

DRUG ABUSE AMONG YOUTH: A SOCIO-DEMOGRAPHIC ANALYSIS OF PATIENTS AT D-DWARI DE-ADDICTION CENTER, SAMBA DISTRICT, JAMMU

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ABSTRACT

The youth serve as the backbone of a nation and play a crucial role in shaping its future. The development of a country depends significantly on how hardworking its youth are, with the economic progress of a nation being closely tied to the potential and contributions of its younger population. This article explores the issue of drug abuse and its associated effects, while also suggesting possible remedial measures to address this growing concern. The geographical location of Jammu and Kashmir (UT) makes it particularly vulnerable to the illegal trafficking of drugs, especially the smuggling of heroin from Pakistan into the region. This study examined the socio-demographic profile of substance abusers by analyzing data from 15 patients who were registered for treatment at the D-DWARI De-addiction Center in Gurha Salathia, Samba, Jammu, during the period of March 2024 to June 2024. The study aimed to achieve two primary objectives: first, to analyze the socio-demographic variables of substance abusers and second, to identify the substances most commonly abused among the youth. The results indicate that the majority of patients were in the age group of 21-30 years (46.7%), followed by those aged 16-20 years (26.7%). In terms of educational background, a significant proportion of patients had qualifications up to higher secondary (33.3%) and matriculation (26.7%). A substantial number of patients reported their first experience with substance use between the ages of 16-20 years (53.3%). Heroin was identified as the most commonly abused substance among the youth in Jammu (60%), followed by cannabis (26.7%).

Keywords: Youth, Drug Abuse, Socio-Demographic Profile, Addiction

INTRODUCTION

The history of human engagement with psychoactive substances extends back tens of thousands of years, with evidence suggesting that humans have been utilizing various natural compounds for their mind-altering properties for over 50,000 years. Paul Gahlinger, in his seminal work *Illegal Drugs* (2004), highlights that Neanderthals were among the earliest known consumers of such substances. Archaeological remains unearthed in the Shanidar Cave in Iraq provide compelling evidence that psychoactive plants were utilized even before the advent of anatomically modern humans. These findings suggest that the inclination toward altering

consciousness is deeply embedded in the human psyche, transcending both time and culture.

Drug abuse, or substance abuse, is defined by the World Health Organization (WHO) as the harmful or hazardous consumption of psychoactive substances, including alcohol and illicit drugs. This behavior poses significant risks not only to the user but also to those around them, potentially leading to social, psychological and physiological harm. When individuals persistently engage in substance use despite its detrimental consequences, this pattern is often indicative of substance dependence. As outlined by Jill and Becker (2008), drug abuse generally progresses through a series of stages. The initial phase, termed the "acquisition stage," involves experimentation, often driven by curiosity, peer influence, or the pursuit of new experiences. This is typically followed by an escalation phase where usage becomes more frequent and intense, potentially leading to the establishment of a physical or psychological dependence. Ultimately, addiction may ensue, characterized by compulsive drug-seeking behavior and a loss of control over consumption patterns. Even after periods of abstinence, relapse remains a prevalent risk, often triggered by environmental cues, stressors, or social pressures. The range of substances abused globally is vast, encompassing both legal and illicit drugs. Commonly abused substances include sedatives, opioids, alcohol, heroin, marijuana (ganja), tobacco, bhang, hashish (charas), cough syrups containing codeine, synthetic stimulants like brown sugar and cocaine (Gopal, 2022). The consumption of these substances, either for recreational or self-medication purposes, has seen an alarming increase, particularly among vulnerable youth populations. This phenomenon is exacerbated by social, economic and cultural factors that influence the initiation and continuation of drug use. India, with a population exceeding 1.4 billion, is currently experiencing a demographic shift wherein the youth segment, aged between 19-29 years, constitutes approximately 22% of the total populace. This demographic group represents a significant socio-economic asset, often referred to as India's "demographic dividend." The youth, considered a pivotal force for economic growth, innovation and social transformation, are increasingly becoming ensnared in the web of substance abuse. This deviation from constructive engagement to self-destructive behaviors has severe ramifications, not only for the individuals concerned but also for their families, communities and society at large. The issue is particularly pronounced among college students, who, driven by peer pressure, academic stress and the allure of temporary relief, are increasingly turning to substance use. The Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985, a stringent legislative framework enacted by the Indian Parliament, aims to curtail the production, distribution and consumption of narcotics within the country (Ahmad, 2022). However, despite these rigorous legal measures, drug abuse continues to be a pervasive issue, particularly in the Union Territory of Jammu and Kashmir.

The newly formed Union Territory of Jammu and Kashmir is witnessing a burgeoning crisis in drug abuse, which has reached alarming proportions in recent years. According to recent statistics, 1.31% of the region's population engages in the consumption of cannabis, while 4.91% are opioid users. Additionally, 1.54% of the population uses sedatives and 1.22% rely on inhalants. These figures significantly exceed the national averages, underscoring the gravity of the situation. Furthermore, approximately 25,098 individuals have been identified as injecting drug users within the region, a trend that poses severe public health risks, particularly concerning the transmission of infectious diseases such as Hepatitis C and HIV [4].

The term "drug," as defined by the Cambridge Dictionary, encompasses any natural or synthetic chemical used for medicinal purposes. However, the misuse of these substances, particularly without medical supervision, can lead to severe health consequences, including addiction, organ damage and even death. The motivations behind the initiation of drug use are complex and multifaceted. In certain cases, individuals begin using drugs to alleviate medical symptoms but continue consumption even after the condition has resolved. In other

instances, substances are used as a form of self-medication to cope with psychological conditions such as depression, anxiety, or trauma. Social isolation, relationship conflicts and a lack of coping mechanisms further exacerbate the risk of substance use. Moreover, peer pressure, the desire to conform to social expectations and the pursuit of pleasure are potent drivers of substance experimentation among the youth. The transition from substance abuse to addiction is often gradual, with blurred boundaries that complicate the identification of when casual use escalates into dependency. Drug abuse involves the inappropriate use of mind-altering substances, whether prescribed, over-the-counter, or illicit. Addiction, however, is characterized by a compulsive need to consume these substances, despite their known negative impacts on physical health, mental stability and social relationships. The chronic use of addictive substances leads to significant alterations in brain chemistry, particularly in areas responsible for reward, motivation and memory. Research has demonstrated that addiction is not merely a behavioural issue but is underpinned by neurochemical changes that reinforce compulsive drug-seeking behaviour. Neurological studies using PET scans have shown that addiction stimulates regions of the brain, such as the amygdala, associated with emotional memory, leading to cravings and reinforcing the cycle of dependence. Continued drug use results in the development of tolerance, where progressively higher doses are required to achieve the desired euphoric effects. This tolerance often accelerates the transition from casual use to addiction. According to the World Health Organization (WHO, 1992), drug addiction is defined as a behavioral pattern characterized by overwhelming involvement with substance use, compulsive drug-seeking behavior and a high propensity for relapse after cessation attempts. Recent scholarship, including that of Mir (2023), highlights the pressing need to re-evaluate India's stance on the legalization of cannabis. Leveraging FinTech solutions could facilitate the regulation of legal cannabis transactions, thus mitigating the risks associated with unregulated markets. By harnessing indigenous agricultural knowledge and optimizing the environmental conditions of regions like Jammu and Kashmir, there exists potential for cultivating licensed cannabis compounds. Blockchain technology could play a pivotal role in ensuring transparency and traceability in such transactions, thereby addressing concerns around illegal trafficking. Globally, the issue of substance abuse remains a critical public health concern. The World Drug Report (2014) indicates that substance abuse significantly disrupts the critical developmental phase of youth. In 2012, approximately 183,000 drug-related deaths were reported, with a mortality rate of 40 deaths per million individuals aged 15-64. It was estimated that between 162 and 364 million people, or about 3.5% to 7.5% of the global population in this age range, used illicit substances such as cannabis, opioids, cocaine, or amphetamines within the previous year. Despite the widespread nature of the issue, only one in six problem users had access to necessary treatment or de-addiction services, underscoring the substantial treatment gap. In the context of Jammu, heroin addiction is on a steep rise, particularly among the youth demographic, including college-aged individuals. Reports from the De-Dawari De-addiction Center in Gurha Salathia, Samba, indicate that the influx of drugs from neighboring states such as Punjab and Himachal Pradesh has exacerbated the local crisis. The use of heroin, colloquially referred to as "Chetta," has become alarmingly prevalent. The regional drug trade often involves individuals who are themselves addicts, leading to a vicious cycle where users become peddlers to sustain their habits. Studies by Fields (2014) have extensively documented the global trafficking routes of opiates, particularly focusing on Afghanistan's dominance in opium production, which accounted for 87% of the world's illicit output in 2004. These opiates are often smuggled through Southeast Asian airports, with transit routes extending to Europe and North America. Daied (2005) elaborated on the extensive networks for heroin trafficking, particularly through key transit hubs like Bangkok, Delhi and Karachi, extending into Europe via

Turkey and Greece. Such networks are complex, often involving couriers from various nationalities who exploit legal loopholes to smuggle narcotics. The socio-demographic analysis of substance abuse in Jammu and Kashmir, as examined by Esther (2022), reveals that heroin remains the most commonly abused substance. A comprehensive study conducted at Lifeline Rehab De-addiction Center in Kathua analyzed 85 patients treated between January 2019 and September 2020. The findings indicated that the majority of patients were within the age range of 25-30 years (40.4%) and 17-24 years (30.5%), with a significant proportion possessing educational qualifications up to higher secondary (44.3%) or matriculation (22.3%). Furthermore, a substantial number of patients reported initial exposure to substance use between the ages of 16-20 years (56.4%), with heroin being the primary substance of abuse (63.5%), followed by alcohol (22.3%). These findings underscore the urgent need for targeted interventions, community engagement and evidence-based policies to address the escalating crisis of substance abuse in the region. In addition, the socio-political instability in Jammu and Kashmir exacerbates the substance abuse epidemic. Research by Sharma, Kumar and Sharma (2022) suggests that the geographical and political vulnerabilities of border districts such as Kathua facilitate the trafficking of narcotics from neighboring regions. The ongoing socio-economic hardships, coupled with chronic unemployment, have driven many youth toward substance use as a form of escapism and coping mechanism. Malla (2019) and Pirzada (2013) emphasize that prolonged exposure to conflict, coupled with economic stagnation, has led to heightened psychological distress among the youth in the Kashmir Valley. This distress, when coupled with the easy availability of substances, creates an environment ripe for addiction. Notably, peer pressure, academic stress and the lack of emotional support systems are significant contributors to the rising rates of drug abuse among young males. Studies by Fazal, Wani and Bhatia reveal that nearly 70% of drug users in Baramulla are aged 18-35, with first exposure often occurring as early as 13 years of age. The social impact is profound, leading to increased school dropouts, juvenile delinquency and unemployment, thereby perpetuating a cycle of socio-economic disadvantage.

The synthesis of these findings highlights the urgency for a comprehensive, interdisciplinary strategy to combat the substance abuse crisis in Jammu and Kashmir. A coordinated approach, integrating law enforcement, mental health support, community engagement and educational interventions, is essential to mitigate the adverse socio-economic impacts of drug addiction.

REVIEW OF LITERATURE

The analysis of various studies concerning only the region of Jammu and Kashmir reveals that drug abuse has become a significant issue in Jammu & Kashmir, particularly affecting regions like Kathua, Baramulla and the Kashmir Valley. The studies highlight that the region's unique socio-political environment, geographical location and economic challenges have intensified the prevalence of substance abuse among the youth. Research conducted by Sharma, Kumar and Sharma (2022) points to the geographical vulnerability of Kathua district, emphasizing how its proximity to regions like Punjab, Himachal Pradesh and international borders facilitates drug trafficking. This makes the district particularly susceptible to substance abuse, posing threats not only to public health but also to national security. Similarly, Malla (2019) and Pirzada (2013) focus on the Kashmir Valley, where factors such as political instability, prolonged conflict and economic stagnation have led to severe psychological stress among adolescents. This, combined with unemployment, drives many young people towards drug use as a coping mechanism. These studies indicate that drug abuse is most prevalent among males aged 16 to 35. However, there is an alarming increase in substance abuse among females, as noted by Naqshbandi (2012) and Malla (2019). The studies indicate that women are increasingly becoming victims of drug dependency due to socio-economic stress, peer pressure and family dysfunction. The research further

shows that psychological issues such as anxiety, depression and trauma—exacerbated by the ongoing conflict and socio-economic hardships—are significant contributors to drug abuse among the youth. For instance, Azim (2019) and War et al. (2023) emphasize that peer pressure, family disturbances and the easy availability of drugs are primary factors driving adolescents toward substance abuse. Additionally, studies by Fazal, Wani and Bhatia indicate that nearly 70% of drug users in Baramulla are between the ages of 18-35, with around 60% of the student community affected. The first exposure to substances often begins as early as 13 years of age. The social impact of drug abuse is profound, as highlighted in studies by Pirzada (2013) and Rehman & Aziz (2024). The use of drugs not only leads to health deterioration but also increases school dropouts, unemployment and juvenile crime rates. The studies highlight that drug abuse leads to cognitive impairment, academic underperformance and even violent behavior, which further disrupts family stability and societal harmony. Moreover, the easy availability of substances, combined with inadequate parental supervision, exacerbates the problem, particularly in conflict-ridden areas like Poonch and Anantnag. To address the escalating crisis, the studies recommend a multi-faceted approach involving stricter law enforcement, community engagement and comprehensive rehabilitation programs. Sharma et al. (2022) suggest enhancing border surveillance and implementing stricter anti-drug trafficking measures, especially in vulnerable districts. The research emphasizes the need for effective rehabilitation centres that go beyond detoxification to include psychological counseling and vocational training. Community engagement, particularly through awareness campaigns involving NGOs, religious leaders and educational institutions, is also crucial. Furthermore, Naqshbandi (2012) and War et al. (2023) underscore the importance of addressing educational stress and unemployment as contributing factors to drug abuse. By integrating mental health education and life skills training into school curricula, young people can be better equipped to handle stress and peer pressure. Additionally, targeted interventions such as after-school programs, sports clubs and counselling services can help adolescents find healthy outlets and reduce their likelihood of turning to drugs.

It can be thus said that these researches underscore the urgent need for a coordinated strategy that involves government agencies, educational institutions, families and civil society to address the root causes of drug abuse in Jammu & Kashmir. The studies collectively highlight that a combination of preventive measures, rehabilitation efforts and social support systems is essential to curb the rising trend of substance abuse. By focusing on awareness, capacity building and community support, it is possible to mitigate the adverse effects of drug addiction and safeguard the future of the youth in this region.

MATERIALS AND METHODS

The study was conducted at the D-DWARI Drug De-addiction Center located in Gurha Salathia, Samba, Jammu. This center is basically police initiative. This center operates as a residential, multi-disciplinary facility established under the initiative of the Jammu and Kashmir Police in Samba district. The treatment provided is administered by a dedicated team of professionals, including counselors, support staff, doctors, psychologists, social workers and nurses. The treatment duration ranges from a minimum of three months to a maximum of six months, depending on the needs of the patients. A comprehensive approach is employed, incorporating medications, psychotherapy, counseling, yoga and various recreational activities. The main focus is on relying upon Yoga and recreation rather than on medication that was one different thing about this centre, not only that the abusers are provided with very good facilities, like television, movie time, spiritual teachings and they are also involved in games and sports mainly outdoor sports like volleyball, cricket etc so that recreational purpose is taken under prime consideration for their mental and emotional well-being. This study focused on examining the socio-demographic profiles of substance abusers who attended treatment at

the D-DWARI De-addiction Center from March 2024 to June 2024. Detailed demographic data, such as age, educational background, age of initial substance use, types of substances used, income levels and socio-economic background, were collected and analyzed as part of this study.

RESULTS

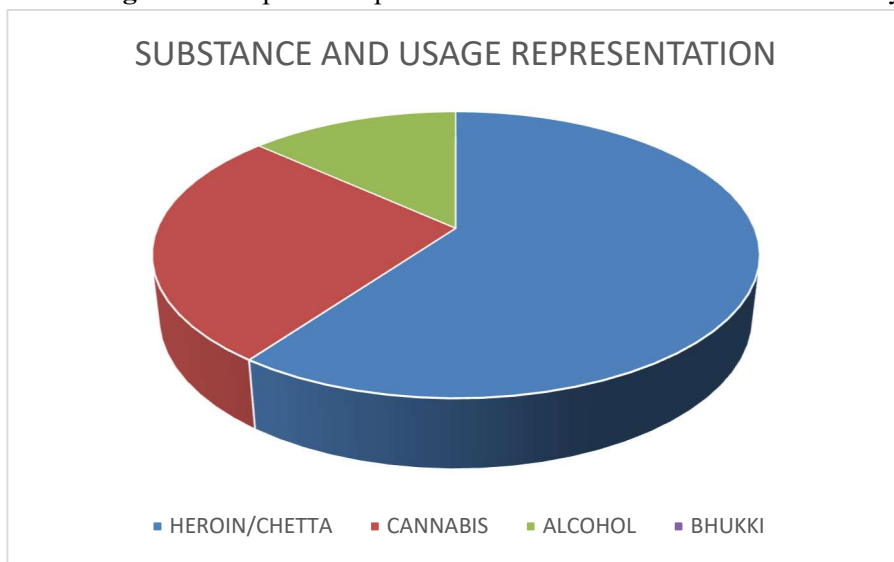
A total of 15 substance abusers were registered at the D-DWARI De-addiction Center in Gurha Salathia, Samba, during the period from March 2024 to June 2024. The socio-demographic profile of these patients is outlined in Table 1, which includes details regarding age group, educational background and age of first substance use. The majority of substance abusers were within the age group of 21-30 years (46.7%), followed by those aged 16-20 years (26.7%), while 20% fell within the 31-35 age bracket and 6.6% were aged 36-40 years. In terms of educational qualifications, 33.3% had completed higher secondary education, 26.7% had matriculated, 6.7% were graduates, 20% had not completed matriculation, 13.3% had dropped out after beginning graduation and 0% had attained postgraduate degrees. Regarding the age of first substance use, the highest proportion 53.3% reported initiating substance use between the ages of 16-20, followed by 26.7% who began between the ages of 21-30, 6.7% between 31-35 years and 13.3% between below 16 years.

Table 1: Socio-Demographic Profile of Patients by Age Group, Educational Qualification and Age of Initial Substance Use			
Variables		Frequency(n-15)	% (Approx)
Age Group	16-20	4	26.7%
	21-30	7	46.7%
	31-35	3	20%
	36-40	1	6.6%
	Total	15	100%
Education	Under Matric	3	20%
	Matriculation (10 th Grade)	4	26.7%
	Higher Secondary	5	33.3%
	Drop Out Graduation	2	13.3%
	Graduate	1	6.7%
	Post Graduate	0	-
	Total	15	100%
	Below 16	2	13.3%
	16-20	8	53.3%

Age of first use substance	21-30	4	26.7%
	31-35	1	6.7%
	36-40	0	-
	Total	15	100%

Name of Drugs	No of Patients	Percentage %
Heroin/ Chetta	9	60%
Cannabis	4	26.70%
Alcohol	2	13.30%
Bhukki/doda (Local Opium)	0	-
Total-Patients	15	100%

Figure 1: Graphical Representation of the most abused substance by De-addiction Centre Addicts



The researcher sought to identify the substances most frequently abused by the youth of Jammu. Table 2 outlines the substances commonly consumed by this demographic. The findings reveal that the predominant substance of abuse is heroin (commonly known as "Chetta"), with 60% of the youth being addicted to it. Many heroin users, when unable to afford the drug to satisfy their cravings, resort to pharmaceutical alternatives (prescription drugs). In some cases, patients begin with smoking, progress to alcohol and eventually transition to cannabis (bhang). Once heroin is injected, however, it often marks a point of no return. A significant number of heroin users were found to be poly-substance abusers. Additionally, 13.3% were alcohol users, while cannabis (bhang) users comprised 26.7% and Bhukki/Doda (opium derivatives) users accounted for 0%.

DISCUSSION

The issue of substance abuse, particularly among youth, is a complex and multifaceted phenomenon that

intersects with various socio-cultural, psychological and economic factors. The current findings, supported by an extensive body of literature, indicate that the growing prevalence of substance abuse among young individuals is not merely an isolated problem but rather a symptom of deeper systemic issues that permeate modern societies. This discussion delves into the intricate web of factors contributing to substance abuse, explores the implications of these findings and outlines potential strategies for mitigation, grounded in research and evidence-based interventions.

The studies reviewed reveal a significant shift in youth behaviour, particularly concerning substance use patterns in different socio-cultural contexts. For instance, Avilés et al. (2023) highlight the role of social media platforms like Instagram in normalizing alcohol consumption among young people in Spain, especially young women. This digital influence is crucial in understanding the current surge in substance use, as it shapes social norms and perceptions of acceptable behavior. Social media platforms, with their ability to amplify glamorous depictions of alcohol and drug use, inadvertently encourage impressionable youth to mimic such behaviors. The portrayal of party scenes, social gatherings and carefree lifestyles associated with alcohol consumption creates a narrative where substance use is synonymous with social acceptance, fun and status. The implications here are profound: such portrayals not only desensitize young individuals to the risks of substance abuse but also erode the societal stigma that traditionally deterred substance use. This indicates a need for regulatory oversight on digital content, particularly content that normalizes or glorifies substance use. However, the influence of social media is not limited to the glamorization of alcohol. In regions like Jammu and Kashmir, where substance abuse is becoming increasingly prevalent, the easy availability of drugs such as heroin (locally known as "Chetta") exacerbates the issue. The findings from the D-DWARI De-addiction Center reveal that young people are often introduced to drugs in social gatherings where peer pressure plays a significant role. The pervasive influence of peer groups, especially in environments where social acceptance is paramount, cannot be underestimated. This aligns with Nkvi's (2015) assertion that peer influence is one of the primary root causes of substance abuse among men. Young individuals, particularly those lacking strong family support systems, are vulnerable to experimenting with drugs as a means of fitting in or coping with social isolation. The implications of this trend are severe, as the initial experimentation can quickly spiral into habitual use, eventually leading to addiction. Further compounding the issue is the lack of parental involvement and inadequate emotional support. As Ibrahim et al. (2022) and Nkvi (2015) emphasize, many young individuals turn to drugs due to a perceived absence of parental guidance, love and moral grounding. The results from the qualitative interviews conducted at the D-DWARI De-addiction Center highlight that emotional distress, whether from familial disputes, romantic breakups, or academic failures, often drives youth towards substance use as a coping mechanism. This highlights the urgent need for families to play a more proactive role in the emotional well-being of their children. However, it also underscores a broader societal issue: the breakdown of traditional family structures and the absence of community support systems that historically played a crucial role in raising resilient youth. The lack of constructive activities and avenues for positive engagement is another critical factor contributing to substance abuse. In areas like Jammu, where unemployment rates are high and opportunities for youth engagement are limited, young individuals are more likely to turn to drugs as a means of escapism. This aligns with findings from Tanweer et al. (2019), who observed that substance abuse in Punjab, Pakistan, was often linked to economic hardships and a lack of purpose in life. The implications here are twofold. On one hand, there is a need for economic and social policies that provide young people with meaningful employment opportunities and

constructive outlets for their energy. On the other hand, there must be a focus on community-driven initiatives that offer recreational and educational programs aimed at diverting youth from drug use. The implications of these findings extend beyond the individual to the societal level. Drug abuse has significant social repercussions, including increased crime rates, strained healthcare systems and the perpetuation of poverty. As noted by the World Health Organization (WHO), substance abuse not only affects the health and well-being of individuals but also places a substantial burden on public health resources. The rising rates of intravenous drug use in Kashmir, as reported by Hussain et al. (2023), have led to a surge in cases of Hepatitis C, further straining an already overburdened healthcare infrastructure. The correlation between drug use and infectious diseases underscores the need for integrated public health strategies that address both addiction and its associated health risks. Harm reduction strategies, such as needle exchange programs and safe injection sites, could be effective in reducing the transmission of diseases while providing a bridge to addiction treatment. Moreover, the societal stigma associated with drug abuse often hinders individuals from seeking help. As Ibrahim et al. (2022) point out, substance abusers are frequently dismissed as "unproductive" members of society, leading to their marginalization. This stigma not only exacerbates the social isolation experienced by addicts but also deters them from accessing the help they need. The narrative that drug abusers are inherently "useless" is both narrow and counterproductive, as it overlooks the potential for rehabilitation and reintegration. The findings from D-DWARI De-addiction Center interviews emphasize that many addicts expressed a deep sense of shame and guilt, which paradoxically both drove their addiction and motivated their desire for recovery. Addressing this issue requires a shift in societal attitudes towards addiction, viewing it not as a moral failing but as a treatable condition that requires empathy and support. The intersection between substance abuse and socio-economic disparities cannot be overlooked. In regions like Jammu, where economic instability and limited access to education are prevalent, substance abuse becomes both a symptom and a cause of further socio-economic decline. The findings of Tanweer et al. (2019) and Tripathy (2023) suggest that substance use is often driven by a lack of opportunities and social support. This creates a vicious cycle where poverty leads to drug use, which in turn perpetuates economic hardship. Therefore, any effective intervention must address not only the immediate issue of substance abuse but also the underlying socio-economic conditions that foster it. Policies aimed at job creation, educational empowerment and social inclusion are crucial in breaking this cycle. The role of cultural influences, particularly from the entertainment industry, also plays a significant part in shaping attitudes towards substance use. The glamorization of drug use in Bollywood films and popular music often portrays substance abuse as an avenue for social liberation or artistic expression. This not only normalizes drug use but also diminishes the perceived risks associated with it, particularly among impressionable youth. The findings suggest that stricter regulation of media content, alongside public awareness campaigns, could be instrumental in countering these harmful narratives. Collaborating with influencers and media personalities to promote positive behaviors could shift cultural perceptions and reduce the allure of substance use. Educational institutions also have a critical role to play in curbing the tide of substance abuse. Research indicates that prevention programs that involve schools, families and communities can effectively reduce drug use among youth (Nkvi, 2015). Integrating substance abuse education into school curricula can foster early awareness and resilience, equipping young individuals with the knowledge to make informed decisions. However, these programs must go beyond traditional didactic approaches and incorporate interactive, peer-led initiatives that resonate with students' lived experiences. The accessibility of drugs, facilitated by weak enforcement mechanisms, remains a significant challenge,

particularly in border regions like Jammu. The porous borders with Punjab and Himachal Pradesh enable the flow of drugs, making them readily available to young people. Strengthening border controls, increasing penalties for drug trafficking and enhancing law enforcement capabilities are necessary but insufficient on their own. A comprehensive approach must include community engagement to reduce demand. For instance, creating safe spaces for youth, promoting sports and recreational activities and providing access to mental health services can reduce the appeal of drugs as a means of escapism. Lastly, the psychological and emotional dimensions of substance abuse cannot be ignored. As highlighted in the interviews from the D-DWARI De-addiction Center, many young individuals resort to drugs not merely out of curiosity but as a coping mechanism for unaddressed trauma, stress and emotional pain. The lack of accessible mental health services in regions like Jammu and Kashmir further compounds this issue, leaving many young people with no alternative but to self-medicate with substances. Expanding access to mental health care, particularly in underserved regions, is critical. This includes not only clinical services but also community-based support groups that can provide a sense of belonging and purpose. The findings thus conclude the need for a multi-faceted approach to address substance abuse among youth. This requires not only strengthening legal frameworks and enforcement but also investing in preventive education, community support and mental health services. The implications of these findings are far-reaching: without immediate and sustained interventions, the social, economic and health repercussions of substance abuse will continue to escalate, further destabilizing vulnerable communities. By adopting an integrated strategy that addresses the root causes and not just the symptoms of substance abuse, there is potential to reverse this trend and secure a healthier future for the next generation.

CONCLUSION

The study underscores the critical and multifaceted challenges posed by the escalating drug abuse crisis in Jammu and Kashmir. The socio-demographic analysis reveals that the issue is pervasive across both socio-economic strata, with vulnerable populations and affluent groups alike engaging in substance use, albeit for differing reasons. Young individuals from economically deprived backgrounds often resort to substance abuse as a coping mechanism for their harsh socio-economic realities, while those with greater financial means are more likely to encounter drugs in social settings such as rave parties and elite gatherings. This dichotomy underscores the complexity of the problem, which is driven by both socio-economic distress and a culture of recreational indulgence fostered by social influencers, including Bollywood celebrities. The findings point to a significant gap in awareness and educational interventions aimed at preventing drug use. Despite the alarming prevalence of substance abuse, there is a conspicuous absence of structured programs at the school and college levels that focus on sensitizing the youth to the dangers of drug use. This lack of early preventive measures, compounded by the easy availability of narcotics, particularly in regions like Jammu that are in close proximity to drug-trafficking corridors, creates a fertile ground for substance abuse to proliferate. Addressing this crisis necessitates a multi-layered and research-informed approach. First, the integration of comprehensive drug awareness curricula within the educational system is paramount. Schools and colleges must serve as critical platforms for early intervention, equipping students with the knowledge and skills needed to resist peer pressure and make informed decisions. Second, community-driven strategies should be intensified to foster a supportive environment for at-risk individuals, encouraging rehabilitation and social reintegration rather than perpetuating stigma. Moreover, the study highlights the need for stringent regulatory measures to disrupt the easy flow of narcotics, particularly in affluent circles where drug use is often normalized. Legal reforms are necessary to close existing loopholes, ensuring that the judicial system is not exploited by offenders through lenient bail

provisions. By adopting a holistic, interdisciplinary approach that combines legal enforcement, educational outreach and community engagement, there is potential to curb the rising tide of substance abuse. Such evidence-based interventions are crucial to safeguarding the socio-economic stability and future well-being of the youth in Jammu and Kashmir.

RECOMMENDATIONS

- Launch targeted educational programs in schools and colleges to raise awareness on drug abuse, including workshops and outreach for early prevention.
- Enhance regulatory surveillance to dismantle drug networks, especially in areas where accessibility is high, targeting vulnerable populations.
- Engage communities to support rehabilitation, reduce stigma and promote reintegration for users through grassroots initiatives.
- Foster open communication between parents and children to address mental health issues, reducing the risk of substance use.
- Implement strict monitoring of rave parties and elite gatherings, curbing drug distribution and countering Bollywood's glamorization of substance use.
- Tighten bail laws to close legal loopholes, ensuring habitual offenders cannot exploit the system.

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IX . PICTURE OF THE D-DWARI CENTRE :



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