



AWARENESS OF DRUG ADDICTION AMONG COLLEGE STUDENTS OF KASHMIR VALLEY

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ABSTRACT

Drug addiction is a major preventable cause of morbidity and mortality worldwide. The Kashmir society is not an exception to this abuse and a large population of youth in Kashmir valley is lured by drugs due to their easy availability. Most adult drug/smokers start drug/smoking regularly some time before 18 years of age. The aim of this study was to know the awareness of drug addiction among College students studying in various institutions of Kashmir valley. The results of this study may help to develop more effective drug/smoking prevention programs. The study was carried out by a cross-sectional survey of 400 youth, 200 male and 200 female selected at random from different colleges of Kashmir valley of Jammu and Kashmir State, using a specifically designed questionnaire. The respondents selected at random were asked questions regarding the age at which people began to use drug/smoking, initiation, their drug/smoking habits, their reasons for drug/smoking, and their views on people who drug/smoke etc. The results obtained in this study presents a horrifying picture and a threat for the entire society if the drug abuse menace is not controlled.

Keywords: Drug addiction, Kashmir, Awareness, Substance abuse, Drug de-addiction

Introduction

According to the definition, drug addiction, also called substance use disorder, is a dependence on a legal or illegal drug or medication. Drug abuse and addiction have negative consequences for individuals and in general a threat for the entire society if the menace is not controlled. The world statistics on the drugs/substance abuse show a horrifying picture as it has become the third largest fast growing business in the world next to petroleum and arm trade and about 190 million people throughout the world are involved in the abuse of one substance or other. Today on the

basis of the vast literature available, we observe that almost every part of the world is facing challenges, like poverty, corruption, underdevelopment, unemployment etc. and all these problems contribute to form a new fast growing problem that is, drug addiction and trafficking. According to World Health Organization (WHO) by the year 2020 mental and substance use disorders will surpass all physical diseases and will be a major cause of disability worldwide (WHO, 2008). The United Nations Office on Drugs and Crime (UNODC) World Drug Report, 2013 estimates that between 167 -315 million people aged 15–64 used illicit drugs atleast once in the year and around 2 lakh people continue to die every single year due to illicit drugs. The literature (e.g., Ghosal et al. 1996; Rani, et al. 2003; Lal, 2008; Nadeem, et al. 2009; Anand, 2012; Gupta, 2012, Bilal et al. 2013) show a very grim situation with reference to drug/substance use in India. Cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India. Cannabis products, often called charas, bhang, or ganja, are used throughout the India as it has attained some amount of religious sanctity because of its association with some Hindu deities.

The youth of Jammu and Kashmir who were born and brought up during the past 20-25 years of the conflict is now falling prey to drugs. Drug addiction has gripped the whole new generation and has become one of the serious most problems amongst the youth in the restive Kashmir valley. According to a study conducted by United Nations Drug Control Programme (UNDCP) in 2008, there are 70000 drug addicts in Kashmir division alone including 4000 women. A well-known psychiatrist Dr Mushtaq Margoob's book, "Menace of Drug Abuse in Kashmir", published in 2008, states that the Valley has 2.11 lakh drug abusers. These figures have increased manifold in last seven years. It is worth mentioning here that substance abuse is not an acceptable behaviour in our society and thus the figures might only reflect a tip of the iceberg and there may be a huge hidden population of drug addicts in our state. There are many stories which reveal that armed conflict in J&K plays a crucial role on drug addiction among youth of Kashmir valley. In a study done at the Government Psychiatric Diseases Hospital (GPDH) in 2002, doctors compared drug trends from 1980-88 and 2002 in patients – before the armed conflict erupted and after. An alarming increase of over sixty percent was reported in the use of opioid-based preparations (9.5 per cent to 73.61 per cent), and an over twenty five percent increase in multiple substance-abuse (15.8 per cent to 41.6 per cent), from the 1980s to 2002. In another study conducted by GPDH, with help from the Ministry of Science and Technology in

2006, out of the 561 substance-use disorder patients, it was discovered that 63.85 per cent of patients had either experienced or witnessed multiple traumatic events, qualifying for the diagnosis of Post-Traumatic Stress Disorder (PTSD) compared to 36.14 per cent patients who had exposure to one traumatic event. This startling connection establishes the link between violence, PTSD and recourse to addiction, where PTSD is a primary disorder and subsequent substances abuse is used to self medicate symptoms of the disorder. A recent research study conducted by Government Psychiatric Disease Hospital (GPDH) reveals that 60000 youth including 4000 girls under the age group of 18-35 are drug addicts. The drugs which the youth consume are opium, heroine, brown sugar, and alcohol. Nearly 40,000 bottles of alcohol are consumed every day, the study states. Another study reveals that, 65 to 70% students in Kashmir are drug addicts who include gateway drugs too and around 26% female students. The actual status of drug abuse in Jammu & Kashmir is not clear as no comprehensive survey in J &K has been carried out. However, there are some studies which show a very grim picture of substance abuse in Jammu & Kashmir state. The studies conducted by the various government and private agencies have painted a grim picture about the substance users in the Kashmir valley. Experts believe that drug addiction is getting very common in Kashmir because of its easy availability in the markets. It is reported that tobacco, cannabis (charas), alcohol, benzodiazepines (sleeping pills, like alprax, valium), opiates (like codeine, heroin, morphine), brown sugar, Inhalants (like Fevicol SR , glue, paint thinner, petrol, shoe polish etc) are the major drugs of abuse in the state of Jammu and Kashmir.(Margoob, 1993; Naqshbandi, M, 2012; Pirzada , M.A, 2013; Bilal, Manish & Sheema 2013; Bilal et al. 2016).

In order to curb the menace of drug abuse, Jammu & Kashmir Police and Army has taken an initiative that is appreciable by establishing drug de-addiction centre(s) on scientific lines and no individual is forcefully admitted there. J&K Police reveal around 2,574 kilograms of cannabis and its derivatives, 11,000 bottles and 17,000 tablets of psychotropic prescription drugs were seized in 2013 and in 2014, a total of 282 persons were arrested by J&K police under Narcotic Drugs and Psychotropic Substance Act, 1985. Abdul Gani Mir, Inspector General of Police, Kashmir asserted that eradication of drug addiction among youth was the toughest challenge after militancy in the state. According to him, Kashmir had already lost a generation to violence and could not afford to lose another to the drug menace. The IGP was addressing the

commemoration function of five years of Police Drug De-addiction Centre in Srinagar at the University of Kashmir. However, in the same function, a senior professor and Dean Academic Affairs of Kashmir University, accused the police officials of being "hand-in-glove" with the drug mafia. The University Professor warned that if police didn't act immediately, the epidemic of drug mafia will reach to their thresholds. It is important to mention that a patient's mother who was waiting for the doctors to discharge her son from a de-addiction centre says, "Why is the drug problem of this magnitude? Why are the authorities not doing anything about it?" There is an urgent need to address the drug problem. Drug addiction is increasing among adolescents in Kashmir valley. Hence the present study entitled "Awareness of Drug Addiction Among College Students of Kashmir valley" is undertaken to know the level of awareness among college going students of Kashmir valley, to identify the common causes of drug addiction and measures to control.

Material and Methods

In the present study both quantitative and qualitative methods are applied in order to obtain a holistic insight into the objectives of the study. The exploratory nature of the present study necessitated a quantitative approach in order to obtain the perceptions and feelings of respondents and the underlying issues, which qualitative data would omit. The study adopted quantitative techniques using the survey method because it can empirically test the hypotheses used in this study. The questionnaire developed was pre-tested and validated by specialists and experts using appropriate statistical techniques.

The survey was carried out by using interview schedule and targeted at random 400 students, 200 male and 200 female studying in different institutions of Kashmir valley. An interview schedule was administered and the respondents were asked the relevant questions in simple and easy-to-understand language. The answers were immediately marked on the interview schedule, and this was done so that no details escape the mind. The data collected was carefully analysed using appropriate statistical tools with the help of Statistical Package for Social Sciences (SPSS version 20).

Research Hypothesis

Hypothesis : There will be no significant difference in awareness between male and female students studying in various colleges of Kashmir valley.

In order to test the hypothesis, we use chisquare test and Mann-Whitney U test

Chisquare test with usual notations is given by

$$X^2 = \sum_{i=1}^2 \frac{(o_i - e_i)^2}{e_i}$$

where $X^2 \sim \chi_1^2$, o_i and e_i are observed and expected frequencies. We reject H_0 if p-value is less than specified level of significance.

Further, with usual notations Mann-Whitney W test is given by

$$W = N_1N_2 + \frac{N_x(N_x + 1)}{2} - T_x$$

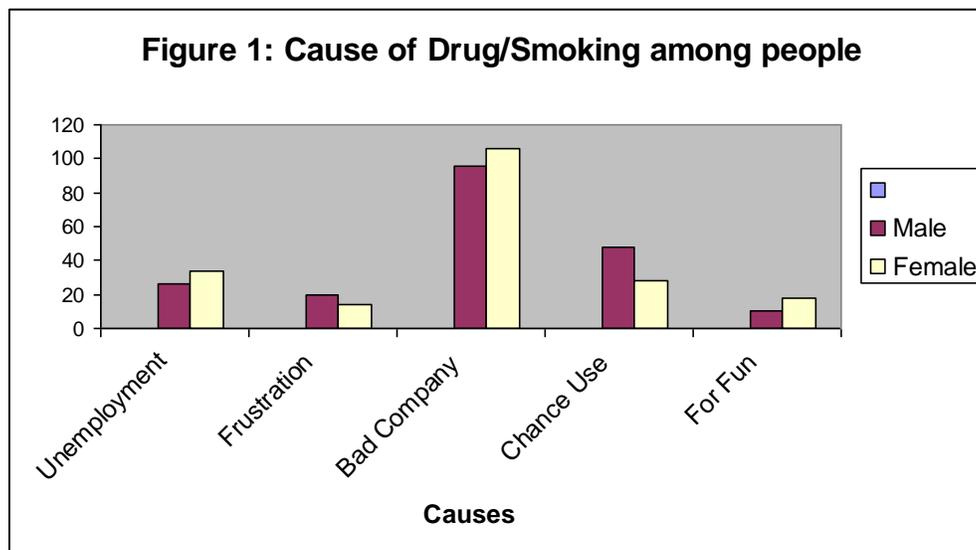
where N_1 is the number of subjects in group 1; N_2 is the number of subjects in group 2. T_x is the larger of the two rank totals and N_x is the number of subjects in this group.

Results and Discussion

The data presented in Table 1 reveals that majority of the respondents Male (48%) and Female (53%) respondents agree that cause of drug addiction/smoking addiction among people is bad company. Further, 24% Male respondents agree that cause of drug/smoking addiction is chance use, 13% think unemployment, 10% think frustration and 5% think people drug/smoke for fun. Similarly, on examining the response of Female students, it has been observed that 17% think unemployment, 14% think chance use, 9% think for fun and 7% think people drug/smoke because of frustration. Statistically, there is a significant association in opinion between male and female respondents ($p < 0.05$). The results obtained in this study are in agreement with the earlier study (Bilal et al 2016).

Table 1: Cause of Drug/Smoke among people

| Respondent | Unemployment | Frustration | Bad Company | Chance Use | For Fun |
|--------------------|--------------|-------------|-------------|------------|---------|
| Male | 26 (13%) | 20 (10%) | 96 (48%) | 48 (24%) | 10 (5%) |
| Female | 34 (17%) | 14 (7%) | 106 (53%) | 28 (14%) | 18 (9%) |
| Chisquare = 10.169 | | | P<0.05 | | |



The data presented in Table 2 depicts that majority of the male (48%) respondents believe that people become drug addicted in the age group of 20-30 years, followed by < 20 years age group then 30-40 age group and finally >40 years age group. Further, the female respondents in majority (41%) believe that people become drug/smoking addicted at <20 years age followed by 20-30 years age group then by 30-40 years age group and finally >40 years of age group. In response to question (ii) asked the majority of the male (52%) and female (41%) respondents believe that smoking is a door to drug addiction. Similarly, it is observed that in response to question (iii) asked majority of the male (73%) as well as female (81%) respondents believe that smoking is injurious to health. Statistically, opinion and gender is significantly associated ($p < 0.01$). The results obtained in this study are in agreement with the earlier studies (Naqshbandi, 2013, Bilal et al 2016).

Table 2: Awareness of drug addiction among students

| Question Asked | Type | Male | % | Female | % | Chisquare | P-value |
|---|----------|------|----|--------|----|-----------|---------|
| i) Age at which you believe people become drug addicted | <20 yrs | 54 | 27 | 82 | 41 | 14.176 | <0.01 |
| | 20-30 | 96 | 48 | 62 | 31 | | |
| | 30-40 | 28 | 14 | 36 | 18 | | |
| | >40 | 22 | 11 | 20 | 10 | | |
| ii) Do you think that smoking is a door to drug addiction | Yes | 38 | 19 | 72 | 36 | 14.496 | <0.01 |
| | No | 104 | 52 | 82 | 41 | | |
| | Not Sure | 58 | 29 | 46 | 23 | | |
| iii) I know smoking is injurious to health | Yes | 146 | 73 | 162 | 81 | 55.301 | <0.01 |
| | No | 36 | 18 | 2 | 13 | | |
| | Not Sure | 18 | 9 | 12 | 06 | | |

The data presented in Table 3 reveals that in response to the questions asked to the male and female students both highly agree. However, statistically, there is a significant difference ($p < 0.01$) between the opinion of two study groups i.e., male and female respondents.

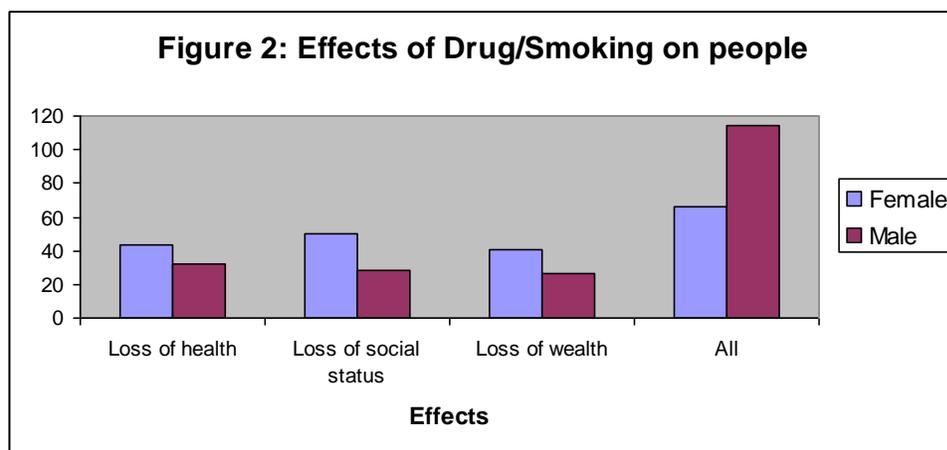
Table 3: Measures to Reduce Drug/Smoking Addiction

| Question Asked | <u>Male</u> Median | <u>Female</u> Median | W | P-value |
|---|-----------------------|-------------------------|---------|---------|
| i) Govt. Should strictly Ban Smoking/Drugs and its sale | 4.269 | 4.331 | 20103.0 | <0.01 |
| ii) Religious Leaders should aware people that smoking is haram/harmful | 4.610 | 4.629 | 26497.0 | <0.01 |
| iii) Elder Family Member should aware all family members about the problems | 4.681 | 4.699 | 25958.0 | <0.01 |
| iv) By involving drug addicts in games and hobbies we can overcome this bad habit | 4.720 | 4.711 | 30913.0 | <0.01 |

The data presented in Table 4, reveals that 21.5% believe that effect of drug is loss of health, 25% believe that loss of social status, 20.5% believe that loss of wealth and majority of female respondents (33%) believe that all the three reasons are the effects of drug/smoking. Further, in case of students studying in male courses 16% believe that effect of drug is loss of health, 14% believe that loss of social status, 13% believe that loss of wealth and majority of male respondents (57%) believe that all the three are the effects of drug/smoking. Statistically, there is a significant difference between the opinion of respondents ($p < 0.01$). The results obtained in this study are in agreement with the earlier study (Bilal et al 2016).

Table 4: Effects of Drug/Smoking on people

| Respondent | Loss of health | Loss of social status | Loss of wealth | All |
|--------------------------------|----------------|-----------------------|----------------|-----------|
| Female | 43 (21.5%) | 50 (25%) | 41 (20.5%) | 66 (33%) |
| Male | 32 (16%) | 28 (14%) | 26 (13%) | 114 (57%) |
| Chisquare = 23.977, $p < 0.01$ | | | | |



Conclusion:

This study conducted in Kashmir valley tries to look at the crucial aspect of drug awareness and vis-vis treatment of drug addiction especially for the students of our society. The study reveals that 91.23% respondents are not aware of the process of drug de-addiction. Only 5.6% respondents know about the NGO(s) working in the field of drug de-addiction and only 8.21%

respondents know about the drug de-addiction centre(s) present in Kashmir valley. There is a great need for creating awareness about drug abuse among students. In Kashmir the problem of drug addiction has metastasized for several reasons. To begin with, the role of the drug monitoring agencies in controlling the menace in the Valley is nearly zero, emphasizes a doctor. Any person booked under the Narcotics Drugs and Psychotropic Substances (NDPS) Act can be released on bail; whereas, the act is non-bailable in any other state. It is difficult to break the nexus between the chemists, the peddlers and the police, admits a high-ranking Govt official. Sopore and South Kashmir are the worst hit in the Kashmir Valley. The lack of awareness compounds the problem. In rural Kashmir, families are unaware if a drug is being abused in their midst. “The womenfolk don’t know that the man of the house is an addict. They think he’s taking medicines. In that case, how can they help him? A vast literature available on the topic reveals that due to armed conflict there is a free access to drugs and alcohol. Dr Arshad Hussain, a psychiatrist at the GPDH, recounts that historically, Kashmir used to be a low drug addiction zone. In the 1980s, when the entire sub-continent, a part of Golden Triangle, was witnessing an opioid boom, Kashmir had resisted. Not anymore. The situation has taken a drastic turn. Just the statistics are alarming, as per the GPDH figures – 90 per cent abusers belong to the age group of 17-35, with a lifetime prevalence of drug addiction. This is a very conservative estimate, experts say. Many deaths have been reported in young men because of opioid use. Dr Abdul Maajid of the Psychiatry Department of the SKIMS Medical College, Bemina, informs about the deaths of three drug abusers in rural areas in North Kashmir– two persons, died of drug over-dose, and one died in a road accident because he was high on drugs. Steadily, Kashmir is losing the most productive age group to drugs, with manifold repercussions on social and occupational function, affecting both society and economy. The effects of drug abuse are long-term and limitless, as they percolate through all the aspects of life. There is an increase in the crime rate, road accidents, suicides and suicidal attempts, deaths due to overdose, psychiatric disorders and high cost on general health issues due to chronic drug abuse like liver disorders, gastritis, accidental injuries and an increased risk for HIV infections due to Intravenous Drug Use (IDU). Addiction cause irreparable damage to the family structure. Addiction impacts children’s lives too, often leaving them to bear its consequences till late adulthood. People blames the gravity of the situation on agencies that monitor drug control, they believe that almost 50 per cent of medical shops in the Valley are unlicensed. Easy availability of the drugs is a huge contributing factor to

addiction. Sources in the peddling business reveal that the valley consumes 6000 bottles of Codeine per day, and out of this Sopore alone consumes over 3,000 bottles. The foregoing scenario shows clearly that the situation is turning for the worse and is deteriorating at a rapid pace. Social worker Yasir Zahgeer who has been helping addicts recover for the last eight years, shares his insight on the causes of the sky-rocketing levels of abuse. He reveals that almost 50 per cent of drug abuse cases he has come across are directly related to violence. “Patients who are unable to deal with the after effects of torture and violence, those who have been witness to blasts and shoot-outs finally seek refuge in drugs.” Zahgeer explains, “Initially, when the addict is admitted to our centre, doctors play 70 per cent of the role until the withdrawal symptoms disappear, and the counsellors play 30 per cent of role in the first week. After that, the ratio is reversed. We need counsellors in the long-term to teach them how to resist going back to drugs and to develop new techniques in coping with everyday stress factors.” “It is scientifically proven that chronic stress alters the genotype of the individual. Children will imbibe the behaviour of the parents if they are suffering from PTSD. Stress will lead to drug abuse. The next generation will be genetically pre-disposed to using drugs and this will exacerbate the problem.” Societal and familial support can play a major role in the recovery of the individual. To curb the growing menace of drug abuse every person of the state should take the responsibility and join hands with each other against such a problem. It is appreciating that Police, Army in fact people from all walks of life in J&K including Kashmir’s head priest and Chairman of Mutahida Majlis-e-Ulema (MMU), Mirwaiz Dr. Umar Farooq and Human help group leaders M.Y. Naqash, Hakim Abdul Rashid, Bilal Siddique and others launched many awareness drives against the drug menace time and again present in the valley and appealed youth to be on path of religion and morality and asked the people to act tough against the drug peddlers by which our youth get involved in drug addiction.

Suggestions:

(i) With drug addiction becoming a serious problem, department of psychiatry, Government Medical College, Srinagar should took a lead by conducting awareness and intervention programs in major districts of Jammu and Kashmir State. Further, more drug dependence treatment and counseling centers be formed at all district levels.

(ii) Elders of the society especially elders of the family should play their role in controlling this problem

(iii) Religious leaders should come forward and support all people who want to eliminate drug abuse from Jammu and Kashmir state

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