



## Tangled Realities: Unraveling the Nexus of Drug Addiction and Societal Ramifications in Kashmir

Raffy Rehman

Government College University Lahore

\* **Correspondence:** [r.raffye2e@gmail.com](mailto:r.raffye2e@gmail.com)

**Citation |** Rehman. R, "Tangled Realities: Unraveling the Nexus of Drug Addiction and Societal Ramifications in Kashmir", MCCSS, Vol. 2, Issue. 3, pp. 114-122, Aug 2023

**Received |** July 04, 2023; **Revised |** July 13, 2023; **Accepted |** July 20, 2023; **Published |** Aug 16, 2023.

The origins of substance abuse date back to ancient times, and the convenient geographical position of Jammu and Kashmir enables the easy transit of drugs. The phenomenon of drug addiction has significant ramifications for society, particularly in the context of political instability. The interplay between drug addiction and political instability gives rise to a multitude of societal implications that warrant careful examination. The paper delves into the complex web of drug addiction within Kashmir, dissecting its multifaceted impact on society. In this comprehensive review, the prevalence of addiction, particularly focusing on narcotics like heroin and cocaine, emerges as an epidemic, seeping through diverse demographics, transcending age, gender, and socioeconomic strata. The surge in addiction is intrinsically linked to geopolitical turmoil, exacerbating the trade of illicit substances, thereby transforming drug consumption patterns toward more potent compounds. Surveys and empirical evidence highlight the staggering numbers, with estimates pointing to a substantial population involved in drug use. This stark reality places Anantnag and Srinagar under the spotlight, reporting daily cases and alarmingly high prevalence rates. The study also unveils a distressing narrative among Kashmir's youth, exposing their susceptibility to a myriad of addictive substances and the subsequent societal implications. Beyond statistics, this paper paints a picture of psychological turmoil, social disruption, and the harrowing toll drug addiction takes on individuals and their families. It intertwines with rising suicide rates and incidents of domestic violence, becoming the second leading cause of mortality in the region. The educational and socioeconomic associations with addiction further underscore the intricate layers of this societal issue. It explores the onset of substance use, reasons for initiation, and the psychological factors contributing to addiction. This review amalgamates a tapestry of empirical data, societal impact, and psychological implications, underscoring the urgency to address this epidemic. It advocates for a comprehensive approach, calling for collaborative efforts among civil society, authorities, and NGOs to combat the escalating drug crisis gripping Kashmir.

**Keywords:** Substance Addiction, Kashmir's Youth, Narcotics, Societal Implications, Heroin.

### Introduction:

This exploration navigates the multifaceted dimensions of addiction, dissecting its interplay with societal structures, cultural nuances, and the intricate complexities within the Kashmir region. From unraveling the roots of substance abuse to analyzing its far-reaching implications on individuals, families, and the broader community, this study endeavors to shed light on the tangled realities that envelop this pressing issue in Kashmir. The history of substance misuse stretches back throughout human existence. However, contemporary influences including social, economic, political, and psychosocial, have amplified this into a global predicament. This issue involves the intricate interplay of the agent, host, and environment, forming what is not solely an individual or community problem. The complexity arises from the

multitude of intertwined elements associated with substance misuse and their interconnectedness [5].

Substance abuse encompasses a spectrum of harmful psychoactive substances, ranging from alcohol and tobacco to illicit drugs such as opioids, heroin, amphetamines, cannabis, and more [2]. The World Health Organization defines substance abuse as the "persistent or sporadic use of a substance inconsistent with or unrelated to acceptable medical practice". Drug addiction spans the globe, manifesting in multifaceted ways that pose challenges and opportunities for both developed and developing nations alike. According to the National Institute of Drug Abuse, drug addiction embodies a persistent and recurring pattern characterized by an individual's relentless pursuit and use of drugs, even when faced with adverse consequences. The prevalence of substance addiction is on the rise globally, notably becoming a prominent issue among younger demographics. The United Nations Office on Drugs and Crime highlights that young individuals and adolescents represent the largest demographic using drugs and are notably vulnerable to the consequences of substance consumption. The global drug landscape raises concerns, underscored by insights from the World Drug Survey report. This research estimates a staggering 284 million people worldwide have engaged in drug use, with 38.6 million grappling with drug use disorders. The Substance Abuse and Mental Health Services Administration identifies cannabis, opioids, narcotics, sedatives, hallucinogens, and stimulants as commonly misused medications on a global level, actions that are now being identified and tackled [2].

Terrorism has surged across continents, notably in politically unstable regions like Afghanistan and Jammu & Kashmir. Research indicates that areas with weak law enforcement and ongoing conflicts often experience higher rates of drug manufacturing and consumption. In places like Kashmir, enduring political unrest and prolonged armed conflict have significantly heightened drug addiction, leading to various ramifications within the local culture [3]. Drug addiction isn't confined to its individual experience; it casts a broad impact on both the addicted individual and their immediate social circle. Studies emphasize that addiction is more than an isolated problem, it's a complex psychosocial phenomenon that significantly affects multiple layers of society. Its repercussions extend across various domains, encompassing individuals, society, economy, education, environment, law, and physical and mental health. Empirical research underscores the substantial societal and psychological effects stemming from substance abuse [4].

Addiction stands out for its severity and level of risk compared to other issues. Scholarly literature extensively explores the psychosocial consequences linked with drug addiction, encompassing social isolation, anxiety, depression, family breakdown, domestic violence, increased crime rates, fatal drug overdoses, road accidents, suicides, and involvement in anti-national activities. Prolonged substance use takes a toll on the healthcare system, leading to health-related consequences like fatal drug overdoses, HIV infections, and diverse physiological and psychological health complications [5]. The complex issue of drug addiction intertwines with various criminal behaviors such as theft, robbery, and unlawful drug trafficking, impacting societal stability. Studies reveal a correlation between substance misuse and an increased likelihood of suicidal thoughts. This phenomenon disrupts peace, and social stability, and even poses threats to national security. Empirical evidence highlights the psychological toll, including stress, sadness, social isolation, and stigma [6]. In Kashmir, the escalation of drug addiction brings far-reaching consequences across personal, social, economic, health, educational, and political domains. However, existing research often overlooks its psychosocial implications. This study aims to fill this gap by focusing on the psychological ramifications of drug addiction within Kashmiri society. Its primary goal is to comprehensively understand and analyze the psychological consequences linked to drug addiction in the Kashmir valley. This research

endeavors to achieve a thorough understanding of drug addiction in this region and provide an in-depth analysis of its psychological impacts [7].

**Methodology:**

The review paper's methodology encompasses a comprehensive analysis of existing research conducted in Northern Kashmir.

**Data Selection Criteria:**

The selection involved scrutinizing studies and reports conducted within the specified period, focusing on substance use disorders in the Kashmir region. Inclusion criteria involved studies conducted at the de-addiction center that provided insights into substance use disorders and related psychosocial implications. Exclusion criteria omitted studies that didn't align with the focus on substance use disorders or those without relevant data.

**Literature Review Process:**

The literature review involved meticulous screening and identification of relevant studies. Studies meeting the inclusion criteria were thoroughly analyzed for their methodology, sample size, demographic details, assessment tools used, and findings related to the psychological ramifications of substance use disorders in Kashmiri society.

**Data Synthesis:**

The extracted data from selected studies were synthesized to draw overarching conclusions and identify recurring themes related to the psychological consequences of drug addiction in Kashmir. The review aimed to provide a comprehensive analysis of the psychosocial impact of substance use disorders, drawing insights from the amalgamation of findings from various studies conducted at the addiction center.

**Ethical Considerations:**

The review paper relied solely on published literature and existing research, ensuring compliance with ethical guidelines observed in academic review and synthesis. This methodology outlines the systematic review process employed to curate and synthesize existing research with a specific focus on the psychological ramifications of substance use disorders within the Kashmiri society.

**Results and Discussion:**

In the contemporary landscape of drug addiction, the issue of drug addiction is a significant concern within the broader context of Jammu and Kashmir, with a special emphasis on the Kashmir area [8]. The rising frequency and gravity of drug addiction in Kashmir have reached epidemic levels, impacting individuals across diverse demographics which include spanning age, gender, socioeconomic backgrounds, and residential areas. The surge in drug addiction correlates with activities linked to insurgency or terrorism. Cross-border drug trafficking, compounded by the region's political instability and armed conflicts in Jammu and Kashmir, has notably amplified the illicit trade of drugs, specifically heroin, brown sugar, and cocaine [9].

**Table 1:** Drug Addiction Patterns in Jammu and Kashmir

| Key Points                                      | Findings                         |
|---|----------------------------------|
| Narcotics Highly Prevalent                      | Heroin, brown sugar, cocaine     |
| Narcotic Opioid Medication Usage Surge          | Increased from 15% (2015) to 90% |
| Treatment-Seekers Primarily Dependent on Heroin | Over 90% seeking treatment       |

These substances primarily originate from neighboring countries, leading to increased availability and making them attractive to a wider population. Transnational drug trafficking has altered drug consumption patterns, moving beyond traditional cannabis products toward more potent compounds like heroin, brown sugar, and cocaine. The prevalence of consuming narcotic drugs such as heroin, cocaine, and morphine usually in Jammu and Kashmir is documented to be among the highest in the country [10]. As per the data at hand, the use of narcotic opioid medications has shown a substantial surge, escalating from 15% in 2015 to a striking 90%. Over

recent decades, around 90% of those seeking treatment for drug addiction predominantly comprised individuals dependent on heroin. The prevalence of heroin use among individuals has notably increased in recent years, as visually depicted [11].

The widespread problem of drug addiction transcends various societal levels, affecting individuals from educated, stable households to young people from diverse socio-economic backgrounds. Surveys conducted across different regions have revealed a troubling increase in drug addiction. According to the United Nations Office on Drugs and Crime, international surveys have identified around 70,000 drug users in the Kashmir region. Similarly, a national survey in 2019 disclosed that approximately 600,000 individuals, making up roughly 4.6 percent of the total population, are involved in drug use [12]. As per a survey, the estimated market value of illicit substances traded stands at Rs. 3.7 crore. The Anantnag and Srinagar districts report a substantial number of daily cases related to drug addiction, as documented by the SMH, sparking significant concerns due to this worrying trend. The prevalence of substance abuse disorder in these areas has surged, affecting a total of 18,000 individuals, encompassing both males and females [13].

**Table 2: Drug Addiction Prevalence in Kashmir**

| Study/Survey                            | Estimated Number of Drug Users                       |
|---|--|
| UN Office on Drugs and Crime            | Around 70,000  |
| National Survey (2019)                  | Approximately 600,000 (4.6% of the total population) |
| Estimated Illicit Substance Trade Value | Rs. 3.7 crore  |
| Impact on Specific Districts            | Anantnag and Srinagar - 18,000 affected individuals  |

There's a significant volume of literature detailing the prevalence of illicit substances among Kashmir's youth. These substances range from heroin, brown sugar, cocaine, morphine, and codeine to benzodiazepines like spasmoproxyvon, alprax, and valium. Furthermore, depressants, tranquilizers, barbiturates, and inhalants are also commonly used by the youth in this region [14]. Additionally, data sourced from several authoritative government institutions highlights a significant upsurge in the number of drug users in recent years. Specifically, records from the drug addiction center in Srinagar reveal that from February 2008 to December 2016, a total of 15,294 individuals seeking treatment were involved in drug use. Notably, there has been a staggering increase of over 1500% in the population seeking treatment for drug addiction, as reported [15]. According to a study, from 2016 to 2019, a total of 13,638 individuals engaged in drug use actively sought treatment at drug addiction centers in Srinagar, indicating a notable rise in detrimental substance use within the valley in recent years. Multiple drug addiction institutions, overseen by the state's law enforcement agencies, consistently report increasing drug addiction rates in Kashmir. The data suggests that a total of 10,000 individuals involved in drug use received treatment from 2008 to 2019. This data reveals a twofold increase in drug addiction cases in the valley over the past few years [16].

The data showcased in this study has been collected and compiled by the author. The prevalence of addiction isn't confined solely to Srinagar and its surrounding areas; instead, other districts within the Kashmir valley also demonstrate a significant increase in cases of drug addiction, as illustrated [17]. The data depicted in this study was collected by the author. The problem of drug addiction has infiltrated various societal boundaries within Kashmir. It notably impacts younger individuals, with research indicating that 90% of drug consumers fall within the 17 to 35 age range. Studies reveal a substantial portion of drug users come from the student community. Experts, law enforcement officials, and health professionals assert that a significant number of Kashmiri adolescents are developing drug dependencies [18][19]. The mounting issue of drug addiction has led to intricate challenges across social, economic, and health domains, raising concerns for families, law enforcement, and societal well-being. The psychosocial impacts

linked to drug addiction are particularly concerning. Its prevalence significantly affects multiple facets of Kashmiri society, spanning economics, education, governance, politics, judiciary, security, public safety, health, and social dynamics. In this context, understanding the psychosocial impacts of drug use becomes imperative [20].

The predominant challenge faced by Kashmiri society revolves around addiction, particularly concerning psychological well-being. Within the region, the youth population bears the brunt of these issues. A substantial portion of drug users in Kashmir consists of young individuals grappling with various socio-economic and psychological health challenges [21]. Drug addiction doesn't just affect individuals, it reverberates through their families and society, bringing about a disrupted psychological landscape and various mental health complexities. Stress, depression, fear, anxiety, and difficulties in behavioral and emotional regulation are among the mental health issues stemming from this phenomenon, affecting both the addicted individuals and their broader social circles [22]. Drug use contributes to a range of social challenges, encompassing difficulties in social interactions, feelings of helplessness, disillusionment, deprivation, alienation, social anxiety, and isolation among individuals involved in drug use. Empirical studies highlight prevalent psychological conditions like depression, hypertension, strokes, decreased motivation, mood swings, post-traumatic stress disorders, and various anxiety and phobia manifestations among individuals affected by drug and substance use disorders in Kashmir [23]. The research underscores that a considerable number of young individuals in Kashmir face psychological and mental health challenges, primarily attributed to both drug addiction and the adverse effects of the region's conflict. According to the Kashmir Mental Health Survey, about 45% of adults in the Kashmir Valley currently experience symptoms indicative of mental distress. Additionally, 41% show signs pointing to potential depression, while 26% exhibit indicators suggesting possible anxiety. Furthermore, approximately 19% of the surveyed population displays symptoms consistent with Post-Traumatic Stress Disorder.

The repercussions of the armed conflict contribute significantly to these outcomes, with factors such as the loss of family members, physical and mental torture, the death of primary income earners, displacement, interrogation, disappearances, wrongful killings, and human rights violations being primary contributors. The issue of drug addiction further strains healthcare institutions already contending with these multifaceted challenges [24].

There's been a concerning increase in both suicide rates and incidents of domestic violence. Prolonged use of pharmaceuticals and other substances affects both brain function and behavior. Studies indicate alterations in cognitive function and compromised structural integrity in brain circuitry due to substance abuse. Recent research highlights that individuals consuming drugs and alcohol are significantly more prone to engaging in suicidal behaviors, facing a risk 14 times higher compared to non-users. International evidence consistently points to a correlation between drug addiction, substance misuse, and an elevated likelihood of engaging in self-harming actions or suicidal behaviors [25]. The prevalence of drug addiction in Kashmir correlates with increased rates of suicide. Similarly, like drug addiction, evidence indicates disproportionately higher suicide rates among individuals aged 16 to 25 in the region. Drug addiction has become the second leading cause of death in Kashmir, trailing behind domestic violence and relationship issues. The escalating suicide rates have become a significant concern in public health, aligning closely with enduring issues of terrorism and drug addiction in the region. Recent years have witnessed a notable surge in the number of reported suicide cases, accentuating the gravity of the situation [26]. According to [24], the suicide rate in Kashmir has surged significantly, increasing 26 times from 0.5 per 100,000 individuals before the conflict to 13 per 100,000 individuals presently. Teenagers face a complex situation, dealing with emotional and psychological challenges tied to drug misuse, often culminating in suicidal thoughts and actions. Every instance of suicide is a profound tragedy that profoundly impacts

families, communities, and entire societies, extending beyond the individual directly affected by the loss. In a study conducted by [16] at de-addiction centers in New Delhi, it was noted that 21% of addicts had attained only primary education or were illiterate, contrasting with the 17.3% observed in our current study. A National Survey conducted by the Ministry of Social Justice and Empowerment in 2002 found that 29% of drug abusers were illiterate, with a significant portion stemming from lower socio-economic backgrounds.

Another study by [27] indicated that 78.8% of drug users had completed high school, aligning closely with our findings where 79.6% of individuals with substance use disorders were educated up to high school. However, our results diverge from studies conducted by [28] and [27], which reported that 44% and 51.33%, respectively, of substance users had education up to high school.

In the study by [27], it was reported that 32% of drug abuse cases were from the lower-middle socioeconomic class. Similarly, [29] found that 31.3% belonged to this socioeconomic category. In contrast, our study revealed that 52% of cases were from the lower-middle socioeconomic class, differing from these prior findings. Several studies conducted in India have shed light on prevalent substance abuse patterns. [30] reported alcohol and drug dependency rates of 22.8/1000 and 18.55/1000, respectively, in Uttar Pradesh. Notably, these studies highlighted alcohol as the primary substance abused, accounting for 60% to 98% of cases. Similarly, [27] identified nicotine and medicinal opioids as predominant in 94.4% and 65.7% of their subjects, while [28] reported tobacco abuse in 22.5% of cases. Epidemiological surveys revealed alcohol usage in 20% to 40% of individuals above 15 years, with alcohol ranking as the most commonly abused substance (82.5%), followed by cannabis (16.1%) in rural Uttar Pradesh. [29] also highlighted alcohol abuse in 70.2% of subjects, with tobacco abuse reported in 3.6% of cases. [31] found cannabis abuse in 77% of their subjects. In Punjab, the most abused substances were alcohol (41.8%), followed by tobacco (21.3%), and a high prevalence of heroin abuse (20.8%). In contrast, our study observed nicotine use disorders in 46 (42.59%) and alcohol use disorders in 4 (3.7%) cases. Polysubstance abuse was noted in 91.9% by [27], contrasting with our findings of 34.25%. However, [28] reported similar rates of polysubstance abuse (35.1%). Regarding the onset of substance use, our study showed an onset between 11 and 20 years in 43.52% of cases. However, [27] reported 76.8% initiating substance abuse in this age range, and [29] reported 39.6% starting drug consumption in the same age bracket. In India, around 50% of boys have tried at least one substance by the ninth grade.

### **Discussion:**

The subject of domestic violence against women, including instances like dowry-related abuse, is a subject of academic exploration in Kashmir. The region has seen a rise in mortality, cruelty, sexual and physical harassment, threats, torture, rape, and murder. Reports from the National Family Health Survey present alarming statistics regarding the escalating incidents of domestic abuse. The findings show that around 9.6 percent of women in Kashmir have faced domestic abuse, with a significant number of cases linked to drug addiction within the family or among husbands. Various studies establish a strong connection between substance addiction and domestic violence against women.

In recent years, instances of domestic violence in the Kashmir valley have notably increased. Experts attribute this rise to multiple factors such as financial demands, dowry issues, extramarital affairs, and substance abuse. Families experience ongoing violence due to concerns like fund solicitation for drug purchases, household item theft, neglect of family responsibilities, drug-related expenses, and community disruption, all often stemming from drug users.

The healthcare system in Kashmir has been significantly impacted by drug addiction, leading to a surge in health issues like HIV/AIDS, Hepatitis, skin ailments, respiratory disorders, and overdose deaths. The rise in heroin addiction, driven by the emergence of synthetic substances and opioids, has led to a surge in drug overdose fatalities. The Drug De-addiction

Center at SMHS Srinagar highlights that over 90% seeking help for drug addiction are using intravenous (IV) heroin, a highly dangerous narcotic. This practice has spread diseases like HIV/AIDS, HCV, and HBV. Despite increased HIV testing in Kashmir, confirmed cases have remained unchanged. Injection drug use has contributed to the escalating incidence of HIV/AIDS. Drug addiction has significantly burdened the public healthcare system, leading to increased criminal behavior and anti-social activities.

The correlation between drug misuse and criminality is deeply interwoven, as discussed in various studies. Illicit substance use has been linked to the rise of criminal syndicates, organized criminal activities, violence, gang-related behavior, firearm acquisition and use, self-harm, and even terrorism. Research consistently highlights the engagement of drug users in a spectrum of illegal activities. In Kashmir, drug addiction plays a significant role in the prevalence of criminal acts. Recent studies indicate a notable surge in criminal incidents, with law enforcement attributing around 90% of these acts to individuals involved in drug consumption.

Kashmir, known for its hospitality, has faced a decline in its reputation due to social disorder, criminal activities, and unpredictable events associated with drug use. The issue has fueled a range of criminal activities, including violent offenses, organized crime, and property-related crimes. Notably, organized and property crimes such as shoplifting, motor vehicle theft, pickpocketing, cattle theft, bank and ATM robberies, gang-related offenses, street altercations, and trafficking have risen in recent years, with drug addiction identified as a significant contributing factor.

Statistics from the crime branch show a total of 6,375 incidents within Jammu and Kashmir in recent years, with property crimes constituting a significant portion, followed by offenses against women like harassment, sexual assault, rape, abandonment, and dowry-related fatalities. Jammu & Kashmir has seen a 15% increase in crime rates in 2020, according to studies. The growing dependency on costly substances has pushed individuals to engage in various behaviors to sustain their addiction, potentially contributing to the rise in crime in the Union Territory. This surge in drug-related issues has even affected the safety and security of religious shrines in the region, adding to the valley's heightened insecurity. Overall, the escalation of drug addiction issues has significantly disrupted the tranquility, stability, and security of the Kashmir region.

### **Conclusion:**

In summary, the current findings reinforce the hypothesis and offer valuable insights into the research question. However, further exploration is essential to grasp the underlying mechanisms completely. Drug addiction stands as a significant psychosocial challenge in Kashmir, gaining recognition as a critical societal issue alongside terrorism. Its repercussions extend beyond individuals and their families, impacting the established social fabric and psychological well-being, thereby affecting society as a whole. This issue affects various societal aspects, leading to diminished social well-being, fatalities due to drug overdoses, increased criminal behavior, heightened suicide risk, deviant social conduct, criminal activities, and actions against the nation. It's crucial to educate the public about the detrimental effects of illicit substances on individuals, families, and society. Addressing this issue requires prioritizing efforts and resources toward tackling underlying factors like terrorism, cross-border drug trafficking, substantial narcotics demand and production, and socio-economic challenges within Kashmir society. Collaboration between civil society, religious leaders, the public, NGOs, and government bodies, particularly law enforcement, is vital in curbing the proliferation of illicit drugs in Kashmir. This collective effort is essential for mitigating the multifaceted challenges posed by drug addiction in the region.

### **References:**

- [1] E. de St. Aubin, "Generativity and the Meaning of Life," *Exp. Mean. Life Class. Perspect. Emerg. Themes, Controv.*, pp. 129–139, 2013, Accessed: Sep. 21, 2023. [Online]. Available: <http://link.springer.com/10.1007/978-94-007-6527-6>

- [2] L. Vangsness, B. H. Bry, and E. W. LaBouvie, "Impulsivity, negative expectancies, and marijuana use: A test of the acquired preparedness model," *Addict. Behav.*, vol. 30, no. 5, pp. 1071–1076, Jun. 2005, doi: 10.1016/J.ADDBEH.2004.11.003.
- [3] R. Strassman, "Hallucinogens," *Mind-Altering Drugs Sci. Subj. Exp.*, Apr. 2010, doi: 10.1093/ACPROF:OSO/9780195165319.003.0003.
- [4] A. W. Stacy, M. D. Newcomb, and P. M. Bentler, "Cognitive Motivations and Sensation Seeking as Long-Term Predictors of Drinking Problems," *J. Soc. Clin. Psychol.*, vol. 12, no. 1, pp. 1–24, Mar. 1993, doi: 10.1521/JSCP.1993.12.1.1.
- [5] T. Proulx, S. J. Heine, and K. D. Vohs, "When is the unfamiliar the uncanny? Meaning affirmation after exposure to absurdist literature, humor, and art," *Personal. Soc. Psychol. Bull.*, vol. 36, no. 6, pp. 817–829, Jun. 2010, doi: 10.1177/0146167210369896.
- [6] J. Schafer and S. A. Brown, "Marijuana and Cocaine Effect Expectancies and Drug Use Patterns," *J. Consult. Clin. Psychol.*, vol. 59, no. 4, pp. 558–565, 1991, doi: 10.1037/0022-006X.59.4.558.
- [7] T. Proulx and S. J. Heine, "Death and Black Diamonds: Meaning, Mortality, and the Meaning Maintenance Model," *Psychol. Inq.*, vol. 17, no. 4, pp. 309–318, Oct. 2006, doi: 10.1080/10478400701366985.
- [8] B. Levy and M. Earleywine, "Discriminating reinforcement expectancies for studying from future time perspective in the prediction of drinking problems," *Addict. Behav.*, vol. 29, no. 1, pp. 181–190, 2004, doi: 10.1016/S0306-4603(03)00073-X.
- [9] A. M. Leventhal and J. M. Schmitz, "The role of drug use outcome expectancies in substance abuse risk: An interactional-transformational model," *Addict. Behav.*, vol. 31, no. 11, pp. 2038–2062, Nov. 2006, doi: 10.1016/J.ADDBEH.2006.02.004.
- [10] S. J. Heine, T. Proulx, and K. D. Vohs, "The meaning maintenance model: On the coherence of social motivations," *Personal. Soc. Psychol. Rev.*, vol. 10, no. 2, pp. 88–110, 2006, doi: 10.1207/S15327957PSPR1002\_1.
- [11] M. Earleywine, "Cannabis: Attending to Subjective Effects to Improve Drug Safety," *Mind-Altering Drugs Sci. Subj. Exp.*, Apr. 2010, doi: 10.1093/ACPROF:OSO/9780195165319.003.0009.
- [12] J. A. Hicks and C. Routledge, "The experience of meaning in life: Classical perspectives, emerging themes, and controversies," *Exp. Mean. Life Class. Perspect. Emerg. Themes, Controv.*, pp. 1–417, Jul. 2013, doi: 10.1007/978-94-007-6527-6.
- [13] J. Darkes and M. S. Goldman, "Expectancy Challenge and Drinking Reduction: Experimental Evidence for a Mediation Process," *J. Consult. Clin. Psychol.*, vol. 61, no. 2, pp. 344–353, 1993, doi: 10.1037/0022-006X.61.2.344.
- [14] C. J. Correia, "Behavioral Theories of Choice: Understanding the Relationship Between Drug Use and Drug-Free Reinforcement," *Mind-Altering Drugs Sci. Subj. Exp.*, Apr. 2010, doi: 10.1093/ACPROF:OSO/9780195165319.003.0001.
- [15] J. De Leo and M. Earleywine, "Life, drugs, and the making of meaning," *Exp. Mean. Life Class. Perspect. Emerg. Themes, Controv.*, pp. 393–403, Jul. 2013, doi: 10.1007/978-94-007-6527-6\_29/COVER.
- [16] J. Macleod et al., "Early life influences on the risk of injecting drug use: Case control study based on the Edinburgh addiction cohort," *Addiction*, vol. 108, no. 4, pp. 743–750, Apr. 2013, doi: 10.1111/ADD.12056.
- [17] J. T. Austin and J. B. Vancouver, "Goal constructs in psychology: Structure, process, and content," *Psychol. Bull.*, vol. 120, no. 3, pp. 338–375, Nov. 1996, doi: 10.1037/0033-2909.120.3.338.
- [18] G. Maté, "Addiction: Childhood Trauma, Stress and the Biology of Addiction," *J. Restor. Med.*, vol. 1, no. 1, pp. 56–63, Oct. 2013, doi: 10.14200/JRM.2012.1.1005.
- [19] U. Tanveer, "Root Causes of Drug Addiction in Education Institutes with Workable Solutions," *Magna Cart.*, vol. 1, no. 1, pp. 19–29, 2022.
- [20] K. Sweeny, "Crisis Decision Theory: Decisions in the Face of Negative Events," *Psychol.*



- Bull., vol. 134, no. 1, pp. 61–76, Jan. 2008, doi: 10.1037/0033-2909.134.1.61.
- [21] S. C. Thompson and A. S. Janigian, “Life Schemes: A Framework for Understanding the Search for Meaning,” *J. Soc. Clin. Psychol.*, vol. 7, no. 2–3, pp. 260–280, Jun. 1988, doi: 10.1521/JSCP.1988.7.2-3.260.
- [22] V. J. Felitti et al., “Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study,” *Am. J. Prev. Med.*, vol. 14, no. 4, pp. 245–258, May 1998, doi: 10.1016/S0749-3797(98)00017-8.
- [23] W. B. Stiles, “Theory-building case studies of counselling and psychotherapy,” *Couns. Psychother. Res.*, vol. 7, no. 2, pp. 122–127, Jun. 2007, doi: 10.1080/14733140701356742.
- [24] J. D. Ford, J. Hawke, S. Alessi, D. Ledgerwood, and N. Petry, “Psychological trauma and PTSD symptoms as predictors of substance dependence treatment outcomes,” *Behav. Res. Ther.*, vol. 45, no. 10, pp. 2417–2431, Oct. 2007, doi: 10.1016/J.BRAT.2007.04.001.
- [25] S. R. Dube, V. J. Felitti, M. Dong, D. P. Chapman, W. H. Giles, and R. F. Anda, “Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study,” *Pediatrics*, vol. 111, no. 3, pp. 564–572, Mar. 2003, doi: 10.1542/PEDS.111.3.564.
- [26] J. L. Mccauley, T. Killeen, D. F. Gros, K. T. Brady, and S. E. Back, “Posttraumatic Stress Disorder and Co-Occurring Substance Use Disorders: Advances in Assessment and Treatment,” *Clin. Psychol. Sci. Pract.*, vol. 19, no. 3, pp. 283–304, Sep. 2012, doi: 10.1111/CPSP.12006.
- [27] Z. Y. Rather YH, Bashir W, Sheikh AA, Amin M, “Socio-demographic and Clinical Profile of Substance Abusers Attending a Regional Drug De-addiction Centre in Chronic Conflict Area: Kashmir, India,” *Malays J Med Sci*, vol. 20, no. 3, 2013, [Online]. Available: <https://pubmed.ncbi.nlm.nih.gov/23966822/>
- [28] T. Baba, A. Ganai, S. Qadri, M. Margoob, qazi iqbal, and zahid khan, “An epidemiological study on substance abuse among college students of north India (Kashmir valley),” *Int. J. Med. Sci. Public Heal.*, vol. 2, no. 3, p. 562, 2013, doi: 10.5455/IJMSPH.2013.080420131.
- [29] G. Kadri, A.M.; Bhagyalaxmi, A.; Kedia, “A STUDY OF SOCIO-DEMOGRAPHIC PROFILE OF SUBSTANCE ABUSERS ATTENDING A DE-ADDICTION CENTRE IN AHMEDABAD CITY,” *Indian J. Community Med.*, vol. 28, no. 2, 2003, [Online]. Available: [https://journals.lww.com/ijcm/Abstract/2003/28020/A\\_STUDY\\_OF\\_SOCIO\\_DEMOGRAPHIC\\_PROFILE\\_OF\\_SUBSTANCE.5.aspx?utm\\_medium=email&utm\\_source=transaction](https://journals.lww.com/ijcm/Abstract/2003/28020/A_STUDY_OF_SOCIO_DEMOGRAPHIC_PROFILE_OF_SUBSTANCE.5.aspx?utm_medium=email&utm_source=transaction)
- [30] S. K. H. K C Dubé, “Drug use in health and mental illness in an Indian population,” *Br. J. Psychiatry*, vol. 118, no. 544, 1971, [Online]. Available: <https://pubmed.ncbi.nlm.nih.gov/5575938/>
- [31] “Drug abuse in kashmir - experience from a psychiatric diseases hospital - PubMed.” Accessed: Jan. 23, 2024. [Online]. Available: <https://pubmed.ncbi.nlm.nih.gov/21743629/>



Copyright © by authors and 50Sea. This work is licensed under Creative Commons Attribution 4.0 International License.