

Drug And Substance Abuse Among Youth In Jammu: A Contemporary Social Problem

Sakshi Sharma¹, Dr. Jaspal Kaur², Dr. Shubham Kumar³

¹Research Scholar, Department of Sociology, Lovely Professional University, Phagwara, Punjab. Email:

Sakshivatts27@gmail.com

²Assistant Professor, Department of Sociology, Lovely Professional University, Phagwara, Punjab. Email:

jaspal.28308@lpu.co.in

³Assistant Professor, Amity School of Performing Arts Amity University, Noida. Email:

skumar55@amity.edu

ABSTRACT

Drug and substance abuse has become a serious contemporary social issue among youth in **Jammu and Kashmir**, with a growing number becoming dependent and experiencing a decline in their quality of life. The terms use, misuse, and abuse are often used interchangeably, though their boundaries remain ambiguous and context-dependent. The range of substances abused today is vast, including depressants, stimulants, hallucinogens, narcotics, over-the-counter and prescription drugs, sedatives, synthetic drugs, inhalants, and tranquilizers—each with differing effects, from inducing sleep to stimulating alertness. The reasons behind substance abuse are complex and rooted in psychological, social, economic, and environmental factors, such as peer pressure, unemployment, trauma, and lack of recreational outlets. Several theories attempt to explain the phenomenon, including socio-psychological, trait, biosocial, learning, relative deprivation, strain, and anomie theories, highlighting its multifactorial nature. The consequences are far-reaching, affecting individuals physically, psychologically, and socially, while also imposing economic and political costs on families, communities, and the broader society. In Jammu and Kashmir, the impact is particularly concerning given the region's unique socio-political context, making it essential for government bodies, educators, health professionals, and communities to collaborate on prevention, awareness, and rehabilitation efforts to protect and support the region's youth.

Keywords: Depression, Hallucinogens, Drugs, Youth, Deprivations

INTRODUCTION

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. Alarming, 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.

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.

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 grinded 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 is 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.

Many of today's youth are confronted with personal and social conflicts at a very young age, often without the emotional tools or support systems to cope effectively. Rapid modernization has brought significant social changes, leading to situations where children are frequently neglected, particularly in households where both parents work and have limited time for emotional bonding and guidance. Compounding this are issues such as broken families, peer pressure, and a host of psychological challenges that can cause young people to develop feelings of inferiority and isolation. In their search for identity and self-expression, many youths turn to deviant behaviors such as gang involvement, pre-marital sex, and drug or substance abuse. According to Spooner (2005), an increasing number of children are being neglected, abused, and ignored; without proactive intervention, this trend threatens to create a cycle of generational dysfunction and social instability.

OBJECTIVES OF THE STUDY

The main aim and objectives of this present study is to find out the various contributing factors of drug abuse among the adolescents in Jammu and Kashmir.

METHODOLOGY

This research article is based entirely on secondary data analysis, aiming to develop a theoretical understanding of the issue through existing literature and documented evidence. The author relies exclusively on secondary sources, drawing insights from a wide range of theoretical frameworks and previously published

data. The information has been primarily collected from official government records, statistical reports, and academic research databases, ensuring a comprehensive and credible foundation for the study.

FACTORS LEADING TO DRUG ABUSE IN JAMMU AND KASHMIR:

The issue of drug abuse in **Jammu and Kashmir** has become a deeply troubling problem, affecting both adolescents and the wider society. Once celebrated as the "Paradise on Earth" and the "Switzerland of Asia" for its breathtaking landscapes and tourism appeal, the region is now grappling with the growing menace of drug trafficking and substance abuse. Drug abuse is a complex and multifaceted phenomenon, influenced by various factors that differ across societies and cultures. In Jammu and Kashmir, however, there is no single cause behind the rising tide of adolescent drug addiction. Instead, a combination of socio-economic, political, and psychological factors contributes to this escalating crisis. These include widespread unemployment, systemic corruption, underdevelopment of industry and infrastructure, poverty, terrorism, youth disillusionment, social fragmentation, erosion of traditional values, illegal drug production, easy access to narcotics, illiteracy, and societal disorganization. The region's prolonged political instability, marked by conflict, violence, armed insurgency, and ongoing unrest, further exacerbates the situation. Additionally, psychological distress stemming from these socio-political conditions, along with a deteriorating social environment, has intensified the vulnerability of adolescents to drug abuse. Overall, the interplay of conflict, economic hardship, mental health challenges, and environmental stressors are key drivers behind the rising problem of drug abuse and trafficking in Jammu and Kashmir.

- **Issue of Conflict in Kashmir Valley**

The prolonged conflict in **Jammu and Kashmir** has severely strained civilian-military relations, creating a climate of tension, mistrust, and frequent confrontations. These ongoing negative developments have contributed to a deep moral and social crisis within the traditionally conservative society of the region. According to Naqshbandi, M.M. (2012), factors such as **armed conflict, persistent violence, and high unemployment** are among the primary causes of drug abuse among adolescents in the Kashmir Valley. The alarming rise in drug abuse among the youth is a growing concern, as increasing numbers of young people are falling into the grip of substance addiction. Various government reports, official statistics, academic research, media articles, and newspaper coverage all point to the disturbing reality that **drug abuse and drug trafficking** have become serious and urgent problems—particularly among adolescents—which demand immediate attention. If left unaddressed, this crisis threatens to devastate the future generation of the region. The current socio-political environment, shaped by years of armed militancy, civil unrest, and political instability, has created a fertile ground for substance abuse to take root among the youth of Jammu and Kashmir. Sidiq M. et al. (2017) revealed that **adolescents in Kashmir who have grown up over the past 20–25 years amidst ongoing conflict are increasingly falling into the trap of drug addiction**. The persistent cycle of violence, including continuous loss of lives, frequent strikes (hartals), civil curfews, mob violence, police lathi charges, harassment, and confrontations between militants and security forces, has placed immense psychological and emotional pressure on the youth. This environment of constant turmoil has, in many cases, pushed adolescents toward illegal activities, including drug trafficking, resulting in a sharp rise in substance abuse across the Kashmir Valley. Over the past few decades, individuals, families, and entire communities in the region have been consumed by the fire of militancy and subsequently subjected to the harsh realities of intense militarization. The protracted conflict has deeply strained civilian-military relations, fostering an atmosphere of fear, hostility, and frequent clashes. These ongoing social disruptions and traumatic developments have collectively led to a profound moral and social crisis within the traditionally conservative society of Kashmir.

- **Economic and community-based challenges**

Rather H.Y. et al. (2013) also emphasized that the majority of drug abusers in the Kashmir Valley come from poor or middle-class families and belong to economically disadvantaged backgrounds. On a national level, the illicit production, distribution, and consumption of drugs tend to rise in parallel with increasing unemployment rates, as many young people turn to substances as a means of coping with stress and hopelessness. In the Kashmir Valley, a significant portion of the younger generation is facing the harsh realities of high unemployment, which has become a key factor driving them toward drug use and involvement in the illegal drug trade. Supporting this concern, the Director General of Police (DGP) of Jammu and Kashmir, S.P. Vaid, has remarked that “the drug menace is a bigger challenge than militancy” in the region. In recent years, official reports from the Jammu and Kashmir Police have shown a consistent increase in the seizure of illicit drugs and the arrest of drug peddlers, amounting to millions of rupees in value. Alarming, a growing number of adolescents are being arrested each year for their involvement in drug trafficking and peddling activities. Numerous official sources have indicated that adolescents in the Kashmiri society are particularly vulnerable to substance abuse and drug-related crimes, largely due to the region’s prevailing socio-economic hardships and ongoing socio-political instability, which leave many youths with limited options and heightened susceptibility to drug-related activities.

- **Mental and emotional challenges**

Firdous A. V. (2011) observed that **Kashmiri youth are grappling with a range of psycho-social challenges**, including issues related to family, educational institutions, social environments, and heightened personal sensitivity—factors that often lead them toward harmful behaviors. Numerous psychologists and medical professionals have also found that the younger population in Kashmiri society is more susceptible to drug-taking behavior compared to youth in other regions. **A high-stress lifestyle and exposure to post-traumatic experiences** are widely recognized as key contributors to the rising rates of substance abuse among young people in the region. Increasing mental pressure, soaring unemployment, systemic exploitation, the influence of modern lifestyles, shifting cultural norms, academic failure, peer pressure, broken relationships, emotional distress, family-related tensions, and feelings of isolation and marginalization are among the primary **psychosocial stressors** driving adolescents toward drug abuse and involvement in drug-related activities. Addiction among adolescents in **Jammu and Kashmir** has been significantly influenced by a range of psychological and social stressors. According to Kandel, “**psychological variables such as stress, low socio-economic status, low self-esteem, social anxiety, depression, and poor coping skills are key contributors to drug abuse among adolescents.**” The widespread exposure to traumatic events in the region has led to an alarming rise in substance addiction among youth. The psychological distress experienced by adolescents—largely stemming from severe socio-economic disparities, ongoing violence, public unrest, extrajudicial actions, harassment, family pressures, emotional neglect, and restricted freedom of movement—has played a major role in exacerbating the drug abuse crisis. These **psychosocial challenges**, deeply rooted in the prolonged conflict and instability in Jammu and Kashmir, have made young people particularly vulnerable to addiction and its long-term consequences.

LITERATURE REVIEW

Bhat (2025) discussed that Drug abuse refers to the repeated and harmful use of substances in patterns or quantities that pose serious risks to both the individual and society. According to the World Health Organization (WHO), substance abuse is defined as the persistent or occasional use of drugs that deviates from accepted medical practices. This study, theoretical in nature, aims to highlight the issues and challenges faced by youth involved in drug addiction in the Kashmir Valley of Jammu and Kashmir. A report by the United Nations Drug Control Program (UNDCP) estimates that around 70,000 people in the Kashmir division are drug addicts, with approximately 31% of them being women. Youth are particularly affected, as

noted by the Government Psychiatric Hospital in Srinagar, which reports that nearly 90% of drug users are between the ages of 17 and 35. The ongoing socio-political turmoil in Jammu and Kashmir over the past two decades is widely believed to have contributed to the rise in drug addiction; however, other factors such as unemployment, broken relationships, and psychological stress also play a significant role. In response, the state government has introduced various measures to curb this growing menace, including the establishment of Drug De-Addiction Centers by the Jammu and Kashmir Police Department to aid in rehabilitation and recovery efforts. **Hussain (2020)** Substance abuse refers to the misuse of legal or illegal substances in ways that are harmful. This may include taking more than the prescribed dose of medication or using someone else's prescription. Drug abuse, specifically, is defined as the use of a drug for non-medical purposes, in quantities, strengths, frequencies, or manners that impair physical or mental functioning. Individuals may resort to drug use to experience pleasure, relieve stress, or escape from reality. Substance abuse, also known as drug abuse, involves the harmful consumption of drugs that negatively affects the user or those around them. It is categorized as a substance-related disorder, where individuals, despite being aware of the dangers, continue using harmful substances. According to a report published by the United Nations Drug Control Program (UNDCP), approximately 70,000 people in the Kashmir Valley are drug addicts, with an alarming 31% of them being women. Data from the Youth Development and Rehabilitation Centre in Srinagar (formerly known as the Drug De-Addiction and Rehabilitation Centre, DDRC) indicates that drug addiction is particularly prevalent among the youth, specifically those aged 17 to 35 years. Moreover, the pattern of drug use has drastically changed. Many users are now directly engaging with hardcore drugs such as heroin, brown sugar, medicinal opioids, LSD, and cocaine. This shift is especially concerning given the high potential for dependency and severe health consequences associated with these substances. The present paper is theoretical in nature and aims to highlight the pressing issues and challenges faced by the youth of Kashmir in relation to drug addiction. It seeks to provide insights into the socio-psychological, economic, and cultural factors contributing to this growing crisis. **Naqshbandi (2012)** Drug addiction is rapidly emerging as a serious issue among youth in both developing and developed countries. This study explores the impact of conflict and unemployment on the rise of drug addiction among youth in Kashmir. Using an interview schedule method, data was collected to understand the perspectives of young individuals on this growing problem. The findings reveal that a majority of respondents believe both conflict and unemployment have significantly contributed to increased drug use. Notably, 158 respondents reported that girls also consume drugs, while 143 mentioned that a family member uses gateway drugs. Educational stress was also identified as a contributing factor. The study highlights growing concern over youth involvement in drug addiction, emphasizing its damaging consequences on individuals, families, and society at large, including economic, cultural, and moral degradation. It also underlines the need for increased awareness and intervention, as the future of the nation depends on the well-being of its youth. **Kumar (2015)** Adolescence (ages 10–19) is a critical period for developing health-related behaviors that influence both current and future well-being. Unfortunately, multiple risk behaviors established during this stage often lead to significant morbidity and mortality later in life, making it essential to investigate these behaviors. This study aimed to assess and compare health-risk behaviors related to tobacco, alcohol, and drug abuse among rural and urban male adolescents. A school-based cross-sectional study was conducted over one year in RS Pura (rural) and Jammu city (urban), Jammu and Kashmir, India. Data were collected from 848 students aged 15–19 years, studying in classes 9 to 12 across 12 randomly selected schools, using a pretested, semi-open-ended, self-administered questionnaire adapted from the 2011 Youth Risk Behavior Survey (YRBS). The sample included nearly equal numbers of rural and urban participants with similar average ages. The findings revealed that a significantly higher proportion of rural adolescents had tried cigarette smoking (38.78% rural vs. 20.78% urban). Although most adolescents in both rural (80%) and urban (71.92%) areas did not consume alcohol, cannabis use was more prevalent among rural youth (20%) compared to their urban counterparts (12%), with many initiating use in early adolescence. These results underscore the urgent need to intensify. **Khanday (2025)**. This paper aims to provide an overview of the profile of drug addicts to enable a scientific understanding of the prevalence

and patterns of drug abuse among the youth of Kashmir. The study involved 150 Kashmiri youths, aged 15 to 30, who were admitted to inpatient or outpatient drug de-addiction centers across three districts in the Kashmir Valley. Data collected from the participants were analyzed using a qualitative approach, specifically Thematic Content Analysis. The findings indicate that drug addiction among Kashmiri youth is strongly influenced by various social factors, including age, gender, caste, marital status, religion, education level, occupation, and place of residence. To effectively prevent drug abuse among high-risk groups, intervention strategies should prioritize the development of cognitive and social skills, along with strengthening social bonds.

DISCUSSIONS AND CONCLUSIONS

Drug addiction refers to the compulsive and continuous use of substances despite experiencing adverse physical, emotional, social, and psychological consequences. It is a chronic condition that significantly impairs an individual's capacity to lead a healthy and socially integrated life. Once a person becomes addicted, they often withdraw from their family, friends, and social circles. Isolation becomes a common behavioral trait, accompanied by a gradual loss of self-control. This downward spiral often leads to violent or abusive behavior, which, in many cases, culminates in criminal activity and entanglement with the criminal justice system. For those struggling with addiction, drug use becomes the central focus of life. When access to the substance is denied, individuals often experience intense cravings and a strong, overwhelming desire to use again. These cravings are not merely psychological but are rooted in physiological mechanisms. The brain attempts to maintain an artificial state of equilibrium that becomes dependent on psychotropic substances. Neurological studies, particularly through PET scans, have shown that these cravings stimulate the amygdala—the part of the brain responsible for emotional memory—highlighting the deep neural imprint addiction leaves on the individual.

At any stage of addiction, the affected individual may experience persistent cravings. This continuous dependency often impairs cognitive abilities and results in behavioral challenges. Experts emphasize that while some neurological and behavioral impairments caused by drug addiction may recede after cessation of use, others can be long-lasting or even permanent. These impairments impact decision-making, judgment, emotional regulation, and social interaction.

Furthermore, in-depth analysis reveals that the problem of psychotropic substance consumption is more severe among urban dwellers than those residing in rural settings. However, this does not mean rural areas are immune. Urban environments often provide easier access to drugs due to wider availability, anonymity, and a more permissive social culture. Yet, with increasing modernization, migration, globalization, and improved connectivity, rural and small-town populations now also have access to urban influences. As a result, they too are becoming vulnerable to drug-related problems. This expansion of influence underscores that drug abuse is not confined to urban centers but has gradually spread to all parts of society. Another important finding is that many individuals seek help at de-addiction centers only after experiencing prolonged addiction, often over a year or more. This indicates a significant correlation between the duration of drug use and the willingness or urgency to seek treatment. Often, it is only after the individual or their family witnesses the severe after-effects of drug use—manifesting in physical health deterioration, emotional instability, and social ostracization—that professional help is pursued.

Among adolescents and young adults, the most vulnerable age group is between 15 to 25 years. In some employed individuals, vulnerability may extend to the age of 30 or even 35 years, depending on lifestyle and environmental factors. For those already employed, stress, workplace pressures, and social obligations can also contribute to prolonged vulnerability. Notably, peer pressure remains one of the most prominent factors contributing to the initiation of drug use, especially among students and unemployed youth. The desire to

conform to a group, gain social acceptance, or project a particular image can push individuals to experiment with substances.

A recent study by Nabi et al. (2023) sheds light on the awareness levels of young adults in Kashmir regarding drug abuse. According to the study, drug abuse is characterized by an intense desire to obtain and consume increasing quantities of substances. Key risk factors identified include peer pressure, curiosity, and personal conflicts. The study, based on an online cross-sectional survey involving 300 young adults from Kashmir, revealed that 96.6% of participants were aware of drug abuse. Notably, 63.3% cited mass media as their primary source of information. Around half of the respondents recognized the addictive nature of substances like sedatives, opioid derivatives, heroin, cocaine, and cannabis. These findings underscore a relatively high level of awareness among Kashmiri youth and highlight their understanding of the dangers associated with substance abuse.

Another pivotal study by Tahira Sidiq et al. (2016) emphasizes the role of familial influences in drug abuse. It found that parental drug use and smoking habits—whether cigarettes, bidis, or hookahs—significantly shape an individual's likelihood of experimenting with drugs. Additionally, peer pressure, frustration, and negative social influences were identified as strong contributors to drug abuse among Kashmiri youth. Many individuals reported having started drug use due to casual or experimental exposure in the company of friends or acquaintances. This social initiation often spirals into full-blown addiction.

Beyond the immediate family environment, broader societal influences also play a critical role. Gang affiliations, association with negative peer groups, rebellion against authority, and influence from friends, classmates, and college peers were found to be strong predictors of substance abuse. Further studies emphasize absenteeism, poor academic performance, and low expectations for personal success as factors that increase susceptibility. Wani I. A. et al. (2017) particularly noted that casual smoking in social settings often serves as a gateway to more serious drug use. Thus, both family habits and peer group behaviors emerge as crucial contributors to the development of substance use disorders during adolescence.

Additionally, the geographic and geopolitical landscape of Jammu and Kashmir—sharing borders with regions like Pakistan, Afghanistan, and Punjab—facilitates easier drug trafficking. These regions are known for high levels of drug production and distribution, which creates a direct and dangerous supply route into Kashmir. This ease of access has made the region highly vulnerable, exacerbating an already critical situation.

The increasing prevalence of drug abuse in Kashmir is not just a personal tragedy but a societal one. It endangers the future of young individuals who should be assets to society, shaping the development and progress of the region. Instead, they become victims of addiction—trapped in cycles of dependency, crime, and despair. A society that allows this to happen reflects a systemic failure—of education, healthcare, governance, and community involvement.

Many adolescents initially turn to drugs seeking immediate relief from stress, trauma, and environmental pressures. Ironically, these substances worsen the very conditions they seek to escape, leading to deeper emotional turmoil, broken family ties, loss of opportunities, and mental health disorders. Substance abuse results in profound impairment—physically, mentally, morally, economically, and socially. Addicted individuals face stigmatization, reduced employment opportunities, and emotional isolation, which further pushes them away from rehabilitation and recovery.

Addressing this crisis requires a comprehensive, multipronged approach. Prevention should begin early, targeting school-aged children with awareness programs, value-based education, and life skills training. Rehabilitation must be strengthened with adequate facilities, trained personnel, and long-term support. Treatment models should incorporate both medical and psychological interventions, including counseling, therapy, and peer support systems. Reintegration into society post-recovery must be emphasized to prevent

relapse and ensure social acceptance. Moreover, responsibility must be shared. Families, educators, NGOs, civil society, religious and community leaders, media, policymakers, judiciary, and law enforcement agencies must all work in coordination. By creating a safety net around vulnerable individuals and building strong support systems, we can reduce the impact and incidence of addiction. A united and sustained effort can help break the chain of addiction and assist individuals in rebuilding their lives with dignity.

The relationship between education level and drug addiction is also noteworthy. Better-educated individuals tend to participate more in social gatherings, parties, and public events, where drug use is sometimes normalized or encouraged. This increased social exposure creates opportunities for experimentation. However, when it comes to seeking help, educated individuals are often in a better financial position and prefer accessing private de-addiction centers, which offer more privacy and specialized care. In contrast, less educated or illiterate individuals often rely on government facilities or delay seeking help altogether due to stigma, lack of awareness, or financial constraints.

Interestingly, studies show that less educated individuals are more prone to early and sustained drug use. They are often introduced to substances at home, in the neighborhood, or through local acquaintances. Their understanding of the long-term impact is limited, and their access to information or prevention programs is minimal. Among this group, the perception of drug use is often associated with pride or strength—especially in male adolescents—whereas more educated individuals are more likely to express feelings of guilt, shame, or regret. The inadequacy of current educational interventions is evident. Schools and colleges often lack proper infrastructure, trained counselors, awareness programs, and youth-centric interventions. There are insufficient efforts at community levels to organize constructive activities that engage young people in positive ways. Without proper engagement, the youth often turn to negative influences, and in absence of meaningful opportunities, they are left vulnerable to drug abuse. Political inaction and administrative apathy further worsen the situation. The absence of robust policies, delayed implementation of drug control measures, and lack of accountability among authorities make the fight against drug addiction even more difficult. Misguided or delayed decisions by political leaders and policymakers can have ruinous effects, especially when they ignore the real needs of young people or fail to address underlying socio-economic issues.

In conclusion, the problem of drug addiction among youth—especially in regions like Kashmir—has grown into a grave crisis with multi-dimensional repercussions. While awareness levels have increased, actual intervention and preventive mechanisms still fall short. To truly combat this menace, society must go beyond surface-level solutions. We must address root causes like peer pressure, emotional distress, lack of recreational opportunities, economic challenges, and weak educational infrastructure. It is imperative that society recognizes this challenge as a collective responsibility. With concerted action from all sectors—governmental and non-governmental alike—we can build a more informed, resilient, and supportive environment that protects youth from the pitfalls of addiction. Every effort made today can help rescue a life, restore a family, and rebuild the societal fabric torn apart by the scourge of drug abuse.

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