conjunction with tried-and-true harm reduction techniques from Western nations.

Buttner (2011) According to the article, drug misuse is a serious health problem. The most often abused chemicals include cocaine, opioids, cannabis, amphetamines, methamphetamine, and "ecstasy." Addiction and long-term drug usage are largely caused by changes in the brain's reward system, including transcription factors, intracellular messenger routes, and immediate early genes. Nevertheless, there is limited knowledge about the genetic risk factors and changes in gene expression associated with drug abuse. The most frequent signs of medication toxicity, aside from cardiovascular issues, are neurological and mental problems. Drug addicts exhibit a broad range of changes in the central nervous system. The paper's primary conclusions center on the effects of cerebrovascular illnesses and ischemia. The precise cause of these cerebrovascular events is unknown, despite the fact that vasculitis does occur occasionally. The misuse of MDMA, amphetamines, and methamphetamines, which has been connected to neurotoxicity in long-term users and an elevated risk of

Parkinson's disease, is also covered in the study. Neuronal loss, neurodegenerative changes, glial fibrillary protein immune positive astrocyte decrease, extensive axonal injury, microglial activation, and reactive changes in the cerebral microvasculature are among the main findings. These findings demonstrate that abusing drugs sets off a series of harmful, vascular, and hypoxic events that eventually cause extensive disruptions in the intricate web of interactions between cells within the central nervous system.

Deykin (2011) The authors explained using a diagnostic interview schedule to assess the prevalence of substance abuse, alcoholism, and major depressive disorder (MDD) in a sample of 424 college students aged 16 to 19. "According to DSM-III criteria, the prevalence rates for substance addiction were 9.4%, alcohol abuse was 8.2%, and major depressive disorder (MDD) was 6.8%. Substance abuse was associated with both MDD and other psychiatric disorders, while alcohol abuse was linked to MDD but not to other psychiatric conditions. The onset of MDD typically preceded the onset of alcohol or substance abuse, suggesting that self-medication may play a role in the development of alcohol or substance misuse".

Ghodse (2011) expressed that "Tidiline is low to medium potent analgesic that undergoes the first metabolism to produce active metabolites, bisnortilidine and nortilidine. Nortilidine, a strong agonist at opioid receptors, is the main mediator of tilidine's analgesic effect". The article also "discusses a drug interaction between tilidine and voriconazole". Study involving 16 volunteers, it was found that voriconazole inhibited the metabolism of tilidine, leading to a 20-fold rise in exposure to tilidine. "The active metabolite nortilidine levels rose as a result of this interaction, which also raised the frequency of adverse medication events from 40% to 79%. Dizziness (94%), nausea (75%), headache (56%), visual disturbances/photophobia (50%), vomiting (38%), and itching (31%), were among the adverse symptoms that were observed".

"Tincture of opium, prepared from opium which is in powdered which has morphine, codeine, papaverine, alcohol all are used as antidiarrheal agent to rectify the Neonatal withdrawal syndrome in Asian countries". "Three distinct doses of opium tincture (10 ml, 20 ml, and 30 ml) were given twice daily to opium-dependent persons in open research. All patients' withdrawal symptoms were successfully reduced by the tincture

without suffering any serious side effects. In order to improve the quality of anesthetic care and patient safety, practice guidelines have been established to lower the incidence and severity of respiratory depression associated to neuraxial opioids. Guidelines for recognizing respiratory depression and identifying people at higher risk of developing it following opioid medication are provided in this article".

Trenz (2012) This study examines the relationship between recent illicit drug users' early commencement of alcohol, marijuana, cigarette, and polysubstance use and their later development of injection drug use (IDU). Baseline data for the study came from the "NEURO-HIV Epidemiologic Study, which looks at social-behavioral and neuropsychological risk factors for HIV, hepatitis A, hepatitis B, and hepatitis C in injection and non-injection drug users in Baltimore, Maryland. In line with earlier studies on early substance use and its correlation with subsequent illegal drug use, the findings indicate that early initiation of alcohol and polysubstance use is a significant risk factor for developing injectable drug use in adulthood".

Coracani (2012) "Methadone is a synthetic opioid agonist that may be absorbed orally" and recally, according to the author or authors of this article. In comparison to other opioids, it is more affordable, has a lengthy duration of action, and no active metabolites. It binds a1-glycoprotein acid and has a 60% building of plasma protein binding. It comes in syrup in different concentrations. The most used dosage in tablet form is 1 mg/ml. After three to four hours, the maximal plasma concentration is seen, and oral ability is roughly 80%. Methadone is a combination of two isomers, and it is generally advised to give it orally 8–12 hours apart. "Methadone's analgesic benefits are attributed to its L-isomer, which also has antagonistic activity on the N-methyl-D-aspartate (NMDA) receptor and may be useful in the treatment of neuropathic pain". Methadone is only helpful in skilled hands due to its lengthy and unpredictable half-life (25 hours on average) and poorly defined equianalgesic dosages. The equianalgesic dosage while alternating between morphine and methadone is determined by the amount of morphine that was previously consumed.

Weiss (2012) PCP was originally developed as a general anesthetic for humans but was discontinued in the 1960s due to side effects like hallucinations and psychosis in the postoperative period. Data from 2009 shows that approximately 120,000 individuals used PCP, representing a more than 40% decline over the previous five years. At low

doses, PCP causes symptoms similar to alcohol intoxication, including slurred speech, ataxia, and a sensation of "feeling dead." It also leads to increased muscle tone, hyperreflexia, nystagmus, and ataxia. In higher doses, PCP can result in serious medical consequences, with users experiencing psychosis, catatonia, and violent behavior. Severe side effects may include muscle rigidity, seizures, hyperthermia, coma, and, in rare cases, death.

Fonseca (2013) Cerebrovascular diseases are a leading cause of morbidity and disability among individuals who use illegal drugs. Both ischemic and hemorrhagic strokes are more common in drug addicts. Drug usage is frequently a leading cause of stroke among young adults living in locations with high prevalence of illicit drug use. Psychomotor stimulants, like cocaine and amphetamines, are the drugs most frequently associated with strokes; opioids and psychotomimetic drugs, like cannabis, are less often associated. For young patients who are having a stroke for an unclear reason, toxicology screens for illegal drugs are advised, especially if their symptoms or medical history indicate it. The mechanism of stroke is still unknown in a large proportion of instances, even though neuroimaging and other contemporary diagnostic techniques can sometimes reveal it. The authors emphasize the necessity of additional research to examine the part that immunologic and hemodynamic systems play in these occurrences.

Gelfman (2013) According to the authors, methadone is a synthetic medication that functions as an “NMDA (N-methyl-D-aspartate) receptor antagonist and has mu-delta agonist qualities. About 10–45% of it is eliminated in the liver after being converted into pharmacologically active metabolites. Urine as methadone or its metabolites, and 20–50% in the feces. According to a case study, a patient with oligury may excrete 15% of their daily dose in their stools, with 3% of that amount staying as unaltered methadone. Three percent of the dose was likewise eliminated as unmodified methadone in the stool of an anuric patient. Patients with renal illness are thought to be safe to utilize methadone.

Reardon (2014) The prevalence of drug usage in all sports and competition levels is covered in the article. Athletes may use medications to improve their performance, self-treat untreated mental health conditions, or Cope with challenges such as the pressure to succeed, injuries, physical discomfort, and transitioning out of sports. The history of

dopamine in athletes, the function of anti-doping agencies, and the care of impacted athletes are also covered. Doping has existed since antiquity, even before organized sports were created. Over time, performance-enhancing drugs have changed as doping tactics have advanced in tandem with advancements in drug testing techniques and scientific study, which occasionally results in the use and discovery of chemicals that may eventually be prohibited. Performance-enhancing drug use is strictly prohibited by many sporting organizations, and users face harsh penalties. There is still disagreement over the efficacy and adverse consequences of certain doping agents. Interventions, education, motivational interviewing, and preventive measures are crucial in addressing drug usage in athletes.

Spooner (2014) The essay by Spooner highlights a number of risk factors for teen drug misuse based on the literature. These include a history of uneven or subpar family management, psychological features suggestive of poor social bonding, a biological propensity for drug use, poor communication and interactions within the family, and "parental role modeling". "A history of abuse or neglect, low socioeconomic position, mental health or emotional problems, major stressors, poor coping mechanisms, and a lack of social support are other variables. The following are also emphasized as risk factors for adolescent drug abuse: early onset of drug use, low commitment to education, academic failure, antisocial behavior, delinquency, and being rejected by pro-social friends because of inadequate social skills".

Wise (2014) The authors of this article explore a longstanding debate regarding the relative importance of two types of reinforcement: negative reinforcement, linked to pain relief, and positive reinforcement, associated with drug-induced euphoria, as they discuss the hallmarks of addiction. Both, they contend, are essential to comprehending addiction. In the past, addiction theory has been dominated at various points by each type of reinforcement. According to the authors, the development of habits through positive reinforcement is the first step toward addiction, and that chemical-induced physiological reactions frequently foster the emergence of negative reinforcement. This change happens when tolerance grows, raising the threshold for rewards and sustaining positive reinforcement. Positive reinforcement techniques that aid in the establishment and prompt resumption of drug-seeking behaviors following periods of abstinence are the main focus of Wise's study. Koob's research, on the other hand, focuses on negative

reinforcement mechanisms, which become increasingly noticeable as long-term addiction progresses. The writers point out their divergent opinions regarding the fundamental mechanisms, even though there is consensus regarding “the early and late phases of addiction”.

(i) “When addiction should be diagnosed, with a distinction between the early and late stages”.

(ii) “The relative importance of reinforcement, both positive and negative, in the process leading up to this change”.

(iii) “How broadly the principles of negative reinforcement can be applied to various addictive substances”.

Weinberg (2014) The article explores the growing trend in social research on illicit drug use, which shifts focus away from traditional questions about the causes of drug problems and the effectiveness of various interventions. Instead, the analysis concentrates on how drug issues are socially constructed through human actions. The paper uses a constructionist approach to illustrate and explain internal accounts of what they term "ecology of addiction" within “drug abuse treatment discourse”. These accounts describe a space marked by degradation, filth, isolation, and savagery, which supposedly lures individuals living in it to engage in amoral, licentious, and violent behavior. The paper further explains the value of these accounts by highlighting their role in addressing specific conceptual challenges that participants in drug treatment must navigate. By framing addiction in terms of this ecology, participants are provided with a powerful narrative that reconciles two key ideas:

1. They are chronically vulnerable to being enslaved by their addiction.

2. Their addictions can be managed through ongoing involvement in a communal effort of mutual support.

Fields (2014) The author of the piece talks about opiates and its components, pointing out that opium is among the world's oldest recreational and therapeutic substances. It is derived from the unripe pods of the poppy flower and serves as a raw material for both illegal and legal pharmaceuticals, including heroin and oxycodone, codeine, morphine,

hydromorphone, and hydrocodone. Over the past century, opium production and consumption in the West have drastically decreased, with Afghanistan emerging as the main opium-producing region. By 2004, Afghanistan was responsible for producing 87% of the world's illicit opium, accounting for an estimated 60% of the country's GDP. The pharmacological effects of opium are primarily due to its key components, morphine and codeine, which interact with opioid receptors throughout the body. This class of opium-derived substances, including prescription drugs, is one of the most frequently abused and poses a significant risk of addiction.

Zaman (2015) The authors addressed drug abuse, describing it as the severe and often intentional misuse of drugs, which can lead to addiction. While the prevalence of drug abuse is either declining or stabilizing in the Eastern world, a considerable number of individuals remain addicted. Heroin and marijuana are the most commonly abused substances, but the popularity of designer drugs, such as synthetic cannabinoids, is on the rise. The study aimed to determine the percentage of students engaged in drug abuse. To achieve this, the researchers selected several institutions, including two government and two private universities, and surveyed 500 students. The findings revealed that a significant number of students were involved in drug abuse.This study identified several key factors contributing to drug addiction among medical students, including depression, anxiety, peer pressure, schizophrenia, and personality disorders. Commonly abused substances include stimulants, opioids, benzodiazepines, antihistamines, and LSD. Surveys indicate that college students frequently misuse both prescription and illicit drugs at significant rates. Drug misuse is regarded as a personality disorder and a global epidemic, influenced by environmental, physiological, and evolutionary factors that shape human behavior. Drug use has reached unprecedented levels worldwide. According to the findings, men engage in drug abuse at higher rates than women, and students from private institutions are more likely to abuse drugs compared to those from public institutions.

Naqashbandi (2012) Drug addiction is one of the fastest-growing issues affecting young people in both developed and developing countries, as highlighted in an analysis. This study explores the role of unemployment and violence in contributing to the increasing rates of drug addiction among youth in Kashmir. To address the research objectives, data was collected through an interview schedule method conducted with

young respondents. The analysis of the findings has yielded some intriguing insights. The findings indicate that most respondents believe juvenile drug addiction is driven by both unemployment and conflict. Additionally, 158 respondents acknowledged that girls also use drugs, while 143 reported that someone in their family uses gateway drugs. Many respondents highlighted school-related stress as another significant factor contributing to drug addiction among young people.As the youth represent the future of the nation, drug addiction poses severe consequences for society, leading to economic, cultural, and moral degradation, both at the family level and for individuals. This study sheds light on how young people perceive the issue of drug addiction, their awareness of its harmful effects, and the fact that it impacts both genders, including girls.

Haggkvist (2013) mentioned that amphetamine was resynthesized in the 1920s in an effort to find an artificial substitute for the naturally occurring ephedrine. Amphetamine was initially marketed in the 1930s as an inhalation medication under the brand name Benzedrine to relieve nasal congestion. During World War II, amphetamine was commonly used to increase energy and reduce fatigue, leading to widespread abuse and the development of dependence, which became evident after the war. This study also explored the global use of amphetamine-type stimulants, such as ecstasy, an amphetamine derivative, with between 13 and 53 million adults using them worldwide.

Chakravarthy (2013) The misuse of alcohol, along with both illegal and prescription drugs, remains a major global health issue. According to the United Nations Office on Drugs and Crime (UNODC), 27 million people, or 0.6% of the adult population worldwide, are classified as problem drug users, and in 2010, 5% of the global population used illegal substances. An estimated 2.5 million people die annually from alcohol misuse, while between 0.1 and 0.2 million people die each year from heroin, cocaine, and other narcotics. Substance misuse not only leads to deaths but also results in significant morbidity, with the treatment of drug addiction placing a heavy burden on society.

UNODC estimates suggest that only about 20% of drug users received treatment for their dependence in 2010, while the global cost of treating drug misuse reached $200–$250 billion, or 0.3-0.4% of global GDP.It can be concluded that many individuals who struggle with drug addiction begin abusing substances at a young age,

as research has established a strong connection between adolescent substance abuse and the development of drug problems in adulthood. Moreover, accidents and fatalities abroad related to drug and alcohol use are among the leading preventable causes of death for individuals aged 15 to 24. Adolescents who use alcohol or other drugs face a higher risk of depression, delinquency, teenage pregnancy, and poor academic performance. The conclusion highlights that preventive science suggests adverse health outcomes, including those related to substance abuse, can be prevented by reducing risk factors and increasing protective factors. The overall framework of this article, which focuses on addressing modifiable risk factors and strengthening protective factors through family, school, and community-based prevention programs, is based on research provided by the National Institute on Drug Abuse (NIDA).

Lone (2013) described that the main problem in Kashmir valley is the issue of "drug addiction" with the young people and it is affecting male and female both the sexes. This problem in not just a family problem but has become the problem of the whole family as their quality of life also gets compromised. Substance misuse leads to dysfunctional behavior and impacts a person's normal conduct, whether in school, college, work place. It not only cost the money and effect the person financially but it is untreated the person in search of money becomes a criminal and start doing various ill practices which are unacceptable like marital violence, child abuse or neglect, stealing and staying unemployed and becoming burden for a family.

Amim (2013) According to this discussion, substance misuse has emerged as the most prevalent contemporary issue in the country, affecting people from all socioeconomic, religious, and political backgrounds in the global village. "The drug culture is increasingly affecting the modern population, particularly the youth. Many young individuals are attracted to drugs due to their availability, as Jammu and Kashmir serves as a transit hub for drug trafficking, with drugs also being produced and developed locally". "Additionally, the state's proximity to other regions offers significant growth potential for the drug trade. This article also notes that recent research has focused on identifying the traits of addicts."

Panda (2013) Panda has mainly talked about the substance abuse in the Women of our country. He wanted to throw some light on the causes, consequences of the same. He stated that women are always subordinated although the current society is evolving so

much pace that the traditional values in women is also changed. He discussed that "drug abuse creates enormous burden for the affected women; drug abuser has eve graver the problems for the women. The approaches for treatment and prevention therefore need to consider the problem of drug abuse impact on women from all these angles".

Qayoom (2014) stated that stress is major reason for "drug abuse in the youth of Jammu and Kashmir, he then quotes definition from Oxford university and said that stress involve mental and physical energy and it can be seen from interaction between individuals and their wellness".

Assad (2014) chose to conduct his work in "Kashmir's Budgam district where he in details discussed about the substance misuse and how it harm a user's physical, legal, or social well-being as well as those who are impacted by their actions in this regards he said that it causes health concerns and loss to individual personally, to family and to community as a whole".

Sarma (2014) In his qualitative study titled "The Lived Reality of Youth Drug Addiction in India: A Qualitative Perspective," explores the complex human and social dimensions of drug addiction among Indian youth, based on interviews with 20 young male patients undergoing rehabilitation at an NGO-run private center. Unlike large-scale surveys that offer statistical prevalence, this study addresses a critical research gap the lack of in-depth, qualitative understanding of the personal, emotional, and societal experiences of young drug users in India. While most existing research focuses on epidemiological trends, Sarma's work highlights underexplored yet vital aspects such as causal factors, stigma, behavioral change, and social fallout. The findings affirm national trends indicating a growing addiction crisis among Indian youth, particularly involving inhalants, opioids, and alcohol, as also noted in the 2019 National Survey on Substance Use. Participants reported severe psychosocial damage including emotional deterioration, strained family relationships, social isolation, and disrupted education or employment. A major barrier to timely treatment was the stigma associated with addiction—marked by shame, family denial, and fear of judgment echoing global literature that critiques criminalization and underlines the importance of de-stigmatization (e.g., WHO, 2018; Bhawalkar et al., 2024). The study argues that qualitative evidence is vital to understand why youth begin using drugs factors such as peer pressure, trauma, and escapism and what supports or hinders recovery, such as the

need for sustained reintegration care post-rehabilitation. Without acknowledging these lived experiences, policies remain ineffective and disconnected from ground realities. The study aligns with broader findings from India and globally, including early initiation linked to peer and family influence, the absence of mental health services in most treatment centers, and the urgent need to reform legal frameworks to prioritize rehabilitation over incarceration. Based on these insights, Sarma recommends comprehensive awareness campaigns, training of frontline workers, legal reforms favoring treatment for first-time or juvenile users, and the inclusion of recovered users in peer counseling models. Ultimately, this study not only fills a crucial gap in the literature but also reinforces the need for empathetic, stigma-free, community-based interventions, arguing that effective drug policy must be shaped by the voices and realities of those most affected.

Jan (2015) The authors of this study examined the impact of smoking on individuals in the Kashmir Valley and stated that tobacco use is a major risk factor for various chronic non-communicable diseases in adults. According to the GATS survey, smoking is more than one-third of adults in India (35%), with a general prevalence of 48% among men and 20% among women. The data for this paper was collected through a semi-structured questionnaire, with the author analyzing patients aged 18 and older who were attending the subcenter in the village of Panzinara, located in Block Sumbal. As a result, the study included 71 patients who were seen at the subcenter for different health conditions. and the plurality (23.9%) were between the ages of 58 and 68. Male sex was substantially correlated with tobacco consumption.

Farida (2015) said that if we talk about the serious threats that we're facing right now then surely substance abuse is one of them which affects both individual and the community. If an abuser is using the quantity that is not prescribed by medical experts the result can be really fatal. Thus, she tried to study the impact of this problem in "Jammu and Kashmir with a thought that it might help the investigator to take legal action against the suspects".

Charak (2016) In his article "Childhood Trauma as a Risk Factor for Substance Abuse: Evidence from Indian Adolescents," addresses a critical research gap in Indian literature by empirically examining the link between childhood maltreatment and later substance use vulnerability an area extensively studied in Western contexts but underexplored in

India, particularly using validated tools. Utilizing the Childhood Trauma Questionnaire (CTQ) by Bernstein & Fink (1998), adapted for an adolescent sample in Jammu (N = 702, aged 13–17), the study found alarmingly high rates of reported abuse and neglect, ranging from 41% to 61%, which significantly exceed prevalence rates reported in comparable Western studies. The study confirmed the factorial validity of a four-factor model emotional abuse, physical abuse, sexual abuse, and neglect suggesting that Western constructs of maltreatment can be meaningfully applied in Indian settings with cultural modifications. Key sociodemographic insights included higher reported abuse among males (particularly sexual abuse), challenging Western assumptions of predominantly female victimization and highlighting hidden male trauma in India. Adolescents from joint families reported more sexual abuse, problematizing the idealized perception of joint families as inherently protective, while lower maternal education not paternal was significantly associated with increased abuse. Although not a direct substance abuse study, the findings have profound implications for addiction research and policy, as international studies (e.g., Dube et al., 2003; Fergusson et al., 2008) have consistently shown that childhood trauma is a strong predictor of early drug initiation and long-term substance dependence. Charak argues that ignoring childhood trauma in national drug strategies represents a major policy blind spot, as current Indian frameworks focus heavily on punitive measures and late-stage treatment, while overlooking psychosocial roots of addiction. The study reinforces the urgent need to integrate trauma-informed care into adolescent mental health and drug prevention programs, train school counsellors to screen for abuse not just visible substance use and reassess assumptions about family structures and educational influences on child welfare. In conclusion, Charak's work contributes a rare and psychometrically validated dataset to Indian adolescent trauma research and calls for a shift in prevention paradigms: unless early abuse and neglect are systematically addressed, India risks perpetuating a cycle in which childhood trauma silently fuels the country's addiction crisis.

Mangilal (2014) In his article "Cannabis and the Hidden Reality of Drug Abuse in India: A Contradictory Narrative," the author challenges the dominant, one-size-fits-all models of drug addiction by highlighting the unique case of cannabis use in India, which remains under-researched and often mischaracterized. Unlike Western studies that uniformly portray cannabis as harmful, an Indian study involving 50 chronic users

found no significant physical, cognitive, psychological, or socio-economic impairments when compared to matched controls, suggesting that cultural norms, usage patterns, and ritual contexts may moderate cannabis-related harm in the Indian setting. This contradicts generalized addiction models and points to a significant research gap: the lack of culturally specific, indigenous research on cannabis use and its differentiation from more harmful narcotics like heroin or synthetic opioids. While acknowledging that heavy long-term cannabis use can lead to issues like memory loss or psychosis in vulnerable individuals, the author argues that conflating cannabis with high-risk substances in both policy and public discourse undermines effective harm-reduction strategies and misdirects enforcement resources. The article also critiques existing drug research for failing to capture India's "hidden population"—non-treatment-seeking users, especially women, adolescents, and urban poor—thereby producing skewed prevalence data and limiting the relevance of current intervention strategies. This underrepresentation in national surveys (such as the 2004 NHS and DAMS) results in poor policy design and inadequate resource allocation. Additionally, the continuum from curiosity-driven or recreational use to dependence is often poorly understood in India due to low public awareness, lack of early intervention, and societal normalization further compounded by academic stress, rural unemployment, and cultural permissiveness around substances like alcohol or bhang. The author calls for urgent policy and research shifts, including distinguishing cannabis from harder drugs, investing in qualitative and community-based studies, educating the public about tolerance and dependence, and decriminalizing personal use to reduce stigma and improve access to care. Ultimately, the article highlights the urgent need for India to move away from imported Western frameworks and develop a more nuanced, culturally rooted, and evidence-based understanding of drug use, particularly cannabis, to craft more effective and humane drug policies.

Bashir (2015) In the study "Drug Abuse in Conflict Zones: The Case of Kashmir and Its Policy Blind Spots," the author provides a rare, region-specific examination of substance use in Kashmir, using data from 125 patients at two de-addiction centres in Srinagar to reveal patterns and vulnerabilities that remain largely invisible in national discourse. The study exposes a critical research gap namely, the absence of systematic, conflict-sensitive, and gender-inclusive research within Indian addiction studies. While most national surveys and policies generalize data from urban, treatment-seeking male

populations, they fail to account for the unique socio-political factors shaping substance use in conflict-affected zones like Kashmir, such as trauma, militarization, rural neglect, and community breakdown. The findings show that most patients-initiated drug use between the ages of 10 and 19, particularly substances like nicotine (76.8%), volatile inhalants (76.9%), and cannabis (70.5%), underscoring the collapse of early prevention mechanisms like school mental health support, family guidance, and public education. Peer pressure, reported by 72.8% as the primary factor for initiation, must be understood within the structural vacuum of Kashmir's instability, where peer groups often replace dysfunctional or absent family and community networks. The study also reveals high rates of prescription drug misuse codeine (48%), propoxyphene (37.6%), and benzodiazepines (36%) signaling weak pharmaceutical regulation and a national tendency to overlook legal drug abuse. Furthermore, the stark urban-rural divide in treatment access distorts data and leaves rural users without care, while the near-total exclusion of women from treatment services due to stigma, lack of privacy, and male-dominated spaces reflects a major policy blind spot. To address these issues, the study recommends developing women-centric services with trained female staff, privacy safeguards, and reintegration programs, along with investments in region-specific data collection that explores the intersection of trauma, conflict, and substance use. In conclusion, the Srinagar study offers local evidence with national relevance, showing that unless India's drug policy accounts for the realities of marginalized and conflict-affected populations, including women and rural youth, the crisis will remain under-diagnosed and under-addressed especially in the very regions where it is escalating most rapidly.

Everitt (2016) Ten years ago, researchers proposed that drug addiction could be seen as a transition from voluntary, recreational drug use to compulsive drug-seeking behaviors, driven by a shift from the ventral to the dorsal striatum and a change from prefrontal cortical to striatal control over drug seeking and consumption. They further explained that this hypothesis was revisited and expanded based on accumulating supporting evidence, particularly advancements in understanding the ventral and dorsal striatal mechanisms that underlie habitual and goal-directed drug seeking. This included insights into the influence of drug-associated Pavlovian conditioned stimuli on drug seeking and relapse, as well as evidence of impairments in top-down prefrontal cortical inhibitory control over such behavior. Additionally, they explored research on both

humans and animals that has begun to identify etiological factors and individual differences that affect the likelihood of developing substance addiction, leading to the definition of addiction endophenotypes, especially in the case of cocaine addiction.

Sidiq (2016) said that "Pulwama area of Jammu and Kashmir is not an exception to the rule that drug addiction, also known as substance disorder, is a leading preventable cause of morbidity and mortality globally". In this paper author carried out the research in the Pulwama district of Kashmir and 400 persons were selected 200 males and200 females and questions were asked to them about drugs abuse and at which age did u think people start to use drugs, reasons etc. "Problem of drug abuse is getting adverse day by day in the valley specially because of the easily availability of the drugs in the Pulwama district of J&K".

Ghulam (2016) Slums have their own social and economic issues, but this study was carried out to have a thorough analysis of everything, especially in the Indore district of Madhya Pradesh. This article discussed "drug abuse among the slum population, which is a significant health issue worldwide, including in India". However, the prevalence and pattern of abuse vary from nation to nation. All family members were interviewed in-depth during house-to-house surveys, and the data was documented on semi-structured questionnaires. Additionally, the prevalence rate of 560 out of 1000 populations was noted. Two-thirds of the abusers (72%) were laborers, with 78.25 being men and 28.25 being women.

Deewan (2016) stated that there are different risky habits that get instilled during the young age that can lead to alter the life. The period between 10 to 19 is very crucial for developing healthy life style and build a healthy future. "Thus, it becomes extremely important for the person to avoid risky habits and specially in male teenagers of rural and urban areas with respect to alcohol, tobacco, cigarette, cocaine, bhukki, opium and all".

Manzer (2017) claims that the usage of different medications has never posed such a threat to human well-being in history as it does now. Smuggling illegal narcotics has taken on a more transnational and worldwide aspect in the modern world. A significant issue with societal development is the remarkable increase in illegal drug use among different populations. The harmful impact of drug abuse on individuals, families,

workplaces, communities, and society as a whole has raised significant concerns. The aim of this 2017 study was to assess the level of awareness about drug addiction in the Jammu district. A total of 300 individuals were selected from various areas within the district for the study. Reports of drug addiction and the premature deaths of the state's youth from drug overdoses are frequently heard in the Jammu region. The findings of our study paint a terrifying picture and, if left unchecked, pose a threat to society as a whole. Furthermore, 56.3% of survey participants in the Jammu district reported being unaware of drug de-addiction centers or the processes involved. Only 43.6% of respondents were familiar with the drug addiction centers in the Jammu district. It is crucial to increase public awareness about drug use.

Wani (2017) The aim of this study was to examine the mental health of cannabis abusers and non-abusers in the Kashmir Valley. The sample consisted of 100 male participants, with 50 being cannabis abusers and the other 50 not. The results revealed significant differences between the two groups across all mental health subscales. Cannabis abusers reported lower life satisfaction and mental health index scores, along with higher levels of anxiety, depression, loss of behavioral/emotional control, and psychological distress compared to non-users.

Toshniwal (2017) The study "Adolescent Drug Abuse in India: Media, Peer Pressure, and the Growing Need for Targeted Prevention – A Case from Vadodara" investigates substance use among 500 youth aged 16–22 from schools and colleges in Waghodia and Piparia, Gujarat, revealing troubling trends that mirror national concerns while exposing critical gaps in India's youth-focused drug prevention strategy. The research identifies media as the primary source of drug-related information for 58% of respondents, underscoring the urgent need to regulate and utilize media platforms within prevention strategies, especially as unfiltered portrayals on social media and streaming services increasingly normalize substance use. Peer pressure (70%) and pleasure-seeking (60%) emerged as key motivators differentiated by age group with school students more influenced by social conformity and college students by hedonistic exploration. This developmental split aligns with psychological literature and reinforces the call for age- and context-specific interventions, such as resistance training in schools and emotional coping strategies in colleges. The 18% self-reported drug use rate is particularly alarming, likely underestimating true prevalence due to

stigma and underreporting thereby amplifying the research gap: a lack of large-scale, youth-specific, and regionally diverse data on adolescent drug use in India. While national surveys like the 2019 Magnitude of Substance Use Report provide broad patterns, they fail to capture micro-level triggers such as media influence or developmental motivations, which this study brings to light. Additionally, current school curricula and public health messaging largely ignore adolescent-specific prevention, particularly in semi-urban and non-metro areas. The study not only supports existing findings from conflict and urban zones (e.g., Kashmir, Jammu, Srinagar) on early initiation and peer influence, but uniquely highlights how media exposure and developmental stage interact to influence drug behavior an area grossly under-addressed in Indian research and policy. Recommendations include integrating media literacy into drug education, developing age-targeted prevention modules, training parents and teachers in early intervention, and building anonymous support systems within educational institutions. In conclusion, this regional study acts as a microcosm of India's youth drug crisis, providing clear evidence that without differentiated, research-informed, and proactive strategies, India risks losing its adolescents to preventable harm and missing a critical opportunity to intervene before casual use escalates into addiction.

Kaur (2017) She discusses the severity of the drug usage issue, which is becoming more prevalent in Punjab. According to her article, Punjab was formerly known as "Sone di Chirri." "The Golden Crescent is currently grappling with a phase of drug misuse and trafficking, which has left much of its youth living in poverty and severe hardship. In addition to affecting the economy of an otherwise prosperous region, it has ruined many lives." Every family member is impacted by drug misuse, but the closest members are most severely affected. In addition to causing family strife and disturbance, drug usage frequently results in failed marriages, divorces, debt for the families, and fatalities. Social stigma prevents the affected family from discussing the problem much or even attempting to get help; instead, they strive to keep it a secret. Because of corruption at several levels, the facts and figures for the fact are also not accurate. She merely attempted to tackle this topic as a significant one in her research.

Sharma (2017) This article focused solely on drug addiction in the Punjab region. While drug abuse is a worldwide issue that affects practically every nation, the scope

and features vary from one state to the next. The scourge of drug usage in Punjab has grown to such an extent that it has shook the state's entire population, and it is spreading quickly there. The study was carried out in Punjab's Jalandhar district. According to research, “the drug problem in Punjab is major worry because number of cases is increasing quickly and one in three people there are addicted to narcotics other than alcohol and tobacco”. The high intravenous drug and heroin intake were the other notable findings.

Ayub (2017) Thus, he had essentially shed light on the Jammu region, specifically discussing substance misuse among the region's street youngsters. They already face inherent risks, such as economic hardship, a lack of adult protection and socialization, which makes their situation more precarious; violence, unintended pregnancy, and unprotected sex are additional contributing factors; and the easy access to substances makes them more likely to use drugs.

Bhat (2017) talked about the pattern of substance abuse and it’s pattern in children and young people in Kashmir. “He stated that according to The United Nations Drug Control Program (UNDCP) 31 % of addicts are women in Kashmir. He conducted his research in Government hospital and concluded that 90% of the addicts were in the age group of 17 to 35 years”.

Mohi-ud-din (2018) In his paper "Impact of Yoga Nidra on the Personality of Drug Addicts," the author highlights the growing issue of drug addiction, noting that it is not only a socially undesirable problem but also a rising public health concern. The study aims to evaluate the effect of Yoga Nidra on the personalities of drug addicts by comparing data collected before and after the therapy. The Personality Neo-Five Factor Inventory was employed to assess the personalities of forty drug users from Jammu and Kashmir (McCrae & Costa, 1985). The results showed significant changes in all aspects of the drug users' personalities.

Ravisanker (2018) The 2017 World Drug Report makes it abundantly evident that substantial work is still needed to address the numerous negative effects of drugs on development, peace, security, and health in every part of the world. According to the report, drug use causes at least 190,000 preventable early deaths annually, with opioids being mostly to blame. Approximately 5% of adults worldwide, or a quarter of a billion

people, reported using drugs at least once in 2015. Of these, 29.25 million people used drugs problematically, with opioid use disorders responsible for 70% of the harm to the world's health. “Cannabis and opioids, including heroin, were found to have the most negative effects on health. The following is a breakdown of drug users in 2015: Cannabis costs 183 million, opioids cost 35 million, amphetamines cost 37 million, ecstasy costs 22 million, opiates cost 18 million, and cocaine costs 17 million”. In collaboration with UN partners and in accordance with international drug control agreements, human rights instruments, and the 2030 Agenda for Sustainable Development, the UN Office on Drugs and Crime is working to enhance responses. Governments are encouraged to contribute to advancing the body of evidence in this area. In order to effectively confront drug concerns, particularly in areas like terrorism and intelligence, the paper highlights the necessity of increased international cooperation and information sharing while guaranteeing prompt, focused, and effective action. This article provides an overview of drug usage data, focusing particularly on the distribution of drug users across states and the drug-related deaths in Andhra Pradesh and Telangana.

Pathak (2019) Any chemical that changes a person's emotional, psychological, or physical functioning is considered a drug. Drug misuse can occur when someone uses drugs to feel good, decompress, or avoid face reality. “Substance abuse, or drug abuse, refers to the use of a drug to achieve pleasurable effects on the brain”. A rehabilitation center is a place that offers treatment to those who are addicted to drugs. This study's main goal is to investigate how rehabilitation facilities can help people in treatment cut back on their drug use. The individuals were chosen through the use of purposive sampling. Frequency tables were used to evaluate quantitative data. The rehabilitation center offered a range of services and functions, including counseling, career opportunities, meditation, vocational training, realization programs, acceptance programs, and empathy.

Gilani (2019) Talks about the most concerning trend that the decreasing age at which the substance addiction is expanding specially amongst the school going children. The steps that government is taking to eradicate it be it the therapies or the awareness campaign everything is not very well structured.

Azim (2019) This study aimed to investigate drug abuse cases in the Kashmir Valley, with a sample of 18 respondents chosen from Srinagar Hospital. Two hospitals, the Police Control Room and SMHS Hospital in Srinagar, were randomly chosen for sample collection. Simple column percentage analysis was used to examine the data. According to the report, the majority of drug abusers were single men. They were all on medication and had suffered from the poor health impacts of drug use.

Avaid (2019) The recent trends in Kashmir shows that the cases have been increased by 1000% in 3 years at just one hospital. He has interviewed a man from Shri Maharaja Hari Singh hospital drug de–addiction centre, where that man states that how adversely and how desperately he has been affected from the drugs, he showed his arms and scars on it and told that he was a long-time addict of the heroin and sniffing heroine is called as chasing. With each passing day his inclination of drugs became stronger and then he started directly injecting needles into his blood veins through injections. He stated that he ended up spending 1.8 lacs for drug consumption and when one of his friends died, then only he ended up in the drug de action center.

Maqbool (2020) has carried out his duties and seen the perpetrators from the Srinagar, Jammu, and Kashmir, tertiary care facility. He has primarily discussed substance use diseases, including their morbidity and fatality rates. According to him, the number of SUDs is rising, and nicotine is the medication that they most frequently abuse. He asserted that collaborative efforts are necessary to enhance treatment outcomes.

Dogra (2020) "With a focus on drug addiction among 12th grade students in Akhnoor, the study compared the rates of drug usage among adolescents in Jammu and Kashmir." 100 students, ages 15 to 18, were included in the sample (50 from private schools and 50 from government schools).

Random sampling was used to choose these pupils. All individuals gave their informed consent, and the "Adolescent Drug Involvement Scale (ADIS)" was used for evaluation. The findings showed that compared to kids attending private schools, those attending government institutions had high likelihood of “developing a drug addiction”. This was attributed to factors such as greater local peer involvement, easier access to drugs, and a lack of discipline in government schools.

Tanwar (2020) This study examines anti-drug regulations as a crucial factor in addressing juvenile drug dependency, use, and abuse. It explores the rationale behind terms like drug abuse and investigates the role of legal frameworks, primarily referred to as regulations. Using a doctrinal and descriptive approach, the study assesses the current state of anti-drug regulations and examines international drug trafficking scenarios, leading to a critique of the existing regulatory system for addressing drug abuse. The study poses the question of how important UN regulations are to stopping drug trafficking and abuse in India.

The findings indicate that numerous anti-drug regulations proposed by the United Nations and other international organizations have not been adequately considered in the creation of effective interventions to combat drug abuse. Few laws specifically address the prevention of drug addiction among juveniles. The study concludes that stronger regulations are needed to control the easy availability of drugs and to curb drug abuse among juveniles and young people. The report also emphasizes how inadequate the global regulatory enforcement framework is, highlighting the necessity of a stronger workforce to deal with this problem.

Nurmala (2020) This article emphasizes how adolescence is a time of transition between childhood and adulthood, characterized by heightened curiosity and an identity quest. It goes on to say that teenagers are a particularly susceptible demographic and are frequently the targets of drug traffickers. Examining how students view their jobs as peer educators was the study's goal.

"Through in-depth interviews, observations, and document analysis, the study used a qualitative technique with a case study design to investigate the research subjects' perceptions". Students believed that their roles as peer educators included duties including keeping information private, encouraging others, facilitating discussions, and sharing information.

According to the study's findings, students who were chosen to serve as peer educators in their classrooms had favorable opinions of the strategy employed to stop drug misuse among their peers. As a result, other schools looking to introduce comparable programs for their students can use the peer educator technique used in North Surabaya high schools as a model.

Martha (2021) The extensive use of alcohol and recreational drugs in the US is discussed in this article, which also points out that some people will experience substance use disorders that affect their behavior and brain, which will cause them to continue using the drugs in spite of the harmful effects.

Focusing on changes in usage patterns over time, particularly among teenagers, young adults, and adults, the article explores the epidemiology of addiction in the United States. It provides an overview of the harmful effects of substance use on both individual health and society, while emphasizing the importance of multimodal, evidence-based treatment that combines pharmaceutical management with psychosocial therapies.

Moini (2021) First created as a substitute for morphine in the 1940s, methadone is a synthetic narcotic medication that is categorized as an opioid agonist. It comes in oral solutions, injections, and pills. Only approved clinics are permitted to utilize it for medical purposes, such as treating opioid addiction and detoxification. Methadone reduces withdrawal symptoms and blocks the effects of other opioids. Instead of being utilized as a tapered short-term opiate replacement, it is generally employed as a long-term maintenance treatment. Although methadone takes effect quickly after a single dose, use may last up to five days. Its analgesic effects last roughly six hours, and they can persist up to 48 hours in those with normal liver function. Although it can occasionally be injected, methadone is usually taken orally. Patients undergoing Methadone Maintenance Therapy (MMT) often receive their daily dosage once daily in an outpatient environment. To lower the risk of medicine diversion, patients are occasionally monitored in specialty clinics for 15 to 20 minutes following dosage. Some people get MMT for the rest of their lives, and treatment regimens can last anywhere from a few months to several years. “In addition to reducing cravings, suppressing withdrawal symptoms, and blocking euphoric effects, methadone maintenance has been demonstrated to lessen the spread of bloodborne infections associated with opioid injection”. On the other hand, neuroadaptation brought on by prolonged or excessive methadone usage can cause tolerance and withdrawal symptoms.

Chu (2021) According to other writers, meperidine, another name for pethidine, is an opioid that is about 10 times as strong as morphine. Usually, an intramuscular or intravenous injection is used to give it. Midwives frequently prescribe and give

pethidine, which is frequently used during childbirth. Its adverse effects, which are somewhat comparable to those of opioids, can include respiratory depression in both the mother and the newborn, delayed stomach emptying, nausea, vomiting, drowsiness, and hypotension. The maximum amount of time a fetus is exposed to this medication is two to three hours following intramuscular treatment. It is highly fat soluble and penetrates the placenta. The optimal time for the delivery of a baby after the dosage of the pethidine is within first 4hours or after the fourth hour of dosing. If is used within the 4 hours of delivery of the baby, the pediatrician should be informed and should attend the case as neo natal respiratory support is needed in such cases, whilst pethidine cane be given easily as it is safe but good attention from time to time is still required.

Rather (2021) In this article the author has talked about pattern and prevalence of substance that are used exclusively in two districts of Jammu and Kashmir with the special focus put on the opioids. “The author(s) state that Kashmir has been a focal point of conflict between India and Pakistan since the partition of British India in 1947, suggesting that exposure to conflict has contributed to an increase in substance use. The prevalence of substance use has been an under-researched area in Kashmir. The findings indicated that the overall prevalence of substance dependence was estimated at 1.95%, with opioid dependence at 1.80%. Heroin was the most commonly used opioid, reported by 84.33% of respondents in the past year. The current prevalence of injection drug use was 0.95%, with heroin being the most common opioid among Injection Drug Users (IDUs), used by 91.12%, followed by Pentazocine at 5.92%”.

Malla (2021) The issue of substance abuse and mental health in conflict zones is a significant public health concern. Exposure to the climate of terrorism and conflict has been closely associated with the rising prevalence of mental health disorders and substance abuse. The state of Jammu and Kashmir has experienced prolonged conflict over the past few decades, leading to disastrous consequences for the population's well-being. However, studies examining the link between conflict, psychiatric disorders, and substance abuse have remained limited and neutral in this regard. He aimed to explore the connection between substance abuse and mental health disorders among individuals living in the conflict zone of Kashmir. For this article, the author conducted the study across various departments of Counseling and Mental Health Assessment Clinic Centers in district and sub-district government hospitals in the Kashmir region. A total

of 240 patients were selected for detailed analysis through purposive sampling, a non-probability method. Interviews were used as the primary research tool. The findings revealed a significant correlation between the prevalence of psychological disorders and substance abuse in a conflict setting. When working with populations exposed to violence and terrorism, it is crucial to focus on the detection, prevention, and treatment of these conditions.

Ismail (2021) In the article titled "Profile of Inhalant Users Seeking Treatment at a Drug De-addiction Centre in Kashmir," the authors explore inhalants, which are chemicals whose vapors are intentionally inhaled to produce psychoactive effects. Inhalant use disorders (IUDs) are often linked to serious mental health and substance use problems. The study was cross-sectional and included patients from both the outpatient and inpatient departments of a de-addiction center who were seeking treatment for inhalant use. The diagnosis of IUD was made based on the criteria in the Diagnostic and Statistical Manual-5 by a consultant psychiatrist. A semi-structured questionnaire was used to collect sociodemographic data, and a phenomenology checklist was employed to assess the participants' experiences. The study included a total of 92 patients, with nearly 98.9% being male, 70.5% coming from urban backgrounds, and 59.8% having received education up to the middle school level. The average age of the participants was 18.38 years, and two-thirds of the study group were between the ages of 10 and 19. Adhesives were the most commonly used inhalants, reported by all participants. The primary method of intake was bagging (83.7%), followed by sniffing (16.3%). The most common pleasurable effects reported were relaxation (100%) and euphoria (73.9%), while nausea was the most frequent adverse effect, experienced by 73.9% of the cases. All participants reported high levels of craving. The results showed that inhalant users were predominantly urban male students, with adhesives being the most commonly used substance and bagging being the main method of intake. The study recommends that policymakers create strategies to tackle inhalant use, especially in schools.

Lin (2022) Other researchers have highlighted that methadone is a long-acting opioid agonist commonly used in the treatment of opioid addiction. Its use has been linked to lower mortality rates from opioid use disorder and a reduction in criminal behavior. Common side effects of methadone include constipation, fatigue, and peripheral edema.

However, it is also associated with QTc prolongation and torsades de pointes, especially in individuals with a history of arrhythmias or structural heart disease. The authors stressed the importance of giving special attention to patients with a QTc interval greater than 450 ms or those taking other medications that prolong the QTc interval. Methadone poses a higher risk of drug overdose compared to buprenorphine, a partial agonist. Prescribers should be mindful of methadone's long and variable half-life (ranging from 8 to 60 hours) and should start with slow dose titration when initiating treatment. When treating opioid use disorder, methadone is usually initiated at a daily dose of 20-30 mg, with gradual increases of 5-10 mg every 2-3 days. Any further adjustments beyond 80-120 mg per day should occur no more often than once a week to maintain safety and effectiveness.

Harma (2022) In this paper author(s) talked about how drugs impact the mental health of a person, mainly they discussed about Schizophrenia (SZC). Schizophrenia is a severe mental illness marked by a distorted perception of reality, typically manifesting as a mix of hallucinations, delusions, and significantly disorganized thinking and behavior. These symptoms hinder daily functioning and can lead to disability. Schizophrenia (SCZ) is a complex biological disorder with multifactorial inheritance and transmission, shaped by genetic, developmental, and environmental influences. It is a hereditary condition involving the interaction of genes and metabolic processes, each contributing a small increase in the overall risk of developing the disease. While the exact cause remains unknown, recent research suggests a connection between SCZ and inflammation, with evidence pointing to the dysregulation of Toll-like receptor (TLR) genes as a potential factor in the disorder's pathophysiology. This study examined four polymorphisms in TLR1, TLR2, TLR4, and TLR6 to evaluate their potential role in the susceptibility to schizophrenia (SCZ) in the Dogra population of the Jammu region. The research involved 500 participants, including 200 individuals with SCZ and 300 healthy controls. DNA was extracted, and Sanger sequencing was carried out following PCR amplification. The results indicate that the TLR2 polymorphism (rs3804099) might be linked to an elevated risk of schizophrenia in this specific population. The study concludes that further research should focus on identifying potential single nucleotide polymorphisms (SNPs) to develop candidate gene approaches. Toll-like receptors (TLRs) are a group of proteins essential to the innate immune system. These receptors, which span the membrane and are non-

catalytic, are expressed on various immune cells and play a key role in recognizing conserved molecular patterns derived from microbes.

Esther (2022) The region is significantly impacted by drug trafficking and the illicit cultivation of opium, which contribute to increasing substance abuse among the youth. Jammu and Kashmir's geographical location makes it particularly vulnerable, serving as a transit point for illegal drugs, including heroin, trafficked from Pakistan. The study analyzed the socio-demographic profiles of 85 substance abusers seeking treatment at the Lifeline Rehab Drug De-addiction Center in Kathua district, Jammu, from January 2019 to September 2020. The aim was to explore the socio-demographic characteristics of substance users and identify the most frequently consumed substances among the youth. The results showed that the majority of patients were aged 25–30 years (40.4%) and 17–24 years (30.5%). Most had completed higher secondary education (44.3%) or matriculation (22.3%). A notable percentage of individuals began using substances between the ages of 16–20 years (56.4%) and 12–15 years (22.3%). Heroin was identified as the most commonly abused substance among the youth in Kathua (63.5%), followed by alcohol (22.3%).

Pascali (2023) The article elaborates on codeine, describing it as a natural plant alkaloid derived from the extract of opioids and morphine. Codeine can be administered orally or via intramuscular injection and acts as an opioid agonist with analgesic, antidiarrheal, and antitussive effects. At higher doses, it can lead to sedation and respiratory depression. Codeine replicates the actions of endogenous opioids by binding to opioid receptors located throughout the central nervous system. Its antitussive effects are primarily due to its action on the brain's cough center in the medulla, with peak serum levels typically reached within 30–60 minutes. The liver metabolizes codeine through O-demethylation to morphine and N-demethylation to norcodeine, while the remaining portion undergoes conjugation with glucuronic acid. The metabolism of codeine is influenced by genetic variations in the cytochrome P-450 enzyme, although this has minimal impact on the plasma kinetics of codeine itself. Morphine, a metabolite of codeine, represents up to 10% of the substance in codeine users and is thought to play a key role in its analgesic effects. Codeine has a high potential for misuse and can cause withdrawal symptoms if discontinued suddenly, underscoring its abuse potential.

Hsu (2023) discussed that cannabis are the most common illicit substance explored in United Staes of America, like other substances cannabis comes with risks and benefits. The evaluations of cannabis include detailed analysis of the substance use, dosage, frequency etc. Treatment is based on psychoeducation, psychotherapeutic interventions and psycho pharmacologic interventions.

Santos (2023) Cannabis is a plant with a rich history and numerous evolutionary aspects related to its use and application. Its widespread availability across various countries contributes significantly to its global presence. Historically, it has been used as a source of food and textile fiber, and also in the treatment of various diseases and symptoms. Despite its remarkable versatility, the chemical complexity of the plant and the variety of its constituents make the full potential and application of cannabis still emerging. This article outlines key aspects of cannabis, including its composition, taxonomic classification, biosynthesis, cannabinoid content, medicinal uses, and recreational applications**.**

Mir (2023) This article examines India's cannabis farming policies and the role of FinTech in improving the legal framework surrounding the industry. The authors advocate for a cautious approach to the push for cannabis legalization and highlight how FinTech can facilitate legal, secure, and flexible transactions in a sector that remains illegal in many countries. The article explores the case of Jammu and Kashmir, India, where licensed cannabis compounds are grown and produced, drawing on local knowledge, culture, and a supportive environment. It also addresses the need to mitigate risks associated with illegal activities. While some pharmaceutical companies produce cannabis-based medications, they do not own farms and instead source the cannabis from external growers. Additionally, large companies are beginning to incorporate blockchain technology, opening opportunities to explore further possibilities through blockchain, cryptography, and digital identity solutions. The article presents findings from a survey conducted in Jammu and Kashmir, India, examining public perceptions of cannabis farming, cannabis-based medicine, challenges in financial transactions, and the potential role of FinTech in legal cannabis use.

Otachi (2023) This article discusses the fact that individuals with substance use disorders (SUDs) are exposed to traumatic events at rates up to twice as high as the general population in the U.S. Overdose (OD) rates and overdose fatalities continue to

rise both nationally and in Kentucky, and are linked to increased trauma symptoms. The paper examines the effects of witnessing and experiencing overdoses among people who inject drugs (PWIDs) in Kentucky. Participants were recruited through Respondent-Driven Sampling techniques, supplemented by direct community outreach. The results revealed that participants who reported severe mental health distress in the past year and lifetime exposure to violence had higher odds of both witnessing and experiencing an overdose. Furthermore, those who reported early abuse or early initiation of injection drug use also had higher odds of both witnessing and experiencing an overdose. The study highlights the importance of incorporating trauma-informed approaches into policies, procedures, and practices for treating substance use disorders among PWIDs.

Boakye (2023) This article highlights the crucial role healthcare providers play in reducing youth tobacco use through screening and counseling. The current rates of tobacco use screening by healthcare providers in the U.S. are not well-known. The authors utilized data from the 2020 National Youth Tobacco Survey to assess the prevalence of healthcare provider screening for tobacco and e-cigarette use among U.S. youth. Using multivariable logistic regression, they examined factors associated with being screened for tobacco use. The findings reveal missed opportunities for tobacco screening by healthcare providers, especially among males, middle school students, and racial/ethnic minority youth. A significant proportion of youth, particularly males, middle schoolers, and racial/ethnic minorities who had visited a healthcare provider in the past year, were not screened for tobacco use, and most did not receive specific screening for e-cigarette use. A previous study using the 2000 National Youth Tobacco Survey found that only 33% of adolescents who visited a healthcare provider were screened for tobacco use. Although this study suggests that tobacco screening has increased since then, gaps remain**.**

Vance (2023) The author(s) discussed substance use among teens, specifically focusing on differences in substance use and school-based stressors between Black and Latinx transgender youth (trans BLY), White transgender youth (trans WY), and Black and Latinx cisgender youth (cis BLY). The study aimed to identify associations between substance use and stressors among trans BLY. The authors analyzed data from the 2015-2017 Biennial California Healthy Kids Survey, which included a weighted sample of

the state's secondary school population. The analytic sample consisted of 9th and 11th-grade students: BLY, trans WY, and cis BLY. They compared past 30-day and lifetime substance use (cigarettes, e-cigarettes/vaping, marijuana, and alcohol) and school-based stressors (victimization, race, gender, and sexuality-based harassment) across cohorts using logistic regression. The study sample (n=19,780) included 252 trans BLY, 104 trans WY, and 19,424 cis BLY. Among trans BLY, the estimated prevalence of 30-day (and lifetime) use of cigarettes, e-cigarettes/vaping, marijuana, and alcohol were 13% (23%), 19% (39%), 27% (42%), and 29% (48%), respectively. Trans BLY had similar odds of 30-day and lifetime use of all substances compared to trans WY but higher odds compared to cis BLY. For trans BLY, race- and gender-based harassment, along with higher levels of victimization, were associated with higher odds of 30-day and lifetime use of all substances. Additionally, sexuality-based harassment was linked to higher odds of 30-day and lifetime marijuana and alcohol use.

Aviles (2023) The author(s) discuss the recent rise in alcohol consumption among young women in Spain, which has been a notable shift in the country's drinking culture. This study aims to explore how alcohol consumption is depicted on Instagram, the strategies used to present it, and the influence of social norms, including gender norms, on making alcohol consumption visible. The authors conducted a digital ethnography study, utilizing various research methods. They organized 13 discussion groups, observed Instagram over a three-month period, and conducted 38 in-depth interviews with young Spanish men and women aged 15 to 24 (N=118). The findings reveal that alcohol consumption is often portrayed on Instagram as part of fashionable party scenes, symbolizing shared disinhibition, fun, and youth gatherings. Instagram serves as a platform for alcohol advertising and the promotion of images associated with drinking, which brands and influencers exploit. Young people, however, tend to avoid showcasing heavy alcohol use on Instagram through specific strategies, such as untagging, deleting posts, or limiting their smartphone use. They also control the audience and the areas where their images are shared. The need to constantly post and share online often conflicts with feelings of embarrassment and caution about unknown viewers. Gender plays a significant role in understanding how posts related to drinking and drunkenness affect young people differently. The data suggests that Instagram promotes an idealized image of alcohol consumption, often minimizing its negative consequences, and that the online sharing of drinking behaviors is not gender-neutral.

Hussain (2023) The article explores the condition of youth in Kashmir in recent years, highlighting a significant rise in substance use both globally and within the region. However, limited data exists regarding substance use in North Kashmir. The study employed a cross-sectional descriptive approach to examine the patterns of substance use among individuals seeking treatment at an Addiction Treatment Facility in North Kashmir. A total of 726 patients who visited the facility were included in the analysis. The results showed that the average age of participants was 27.63 years (SD = 6.89), with the largest group (60.6%) falling within the 21–30 age range. Opioids were the most commonly used substances (98.5%), and 85% of these users reported using intravenous methods. Additionally, approximately 55% of the participants tested positive for Hepatitis C. The study concludes that there is a distressingly high rate of opioid use, particularly among young males seeking treatment, with injecting drug use contributing significantly to the elevated prevalence of Hepatitis C in this group.

Sood (2023) The article explores the concept of addiction, describing it as the loss of control over drug use or the compulsive seeking and consumption of substances despite negative consequences. Youth are especially vulnerable due to their newfound independence, curiosity, and greater access to substances. The study aimed to evaluate the knowledge, attitudes, and practices concerning drug addiction and addicts. A cross-sectional study was conducted at Sri Guru Ram Dass Institute of Medical Sciences, Amritsar, with 2nd-year medical students as participants. A structured questionnaire was administered, and the collected data were analyzed using GraphPad InStat software. The results showed that participants had an understanding of psychological dependence and its role in addiction, the therapeutic challenges in treating addicts, and the significance of proper prescriptions to prevent drug misuse. A large number of participants expressed positive attitudes toward the treatment and rehabilitation of addicts, stressing the importance of family and societal support in the de-addiction process. Many participants also mentioned reading about addiction and interacting with patients dealing with addiction issues. The study concluded that the majority of participants exhibited a strong awareness of addiction, commonly abused substances, and the crucial role of both doctors and society in preventing addiction.

Fazal (2024) Substance abuse has emerged as a significant concern in the Baramulla district of Jammu & Kashmir, with approximately 70% of addicts aged between 18 and

35 years. Additionally, the rate of drug addiction among females has risen by 31%, and around 60% of students are affected by this issue, according to data from the Rehabilitation Center at the District Hospital in Baramulla. A qualitative research study was conducted to examine the impact of substance abuse on adolescents. The study aimed to assess the prevalence of drug abuse, identify the primary factors driving substance use, and understand how young individuals gain knowledge about drugs and their misuse. The findings highlighted several key contributors to substance abuse, including stress, curiosity, family problems, and political instability. These results emphasize the need for increased awareness among parents, guardians, students, teachers, and authorities regarding the dangers of drug abuse. The study provides valuable insights for creating targeted interventions to address this critical issue and reduce its harmful effects.

Rehman (2024) Drug addiction among children is an escalating issue that presents a major threat to society. Growing exposure to drugs is leading to addiction, which severely affects children's physical, mental, and social health. The consequences of drug addiction in children are significant, including hindered cognitive and social development, a greater propensity for criminal behavior, and an elevated risk of long-term substance abuse. This study examines the link between drug abuse and the rising rates of juvenile crime, as well as its wider societal impacts in Poonch District. Using a qualitative approach, the research incorporates secondary data and the researcher's observational insights. The findings highlight key factors such as peer pressure, family dysfunction, and lack of parental supervision as significant contributors to drug addiction, which in turn causes economic, cultural, and moral damage at both the individual and community levels.

Tackling this issue requires a holistic approach that includes prevention, early intervention, and effective treatment. Public awareness campaigns, educational programs, and family support systems are crucial components of this strategy. Strong measures to combat drug addiction among children are vital to safeguarding the well-being and future of upcoming generations.

Qadari (2024) Drug abuse is a major global public health issue that presents significant challenges to healthcare systems, particularly in intensive care units (ICUs). This study aims to evaluate the clinical profile and outcomes of drug abuse patients admitted to

the ICU of a tertiary care hospital in North India. Method: A prospective observational study was conducted over three years, focusing on drug abuse patients admitted to the ICU. Data collected included demographic information, clinical characteristics, substance abuse patterns, comorbidities, severity scores, and patient outcomes. Conclusion: The majority of overdoses were caused by opioids, primarily heroin. All patients who overdosed showed signs of central nervous system depression, which was followed by respiratory failure. Multi-organ involvement was associated with poorer outcomes. Mortality occurred in 11.4% of patients, mostly due to sepsis and multi-organ failure. Overall, most patients had favorable outcomes, especially those who sought medical attention early in their condition.

Fazili (2024) Drug addiction is becoming an increasingly critical issue among the youth worldwide, and the Bandipora district in Kashmir Valley is facing similar challenges, compounded by prolonged conflict, unemployment, and economic instability in the region. This study was conducted to explore the underlying causes of drug addiction in the area, assess the level of awareness about drug abuse among the residents of Bandipora, and evaluate the preventive measures being implemented by various stakeholders**.** A total of 600 individuals, A total of 300 males and 300 females were randomly selected from various areas of Bandipora. A questionnaire was distributed to them in 2023. The finding paint a troubling picture, highlighting a significant threat to society if the drug crisis is not addressed and controlled.

Rani (2024) India faces an escalating crisis of substance abuse, with the number of individuals affected increasingly daily. This issue is fueled by evolving cultural norms, deteriorating economic conditions, and weaking social connections. This paper examines the nature and scope of substance abuse in India, relying on secondary sources, including research papers, articles, and relevant literature, to gather data. Key contributing factors include peer pressure, unemployment, professional stress delays in treatment, and parental denial, all of which have far-reaching societal consequences. Substance abuse not only imposes severe economic burdens on individuals, communities, and the government but also disrupts family stability, contributes to domestic violence, heightens criminal tendencies, and diminishes the sense of belonging within families and communities. Addressing this social issue requires strong

political will, active community participation, and the enforcement of effective laws to mitigate its impact.

Karki (2024) The book *Dynamics of Drug Addiction and Abuse in India* by Ranjit Singh Ghuman, Jatinder Singh, and Gurinder Kaur, published in 2023 by Routledge India, presents the findings of a research study funded by the Indian Council of Social Science Research (ICSSR). The study involved 950 individuals with substance addiction, along with their households, from five northwestern Indian states: Punjab, Himachal Pradesh, Haryana, Rajasthan, and Jammu & Kashmir. The book organizes the study's findings into thematic chapters, focusing on the socio-demographic profiles of addicted individuals, data were gathered through interviews, focus group discussions, and case studies to "examine the role of family and household factors in substance initiation, patterns and types of substances used, and the various negative consequences experienced and family members, community stakeholders, and other engaged in combating illicit drug use". Key findings revealed that most addicted individuals were young males, with educational attainment, underemployment, and early substances use initiation, often before the age of 20. Commonly used substances included derivates of cannabis and opioids, in both natural and synthetic forms. These individuals faced numerous adverse effects from substance use and had sought treatment at government and private deaddiction and rehabilitation centers. "The study also emphasized the evolving dynamics of drug cultures in Punjab and provided recommendations to address drug abuse and addiction. It emphasized the importance of effective intervention strategies for families, communities, administrators, law enforcement agencies, and policymakers in combating the growing substance use crisis in India".

Mughal (2024) Urbanization is a worldwide phenomenon that significantly influences both physical and social landscapes, serving as a driving force behind the progress and evolution of human societies. It reshapes social, economic, political, and cultural frameworks. "This paper explores the process and effects of urbanization in the Jammu region of Jammu and Kashmir, India, with an emphasis on its physical transformation and evolving social dynamics. Using a descriptive research methodology, the study draws on data from a range of sources, including demographic surveys, interviews, and spatial analyses, to examine the diverse aspects of urbanization". Finding reveals that

while Jammu province is steadily urbanizing, it faces numerous challenges from both environmental and social perspectives. Key issues include environmental pollution, habitat destruction, loss of biodiversity, soil degradation, flash flood, unregulated housing, poverty social unrest, crime, unemployment, inadequate drainage systems, drug abuse, and a disorganized lifestyle and culture. To mitigate these adverse effects, there is an urgent need for planned and managed urban development that is environmentally sustainable, economically viable, and socially inclusive.

Khan (2024) This mini-review examines drug addiction as a critical social issue in Jammu and Kashmir, highlighting its widespread effects on individuals, families, and communities**.** The region's unique challenges, including prolonged conflict, socio-economic instability, the increasing prevalence of substance abuse in the region can be attributed to factors such as limited mental health resources and other contributing factors. This review brings together existing research on drug use trends, identifies the demographics most affected, and examines the social and economic consequences of addiction in the area. The findings indicate that opiates and alcohol are the most frequently abused substances, with a troubling increase in use among younger age groups. It also evaluates the effectiveness of current intervention efforts, such as community outreach programs, rehabilitation services, and preventive measures. Despite these initiative, significant challenges persist, including the stigma surrounding addiction and the lack of comprehensive support systems for those affected. "The study underscores the pressing need for targeted policies and community-led initiatives to combat addiction and support recovery efforts in Jammu and Kashmir. These measures are crucial for fostering a healthier and more resilient society in the region".

CHAPTER: III

MATERIAL AND METHOD USED

This chapter outlines the procedures followed in conducting the present investigation. It details the research design, tools, and techniques employed, including the interview schedule, implementation, and execution of various inventories used to assess the psychological factors contributing to relapse. Methodology, in essence, is a systematic approach to identifying solutions to a research problem. With this objective in mind, this section provides an overview of the various methodological procedures adopted in the study. The research was conducted with the primary goal of examining the impact of psychological variables on the relapse of substance abusers or drug addicts in Kashmir. The increasing rate of substance abuse in the region over the past few decades can be attributed to multiple factors, including easy availability of drugs, ongoing conflict, relationship failures, lack of restrictions, stress coping mechanisms, situational uncertainties, and rising unemployment.

I. In the following chapter, the research problem is outlined, detailing the various tools and techniques employed in the current study. The normative survey method was used to assess the current state of drug abuse among the youth of Jammu and Kashmir. Data was collected through a questionnaire, with the questions being carefully crafted to align with the study's objectives. There were 100 "questions based on the objective number one of the study which was to: ***To understand the nature, trend and prevalence of drug abuse in state of J&K and locate how far the socio-economic factors like unemployment, irregular employment, poverty, excess of resources are responsible for drug abuse".*** There were 12 Objective-based questions for number two of the research: ***To analyze the social profile of drug addicts.*** There were 10 questions derived from "the third objective of the study": ***To understand the rehabilitative techniques available for de-addiction in the study area and suggest policy measure for more meaningful absorption of drug addicts on the social realm during and after de-addict.***

Hence in total there were 122 questions asked from addicts and the few from the doctors/ counsellors presented in the "De addiction centers in Jammu and Kashmir". During the preparing questionnaire, full care was taken to include all the factors which had direct or indirect or indirect factors inducing "drug addiction among the youth". (Appendix A) has attached questionnaire for further reference. The questionnaire was designed in simple and clear English. The following steps were followed during its administration. The questionnaire was provided to the counselors or controlling officers

present at the various de-addiction centers and rehabilitation centers and authority letter was presented to them so that the compliance for research ethic was completely taken care. After the controlling officer or the counselor of that de addiction centers becomes content with the documents that were presented to them only then, they allowed to have interview and conduct the research with the addicts. In case of police de addiction centers the prior permission from the administration needs to be taken and after getting request letter signed from them further procedure was possible. They were very sensitive towards clicking photographs and hence they did not allow to click pictures sometimes. Once the addict was ready after signing and reading the consent form duly then only the investigator asked the question and conducted the study keeping in mind the research ethics too.

II. For case studies of drug addicts, the interview method was used, and interview was conducted, only those cases were considered for case study who were vulnerable, usually the **IDU s (Injecting Drug Users) or those who have tried all the drugs, those who are chronic addicts, Re- lapse addicts. This was the criteria for considering them for the case study.** If needed the voice and the articulations were recorded in the voice recorders during interaction with them.

III. The other tools and techniques used in the present study included interviews with counselors and doctors involved in the treatment process medical officers of the rehabilitation centers and also the documents and records from the concerned centers were considered, Jail and medical department were also considered for the research.

1. ADDICTS TAKEN FOR THE STUDY:

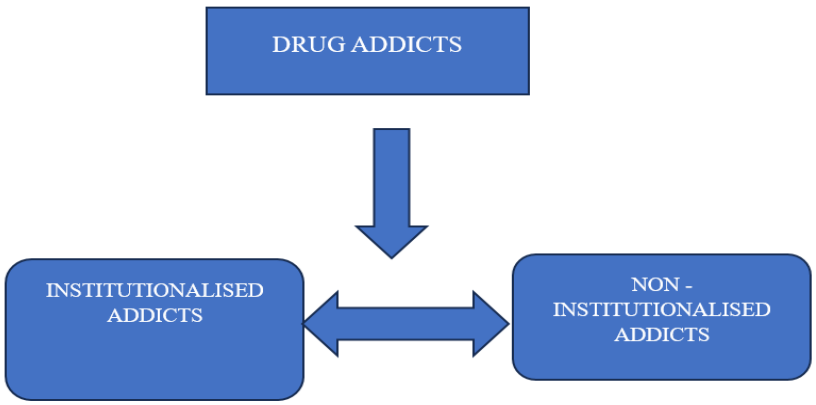


FIG 4. ADDICT'S DIVISION

INSTITUTIONALISED ADDICTS

An institutionalized drug addict refers to an individual who has developed a severe dependency on substances, requiring long-term treatment and care in a rehabilitation center, psychiatric facility, or other structured institutions. Such individuals often face chronic relapse, physical and psychological dependence, and significant disruptions in their personal, social, and professional lives (American Psychiatric Association, 2013). Substance use disorders can profoundly impact an individual's cognitive, emotional, and behavioral well-being, often leading to legal issues, health complications, and strained relationships (National Institute on Drug Abuse [NIDA], 2020). Many institutionalized individuals struggle with co-occurring mental health disorders, making comprehensive care essential (Volkow et al., 2016). Treatment in institutional settings typically involves: Medical detoxification to safely manage withdrawal symptoms. Psychotherapy and counseling (e.g., Cognitive Behavioral Therapy, Motivational Enhancement Therapy) to address underlying psychological issues (Marlatt & Witkiewitz, 2012).Medication-assisted treatment (MAT) for opioid and alcohol addiction (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019).Social reintegration programs to help individuals rebuild their lives after rehabilitation (Hser et al., 2015).Institutionalization can be voluntary (when an individual seeks help) or involuntary (mandated by legal or medical authorities due to self-harm or harm to others). Regardless of the path to treatment, humanizing care, reducing stigma, and providing ongoing support are essential in ensuring long-term recovery and reintegration into society (Galanter et al., 2015). Thus, in Jammu and Kashmir the addicts who were admitted in the rehabilitation centers were considered for further study specifically those samples which were from the NGOs, De addiction and Rehabilitation centers.

NON -INSTITUTIONALISED ADDICTS

A non-institutionalized drug addict refers to an individual struggling with substance use disorder (SUD) who has not been admitted to a structured rehabilitation facility or institutionalized care. These individuals may be functioning in society, maintaining employment and relationships, but continue to engage in substance use, often with varying degrees of dependence and harm (American Psychiatric Association, 2013).Unlike institutionalized individuals, non-institutionalized drug users often rely

on self-management, outpatient treatment programs, community support groups (e.g., Narcotics Anonymous), or informal coping strategies (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). However, many face barriers to accessing professional help, including stigma, financial constraints, and fear of legal consequences (Volkow et al., 2016). Challenges Faced by Non-Institutionalized Drug Addicts. Limited access to treatment due to financial, social, or psychological barriers (Kulesza et al., 2016).Higher risk of overdose and health complications due to lack of medical supervision (World Health Organization [WHO], 2018).Social and occupational struggles, such as relationship conflicts, job instability, and legal issues (NIDA, 2020).Greater likelihood of relapse, as they often lack structured support systems (Hser et al., 2015).Effective interventions for non-institutionalized individuals include harm reduction approaches, outpatient therapy, community-based programs, and digital health interventions to support recovery outside of institutional settings (Marlatt & Witkiewitz, 2012). Addressing stigma and expanding access to affordable and flexible treatment options is crucial in helping this population achieve long-term recovery (Galanter et al., 2015).

For this research only, institutionalized addicts were considered for the study means who were there in the de addiction center of Jammu and Kashmir. The sample consisted of **253 samples** spread over "**11 De-addiction centers in Jammu and Kashmir"**. The addicts were sorted out in five types:

1) Adolescent addicts

2) Intermittent Users

3) Chronic Addicts

4) Relapsed Addicts

5) Ex-Addicts

Adolescent Addicts: This group includes those individuals in the adolescent stage age group (12 to 17 years). They might take drugs once or twice in a month. The most common drugs consumed by them are Ganja, Hashish and pills. "The most common reason they fall into this vicious cycle is often peer pressure".

Intermittent Addicts: They are young people who lies usually in the group of (17 to 21 years). The frequency of drug use tends to be once or twice a week. The most commonly abused drug in this age group is heroin.

Chronic addicts: They are individuals who are trapped in the cycle of intoxication. They let their state become normal by generating drug tolerance in their bodies and they are usually dependent on the drugs and cannot live without it. They consume drugs as soon they get depression effects. Their normal routine in a day is to take drug in the first in the morning on waking up and then throughout the day, and lastly to take it on going to sleep. They also take the drug if the sleep is disturbed. In this way the individual becomes a chronic addict. Persons among the age group, 20 to 30 years were found to be chronic addicts. "The most common drug used by them are alcohol, morphine, heroin, LSD and other amphetamines etc".

Relapsed Addicts: Some addicts give up the drugs for about 6 months but somehow, they return to the old habit of abusing drugs. They are not successful in attempt to shut off the drug habit for all times to come. They use the drugs 3 to 5 times a day. When someone talks to them, they are always keen to impress that they will "soon" be giving up the drug habit. But most of them are gliding quietly towards chronic addiction. They choose morphine, heroin and other psychotropic drugs.

Ex- Addicts: They have given up the habit of drug abuse after several motivation and development of self-determination. "Such persons belong to the age group, above 30 years, generally". "As they have overcome their drug habits, they have no intention to go back to the old bad habit". Very few ex-addicts would like to return to the old habit for a while but when they remember the consequences of drug abuse, they manage to escape from the drug world.

3.1 RESEARCH METHODOLOGY:

The study of drug addiction requires a comprehensive research methodology that integrates both qualitative and quantitative approaches to understand the complexity of substance abuse. While qualitative research explores the lived experiences, motivations, and perceptions of drug users, quantitative research provides measurable data on patterns, prevalence, and risk factors (Creswell & Creswell, 2018).

A mixed-method approach is often used to gain a holistic understanding of drug addiction among youth.

3.2 RESEARCH DESIGN:

This study was descriptive and analytical research design based on qualitative and quantitative.

Table 09: Research Design

Approach	Purpose	Methods Used	Expected Outcome
Qualitative	To explore personal experiences, perceptions, and social factors related to addiction.	In-depth interviews, focus groups, case studies, ethnographic studies.	Rich, descriptive insights into the causes and consequences of drug addiction.
Quantitative	To measure patterns, prevalence, and statistical relationships of drug use	Surveys, structured questionnaires, epidemiological studies, statistical analysis.	Numerical data on drug use trends, risk factors, and health outcomes.

Qualitative Research Methodology

3.2.1 Research Design

A **phenomenological** or **grounded theory** approach can be used to study the lived experiences of drug addicts and factors influencing their substance use (Smith et al., 2012).

3.2.2 Data Collection Methods

1. **In-Depth Interviews** – Conducted with drug users, family members, and healthcare professionals to understand addiction patterns.

2. **Focus Group Discussions (FGDs)** – Engaging small groups of drug users and counselors to explore their perspectives.

3. **Case Studies** – Documenting detailed histories of individuals struggling with addiction.

4. **Observational Studies** – Researchers immerse themselves in rehabilitation centers to observe behaviors and interactions.

3.2.3 Sampling Method

- **Purposive Sampling**: Selecting individuals based on specific characteristics (e.g., recovering addicts, first-time users).

3.2.4 Data Analysis

- **Narrative Analysis**: Understanding personal addiction journeys and recovery experiences.

3.3 Quantitative Research Methodology

3.3.1 Research Design

A **cross-sectional or longitudinal survey** design was employed to analyze trends in drug addiction over time (Neuman, 2019).

3.3.2 Data Collection Methods

1. **Surveys & Questionnaires** – Large-scale data collection on drug use prevalence and risk factors.

3.3.4. Sampling Method

- **Cluster Sampling**: Selecting participants from specific regions or institutions (e.g., rehabilitation centers). As in this study selected from regions of Jammu and Kashmir from 11 de addiction centers.

3.3.5 Data Analysis

Descriptive Statistics: Frequencies, percentages, and averages to summarize data.

3.4 ETHICAL CONSIDERATION

Since drug addiction research involves vulnerable populations, ethical guidelines must be strictly followed:

- **Informed Consent** – Participants should voluntarily agree to take part.
- **Confidentiality** – Protecting personal data and identities.
- **Non-Judgmental Approach** – Avoiding stigmatization of substance users.

3.5 CONCLUSION

By integrating **qualitative** and **quantitative** methodologies, a **comprehensive understanding** of drug addiction can be achieved. The qualitative approach uncovers **personal narratives**, while the quantitative approach **provides measurable insights** into addiction trends. Together, these methods help policymakers, healthcare providers, and researchers develop **effective prevention and intervention strategies** to combat substance abuse among youth.

3.6 COLLECTION OF DATA:

(i) Primary sources

The primary source was the structured interview schedule for the 253 respondents. In which open and close ended questions were asked, counselors and in charges of the de addiction centers, doctors and psychiatrist all were asked the questions related to the rehabilitative techniques they used, behavioral theories, medicines etc. These samples at the different time span were presented in the de addiction centers and hence the data was collected at different months from year 2022, April onwards till October 2024.

Secondary sources

This will include books, journals, research papers relevant data from government, census of India, various other documents etc. “In order to ascertain to assess the extent of the drug abuse problem in Jammu and Kashmir, the following data was collected and analyzed”:

- Urban and Rural distribution of drug abusers / addicts.
- Age wise distribution of addicts.
- Age at first initiation of drugs.
- Type of drug abused at the first initiation
- Reason for using drug for the first time
- Length of time using the drug
- Occupational status of substance abusers
- Occupational status of guardians of drug addicts.
- Religion wise distribution of addicts.
- Educational status of the addict
- Marital status of the addict
- Nature of family addicts
- Distribution of addicts as per personal income (per month)
- Average expenditure on drugs.
- Average daily expenditure by persons of nil income
- Type of drug being abused
- Mode of drug taking

- Availability of drugs
- Effects of drugs on body
- Attempt to give up drugs
- Self-perception of habit of drug taking

3.7 Universe for the Study of Drug Addiction in Youth of Jammu and Kashmir

Universe refers to the entire group of individuals or elements that share common characteristics relevant to a study. For a study on drug addiction among youth in Jammu and Kashmir (J&K), the universe includes Geographical Scope :The entire Union Territory of Jammu and Kashmir, which includes two divisions: Kashmir Division (e.g., Srinagar, Anantnag, Baramulla, Pulwama)Jammu Division (e.g., Jammu, Udhampur, Poonch, Rajouri)Demographic Scope: Youth population aged 15-35 years (as per UN definition of youth).Male population affected by the substance abuse Target Groups within the Universe includes Individuals currently addicted to drugs. Recovering addicts in de-addiction centers. Students and unemployed youth vulnerable to substance abuse. Youth under treatment in rehabilitation centers. Drug users from both urban and rural settings.

3.8 Population for the Study of Drug Addiction Among Youth in Jammu and Kashmir

In research, population refers to a specific group of individuals selected from the broader universe who meet the study's criteria. For a study on drug addiction among youth in Jammu and Kashmir (J&K), the population consists of:

1. Demographic Characteristics

- Age Group: Youth aged 15-35 years (as per the UN definition of youth).
- Gender: Only Male population selected
- Education Level: Includes students, dropouts, and unemployed youth.

- Occupation: Youth from various socio-economic backgrounds, including unemployed individuals, daily wage workers, and professionals.

2. Geographical Scope

- Urban Areas: Youth from major cities like Srinagar, Jammu, Anantnag, Baramulla.
- Rural Areas: Youth from remote and border districts like Kupwara, Rajouri, Poonch, Doda.
- Conflict-Affected Areas: Regions with socio-political unrest, where stress-related substance abuse is high.

3. Target Groups within the Population

- Active Drug Users: Individuals currently abusing substances.
- Recovering Addicts: Youth undergoing treatment in rehabilitation centers or hospitals.
- At-Risk Youth: Individuals exposed to drugs due to peer pressure, unemployment, or stress.
- Institutionalized Youth: Patients in drug de-addiction centers.
- Non-Institutionalized Youth: Individuals using drugs privately without seeking treatment.

4. Types of Substance Abuse Considered

- Opioids: Heroin, morphine, codeine.
- Cannabis Derivatives: Charas, bhang, ganja.
- Prescription Drug Abuse: Tramadol, benzodiazepines, sedatives.
- Synthetic Drugs: MDMA, methamphetamine.

5. Justification for Selection

- J&K has one of the highest rates of drug abuse in India, with over 6 lakh individuals affected (NDDTC, AIIMS, 2019).
- A 1500% increase in drug abuse cases was reported in Kashmir over three years (Majid, 2021).
- Unemployment, conflict, and stress are key factors driving youth toward substance abuse.

Conclusion

The population for this study includes youth aged 15-35 years in Jammu and Kashmir who are either using drugs, recovering, or at risk of addiction. This targeted approach ensures a comprehensive understanding of the issue across different socio-economic, geographical, and demographic backgrounds.

In Study of Drug Addiction Among Youth in Jammu and Kashmir

- **Universe**: All **youth (15-35 years)** in Jammu and Kashmir, including those who **have never used drugs**.
- **Population**: Youth in J&K **who are drug users, at risk of substance abuse, or undergoing rehabilitation**.

3.9 THE SAMPLE

The samples were taken from 11 de addiction and rehabilitation centers from the various districts of Jammu and Kashmir, only and since it was a case of sensitivity not every sample was willing to have the interview. Also, one most important thing was that female sample was not taken for this study as there was the non- availability of the female sample. This was also the limitation of my study that there was no female sample available in Jammu and Kashmir although no where the researcher claims that the female don't do drugs. Hence, the sample was homogeneous in nature but the researcher was careful to represent all the age groups and professions available in the centers. The main focus was also on the Chronic addicts.

3.10 CENTER -WISE DISTRIBUTION OF ADDICTS AND SAMPLE FRAMEWROK

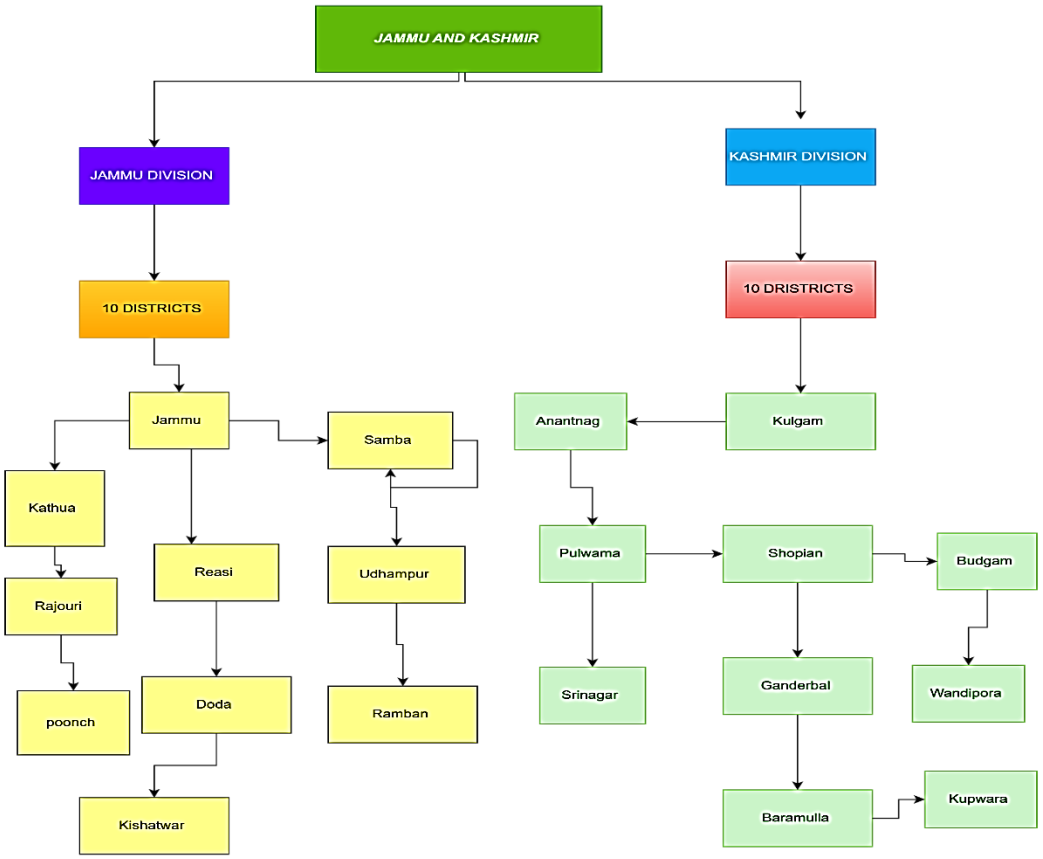


FIG NO. 5 CENTERWISE DISTRIBUTION OF ADDICTS AND SAMPLE FRAMEWORK

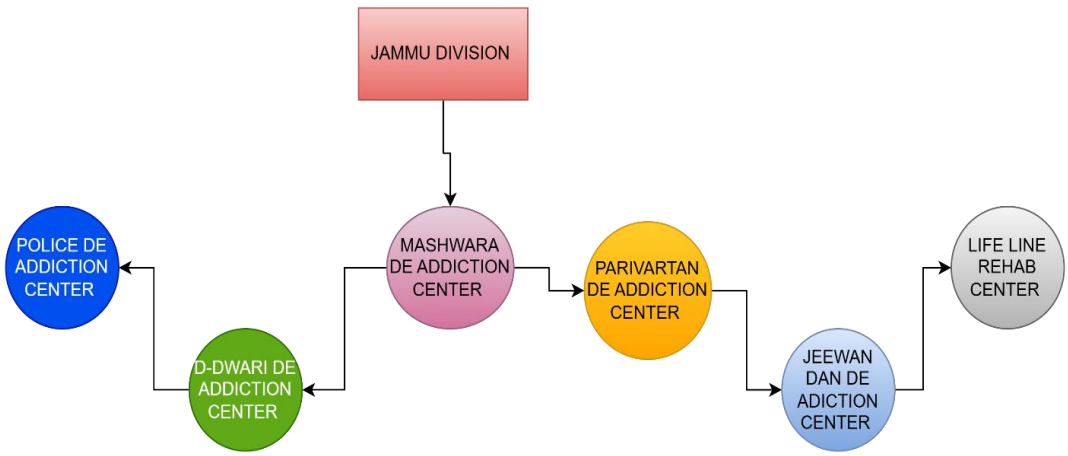


FIG NO. 6 DISTRIBUTION OF DRUG DE ADDICTIONS CENTERS IN JAMMU DIVISION

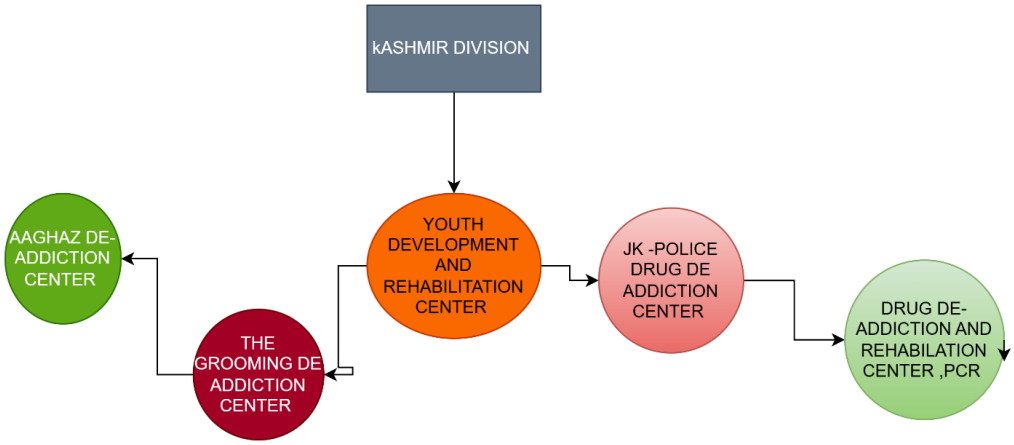


FIG NO. 7: DISTRIBUTION OF DRUG DE ADDICTION CENTERS IN KASHMIR DIVISION

RATIO: 6:5

Based on these following de addiction centers were taken

Table no. 10: Names of de addiction centers and No. of addicts

S. No.	Name of De-addiction centers,	Number of addicts	REGION
1.	Police De- addiction center, Gandhi Nagar, Jammu.	22 addicts	Jammu
2.	D-Dwari De-addiction center, Gurha Slathia, samba.	15 addicts	Jammu
3.	Mashwara De- addiction centre, Jammu	55 addicts	Jammu
4.	Parivartan Foundation De-addiction center, Domana	16 addicts	Jammu
5.	Jeewan Dann Foundation De addiction, Domana	26 addicts	Jammu
6.	Life Line Rehab, kathua	18 addicts	Jammu
7.	AAGHAZ Drug De-addiction centre, Bagh-i-Mehtab, Srinagar	12 addicts	Srinagar
8.	The Grooming De-addiction centre, Chandpora Harwan, rd, Srinagar	19 addicts	Srinagar
9.	Youth Development and Rehabilitation center, Grid rd Wanganpora iddgah, Srinagar	16 addicts	Srinagar
10.	"JK Police Drug De addiction centre , Srinagar"	26 addicts	Srinagar
11.	"Drug De addiction and Rehabilitation centre, PCR, Srinagar"	28 addicts	Srinagar

A brief account of each de addiction will help easy identification and assessment of the activities of the center.

3.11 DETAILS AND RE-HABLITATIVE METHODS USED DE -ADDICTION CENTERS IN DETAILS:

1. POLICE DE-ADDICTION CENTRE, GANDHI NAGAR, JAMMU

This center was police initiative center, which Is now shifted from Gandhi Nagar to Channi now a days so that they can accommodate and take care of the addicts in a more efficient manner. The aim of this center was to help those individuals who are struggling from the drug abuse or substance abuse. The operation of this center is directly under Jammu and Kashmir Police. This center offers a wide range of programs to help the addicts or patients admitted in it to get detoxed and live a better life. It offers a variety of treatment programs designed to help individuals address addiction, including overcoming the use of drugs, alcohol, and other substances.

Center provides medical care and assistance; it has a counselling department wherein they focus on giving the psychological assistance and help to those in need of it . It focuses on creating awareness for the drug abuse through various program implementations like making them watch a series or documentary of an addict and his struggle. They focus mainly on the medicinal treatment and less on recreational treatment, this is my observation in this de addiction center. “They also advocate for preventive measures against drug abuse and provide a supportive environment for recovery. The center is part of the state’s broader efforts to combat drug abuse and improve the public health and safety”. It also plays an important role in helping to reintegrate individuals back into society while promoting healthier lifestyles and reducing the impact of addiction on the communities. **The Gandhi Nagar Police De-addiction Centre** in Jammu mainly relies on the detoxification of the individuals battling for the substance abuse. The treatment basically focuses on the overall recovery rather than focusing on just one aspect. Following are certain key aspects for their treatment services:

1. **Detoxification (Medical Treatment)**

1. This includes both the kind of treatment initial also and medication support also**,**

The initial detox includes the first-hand checkup of the addict and removal of the harmful substances form the body while managing the withdrawal symptoms also which is strictly taken care under the medicinal supervision. Medication supports relies upon prescribing the drugs which are essential for the recovery process and manage cravings also simultaneously so that there are not adverse impact on the individual.

2. **Counseling and Therapy**

It includes all the types of counselling like personalized sessions with the counselor or psychologist to help to address the root cause of the addiction such as any emotional trauma, stress, any situation or anything else. If that does not work then the group sessions are also held where addicts can share their experiences and challenges and ask any queries. This builds in them the sense of community and support among the individuals going through the same struggle which makes them feel that they are not along in this journey of fighting against the drug abuse. Often this is seen that the most adverse in the case of this trap is the family of the addicts and hence it becomes difficult for them also to keep a check on the person struggling with this process so they arrange family involvement so that the support and love from the family can also help the addict to overcome this problem.

3. **Behavioral Therapy**

This therapy includes two main therapies which are Cognitive Behavioral Therapy (CBT) and Motivational Enhancement Therapy (MET). CBT helps addicts recognize negative thought pattern and behaviors and teaches them healthier coping mechanisms. The MET approach aims to increase the motivation of individual to change their behavior and commit to long term recovery. The centre also focuses in retraining individuals by providing life skills education, job training, recreational activities, vocational training, communication skills and stress management techniques.

4. **Focus on Relapse Prevention Programs:** the centre works with individuals to build strategies for preventing relapse which includes teaching the techniques to

overcome craving and telling them to be in regular touch with the centres or the doctors for the follow up care.

5. **Community Support and Awareness Programs:** which often focuses creating awareness**,** they involve the visits of NGOs and collaboration with health care services for better care and community support to overcome this problem.

6. Post Treatment Support and After care includes the follow ups and group meetings and continued counseling to prevent the relapse.

7. The centre often organizes **community awareness campaigns** to educate the public about Meditation

8. Yoga Work to learn how to control their harmones and cravings.

9. Gardening work to keep themselves busy throughout the day.

Whenever is urgent the doctors are called immediately, although regular visits and checkup are the part and parcel of the daily visits. It was commendable to see that how well the Police de addiction centre was running and helping to contribute to eradicate this problem of addiction.

CASE STUDIES BASED ON POLICE DE ADDICTION CENTRE, GANDHI NAGAR

Case Study 1:

Aman – A 19-Year-Old School Dropout Battling Cannabis and Codeine Addiction

Background:

Aman (name changed), a 19-year-old male from a semi-urban area in Jammu, dropped out of school in Class 11 due to poor academic performance and behavioral issues. He was introduced to cannabis and cough syrup (codeine) by a group of older boys in his neighborhood. Over the next two years, his addiction escalated, and he began stealing from home to fund his habit.

Admission & Diagnosis:

Aman was brought to the Police De-addiction Centre by his father after a violent outburst at home. He presented with withdrawal symptoms, irritability, and insomnia. A clinical assessment indicated psychological dependency, mild depression, and behavioral instability.

Treatment:

- Detoxification: Aman underwent a 10-day medical detox under supervision to manage withdrawal symptoms and stabilize his condition.
- Individual Counseling: He was enrolled in Cognitive Behavioral Therapy (CBT) sessions to address low self-esteem, peer pressure, and impulsivity.
- Group Therapy: Through shared experiences in group sessions, Aman began recognizing his problem and building accountability.
- Family Involvement: His parents participated in joint counseling sessions to rebuild trust and set boundaries.
- Vocational Training: The center engaged him in basic computer classes and stress-reducing activities like gardening and yoga.

Outcome:

After 8 weeks, Aman showed significant improvement. He now attends regular follow-up sessions and is preparing to enroll in an open school program to complete his education.

Case Study 2:

Irfan – A 24-Year-Old Recovering Addict and Peer Mentor

Background:

Irfan (name changed) was once a regular patient at the Gandhi Nagar De-addiction Centre. He had a history of benzodiazepine and alcohol abuse, triggered by family

conflicts and untreated anxiety. At his lowest point, he attempted self-harm and was brought to the center by police.

Treatment History:

- Intensive Detox and Psychiatric Support: He received long-term treatment including medication for anxiety and cognitive therapy.
- Mindfulness Training: Regular yoga and meditation sessions were introduced to help him manage his anxiety and reduce cravings.
- Communication Skills Workshops: These helped rebuild his social relationships and enabled him to take responsibility for his recovery.

Current Role:

Now 2 years sober, Irfan works part-time at the center as a peer mentor, guiding new patients through early-stage recovery. He shares his journey during group sessions and helps run awareness programs in local schools.

Impact:

Irfan's story serves as a model for successful reintegration. His lived experience offers relatable motivation to those still in recovery, reinforcing the center's community-led support philosophy.

Conclusion

These case studies illustrate different pathways to addiction and recovery:

- Adolescents affected by peer pressure and lack of guidance.
- Adults whose addiction stemmed from injury, work stress, or mental health challenges.
- Recovered individuals now giving back as part of community healing. Each story reflects how the Police De-addiction Centre in Jammu:
- Balances medical care with psychological support,

- Promotes social reintegration, and Embeds recovery in a supportive and structured environment.

2. D-Dwari DE-ADDICTION CENTRE, GURHA SLATHIA, SAMBA, JAMMU

This is relatively a new center built through Police Initiatives. This center is located in the village of Gurha Slathia, which is again operating under the supervision of the Jammu and Kashmir Police in the Samba district of Jammu. It offers to keep the addicts under the scrutiny and they are not allowed to move freely from here and there since a strict watch is being kept by the police personnels on them. Although the major style of working in Gandhi Nagar De addiction center was the focus on the rehabilitative techniques than then relying majorly on the medicinal care. They focus on helping the individual to recover from the addiction by providing the medicinal care along with the love and support through community building. The center provides detoxification, counseling and rehabilitation services aimed at treating addiction to drugs, alcohol, and other substances. The main aim of the center is to support physical, mental and emotional recovery of individuals through a structured treatment program. The main aim of this center is to focus on saving the youth from the trenches of the drug abuse. The center was administered by the Sub Inspector Pradiuman Singh. The course of treatment usually lies between three to six months and not exceeding that.

Since this center was newly built it still was infrastructurally not very well developed but it had all the basic facilities like, it had Televisions for the addicts to watch movies and release stress, watch the yoga sessions or anything of their own choice. They are provided with clean and nutritional diet. R.O purified water, they play matches and cricket in the ground during evenings and have regular yoga sessions too. The staff here was very cooperative and they helped me throughout the

Research process and made it easy and reliable. The treatment programs starts with admitting the addict and then providing him the dosage to detox his body completely and then the actual process of treatment starts with addressing the withdrawal symptoms. The treatment program is an intensive absorbing experience , comprising of primary care, secondary care and after care , In some instances and where circumstances warrant, patients may be required to undergo the extended care also .

Here Each patient's social, emotional, spiritual and mental health is carefully evaluated with special attention to alcohol and drug abuse. The families of the patients are called regularly to have the regular updates for their admitted patient. They arrange regular workshops for the patients as there is no permanent counsellor available but regular workshops and sessions are specially taken care for this purpose.

An "intensive" phase is the beginning of the residential program in which the patient is detoxified and supported through his / her withdrawals. The patient's health needs are looked after and on stabilization, the patient is initiated into the De-addiction phase. Primary care is looking after the factors which might be the root cause. Only in first month the family visits are discouraged and the patient is given a surrogate family of a therapeutic community where he learns to adjust and acquire new skills. Abstinence slowly becomes his reality and he attempt to live drug free and chemical free life style. All these are affected through a carefully structured time table which helps to restore normalcy in his life.

Through the input sessions and workshops, group dynamic and peer examples along with the professional counselling and therapy. At this stage, he Is able to make a choice that he cannot use any kind of a substance to alter his mood and his life. The daily morning prayers and medications includes sessions of yoga and vipassana as a psycho spiritual psychosomatic therapy. The one thing which was different about this de addiction center was that they don't give enough freedom to the addicts to roam freely, the addicts are always assisted by the police personnels, although they had both outdoor and indoor facilities. The schedule that they made were to be followed by the patients as all the patients live there by the rules, they were provided with a proper schedule and time table which included.,

- Rising and Bed Tea
- Physical exercise and yoga
- Cleaning and Washing
- Mediation
- Break fast

- Recreation
- Individual counselling
- Bath
- Lunch
- Group meeting
- Occupational therapy
- Discussion and counselling
- Games
- Recreation
- Dinner
- Tv and General discussion
- Light off

The length of the stay in this center usually varies from period of minimum three months to the maximum of the six months and it is also extended as the case may require to be.

Case Study 1:

Rohit – A 21-Year-Old Heroin User Rebuilding His Life Through Structured Rehabilitation

Background:

Rohit (name changed), a 21-year-old male from Samba district, began using heroin at the age of 18. Initially introduced to opioids through peer influence at college, his casual use quickly turned into dependence. Over two years, Rohit began experiencing severe withdrawal symptoms, selling household items to finance his addiction, and eventually

dropped out of college. His family, after multiple failed interventions, approached the D-Dwari De-Addiction Centre for help.

Admission & Initial Phase:

Rohit was admitted and immediately placed under a three-month intensive residential program. The first 15 days involved complete detoxification under medical supervision to address withdrawal symptoms, including tremors, irritability, and insomnia. During this period, family contact was restricted to help Rohit focus on building trust within the therapeutic community.

Treatment Structure:

- Therapeutic Community Model: Rohit was introduced to a surrogate family consisting of staff, fellow patients, and peer mentors. This structure gave him emotional stability and accountability.
- Daily Schedule: A highly regimented daily routine helped Rohit return to a sense of normalcy. Activities included:
    - Yoga and Vipassana meditation
    - Occupational therapy (working in the kitchen garden and helping in maintenance)
    - Group discussions and counselling workshops
    - Individual therapy sessions (bi-weekly)
    - Recreational time including cricket, TV hours, and community games

Spiritual & Psychological Support:

Daily morning prayers and meditation sessions were a key part of his recovery. These practices, while optional, were encouraged to promote discipline and emotional balance.

Outcome:

After three months, Rohit had gained 7 kg in weight, resumed writing short stories (a hobby he had abandoned), and showed no physical withdrawal symptoms. He

voluntarily extended his stay by one more month and later began participating as a peer motivator in group sessions.

Current Status (6 Months Post-Recovery):

Rohit now attends monthly aftercare meetings and is planning to resume his education through distance learning. His family has reported improved relationships and restored trust.

3. MASHWARA DE -ADDICTION CENTRE, JAMMU

Mashwara De addiction centre is located in Domana, Jammu, Jammu and Kashmir. It is known for its best treatment and it is dedicated to treat individuals suffering from substance abuse like addiction to drugs, alocohol and other harmful substances. The main in charge of this de addiction center was the counselor Nevideta. She was so helpful in conducting the research and she helped to conduct the interview smoothly. She told me that there are regular sessions with the patients and they rely mainly on behavioral theories to help the addicts overcome this problem. The counselor and patient work together in sessions to identify personal problems and set specific goals that will lead to better life. These goals include identifying and overcoming their self-defeating behaviors and attitudes. Daily input sessions seek to bring awareness in the patients to develop a determinations, dedication and discipline to identify and move out their diseases and to bring back a possibility, purpose and power of life fulfillment in their life.

Daily groups therapy helps each patient develop better understanding and their problems through the process of sharing similar experience of their addiction. By sharing personal experiences, patients learn often for the first time to trust and seek help from the fellowship, friends and loved ones. The patients here usually follow the recreational and behavioral therapy. This center is basically a collaboration with the Jammu and Kashmir Government and NGO. This center is also supported by Ministry of social justice and Empowerment, Government of India. It has both indoor and out facilities.

Case Study 1:

Shakeel – A 29-Year-Old Recovering Alcoholic Navigating Emotional Trauma

Background:

Shakeel (name changed), a 29-year-old mechanic from a rural part of Samba, had been a chronic alcohol user for nearly 8 years. His addiction was partly rooted in childhood trauma and economic instability. After two prior failed attempts at quitting alcohol on his own, his elder brother enrolled him at the D-Dwari De-Addiction Centre.

Detoxification & Primary Care:

Shakeel's treatment began with a 10-day detoxification program, during which he experienced severe tremors, anxiety, and digestive issues. A physician from the center prescribed anti-craving medications and monitored his liver function regularly.

Due to limited permanent counseling staff, Shakeel participated in regular visiting workshops conducted by psychologists and visiting mental health professionals. His trauma history was gradually unpacked through CBT-based group discussions.

Unique Elements of Treatment:

- Strict Movement Control: Initially resistant to the lack of free movement and constant police supervision, Shakeel later admitted that the structure helped him avoid temptation and focus on recovery.
- Occupational Therapy: He was assigned to the workshop section where he taught basic repairs to other patients, giving him a sense of purpose and leadership.
- Peer Support & Surrogate Family Model: Living among fellow addicts going through the same journey helped him feel less isolated. He found a close-knit group that functioned as a surrogate family.

Rehabilitation Outcome:

- After 4 months, Shakeel had remained sober and started planning to start a small repair shop with help from a community support group linked to the center.
- His family was involved in monthly review sessions, and his younger sister also received counseling to rebuild emotional trust.

Current Status:

Shakeel attends fortnightly follow-ups and is considered a low-risk relapse candidate. He has taken up yoga as a daily practice and continues to support new patients informally.

4. PARIVARTAN FOUNDATION DE-ADDICTION CENTRE, DOMANA

Parivartan De- addiction centre is a rehabilitation facility located in Jammu, focused on helping individuals to recover from the drug addicts. The centre aims to provide a supportive environment for those struggling with addiction. The key features of this centers were.

Detoxification, where medical detox services are provided to safely manage withdrawal symptoms.

Counseling and Therapy, the centre offers individual and group therapy sessions to help individuals understand the psychological factors behind addiction and develop coping strategies.

Behavioral Interventions: Treatment includes evidence-based therapies such as CBT to address the root cause of the addiction.

Family Involvement: It also involves family members in counseling to strengthen the recovery process and rebuild relationships

Post Treatment Support: Ongoing after care programs help individuals maintain sobriety and reintegrate into the society successfully.

Case Study:

Karan – A 26-Year-Old IT Professional Recovering from Synthetic Drug Abuse

Background:

Karan (name changed), a 26-year-old from Jammu, worked in a private IT firm. Over time, he began using synthetic party drugs (like MDMA and LSD) during social events and weekend parties. Initially recreational, his use escalated into dependency during the COVID-19 lockdown period when work-from-home stress and isolation intensified.

He experienced increased anxiety, sleeplessness, irritability, and a noticeable decline in work performance. His family noticed behavioral changes, including social withdrawal and frequent arguments. After a panic attack led to hospitalization, his parents admitted him to Parivartan De-addiction Centre.

Treatment Journey at Parivartan Centre:

1. Medical Detoxification:

Upon admission, Karan was assessed by the medical team and placed under 7-day medical detox, where withdrawal symptoms like agitation, hallucinations, and insomnia were managed under constant supervision using non-addictive medication.

2. Counseling and Therapy:

- Individual Therapy: Weekly sessions with a clinical psychologist helped Karan trace the psychological roots of his substance use — namely performance anxiety, loneliness, and a need for social validation.
- Group Therapy: He joined a therapy group of individuals aged 20–30, where shared experiences helped normalize his struggles and reduce guilt and shame.

3. Behavioral Interventions (CBT):

Karan participated in Cognitive Behavioral Therapy (CBT), which focused on:

- Identifying triggers (weekend boredom, social media pressure)
- Reframing thoughts ("I need drugs to be social" → "I can enjoy company without substances")
- Building alternative coping strategies (like mindfulness, music, and creative writing)

4. Family Involvement:

Karan's family attended bi-weekly family counseling sessions, facilitated by a counselor. These sessions helped his parents understand addiction as a mental health

issue rather than a moral failure. The family rebuilt communication channels, and a supportive home environment was planned for post-treatment.

5. Aftercare and Relapse Prevention:

Upon completing his 45-day program, Karan joined the aftercare group, which includes:

- Bi-monthly online check-ins with his therapist
- A peer mentor program (connecting with recovered patients)
- Scheduled family follow-ups
- Relapse prevention training including how to respond to cravings and stressful work situations

Outcome:

- Three months post-treatment, Karan remained sober, resumed part-time remote work, and started volunteering as a peer guide at Parivartan.
- He now uses journaling and weekend volunteer work as part of his relapse prevention plan.
- His parents report improved emotional connection and reduced conflict at home.

Key Learnings from the Case:

Aspect	Observation
Primary Substance	MDMA, LSD (synthetic party drugs)
Root Cause	Work stress, social anxiety, peer influence
Aspect	Observation
Key Therapy Used	CBT, individual + group therapy
Family Role	Crucial in understanding, accepting, and supporting

Aftercare	Structured relapse prevention and peer mentoring
Centre's Strength	Psychosocial support + structured follow-up care

Conclusion:

Parivartan De-addiction Centre plays a crucial role in bridging the gap between medical detox and long-term recovery by focusing on holistic healing — psychological, emotional, and social. Karan's story shows how evidence-based therapy, combined with family support and aftercare, can transform a life derailed by addiction into one driven by purpose and resilience.

5. JEEWA N DAAN FOUNDATION DE- ADDICTION CENTRE, JAMMU

This center made a commendable progress. It works in association with the communities. It works in association with communities. It also works to produce recovery addicts and make them available to join in meetings at the local areas. It has medication policy for the drug treatment providing drugs for treatment.

It also focused on the

- Therapeutic Treatment
- Recreational
- Yoga
- Games and Sports
- Narcotic Anonyms Group services and workshops
- Mass Education with Audio and Visual aids.

Besides these programs a strict schedule for the day-to-day routine work was also followed.

Case Study:

Sanjay – A 34-Year-Old Construction Worker and Recovered Heroin Addict Turned Community Advocate

Background:

Sanjay (name changed), a 34-year-old daily wage construction worker from a village in the outskirts of Jammu, had been addicted to heroin for over 7 years. Introduced to it by peers on a worksite, his use escalated after a series of personal losses, including the death of his father and the breakdown of his marriage.

Sanjay's health declined, and he began isolating himself, unable to keep jobs or interact with family. After a violent overdose episode, his brother took him to Parivartan De-addiction Centre for help.

Treatment Journey at Parivartan:

Detoxification and Medical Care:

Sanjay underwent a 10-day medically supervised detox, where he received drugs to manage severe withdrawal symptoms (restlessness, chills, body pain, and emotional instability). The center followed its medication policy to ensure withdrawal was **managed safely and without long-term dependency on substitute drugs.**

Therapeutic and Holistic Rehabilitation:

Therapeutic Treatment:

- Psychiatric Evaluation: Identified underlying clinical depression, for which he received both medication and counseling.
- Group and Individual Counseling: Sanjay responded positively to Narcotics Anonymous (NA) group services, especially the shared recovery narratives.

Yoga & Meditation:

Daily yoga and vipassana sessions helped Sanjay manage cravings and anxiety. He reported better sleep patterns and emotional control within the first month.

Recreation, Games, and Sports:

Sanjay engaged in cricket matches organized at the center's ground. This not only helped his physical recovery but also restored his sense of camaraderie and teamwork.

Mass Education Sessions:

- He attended audio-visual workshops featuring documentaries on drug abuse, motivational talks, and former addicts' success stories.
- These sessions created a long-lasting impact, changing his perception of addiction from shame to a treatable condition.

Community Engagement & Recovery Support:

Local Meetings with Recovered Addicts:

After 3 months of residential treatment, Sanjay became part of the center's "community integration model", where recovered addicts visit local villages and schools to talk about their journey and warn others about the dangers of drugs.

He also attends monthly community meetings organized by the center, where other recovering addicts come together to share progress, discuss challenges, and receive continued therapy.

Strict Daily Routine:

Parivartan's structured day-to-day schedule gave Sanjay much-needed discipline. His daily timetable included:

- Early morning wake-up and tea
- Yoga and exercise
- Cleaning duties (to instill self-respect and routine)
- Therapy sessions
- Lunch and rest
- Occupational/recreational activities
- Evening NA meetings or motivational film screenings
- Dinner and group reflection

- Lights out at a fixed time

Outcome:

- After 6 months, Sanjay completed the full rehabilitation cycle.
- He remained sober for over 9 months post-treatment, with continued follow-up support.
- He now serves as a community peer advocate, occasionally assisting in workshops and mass education events organized by the center.
- His brother reported a complete behavioral transformation, and Sanjay has since been re-employed on a full-time basis.

Highlights from the Case:

Feature	Implementation
Medication Policy	Used in detox phase to manage withdrawal only.
Community Role	Recovered addicts help spread awareness locally.
NA Group Services	Key motivator during mid-phase of recovery.
Mass Education	Changed negative self-perception; built motivation.
Structured Routine	Provided stability and discipline.

Conclusion:

Sanjay's recovery journey at Parivartan De-addiction Centre demonstrates how medical treatment, therapy, physical wellness, and community reintegration can together lead to sustainable, long-term recovery. This model not only treats addiction as a clinical issue but also empowers patients to become advocates, contributing to breaking the social stigma around drug abuse.

6. LIFE LINE REHAB KATHUA

This centre has provided the separate rooms for the addicts, separate gardening fields, and sports field. The main programs of the treatment in this were related to the:

- Related to the counselling sessions.
- Behavioral therapy
- Referral services
- Follow up services

Besides this program this center has provided various training programs tailoring for the period of 6 months at maximum, Management training etc. This center also focuses on the detoxification of the body through the natural procedure and medications.

Danish– A 30-Year-Old Auto Driver Rehabilitated Through Skill Training and Therapy

Background:

Imran (name changed), a 30-year-old auto-rickshaw driver from Jammu city, had been a long-term user of codeine-based cough syrups and alprazolam (a benzodiazepine). Initially prescribed after a road accident for sleep issues and pain relief, he gradually developed a dependence.

His addiction led to frequent mood swings, memory issues, and legal trouble (minor traffic violations while under the influence). After losing his license, his family brought him to the Parivartan De-addiction Centre.

Treatment Journey at Parivartan Centre

1. Detoxification:

Imran was admitted into a natural detoxification program, combining:

- Herbal supplements
- Hydration therapy

- Light medication to manage withdrawal symptoms This approach was monitored by trained staff to avoid complications.

2. Counselling and Behavioral Therapy:

- Individual Counselling Sessions: Helped him recognize emotional triggers (job stress, sleep disturbances, and marital dissatisfaction).
- CBT (Cognitive Behavioral Therapy): Taught him to replace negative thoughts ("I can't sleep without medication") with healthier ones ("I can build a sleep routine through yoga and relaxation").

3. Referral and Follow-Up Services:

Once Imran began stabilizing:

- He was referred to a local government hospital for sleep and psychiatric evaluation.
- Follow-up services included weekly phone check-ins after discharge and monthly in-person visits for the next 3 months.

4. Vocational Skill Training:

During his stay, Imran enrolled in a 6-month tailoring program offered by the center. Other programs included management skills workshops, providing him with:

- Hands-on stitching and fabric training
- Inventory management and basic accounting
- Communication and customer handling (for small business readiness)

He expressed a strong interest in starting a tailoring shop after treatment.

5. Holistic Recovery and Recreation:

Parivartan provided:

- A private room, allowing Imran space for self-reflection and uninterrupted rest
- Access to a gardening field, where he grew vegetables and flowers — which he later described as deeply therapeutic
- Participation in sports, including volleyball and indoor board games
- Regular group meditation, yoga, and group therapy circles

Outcome:

- After 5.5 months of residential treatment and skill-building, Imran successfully completed the program.

With support from an NGO partner of the center, he received a sewing machine and a small starter fund to begin home-based tailoring.

- He remains sober 8 months post-discharge and has re-established healthy relations with his wife and children.
- He now returns monthly to the centre to motivate new entrants and participate in peer sessions.

Key Features in Imran's Recovery:

Recovery Feature	Implementation
Natural Detox	Mild herbal support + hydration therapy under supervision
Private Living Space	Boosted personal dignity and mental calm
Behavioral Therapy	CBT to address anxiety, insomnia, and self-doubt
Vocational Training	Tailoring and basic management skills over 6 months
Follow-up Services	Referred for external psychiatric evaluation + monthly check-ins
Gardening & Sports	Used as therapeutic and recreational healing tools

Conclusion:

Danish ’s journey at Parivartan De-addiction Centre is a testament to the power of structured therapy combined with skill development. By equipping him with both emotional coping strategies and a practical income-generating skill, the centre ensured that his recovery extended beyond sobriety into self-sufficiency and social reintegration.

7. AAGHAZ DRUG DE-ADDICTION CENTER, BAGH-I-MEHTAB, SRINAGAR

It is one of the best de addiction center in Srinagar as communicated to the researcher. It has easy and accessible location which makes it even more favorable for the people to reach out to them. They also have team of dedicated staff and doctors who are working in order to make sure that the treatment to the patients is given on the priority. It also provides comprehensive services to improve the mental health of the addict. Not only that it has secure environment for the treatment. They work on improving the mental health of the addict and their policy is secure and non -judge mental. It is known for providing the best possible care and treatment related to drug de addiction. They are entrusted to firstly tackle the withdrawal symptoms of the drug addict and after detox the procedure begins.

Case Study (Male – Srinagar De-addiction Centre)

Riyaz (name changed), a 27-year-old male from downtown Srinagar, had been battling addiction to prescription opioids and cannabis for over five years. His substance use began casually in college, driven by peer pressure and the thrill of experimentation, but quickly spiraled into daily dependence. Over time, Riyaz’s behavior became erratic, leading to academic failure, strained family relations, and frequent run-ins with law enforcement. Recognizing the worsening condition, his family admitted him to a well-known de-addiction centre in Srinagar, known for its accessible location, secure environment, and professional staff. Upon admission, Riyaz underwent a supervised medical detox to manage withdrawal symptoms such as body aches, irritability, and sleep disturbances. The centre’s team of doctors and mental health professionals prioritized his treatment, providing not just medical care but also intensive counselling and behavioral therapy. Riyaz participated in individual and group sessions, where he

gradually confronted his emotional triggers mainly unresolved trauma and self-esteem issues. A structured routine involving yoga, meditation, and recreational therapy helped him regain discipline and emotional balance. His mental health was continuously monitored, and a customized therapy plan was created to address his anxiety and depressive symptoms. By the end of his three-month residential treatment, Riyaz had shown significant improvement, remaining drug-free and developing a renewed sense of purpose. He was discharged with a follow-up plan, and today, he actively participates in peer support groups and community awareness programs, aiming to help others avoid the same path. His recovery stands as a testament to the effectiveness of Srinagar's integrated and compassionate approach to de-addiction.

8. THE GROOMING DE-ADDICTION CENTER, CHANDPORA HARWAN, RD, SRINAGAR.

The Grooming Kashmir (Rehabilitation Centre) is a multi service non -profitable non -political trust for the welfare of the society. The mission of this center is to provide a quality, compassionate and innovative techniques for adults and minors with addiction and co -occurring mental health issues. Through comprehensive and customized treatment plan, they hope that long term recovery is possible. The purpose and passion are to empower these addicts and family and community by helping them achieve recovery and optional wellness of mind, body and spirit. The Grooming Kashmir was founded on 1st Oct 2020. Since that time have grown from multi training institute. The legal cell had 40 bedded residential treatment centers for addiction.

This center which is dedicated for the treatment for addiction in Harwan Srinagar (Jammu and Kashmir). They use research-based treatment to help clients who are basically addicts and suffering from the drug addiction, alcohol addiction, mental and behavioral health issues under the of Licensed psychiatrist, psychologist, physicians and social workers and registered nurses. They offer high skilled staff to patients and ensure more personal attention to our patient's. They have this care facility for 24 x 7.

The addicts are provided with regular checkups and recreational facilities that are provided in the center. In routine prayers are also instilled and awareness camps are organized regularly.

The center is dedicated for assimilating the addicts and cope up with the stereotype.

Case Study (Male – The Grooming Kashmir Rehabilitation Centre, Srinagar)

Bilal (name changed), a 24-year-old male from the old city area of Srinagar, was admitted to The Grooming Kashmir Rehabilitation Centre after years of struggling with heroin and alcohol addiction. Having dropped out of college and distanced from his family due to his behavior, Bilal was experiencing both physical deterioration and mental health issues, including anxiety and frequent mood swings. The family, overwhelmed by repeated relapses and social stigma, turned to The Grooming Kashmir, known for its non-judgmental approach and integrated treatment for both addiction and co-occurring mental health conditions. Upon admission, Bilal was enrolled in a structured 40-bedded residential treatment program under the supervision of licensed psychiatrists, psychologists, and registered nurses. The centre offered 24/7 care, ensuring his detox process was managed with medical support and emotional guidance. Over the next few weeks, Bilal participated in individual therapy, group counselling, regular medical checkups, and recreational activities. The centre's unique approach, blending evidence-based psychiatric care with spiritual routines such as daily prayers and mindfulness practices, allowed Bilal to reconnect with a sense of discipline and inner stability. Awareness camps and life skills sessions helped him understand addiction not as a moral failure but as a medical condition requiring compassion and structure. Gradually, Bilal began to show signs of recovery — regaining weight, engaging in group discussions, and expressing a desire to complete his education. After three months of intensive care, Bilal transitioned into aftercare planning with follow-up support. Now, he regularly attends alumni meetings at the centre and volunteers in their awareness programs, encouraging other young men to seek timely help and break the cycle of addiction.

9. YOUTH DEVELOPMENT AND REHABILITATION CENTRE, GRID ROAD WNAGANPORA IDDGAH, SRINAGAR

The youth Development and Rehabilitation (YD & RC), is locate on the Grid Road, Wanganpora, Iddgah, Srinagar is an important center which is providing treatment to the vulnerable social groups and young adults. The center focuses on

providing each and every kind of support to the addicts so that they can overcome this problem and can choose the best path to lead their life. They are also specially dedicated to the groups which are from the disadvantaged society so that they can build a better future. As we know that Jammu and Kashmir has always been facing a lot of issues from the internet ban to the abrogation of article 370, political instability and lack of job and employment opportunities have event made the situation for the youths worse. Hence, it's a challenge for the institutions like YDRC to play an important role so that the youth of the UT is not mis leaded by such things. The best thing about this center was that they provide skills training also to the patients so that they can be distracted and can do something productive. The initiatives of the center include counseling, recreational activities, workshops which aims at fostering leadership, self-esteem and community involvement.

They organize regular workshops in collaboration with different -different players like NSS (National Service Scheme) volunteers of medical colleges, they allow addicts to explore their talents, some of their addicts even wrote a book, they draw so well some wrote poetries and all. By offering such dedicated services, YDRC strives to reduce youth involvement in anti-social activities through promoting their mental well-being, productivity and overall personal growth. Their vision is to create a more resilient and engaged young generation in the UT of Jammu and Kashmir. Some of the key services that they offer includes the following

- Yoga therapy and recreational activities like organizing sports, art and cultural activities to promote physical fitness, creativity and team building. As recreational activities serve a way to provide a constructive environment.

- Educational Support: providing formal and informal education to young people who may dropped out of school or face difficulties in accessing traditional educational institution. Providing remedial education to help improve literacy and numeracy skills.

- Providing Life Skills Training like sessions and workshops in collaboration with medical colleges, police or NSS volunteers.

- Providing Psychosocial Counseling, offering mental health support and help the addicts to overcome the trauma, stress, anxiety etc. It also provides youth the guidance and motivation to overcome the challenges of life and tackle those with intelligence and patience and not by altering the life.

- Vocational Training provide skill development in programs in various fields like tailoring, electronics, computer application and more to equip youth with marketable skills for employment. Develop entrepreneurial training to foster self-reliance and small business development.

- Providing Career Guidance and Placement Support, Offering career counseling, job readiness training and support in securing employment opportunities.

- Assisting with resume building, interview preparation and connecting youth with potential employers.

- Social Integration and Community Engagement programs that encourages social integration, social interaction, volunteerism and active community participation to develop the sense of belonginess.

- Substance Abuse Rehabilitation specialized programs for young people struggling with substance abuse, including de addiction support and rehabilitation programs at long term recovery.

Faheem, a 21-year-old male from a semi-urban area near Srinagar, was first exposed to drugs at the age of 15 through a group of older boys in his neighborhood. It began with smoking cigarettes and progressed to cannabis use within months. By age 17, amid academic pressure and growing family tensions, he started using prescription drugs mainly codeine-based cough syrups and benzodiazepines readily available from local pharmacies without prescription. Over time, Faheem became addicted to opioids, eventually turning to heroin, which he used through injection. His health declined sharply: he became underweight, withdrawn, and began skipping classes, eventually dropping out of college. His family, unaware of the extent of his addiction, initially believed it was “just a phase.” It wasn’t until Faheem collapsed during withdrawal that he was taken to the Youth Development & Rehabilitation Centre at Wanganpora–Idgah, Srinagar. There, he was admitted for inpatient detoxification and began attending

structured counseling sessions. The rehab process revealed underlying emotional trauma his father's sudden death at age 13 and a deep sense of abandonment. With the help of trained counselors and a supportive peer group, Faheem began rebuilding his life. Though still early in recovery, his case illustrates how emotional trauma, easy access to pharmaceuticals, and social neglect can combine to drive youth into severe addiction and how timely intervention at a structured facility like YDRC can provide a path to recovery.

Wahid, a young man from an affluent family in Srinagar, began experimenting with cannabis and brown sugar during his late teenage years. His initial exposure came through peer influence friends assured him the substances were harmless and part of casual fun. However, within a few months, his usage intensified, and within a year, he transitioned to heroin, first through smoking and later via injection. As his dependence deepened, Wahid began experiencing severe withdrawal symptoms, including anxiety, tremors, and aggression, particularly when attempting to quit. Despite intermittent efforts to stop, he relapsed multiple times due to social pressure, the easy availability of drugs, and a lack of sustained family or psychological support. His academic and professional life deteriorated, relationships broke down, and financial costs soared. Eventually, Wahid sought help at the Youth Development & Rehabilitation Centre located on Grid Road, Wanganpora–Idgah, Srinagar. He underwent inpatient treatment, received individual and group counseling, and engaged in structured recovery activities. Over time, Wahid showed signs of improvement, regaining emotional stability and physical health. However, his case underscores common challenges in Kashmir's addiction crisis: early initiation, progression to injectable drugs, psychosocial damage, and the critical need for long-term reintegration support post-rehabilitation to prevent relapse.

10. JK POLICE DRUG DE-ADDICTION CENTER, SRINAGAR:

The J&K Police Drug De-addiction center plays a significant role in fighting against the drug abuse in Jammu and Kashmir as this region has already faced various social and psychological challenges. It helps to overcome the problem of substance addiction by breaking the cycle of addiction through medicines, therapies and organizing various workshops and various seminars. The Key focus is also kept on making the addicts watch the documentaries and making them watch the presentations.

They help supporting the individuals to rebuild their lives and foster drug free future for the younger generations. This De-addiction center is basically initiative of Jammu and Kashmir police's broader commitment to enhancing public health, improving social welfare and tackling the root cause of the addiction in the valley. The center provides facilities play, recreational activities, regular medical care, and yogic exercise. In addition to that, community give therapies, drug educations, and also organizes the awareness camps. They also conduct rallies and peaceful march against the drug abuse. They stated that it is our collective responsibility to overcome this challenge. They also concluded that drug addiction is a disease but the recovery is a choice of will to those who have meaning to life. They have counselors those who take regular sessions with the addicts and they told that usually it is the will fullness of the addict which helps him to overcome this challenge easily otherwise it takes a lot of time for any addict to overcome this. They have regular motivational sessions in which they talk about the freedom from this vicious circle. The Director of this center stated that this was when initiated back in 2008 lacked the cooperation as people use to live in denial that there is no such problem of drug addiction in the state but now, they have become more vigilant and they openly discuss and talk about the drug addiction and are willing to get admitted and detox themselves so that they can attain freedom from the clutches of the drug abuse. Recently, on the invitation of the social welfare department of Pulwama, the counselor of this de addiction center Mr. Ishfaq provided multi-disciplinary approach of prevention from drug abuse.

Case Study: Rehabilitation of a Young Male Drug Abuser Rohit, a 24-year-old male from Srinagar, had been struggling with opioid addiction for over three years. Coming from a disadvantaged family affected by political instability and economic hardship, Rohit initially began using drugs to cope with stress and peer pressure. Over time, his addiction deepened, leading to social isolation and loss of employment opportunities. Recognizing his deteriorating condition, Rohit sought help at the Youth Development and Rehabilitation Centre (YDRC) in Srinagar. At YDRC, he underwent a comprehensive treatment program that included medical detoxification, psychosocial counseling, and life skills training. The center provided him with a structured routine featuring yoga, recreational activities, and educational workshops aimed at rebuilding his self-esteem and mental resilience. Through personalized counseling sessions and community engagement activities, Rohit learned to manage cravings and develop

healthier coping mechanisms. Additionally, vocational training helped him acquire skills in tailoring, which boosted his confidence and prepared him for employment. Supported by a compassionate staff and peer mentors, Rohit successfully completed the six-month program and reintegrated into society with renewed hope. His journey highlights the critical role of holistic rehabilitation in helping drug abusers recover not only physically but also mentally and socially.

11. DRUG DE-ADDICTION AND REHABILITION CENTER, PCR SRINAGAR.

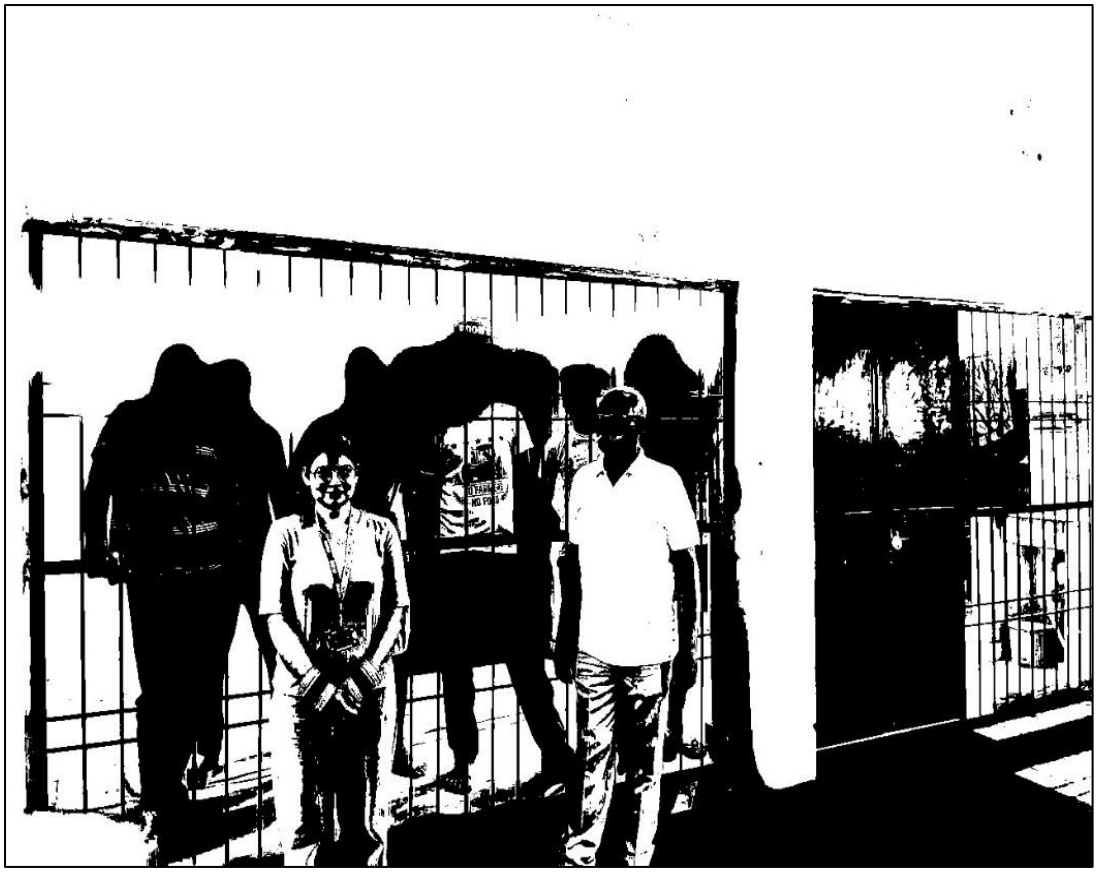
The Drug De -addiction PCR (Police Control Room) is a specialized facility set up under the initiation of Jammu and Kashmir Police as a part of their efforts to combat the issue of drug addiction in the region. This Initiative helped the people of valley to provide immediate help and assistance to the addicts and help those addicts those who are stuck in crisis situation. Although it is not a standalone treatment center like the JK Police Drug De- addiction center, the PCR plays and important role in early stages of intervention and support for those in need. The basic key aspects of the PCR are as follows:

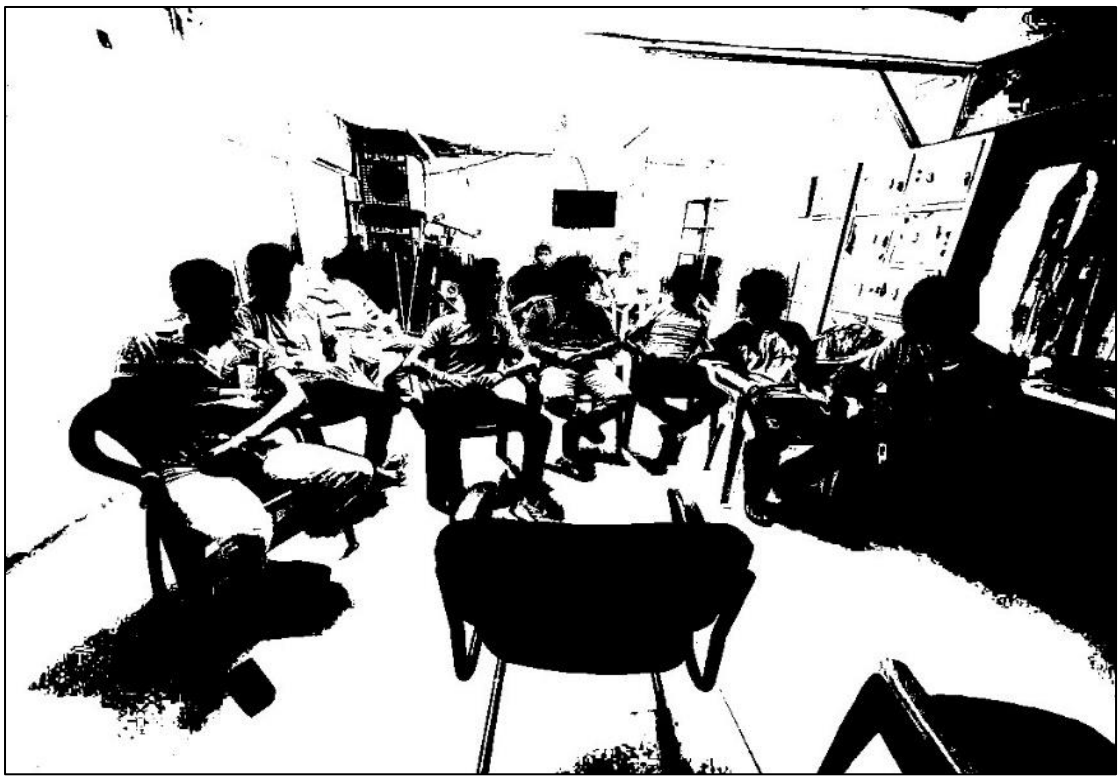
- It provides "Emergency Response for Drug Related Incidents'', it provides a quick response unit for the cases where individuals may be found in public spaces need immediate care and attention or psychological intervention. It also helps police officers and other responders to provide the immediate assistance, preventing the situation from worsening and guiding individuals to appropriate rehabilitation or medical facility. The first set they take is the initial counseling and intervention, where individuals are assessed by the trained police officers or counselors who are equipped to handle the psychological aspect of the drug addiction. Officers can provide brief counseling and guide individuals to seek further help for medication and detoxification or rehabilitation. Further it also acts as the referral point to the rehabilitation centers, officers can connect individuals with specialized center like "JK Police Drug De Addiction center in Srinagar", or forward it to other local medical support to assist for further facilities. Immediate action is taken to ensure that individuals receive the proper care and support to begin their recovery process. It also collaborates with other agencies like it basically is serving as a link to the law enforcement agencies, social service organization, health care and medical

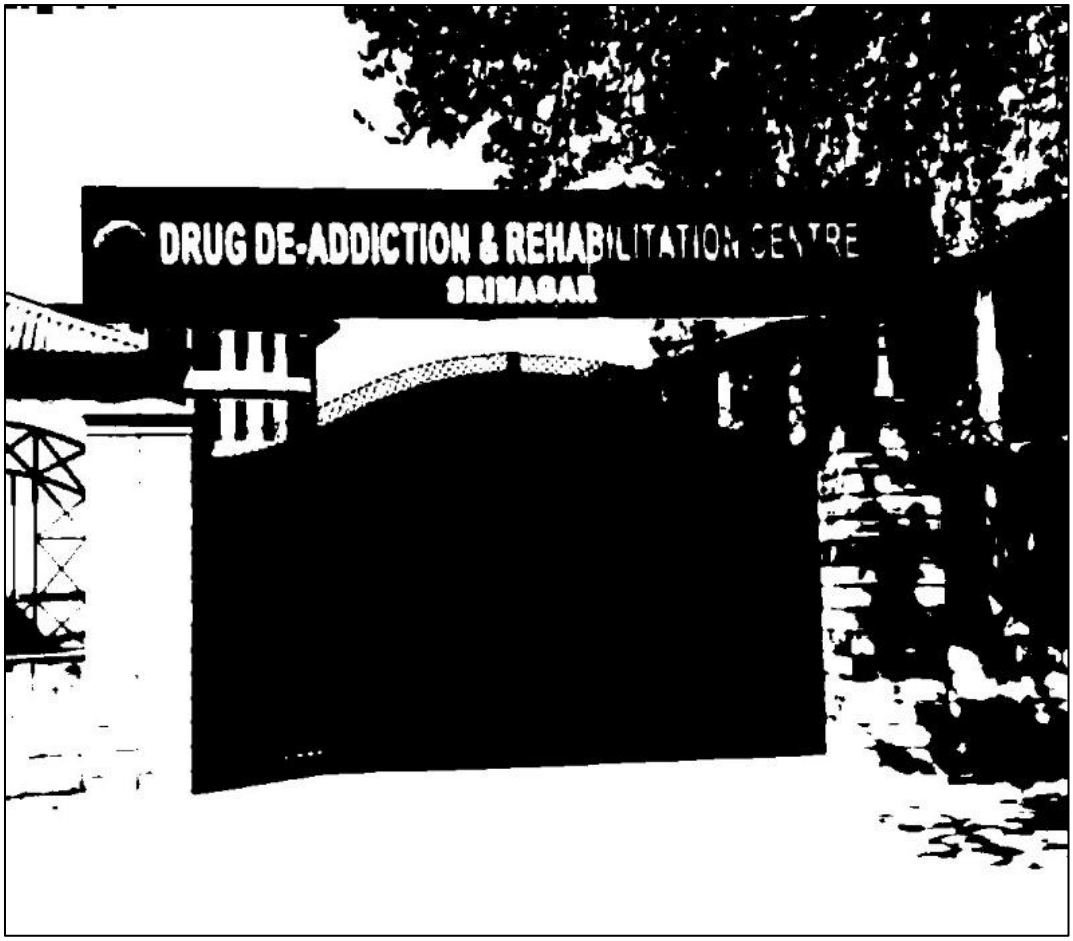
collages or the psychiatry departments and all. Police personnel, medical professionals and counselors collaborate and coordinate amongst each other to provide drug related response and ways to combat this problem.

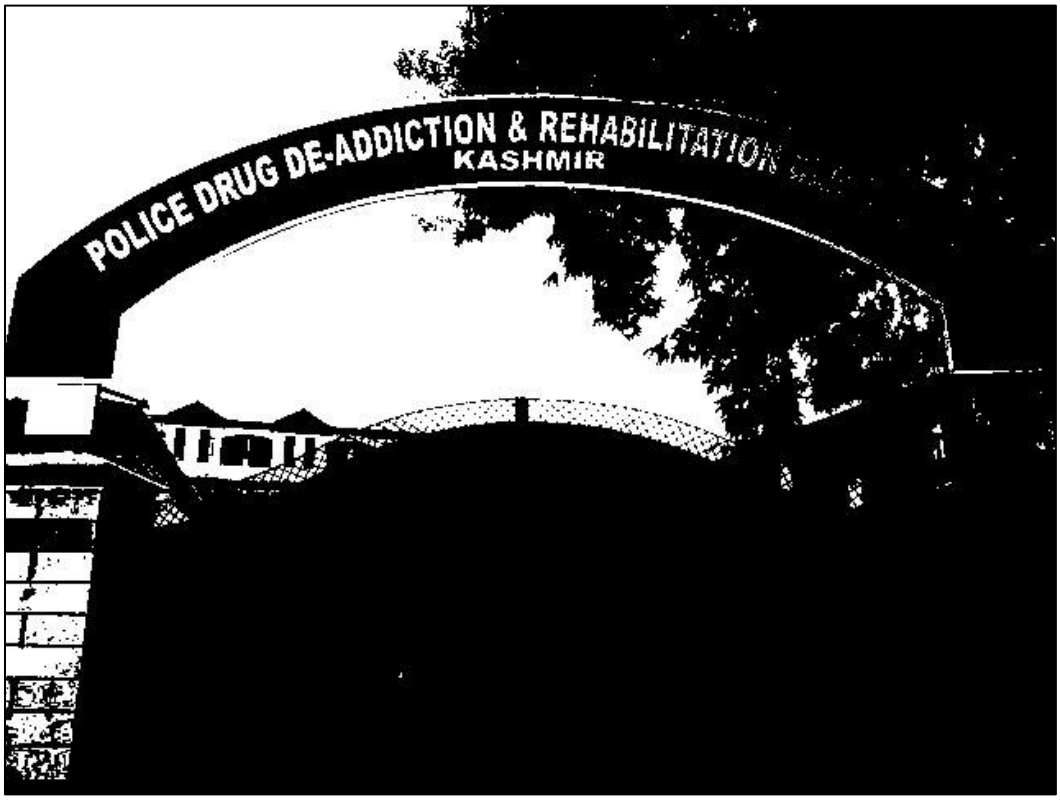
It also is dedicated to create awareness among the general public so that the prevention against this trap is ensured. Although it is a part of a broader awareness efforts by Jammu and Kashmir Police, but it is dedicated to educate the general public and encourage people to report the case of any addicts if they are aware about that. This helps to reinforce the message that addiction is a medical issue that can be dealt with compassion and proper intervention rather than just criminalization. The PCR room has its own important irrespective of the fact that it is not as huge as JK Police Drug De addiction center. It is important for providing early intervention so that withdrawal symptoms can be taken care at the earliest. It acts as a point of contact for people seeking help or those who are found in drug induced states. It also gives importance to the community Engagement which help to build the trust between the Police and community, showing that law enforcement agency is dedicated for tacking the problems and serving the general public, rather than just imposing the rules on them and is working in the reality to combat and overcome the challenge of the drug abuse. It also helps in reduce the chances of relapse as they guide the addicts directly to the rehab centers. This center is dedicated to deal with the addicts and provide them the initial help at early as possible.


JKSPYM IRCA
MASHWARA
DRUG DE-ADDICTION CENTRE
INDOOR AND OUTDOOR TREATMENT FACILITY
PH: 0191-260 4309/9796043101
SUPPORTED BY: MSJE, GOVT. OF INDIA






DRUG DE-ADDICTION & REHABILITATION CENTRE
SRINAGAR


POLICE DRUG DE-ADDICTION & REHABILITATION
KASHMIR

3.11.1 POLICIES MEASURES FOR MORE MEANINGFUL ABSORPTION OF DRUG ADDICTS ON THE SOCIAL REALM DURING AND AFTER DE-ADDICTION

As discussed above were the eleven de addiction centers in which the rehabilitation techniques were discussed in details and what are the kind of treatment they use during the time of treating the addicts, now will be discussing policies measure for more meaningful absorption of drug addicts on the social realm during and after de addiction on the basis of the research and discussion done with the respective counsellors and doctors. The process of rehabilitation and reintegration of drug addicts into society is crucial for their long-term recovery. Effective policy measures should focus on holistic treatment, social acceptance, skill development, and community involvement to ensure that recovering addicts lead productive and meaningful lives.

1. Comprehensive Rehabilitation Programs

- Governments and NGOs should establish integrated rehabilitation centers that provide medical, psychological, and social support to drug addicts.
- Treatment should be evidence-based and include counseling, detoxification, and medication-assisted therapies (UNODC, 2022).
- Family-based interventions should be encouraged to improve social acceptance and reduce relapse rates (WHO, 2019).

2. Educational and Vocational Training

- Establish skill development programs to help recovering addicts gain employment and financial independence (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020).
- Encourage formal education and literacy programs for young addicts who dropped out of school.
- Collaborate with industries to provide job placements and internships for former addicts.

3. Strengthening Social and Community Support

- Community-based de-addiction programs should be promoted to reduce stigma and increase reintegration success (Gowing et al., 2018).
- Support groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) can help sustain recovery.
- Awareness campaigns should address societal misconceptions and foster empathy toward recovering addicts (UNODC, 2022).

4. Legal and Policy Frameworks

- Governments should decriminalize minor drug offenses for first-time offenders and focus on rehabilitation rather than punishment (Global Commission on Drug Policy, 2021).
- Introduce anti-discrimination policies to ensure former drug users are not excluded from employment, education, or healthcare services.
- Implement harm reduction policies, such as needle exchange programs and supervised consumption sites (WHO, 2019).

5. Psychological and Mental Health Support

- Ensure access to counseling services, including cognitive-behavioral therapy (CBT) and motivational interviewing (MI) (National Institute on Drug Abuse [NIDA], 2021).
- Address co-occurring mental health disorders like depression and anxiety, which often accompany substance abuse.

6. Post-Rehabilitation Monitoring and Relapse Prevention

- Establish follow-up programs to track the progress of recovering addicts.

- Offer telemedicine support for those unable to access rehabilitation centers (NIDA, 2021).
- Provide financial aid or incentives to businesses that employ recovering addicts.

Conclusion

A multi-pronged approach is necessary to ensure drug addicts are reintegrated into society successfully. Policies must go beyond rehabilitation and focus on employment, education, mental health support, and legal reforms to create an inclusive and supportive environment.

CHAPTER: IV

PROFILE OF DRUG ABUSERS / DRUG ADDICT IN JAMMU AND KASHMIR

In the “union territory of Jammu and Kashmir”, drug misuse has grown to be a serious problem, especially when it comes to its pervasive effects on “young people, who are vital to the future of the country and the economic growth of the area”. “Although it is difficult to pinpoint the precise scope of Jammu and Kashmir's drug misuse issue, it is evident that the number of cases is continuously increasing”. There is a concerning prevalence of substance misuse in the area, as seen by the growing “number of people seeking treatment at de-addiction facilities”. “If immediate action is not taken to tackle the escalating drug epidemic among the youth, the future of the region and the country could be at risk”. The government of India has although come up with a number of anti-drug programs, awareness programs, rallies and workshops in collaboration with NGOs, medical colleges, health sector but still there is quite a long way to go. There are although many NCGs and private de addiction centers presented in Jammu and Kashmir but still, it is very difficult to rely upon just these centers for the eradication of this severe threat to society.

“This study also evaluates the effectiveness of community-based prevention and treatment programs in addressing socio-economic factors like unemployment, unstable employment, resource distribution, education levels, and poverty, which contribute to drug addiction in the Jammu and Kashmir region. Furthermore, it aims to create a socio-demographic and cultural profile of drug addicts in the area”. This would facilitate understanding drug related characteristics of the addicts and the intensity or the magnitude of the problem.

4.1 THE DATA

Relevant information all about the addicts /drug abusers in the eleven De addiction centers of Jammu and Kashmir are prescribed as the follow:

Urban and Rural Distribution of Addicts:

For the purpose of this study, drug addicts have been categorized into three groups: urban, rural, and small-town residents.

Table No. 11:

1. URBAN AND RURAL DISTRIBUTION OF THE ADDICTS

S. No.	Dwelling in	Percentage
1.	Urban	83 %
2.	Rural	12%
3.	Small Town	5%
	TOTAL	100 %

The current glance at table number, indicates that an alarming rate of addicts (83%) hailed from the urban background. “The prevalence of drug addiction among the rural dwellers” (5%) and small town is (5%). Thus, the generalization that the drug abuse in Jammu and Kashmir affects the Urban dwellers is more than the small town or the rural areas.

2. NUMBER OF MALE AND FEMALE ADDICTS:

(Sex wise distribution of addicts)

Out of 253 samples in the eleven de addiction centers, there were zero female samples, there were 253 males only and the percentage was 100 % but since there was no female sample the percentage for the same will be zero percentage. Center wise distribution of the samples are given below;

Table No. 12: Sex-Wise distribution of the samples

SEX	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	TOTAL
MALE	22	15	55	16	26	18	12	19	16	26	28	253
FEMALE	-	-	-	-	-	-	-	-	-	-	-	
TOTAL	8.7	5.9	21.7	6.3	10.3	7.1	4.7	7.6	6.3	10.3	11.1	100 %

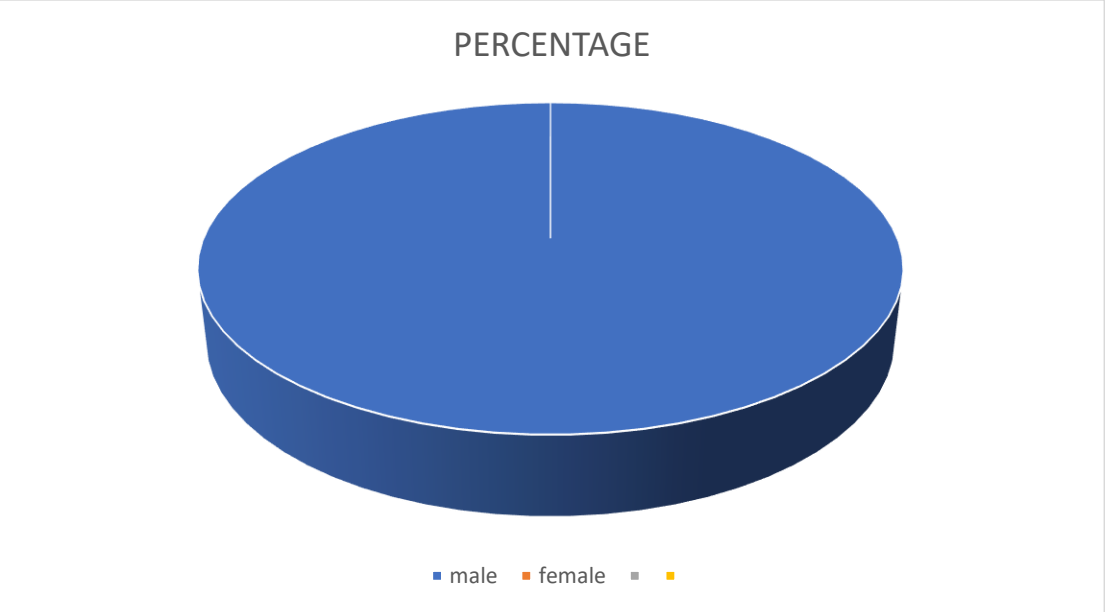


Fig 8: Sex wise distribution of Addicts

It's crucial to see how samples are distributed in drug addiction treatment facilities; while there were no female samples, it is not true that there are no female samples in these centers in these centers. The reasons may be various like they were not well motivated to get themselves treated into these centers. Mostly there was doubt in the mind that these de -addiction centers were the residential centers, and were not geared up to accept women addicts as indoor patients for whom lot of arrangements would be required. Most of the female addicts did not stay long in the centers due of various kinds of problems that could come up for their presence among a large number of male addicts. Ther were not having very better arrangements or congenial atmosphere for treating the women addicts. Usually, female addicts prefer to visit OPD‘s for their treatment and have regular and follow ups in these centers only or they

may often approach to the private de addiction centers but they don't prefer to live for a longer duration of time.

3. AGE WISE DISTRIBUTION OF ADDICTS:

For the purpose of study, the age distribution of the study, the age composition of the drug abusers were considered and classified into six categories, six categories, 10 to 15 years, 15 to 20 years, 20 to 25 years, 25 to 30 years, 30 to 35 years and above 35 years.

Table no. 13: Age wise distribution of the Addicts

AGE	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	TOTAL
Below 10	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
10 to 15	0	0	2	0	1	0	0	0	0	0	0	3
15 to 20	5	4	12	4	7	6	2	5	3	6	8	62
20 to 25	8	8	23	5	12	6	4	5	6	8	10	95
25 to 30	4	2	11	3	4	4	3	6	4	8	5	54
30 to 35	3	3	5	3	2	2	2	3	2	4	3	32
Above 5	2	0	4	0	0	0	1	0	1	0	2	10
TOTAL	**22**	**15**	**55**	**16**	**26**	**18**	**12**	**19**	**16**	**26**	**228**	**253**

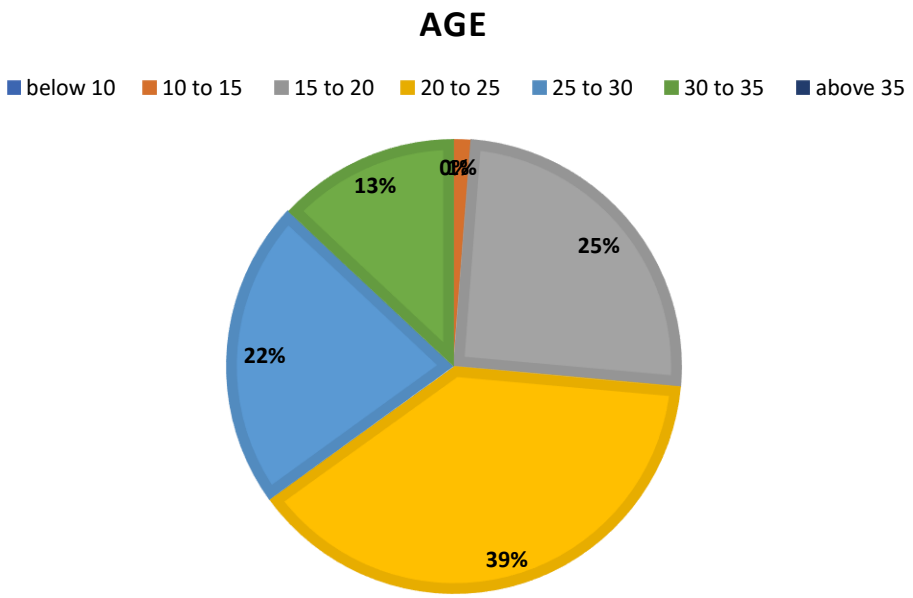


Figure 9: Age Wise distribution of the Addicts

Table no. 14:

4. Age at first initiation into drugs:

S. No.	Age in years	Percentage
1.	10 to 15	1.2 %
2.	15 to 20	24 %
3.	20 to 25	37 %
4.	25 to 30	20.8%
5.	30 to 35	13 %
6.	Above 35	4%
Total		100 %

The figures in the table indicate that the highest percentage of addicts were initiated between the age of fifteen to twenty years (24%). This was followed by the individuals from the age group of twenty to twenty-five (37%) and then twenty-five to thirty.

It is important to note that the youth which are of age 15 to 20 are basically teenagers and are in very vulnerable and crucial stage in their life who will form the main human resources. The youth are usually were quickly attracted towards the things like drug abuse because they want to explore the life and they want to take the chance with it, but they lack proper guidance and awareness that how with just one step the whole life of their will fall into danger. The main cause can be said as peer pressure, environmental influences. Lack of awareness in schools and colleges may be breeding ground for drug abuse is this place attracts persons of this age group from fifteen to twenty-five of years.

5. Nature of Family of addicts:

The nature (type) of family of addicts was investigated under the following heads: Nuclear, Joint and extended. The results are shown in the figure below.

Table no. 15: Nature of Family of addicts

Family Type	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	Total	Percentage
JOINT FAMILY	3	3	6	5	6	5	5	6	2	5	4	50	19.8
NUCLEAR	17	11	45	9	18	10	7	12	10	19	19	177	70
EXTENDED	2	1	4	2	2	3	0	1	4	2	5	27	10.2
TOTAL	**22**	**15**	**55**	**16**	**26**	**18**	**12**	**19**	**16**	**26**	**28**	**253**	**100%**

It is revealed that majority of the addicts came from the mostly the nuclear family (70%). Those who came from the Joint (19.8%) and extended were relatively very low (10.2%)

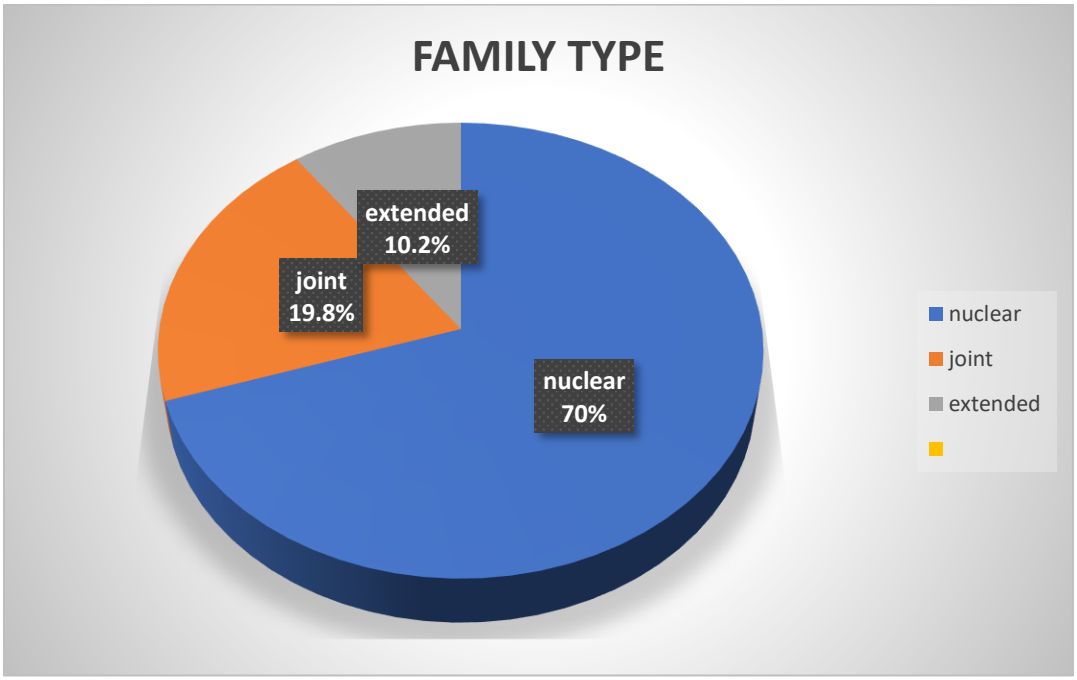


Figure 10: Nature of Family

The joint family is still under the command of a single head who is engaged in common participation and participate in common interest, and the members of the family lives under one roof. In case of urban setting, members of the joint family are engaged in diverse occupation with varied incomes at times it becomes difficult to arrange all the members under one roof. There are usually clashes of opinions, liking ness etc. The effects of such environment particularly on the younger member who have developed deviant behavior , easily to take drugs but mostly now a days there has been shift from the joint set up to the nuclear one and mostly females and males both are

working , hence it is often seen that the children are neglected because of the work hours and busy schedule of the parents , more so over , very little attention is drawn towards the children and into their friend circle or life styles , thus they become more prone to fall as a prey for this circle of drug abuse .

6. THE TYPE OF DRUG ABUSED AT THE INITIAL STAGE:

Table (16) and Fig (13) indicated the type and number of addicts who were abusing them. Drugs which were abused infrequently or by very few addicts, have been put in any other category.

Table No. 16: Type of Drug being abused at the initial stage:

S. No.	Name of Drug	Percentage
1.	Cannabis	9%
2.	Charas	11%
3.	Ganja	5%
4.	Marijuana	4%
5.	Bhang	6%
6.	Calmpose	Nil
7.	LSD	2%
8.	Cocaine	8%
9.	Alcohol	10%
10.	Morphine	1%
11.	Pethidine	Nil%
12.	Phensydyle	Nil%
13.	Heroin	41 %
14.	Any other	3%

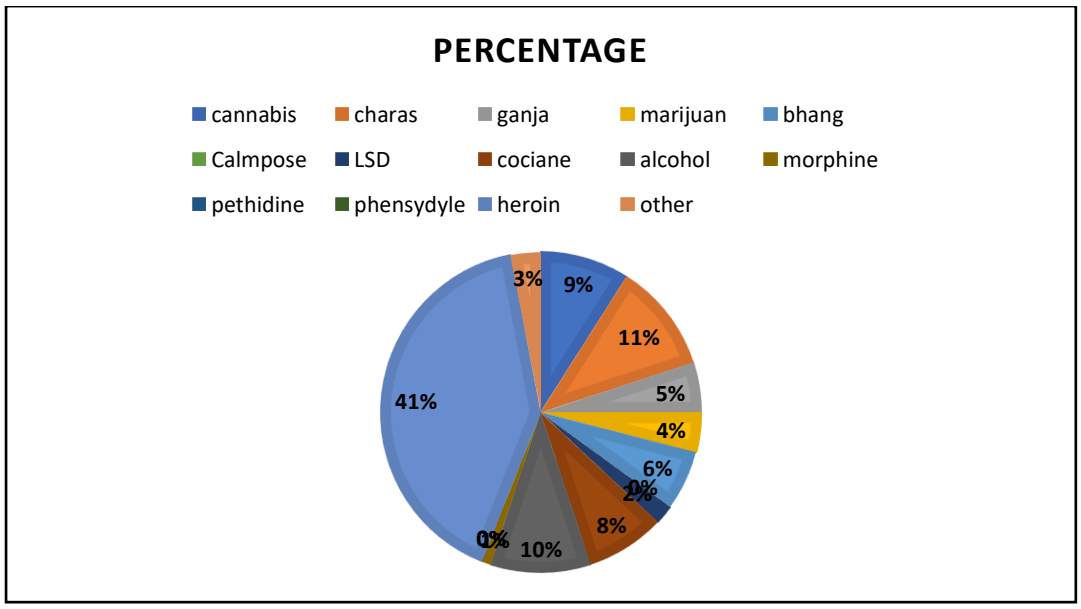


Fig 11: Drug Abused at the Initial Stage

On the influence of some factors, persons start taking the drugs without even the medical prescription. They begin using from where ever it is easily available to them. Alcohol is one of the most easily available drugs, and (10%) individuals were abusing it. The next drug which was predominantly abused was the heroin or chetta (41%).

Once a person becomes addicted to a particular drug, it becomes interested to switch to other drugs to explore more drugs as he would have already developed the tolerance for that particular drug.

7. Source of initiation into drugs:

Young people usually gets attracted to try out drugs for the first time for non-medical purpose by one kind of influence or other. What could be this influence? An attempt is being made here to categories the nature and the types of influence and to evaluate their relative weightages in persuading the young persons to be initiated into drugs for the first time for non -medical purposes. For convenience of analytical study, the sources of initiation into drugs were classified into -stranger, relative, friend and any other. The results are presented in the table below,

Table no. 17: Source of initiation into drugs

S.no.	Initiator	Percentage
1.	Stranger	6%
2.	Neighbor	12%
3.	Relative	7%
4.	Friend	62 %
5.	Any other	10%
	TOTAL	100 %

After looking the above table, we can ascertain that the main source of initiation into the drugs is through the friends. Another leading factor was that someone other than stranger, neighbor, friend or relative.

8. REASONS FOR USING DRUGS FOR THE FIRST TIME

There can be a lot of reasons for intaking drugs for the very first time which may include peer pressure, friend circles, family trauma, relationship with parents are not cordial, out of curiosity to explore more, unemployment, frustration or other

Table no. 18: Reasons for using the drug for the very first time

Reasons	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	%age
Peer Group Pressure	15	9	37	8	16	10	5	8	11	16	18	60%
Curiosity	2	3	6	3	4	1	0	2	2	4	5	13%
Family Problem	1	0	2	2	2	1	3	4	0	1	0	6%
Unemployment	2	2	6	3	3	5	3	5	3	2	4	15%
Frustration	2	1	4	0	1	1	1	0	0	3	1	6%
Total	**22**	**15**	**55**	**16**	**26**	**18**	**12**	**19**	**16**	**26**	**28**	**253**

The above table revealed that peer group pressure was the single most common reason for initiation into drugs. Peer group pressure 60%, unemployment 15% and then curiosity 13%, family problem 6% and frustration 6%.

Its is worthwhile to note that drugs are used normally for various bodily needs under the prescription of registered medical practitioners, doctors. But some persons do rake drugs on feeling pain from any disease without doctor's prescription. Thus, once the person tastes it then he becomes habitual of it.

Peer group pressure and curiosity:

In the present study, it has been found that peer pressure and curiosity appear to play the major roles in causing drug addiction. An individual during the first few years of his life is dependent on his parent for his needs and he starts becoming dependent on the large section of society for his or her needs, and thus becomes exposed to various personalities.

(6%) addicts confessed that they were initiated into drugs for the first time out of curiosity. This is true that the desire to experience and experiment in life can lead to such factors. The young person derives pleasure in taking risk and experimenting with new things. The youngsters specially feels pleasure out of trying those things which are forbidden. Usually, to stand out with evolving modernization in the society and to get recognized people feel pressure in doing drugs often seen in the case of the youngsters.

Young adolescents most often feel anxious and disappointed for a thing and they feel the desire to explore the new things and they start to experiment with various things without even thinking about the repercussions of the things which can alter their life and make a huge impact on their family.

Unemployment:

(15%) percent. of the addicts in the study claimed that they got initiated into drugs when they failed to get any employment befitting to their degrees or academic qualifications. It is true that the youth cannot throughout his or her life can be depended on the family and the parents to cater their needs and requirements. Thus, the problem of unemployment specially in the case of the youth of Jammu and Kashmir, has been very prominent as due to multiple factors in the valley and disturbance in the UT it was difficult to generate many employment opportunities. This problem with time have become quite serious and acute. Educated youth have become frustrated as all their dreams and goals are shattered and they feel they have nothing to look forward to the society. They feel that they are liability and they are good for nothing hence finally in order to give relief to this tension, they tend to do the drugs so that even for the friction of the seconds they feel that they are happy and they have overcome the frustration.

Social inadequacy because of sudden rise or decline in scale:

It is seen that drug abuse observes no social boundaries and it effects every one rich as well as the poor one also. Economically weaker and upgraded section also. There is no barriers for rich and the poor in that case. Although excess of resources, easy availability of drugs, use drugs as a means of psychological escape from the reality. In all these circumstances the youth becomes the abusers. The decline in the social factors or social pattern may be one of the factors for the drug abuse. This deteriorating distribution or social inadequacy of the community or family can lead to some people to start doing the drugs. Children who are not having any home and are in the vulnerable stage are forced to seek justice from the society and they think they are the victims of this unequitable distribution of resources and family injustice, thus they run after the drugs to provide themselves escape from this cruel reality of life.

Family Pattern and relation with family members

On the analysis the response given by the addicts, is that they found that the family problems distracted (6%) of the youth. If the parents are having holistic and good relations the chances to fall for the drug addiction seems quite lower. Some parents are keen to check up on their wards and see if their ward is completely coordinating in the society and is not facing any kind of social problem or suffering from any inferiority complex. Some parents keep on taking out their frustration on their wards. Those who have failed to attained their goals constantly insults their wards and lashes out on them. Such parents who had suffered serious economic deprivation in the early careers tends to insult their wards the most. Someone wanted to become a doctor or a lawyer but could not become, they tend to question their wards credibility and intelligence the most. In such negative environment the child's capabilities are questioned. The son's basic aptitude and inherent capabilities are put under the scrutiny. In such environment the child grows up to become aggressive and if someone tells the parent that the child is becoming deviant the parents start to defend their wards by telling its no like that Parents often tell lies to their wards either to protect him or either they find it extremely difficult to explain certain things so it's better to keep it like that. This situation negatively helps the child to become and develops a sense of insecurity and unsureness and thus the child thinks that in order to keep their mind calm, it's better to take drugs and feel relieved. In case of poor families, the parents cannot attend to cater the emotional need of their ward and emotionally unavailability is also one of the major causes for the child to feel neglected. Such children develop the irresponsible behavior and if there is any peddler in the neighborhood, the children are caught into the trade of peddler and they become victims of the drug. Broken home or loss of parents influences the physical and mental makeup of a child. In such situations, the child becomes feeling less, insecure and panic. In late life, such persons remain isolated and they become more lonely and quite. They develop emotional instability and this further creates a nervous breakdown and character disorders. An individual with personality impairment is very much susceptible to drug abuse through association with illicit drug users. Due to over thinking and over extension of the mental and physical energy, an individual face stress or becomes anxious and finally to escape all this he fells for the trap of drug abuse. In case of female also to cope up with their profile, the females tend to take tranquillizers to get through the day and mainly they use alcohol and eventually they become addicts.

Develop Escapism and struggles

Another reason for taking the drugs as stated by the addict is that youth have duty to maintain old and the society is consisting of youth and older generation also , the expectations from them are relatively high , They show negative attitude towards work but are not happy fulfilling and achieving the goals expected from them not only that , they show negative attitude towards work but that they expect that everyone around them must do things for them . In such situations two complications arises expectations of help from outside leading to democracy of internal effort and development of a lingering feeling that nothing has been done when external support is received.

They cannot face the problem of boredom as everything for them is already being taken care of, then they chose easy way of spending the time like many youths turns to drugs and alcohol as a substitute for creativity or as a temporary escape.

Relaxation and pleasure:

Some persons started using alcohol or drug in order to foster sense of ease and enjoy the freedom and feel relaxed. The types of drugs used or explored differ from culture or person to person. It is commonly observed that youngsters now a days enjoy cocktail party, go to clubs and pubs to enjoy themselves. Since social interaction is considered to be more important one usually uses drink or drug as a societal ritual.

Isolation

Some addicts also stated that they developed the sense of isolation or loneliness when they think that they have achieved very little in life and that they were better than others in many levels. They feel that they have not achieved the standardized place in the society which they actually deserved. The non-achievers are usually not interested in group gatherings and social circles, they feel that they have not achieved enough for them to boast about it and hence they become isolated and these low achievers are not welcomed and hence these low achievers become addicts often.

Identity formation

This has become again one of the most recent and prevalent factors amongst the youngsters in Jammu and Kashmir, discovering the individuality and formation of their

own identity. It involves emancipation from the parents and others and the development of a capacity to responsibility as a free person. Some youngsters take drugs to demonstrate themselves that they have full control and have their own identity and are not controlled by the parents, they think they are alpha and it's cool to take the drugs, however, they find difficulty to get emancipation on the account of certain environmental and social conditions and they take drug as an act of rebellion and hostility.

Religious belief:

Some addicts stated that they take specific type of medicine or herb for spirituality purpose and it was their way of connecting with God, they take drugs for doing and building that connection. This practice is often seen in the primitive type of societies. Such practices on the other hand, lead communities to turn into more of frenelic drug culture than a religious cult.

Young people take pleasure in celebrating holi, shivratri with bhang / marijuana. They also consume alcohol on holi or Diwali party, totally influenced by the westernization.

Influence of Media and Movies:

Movies and media have a deep routed impact and whatever is shown in the movies the youngsters get influenced by the same be it the gun culture, violence, drugs. They think if the heroes are doing this so can they.

9. Place at which first use of drugs was done:

The places can be home, neighbor, trip, social party, hotel, tea shops, religious place, political associations etc. These are few mentioned in the questionnaire for the study purposes. Following table shows that the large number of youngsters have consumed drugs at a social party (53%).

Parties and social gathering culture has become very common in Jammu and Kashmir. People here get the chance to get mixed up with each other and enjoy the opportunities offered there.

Table no. 19: Places at which first use of drugs was made

Places	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	%age
At home	5	3	10	3	5	3	2	3	4	4	8	20%
At social party	9	6	35	7	15	8	5	10	9	17	13	53 %
At hotel	4	3	5	2	3	1	3	4	2	3	0	12%
At neighbor	3	1	2	2	3	4	2	1	0	2	3	9%
At religious place	0	0	0	0	0	0	0	0	0	0	0	
At any other place	1	2	3	2	0	2	0	1	1	0	4	6%
Total	**22**	**15**	**55**	**16**	**26**	**18**	**12**	**19**	**16**	**26**	**28**	**253**

There are reports that stated that hotels and tea shops also have drugs and they also became a prevalent source for selling the drugs now a days. On the basis of the response shown in the above table young addicts have explored every places where they can sit and consume the drugs like in grounds, shops, workshops (vehicles) etc.

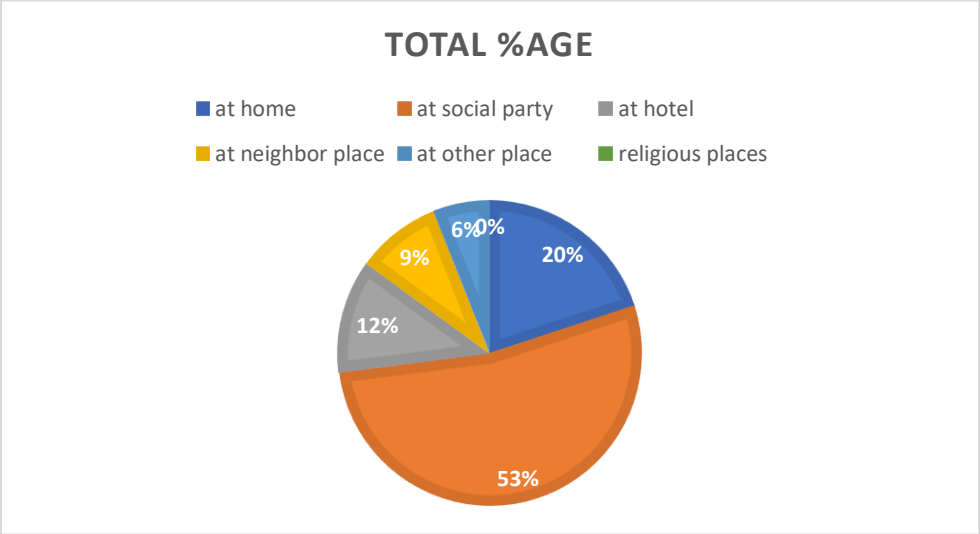


Fig 12: Places where first use of drugs was made

10. Duration of Drug used

The duration for the use of the Drug addicts were categorized into five categories:

Less than 6 months, 6 months to 1 year, 1 year to 2 years, 2 years to 3 years, and more than 3 years.

Table no. 20: Duration of Drug use

Years	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	%age
Less than 6 month	0	0	0	0	0	0	0	0	0	0	0	0
6 month to 1 year	1	0	3	1	2	0	4	2	3	0	1	7%
1 year to 2 year	13	8	40	7	13	11	6	8	10	15	13	57%
2 to 3 years	5	4	7	6	8	4	2	7	1	11	11	26%
More than 3 years	3	3	5	2	3	3	0	2	2	0	3	10%
Total	**22**	**15**	**55**	**16**	**26**	**18**	**12**	**19**	**16**	**26**	**28**	**253**

Results showed that the majority of addicts that approached the De addiction center were only when more than one year had elapsed, (57%) followed by 2 to 3 years 26%, then more than 3 years 10 %.

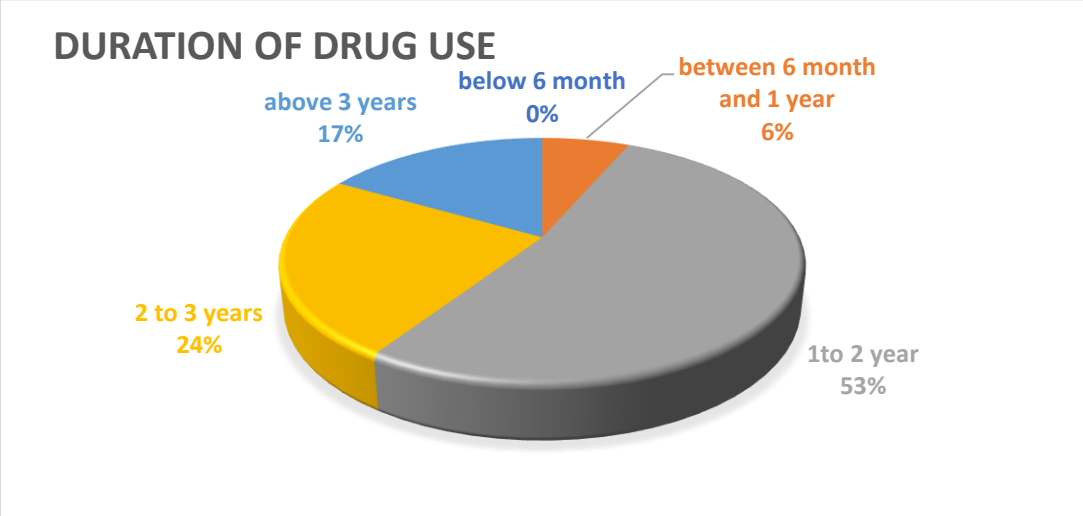


Fig 13: Duration of drug use

It's felt that usually people approached the de addiction centers only when at least for the one year has been passed, then they develop the seriousness to approach to the de addiction centers. It is also important to consider that those addicts who are willingly approaching the de addiction centers are the actual addicts who are serious with this problem rest others feels really difficult to overcome this problem of drug abuse.

11. Occupational status of drug Addicts

The occupational status is divided into the following heads like, Student, unemployed, self-employed, business, service, farming or any other occupation. The results are shown in the table below.

Table No. 21: Occupational status of drug abusers / addicts

Occupation	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	%age
Student	13	7	42	6	17	10	8	9	7	18	22	63%
Unemployed	5	5	8	3	5	1	0	6	4	2	1	16 %
Self employed	0	1	1	2	1	3	0	2	2	4	1	7%
Business	1	0	2	1	1	2	3	0	1	0	3	6 %
Service	2	1	1	1	2	0	0	1	1	2	1	5 %
Farming	1	0	1	2	0	1	1	1	1	0	0	3%
Other occupation	0	0	0	0	0	0	0	0	0	0	0	0 %
Total	22	15	55	16	26	18	12	19	16	26	28	253

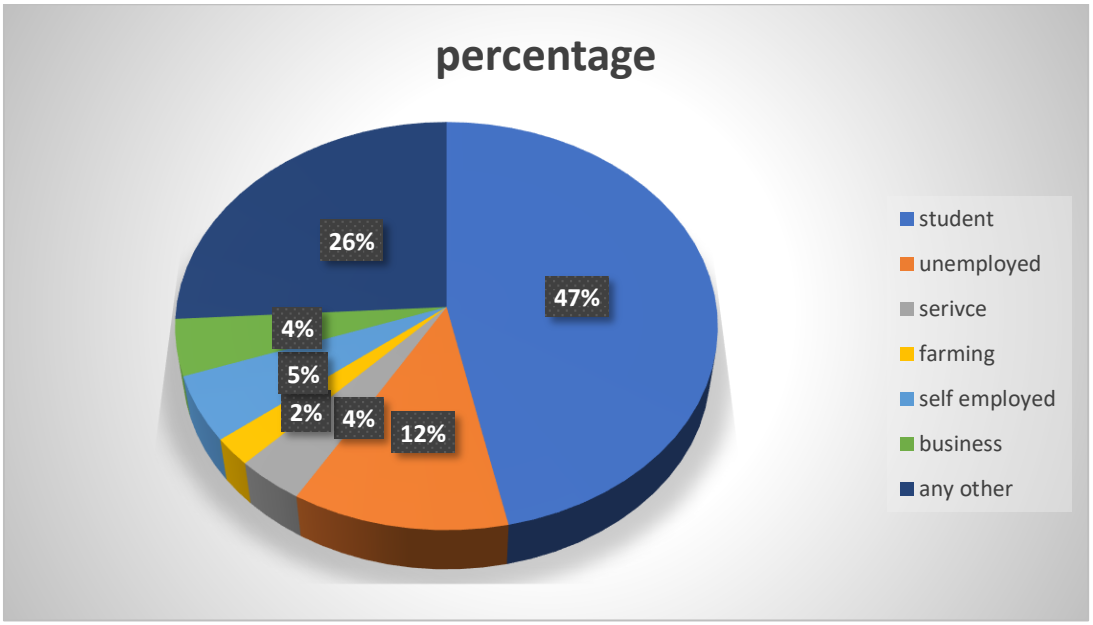


Fig 14: Occupational status of Drug addicts

Above table reveals that usually the school or college going students who are in the age group of 16 to 25 falls more for this prey , as they are the most keen one , in order to fit into their social circle and society , they are observed to consume drugs , at first they start taking the drugs as a fun and as a lighter means just to explore the outcomes or result for it but in no times they become the addicts and cannot leave without taking it. Actually, they are the pupils who are passing through the transitional phase in their lives and their harmone are also very aggressive during this phase. They are in psychological transition. Many factors like of harmony, ego clashes, peer group pressure, stress, anxiety, exam pressure, socio-economic crisis all are responsible for this. Particularly large number of high school students are seen taking the drugs.

This was followed the youth who were mainly unemployed in the region of Jammu and Kashmir , out of frustration and failed goals , in order to calm themselves , they consume alcohol at first or to begin with then they are seen injecting drugs into their intramuscular veins , Although there was proportionately high number for those addicts also who were in services and the reason was that they started in a fun way with their friends and then lately they were observed becoming addict and cannot live without taking the drugs . This was followed by those who were in business the stress in business and the day-to-day operational work often makes a person tired and fatigue and they think it's better to consume the drugs so that they can get an easy sleep and don't overthink but not only that during the time when the things are working for their favor then also for celebration, they start consuming drugs. The prevalence for the self-employed was generally seen to be low for the reason that they usually didn't have enough resources to buy drugs but it not necessarily depicts that they don't do the drugs.

12. Occupational status of Father/Mother or Guardian of an addict:

The occupational status of the parents or the guardian also is studied in order to examine that whether there is any relationship between the occupation of the parents or guardian or not. The following things were considered for that matter.

Table no. 22: Occupational status of guardians of addicts

Occupation	**PD, GN**	**D-D,**	**M.D,**	**P.F,**	**J.D.,**	**L.L.,**	**A.D.D**	**T.G,D**	**YDRC**	**JKPD**	**PCR**	**%age**
Unemployed	12	5	36	8	15	8	5	12	7	13	17	55%
Self employed	4	4	3	3	8	1	2	1	5	8	6	18%
Business	3	4	12	3	1	5	3	2	1	2	1	15%
Service	2	2	3	0	2	3	0	2	2	0	1	7%
Farming	1	0	1	2	0	1	2	2	1	3	1	5%
Other Occupation	0	0	0	0	0	0	0	0	0	0	0	0
Total	**22**	**15**	**55**	**16**	**26**	**18**	**12**	**19**	**16**	**26**	**28**	**253**

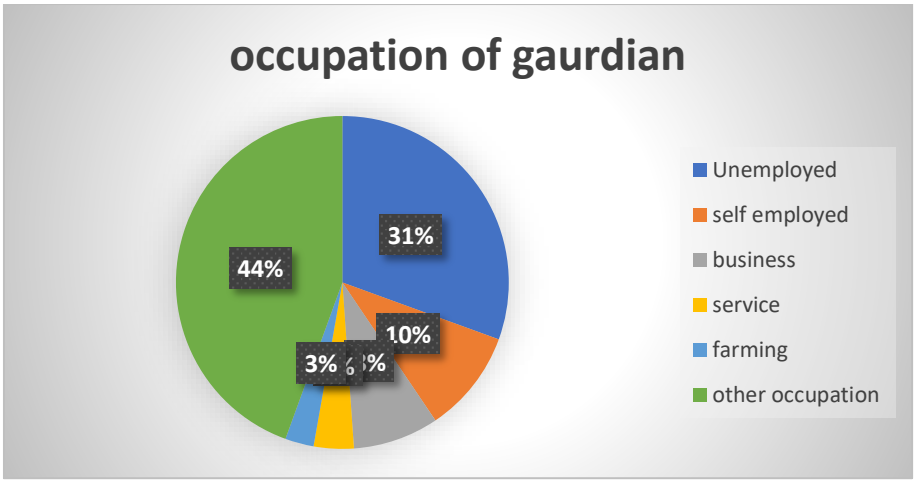


Fig. 15: Occupational status of guardian of addicts

From the above, it is seen that a sizeable number of addicts were represented by those who were unemployed were 55 % followed by self-employed 18%, then business 15%, then services 7% and then farming 5%.

Occupation of the parents and the data have the direct impact on the behavior of the children. If the guardian are not properly employed in a gainful job, they suffer from lack of income and cannot fulfill their basic needs, due to poverty of their guardians, they become unhappy and such children develop emotional instability and personality adjustment.

13. Religion wise distribution of Addicts:

Muslims and Hindus were the dominating communities when it comes to in Jammu and Kashmir investigate the number of addicts, Muslim were around 62 %, Hindus were about 32 %, Christians were 1% and 3 % others

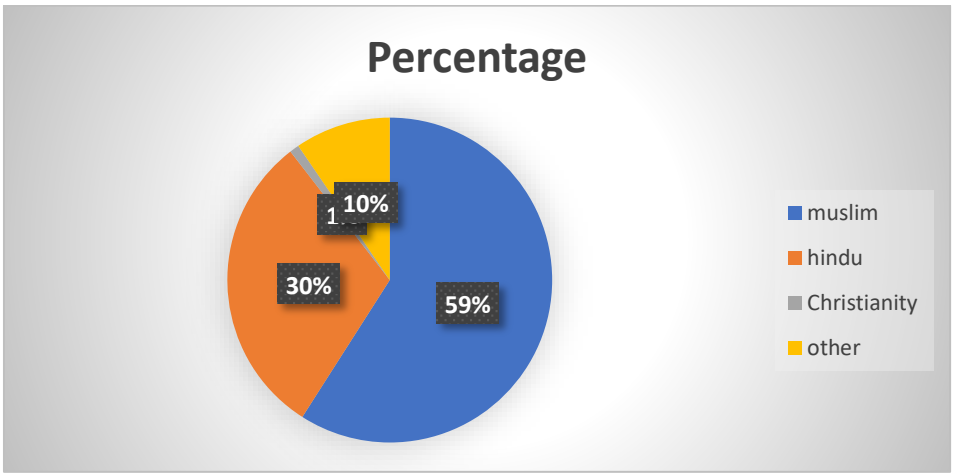


Fig 16 Religion wise distribution of addicts

Religion wise distribution of Addicts

The prevalence of higher rate of addiction among the majority community of Hindus followed by Muslim and then by other communities. The exact demographic distribution of people on the basis of their religion in Jammu and Kashmir basically hindus are in majority in Jammu and Muslims are in majority in Kashmir.

It is observed that religion has ceased to have a firm grip over the individual's behavior. The approach of the religion which might be conservative and irrational, The secular nature and the control over the behavior through the approach of religion plays an important role. Whatever be the reasons, the ultimate result is that the influence and control of religion over society seems to have been decreased now a days.

14. Educational Status of Addicts

For this purpose, the addicts were divided into categories of illiterate and the break down is done for the study purpose.

Table no. 23: Educational Status of an Addict

S. No.	Educational Status	Percentage
1.	Illiterate	6%
2.	Below 8^{th}	7.5%
3.	Upto 8^{th}	9.5%
4.	Upto 10^{th}	21. 5 %
5.	Upto12th	32.5 %
6.	Graduate	15.75%
7.	Post Graduate	5.75 %
8.	Professional	1.5%

From the above table, it is clear that those who are less educated, the highest rate of prevalence is seen amongst them.

The category wise Division stated that of the addicts upto 12^{th} 32.5%, upto 10^{th} 21.5% followed by graduates 15.75% upto 8^{th}, 9.5%

Those who have studied till class 12^{th} had a high prevalence rate as shown above. Then next were who have studied till class 10^{th}. The next highest were who had studied till class 8^{th}.

The addicts who were better educated were the graduates. The above result is said to be declared on the basis of the data collected from the 11 de – addiction centers only.

The important significant to draw from this data is if a person is highly educated and if a person has the knowledge about the harmful implications of the drugs and is aware then they tend to keep themselves away from the trap of the drugs, also increase in educational levels, the percentage of addicts who approached the de addiction centers goes down. Those who are economically weaker or those who are vulnerable tends to become more prone towards the addiction. If the person is economically fine, then they tend to approach those de addiction centers which are private as they think that private de addiction centers will take care of them more efficiently than the government of initiative owned de addiction centers. There is highest prevalence among the 12th graders is might be they started doing with their friends in the school only and some of their friends only have become the source of providing the drugs to them.

15. Marital Status of Addicts:

Table no. 24

STATUS	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	%age
Unmarried	13	6	32	7	11	8		9	6	8	13	47.5%
Married	4	5	8	3	5	3	1	2	4	7	6	19.5%
Widow	1	1	7	2	3	0	1	2	0	5	2	9%
Divorced	4	2	5	3	5	4	3	5	3	4	5	17%
Separated	0	1	3	1	2	3	0	1	3	2	2	7%
Total	**22**	**15**	**55**	**16**	**26**	**18**	**12**	**19**	**16**	**26**	**28**	**253**

Responses from the addicts in matter of their marital status, represented in the figure below.

Those who were married were around 47.5%, married were 19.5%. 9% widow and divorced were 17% separated were 7 %.

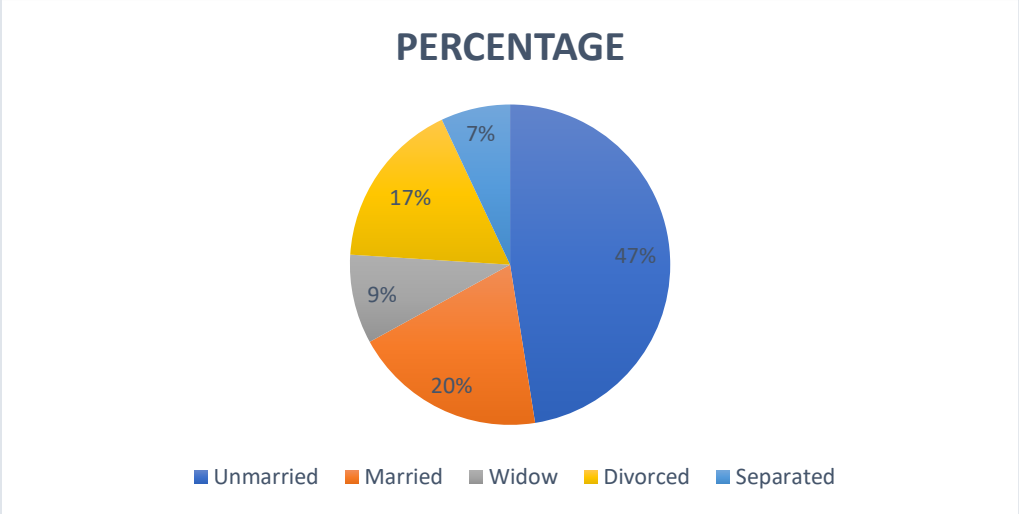


Fig 17: Marital status of addicts

16. Income of addicts (Distribution of addicts as per Personal Monthly income):

For ascertaining the personal incomes of addicts, twelve sub - income groups were divided namely, no income, below i. e., Rs. 500 per month, Rs. 500 to Rs. 1000 per month, Rs. 1000 to Rs. 1500 per month, Rs.1500 to Rs. 2000, Rs. 2000 to Rs. 2500, Rs. 2500 to Rs. 3000, Rs. 3000 to Rs. 3500 per month, Rs. 3500 to Rs. 4000 per month, Rs. 4000 to Rs. 4500 per month. Rs. 4500 to Rs. 5000 per month, above 5000 per month.

Table no. 25: Income of Addicts (p.m in Rs.)

Income	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	Total	Percentage
No Income	16	8	41	10	17	10	8	11	9	16	18	164	**65%**
Below 500	2	3	5	2	0	4	2	3	3	5	3	32	**13%**
500 to 1000	1	0	0	1	2	1	0	0	1	3	2	11	**4.5%**
1000 to 1500	0	1	2	0	0	0	1	0	0	1	0	5	**2%**
1500 to 2000	0	0	0	1	0	0	0	2	0	0	0	3	**1.5%**
2000 to 2500	1	0	0	0	1	0	0	1	1	0	2	6	**2%**
2500to 3000	0	0	1	0	2	1	1	0	0	1	1	6	**2%**
3000 to 3500	0	0	0	0	0	1	0	1	0	0	0	2	**0.8**
3500 to 4000	0	1	3	0	2	0	0	0	1	0	1	8	**3.2%**
4000 to 4500	1	2	0	1	1	1	0	0	0	0	0	6	**2%**
4500 to 5000	1	0	2	0	0	0	0	1	1	0	0	5	**2%**
Above 5000	0	0	1	1	1	0	0	0	0	0	1	5	**2%**
Total	22	15	55	16	26	18	12	19	16	26	28	253	**100%**

It was observed that the highest prevalence rate was among the "no income"group of addicts 65 %. This was an alarming figure. This was the segment of addicts consisting unemployed and students and this figure above shows the distribution of the income of the basis of their occupation.

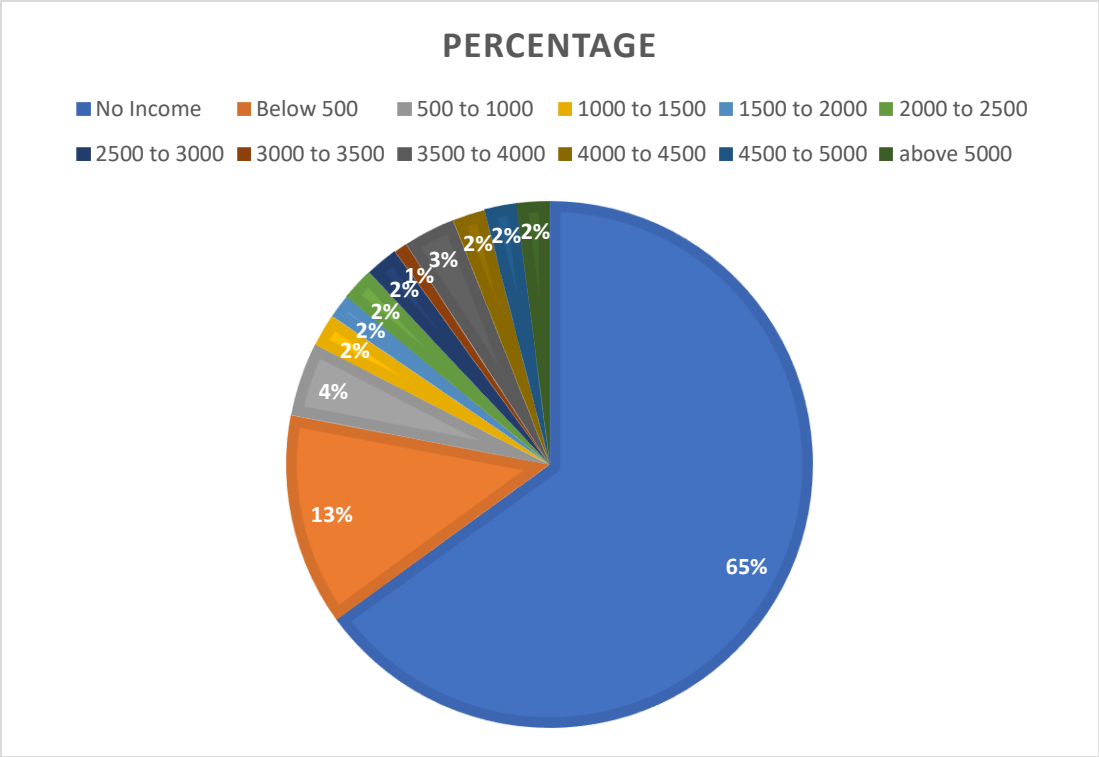


Fig 18: Income of Addicts

RESULT: The Highest percentage was from the "no income" 65%, income below 500, 13%, 500 to 1000, 4.5 percent, 1000 to 1500 was 2%, 1500 to 2000 is 1.5 %, 2000 to 2500 is 2%, 2500 to 3000 is 2 %, 3000 to 3500 0.8%, 3500 to 4000 is 3.2%, 4000 to 4500 was 2% and 4500 to 5000 was 2% and above 5000 was also 2%.

17. Types of drugs being abused

The addict's response stated that usually most of them start with the light drugs might be with the cigarettes, alcohol, bhang / Cannabis and then gradually they shit to the drugs which are more serious in their implications. They soon urge to get as high as they can desire to be. They gradually passed on the different levels of addiction, and some wanted to explore and taste every type of drug thus they, start abusing the multiple drugs.

Following table shows "the number of addicts who were abusing them" major "drugs" being abused included, Cannabis, Charas, Ganja, Marijuana, LSD, morphine, heroin, pethidine, phensydyle, alcohol, cocaine and other drugs. "Other drugs" will includes if there are any other kind of drug that have been tried by an individual.

There were few cases in which a person has abused multiple drugs. Following mentioned is the representation for the same:

Table No. 26: Types of Drugs Abused

Types of drugs	Cannabis	Charas	Ganja	Marijuana	Bhang	Cocaine	LSD	alcohol	Morphine	Pethidine	Phensdyle	Heroin	Any other	Total
PD, GN	2	2	1	1	1	2	-	2	-	-	-	9	-	22
D-D	1	2	1	-	1	1	-	2	-	-	-	6	1	15
MD	5	6	3	2	3	4	1	6	1	-	-	23	1	55
PF	1	2	1	1	1	1	-	2	-	-	-	6	1	16
JD	2	3	1	1	2	2	1	3	1	-	-	10	-	26
LL	1	2	1	1	1	1	-	2	-	-	-	7	1	18
ADD	1	1	1	-	-	1	-	1	-	-	-	5	1	12
TGD	2	2	1	1	1	1	-	2	-	-	-	8	1	19
YDRC	1	2	1	1	1	1	-	1	-	-	-	7	-	16
JKPD	2	3	1	1	2	2	1	2	-	-	-	11	1	26
PCR	3	3	1	1	2	3	1	2	-	-	-	11	1	28
Total														**253**
Percentage	9%	11%	5%	4%	6%	8%	2%	10%	1%	-	-	41%	3%	**= 100 %**

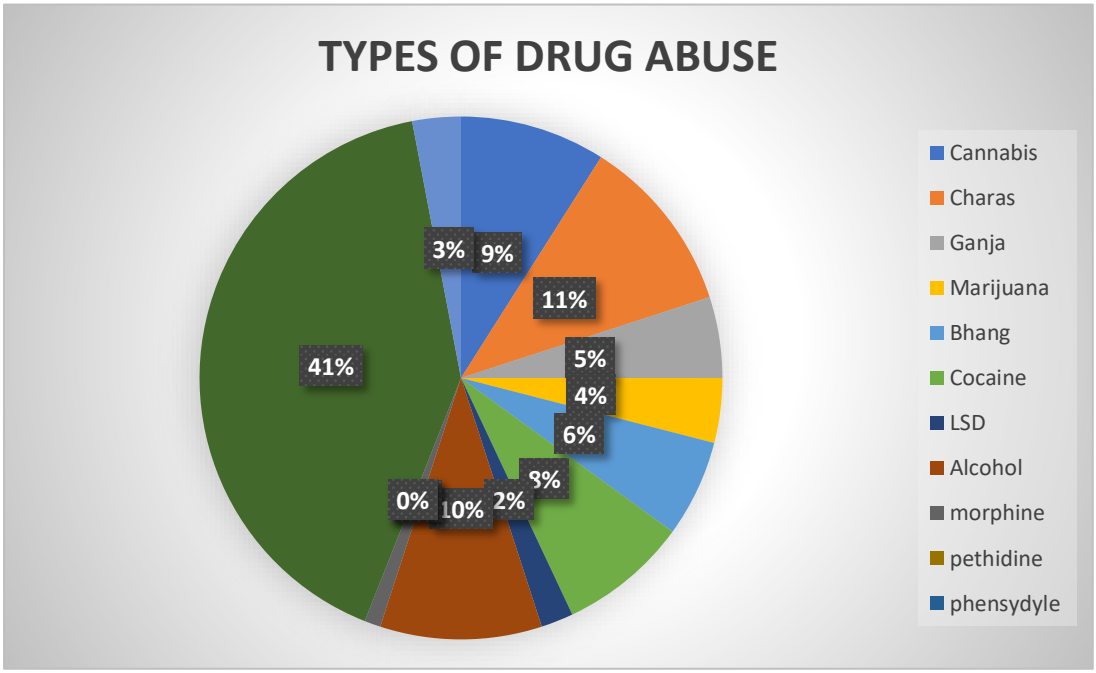


Fig 19: Types of drug abused

18. Mode of Drug Taking

Different “types of drugs are used in different ways and means not every drug can be sniffed not every drug can be injected in the veins”, some drugs are swallowed, some are smoked or inhaled, some are sniffed and some are injected like Morphine, LSD and Heroin etc. Although Heroin is also sometimes taken orally through inhaling or smoking.

The abuser injects heroin beneath “the skin, a process known as” "skin popping," which causes the skin to become raised due to the heroin injection. Heroin is typically injected using a hypodermic needle, as mentioned in previous chapters. Several items are used for injecting heroin into the body, including a spoon, bottle cap, small container for mixing, or a cooker to mix and heat the heroin after it's dissolved in a small amount of water. The spoon may be bent to allow the mixture to be drawn into the syringe for injection. In some cases, homemade syringes are used, ensuring a tight fit between the needle and the dropper by using a gasket made from paper money, scraps of paper, thread, rubber, or tape. The addict prepares for the injection by placing the contents of a balloon into the cooker, which in this case is the spoon. The bottom of the cooker is heated, and the substance is observed closely until the first bubble appears. The substance is liquefied by adding enough water, and then it is drawn from the cooker through a cotton ball into the syringe. To make the veins more prominent, the area above the injection site is tied with a belt, towel, necktie, or other material. Once the veins are visible, the needle is slowly inserted into the veins, and blood is drawn into the dropper to confirm successful puncture. After ensuring that the needle is in the vein, the drug is pushed into the vein. Sometimes, the syringe is pulled back to ensure that no trace of the drug remains in the dropper.

Addicts typically begin by injecting heroin into the veins in the elbow. However, with repeated use, the veins may collapse, forcing the addict to move further down the forearm, and eventually to the back of the hand. If these veins are damaged, the addict may inject into the feet, groin, legs, or thighs. In extreme cases, when all other veins have been compromised, some addicts begin injecting into the veins of the neck or under the tongue. A few even inject into the dorsal veins of the penis.

Some individuals from lower-income backgrounds may resort to "chasing" or smoking heroin. This method involves using a metal foil from an empty cigarette pack, onto which white powder is spread in a straight line. The heroin is then heated with a burning cigarette. Sometimes a paper straw is used, with one end in the mouth and the other positioned just above the line of heroin. A match is lit, and the flame is drawn beneath the foil to vaporize the substance, which is then inhaled through the straw.

The addict inhales the rising vapor eagerly through the straw until all the heroin powder is consumed. This method of inhaling heroin smoke by following the line above the metal foil is commonly referred to as "chasing the dragon." Some addicts also use metal coin into catch hold of the last particle of heroin powder and coin is put between the teeth and lips.

Drugs like ganja, hashish, charas, marijuana are inhale or drunk. Ganja is mostly smoked and LSD is usually inhaled or injected. Morphine is injected, Pethidine, calmpose and phensydyle are swallowed. Cocaine is taken orally or injected, when cocaine is taken orally, it is mixed with a liquid. It is then put in a capsule and ingested or swallowed. Some cocaine addicts apply drugs on the gums, under the tongue or on the side of the eyelid, some males have been known to apply cocaine directly to the penis to check pre mature sexual climax. Cocaine is also injected like the heroin, most often cocaine is abused through the nostrils. In this, the cocaine is brought closer to the nose and then is sniffed. When addict is not satisfied with one type of drug, he mixes all the drugs and consume it, in rare cases if an addict is not satisfied with the drugs, he, takes it orally as well as inject simultaneously.

Fig 20: Representing Heroin heating cooker

Table no. 27: The table below illustrates the methods of drug consumption.

Mode of drug Taking

Mode	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	Total	Percentage
Injection	16	10	42	12	18	13	9	13	11	18	20	182	72%
Swallowing	3	2	5	1	3	1	2	3	3	4	3	30	12%
Mixing	3	1	3	2	1	0	0	1	0	1	1	13	5%
Chaisng	0	0	3	1	1	1	0	1	0	0	1	8	3%
Any other	0	2	2	0	3	3	1	1	2	3	3	20	8%

The common abused drug in the Jammu and Kashmir is heroin which is called **chetta** locally. The abusers prefer to have injected it into the veins. Intravenous injection of heroin has caused several problems. One such thing is spread of HIV / AIDS due to sharing needles among the other addicts.

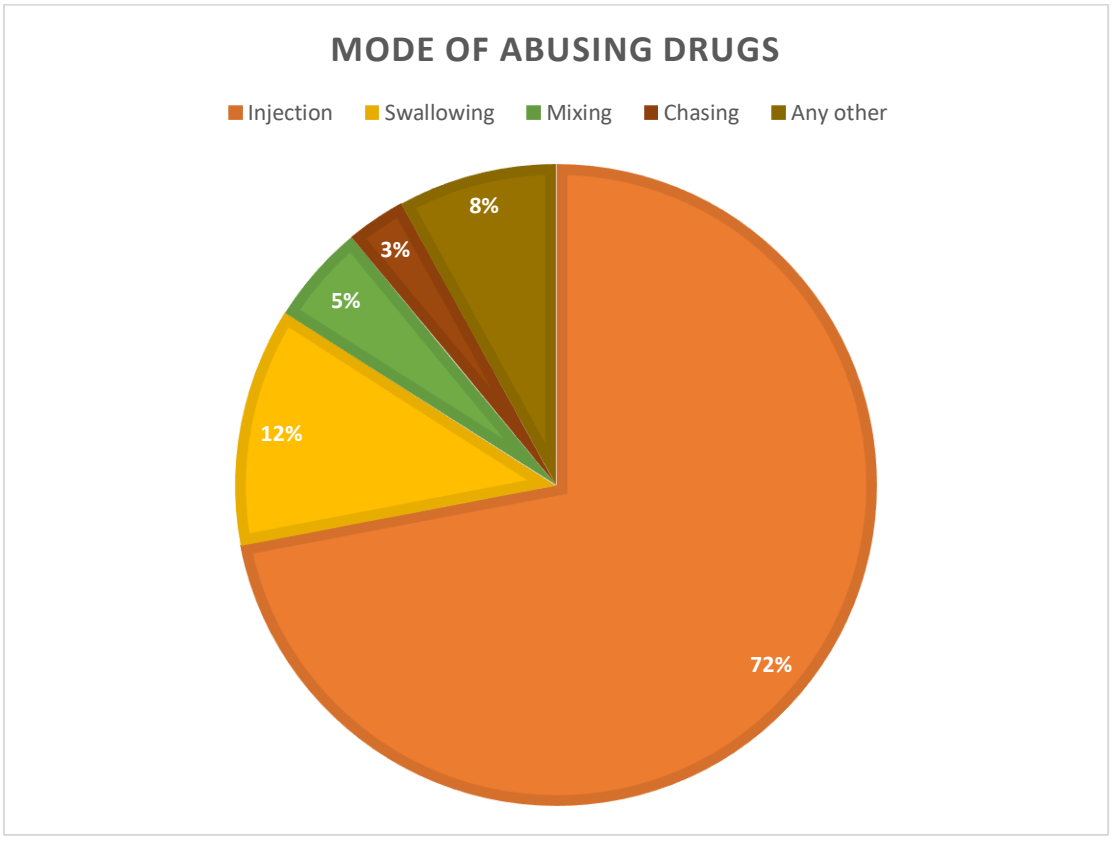


Fig 21: Mode of abusing drugs / drug taking

19. Availability of drugs:

In order to ascertain whether the drugs were easily available or not, a question was posed to addicts, the responses were totaled and percentage was taken out. The findings are shown in the table below.

Table No. 28: Availability of drugs

S.no.	Responses regarding availability	Percentage
1.	Easily	94%
2.	Difficult	6%
	Total	100%

Mostly large percentage of the addicts agreed that, drugs was easily available to them, 94% informed that drugs was easily available to them, 6% stated that they had difficulty in getting the drugs. The drug network in the very vastly spread, In the area of Jammu and Kashmir, the laws governing to this menace needs to b strict and stringent, for the easy availability of drugs, there is extreme need to find out the Prevention and treatment efforts, along with measures to curb the supply of drugs and dismantle drug trafficking networks or mafias.

20. Impact of Drugs on the Body of the Abuser

During the research in the de addiction centers, the questions related to the effect of the drugs on the body of the respondents were asked and these effects were studied in details, the effects were studied under the following perceptions which included mental health, loss of appetite, loss of interest in reading, loss of weight, irritability, pain in heart, suicidal thoughts, attempt to commit suicide, feeling to leave home, establishing of illicit sex experience, quarrel with family or any other effect. The effects of the drugs on the body, may however vary with mood of an individual and his or her recent past experiences. A person who smokes heroin for the very first times may get no pleasurable effect from it and the experience may be unpleasant one, but with the continuous use it is viewed commonly that the more derives more and more pleasure

out of it. When multiple drugs are abused, the problem becomes more severe. during "heroin" panic, codeine syrup, alcohol, marijuana, may be substituted. Regardless of the type of the type of drug, chronic drug abuse has manifold effects on the health. Trauma is a common sequel of drug effect. Most trauma cases are manifested in the form of falls, burns, accidents and quarrels. Added to these, the body becomes prone to various infections and develops diseases such as skin, lungs etc.

Contrary to the ill effects that addicts suffers from drug addiction, the addicts hunt out more and more and more money only to procure drugs. When the financial condition becomes worse, this has its effect and in the marital life. Most pernicious to the family are psychological behavior, and relationship commitments of drug abuse. The family member who abuses drugs creates crisis one after another. The person becomes emotionally unstable and the family ties become deranged. Drug abusing teenager even sell the belongings of their family or steal from the family members to obtain drugs at any cost, some even becomes violent and start fighting with their parents to get the money, some even give excuses of urgency or lie for the purpose of getting drugs. The addicts become slaves' alcohol, cocaine, heroin, LSD, opium, amphetamines, and many other addictive drugs, ruining their lives in every aspect. Drugs have become synonyms of death or destruction.

21. Self-perception and drug use habits

There were questions that were asked questions towards their habit of drug abuse. Addicts were asked the questions, classify their feelings on the parameters like shame, guilt feeling, hatred, and any other. The results are shown below. 15 % of the addicts agreed that they feel proud in taking drugs, 26% showed that they felt hatred towards themselves in taking drugs, 4% percent said that they felt shame. The addicts who confessed that they felt ashamed or guilty and had hatred towards their habit of drug abuse, they approached the de addiction centers in state of desperation, they felt proud od themselves in taking drugs. Usually, the families of addicts were aware of the harm caused by drug misuse and actively participated in admitting their addicted family members to de-addiction centers for treatment. This indicates that those who felt proud of the addictive behavior may be only a kind of defence mechanism while actually the person involved is getting the woes of drug abuse.

Table no. 29: Self Perception on habits of taking drugs

Self-Perception	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	Total	Percentage
Shame	3	1	7	2	4	3	0	7	6	8	5	46	18%
Pride	5	5	38	9	9	7	5	2	3	5	10	98	39%
Guilty	1	3	4	3	5	2	2	2	2	2	2	27	11%
Hatred	13	4	5	1	6	5	3	8	4	8	7	64	25%
Any Other	0	2	1	1	2	1	2	0	1	3	4	17	7%
Total	**22**	**15**	**55**	**16**	**26**	**18**	**12**	**19**	**16**	**26**	**28**	**253**	**100%**

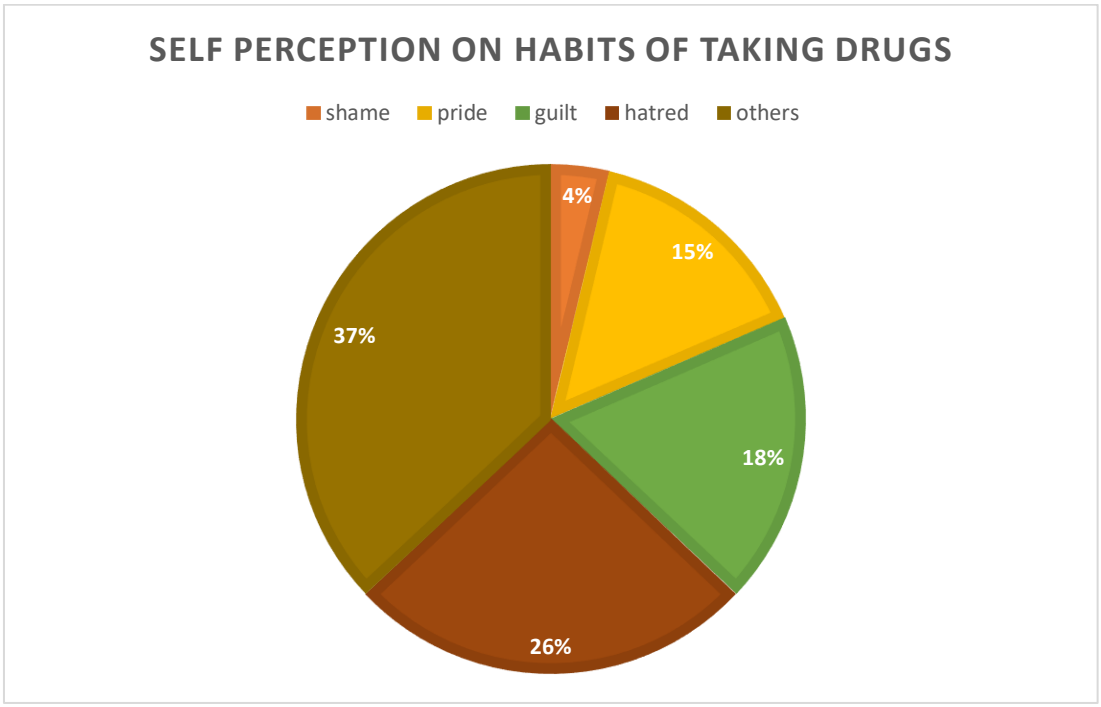


Fig 22: Self-Perception on habits of taking drugs

22. Attempt to Give up on Drugs

After experiencing the detrimental effects of drug abuse and being unable to bear the suffering, most of the addicts reported that they attempted to break free from the addiction. The table below gives the clear picture of how many addicts have tried to shut off this feeling of addiction and tried to give up on the drugs.

Table no. 30: Attempt to give up on the drugs

No. of attempts	PD, GN	D-D,	M.D,	P.F,	J.D.,	L.L.,	A.D.D	T.G,D	YDRC	JKPD	PCR	Total	Percentage
YES	21	13	55	16	25	18	10	19	16	25	28	246	**97%**
NO	1	2	0	0	1	0	2	0	0	1	0	7	**3%**

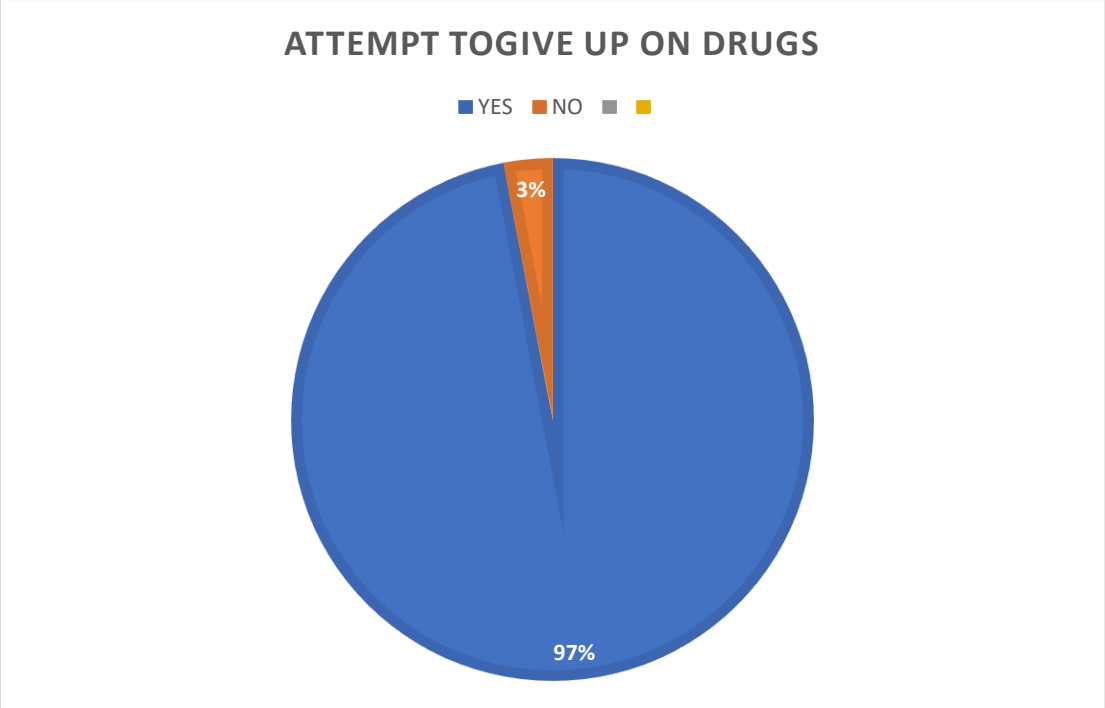


Fig no. 23: Attempt to give up on drugs

CHAPTER – V

CONNECTION BASED ON SOCIO DEMOGRAPHIC PROFILE AND VARIOUS FACTORS

(Analysis Based on the Personal Status of Drug Addicts)

"In our previous attempt to examine the various aspects of the drug abuse issue and its manifestations, we analyzed the traits of drug addicts and, based on the results, created a profile of drug addicts in Jammu and Kashmir". This chapter aims to examine whether there is a relationship between the personal characteristics of drug addicts and socio-cultural and economic factors. Additionally, it seeks to determine if these factors influence the personal characteristics of drug abusers. It is hoped that this investigation will contribute to devising an effective strategy to mitigate and curb the growth of substance abuse in "Jammu and Kashmir".

A notable amount and information regarding same was gathered about the individuals admitted to De-addiction Centers. Based on this data, three sets of variables were developed to serve as indicators of drug-related characteristics and socio-cultural and economic factors. The first set of variables includes education, occupation, and income of the addicts, as these are directly relevant in defining their status, capacity, and resilience to engage with society and cope with the consequences of such interactions. These variables have been analyzed in relation to:

1. the age at which drugs were first introduced;
2. the reasons behind the initial drug intake;
3. the timespan of drug abuse or addiction.
4. the motivation behind seeking admission to De-addiction Centres for treatment; and
5. Self-perception regarding drug-taking habits.

Separate data were gathered for analyzing these variables.

5.1 The connection between education and personal characteristics related to drug use

Education is a process that shapes, forms, and molds an individual's behavior. It serves as a remedy for many of the challenges brought about by the modern world and is a crucial tool in combating social issues. Additionally, education is regarded as a key driver of socio-

economic development. As Plato stated, ***"Education is the guiding and directing of youth toward the right reasoning affirmed by the law and validated by the wisdom of our elders as truly correct."***

This study aims to investigate the role of education in tackling the issue of drug abuse. It explores the following aspects to understand the interconnections between various factors:

1. The influence of education on the drug-related personal characteristics of addicts,
2. The impact of these characteristics on the education of addicts, and
3. The presence of any identifiable patterns of drug abuse across different educational levels.

The above aspects have been analyzed as follows:

1) Age of initial drug use

"The addicts were classified into the following age groups: 10 to 15 years, 15 to 20 years, 20 to 25 years, with those over 25 years being placed in a separate category".

For ease of data analysis, educational levels were classified into four categories: illiterate, elementary level, secondary level, and college level. The percentage distribution of addicts across each educational level is presented in Table No.

Table No.31: Educational Levels

Age at Initiation	Illiterate%	Elementary%	Secondary%	College %
10 to 15 years	23	22	23	23
15 to 20 years	54	54	54	54
20 to 25 years	21	22	22	23
Above 25 years	2	2	1	0
Total	100	100	100	100

Age at Initiation	Illiterate	Elementary	Secondary	College
10 to 15 years	11	23	16	8
15 to 20 years	26	55	37	19
20 to 25 years	10	22	15	8
Above 25 years	1	2	1	0
Total	48	102	68	35

It is worth mentioning that formal education generally concludes by the age of 25. As a result, the data for initiation of drug use beyond this age does not reflect the influence of formal education on the "age of initiation". As a result, data for individuals who began using substances after the age of 25 has been excluded from this analysis.

The age group between 15 to 20 years appears to be the most vulnerable to drug initiation across all educational levels. Addicts who are illiterate or have a secondary level of education show the highest percentage of initiation during this period. This age range includes individuals who may be at the elementary, secondary, or college level of education.

The data reveals a high rate of drug initiation across all educational levels within the 15 to 20 age group. Among this group, the highest percentages were observed among those with secondary-level education (54 %) and illiterates (23%%). Additionally, a notable proportion of addicts aged 20 to 25 had attained a college-level education a higher percentage of drug initiation was observed among individuals with college-level education (23%) compared to those with secondary-level education (22%) and illiterates (21%). Within this group, there is a noticeable increase in the tendency for drug initiation as educational levels progress from illiterate to elementary, secondary, and college education. Individuals aged 20 to 25 are typically in the later stages of secondary education or the early stages of college education.

The analysis clearly shows that drug use tends to start at an earlier age among individuals with little or no formal education, as well as those with only elementary-level education. In contrast, those with secondary or higher education generally begin

using drugs at a later age. In all cases, the age at which individuals start using drugs corresponds with the level of education they have typically completed by that point.

It is important to understand that formal education alone is not sufficient to address the issue of drug abuse. Many educational institutions in Jammu and Kashmir currently fail to create an engaging learning environment, which often leads to student boredom. Consequently, some students resort to drug use as a way to fill their free time. To address this, schools must introduce engaging and stimulating programs, including thorough drug education initiatives. This will equip students with the knowledge and tools needed to resist and effectively combat the drug problem.

2) Reasons for Initial Drug Use

An effort is being made to explore the potential relationships The connection between the reasons for initial drug use and the educational levels of the addicts. The reasons for initial drug use have been categorized as peer pressure, curiosity, family problems, unemployment, frustration, and other factors. The findings are presented in percentage terms in Table No. 32

Table No. 32: Educational Levels

Persons	Illiterate (%)	Elementary (%)	Secondary (%)	College (%)	Total (%age)
Peer group pressure	9(6%)	26(17%)	82(54%)	35(23%)	152 (60%)
Curiosity	2(6%)	6(18%)	18(55%)	7(21%)	33 (13%)
Family problem	1(7%)	3(20%)	8(53%)	3(20%)	15 (06%)
Unemployment	2(5%)	6(16%)	21(55%)	9(24%)	38 (15%)
Frustration	1(7%)	3(20%)	8(53%)	3(20%)	15 (06%)
Any Other	00	00	00	00	00
Total	15(6%)	44(17%)	137(54%)	57(23%)	**253(100%)**

Table No. 32 reveals that peer group pressure is the most significant factor influencing the initial use of drugs across all educational levels. However, a slightly lower percentage is observed among college-educated individuals (23%) and illiterates (6 %) compared to those with education up to the elementary level (17 %) and secondary level (54 %).

Curiosity emerged as the second most significant reason for initiating drug use among addicts, following peer group pressure. This reason was more prevalent among illiterates (6 %) compared to those with other educational levels (18 % for elementary, 55 % for secondary, and 21 % for college-educated individuals). Family problems, unemployment, and frustration showed a similar pattern of influence across all educational levels, including illiterates, elementary, secondary, and college-educated individuals.

The findings indicate that there is no significant correlation between an addict's level of education and the reasons for their initial drug use, with the exception of peer pressure. This factor seems to have a greater impact on individuals with elementary and secondary education compared to those who are college-educated or illiterate.

3) Time Span of Substance Abuse:

One may wonder if the educational level influences the duration of drug abuse at the time the addict is admitted for treatment in the De-addiction Center.

This aspect of factorial interrelationships has been examined taking into consideration of those persons who are illiterate, and those who got education up to elementary, secondary and college levels vis-a-vis duration of drug abuse at these educational levels. The results are shown in table no. 33.

Table No. 33: Educational Levels

Duration	Illiterate %	Elementary %	Secondary %	College %	Professional	Total %age
"Below 6 months"	0	0	0	0	0	0%
"6months to 1 year"	1	3	10	4	0	18(7%)
1 to 2 years	9	24	78	31	2	144(57%)
2 to 3 years	4	11	36	14	1	66(26%)
Above 3 years	2	4	14	5	0	25(10%)
Total =	16	42	138	54	3	**253 (100%)**

Upon analyzing the data in Table No. 33, it is evident that the distribution of addicts based on the duration of drug abuse across various educational levels is nearly identical. This indicates that educational levels do not appear to influence the duration of drug abuse before the individual seeks treatment at the De-addiction Centre. In other words, the connection between educational levels and the duration of drug abuse is minimal.

4) Self-Perception Regarding Drug-Taking Habits

To examine the connection between educational levels and self-perception, the following parameters were analyzed pride, shame, guilt, hatred, and other feelings. To better understand the role of education, all feelings except pride were grouped under the category of "negative feelings." The feeling of pride may have various implications, including rebellious or aggressive behavior, defiance of authority, and an apparent attempt to seek refuge in a drug subculture, distancing oneself from the mainstream. The category "any other feeling" could encompass both positive and negative emotions; however, these have not been considered in the present analysis. The percentage distribution of addicts based on their self-perception is presented in Table No.__.

Table No. 34: Educational level

Self-Perception	Illiterate%	Elementary%	Secondary%	College% & Professional	Total
Pride	6 (6%)	17 (17.7%)	53 (53.3%)	23(23%)	**39% (99)**
Negative & other feeling	9 (6%)	26 (17%)	83 (54%)	36 (23%)	**61%(154)**
Total	**15**	**43**	**136**	**59**	**100% (253)**

When examining this aspect, one might initially assume a strong correlation between educational variables and self-perception, similar to the patterns discussed earlier. However, the data reveals that an addict's self-perception regarding their drug-taking habits appears to have minimal correlation with their educational level. For instance, the sense of pride in drug abuse is lowest among illiterates (6%). This percentage increases progressively with higher educational levels, reaching 17 % among those with elementary education, 53% for secondary-level education, and 23% for college-level & Profession education. The slight decline at the college level is not statistically significant enough to alter the overall trend, likely due to the relatively smaller number of college-educated addicts admitted to De-addiction Centers compared to other categories.

The analysis suggests that education has a limited impact on an individual's capacity to differentiate between right and wrong, particularly when it comes to self-destructive behaviors such as drug abuse. The existing formal education system in the state seems inadequate in promoting a clear understanding of the risks associated with drug abuse. Instead, it may unintentionally encourage aggressive and rebellious attitudes in students, leading some to take pride in their drug use.

5) Efforts to quit Drug Abuse

A question was posed to the addicts to determine whether any of them had ever attempted to quit drug abuse voluntarily. To explore this, the author analyzed the relationship between educational levels and the responses to this question. The results are summarized in Table No. 35.

Table No. 35: Educational Levels

Response	Illiterate %	Elementary %	School %	College & Professional %	Total
Yes	15	**42**	**132**	**56**	**245 (97%)**
No	**0**	**1.8**	**4.2**	**2**	**8 (3%)**
Total	**15**	**43.8**	**134.2**	**58**	**253(100%)**

It is commonly believed that education helps individuals exercise sound judgment and improves their responsiveness to various situations. Therefore, it is expected that motivation to overcome drug addiction would be stronger among educated individuals, with this tendency increasing alongside higher levels of education.

An examination of Table No.35 indicates that education significantly influences the responses. A greater proportion of addicts with higher education levels made attempts to quit drug abuse compared to illiterate addicts. Specifically, 97% including 15, 42. 132 and 56 samples from de addiction centers making it to 245 sample agreeing to quit the drugs and 3% saying no to quit.

Education enhances an individual's ability to discern right from wrong and strengthens their resolve to correct undesirable behaviors, including drug addiction. Illiteracy and ignorance, on the other hand, may inhibit an addict's ability to respond appropriately to their drug habit. On the other hand, individuals with some level of education are more inclined to exercise better judgment and take the initiative to quit on their own. This suggests a correlation between education and motivation to overcome drug addiction.

ENVIRONMENAL FACTORS

The environment is crucial in shaping an individual's character. Deviant behavior often develops as a result of the continuous interaction between environmental factors and personal characteristics.

These two elements are deeply interconnected and influence each other in such a way that their cause-and-effect relationship cannot be easily separated.

In the earlier chapter, an attempt was made to analyze drug abuse by exploring the link between drug-related personal traits and socio-cultural and economic factors. In this chapter, the focus shifts to examining and analyzing drug abuse problems through the perspective of relationships between drug-related characteristics and socio-cultural as well as environmental factors.

1. Relationship Between Drug-Related Personal Characteristics and Religious Affiliations:

This section investigates the potential influence of religious affiliations on the drug-related behaviors of addicts and examines whether connections to religion or community contribute to drug abuse. It aims to explore religion as a socio-cultural and environmental factor and analyze its impact on the personal characteristics of drug abusers.

- **Age at Initiation into Drug Abuse**

To further analyze drug abuse, we attempt to link religion with the age at which drug abuse begins. Additionally, the study examines whether major religions in Jammu & Kashmir have any social control over deviant behaviors, particularly concerning drug abuse among youth.

Table 36: Age group of addicts

For this purpose, addicts are categorized into the following age groups:

Age	Hindu	Muslim	Others
10-15	5	11	3
15-20	19	37	6
20-25	36	67	15
Above 25	16	34	4
Total	**76 (100%)**	**149 (100%)**	**28 (100 %)**

The data reveals that the most common age for initiation into drug abuse is 15 to 20 years and 20 to 25 years during which most of addicts began using drugs. Specifically, addict's samples from this age group were 19, 37 and 6 making it to 62 at this age group and from 20 to 25 years were 36 hindus , 67 muslims and 15 others.

The findings suggest that the variations in drug initiation among different religious groups are minimal, making it challenging to reach definitive conclusions. However, it can be observed that the social control mechanisms employed by various religious groups to regulate and correct deviant behaviors, such as drug abuse among youth, seem to have been weakened in urbanized environments.

- **Self-Perception of Drug Abuse Habits**

The responses from addicts regarding their self-perception of drug abuse habits have been categorized into positive and negative feelings. Similar to the previous analysis, the relationship between these two variables and religious affiliations has been examined. The results of this analysis are presented in the table below.

**Table 37: Self-perception of drug abuse habits **

Self-perception	Hindu	Muslim	Others
Pride	30	58	11
Negative feeling	46	91	17
Total	**76**	**149**	**28**

A quick look at Table reveals that a higher percentage of addicts in the Hindu community ion total 76 samples out of which 30 addicts' express pride in their drug addiction habit compared to those in the 11 others and Muslim 58 muslim communities. However, the variation is more significant in the Muslim community, out of 149, 58 took pride and 91 felt negative about taking the drugs.

Overall, the analysis indicates that religious affiliation does not significantly influence the self-perception of drug abuse habits.

Table number 38: Attempts to Quit Drugs

No. of Attempts	Hindu	Muslim	Others
YES	74	145	27
NO	2	4	1
TOTAL	**76**	**149**	**28**

The relationship between religious affiliations and attempts to quit drug habits has been analyzed based on the responses of addicts, categorized by their religious affiliations. The results, presented in percentage terms, are shown in Table No. 38. Those who answered "yes" indicated they attempted to give up drug abuse more frequently than those who answered "no."

CHAPTER NO. VI
DISCUSSIONS

Following are the conclusions of my research:

The present conclusions are drawn from the perspective of the Eleven de addiction centers taken under considerations, while exploring the "The issue of youth and the exploration of various aspects of drug abuse problems in the Union Territory of Jammu and Kashmir."

- Data and samples from the de addiction centers as previously discussed were taken under consideration for this regard, awareness, motivation, preventing education, treatment of drug addict and their rehabilitation and societal recognition were considered. Secondary data in the form of published reports of the government, national and internation agencies, statistical data and factual data all were considered.

- The scope of study comprises studying of addicts in the de addiction center for the period of three years. 2022, 2023 and 2024.

- By studying the figures and analyzing the tables it can be seen that drug menace is spreading very quickly amongst the "youth of Jammu and Kashmir".

- Analysis of the data revealed that drug abuse is rapidly and tightly affecting young people, particularly those in the age group of 15 to 25 years, which mostly includes school and college students. These are usually school or college going students who in the influence of their. It has seen that the prevalence rate into the initiation of the drugs at 15 to 25 is quite higher.

- The age range of 15 to 25 years constitutes a very important stage of life known as youth which forms the main human resource or asset. But sadly, at this crucial age they become the prey for drugs. In the study, peer group pressure emerges as one of the main causes for the youngsters to consume drugs and it was also observed that mostly youth out of curious nature tries to explore the drugs, they feel that it is something cool which should be tried at least for once, but even if they try for once they fall for the trap.

- Some other reasons are family pressure, frustration, lack of employment opportunities, stress and anxiety, depression, heart breaks etc. These are very common reasons for the young adult to fall trap of this vicious circle.

- Due to its geographic position, "Jammu and Kashmir has become a critical transit hub for drug trafficking and consumption, as evidenced by the available data".

- Drugs like heroin commonly called as chetta is easily available in the regions of J&K, this is also indicated by the records of drug smugglers arrested by the Jammu and Kashmir Police. Since the availability of drug is very easy hence, the casual experimenters become the victim of it.

- During the thorough investigation, it was also seen that there were the cases from the age groups who were 35 years and above, hence this means that drug abuse in Jammu and Kashmir is not just the monopoly of the Youths or young adults but it also extends to the other age groups.

- "Another cause of the drug abuse is that most addicts" got initiated themselves into the drugs at the social gathering and parties, other places of initiation include, hotels, tea shops, schools, colleges, trips, clubs etc.

- The source of initiation also included friends, relatives, strangers, neighbors or any other sources too. It is notable that the most interesting source was through friends.

- The study also brings out that our potent youth are the ones who are the most affected by the drugs than the elders. "The problem of drug abuse is not a smaller one but a gigantic one". now is the time to take the measure and make rules as much strict as we can for the purpose of saving our youth from the clutches of this menace.

- Deep analysis also shows that the problem of psychotropic drugs is consumption is more severe in the urban dwellers than that of the rural dwellers. This finding may tempt someone to conclude that the issue of drug abuse is restricted to urban areas only which is not true at all. Rural dwellers too now have an easy access

to the urban environment specially after modernization, urbanization and globalization, migration also for that matter. Thus, rural and small-town dwellers have not escaped this problem, it's just that their access is not so widened as compared to the urban dwellers.

- Also , it is observed during the analysis of the addicts that they agreed on the fact if once you have got the taste for the drugs , it becomes nearly impossible or difficult to forget the taste , that person will take the drugs for the second and the third time as well and later he get this fascination to taste all the drugs and slowly and gradually he becomes the case of a chronic addict . He does not remain satisfy and tries to explore more ways of abusing drugs like injecting drugs in the body, sniffing, swallowing etc. Later, the person avails in the de addiction center for the treatment.

- Analysis also stated that majority of the addicts de addiction centers only when there has been atleast more than one year passed, we can say that there is a significant relationship between the duration of the drug abuse and keenness to go to the de addiction centers. In later stage that the after effects of the drug is pernicious and is manifested in various dimensions.

- Among the students, the most crucial years of the child are 15 to 25 years, among the employed these years may extended upto 30 to 35 years and among the employed they may extend beyond that. Among the students and unemployed group pressure "is a major factor in drug addiction".

- A significant relationship was observed between the level of education and drug-related personal characteristics. The current education system seems inadequate in effectively addressing or eliminating the issue of drug abuse. It is evident that peer pressure is one of the strongest factors driving young individuals to experiment with drugs, particularly during their school or college years. It can be concluded that available resources are inadequate, direction and efforts on the part of the authorities, to organize constructive group activities for them in educational institutions and community are away from the satisfaction.

- There are multiple reasons like inadequate infrastructure, insufficient staff, lack of workshops or seminars that can be conducted to create awareness at the school or the college level. Un judicious actions of the political leaders, administrators can also bring sometimes the ruinous on the perspective of the young adults which in turn may take up anti-social activities like drug abuse.

- It was found out that better educated persons attended more social gatherings and parties and other places more conveniently. From such places only most of them got the chance to get hooked to the drugs. The better educated ones have wide avenues of human interaction as compared to the lesser educated or the illiterate ones. It was also found out that with the increase in the educational level, the percentage of the addicts who approached the de addiction center went down as they were economically fine so they approached the private de addiction centers more compared to the one which are government owned.

- As compared to the better educated addicts, the lesser educated or illiterate were found to be more prone to be introduced into drugs, they might be doing it at the home, neighboring places, at friend's or relative's etc. Among the illiterate, the expression of pride as self-perception on drug habit is more so than that of the more educated persons among whom the expression of shame, guilt and hatred were more.

- An analysis of the data shows a correlation between the age of drug initiation and the marital status of the addicts. A significant proportion of the addicts were unmarried, while a smaller percentage were married, divorced, separated, or widowed.

- Another important finding of the present study is that drug addiction crosses the barriers of religious affiliation, or the addict has no bearing on the drug related characteristics of addicts. Religious factor cannot exert the influence on the addicts like the socio cultural or the economic factors can.

- It's unfortunate that the menace of drug is also mainly the problem of those youth who belong to the economically weaker category or are vulnerable. Majority of the addicts were found to be educated upto grade 12^{th}.

- Despite this situation, the drug abuse shows the effect of widespread poverty as well as the effect of an affluence society as the western society. Huge number of youngsters having higher income and coming from a good family in their pursuits of materialism and pleasure producing means, resort to drug taking habits equivalent to the people coming up from the lower income group, the reason might be fear of facing the life ‘s struggle and harsh realities. So, the contention that drug addiction is the problem of economically backward, socially handicapped or weaker and disadvantaged group is not necessarily true as we can conclude that drug abuse don’t discriminate between rich and poor.

- We all know that family is one of the essential social institutions and it provides the primary socialization, it gives directions, control and remains there firmly for members irrespective of any situations, but off lately the institution of family has compromised with its basic functions. Due to the westernization, the composition of the family has also changed. Ther are now the concept of nuclear family, joint family, extended family. Joint families are not operating traditionally like the way they used to. The members in joint families also have their own nuclear set ups, as they develop new habits, they adopt different life styles and these things lead to the breakdown of the joint family and when a young person is not able to get the congenial atmosphere he starts to love for love and affection outside and on achieving what he has desired the youth get hook to the drugs.

- In this study it has been found out that young members young members of age group 15 to 25 belong to the nuclear families. The present prevalence rate of drug addict among the members of nuclear families is lesser than that of addicts of the joint families. Whereas in our finding, the likelihood of taking to drugs was more in nuclear families

- Drug abuse or addiction is to be viewed now as multi factoral problems. Any actions or programs launched towards bringing solutions to the problem will have to be based on socio logical, psychological and medical dimensions. The prevention control and eradication of drug abuse will require a multipronged approach towards the reduction of both supply, demand and curing of addicts.

6.1 RESEARCH FINDINGS

Different aspects for the control of Drug Abuse:

1. Make a clear distinction between educational supplying correct information, leaving no loopholes in the educational programs. Informational material to be prepared and diffused targeting the target group which are youths and factors connected with drug abuse and types of drugs being abused.

2. Educational steps and measures will be highly effective if the addict is an occasional or casual abuser. Educational interventions can play a leading role in making the youth understand the ill effects of the drug menace.

3. A sincere and genuine efforts from the government's end and law enforcement agencies, usually government only catches the poor people who have small time carrier of drug or addicted to drugs. Sometimes government becomes inefficient to catch hold off the drug mafias.

4. Problem of drug addiction needs to be tackle by both controlling and curtailing the supply of drugs and reducing demand for drugs.

5. The main objective of the legislation is to instill the fear of punishment in the mind of the person and pull him out of the faulty condition.

6. State should lay down the proper norms and guidelines for checking and controlling the individual liberties with arresting and punishing the real culprits, smugglers and traffickers and break this chain of operation.

7. The Narcotic Drugs and Psychotropic act were passed in 1985. It prescribed minimum punishment for major offences as 10 years which may extend till 20 years with fine exceeding Rs. 2 lakhs. Section 71 of Act provides with establishment of such centers for the identification, treatment of addicts, but these centers are less in numbers, government should focus on establishing more such centers and amendments to provisions should also be made that the drug peddlers and smugglers should not get bail.

8. The addicts come to the de addiction centers to get their body de-toxed but addiction cannot be treated medically alone but role of behavioral theories, different psychological approaches, counsellors, educators all are very crucial.

9. The role of a teacher is also very significant, as teacher can prevent spreading of abuse if we provide them proper training in an educational institution itself.

10. The most crucial step in treating an addict is the willpower of an addict. If the abuser is determined enough to quit the drug, then he can recover from the addiction very quickly.

11. Proper environment for the addicts to distract them and make them forget about their problem of addiction might be by creating more and more recreational activities, making them feel free and relaxed.

12. Driving more and more focus on yoga, meditation and therapies which can make them forget about the worries, promoting exercise, yoga, walking and jogging as these activities can help to remove toxics from the body.

13. Providing them with nutritional diets, it is often seen that in de addiction centers the balance diet is not provided to the addicts but it should be provided to them. Green leafy veggies, fruits, nuts, milk, these all should be incorporated to their diet.

14. Regular counseling to the addicts, understanding their needs and providing them with it, making them watch the documentaries, extensions lecture by the educationalists, workshops by the experts, all these can make a huge difference in their lives.

15. Making them understand that through counselling that drug is something which will give the pleasure at the beginning but it's a life altering decision which can make their life a hell.

16. Those addicts who are cured can become the social volunteers or workers to prevent others from falling into drug puzzle.

17. Improvement in the condition of the re habilitation centers in Jammu and Kashmir, proper funding and supervision of these centers should be done, regular inspections from the government departments should be done, it is observed that the counselors and the therapist do not come to the de addiction center regularly, many ex-addicts fall for this menace again.

18. NGOs and organizers some times for the sake of getting funds open the center but then do not take well care of it.

19. It can be said that the youth in Jammu and Kashmir is delusional world of the drug and having painful, depressing experience currently.

20. We should be vigilant and must not be ignorant for our youth who are scumming for drug abuse day by day. Collaborative efforts from Police, law enforcement agencies, doctors etc all should work against the drug menace.

Summary: Addressing Drug Abuse in Jammu & Kashmir (Through the Lens of Social Disorganization Theory)

From the perspective of Social Disorganization Theory, the rising drug abuse in Jammu & Kashmir reflects deep-rooted breakdowns in community structures, social institutions, and informal social controls. The theory suggests that areas with weakened social bonds, economic instability, and institutional failure are more vulnerable to deviant behaviors such as substance abuse. In this context, the youth, especially casual users, are left exposed due to the absence of strong educational, familial, and community support systems.

Educational interventions, if properly structured, can restore some of this lost social control. Teachers, when trained, act as stabilizing agents within schools spaces that should ideally promote order and guidance. Similarly, de-addiction centres and rehabilitation programs are essential institutional mechanisms that need to be expanded, well-funded, and closely monitored, as their dysfunction or neglect contributes to continued disorganization.

Government responses that focus primarily on penalizing small-time users ignore the larger systemic failures and allow drug mafias and trafficking networks to

thrive, further eroding community trust and safety. Effective legislation, such as the NDPS Act (1985), must be enforced against these structural threats, not just individuals, to restore order.

Furthermore, holistic recovery strategies including behavioral therapies, spiritual practices like yoga and meditation, and structured routines can help reintroduce social norms and personal discipline. Recovered addicts, when reintegrated as peer mentors, play a vital role in rebuilding community trust and informal social control mechanisms.

Lastly, NGOs and rehabilitation institutions must be held accountable, as their failure not only reflects but also contributes to the social disorganization that perpetuates addiction. In this light, addressing drug abuse in Jammu & Kashmir is not just a health issue, but a sociological challenge rooted in the fragmentation of social institutions and community cohesion.

CHAPTER VII

SUMMARY, CONCLUSION AND SUGGESTIONS

7. SUMMARY, CONCLUSION AND SUGGESTIONS

Drug Addiction is continued compulsive use of drugs in spite of adverse health, social and emotional consequences. Once a person becomes the drug addict, he usually becomes isolated from his family and friend and in almost all cases loses his self-control. The adverse impact also leads become violent and abusive. The adversity to go to the level of committing the crimes and getting involved with the Criminal Justice System. For drug addicted person, continued and persistent use of drugs is the main key focus in life, once the drug use is restricted or stopped the individual feels like craving or a strong desire for the drugs. The physiological mechanism generates such cravings to maintain a state of equilibrium that only depends or rely on psychotropic drugs. These cravings have a physiological mechanism as they stimulated the area of the brain (amygdala) that controls the emotional memory in addicted persons as shown by the PET scans done on an addicted person. The person who is addicted to the drugs experience cravings at any stage of addiction. A person when becomes addicted to drug have impaired cognitive skills and also faces behavioral issues. Experts also states that certain changes are due to the addiction disappear shortly after drug use while certain remains permanent.

The Union Territory of Jammu and Kashmir, lies between 32.28- 37.06 degree and longitude 72.53 -80.32 degree, is located in the northwest part of Himalayan Mountain arc in India, at an altitudinal range of 220 to 8611 m (amsl). The UT shared the border with neighboring Indian states of Punjab and Himachal and international border and Line of Control (LOC) with Pakistan and China in the west and east. It also comprises different mountain ranges starting form Siwaliks in south and Pir Panjal the Greater Himalaya, The Zanaskar range, and finally the Karakoram in the north. Climatologically, the Union territory is dived into subtropical Jammu in the south, temperate zone of Kashmir in the middle, and cold desert of Ladakh in the east.

Administratively, the UT of J&K comprises 20 district, 10 each in Jammu and 10 in Kashmir. out of the total UT's land area of 42,241 sq. km comprising 1.285 % of the total area of Indian Territory. Geologically, the UT reveals rocks of all ages, from the Archean to the recent alluvium, and preserves a chronological record of the sedimentations, tectonics and has accompanied the Himalayan orogeny. As per the census 2011, Jammu and Kashmir has a total population 12,267,013. The sex ratio is

889 females per 1000 males. Around 924, 485 (7.54%) of the population is Scheduled caste and the 1,275,106 (10.39%) belong to the scheduled tribes, mainly Gujjar, Bakerwal and Gaddi.

The population of Jammu and Kashmir according to 2011 census stands at about 12 million, making it the 19th most populous state of India. The problem of drug abuse has set its evil foot on every inch of growing global scenario that no country could escape from it. Drug abuse among youth is high and has created unending debate both nationally and internationally. It poses a great threat to humanity which has the potential to create havoc in the society as whole. It is increasing day by day is one of the major challenges, apart from the devastating consequences, for the users as well as social integration of the family and community. A systematic study of the problem of drug addiction in the state of Jammu and Kashmir has revealed that 40 percentage of the youngsters fall prey to drug abuse which includes both boys and girls of the age group between 16-25years. The disintegration of the moral fabric of the society has resulted in chaos and confusion whereby the social values are being ignored giving rise to a fractured society full of evils and deviances. The use of drugs to experience satisfaction, stimulation, escape or euphoria had remained under control in the state for centuries. The teachers and elders were unquestionably obeyed and held in the utmost respect, social customs were kept alive and youngsters rarely indulged in smoking or drinking at least in the presence of elders. The joint family system combined with the undivided attention of the family and society, worked as an effective social check consequently guiding youngster. However, the times have changed and the social norms, morals obligations, economic avenues, concept of good and bad has changed and has the values of "respect and honor" for families and society, dynamics have shifted concurrently. The breakdown of joint family systems, the struggle to thrive in a competitive environment. The social fabric has been eroded by the demands of leading a satisfying life in a materialistic society. In recent years, drug misuse has significantly increased, endangering a society that already lacks organized structure. The introduction of synthetic substances and intravenous drug usage has elevated the issue to dangerous proportions, with far-reaching social, legal, moral, economic, ethical, and even political ramifications. "Many factors contribute to the increasing prevalence of drug abuse in the Jammu and Kashmir Valley. Because of partial or total frustration, many young people use drugs as a way to escape the harsh realities of life. This shows that drug

abuse is not just a result of the availability of substances but is deeply rooted in social conditions that create a demand for such consumption. The vulnerabilities of modern society act as a catalyst, promoting the use and abuse of narcotic and psychotropic substances". The main "drugs" of abuse are A. narcotic drugs which includes opium, morphine, heroin, codeine, pantopan, methadone, Etorpine, pethidine, wellconal, tidinline, moperidine. B. Non-narcotic drugs like (i) hallucinogens, LSD, Mescaline, psylocybin, psilocin, phencyclohexylpi peridine (ii) Cannabis like marijuana, Hashish, Ganja, Chars, Bhang, (iii) Organic solvents like (a) depressants like Hypnotic (Barbiturates and Nitrazepam, (b) sedatives (mandrax and tranquillizers) (c) Sedatives (cocaine, coca paste, crack, amphetamines, predulien). The most commonly abused drugs in Jammu and Kashmir is heroin.

The use of these drugs poses significant problems, leading to harmful effects on the abuser's body, family, and society. These effects include mental fatigue, dizziness, confusion, dreamlike states, reduced sex hormones, increased blood pressure, personality disorders, panic, suicidal tendencies, and even sudden death. The effects differ based on the medication kind and the physiology of the individual. This research was carried out in light of:

- Determining the severity and extent of "drug abuse in Jammu and Kashmir".
- Prepare profiles for drug addicts and facilitate in questions related to the drug addiction like urban and rural distribution, age of first initiation, source of initiation, type of drug abused, occupational status of parent/guardians, duration of abuse, place of first abuse, marital status, daily expenditure of addict, mode of taking drugs etc.
- Analyze the treatment and techniques in the rehabilitative centers and suggests the ways to eradicate this problem.
- The sample was based on convenience sampling method and 253 samples were found out all of them were males only.
- Classification was done on the basis on chronic, relapsed, intermittent, ex-addicts.

- A normative survey method was utilized to collect relevant data through questionnaires and interviews. Both open-ended and close-ended questions were employed, and the results revealed that drug abuse is not limited to the youth but also extends to individuals aged 35 and above.

- Most of the addicts have taken the drugs during social gatherings, hotel, neighboring places etc.

- "Problem of drug abuse is more prominent in the case of urban dwellers".

- Significant relationships between the level of education and drug related personal characteristics cannot be detected. role of education in eradicating this problem were studied.

- It was found out that illiterate addicts were more prone to facing Introduced to drugs at home and neighboring place by their relative and friends than the educated ones. The expression of pride was more in case of illiterate addicts and in case of educated ones feeling of guilt was evident.

- There is a relationship between age at initiation into the drugs, marital status of addicts.

- Religion as socio cultural environmental factor cannot exert control on the drug addicts.

- Effect of poverty and economically in relation to the drug abuse that effects the society.

- Present study stated that the prevalence of drug addict in nuclear family is high compared to the joint one.

- Drug abuse or addiction is the multifactorial and multifaceted problem and the action launched towards combating this problem will include the collaborative efforts from the government, law enforcement, police, de addiction centers etc.

7.1.1 SUGGESTIONS

- It is necessary to segregate the addicts, and to solve this problem treatment given by doctors for the improvement of their health should be considered seriously.
- The de-addiction should be keeping in the addicts in a very nice manner so that it does not hamper the treatment of the addicts, the addiction centers should be well equipped and the focus should be given on providing the balance diet to the addicts.
- Better infrastructure and better treatment facilities should be provided and government should make an effort to make these de addiction centers equipped with all the facilities.
- "Education is a potent tool that can alter the situation in Jammu and Kashmir; appropriate training and awareness campaigns should be implemented, and there is a pressing need to increase existing knowledge".
- More and more updated research work on different aspects of drug addiction offering concrete suggestions to the government are needed.
- Raising public awareness of drugs through the media, journals, workshops, books, posters, etc.
- Instead, liquor stores ought to be outlawed and replaced with reading and entertainment groups.
- Well organized grounds for promotion of games and sports should be there instead of becoming lethargic youth should be motivated to play some games and choose some sports.
- Legislation should make the laws that must be strict and stiff and should adopt non bailable policies specially against drug peddlers and drug mafias.
- The government should enforce strict measures to control the flow of drugs into the "Jammu and Kashmir region".

- “People” and civilized society are the most crucial agent in breaking this chain of drugs, the people need to be sincere and vigilant for the same. Moral and spiritual action should be the source of creating awareness.

- In the end, the focus on the past, present and future should be done to eradicate this problem and efforts should be made through yoga, meditation, behavioral theories and all to combat this problem.

- The number of government owned drug de-addiction centers should be increased as the condition of youth among Jammu and Kashmir is really alarming.

- There should be more specialized programs in the “UT of Jammu and Kashmir to raise awareness about drug misuse among young people, as there is a lack of understanding among them, particularly those from rural backgrounds”.

- Community Participation and effective enforcement agencies are required to take aggressive steps to vanish this evil from the society.

- Counselling cells should be promoted so that the youth can access these cells in case they feel depressed. If individuals are stressed or anxious, they can be positively motivated and prevented from falling into drug addiction.

- Launch targeted educational programs in schools and colleges to raise awareness on drug abuse, including workshops and outreach for early prevention.

- Enhance regulatory surveillance to dismantle drug networks, especially in areas whereaccessibility is high, targeting vulnerable populations.

- Engage communities to support rehabilitation, reduce stigma and promote reintegration forusers through grassroots initiatives.

- Foster open communication between parents and children to address mental health issues,reducing the risk of substance use.

- Implement strict monitoring of rave parties and elite gatherings, curbing drug

distribution andcountering Bollywood's glamorization of substance use.

- Tighten bail laws to close legal loopholes, ensuring habitual offenders cannot exploit thesystem.

Thematic Summary: Policy-Based Suggestions to Combat Drug Abuse

1. Strengthening Legal Framework and Enforcement

   - Enforce stringent laws targeting drug traffickers and smugglers to disrupt supply chains effectively.

   - Amend existing laws to prevent bail for major offenders, ensuring swift and firm legal action.

   - Increase surveillance and intelligence-sharing between law enforcement agencies to identify and dismantle drug mafias.

2. Expansion and Improvement of Rehabilitation Facilities

   - Establish more government-funded de-addiction centers with adequate infrastructure and trained staff to meet growing demand.

   - Regular government audits and supervision of rehabilitation centers to maintain quality standards and prevent misuse of funds.

   - Encourage public-private partnerships and NGO collaborations with strict accountability measures.

3. Comprehensive Treatment Policies

   - Integrate medical detoxification with psychological counseling, behavioral therapies, and community support for holistic recovery.

   - Develop aftercare and follow-up programs to reduce relapse rates, including peer support groups and vocational training.

   - Promote psycho-social rehabilitation as a core element of treatment policies.

4. Preventive Education and Awareness Programs

- Implement nationwide school and community education campaigns providing factual, age-appropriate information on drug abuse risks.
- Train teachers and counselors in schools to identify early signs of drug use and provide timely intervention.
- Utilize mass media, social platforms, and community workshops to de-stigmatize addiction and encourage seeking help.

5. Socio-Economic Development Initiatives

- Address root causes such as unemployment, poverty, and social disintegration
- through job creation, skill development, and social welfare schemes.
- Support youth engagement programs that build life skills, leadership, and community participation to deter drug initiation.
- Integrate substance abuse prevention into broader social policies aimed at uplifting vulnerable and marginalized groups.

6. Community Involvement and Collaboration

- Encourage community-based monitoring and support networks involving recovered addicts as mentors.
- Promote multi-sectoral collaboration among health, education, law enforcement, and social services for coordinated action.
- Foster local initiatives that build resilience and social cohesion, reducing susceptibility to drug abuse.

Policy Suggestions on Education to Combat Drug Abuse

1. Comprehensive Drug Education Curriculum

- Integrate age-appropriate, factual, and scientifically accurate drug education into school curricula from early grades onward.
- Ensure the curriculum covers the types of drugs, their effects, risks of abuse, and strategies for refusal and resilience.
- Update educational materials regularly to reflect new trends and emerging substances.

2. Teacher Training and Capacity Building

- Provide specialized training to teachers and school counselors on identifying early signs of drug use and handling sensitive discussions about addiction.
- Equip educators with skills to deliver drug education confidently and effectively, fostering a supportive environment.

3. Early Intervention and Support Systems

- Establish school-based counseling services and peer support groups for students vulnerable to or affected by substance abuse.
- Develop referral mechanisms linking schools with local de-addiction centers and mental health services.

4. Parental and Community Engagement

- Implement programs that involve parents and communities in awareness sessions to create a supportive network around youth.
- Encourage parental education on recognizing drug abuse signs and communication strategies with children.

5. Use of Technology and Media

- Employ digital tools, interactive apps, and social media campaigns to engage youth with educational content on drug abuse prevention.

- Utilize documentaries, videos, and testimonials as part of awareness programs within schools.

6. Promotion of Life Skills and Resilience

- Incorporate life skills training such as decision-making, stress management, communication, and self-esteem building in the education system.
- Encourage extracurricular activities like sports, arts, and cultural programs to promote healthy lifestyles and alternatives to drug use.

7. Monitoring and Evaluation

- Regularly assess the effectiveness of educational programs through surveys, feedback, and academic performance indicators related to student well-being.
- Use data to refine policies and ensure continuous improvement in drug education efforts.

Policy Suggestions on Law to Combat Drug Abuse

1. Strengthening Drug Control Legislation

- Update and enforce stringent laws like the Narcotic Drugs and Psychotropic Substances Act (NDPS Act) to target drug trafficking and distribution networks more effectively.
- Increase penalties and minimum sentences for major offenses involving drug peddling, smuggling, and manufacturing.
- Introduce provisions to deny bail to repeat offenders and major drug traffickers to disrupt supply chains.

2. Balanced Approach: Supply Control and Demand Reduction

- Enforce laws to dismantle drug mafias and curb supply without disproportionately penalizing minor users or addicts.

- Incorporate provisions for diversion programs where drug users receive treatment and rehabilitation instead of harsh punishment.

3. Regulation and Monitoring of De-addiction Centers

- Legally mandate registration, regular inspections, and accreditation of de-addiction and rehabilitation centers to ensure quality care.
- Implement strict accountability measures for NGOs and private centers to prevent misuse of funds or negligence.

4. Protection of Individual Rights

- Safeguard the legal rights of drug users, including confidentiality and access to fair treatment under the law.
- Develop clear guidelines for law enforcement to handle drug-related cases sensitively, focusing on rehabilitation.

5. Community Policing and Awareness

- Encourage law enforcement agencies to adopt community policing strategies that involve local communities in prevention and rehabilitation efforts.
- Legally support campaigns and initiatives aimed at raising public awareness about drug abuse and its consequences.

6. Judicial and Law Enforcement Capacity Building

- Train police, judiciary, and prosecutors on drug laws, addiction as a health issue, and human rights to ensure informed handling of cases.
- Promote coordination between law enforcement, healthcare providers, and social services.

7. Data Collection and Research

- Legally mandate systematic data collection on drug abuse trends, arrests, and rehabilitation outcomes to inform policy decisions.

- Support research on effective legal interventions and drug control strategies.

Policy Suggestions on Community Involvement to Combat Drug Abuse

1. Community Awareness and Education

   - Implement community-based awareness programs that provide accurate information about the risks of drug abuse, signs of addiction, and available help.

   - Use local media, social groups, religious organizations, and schools to spread anti-drug messages tailored to the community's cultural context.

2. Encouraging Community Participation

   - Promote active involvement of community members, including recovered addicts, families, and local leaders, in prevention and rehabilitation efforts.

   - Support peer-led groups and volunteer networks that help at-risk individuals through counseling, mentorship, and social support.

3. Strengthening Social Support Networks

   - Facilitate the creation of safe community spaces for recreation, skill development, and social interaction to reduce risk factors like boredom and peer pressure.

   - Organize community events and workshops that foster healthy lifestyles, leadership, and self-esteem among youth.

4. Collaboration Between Stakeholders

   - Encourage partnerships between community organizations, law enforcement, healthcare providers, schools, and NGOs for a coordinated response to drug abuse.

   - Promote local task forces or committees focused on drug prevention, recovery support, and reintegration of recovered addicts.

5. Addressing Stigma and Social Inclusion

- Develop community sensitization programs to reduce stigma and discrimination against addicts, encouraging them to seek help without fear.

- Promote policies that support social reintegration of recovering addicts, including employment and housing opportunities.

6. Community-Based Rehabilitation Support

- Support community-based rehabilitation initiatives, such as halfway homes and peer support groups, which allow addicts to recover while staying connected to their social environment.

- Train community volunteers in basic counseling and support skills to assist addicts and families.

7. Early Identification and Intervention

- Establish community watch programs to identify early signs of drug abuse among youth and provide timely intervention.

- Encourage schools and local organizations to monitor and refer at-risk individuals to appropriate services.

8. Funding and Resource Allocation

- Advocate for allocation of government and donor funds to community-led prevention and rehabilitation projects.

- Ensure transparency and accountability in community initiatives to build trust and effectiveness.

7.1.2 CONCLUSION

According to the study's findings, heroin is the most often abused drug at the de-addiction facilities, accounting for the majority of cases, and there are a considerable number of drug abusers in the Jammu district. Geographical location of “Jammu and Kashmir” contributes for its vulnerability, making access to drugs easier. Many heroin (or chetta) abusers were also found to be using multiple substances. If the drug addict

is not having enough money, they even steal money from their own house and not only that some of them even physically abuse their parents. To calm their cravings, they even search for pharmaceutical drugs or any drugs for that matter. They even stated that once the craving for drugs is triggered in the body, it becomes almost impossible to go on living for even a moment without consuming them. Some of the addicts were not aware of the adversities of the drug abuse or they were not mature enough to choose what is right or wrong for them and were vulnerable, few started because of their friend circle, few of them were curious to do the drugs and hence they got into it. The addicts articulated many reasons to do the drugs but none of the reason could be justifiable enough to support this menace. Hence the condition of youth based on this research justifies that the situation in Jammu is alarming. Immediate requirement is the awareness programs and aggressive steps to curb this menace.

7.2 LIMITATION OF STUDY

- The research was based on the feasibility and availability of the data, hence it was one the challenge for this study. So, to determine the sample size in large number was a constraint. Thus, it was kept till 253 only.

- Also, it was very challenging to seek permissions from de addiction centers not everyone was pleasing, in fact some of them were at rude also as they said our patients are sensitive and we don't allow outsiders to come.

- Female sample were not available mainly because they were not motivated enough, the de addiction centers were not having space to accommodate the with the prevalent rate of male sample.

- It was also a huge challenge to ask the de addiction center's in charge the permission to get the click as they were very particular about not allowing the researcher to click pictures because of the privacy reason.

- It was also difficult to for the researcher to engage in research necessitates like funding, data access, specialized expertise etc.

- The de addiction centers that were taken into consideration for the study were either government-owned or government-led; private de addiction centers were

not included because there is no guarantee that they will remain open for more than a few days or months before closing.

7.3 CONSIDERATION OF RESEARCH ETHICS

The study was carried out with consideration for research ethics; the addicts were given a consent form, and their privacy was given first priority. Research ethics refers to the conduct of research that expressly addresses the rights of those who are impacted by it. The following standards were adhered to:

- Before getting into the de addiction centers, authority letter from Lovely Professional university was presented along with the permission and application letters from various department required like from Police Department.

- Throughout the duration of conduct of interview, the adhere to ethical guidelines set forth by Lovely professional university for the scholars was ensured.

- The research objectives and data collection procedure were thoroughly explained to the respondents and only after getting their validation the data was collected from them.

- Each respondent provided full consent before audio visual aids were utilized for recording.

- During data collection the researcher consistently respected the dignity of the respondent. Time was allocated based on their availability and comfort to foster rapport and elicit response spontaneous responses. The researcher refrains from imposing their persona ideas and views for the same.

- The researcher study represents the researcher's fundamental work and methodology outlined has been meticulously adhered to it.

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QUESTIONNAIRE

FINAL QUESTIONNAIRE

To understand the nature, trend and prevalence of drug abuse in state of J&K and locate how far the socio-economic factors like unemployment, irregular employment, poverty, excess of resources are responsible for drug abuse.

QUESTIONNAIRE ON DRUG ABUSE

(PI) Please circle your answers below

1. Sex:- Male Female

2. Age:- (in Years) _____

3. Place:-

4. Educational Qualification

    - Illiterate
    - Elementary school
    - Secondary school
    - Intermediate
    - Professional degree
    - I don't know

5. Occupation

    - Student
    - Unemployed
    - Self employed
    - Business
    - Services

- Farming
- Other Occupation

6. Marital status
    - Married
    - Unmarried
    - Widow
    - Divorced
    - Separated
7. Religion
    - Hindu
    - Muslim
    - Christian
    - Other(s)
8. Caste
    - General
    - Reserved
9. With whom are you staying at present
    - With Parents
    - Only Mother
    - Only Father
    - Others

10. How many brother(s) and sister(s) do you have?

_____

_____

_____

11. Mention of the place of you Belong to?

- Urban
- Rural
- Small Towns

12. What type of school did you attend?

- Government
- Private
- Other

13. Was it a co-educational school or uni- sex school?

_____

_____

_____

14. What was the medium of instruction in school?

_____

_____

_____

15. What were your grades in the last course attend?

First grade Second grade Third grade

16. Do you watch films?

- Yes

- No

17. What types of films do you see?

- Violent
- Romantic
- Comedy
- Others

18. Sports and Games?

- Taking active parts
- Just interested
- Not interested

19. When it comes to music, what types of music do you like the most?

- Light Music
- Loud Music

20. Are you a member of:-

- Academic association
- Recreational club
- Religious association
- Cultural organization

21. Do you attend parties?

- Yes
- No

22. With whom do you frequently attend the parties?

- Alone
- With friend
- Both

23. Do you have any serious type of health problem from the past? If yes then elaborate.

_____

_____

_____

24. Do you have any ambitions?

_____

_____

_____

25. Are you dating?

Yes No

26. Nature of participation in dating?

- To satisfy physical needs
- For it serves as companionship with opposite sex
- Both

27. Information about the Family

- Are your parents living together?

Yes No

28. If No,

- Parents live separately

- Father not alive
- Mother not alive
- Both dead

29. Do your parents' /guardian/ wife /husband /siblings have any habits like smoking, consuming alcohol or any other drugs?

	Smoking	**Alcohol**	**Drugs**
Father			
Mother			
Guardian			
Wife			
Husband			
Brother			
Sister			

30. Please give the following details about your family

	Age	**Education**	**Occupation**	**Income**
Self				
Father				
Mother				
Wife/husband				
Brother (s)				
Sister(s)				
Children(s)				

31. Occupational status of Parents / Guardian?

- Occupation
- Unemployed
- Self Employed
- Services
- Farming
- Other Occupation

32. Mention income of yours from any sources? (in rs)

- Below 500
- 500 to 1000
- 1000 to 1500
- 1500 to 2000
- 2000 to 2500
- 2500 to 3000
- 3000 to 3500
- 3500 to 4000
- 4000 to 4500
- 4500 to 5000
- Above 5000

33. How would you describe the relations among the following set of persons in your family?

Relationships	Harmonious	Hostile	Neutral
Between father and mother			
Between you and father			
Between you and mother			
Between you and brother			
Between you and sister			
Between you and husband/wife			

34. State the number of your children?

- Boy(s)
- Girl(s)
- No. of children

35. What is your family type?

- Joint
- Nuclear
- Extended

44. Is your wife an earning member?

Yes No

45. How do you feel about her going to the work?

_____

46. Is it purely for the extra income in the family?

Yes No

47. Is her going to work essential to your family?

Yes No

48. If you have certain difference of opinion please specify below?

_____

_____

49. Information about the friends

Do your friend(s) have the habit of smoking, alcohol or taking drugs?

Habits	**Few**	**Some**	**Many**
Smoking			
Alcohol			
Drugs			

50. In terms of economic status what would you say your friends are?

- Financially Stable
- Financially Unstable
- I don't know

51. Do your friends join in your common activities?

- Frequently

- Sometimes
- Never

52. Did you have occasions to help your friends at the time of difficulties?

- Many
- A few
- No

DRUG INFORMATIONS SCHEDULE

53. What drug do you take at present other than that for the medical purposes?

_____

_____

54. How often do you take the drugs?

- Very rarely
- On special occasion
- Once a month
- Once in 15 days
- Once in week
- Once a day
- Many times in a day

55. Who gives you money to buy the drugs?

- Pocket money
- I take loans

- I pawn
- I sell drugs
- Friends
- I sell personal items
- Any other

56. Where from do you get the drugs?

- Friends
- Relatives
- Pharmacies
- Any other sources

57. What was the type of drug you abused at the initial stage?

- Cannabis
- Charas
- Ganja
- Marijuana
- Bhang
- LSD
- Calmpose
- Alcohol
- Morphine
- Pethidine

- Phensydyle
- Heroin
- Any other

58. What were the sources of initiation into the drugs?

- Stranger
- Friends
- Neighbor
- Relative
- Any other

59. What were the reasons for using drugs for the very first time?

- Peer Pressure
- Curiosity
- Family Problem
- Unemployment
- Frustration
- Any other

60. How much do you spend on drugs. Give cost per month

_____

61. Do you keep stock of drugs that you take?

_____

62. What reasons do you attribute for taking the drugs?

---

63. What do you do under the influence of the drugs?

- Relaxation and pleasure
- Isolation
- Develop escapism and struggles
- Identity formation
- Any other

64. Places at which first use of drug was made?

- Home
- At Social party
- At hotel
- At neighbor
- At religious place
- At any other place

65. How do you take drugs?

- Inject
- Swallowing
- Mixing
- Chasing
- Other

66. Have you committed any offence under the influence or in the attempt to get the drugs?

Yes No Not Sure

If yes you can mention the type of offence:

_____

67. Have you turned on any one to the drugs?

_____

68. Do you share the drugs with your friends?

_____

69. Have you sold the drugs you are taking to others?

_____

70. After starting to take drugs, how has drug affected your job career /if student academic performance?

- Improved
- Same
- Deterioration

71. If the drugs had any other effect, please specify?

_____

72. Are your parents /husband/ wife /guardian/ relatives aware about your drug use?

_____

73. How did you get the information about the drugs?

- Friends
- Neighbor

- Strangers
- Addicts
- Books
- Any other source

74. Who first introduced you to the drugs?

- Friends
- Relatives
- Self
- Strangers
- Addicts
- Not sure
- Others

75. Was the person who introduced you on to drugs, an addict himself?

Yes No

76. What was the motive behind taking drugs for the first time?

_____

77. Are you very close to the person who first introduced on to the drugs?

_____

78. Before taking the drugs for the first time what was your attitude towards the drugs?

- Positive attitude
- Negative attitude

- No attitude
- Not sure

79. If you do not have the money to buy the drugs, would you still continue to take the drugs?

- Yes
- No
- Not sure

80. If you do not have money to buy the drugs what will you do?

- taking drugs
- Borrow money from friends
- Steal money to buy drugs
- Sell personal items
- Steal drugs
- I take available drugs
- Others

81. Do you abuse more than one drug at a time?

Yes No

82. Do you experience any changes in your life after taking up to this habit of drugs?

_____

83. Are you always able to stop using the drugs when you want to?

Yes No

84. Have you had “blackouts” or “flashbacks” as a result of a drug use?

Yes No

85. Do you ever feel “bad” or “guilty” about taking the drugs?

Yes No

86. Does your spouse /parent ever complain about your involvement with drugs?

Yes No

87. Has drugs abuse created problem between you and your spouse / parent?

Yes No

88. Have you lost friends because of your drug use?

Yes No.

89. Have you been in trouble at work because of drug abuse?

Yes No

90. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

Yes No

91. Have you had your medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc?)

Yes No

92. Have you attempted to give up on drugs?

Yes No

93. Duration of Drug Use?

- Less than 6 months

- 6 months to 1 years
- 1 year to 2 years
- 2 year to 3 years
- More than 3 years

94. Availability of Drugs?

- Easy
- Difficult

95. Self-perception of habits of drug taking?

- Shame
- Pride
- Guilty
- Hatred
- Any other

96. Mention age of initiation into the drugs?

- 10 to 15 years
- 15 to 20 years
- 20 to 25 years
- Above 2 years

To analyse the social profile of drug addicts.

1. How many people in the age group of 15 to 35 years are supposed to abuse drugs in Jammu city?

   _____

   _____

2. Do socio-demographic profiles play any role in varying the pattern and magnitude of drug abuse among youth of Jammu city?

   _____

   _____

3. What are the factors leading the youth towards drug abuse?

   _____

   _____

4. Which factors prevent youth from drug abuse or motivate them to quit it?

   _____

   _____

5. Can any sociological theory be formed explaining drug abuse among youth of Jammu?

   _____

   _____

6. Are the policies constituted by the Government effective in dealing with the problem?

   _____

   _____

7. What are the gaps between the policies such as NDPS Act 1985, Prohibition Act 1949, and their practical implementation?

_____

_____

8. What can be the action plan to decrease the demand, curb the supply, and cure and rehabilitate the youth affected with drug abuse problem?

_____

_____

9. What is the magnitude of drug addiction in Jammu?

_____

_____

10. Do you think unemployment is the main cause for increasing drug addicts in Jammu city?

_____

_____

11. How far you see poverty as leading factor for increasing cases for drug addiction?

_____

_____

12. How excess of resources is responsible for drug abuse?

_____

_____

To understand the rehabilitative techniques available for de-addiction in the study area and suggest policy measure for more meaningful absorption of drug addicts on the social realm during and after de-addict

1. Addiction is a complex disease that affects brain function and behaviour but it can be treatable?

   _____

   _____

2. Is single treatment accurate for each abuser?

   _____

   _____

3. Is it necessary to have quick access to the treatment?

   _____

   _____

4. Does staying in treatment long enough is critical?

   _____

   _____

5. What kind of counselling and other behavioural therapies that are most commonly used forms of treatment

   _____

   _____

6. What medications are often an important part of treatment, especially when combined with behavioural therapies?

   _____

   _____

7. Are the treatment plans reviewed often and altered as per patient's need?

_____

_____

8. What are the other treatment that address other possible mental disorders?

_____

_____

9. What are the treatments that doesn't need to be voluntary to be effective?

_____

_____

10. What are the duration of such treatments?

_____

_____

APPENDICES

APPENDIX – I

CASE STUDIES

As discussed in the previous chapters, addicts consume drugs either orally or by injection. Injecting drugs, where a substance is introduced into the body through needles, is a common method. With information gathered from primary and secondary sources, the current study is exploratory and qualitative in character. Journals, publications, newspapers, archives, government reports, census data, and more were examples of secondary sources. The approach to study the data was phenomenological: to understand "how every day, inter subjective world is constituted''. It helps to understand how people make sense of their everyday lives and justify their understanding of the actions and the situations. The perspective also helped us intricately understand how the addicts perceived their family, friends, neighborhood and health practitioners, like those who introduced them in the world of the drugs were considered as their friends and "well-wishers'' while the families, doctors, who have helped them in rehabilitation are linked upon as hinderances. This understanding has negative impact in their minds. The rehabilitation is prolonged and sometimes they are not able to come out of it. This sometimes result in widening the gap between the family and the abusers. Alienation is detrimental not just for the abusers but also for the society. It lowers self-esteem in them, they feel they are burden for the society and increase the chance of suicide, behave like "dropouts'' and do not meaningfully contribute towards the family and the society.

CASE 1: CASE STUDIES OF CHRONIC ADDICTS (20 to 30 years)

1. Asif's Story: From Stability to Struggle - And the Will to Rebuild

Asif, a man from Kishtwar in his 30s, once lived a content and stable life. A government employee, he lived in a joint family with his wife and parents. His relationships at home were strong, and his life was marked by routine, dignity, and fulfillment. But everything began to unravel when Asif gave in to peer pressure. It started with a few friends offering him drugs "just for fun." The first few times were free enough to spark curiosity, then dependency. Once addicted, Asif no longer needed persuasion. He sought out drug peddlers himself, spending a shocking ₹5,000 per day nearly ₹1.5 lakh per month solely on feeding his addiction.

In his own words, “I stopped giving my salary to my family. I couldn’t afford to take care of them. My entire income was going into drugs.” Asif’s descent was steep and painful. He took loans totaling ₹5,00,000 against his salary, further deepening the crisis. As his addiction worsened, he began abusing multiple substances, including sniffing heroin. In just three days, he would blow through all his earnings.

His condition became so critical that he was categorized as a chronic addict. His once-loving family began to withdraw. “My kids don’t talk to me. My family doesn’t respect me anymore. My colleagues avoid me they don’t want to sit or eat with me,” he shared, voice heavy with remorse. But even in the darkest corners of his life, there was a glimmer of hope.

Asif was admitted to the **Police De-addiction Centre in Gandhi Nagar**, where **Shehnaaz Ma’am**, the in-charge, supervised his rehabilitation. His journey began with a complete medical assessment to evaluate toxicity levels, followed by a three-month medical detox program. The team monitored his withdrawal symptoms closely and provided comprehensive support.

Today, Asif is in recovery. His body responded positively to treatment, and he has made a solemn promise never *to touch drugs again.*

With sincere guilt for the damage caused, Asif says, *“I started drugs thinking it was just fun. But my life became a joke. I made a life-altering mistake that hurt not just me, but everyone around me.”*

He now dreams of rebuilding what he lost his family's trust, his children’s love, and his place in society. **Asif’s Message to Others:** *"Don’t try drugs even once. I thought I was just having fun but it took everything from me. Friends who lure you into addiction are not your friends. Value your life, your family, and your future before it’s too late."*

2. **Rozer’s Redemption: From Addiction to Fatherhood**

Rozer, a 29-year-old from a once-promising background, had everything going for him a bright academic record, a stable life, and recently, the joy of becoming a husband and father to a beautiful baby girl. But behind this picture of success was a

dark struggle that nearly destroyed everything he held dear. It began innocently — occasional smoking with friends, a way to unwind and fit in. But the casual habit quickly morphed into chain smoking. That gateway opened the door to more dangerous substances. As his addiction deepened, Rozer found himself making choices that he once would have condemned. He began stealing, relying on multiple romantic partners to support his growing habit, and eventually turned to heroin a drug that would consume nearly every part of his life.

The consequences were heartbreaking. Rozer's actions didn't just hurt him — they left scars on his loved ones. His sister became the target of neighborhood gossip, cruelly labeled as "the addict's sister." The shame and guilt of seeing his family suffer, especially his sister, cut deeply. In a moment of painful clarity, Rozer admitted not only to using drugs but also to selling them a reality he could no longer deny.

Yet, life gave him a reason to hope the birth of his daughter. Holding her in his arms, he realized the kind of father he wanted to be: present, responsible, and clean. That powerful desire to protect and provide for his child became the catalyst for change.

Rozer took a brave step he enrolled in a de-addiction program. Today, he is working hard to reclaim his life, repair broken relationships, and create a stable future for his daughter.

His message is clear: *"No matter how far you've fallen, there's always a way back. Don't wait for things to get worse. Seek help, not just for yourself, but for those who love you."*

3. Case Study: Redemption at Rock Bottom – The Journey of an Anonymous Addict at D-Dwari Center

Background

This case study features a male subject from Jammu, currently admitted at the D-Dwari De-addiction Center in Gurha Slathia. Choosing to remain anonymous, he candidly shared his journey through addiction, denial, forced rehabilitation, and eventual self-realization during his clinical interview.

Previously, he had been admitted to the Gandhi Nagar Police De-addiction Center, but under compulsion from his family. At the time, he had no intention of quitting drugs, nor did he acknowledge the severity of his dependency. He admitted that his attendance in the earlier program was purely forced, with no internal motivation for recovery.

Progression of Addiction

The subject was a chronic drug user, and his substance abuse had reached life-threatening levels. He openly stated that he was on the verge of death due to an overdose, a near-fatal event that served as a major psychological turning point. This moment of confrontation with mortality made him rethink his life choices and triggered a significant emotional and existential awakening.

Turning Point

Describing his survival as a "gift from nature," he voluntarily sought treatment at the D-Dwari De-addiction Center, marking the first time he entered recovery with a personal will to change. He said, *"I realized that if I had died, it would not just have been my end — it would have been a lifelong trauma for my family. I couldn't let that happen."*

This shift from external pressure to internal motivation is a crucial marker in recovery psychology, particularly in chronic addiction cases.

Rehabilitation and Outlook

At D-Dwari Center, he began participating actively in detoxification, therapy sessions, and community support activities. His behavior showed measurable improvements in mood stability, social responsiveness, and goal orientation.

He emphasized that his renewed commitment was driven by family values and a desire to regain dignity. For the first time in years, he expressed ambition: *"I now want to build a business and live a life of respect. I want to be remembered as someone who changed, not someone who was lost."*

4. Case Study: A Cook's Crisis – Addiction, Relapse, and the Will to Heal Again

Background

This case involves a 32-year-old male, a professional cook by trade, currently undergoing treatment at **Aaghaz Drug De-Addiction Centre, located in Bagh-i-Mehtab, Srinagar**. His substance use history spans over 20 years, involving multiple substances including bhukki (poppy husk), tobacco, cigarettes, opium, and eventually, heroin. This is his second admission to a de-addiction center, following a relapse after an earlier attempt at recovery.

Initial Drug Use and Escalation

The subject reported beginning substance use in his early teens. What began as casual use of tobacco and bhukki gradually escalated into regular and heavy consumption. Over the years, he incorporated opium and other substances into his routine. Although his use was consistent, it was the introduction of heroin that marked a major downward spiral.

Upon consuming heroin, he lost all control over his dependency. He left his job as a cook, exhausted his life savings, and ceased all financial support to his family. His frustration and withdrawal-induced aggression led to episodes of domestic violence, especially toward his wife. He admitted, *"I was angry all the time. I wasn't me anymore."*

Relapse and Impact

After his first treatment attempt failed to prevent relapse, the subject sank further. His family ties deteriorated severely. His wife stopped speaking to him, and his children grew distant, expressing dislike and fear toward him. He became socially isolated, financially unstable, and emotionally devastated.

He described the consequences as "irreversible damage to trust" and a life filled with guilt, shame, and regret. He noted that his children's rejection had a particularly strong emotional impact:

"When your own children don't want to look at you… that breaks something inside."

Turning Point and Motivation for Second Treatment

Despite past failures, the subject has returned to the de-addiction center voluntarily, determined to change. He openly acknowledges his mistakes and expresses a strong internal motivation to quit substances for good. The primary driving forces behind this decision are:

- The emotional estrangement from his children
- The financial collapse of his household
- The physical and emotional toll heroin has taken on his body and mind

He now wishes to rebuild his family, re-enter the workforce, and set a better example for his children. He refers to this second chance as *"my last door to a new life."*

Clinical Observations and Treatment Focus

At Aaghaz De-addiction Centre, the patient is currently undergoing detoxification, individual counseling, and group therapy. He is actively participating in sessions and has shown a higher level of emotional insight compared to his first admission. Staff report signs of engagement, reduced aggression, and openness to change.

Conclusion

This case highlights the cyclical nature of addiction, especially when compounded by social, emotional, and financial stressors. It reflects how relapse is not failure, but a part of the complex recovery journey, especially when deeper issues remain unresolved.

The subject's transition from denial to acceptance, and his renewed commitment to recovery, show that even those at rock bottom can find the will to heal if provided the right support and empathy.

Subject's Message to Others:

"Don't wait to lose everything like I did. Drugs will make you forget your responsibilities, your family, and even yourself. But if you get help, there's still a life worth living."

CASE – II: CASE STUDIES OF ADOLESCENT ADDICTS (12 to 17 years)

Sahil's Story: A Cautionary Tale from Bishnah, Jammu

At just 17 years old, Sahil from Bishnah, Jammu, found himself ensnared in the devastating cycle of drug addiction a path he never imagined he'd take. It all began with the influence of his peer group. Out of curiosity and misplaced trust, Sahil accepted free drugs from friends. What started as an experiment soon spiraled into a full-blown heroin addiction.

The consequences were swift and severe. His bonds with family and friends began to crumble. The warmth of home was replaced by silence, conflict, and guilt. As his dependence deepened, Sahil's daily expenditure on heroin surged to ₹3,000–₹4,000 a staggering cost that underscored the powerful grip of the substance.

Now, after spending a month at a de-addiction center, Sahil reflects on his journey with heavy regret. "I wish I had asked for help sooner," he says, acknowledging the emotional and financial toll his addiction took on those around him. The guilt of causing pain to loved ones lingers, but so does a newfound resolve to rebuild his life.

Sahil now uses his story as a warning to others: *"Heroin is a trap. Getting out is not easy, but it's possible if you act before it's too late. Be mindful of the company you keep. Say no to drugs before they take everything from you."*

CASE STUDY – III: CASE STUDIES OF RELAPSED ADDICTS

A Relapse Survivor's Truth: Breaking Free, Again

In the quiet care of Mashwara De-addiction Center, a man in his late 30s, from a Sikh background, courageously shared his long and painful history with addiction. Preferring to remain anonymous, his story reveals the harsh realities of relapse and the enduring strength it takes to rise, even after falling again.

He comes from a nuclear family, and his journey into substance abuse began over 20 years ago, when he was in his early 20s. Like many others, his first encounter with drugs was born out of peer pressure. *"I didn't want to lose my friends. They kept insisting I try drugs. I gave in not out of desire, but fear of exclusion,"* he recalled.

That first decision spiraled quickly. He began to experience severe withdrawal symptoms trembling hands, profuse sweating, loss of appetite, and overwhelming anxiety. Despite his initial guilt, he couldn't resist the pull of the substance. *"When I tried to stop, my body betrayed me. I couldn't think straight, I couldn't sleep. So I went back."*

His friends eventually pointed him toward drug peddlers. Shame and guilt weighed heavily, but at that point, he felt trapped. He did, however, seek help. With the support of his family, he entered a de-addiction center and made a strong recovery. For a while, life returned to a healthier rhythm.

But addiction is cunning and relapse is always a risk.

Years later, he found himself slipping again. This time, the reason wasn't peer pressure it was internal emptiness, the monotony of daily life, and an inability to cope with anxiety and overthinking. To find some sense of calm, he turned to alcohol. That gradually escalated into cocaine, and eventually back to heroin and 'chetta'.

"I became a slave to it again and this time, I couldn't blame anyone else. It was me," he admitted with painful honesty.

Yet again, he made the brave choice to return to the de-addiction center. *"I knew I had made a mistake. But I also knew I had the will to fix it."*

His Message to Others:

"Recovery doesn't always happen in one go. But that doesn't mean you've failed. Relapse doesn't mean defeat it means you need to find new strength, and ask for help again. Never let shame stop you from healing."

This story is a reminder that addiction is **not a one-time battle**, but a lifelong journey one that requires **resilience, support, and self-forgiveness**. With the right care and the courage to try again, recovery is always within reach.

Case Study: The Struggle of a Relapsed Addict – Breaking Free a Second Time

Name: Anonymous

Age: Early 20s

Location: Jammu

Rehabilitation Centre: (Name withheld for confidentiality)

Current Status: Undergoing treatment after relapse; desires to resume education

Background:

This case involves a young male addict who had previously undergone detoxification and treatment for drug addiction. After showing initial signs of recovery, he unfortunately relapsed due to **reintegration into the same high-risk environment** namely, the **same friend circle**, **frequent parties**, and **easy access to drugs**.

Trigger for Relapse:

Despite initial resistance and awareness of the consequences, the subject experienced **intense withdrawal symptoms** upon exposure to drug-heavy settings again. These included:

- **Nose bleeding**
- **Irritability and emotional breakdowns**
- **Strong physical cravings**

While he had previously completed a detoxification program, his body still carried the **memory of dependence**, making relapse highly probable when re-exposed.

Role of Peer Influence:

A critical factor in his relapse was the re-involvement with a friend group, among whom **one was an active drug peddler**. This individual had previously been **in police custody multiple times**, yet continued to operate and influence others.

Initially, the addict was given drugs **for free**, a common tactic to trap individuals into dependence. Once hooked again, he was **forced to pay**. Despite previous warnings, the addict found himself manipulated and coerced back into usage a devastating example of how **social pressure and poor company** can override treatment outcomes.

Personal Consequences:

- **Emotional Loss:** His girlfriend, unable to handle the repeated cycles of deception and instability, **left the relationship**.
- **Family Strain:** His parents felt **helpless and emotionally exhausted**, having already invested emotionally and financially into his recovery.
- **Self-worth:** The subject confessed to feeling like a **failure**, ashamed of his choices, and devastated that his efforts at recovery seemed wasted.

Seeking Redemption:

After realizing the gravity of his relapse and the permanent damage it was doing to his life, the individual **willingly sought treatment again**. This time, he requested counseling support in addition to detoxification and shared his desire to **return to education** and **build a disciplined future**.

Reflection & Outlook:

"I made the mistake of going back to the same people who ruined me once. Recovery isn't just about quitting it's about rebuilding your environment, your choices, and your mindset. This time, I won't let go of my future."

Conclusion:

This case highlights the **fragility of recovery** in environments where high-risk factors persist. It underscores the need for **long-term counseling, environmental change, and continued support** even after detoxification. Relapse is not failure; it is part of the struggle and with support and resolve, a comeback is always possible.

CASE STUDY IV: INTERMITTENT ADDICTS (17 to 21 years)

Case Study: The Intermittent Teen Addict – A Journey of Guilt, Withdrawal, and Willpower

Location: Mashwara De-Addiction Centre, Jammu

Age of Subject at First Use: 16 years

Status: Was undergoing treatment; participating in rehabilitation activities

Background

This case involves a male teenager, was receiving treatment at the Mashwara De-Addiction Centre in Jammu. His story reflects the harsh psychological and physical consequences of early-onset addiction, peer influence, and intermittent usage patterns that developed into compulsive dependence.

At the age of just 16, the subject was introduced to drug use not through smoking or pills but through the most dangerous route: direct injection. The injection was provided by a friend's friend, and this reckless initiation marked the start of a destructive path.

Progression of Addiction

After injecting, the subject began sniffing drugs and engaged in multiple means of securing money to support his habit. These included:

- Stealing from neighbors and family
- Borrowing money under false pretenses
- Working petty jobs with poor conditions

As his reputation deteriorated, so did his relationships. He confessed that his good friends abandoned him, and the community ridiculed and ostracized him. *"No one respected me anymore. They saw me as a thief, not a boy,"* he said during the interview.

The emotional toll of rejection and loneliness caused him to internalize self-hate, leading to negative thoughts about everyone around him.

Withdrawal Symptoms

The subject faced severe physical withdrawal symptoms, including:

- Watery eyes
- Nose bleeding
- Hallucinations
- Restlessness and irritability

These symptoms frightened him and reinforced his guilt, especially as he realized the long-term damage he was doing to himself and his future. He openly expressed deep regret over the wasted years and the isolation caused by his behavior.

Turning Point

Recognizing the severity of his condition, his uncle intervened and admitted him to the Mashwara De-Addiction Centre. For the first time, he is now in an environment structured to heal not just physically, but emotionally and socially.

Rehabilitation and Daily Routine

The center follows a strict routine aimed at rebuilding discipline, responsibility, and positive engagement:

- Morning exercise
- Cooking one meal per day
- Recreational activities
- Reading and group therapy

These tasks help him stay busy, channel energy positively, and reflect on his journey.

Current Outlook

The subject is willfully participating in the rehabilitation process. Though he struggles with guilt and shame, he has started to show signs of emotional recovery. He has shared his story with other teens at the center in hopes that they learn from his mistakes.

Subject's Reflection:

"I lost so many people. I lost time. But now I just want to rebuild even if it's slowly. I don't want to be a name people whisper about. I want to be someone they believe in again."

Conclusion

This case offers a powerful insight into teenage addiction onset, injectable drug use, and the social consequences of substance abuse. It underscores the critical need for early intervention, youth education on peer pressure, and structured rehabilitation programs that go beyond detox to focus on rebuilding identity and social trust.

Arun Choudhary's Wake-Up Call: A Teen's Fight Against Addiction

At just 19 years old, **Arun Choudhary**, a resident of Jammu, has already lived through a harsh reality that many might never face in a lifetime. His story is one of early exposure, painful consequences, and ultimately, the courage to seek change.

Arun's journey into substance abuse began at the vulnerable age of **16**, when he was in **Grade X**. Describing himself as an average student, he never imagined his life would take such a sharp turn. It started when an older friend convinced him to try drugs, saying, *"Once you take it, all your tension disappears. Life feels enjoyable and free."*

That moment of influence proved pivotal. Arun tried it — and didn't stop. Over time, he consumed **multiple substances**, leaving no drug untouched. Eventually, his addiction led him to the most dangerous stage: **injecting heroin directly into his veins**. He admitted to both **oral and injectable consumption**, showing how far his dependency had progressed in just three years.

But fate had a powerful lesson in store.

The very friend who introduced Arun to drugs **died of an overdose**. The tragedy was a turning point a jolt that shook Arun to his core. *"I realized that if I don't stop, I might meet the same end,"* he said in his interview. The loss ignited fear, reflection, and a flicker of hope the belief that change was still possible.

Arun took the brave decision to **seek help voluntarily**, enrolling himself in a de-addiction center. Despite his efforts, he expressed a painful concern: *"Even if I recover, will my family or relatives ever accept me again?"* That fear lingers, but so does his determination to rebuild his life.

Arun's Message to the Youth:

"Never try drugs not even in your worst moments. One wrong decision can destroy your future. I made that mistake, and I don't want others to repeat it."

The Anonymous Voice from Srinagar: A Story of Shock, Survival, and Second Chances

At just **21 years old**, a young man from **Srinagar** made the courageous decision to seek help at the **Youth Development and Rehabilitation Center, Waganpora**. Choosing to remain anonymous, his story nonetheless speaks volumes — not just about addiction, but about trauma, peer pressure, and the strength it takes to break free.

His journey into substance use began like many others — with a friend. The same friend who first introduced him to drugs tragically **died from an overdose**, a moment that would become the catalyst for the young man's turning point. *"We were three friends,"* he recalled, *"We started with Bhukki and eventually used everything — LSD, Morphine, Methadone, alcohol, heroin."*

Initially, the drugs were taken orally. But as their addiction deepened, they turned to injecting substances. The physical toll was devastating. With tears in his eyes, he showed the scars: **veins in his arms, legs, and neck — all collapsed**. *"Now only the private part's veins remain, but I refuse to go down that path again,"* he said with a rare and painful honesty.

Despite the profound physical and emotional damage, he has now found a sense of resolve. He **willingly admitted himself** to the center, determined to detox, recover, and reclaim his future. His goal? To **return to his studies and rebuild a meaningful life**.

Yet, he speaks candidly about the challenges that remain beyond addiction. *"Even if you break free from drugs, society still won't let you forget. The stereotypes follow you,"* he shared. Still, he remains committed to his journey.

He praised the care provided at the **Waganpora De-addiction Center**, mentioning the structured routines, timely medical treatments, and engaging recreational activities. These efforts, he says, are helping him heal — physically, mentally, and emotionally.

His Message to Others:

"Don't wait for a wake-up call like I had. The death of my friend changed my life. You may enjoy drugs for a moment, but they can destroy your future forever. Get help before it's too late."

CASE STUDY V: EX-ADDICTS

Case Study: From Officer to Advocate — The Recovery Journey of an Ex-Addict

Background

The subject of this case study, who has chosen to remain unnamed, is a former government officer who once held a position of responsibility, stability, and public trust. In his early career, he was respected for his discipline and performance. However, a series of personal and professional stresses combined with a misguided social circle led him down a dangerous path: substance abuse. He was admitted in **Drug De- addiction and Rehabilitation center, Polic Control Room, Srinagar**

What began as occasional alcohol use to "ease the stress" gradually escalated. Under the influence of peers and the pressures of his work environment, he began experimenting with stronger substances. Over time, he became dependent on heroin, prescription drugs, and alcohol, severely affecting his professional duties and family relationships.

Addiction Phase

At the peak of his addiction, he was absent from work, emotionally detached from his family, and financially unstable. His official reputation suffered, and he faced internal inquiries at his workplace. He recalls feeling *"trapped in a cycle of shame and dependence aware of the damage, but unable to stop."*

Despite multiple attempts to quit on his own, withdrawal symptoms, intense cravings, and the emotional burden of failure repeatedly pulled him back into addiction. His family began to distance themselves, and his professional credibility was nearly destroyed.

Turning Point

The turning point came when he witnessed a colleague also an addict suffer a fatal overdose. The incident shook him deeply. Realizing that his fate could be the same, he voluntarily enrolled in a de-addiction program. It was during this phase that he first interacted with professional counselors and mental health experts who helped him

understand that addiction is not a moral failure, but a medical condition that requires structured intervention.

Recovery and Counseling Journey

After a successful detox and rehabilitation phase, he committed to regular counselor sessions to address the psychological and emotional roots of his addiction. These sessions became a space for reflection, healing, and rebuilding. Through consistent therapy, he worked through feelings of guilt, shame, and fear of relapse.

Today, this former officer attends weekly counseling not only for his own continued well-being, but also as a motivational speaker for new patients. He shares his story with others struggling with addiction, especially those from professional backgrounds who often hide their struggles due to fear of stigma.

Quote from Subject

"If someone like me a respected officer can fall into this trap, then anyone can. But more importantly, if I can get out of it, so can you. Addiction doesn't define you. Your decision to fight it does."

Conclusion

This case highlights the transformative power of counseling and long-term support in addiction recovery. The subject's journey from a public servant lost in addiction to a voice of hope for others emphasizes that recovery is not only possible it's sustainable, with the right systems in place.

His participation in counseling sessions continues to be a crucial factor in his relapse prevention and serves as a living example of how former addicts can become peer leaders and mental health advocates.

Case Study: Iqbal – From Addiction to Advocacy

Name: Iqbal

Age: 26 years

Rehabilitation Centre: Jeewan Dan Foundation De-Addiction Centre, Jammu
Current Status: Recovered, Employed, Guest Speaker & Counselor

Background:

Iqbal, a 26-year-old male from Jammu, was once deeply entangled in substance abuse. Introduced to drugs during his teenage years, his addiction escalated rapidly due to peer pressure and emotional instability. What began as casual experimentation evolved into a chronic dependency that impacted every facet of his life from his relationships to his career prospects.

Rehabilitation Journey:

Iqbal was admitted to the **Jeewan Dan Foundation De-Addiction Centre** during a particularly low point in his life. With the support of medical staff, counselors, and family members, he underwent a full course of detoxification followed by psychological counseling and vocational rehabilitation.

His recovery was not instantaneous; it required **immense willpower, structured therapy**, and most importantly, a **shift in mindset**. He credits the center's routine including regular exercise, therapy sessions, mindfulness practices, and skill development as the pillars that helped him reclaim his life.

Current Role & Impact:

Today, Iqbal is employed in the private sector and leads a stable, drug-free life. He frequently returns to **Jeewan Dan Foundation** not as a patient, but as a **guest lecturer and peer counselor**. His role is voluntary, motivated by a sense of duty and gratitude.

He shares his story with current patients, offering hope and practical strategies to overcome addiction. His sessions focus on:

- Recognizing early signs of dependency
- Resisting peer pressure
- Building a support network
- Rebuilding broken relationships
- Maintaining long-term sobriety

Iqbal often tells patients:

"The hardest part isn't quitting it's choosing to start again every single day. But if I can do it, so can you."

Conclusion:

Iqbal's journey from addiction to advocacy exemplifies the **transformative power of rehabilitation** when combined with internal motivation and external support. His case is a testament to the importance of **post-recovery engagement**, as former addicts like him play a vital role in motivating others to choose the path of recovery.

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