

The delusion of Pleasure: Understanding the Pathology of Drug Abuse in Kashmir Valley

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ABSTRACT: *The drug abuse has emerged as one of the growing social problems of the contemporary societies cutting across all sorts of socio-religious and politico-economic boundaries of the global village. The Kashmir society is not an exception to this emerging pathological phenomenon. It poses a great threat to humanity which has the potential to create havoc in the society as a whole. It is increasing day by day and is one of the major challenges apart from the devastating consequences for the users and threat to the social fabric. The drug culture is engulfing the present population especially the young lot. A large population of youth is lured by drugs due to their easy availability and also due to the fact that Jammu and Kashmir is a transit place for movement of drugs where they are locally cultivated and manufactured and by virtue of bordering state it has tremendous potential for proliferation. Given this fact, an attempt has been made in present research to find out the profile of the drug addicts, reasons to take drugs, impact on physical and mental health and role of different agencies to curb the menace. For this purpose a total number of 400 addicts were taken from the Anantnag District of the Jammu and Kashmir state and were personally interviewed with the help of questionnaire specially devised for this purpose. These addicts were identified in de-addiction centers, hospitals, police custody and colleges.*

Keywords: *Kashmir, Drug Addiction, Drug de-addiction, Substance Abuse.*

I. INTRODUCTION

Drug abuse is a relative term, having different meanings for different people. Every society accepts some drugs appropriate and regards others as unacceptable. Some drugs are considered dangerous and others are harmless. Furthermore, certain drugs are used for recreational purposes in certain communities without being labelled as drug abuse, such as alcohol. In such situations ‘use’ is distinguished from ‘abuse’ with reference to the quantity of drug consumed, the method of its use and the effect it produces.

According to World Health Organization (WHO), “Drug abuse is the consumption of a drug apart from medical need or in the unnecessary quantities.”¹ Encyclopaedia Americana defines the term as ‘the excessive or addictive use of psychotropic substance for non medical purposes.’² Voss expressed that drug abuse is used without a precise definition and may refer to different things in different circumstances. In the past when the term ‘addict’ or ‘abuser’ was used, it implied heroin users, but now it includes LSD, Cocaine, Marijuana and other substances. The concept of drug with the development of the society has been broadened from time to time.

In the social context, drug abuse like that of drug use is a social phenomenon. Hawkins observed that the very definition of ‘drug abuse’ is socially determined.³ The people in different social roles define drug abuse differently, as to a law enforcement officer abuse means use of illegal psycho-active substances, to a medical practitioner it means non medical use of psycho-active substances, whereas the user may recognize abuse when the drug use interferes with the acceptable patterns of family norm, maintenance and interaction.⁴ In medical sense, ‘misuse’ would include poly-pharmacy, which means unnecessary use of too many drugs, the unwarranted use or non use of any drug, the inappropriate use of drugs and coercive use of drugs. It includes inadequate use of the narcotic analgesics to avoid severe pain and therefore an attempt to prelude the development of physical dependence would amount to ‘misuse’.

Drug Menace in India

Until the recent past Indian society was considered ‘drug free’ but contemporary scenario is presenting a grim situation and there is an increasing involvement of youth, irrespective of their socio-economic and cultural strata. The narcotics trafficking and production are also on the rise. India tops the list of opium producers in the world for medicinal purposes. It produces about 400 metric tonnes of opium per annum.⁵ It is said that licensed cultivation of opium in India has been reduced by half in the last decade but there is a consequent rise in illegal cultivation. Illegal production was estimated to be in tune of 1160 metric tonnes.⁶

The International Bureau of Narcotics (I.B.N.) reported that the narcotics trade in India involves around

Rs 5000 crore per annum. About one million people in India consume heroin, two million are opium users and several million drug addicts worldwide, and India alone has between one to four million.⁷ The problem has reached an alarming proportion in recent years with a possibility of its increase in future. It is highlighted in a report of International Task Force, National Master Plan for drug abuse control in India (1994-2000) set up by the department of revenue, that there is a continuous expansion of illicit cultivation of cannabis in mountainous forest lands not only of the traditional Himalayan areas of Jammu and Kashmir, U.P., Nagaland and Manipur but also in all the five peninsular states of Andhra Pradesh, Karnataka, Kerala, Maharashtra and Tamil Nadu. The report has expressed serious concern at the complete failure of the law enforcement agencies both at the centre and states, in checking the 'fast and unprecedented' increase in illicit production and distribution of narcotics. In fact it is said that the 'lack lustre performance' of the enforcement agencies, their lack of coordination, rampant misuse of banking and commercial channels for flow of drug money, have given further momentum to the menace. Besides, the inadequate up gradation of executives and judicial infrastructure for proper and speedy implementation of anti smuggling (narcotic provisions law) campaigns encouraged the continuous increase in narcotics smuggling. India's vast geographical position at the cross roads of major illicit opiate producing regions have also made it vulnerable for trafficking of narcotics.

A number of legislative measures enacted by the Central and the provincial governments have been in operation 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 with 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 procedure for the investigation and trial of the offences created by it.⁸ The offences were to be investigated, inquired into and tried under the provisions of the Criminal Procedure Code. The maximum punishment provided under the Act was only one year, enhanced to 3 years by an amending Act in 1957.

The 'Dangerous Drugs Act' of 1930 was enacted primarily to deal with the drug problem in the international setting and covered drugs other than the opium like cocaine and morphine. The need for the enactment was felt in the view of the 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 view of the prohibition policy accepted at the national level after independence, greater restrictions were placed on the consumption of cannabis, particularly *ganja* and opium, in many parts of the country. In many states sale of *ganja* and opium, in particular the oral use of latter was banned. In some states and territories *ganja* and opium could be given only to addict on medical prescriptions

Narcotic Drugs & Psychotropic Substances Act, 1985

The Narcotic Drugs and Psychotropic Substances Act, 1985, was enacted, inter alia, to curb drug abuse. Section 71 of the Act (Power of Government to establish centres for identification, treatment, etc of addicts and for supply of narcotic drugs and psychotropic substances) provides that "The Government may, in its discretion, establish as many centers as it thinks fit for identification, treatment, education, after-care, rehabilitation, social reintegration of addicts and for supply, subject to such conditions and in such manner as may be prescribed, by the concerned Government of any narcotic drugs and psychotropic substances to the addicts registered with the Government and to others where such supply is a medical necessity." Accordingly 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 organizations.⁹

Drug Abuse in Kashmir

The Population of Jammu and Kashmir according to the 2011 census stands at about 12 million, making it the 19th most populous state of India. The state is located in the northern part of the country and forms the northern boundary of the country. The state is spread over an area of about 220000 sq. km. making it the 10th largest state in the country in terms of area. The density of population per sq. Km. is about 56 and fairly below the national average, this is mainly due to the presence of snow covered hills and mountain ranges in the major parts of the state. The problem of drug abuse has set its evil foot on every inch of the 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 a whole. It is increasing day by day and 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 percent of the youngsters fall prey to drug abuse which includes both boys and girls of the age group between 16-25 years.¹⁰ Kashmir has the tradition of drug abuse since earliest times. The charas being smoked in socially accepted and approved centres known as *Taqyas*. Kashmir (because of its geographical location and mass production of drugs) has become

heaven for drug users where they can access and use drugs freely.

Over the years, drug addiction in Kashmir has touched new grounds and has become an area of concern. 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 utmost respect, social customs were kept alive and youngsters rarely indulged in smoking or drinking at least in the presence of the elders. The joint family system combined with the undivided attention of the family and society, worked as an effective social check consequently guiding youngsters effectively. However, the times have changed and the social norms, moral obligations, economic avenues, concept of good and bad has changed and so has the values of 'respect and honour' for the family and society changed simultaneously. The disintegration of joint family, struggle for existence in competitive society, stress and strain of living a satisfactory life in the materialistic world have all destroyed the fabric of the society. Drug abuse in the last few years has increased very much and is fast proving disastrous to the society-which is already bereft of any systematic organization. With the introduction of synthetic drugs and intravenous drug use, the drug abuse problem has acquired alarming proportions with extensive social, legal, moral and economic, ethical or even political ramifications.

There are multiple reasons responsible for the increased drug abuse in Kashmir valley. The foremost reason is manifested in the socio-psychological aspects of youth. Due to the ongoing turbulent situation in the valley, the youth are facing enormous problems of this nature due to the political instability and unemployment scenario. Moreover, due to poor industrial structure and low status of private sector in Kashmir, problem of unemployment among youth has been causing great social unrest. The frustrations are innumerable in absence of a sound social policy and planning in the direction of empowerment of youth. Since it is an unsatisfied desire which leads one to drugs and in hope of killing that pain of betrayal or failure, a 'drug' seems to be the panacea which serves the frustration and insecurity of the youth.

The political upheaval prevalent in our state during the last 20 years has been the most prominent factor in triggering an explosion in the drug abuse spread. The continuous sense of insecurity and threat to life and property has resulted in the emotional instability of the population in general and of youth in particular. With partial or complete sense of frustration, the Kashmiri youth are luring to the abuse of drug addiction, as an attempt to escape from the harsh realities of life. It is thus realized that drug abuse is not only a problem arising out of availability of drugs but it has a great deal to do with the social conditions which create the demand for or the need for the consumption of such substances. The vulnerability of the modern society plays a catalytic role in promoting the consumption and abuse of narcotic and psychotropic drug.

II. METHODOLOGY

In general the methods and techniques of a particular study are determined by the nature of problem. Besides for an efficient and reliable research, various interviewing techniques are essential for having insight into the problem. As such the approach of the present study has been both empirical and theoretical in nature. Help was also taken both from the primary and secondary sources. District Anantnag of the Jammu and Kashmir state comprised the universe of the study where the field work was carried out. In this study 400 respondents were put under sociological investigation and analysis. The snowball sampling technique was employed in this study and respondents were categorized in terms of socio-economic and demographic characteristics. The study followed comprehensive and rigorous interviews and interactions with sampled respondents. The observation and interview schedule techniques of data collection were employed for the collection of data. Secondary sources of information were also used to make the study more qualitative in nature and scope.

III. RESULTS AND DISCUSSION

Gender

The gender is regarded as a critical factor in role identification. It is evidenced that drug abuse is more common among males than in females. Gender difference in Kashmir valley can be explained by the fact that drug abuse is more acceptable for males as compared to females. The women accustomed to drug abuse are stigmatized as it is considered something, abnormal for women in Kashmir society. Traditionally women in Kashmir has been used to *hukka* but with the advent of modernization and globalization the position of women changed not only in urban areas but also in rural areas. Therefore, drugs are being used by women folk particularly of high society groups, and the stock of women who are distressed by socio-psychological reasons. In order to know the prevalence of drug addiction among Kashmiri women sampled in Anantnag district, 20 percent of women in the sample were involved in the drug addiction.

Table 4.1 Gender Composition of Drug Abuse

Gender	Number	Percentage
Male	320	80
Female	80	20
Total	400	100

Source: Field study, 2010-11

The statistical information shows an overall percentage distribution of respondents according to gender; 80 percent are male respondents and 20 percent are female respondents. No single factor can be attributed to female drug abuse in Kashmir. It has got multidimensional reasons in which pathological conditions; created by turbulent situation is one. Besides certain other reasons which were identified during the course of study are unemployment, breakdown of premarital affairs, late marriage, failure in examinations and curiosity particularly among teens, caused by exposure to media. Generally female drug use is considered most disheartened, dejected and depressed social practice. Alcohol consumption and drug use has been more socially acceptable for men than for women.

Marital Status and Type of Family

It is generally believed that marriage is an institution which binds people together and involves more responsibilities towards each other. In other words we can say being single constitutes a risk for many psycho-social problems. The prevalence of drug abuse is found in both social categories viz. married and unmarried, but the ratio is varying as far as this research is concerned. Though the implications are negative for both who consume drugs, the consequences are more dangerous for married ones who hold responsibilities of family in social, economic and emotional spheres. There is no denial to the fact that dissolution or breakdown of marriages sometimes becomes cause of drug abuse. In present research we also investigated the marital status of respondents. The details about this phenomenon were traced on the basis of statistical data as reflected in the table 4.2.

Table 4.2 Marital Status and Type of Family of Drug Users

Marital status	Number	Percentage	Type of family	Frequency	Percentage
Unmarried	296	74	Nuclear	244	61
Married	104	26	Joint	156	39
Total	400	100	Total	400	100

Source: Field study, 2010-11

The quantification of data reflects an overall percentage distribution of respondents according to their marital status. Majority of respondents that is 74 percent started consuming drugs before marriage, the time which is supposed to be investing in pursuing education in both technical as well as academic areas. The social disruption caused by conflict situation increased the chances of deviance which ultimately pushed up the youth towards different social evils. 26 percent respondents got involved in drug menace after marriage. This undesirable behaviour can also be related to the conflicts in the family and other social situations which force individuals to opt for drugs.

It has been observed that the family as a social institution is experiencing rapid change in its structure and function. Realizing this change, it was decided to introduce family a variable to gauge the consequences of changes on the family and effects thereof on the individuals. The above table divulges that majority that is 61 percent of the respondents belong to nuclear families and 39 percent belong to joint families. Nuclear family in itself was not found as a cause for drug use but it provided more opportunities to misuse drugs. It has been found that drug addicts in nuclear families use drugs with lesser difficulties as compared to joint families. People in joint families are more accountable to family elders; it acts as a strong agency of social control. While in nuclear families parental control is very less, elders role is absent with regard to socialization and social control processes.

Occupation (Personal and Parental) and Relationship with Parents

Occupation plays an important role in determining the socio-economic position of an individual. It is believed that occupation of a person has due impact on his other spheres of life. Nature of occupation determines relationship with family as well as with society. Sometimes parental occupation provides less space for proper socialization of their children which can lead to deviant behaviour. In contemporary Kashmir society problem of unemployment has pushed younger generations to some illegal and immoral occupation like illicit drug trade, gambling, prostitution etc. The information in this regard was sought on the basis of quantitative information as reflected in table 4.3.

Table 4.3 Parental and Personal Occupation of Respondents

Personal occupation	Number	Percentage	Parental occupation	Number	Percentage
Student	116	29	Business	212	53
Business	112	28	Service	144	36
Driver	84	21	Agriculture	24	06
Service	60	15	Labour	12	03
Labour	28	07	Parents dead	08	02
Total	400	100		400	100

Source: Field study 2010-2011

So far as the personal occupation of the drug users is concerned the data reflects that majority of the respondents 29 percent belong to student community which is thought to be the productive population of a society. One cannot blame any particular factor for the consumption of drug by the students. However, factors like curiosity, peer pressure and poor decision making can be attributed to this behaviour. The second high percentage 28 percent belong to the business occupation among them who are associated with drugs like pharmacists; druggists are mostly involved in addiction because of easy accesses and free supply by the agencies. Further 21 percent belong to the occupation of driving. Drivers are mostly addicted to cannabis (*charas*) and alcohol. 15 percent of our respondents are affiliated with government and private services. Very small percentage 7 percent are labourers and consume drugs like *charas*, codeine phosphate, and alcohol. As far as the parental occupation of drug abusers is concerned 53 percent are engaged with business. With service (govt., private) 26 percent are involved. Besides 5 percent are associated with agriculture; 2 percent are labourers and further 2 percent were without parents.

Starting of Drugs and Introducers to Drugs

It has been generally observed that people start consuming drugs at different stages of life. While some start consuming drugs earlier especially during the stage of education, others start at a later stage i.e. the mature stage. Again some start this undesirable practice before marriage while others do it after the marriage. Though the implications of drug consumption are all negative for all groups and communities of consumers, the disastrous consequences of drug consumption proves in the latter stage of life especially when the individual has developed a family which is dependent on him economically, emotionally and socially. The starting of the consumption of drugs by individuals and groups cannot be related to single stage or single factor.

There is no denial to the fact that particular group of peddlers or pushers introduce people towards the drug but one's own friends and at times strangers in the neighbourhood were also involved in introducing the drug. There is no contestation regarding the opinion that at the time of introduction person is not conveyed about the disastrous consequences of the drug abuse. It has been observed that this evil practice mostly happens at the time of over joy and depression. Besides the role of peddlers and smugglers to enhance number of users for the sake of their economic interests is growing at large scale. The table 4.4 furnishes details about the drug introducers and consuming drugs at different stages of life.

Table 4.4 Age at which Addicts Started Drug Habit and the Introducer

Age group	Number	Percentage	Introducer to drugs	Number	Percentage
Below 15 years	44	11	Friends	228	57
16 to 25	256	64	Colleagues	116	29
26 to 35	88	22	Self motivated	92	23
Above 35	12	3	Drug dealer/ smuggler	84	21
Total	400	100	Total	400	100

Source: Field study 2010-2011

The above table shows that majority of the respondents started using drugs during the age group of 16 to 25 years which is considered comparatively a younger age group. Most of the members of the group are either studying in educational institutions in towns and cities or have left shortly these institutions where they started these drug activities. No single factor can be attached to drug consumption by this age group. However various factors which include social economic and psychological factors can be attached to this behaviour. The second largest age group having the strength of 22 percent of the respondents belongs to 26 to 35 years of age. The members of this age group start consuming drugs just after they leave educational institutions. This undesirable practice can also be related to their family and other social situation which compels them to ought for this behaviour. This group is the most suffering group among all drug consumers because it affects their entire families and other social situations. The third age group of our respondents belongs to the age group of 15

years below whose number is 11 percent of the total. These drug users are the youngest people studying in different schools in the city and towns. It has been observed that the different organizing agencies provide drugs to these boys and girls in the schools and other places.

The sampled respondents were further asked to say who introduced them to drugs. In this context 57 percent said that they were introduced by their friends, this response was put forth by majority of the teenagers and main reason was found peer pressure and curiosity, 29 percent admitted that they were motivated by their colleagues, this response was sought from drivers, hospital employs, security personals etc. This category is of those who remain engaged during nights out of their families. Further 23 percent responded that they came to know drugs have role in minimizing anxiety and tensions. 21 percent respondents claimed that they were introduced to drugs by drug dealers i.e. chemists, pharmacists, drug sellers etc.

Type of Drugs Consumption and Mode of Administration

In our investigation we found that the use of drugs varies on the basis of gender, economic position and availability. Female drug users were found using drugs like *alprax*, *codeine phosphate*, *diazepam*, *flute*, *iodex*, etc. Financially sound persons are addicted to alcohol and hard drugs like brown sugar. *Charas* is tremendously used in the areas where its cultivation is at peak. There are a number of ways in which a drug may be taken into the body. Drugs may be swallowed (eaten or drunk), chewed and absorbed through the lining of nose, inhaled through the lungs or injected beneath the skin into the muscles or into the veins. The different methods of getting drugs into the body have important implications for drug users, risking their dependence and health. The information in this regard is given in following table.

Table 4.5 Type of Drugs and Mode of Administration

Type of drug(s)	Number	%age	Mode of adm.	Number	%age
Medicines	240	60	Oral	316	79
Charas	212	53	Injection	148	37
Alcohol	172	43	Sniffing	08	02
Solvents	96	24	Inhaling	04	01
Brown sugar	08	02	Rubbing	00	00

Source: Field study 2010-2011

The table shows that 60 percent respondents abuse medicines; 53 percent go far *charas*; 43 percent alcohol; 24 percent solvents and 2 percent brown sugar. Regarding the routes of administration 79 percent respondents do drugs through oral mode. A substance that is eaten will produce effects that are less rapid on onset and less intense than, when same drug is injected. 37 percent use injection method to introduce a drug and 2 percent go sniffing of drugs. Thus highest prevalence rates were observed for medicines, *charas*, alcohol and solvents. The major route of administration was found to be oral.

Reasons for Consuming Drugs

It has been generally observed that people do not go for drugs because of a particular reason. There are diverse reasons for drug consumption which are mainly social, economic, and psychological. During the course of study detailed discussions were made with the sampled drug addicts to know the details of causes that led to their drug addiction. Maximum number of respondents attributed more than one reason of consuming drugs; information in this regard is as follows.

Table 4.6 Reasons for Consuming Drugs

Reasons for drug consumption	Number	Percentage
To overcome tension	164	41
To satisfy curiosity	156	39
Failure of love affairs	132	33
Family disturbance	92	23
Unemployment	68	17
Death in family	12	03
Fun	08	02

Source: Field study 2010-2011

The above table divulges that 41 percent respondents have taken drugs to overcome tension. Leading psychiatrists of the valley have admitted that stress level has increased due to the ongoing turmoil situation; therefore people use different drugs to seek relaxation and ease tension. Further 39 percent of respondents got

entangled in drug abuse because of their curiosity. This was mostly found among teenagers. They also said that had they known the addictive effects of these drugs, they would never have taken them. Another factor that is family disturbance or conflict in the family has been put forth as a reason for drug abuse by 23 percent respondents. The structure and functions of family are changing throughout the world and Kashmir society is no exception. Mostly rural, Anantnag district has also witnessed change in structure and functions of family besides unemployment, impact of mass media, shift from subsistence type of economy to market economy, which led to controversy between younger and old generations. The above table reveals that 33 percent addicts are so because of their failure in love affairs, 17 percent have taken drugs because of unemployment, 3 percent abused due to the death of their family members and 2 percent have consumed drugs for fun.

Implications on Health

It is generally believed that continuous use of drugs proves disastrous and lifelong disability of the drug addicts. These chronic and lifelong diseases emerge in a situation in which govt. officials as well as non government agencies do not take it seriously but become the part of it. Therefore, without taking note of the diseases, drug abusers cannot be saved from the disastrous implications of drugs. In our investigation, the drug users clearly mentioned the common diseases which they face. Our research revealed that a large number of drug addicts fall prey to various diseases in specific areas. In order to know the actuality, we enquired about the drug user's health problems. The details in this regard taken from the respondents have been entered in the following table.

Table 4.7 Health Status of Drug Users

Kind of health problem	Number	Percentage
Infected respiratory system	204	51
Physical weakness	196	49
Weak eyesight	72	18
Kidney problem	48	12
Liver dysfunction	48	12
Joint pain	36	09

Source: Field study 2010-2011

Drug addiction leads to overall health problems of the one who uses drugs. 51 percent of drug users reported respiratory problems like emphysema, severe cough etc. 49 percent of them suffer from physical weakness with 18 percent lacking proper eyesight. 12 percent of them having kidney problems give us an insight into the various problems that drugs can cause. Liver was found to have been infected in at least 12 percent of drug users. It is clear that drugs cause severe damage to the vital organs of the body thereby rendering the addicts susceptible to instant death or disturbed life. Overall, it can be said that drugs degrade ones health with an immense pace which can cause death instantly if not stopped immediately.

Involvement in Criminal Offences

The association between drug use and crime is intricate. There are several ways through which the association can be attempted e.g. the prior delinquency and criminal life style can divert a person to the abuse of the drugs easily. Although there is ample evidence in favour of the fact that the drug use and criminality can develop independently as well, but there are certain factors and conditions like risk taking attitudes, early behaviour problem, chronic poverty, parental neglect and abuse, presence of juvenile gangs, high levels of street crime, which can either lead a person to drug abuse to crime. In our investigation we enquired about the involvement of our respondents in criminal activities 79 percent of them agreed and accepted their involvement while 21 percent denied any involvement.

It becomes crystal clear that a vast majority of the drug addicts resort to unfair means to keep their income in good shape. It was found that 69 percent resorted to theft with 57 percent having tried their hand in pick pocketing. A good number of them were found to have become involved in drug trade which speaks for itself as to how and what extent mental faculties have declined. Not only this, 36 percent of them steal household items to make a living or simply to buy themselves the "forbidden thing" to get what they claim to be excitement and relaxation.

Role of State and Society

To understand the role of various organizations in tackling the drug menace in Kashmir society during the field work the issue was explored while looking at different aspects of the role and measures taken by the state and society. It is a social problem of devastating consequences. Therefore, it needs a holistic approach to address. In this connection it was observed that various measures were taken by the state and society, which is reflected under the following headings:

Knowledge about Treatment and Rehabilitation of Drug Abusers

The ministry of social justice and empowerment has taken up awareness generation programmes which include holding of seminars, conferences, workshops, essay/debate competition, publicity through mass media etc. They have established drug awareness, counseling and assistance centers to provide community based services for awareness building, screening of addicts, counseling to addicts and their families etc. They have also established treatment-cum-rehabilitation centers to provide community based services for awareness/services for identification, motivation, counseling, de-addiction, aftercare etc.

Kashmiri society is one of the societies rather the only society where there is least scope for rehabilitation of those who have fallen prey to the menace of drug addiction. There is a lack of proper infrastructure and counseling centers which could prove helpful in putting an end to the drug abuse. Our investigation clearly shows lack of administration which, as a result, let loose the ones who indulge in making drug abuse flourish in the valley. 37 percent drug users are aware as per our investigation, of any rehabilitation centers for the treatment and counseling of drug users. It consequently puts the percentage of those who did not know about research centers at around 60 percent which is by no means a lesser dimension. So a need is to have more such centers to tackle the menace.

Rehabilitation and Drug Addiction

Given the enormous causal and consequential aspects of the drug menace in Kashmir, there is a dire need of measures to be taken by the state and civil society to address the drug explosion problem in the context of rehabilitation measures. Apart from the preventive and control mechanism it is prerequisite that there should be serious endeavour in the direction of rehabilitation of drug addicts.

Treatment of addicts is essential for prevention and control of the drug abuse. Since there are wide and varied factors responsible for drug addiction, therefore it is very difficult to advocate any single treatment method for the purpose. Treatment methods can be successful only when such methods are directed at the causal factors of the addiction. Moreover treatment programs can be successful only when such programs are accompanied by educational and vocational facilities. Treatment methods devised from time to time to tackle drug addiction can be classified under clinical and non-clinical methods. Clinical dilemma emerges when we consider the pharmacological treatment of drug abuse. Non-clinical methods include preventive measures like motivation, family therapy, yoga etc.

In our research we found that minority of the respondents had knowledge about the treatment of drug addiction and their notion about the problem is other than the disease. When we enquired about the treatment availed by our respondents we found that 19 percent respondents had received treatment from the de-addiction centres in the form of specific counselling, family therapy, yoga therapy, medicinal care and follow-up facility. Simultaneously we investigated about reasons for not getting treatment which are mentioned in following table.

Table 4.8 Reasons for not Getting Treatment

S. No	Reasons	Number	Percentage
1	Non availability of treatment	202/356	56.74
2	Non availability of money	72/356	20.22
3	Social stigma	60/356	16.85
4	Lack of time	52/356	14.60
5	Non cooperative family	36/356	10.11

Source: Field study 2010-2011

The above table divulges that majority 202 (56.74) of respondents are assured that there is no treatment available to cure this disease. It is because the state has been irresponsive to address the issue. The facilities pertaining to de-addiction and rehabilitation are quite un-satisfactory. Further 72 (20.22 percent) respondents responded that they do not have sufficient money for treatment. They have already spent large amount on consuming drugs which they have got on loan from drug sellers, friends, relatives etc. Another section of respondents hesitate to reveal their problem to parents and doctors because of social stigma attached to it. Lack of time has been put as a reason for not getting treatment by 52 (14.60 percent) respondents because of their busy engagements in different affairs of life. Additional 36 (10.11 percent) respondents claimed that their families are not supportive to them so that they could come out of drug addiction. Moreover they said that their families added fuel to fire by adding to their problems through insulting, scolding, abusing etc.

Role of Different Agencies in Prevention of Drug Abuse

Prevention of drug abuse would be a better strategy than attempting to treat the disorder after it has developed. In Kashmiri society, where health care and health services are inadequate, the preventive strategies assume even more importance. In our study we also emphasized over the role of different agencies,

organizations, and societies for the prevention of the curse. The response we sought is mentioned in the following table.

Table 4.9 Role of Organizations in Drug Abuse Prevention

S. No.	Agency/organization/institution	Number	Percentage
1	Governmental organization	236	59
2	Family	168	42
3	Educational institutions	152	38
4	Non-governmental organization	168	32
5	Friend circle	108	27
6	Religious leaders	76	19

Source: Field study 2010-2011

It is apparent from the above table that a greater part of the respondents i.e. 59 percent held government responsible for the gravity of the menace. They believe that the government could play its role by cutting supply of these drugs. Further 42 percent respondents felt that family could play an important role in the prevention of drug abuse. Also, 38 percent respondents are of the opinion that educational institutions can help in the prevention of drug abuse by providing drug education at different levels of educational process. Non Governmental Organizations' (NGOs) role in drug abuse reduction in the manifestation of providing treatment and rehabilitation facilities has been accepted by 32 percent respondents. 27 percent respondents attributed dependence over friends by maintaining cordial relations, encouraging and providing good decisions at the time of distress. A good proportion of respondents' i.e. 19 percent mentioned that religious leaders can play their due role in the prevention of drug abuse.

IV. CONCLUSION

Based upon the field study, following conclusions were drawn in the light of socio- economic and demographic characteristics of drug users, causes, consequences and treatment/ rehabilitation facilities in Kashmir society. As far as the gender perspective of drug abuse is concerned, it was found that a maximum percentage i.e. 80 percent of drug users are males and 20 percent are females. The involvement of females in drug abuse is attributed to many social, economic and psychological factors. Regarding marital status 73 percent were found unmarried and 27 married. The maximum involvement of unmarried ones in drug abuse constituting mostly younger generation has been attached to conflict situation in particular and social disruption in general.

While taking into consideration the family as a variable, 61 percent respondents belonged to nuclear families and 39 percent were from joint families. During the course of study it has been found that nuclear families are more vulnerable to drug misuse and its role as an agency of social control is minimal. Drug user's relationship with their parents was found un-cordial in majority of the cases; however, certain percentages were of those persons who claimed cordial relationship with their parents. It was because of the fact that they had not disclosed their problem of addiction to their parents. As far as the occupational status of the drug users is concerned, 29 percent were students, 28 percent businessmen, 21 percent drivers, 15 percent employees and 7 percent labourers. The higher percentage was of student community, who attributed this kind of behaviour to curiosity, peer pressure and poor decision making.

In the course of this study it was revealed that majority of the drug users started consuming drugs during the age group of 15 to 25 years. This behaviour has been attached to diverse factors. The minimum use of substances was found in the age group of above 35 years and they were particularly alcohol and cannabis users. The study reveals that a vast canvass of drugs was abused and that too in diverse ways i.e. mode of administration was different. Medicinal *opioids* were the most abused drugs (60 percent) followed by *charas* (53 percent), alcohol 43 percent. The mode of administration was found mostly oral (79 percent) followed by injecting (37 percent) and sniffing (2 percent).

In the health perspective, the overall impact of drugs on health was found disastrous and devastating. The problems which were found most prevalent among drug users are respiratory problems (51 percent), physical weakness (49 percent) and optical problems (18 percent), followed by kidney and liver problems with equal percentage i.e. (12 percent). Besides the general health problems due to drug abuse were also found disastrous to mental health and social status. The study reveals that association between drug use and crime is intricate. Majority (79 percent) of the respondents admitted their involvement in criminal activities particularly theft, pick-pocketing, drug trade and stealing house hold items. The adaptation to this kind of behaviour was a sort of response to their high physical and psychological dependence over drugs.

Availability of treatment facilities for drug addicts has been found very less. In the present study only 19 percent respondents admitted that they received treatment for their disease in the form of specific counselling, family therapy, medicinal care and follow-up facility. Moreover the reasons for not getting treatment were found as non availability of treatment, poverty, social stigma, lack of time and non cooperative

family. The study reveals that different agencies, institutions, organizations and individuals can play an important role in prevention of drug abuse. Majority of respondents i.e. 59 percent were of the opinion that government can play an important role in drug prevention, 42 percent acknowledged the role of family, 38 percent pointed out educational institutions role, 32 percent focused on Non Governmental Organizations (NGOs), 27 percent friends and 19 percent advocated the role of religious leaders in the prevention of drug abuse.

ENDNOTES AND REFERENCES

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- [1]. WHO Expert 13th, Committee Report on, *Addiction Producing Drugs*, Geneva. 1964, No. 7, P. 270.
 - [2]. Ghulam Muhammad, *A Sociological Study of Drug Abuse in Pakistani Society with Special Reference to Heroin Addiction, Its Causes and Consequences*, Unpublished Thesis, Department of Sociology, University of Karachi Pakistan. 2003, p. 6.
 - [3]. Mehrajuddin, *Drug Addiction: Socio-Legal Dimensions*, Book Media, Srinagar, 1997, p. 21.
 - [4]. Mehrajuddin, Op. Cit, 24.
 - [5]. Madan C Paul, (Edt.), *Drugs Youth and Society*, New Delhi, Madhu Deep Publications, 1996, p. 25.
 - [6]. Ibid.
 - [7]. Ibid. p. 36.
 - [8]. S.M. Afzal Qadri, *Ahmad Siddique, Criminology, Problems and Perspective*, Eastern Book Company, Delhi, 2005, p. 452.
 - [9]. Ministry of Social Justice and Empowerment, Government of India, Annual Report, 2010 - 2011; *social justice. nic.in/pdf/ar11eng.pdf*.
 - [10]. Rifat Khan, *Socio-Economic Dimensions of Drug Addiction: with Special Reference to under Graduate Students of Srinagar City*, Unpublished Dissertation, Department of Law, University of Kashmir, 2008, p.27.