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Case studies of drug abused youth of Kashmir valley

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Abstract

The present study was conducted to study a case study of drug abused youth of Kashmir valley of Jammu and Kashmir state. A sample of 18 respondents (drug addicts) was selected for the current study. The sample for the study consisted of the drug user patients of district Srinagar. Two hospitals were selected randomly for data collection viz, Police Control Room, Drug De-addiction Centre and SMHS Hospital, Srinagar. A self- designed validated Questionnaire was used to collect the information. For analysis of data, the data was carefully analyzed and interpreted. In order to quantify the data, the data was coded and processed through SPSS-20 software. The data was analyzed by using simple column percentages. The study revealed that all the drug abusers were males and majority of them were unmarried. All the men were aware about the bad effects of drug abuse on their health. Most of the respondents had given medication to help abstain from using drugs.

Keywords: Kashmir, drug addiction, substance abuse, youth, health

Introduction

The problem of drug addiction among youth in the valley of Kashmir is one of the biggest concerns today. The problem is not confined to the males lone but has started to grapple the female youth also. Nobody can deny the fact that the impact of drug addiction is not confined to the addict lone, but also affect the quality of life of whole family. Additionally, a wide range of dysfunctional behaviors can result from drug abuse and interfere with normal functioning in the family, the workplace, and broader community. Untreated substance abuse adds significant costs to families in the form of domestic violence, property crimes, child abuse and neglect, reduced productivity and even unemployment. Drug addiction is a complex but treatable disease. While the path to drug addiction begins with the act of taking drugs, over a period of time a person's ability to choose not to do so becomes comprised, and seeking and consuming the drug becomes compulsive. Drug addiction has many symptoms, and hence, it is also called drug syndrome. Drug addiction is a lifestyle disease and in recent times it has become a universal social and public health problem. Drug addicts tend to be more rebellious. They are hostile to authority and oppose conventional social values and traditional values. Due to the reason, drug abuse and addictions have so many dimensions and disrupt so many aspects of an individual's life. The ultimate goal of drug addiction treatment is to enable an individual to achieve lasting abstinence, but the immediate goals are to reduce drug abuse, improve the patient's ability to function, and minimize the medical and social complications.

The term "drug" refers to a wide variety of chemical substances consumed by mankind. Drug addiction as defined by WHO (1992) is a "behavioral pattern of drug use characterized by overwhelming involvement with the use of drug, compulsive drug seeking behavior and a high tendency to relapse after withdrawal". The term, drug abuse, generally refers to the use of drug, usually by self-administration, in a manner that is not approved by the medical or by social patterns of a given culture. The term is thus indicative of social disapproval about the use of a drug. Thus drug abuse, is defined as taking a drug for reasons other than medical, in an amount, strength, frequency or manner that damages the physical or mental functioning. There are a number of risk factors which have been correlated to serious substance abuse in adolescents. The presence of a parent or other relatives with substance abuse in the family is the most crucial factor. Lack of achievement, especially in school and poor self-esteem correlate with alcohol and substance abuse. The aggressive and impulsive teenager is at higher risk for substance abuse.

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Parental separation, divorce and disturbed family relationships and peer drug use increase the likelihood of the adolescents drug problem (Gilvary, 2000) [2]. Other risk factors for substance abuse include social isolation and unconventional behavior patterns. Personality patterns exhibited by children with substance dependence include behavioral deviance, delinquency, violence, vandalism and hostility. Drugs may temporarily relieve the emotional stresses accompanying the identity-crisis. A person with an established sense of ego-identity could resist such pressures. Addicts often show neurotic tendencies too. In addition to individual characteristics, social environment also plays a significant role in making the individual vulnerable to drug addiction, especially the family. The family being the basic unit of human experience is the most important socializing agent that influences the development of a child's personality. Family, is the most important unit of society, when it does not function adequately, the individuals feel anxious, frustrated, dissatisfied, insecure, or even hostile towards family members. Such problems at times drag the individual into drug addiction. Another important factor in the initiation of drug seeking behavior is the peer group pressure. Individuals who come from disturbed home environment seek the company of groups which may sometimes encourage the use of drugs.

Objectives of the study

- To identify drug abusers in Kashmir valley
- To find out the type of drug addiction among youths of Kashmir valley
- To find out the causes of drug abuse among youth of Kashmir valley

Need for the study

The substance abuse by adolescents and their negative consequences are becoming progressively a major public health concern. Smoking in adolescents may also be a marker of other harmful life styles such as engagement in illicit drug use, alcohol use, mental illnesses etc. Research between the interrelationship between drug abuse and violence among school dropouts, gang members and other minority youth should also be undertaken. Although considerable research has been conducted in this area, there is a need for further comprehensive research to understand the personality, characteristics, underlying dynamics and the family environment that distinguishes the addicts from the non-addicts.

Review of literature

Naqshbandi (2012) [8] carried out a study and estimated that there were about 70000 drug addicts in Kashmir including 4000 women. Also 65% to 70% students in Kashmir were drug addicts who include gate way drugs too and around 26% female students. Harakeh & volleberg (2011) carried out a study on 68 smoking students between 16 to 24 years and the impact of peer influence on these young adults. In the study about 68 smoking students aged between 16-24 were studied. Participants had to perform a 30 min music task with a confederate. Participants were given different conditions. From the study it is evident that the peer pressure did not have a significant addition contribution, over and above smoking of the peer. The study reveals that passive peer influence affected young adult smoking rather than active peer influence. Nadeem *et al.* (2009) [10] have mentioned in their study that changing cultural values, increased economy stress

and dwindling supportive bonds are leading to initiation into substance use. The study has also shown that cannabis, heroin, and Indian produced pharmaceutical drugs are the most frequency abused drugs in India. The study also revealed that the process of industrialization, urbanization and migration has led to loosening of the traditional methods of social control rendering an individual vulnerable to the stresses and strains of modern life. Ledoux *et al* (2002) [6] reported those children from non -intact families, those who were not satisfied with relations with their parents and those who were less closely monitored, were more likely to be heavy substance users. Marital transition in the form of divorce and parental absence have been found to be associated with increased externalizing, antisocial, and no compliment behavior among adolescents (Bray, 1998; Hetherington *et al.*, 1985; Wallerstein, 1985) [1, 4]. Sutherland and Shepherd (2001) [11] reported that the illicit of drugs use rises rapidly in the early teenage years, with higher rates of smoking in girls and drinking in boys. Gender also has been used to account for differences in drug seeking behavior. Moon *et al.* (1999) [7] reported that gender significantly affected drug offers and types of offers. Males are more at risk for offers and use at a younger age, and the offers were likely to come from parents or other males. In general males are more likely than females to be offered drugs. Tahir (1993) [12] found that drug addicts are emotionally immature, having poor inner control, and have the tendency towards the violation of social norms. Hager (1976) [3] reported that the drug addicts are positively associated with negative orientations towards traditional values.

Materials and methods

The present study was conducted to study a case study of drug abused youth of Kashmir valley. The primary data was obtained by collecting information through questionnaire and interview method. The secondary data was collected from journals, books, periodicals etc. A sample of 18 respondents (drug addicts) was selected for the current study. The sample for the study consisted of the drug user patients of district Srinagar. There are different NGO,s and Drug centers in district Srinagar. Out of these only two hospitals were selected randomly for data collection viz, Police Control Room, Drug De-addiction Centre and SMHS Hospital, Srinagar. A self- designed validated Questionnaire was used to collect the information. For analysis of data, required information was gathered; the data was carefully analyzed and interpreted. In order to quantify the data, the data was coded and processed through SPSS-20 software. The data was analyzed by using simple column percentages.

Results and Discussion

Table 1: Age Group of Respondents

Age group in years	N	%age
15-20	8	44.4
21-30	7	38.9
31-40	2	11.1
41 & above	1	5.6
Total	18	100.0

Table 1.1 shows the age wise distribution of group of respondents. The table reveals that (44%) respondents were in the age group of 15-20 years. Further (38%) respondents were in the age group of 21-30 years, (11%) respondents were in the age group of 31-40 years and only (5.6%) respondents were 41 & above.

Table 2: Marital status of respondents

Marital status	N	% age
Married	4	22.2
Unmarried	13	72.2
Engaged	1	5.6
Total	18	100

Table 1.2 shows the marital status of the respondents. This table indicates that (72%) respondents were unmarried, (22%) respondents were married and (5.6%) respondents were engaged. Therefore the highest percentage of drug addicts were unmarried.

Table 3: Domicile of respondents

Domicile	N	%age
Urban	12	66.7
Rural	6	33.4
Total	18	100.0

Table 1.3 shows the domicile of respondents. The table reveals that (66.7%) who were drug addicts were from urban areas and (33%) respondents were from rural areas.

Table 4: Educational levels of respondents

Educational level	N	% age
Primary	3	16.7
Secondary	10	55.6
Higher	5	27.8
Total	18	100

Table 1.4 indicates the educational level of respondents. The table reveals that (16.7%) respondents have completed their education up to primary level, (55.6%) respondents have completed their education up to secondary level (27.8%) respondents have completed their education up to higher level.

Table 5: Occupational status of respondents

Occupation	N	%
Student	8	44.4
Employee	1	5.6
Unemployed	1	5.6
Business	8	44.4
Total	18	100

Table 1.5 shows the occupational status of respondents. The table reveals that (44.4%) respondents were students, (5.6%) respondents were employees & unemployed, and (44.4%) respondents were businessman.

Table 6: Influence of persons who smoke, drink, takes addictive drugs

Persons	N	%
Parents	1	7.69
Brothers	2	15.38
Sisters	0	0.00
Friends	6	46.15
Relatives	3	23.08
Others	1	7.69
Total	13	100

Table 1.6 reveals that (7.69%) respondents were influenced by their parental use of smoking, drinking & other addictive drugs, whereas (15.38%) males were influenced by their brothers use of drugs, maximum number i.e. (46.15%) were

influenced by their friends. Rest of them were influenced by their relatives and others i.e. (23.08%) and (7.69%) respectively.

Table 7: Type of drug addiction used by respondents

Type	N	%
Smoke only	11	87.62
Drink only	0	0.00
Smoke and drink	0	0.00
Inake of drugs only	1	7.69
Drink and intake of drugs	0	0.00
Smoke and drugs intake	1	7.69
Smoke, drink and drugs intake	0	0.00
Total	13	100

The table 1.7 reveals that (87.62%) respondents were smokers, (7.69%) take drugs only. (7.69%) respondents were taking both drugs as well as smoking.

Table 8: Root cause of taking drugs

	N	%
Self confidence	7	38.9
Peer Pressure	5	27.8
Tension reliever	5	27.8
Other	1	5.6
Total	18	100

Table 1.8 indicates that (38.9%) respondents were using drugs in order to enhance their self-confidence, (27.8%) respondents were using drugs because of peer pressures, (27.8%) respondents were using drugs in order to relieve tension, only (5.6%) respondents were taking drugs because of other reason.

Table 9: Amount of Money spend per month on Drug purchasing

Amount	N	%
60,000	1	5.56
50,000	1	5.56
40,000	1	5.56
30,000	1	5.56
20,000	5	27.78
15,000	1	5.56
10,000	1	5.56
5,000	1	5.56
2,000	1	5.56
1500 & below	5	27.78
Total	18	100

Table 1.9 reveals that (5.56%) respondents spend Rs 30,000-60,000 per month on purchasing different type of drugs, (27.78%) respondents spend Rs 20,000 per month on purchasing different type of drugs. Further results shows that (5.56%) respondents spend Rs 20,000-15000 per month on pursing of drugs, (27.78%) respondents spend Rs 1500 & below per month on different type of drugs.

Table 10: Health consequences of drug abuse

	N	%
Memory loss	15	83.3
Hepatitis	0	0.00
Convulsions	0	0.00
Bleeding(Nose or Mouth)	3	16.7
Total	18	100

Table 1.10 reveals that (83.3%) respondents have lost their

memory, (0%) respondents had hepatitis and convulsions and 16.7% respondents had bleeding problem (nose bleeding and mouth bleeding) as a result of drugs.

Conclusion

It has been concluded from the study that all the drug abusers were males and majority of them were unmarried. Parental separation, divorce and disturbed family relationships and peer drug use increase the likelihood of the adolescents' drug problem (Gilvary, 2000) [2]. Other risk factors for substance abuse include social isolation and unconventional behavior patterns. Personality patterns exhibited by children with substance dependence include behavioral deviance, delinquency, violence, vandalism and hostility. Drugs may temporarily relieve the emotional stresses accompanying the identity-crisis. The study revealed that most of the respondents were using drugs in order to enhance their self-confidence and to relieve the mental stress. Most of the respondents felt sick after they stopped taking drugs. All the men were aware about the health consequences of drug abuse on their health. Most of the respondents had given medication to help abstain from using drugs.

Recommendations

- To lift the psychological trauma and depression of the drug addicts they require the services of the psychologist, counselors, social workers and love and affection of the parents, etc.
- Awareness about drugs is to be created among the people through the media of posters, TV, newspapers, journals, street plays, drama, cinema and textbooks.
- Liquor shops should be changed into entertainment clubs and libraries.
- Well organized playgrounds, sports clubs for boys and girls must be developed in different localities.
- The Government should provide working avenues for the educated youth of Kashmir.
- Most immediate step is to check the flow of drug in the state. Very strict measures should be adopted by the Government to check the drug flow in Kashmir. For this, the check posts at the Kashmir should be strengthened from the security point of view, security personnel must be developed in all the drug routes between Punjab and Kashmir.

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