PERCEPTION OF STUDENTS AT SECONDARY LEVEL ABOUT DRUG ADDICTION IN KASHMIR VALLEY

Bilal Ahmad Bhat, T. A. Chisti*

Division of Social Science, Faculty of Fisheries, Rangil Ganderbal, SKUAST-Srinagar. bhat_bilal@rediffmail.com *Directorate of Distance Education, University of Kashmir, Srinagar.

tachishti@uok.edu.in

ABSTRACT

The world statistics on the drugs/substance abuse show a horrifying picture as it has become the third largest fast growing business in the world next to petroleum and arm trade and about 190 million people throughout the world are involved in the abuse of one substance or the other. The Kashmir society is not an exception to this abuse and a large population of youth in Kashmir valley is lured by drugs due to their easy availability. Most adult drug/smokers start drug/smoking regularly some time before 18 years of age. The main aim of this study was to know the awareness of drug addiction among higher secondary students studying in various institutions of Kashmir valley. The results of this study may help to develop more effective drug prevention programs. The study was carried out by a cross-sectional survey of 400 youth, 200 Boys and 200 Girls selected at random with the help of stratified random sampling technique from different higher secondary schools of Kashmir valley of the State of Jammu & Kashmir, using a specifically designed questionnaire. The respondents selected at random were asked questions regarding the age at which people began to use drug/smoking, initiation, their drug/smoking habits, their reasons for drug/smoking, and their views on people who drug/smoke etc. The results obtained in this study presents a horrifying picture and a threat for the entire society if the drug abuse menace is not controlled.

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

Introduction

The world statistics on the drugs/substance abuse show a horrifying picture as it has become the third largest fast-growing business in the world next to petroleum and arm trade and about 190 million people throughout the world are involved in the abuse of one substance or other. According to the definition, drug addiction, also called substance use disorder, is a dependence on a legal or illegal drug or medication. Drug abuse and addiction have negative consequences for individuals and in general a threat for the entire society if the menace is not controlled. Today on the basis of the vast literature available, we observe that almost every part of the world is facing challenges, like poverty, corruption, underdevelopment, unemployment etc. and all these problems contribute to form a new fast-growing problem that is, drug addiction and trafficking. According to World Health Organization (WHO) by the year 2020 mental and substance use disorders will surpass all physical diseases and will be a major cause of disability worldwide (WHO, 2008). The literature (e.g., Ghosal et al. 1996; Rani, et al. 2003; Lal, 2008; Nadeem, et al. 2009; Anand, 2012; Gupta, 2012, Bilal et al. 2013 etc) show a very grim situation with reference to drug/substance use in India. Cannabis, heroin, and Indian-produced pharmaceutical drugs are the most frequently abused drugs in India. Cannabis products, often called charas, bhang, or ganja, are used throughout the India as it has attained some amount of religious sanctity because of its association with some Hindu deities.

The youth of today are facing an ever-increasing number of dilemmas. One of these is drugs. What does Islam i.e., Qur'an and Ahaadith say regarding intoxicants i.e., narcotics. Allah Ta'ala states in the Holy Qur'an: O You who believe! Intoxicants and gambling, (dedication of) stones and (divination by) arrows are an abomination of Satan's handiwork. Avoid (such abominations) that you may prospe (Quran, 5:90) Almighty Allah has described intoxicants amongst other things as being appalling, despicable and hateful acts of Satan and he has commanded us to abstain from them, Allah thereafter states in the next verse: - Satan's plan is to sow hatred and enmity amongst you with intoxicants and gambling, and to hamper you from the remembrance of Allah and from prayer. Will you not give up? (Quran, 5:91) This Aayah tells us how it is a detestable act of Satan, because intoxicants apart from sowing the seeds of enmity also stop you from the sole purpose of having been sent to the world, namely the remembrance of Allah. Bear in mind that when the term intoxicant is used it also encompasses narcotics, because they too among other things result in the loss of self-control. There are many Ahaadith stated by the Holy

Prophet Muhammad (PBUH) in regards to intoxicants. Umme Salmah (R.A) narrates that the Messenger of Allah (PBUH) prohibited every intoxicant and Mufattir (anything which excites and irritates the mind, body and heart). (Abu Dawood). From a religious point of view it instigates towards Haram and from physical aspect it deteriorates the mind, cuts off the means for offspring, brings about leprosy, sickness, feverish shivers, bad breath, loss of eyebrows and teeth, warming of blood, tuberculosis, damages intestines, destroys body organs, punctures the liver, burns the stomach and weakens eyesight amongst other things. The youth of Jammu and Kashmir who were born and brought up during the past 20-25 years of the conflict is now falling prey to drugs. Drug addiction has gripped the whole new generation and has become one of the serious most problems amongst the youth in the restive Kashmir valley. A well-known psychiatrist Dr. Mushtaq Margoob's book, "Menace of Drug Abuse in Kashmir", published in 2008, states that the Valley has 2.11 lakh drug abusers. These figures have increased manifold in last eight years. It is worth mentioning here that substance abuse is not an acceptable behaviour in our society and thus the figures might only reflect a tip of the iceberg and there may be a huge hidden population of drug addicts in our state. There are many stories which reveal that armed conflict in J&K plays a crucial role on drug addiction among youth of Kashmir valley. Inam Rashid (name changed) was among the many unfortunate ones who was picked up and interrogated by state agencies on the pretext of having links with militancy. For five days he was put under extreme interrogation and was subsequently released without being charged. The mental scars of this ordeal refused to heal. As if this was not enough this 35-year-old lost 12 members of his family to the massive earthquake of 2005 in Uri. This was more than Rashid could bear. He sought a grim refuge in multiple addictive substances "to erase the memories of his extended sufferings". He turned to cannabis, nicotine, opium, ethanol and benzodiazepine in search of relief. Another addict explains the reason for drug abuse saying that he felt no peace, only blood in the air. This resonates with a common perception that the thousands who died violent deaths in Kashmir weigh heavy in the air in The studies show that in Kashmir, drugs are not used for recreational purposes but as a coping Kashmir. mechanism to deal with the stresses of conflict in the most militarized region in the world. A recent research study conducted by Government Psychiatric Disease Hospital (GPDH) reveals that 60000 youth including 4000 girls under the age group of 18-35 are drug addicts. The drugs which the youth consume are opium, heroine, brown sugar, and alcohol. Nearly 40,000 bottles of alcohol are consumed every day, the study states. Another study reveals that, 65 to 70% students in Kashmir are drug addicts who include gateway drugs too and around 26% female students. The actual status of drug abuse in Jammu & Kashmir is not clear as no comprehensive survey in J &K has been carried out. However, there are some studies which show a very grim picture of substance abuse in Jammu & Kashmir state. It is reported that tobacco, cannabis (charas), alcohol, benzodiazepines (sleeping pills, like alprax, valium), opiates (like codeine, heroin, morphine), brown sugar, Inhalants (like Fevicol SR, glue, paint thinner, petrol, shoe polish etc) are the major drugs of abuse in the state of Jammu and Kashmir. (Margoob, 1993; Naqshbandi, M, 2012; Pirzada, M.A, 2013; Bilal, Manish & Sheema 2013; Bilal et al. 2016). Drug addiction is increasing among adolescents in Kashmir valley. Hence the present study entitled "Perception of Higher Secondary Students about Drug Addiction in Kashmir valley" is undertaken to know the level of awareness among college going students of Kashmir valley, to identify the common causes of drug addiction and measures to control. **Material and Methods**

The study adopted quantitative techniques using the survey method because it can empirically test the hypotheses used in this study. The questionnaire developed was pre-tested and validated by specialists and experts using appropriate statistical techniques. The survey was carried out by using interview schedule and targeted 400 students, 200 male and 200 female studying in different institutions of Kashmir valley using stratified random sampling procedure. An interview schedule was administered and the respondents were asked the relevant questions in simple and easy-to-understand language. The answers were immediately marked on the interview schedule, and this was done so that no details escape the mind. The data collected was carefully analysed using appropriate statistical tools with the help of Statistical Package for Social Sciences (SPSS version 20).

Research Hypothesis

Hypothesis : There will be no significant difference in awareness between Boys and Girls students studying in various institutions of Kashmir valley. In order to test the hypothesis, we use chisquare test and Mann-Whitney U test.

Chisquare test with usual notations is given by

$$X^{2} = \sum_{i=1}^{2} \frac{(o_{i} - e_{i})^{2}}{e_{i}}$$

where $X^2 \sim \chi_1^2$, o_i and e_i are observed and expected frequencies. We reject H₀ if p-value is less than specified level of significance.

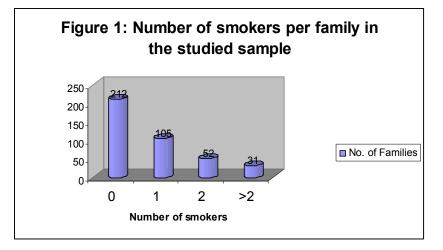
Further, with usual notations Mann-Whitney W test is given by

$$W = N_1 N_2 + \frac{N_x (N_x + 1)}{2} - T_x$$

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

Results and Discussion

The data presented in figure 1 shows that out of 400 families surveyed in 105 families there was one smoker, in 52 families there were two smokers and in 31 families there were more than two smokers. This shows very high percentage of smokers in the Kashmir valley.



The data presented in Table 1 reveals that majority of the respondents Boys (51.5%) and Girls (54.5%) respondents agree that cause of drug addiction/smoking addiction among people is bad company. Further, 19.5% Boy respondents agree that cause of drug/smoking addiction is for fun, 16% think frustration, 9.5% think chance use and 4% think unemployment. Similarly, on examining the response of Girl students, it is observed that 16% think for fun, 15.5% think frustration, 11.5% think chance use and 4.5% think people drug/smoke because of unemployment. Statistically, there is a non-significant association in opinion between Boys and Girls respondents (p<0.05). Figure 2, shows the distribution of causes of drug addiction.

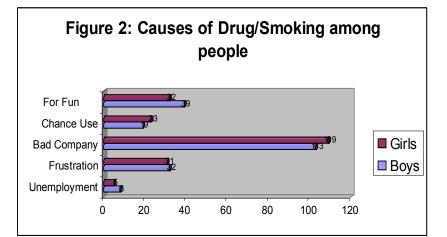


Table 1: Cause of Drug/Smoke among people

Respondent	Unemployment	Frustration	Bad Company	Chance Use	For Fun
Boys	8 (4%)	32 (16%)	103 (51.5%)	19 (9.5%)	39 (19.5%)
Girls	5 (4.5%)	31 (15.5%)	109 (54.5%)	23 (11.5%)	32 (16%)
Chisquare = 1	.947, p>0.05				

The data presented in Table 2 depicts that majority of the Boys (43.5%) respondents believe that people become drug addicted in the age group below 20 years, followed by 20-30 years age group then by 30-40 age group and finally >40 years age group. Further, the girls respondents in majority (46%) believe that people become drug/smoking addicted at the age group of 20-30 years, followed by below 20 age group then by 30-40 years age group and finally >40 years of age group. Statistically, opinion and gender is significantly associated (p<0.05). The results obtained in this study are in agreement with the earlier studies (Bilal et. al., 2016, Naqshbandi, 2012).

Table 2: Association between	Gender and age at which	people become drug addicted

Respondent	Age (years)				
	Below 20	20-30	31-40	Above 40	
Boys	87 (43.5%)	73 (36.5%)	23 (11.5%)	17 (8.5%)	
Girls	61 (30.5%)	92 (46%)	32 (16%)	15 (7.5%)	
Chisquare = 8	.353, P<0.05				

The data presented in Table 3 shows that majority of Boys and Gils respondents (47.5%) and (44.5%) believe that friends are the common source of drug addiction among people, followed by underground agents then by market. Statistically, there is a nonsignificant association in opinion between boys and girls under study.

Table 3: Common sources of Drug Addiction

Respondent	Friends	Pharmacy	Hospital Clinic	Market	Underground agents
Boys	85 (47.5%)	26 (13%)	23 (11.5%)	29 (14.5%)	37 (18.5%)
Girls	89 (44.5%)	23 (11.5%)	21 (10.5%)	33 (16.5%)	34 (17%)

Chisquare = 0.751

P>0.05

The data shown in Table 4 reveals that in response to question (i) majority of the respondents strongly agree followed by agree that government should strictly ban drugs and its sale. Further, in response to question (ii) majority of the girl respondents strongly agree followed by agree that we can overcome drug habit by involving drug addicts in games and hobbies while as boys respondents agree followed by strongly agree that we can overcome drug habit by involving drug addicts in games and hobbies. Statistically, there is a nonsignificant association between opinion and gender.

Table 4: Public opinion about the reduction of drugs addiction

Questions Asked	Gender	Agree	Strongly Agree	Disagree	Strongly Disagree	Don't know	
i) Govt. Should strictly Ban	Boys	70 (35%)	123 (61.5%)	2 (1%)	2 (1%)	3 (1.5%)	
Smoking/Drugs and its sale	Girls	85 (42.5%)	107 (53.5%)	3 (1.5%)	1 (1%)	4 (2%)	
Chisquare = 3.241, P	>0.05						
ii) We can overcome this bad habit by	Boys	97 (48.5%)	89 (44.5%)	6 (3%)	3 (1.5%)	5 (2.5%)	
involving drug addicts in games and hobbies	Girls	83 (41.5%)	103 (51.5%)	5 (2.5%)	2 (1%)	7 (3.5%)	
Chisquare = 2.734, P>0.05							

The data presented in Table 5, reveals that 27.5% boys believe that effect of drug is loss of social status, 20.5% believe that loss of health, 14.5% believe that loss of wealth and majority of boys respondents (37.5%) believe that all the three reasons are the effects of drug addiction. Further, in case of Girl respondents 18.5% believe that effect of drug addiction is loss of social status, 13.5% believe that loss of health, 9.5% believe that loss of wealth and majority of girl respondents (58.5%) believe that all the three are the effects of drug addiction. Statistically, there is a significant difference between the opinion of respondents (p<0.01). The results obtained in this study are in agreement with the earlier study (Bilal et al 2016). Figure 3 presents the opinion of the respondents on effects of drug use on people

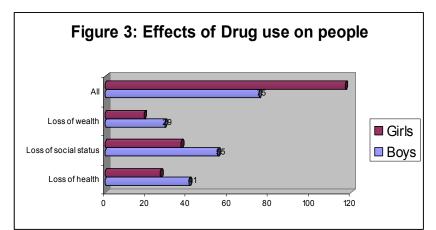


Table 5: Effects of Drug use on people as per study

RespondentLoss of healthLoss of social statusLoss of wealthAll
--

43

Boys	41 (20.5%)	55 (27.5%)	29 (14.5%)	75 (37.5%)		
Girls	27 (13.5%)	37 (18.5%)	19 (9.5%)	117 (58.5%)		
Chisquare = 20.157, p< 0.01						

The data shown in Table 6 reveals that majority of the respondents believe that immoral workers are the mostly drug addicted people followed by drivers/businessman. Statistically, there is a nonsignificant association between gender and opinion regarding mostly drug addicted people. Figure 4, shows mostly drug addicted people.

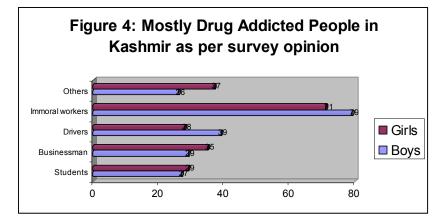


Table 6: Mostly Drug Addicted People in Kashmir valley as per survey

Respondent	Students	Businessman	Drivers	Immoral workers	Others		
Boys	27 (13.5%)	29 (14.5%)	39 (19.5%)	79 (39.5%)	26 (13%)		
Girls	29 (14.5%)	35 (17.5%)	28 (14.0%)	71 (35.5%)	37 (18.5%)		
Chisquare = 4.787 p>0.05							

Chisquare =4.787, p > 0.05

The data presented in Table 7 shows that majority of the respondents both boys and girls agree that smoking is a door for drug addiction. Statistically, using Mann-whitney test we observe that there is a nonsignificant difference between the opinion of boys and girls respondents.

Table 7: Smoking is a door for drug addiction

Respondent	N	Median	W	p-value
Boys	200	3.00	38732.5	>0.05
Girls	200	3.00		

Conclusion:

This study conducted in higher secondary schools of Kashmir valley tries to look at the crucial aspect of drug awareness among students and visa-viz treatment of drug addiction. The study reveals that 87.25% respondents are not aware of the process of drug de-addiction. Only 6.12% respondents know about the NGO(s) working in the field of drug de-addiction and only 7.86% respondents know about the drug de-addiction centre(s) present in Kashmir valley. The problem of drug addiction has metastasized for several reasons e.g., the role of the drug monitoring agencies in controlling the menace in the Valley is not satisfactory, it is difficult to break the nexus between the chemists, the peddlers and the police. The lack of drug awareness compounds the problem. In rural Kashmir, families are unaware if a drug is being abused in their midst. The womenfolk don't know that the man of the house

is an addict. They think he's taking medicines. In that case, it is very difficult to help them. Further, due to armed conflict since 1989 there is a free access to drugs and alcohol thus Kashmir is losing the most productive age group to drugs, with manifold repercussions on social and occupational function, affecting both society and economy. In recent years many deaths have been reported in young men because of opioid use. The effects of drug abuse are long-term and limitless, as they percolate through all the aspects of life. There is an increase in the crime rate, road accidents, family disturbances, suicides and suicidal attempts, deaths due to overdose, psychiatric disorders and high cost on general health issues due to chronic drug abuse like liver disorders, gastritis, accidental injuries and an increased risk for HIV infections due to Intravenous Drug Use (IDU). From a religious point of view drugs destroys the mind, causes forgetfulness, causes to reveal secrets, destroys shame, incubates dissimation, quells self respects, obliterates intelligence, prevents salaah and instigates towards Haram, forbidden things and from physical aspect it deteriorates the mind, cuts off the means for offspring, brings about leprosy, sickness, feverish shivers, bad breath, loss of eyebrows and teeth, warming of blood, tuberculosis, damages intestines, destroys body organs, punctures the liver, burns the stomach and weakens eyesight amongst other things. All verses (of the Qur'aan) and Ahaadith which testify that intoxicants are haraam also include hashish (i.e. drugs) The verses and Ahaadith regarding this have already been stated. Another verse, which proves drugs to be prohibited, is: They as you concerning khamr (intoxicant) and gambling. Say " In them there is great sin and some gain for mankind, but sin is greater then the gain. This verse, apart from informing us of how grave a sin it is to consume intoxicants, is also imparting a principle: Everything in which the evil and harm outweighs the gain is not allowed. Therefore, if we consider drugs, they deflect the sensory perceptions as well as producing hallucinations and illusions. They cause body lassitude, neurosis, decline in health, moral insensitivity etc. etc. the list is endless. Furthermore, there are no benefits whatsoever of taking drugs for recreational purposes. The perception (from Shaitan) that Class B drugs such as cannabis (dope, draw) is all right is utterly wrong. This verse clearly shows that although it seems like they may contain a few benefits, overall its evil is far greater. It is narrated that in Sahih Muslim: Every intoxicant is khamr (wine) and all Khamr is haraam. Drugs are Haraam. It is necessary to abstain from them. They ruin people's lives physically, mentally, morally and spiritually. If anyone is involved with drugs they should stop immediately and seek help. To curb the growing menace of drug abuse in Kashmir valley every person of the state should take the responsibility and join hands with each other against such a problem. It is appreciating that Police, Army in fact people from all walks of life in J&K launched many awareness drives against the drug menace time and again present in the valley and appealed youth to be on path of religion and morality and asked the people to act tough against the drug peddlers by which our youth get involved in drug addiction.

Suggestions:

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

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

Acknowledgement

The authors are grateful to the students and people who participated in this study.

References

[1] Ahrens D, Bandi P, Ulsvik J, Moberg DP. [2005] Who smokes? : a demographic analysis of Wisconsin smokers. *WMJ* 104: 18–22.

[2] Anand V (2012). Drug addiction: Causes and the way out. Online available on:

http://www.merinews.com/catFull.jsp?articleID=15765264.

[3] Becker, G., K. Murphy and M. Grossman (2004): "The market for illegal goods: the case of drugs", NBER Working Paper, No. 10976, NBER, Cambridge, Mass.

[4] Bhat Bilal A., Manish Kumar and Sheema Mushtaq (2013): Smoking Patterns Among People in Jammu region of Jammu and Kashmir state, IIOAB ; Vol. 4(2), 36-39

[5] Bhat Bilal A., Rahi S. and Mir M. Sidiq (2016): Awareness of Drug Addiction Among College Students of Kashmir valley, ARSEAM (To Appear)

[6] Bhat Bilal A. et al. (2016): A study on awareness of drug addiction among under-graduate Music and Fine Arts students of Kashmir Valley, Communicated

[7] Canadian Medical Association (2008). Youth substance use and abuse: challenges and strategies for identification and intervention. CMAJ 178:145-148.

[8] Dieker LC et al. (2002). Smoking and depression: An examination of mechanisms of comorbidity. *American Journal of psychiatry* 159: 947–953.

[9] Ghosal AG, Ghosh A, Debnath NB, Saha AK. (1996). Smoking habits and respiratory symptoms: observations among college students and professionals. *J Indian Med Assoc* 94: 55–57.

[10] Gupta A (2012). Drug/alcohol addiction in India – Disturbing trends." Online available on: http://www.gatewayforindia.com/articles/addiction.htm.
[11] Hameed A et al. (2002). Role of Islam in prevention of smoking. *Journal of Ayub Medical College* 14: 23–25.

[12] Islam SK, Hossain KJ, Ahsan AA (2002). Nutritional status of drug addicts undergoing detoxification: Prevalence of malnutrition and influence of illicit drugs and lifestyle. Br. J. Nutr. 88:507-513. doi:10.1079/BJN2002702.

[13] Kumar A, Mohan U, Jain VC. (1997) Influence of some sociodemographic factors on smoking status of academicians. *Indian J Chest Dis Allied Sci* 39: 5–12.

[14] Lal, D. (2003). "Free trade and laissez faire—has the wheel come full circle?", The World Economy, 26 (4): 471–82.

[15] Madan C Paul, (Edt.), *Drugs Youth and Society*, New Delhi, Madhu Deep Publications, 1996, p. 25.
[16] Margoob MA, Dutta K (1993). Drug Abuse in Kashmir - Experience from a Psychiatric Diseases Hospital. Indian J. Psychiatr. 35(3):163.

[17] McNeil Jr., D. G. (2007). "Fear of morphine dooms third world poor to die painfully",

International Herald Tribune, 9 September 2007.

[18] Mehrajuddin, *Drug Addiction: Socio-Legal Dimensions*, Book Media, Srinagar, 1997, p. 21. [19 Miron, J. A. and J. Zwiebel (1995). "The economic case against drug prohibition", Journal of Economic Perspectives , 9(4): 175–192.

[20] Mushtaq AM, Majid AB, Dhuha M, Murtaza I, Abbas Z, Tanveer M, Wani ZA, Husain A, Ahmad M, Jehangeer I, Huda M, Ahmad I (2004). Thin Layer Chromatography (TLC) in detection of current nature of drug abuse in Kashmir. JK-Practitioner 11:257-260.

[21] Nadeem A, Rubeena B, Agarwal V, Piyush K (2009). Substance abuse in India. Pravara Med. Rev. p. 4.
[26] National Institute on Drug Abuse (NIDA). Principles of Drug Addiction Treatment-A Research-Based Guide. (Revised 2009). National Institute of Health, U.S. Department of Health and Human Services.
[22] Naqshbandi MM (2012). Drug addiction and youth of Kashmir. Int. NGO J. 7(5):84-90. doi:10.5897/INGOJ12.022.

[23] Pirzada M. A. [2013]. The delusion of Pleasure: Understanding the Pathology of Drug Abuse in Kashmir Valley. *International Journal of Pharmaceutical Science Invention*, 2319 – 6718.

[24] Rani M, Bonu S, Jha P, Nguyen SN, Jamjoum L [2003] Tobacco use in India: prevalence and predictors of smoking and chewing in a national cross-sectional household survey. *Tobacco Control* 12: e4.

[25] 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.
[26] Swan AV, Creeser R, Murray M. [1990] When and why children first start to smoke. *Int J Epidemiol* 19:323–330

[27] United Nations Office on Drugs and Crime (UNODC) (2008): World Drug Report

2008, UN, New York.

[28] WHO Expert 13th, Committee Report on, Addiction Producing Drugs, Geneva. 1964, No. 7, P. 270.