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Drug Addiction Crisis in Jammu & Kashmir Socio-Economic Consequences and Prevention Strategies

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Abstract

Drug addiction is a very severe problem in the region of Jammu and Kashmir, which is affecting all aspects of the society. Over the past three decades, Jammu and Kashmir (J&K) has transitioned from a narcotics transit corridor into a severe consumer market, affecting approximately 1.35 million individuals—roughly 10% of the population, with over 90% belonging to the vulnerable 17–35 age group. Drugs have started breeding their own sub-culture, which has its own norms, values, behaviour and symbols. This problem deteriorates an individual's health and happiness of an individual, the family, the community and the society. Today, there is no part of the world that is free from the curse of drug trafficking and drug addiction. Drug addiction is not confined to a single person or region. Its number could be varied and found in any age, gender, ethnicity, social class or religion. As a matter of fact, the tentacles of drug addiction have spread world widely covering every country in the world. There are various factors like peer pressure, masses high aspirations, unemployment and changing societal order that are continuously enhancing this particular menace. Legal frameworks, including the NDPS Act, are increasingly utilized to dismantle trafficking infrastructure via property attachments and financial seizures. Countering this complex crisis requires a multi-faceted approach integrating enhanced border monitoring, automated pharmaceutical tracking, expanded harm-reduction and healthcare services and community-driven rehabilitation programs to safeguard youth and restore regional stability. The aims of review study the distinctive consequences behind the problem of drug addiction in Jammu and Kashmir which impacts the masses physically, psychologically, economically and socially. It also manifests some possible solutions that could be taken by family, community, friends and society to eradicate this problem.

Keywords: Drug addiction, Unemployment, Jammu and Kashmir, substance abuse, Strategies.

1. Introduction

Over the past three decades, drug addiction has emerged as one of the most critical social and public health crises in Jammu and Kashmir. While India as a whole has increasingly transitioned from a transit hub into a major consumer zone for illicit substances, the situation in J&K has reached a particularly alarming magnitude (Rather et al. 2013). Historically prescribed and intended strictly for medical

treatment and pain relief, many pharmaceutical formulations and synthetic substances have transformed into life-threatening habit-forming drugs. Prolonged consumption leads to severe physical dependence, where an individual's body becomes entirely reliant on these substances for basic physiological functioning. This growing epidemic serves as a central catalyst for multi-faceted economic, psychological and systemic health challenges across the region that can no longer be overlooked (Gupta, 2025). Driven by rapid socio-economic shifts, prolonged regional turmoil and youth vulnerability, substance abuse in Jammu and Kashmir has fostered its own distinct sub-culture, complete with specific behavioral patterns, peer norms and social codes. This destructive sub-culture directly undermines the physical well-being, psychological stability and overall happiness of individuals, while eroding the social fabric of families and local communities (Coy, 2025). On a broader scale, no region remains entirely immune to the global networks of drug trafficking and illicit trade. Worldwide, millions of individuals suffering from substance dependency lead precarious lives caught between survival and mortality. As defined by the World Health Organization (WHO), drug abuse constitutes any persistent or sporadic drug use that is unrelated to acceptable medical practice. Globally, the narcotics trade represents a grim reality—generating an estimated turnover of approximately $500 billion and standing as the third-largest global enterprise after petroleum and arms trading, with over 190 million people consuming illicit substances worldwide. In Jammu and Kashmir, estimated that approximately 1.35 million individuals in Jammu & Kashmir engage in drug use, representing roughly 10% of the Union Territory's total population that over 90% of drug users in J&K fall within the 17 to 33 age group (Ministry of Social Justice and Empowerment). These global and national dynamics intersect with local vulnerabilities, creating an urgent need for targeted intervention strategies (Rather & Mir 2023).

2. Commonly used drugs & trends in Jammu and Kashmir

The epidemiology of substance abuse in Jammu & Kashmir (J&K) has undergone a dramatic transformation over the past decade. Historically, substance use in the region was limited to traditional, plant-based intoxicants consumed during specific socio-cultural contexts. However, recent empirical data from clinical settings and multi-district surveys demonstrate a sharp transition toward high-potency synthetic opioids, intravenous drug administration and pharmaceutical diversion (Zehra et al. 2026).

1. Illicit Synthetic Opioids (Heroin/Chitta)

Intravenous (IV) heroin, locally referred to as "Chitta", has emerged as the single most dominant drug driving clinical admissions across J&K. Studies conducted by the Institute of Mental Health and Neurosciences (IMHANS), Srinagar reveal that opioids account for over 70% to 85% of all substance use disorders presenting at addiction treatment centers in the region. The high cost of illicit heroin forces users to spend an average of ₹88,000 to ₹90,000 per month to sustain their dependency, frequently plunging families into severe financial distress or driving users toward criminal activities to fund their habit (Gragert, 1997).

2. Pharmaceutical Opioids and Prescription Misuse

Historically, before the widespread proliferation of illicit intravenous heroin (Chitta), diverted pharmaceutical products served as the primary catalyst and gateway for the drug epidemic in Jammu and Kashmir. Driven by relatively easy accessibility, low over-the-counter costs and a lack of societal stigma compared to traditional illicit narcotics, prescription drugs gained widespread traction among youth, students and young adults. Epidemiological studies from tertiary healthcare centers—such as the Institute of Mental Health and Neurosciences (IMHANS) in Srinagar—indicate that pharmaceutical

misuse laid the structural groundwork for dependency in the region, with a significant percentage of patients reporting that their addiction journey initiated through prescribed or self-administered medicinal preparations (Hussain et al. 2023).

The spectrum of prescription misuse in J&K spans several distinct therapeutic categories:

1. **Codeine-Based Cough Syrups (CBCS):** Frequently abused by school-aged adolescents due to ease of oral administration and simple concealment.
2. **Prescription Analgesics & Synthetic Opioids:** Formulations containing Tramadol, Tapentadol, Dextropropoxyphene and Spasmo-Proxyvon (dextropropoxyphene/antispasmodic combinations) are heavily diverted for non-medical euphoria.
3. **Anxiolytics & Sedative-Hypnotics:** Benzodiazepines such as Alprazolam, Diazepam, Nitrazepam and Clonazepam are widely abused—often co-ingested to potentiate the sedative effects of opioids.
4. **Neuropathic Pain Medications:** Emerging trends highlight a sharp rise in the misuse of drugs like Pregabalin and Gabapentin, used either as standalone recreational substances or as secondary agents to manage withdrawal symptoms.

3. Geographical & Border Vulnerabilities

1. Proximity to the "Golden Crescent"

Jammu and Kashmir's strategic position makes it highly vulnerable to illegal drug trafficking, primarily due to its close proximity to the Golden Crescent—comprising Afghanistan, Pakistan and Iran which is one of Asia's two primary regions for illicit opium production. As a transit corridor on the international smuggling network, J&K sits along the route used to move high-purity heroin and psychotropic substances out of South-Central Asia. Over the past decade, the region has shifted from being merely a transit zone to a high-demand consumer destination, leading to a steep rise in local substance abuse (Wani & Patel 2024).

2. Porous Line of Control (LoC) & Complex Terrain

The Union Territory shares a lengthy, rugged and porous Line of Control (LoC) and International Border (IB) with Pakistan. Mountainous landscapes, dense forests, deep ravines and riverine segments present severe operational challenges for perimeter monitoring. Drug syndicates exploit these natural gaps using advanced border-crossing tactics, including hidden underground stashes, physical cut-and-run drops, local courier networks and increasingly, unmanned aerial vehicles (drones) to drop high-value payloads of heroin and synthetic opioids deep inside Jammu and Kashmir territory (Table 1) (Luong, 2019).

3. Narco-Terrorism Nexus & Asymmetric Warfare

The influx of illicit drugs along the border is tightly linked to narco-terrorism. Cross-border militant networks and transnational criminal syndicates use narcotics as a dual-weapon: as a financial engine to generate non-traceable revenue for terror funding and as a psychological weapon aimed at destabilizing local youth. Border districts such as Kupwara, Baramulla, Poonch and Rajouri serve as immediate entry points, where cross-border trafficking networks exploit local economic vulnerabilities to establish smuggling footholds (Kapetanovic, 2025).

4. Internal Distribution Corridors & Local Cultivation

Once narcotics cross the physical border, the region's geographical connectivity further accelerates their spread. Key arterial routes—such as the Jammu–Srinagar National Highway (NH-44)—act as internal conduits distributing drugs from border-adjacent transit towns into urban centers like Srinagar and

Jammu, as well as south Kashmir districts. Additionally, isolated pockets with favorable climates and difficult terrain are occasionally exploited for the illegal internal cultivation of wild cannabis and opium poppy, complicating enforcement efforts across both border zones and the interior hinterlands.

Table 1: Cross-Border drug trafficking, economic valuation and local market impact (World Drug Report 2022).

Metric	Estimated Data	Strategic Significance
Heroin Seizure Surge	>2,000% increase in heroin-related seizures (2017–2022)	Highlights the shift of J&K from a primary transit route to a major consumer market.
Cross-Border Origin	~80% of drugs seized originate across the border (Afghanistan/Pakistan)	Direct impact of proximity to the Golden Crescent opium trade route.
Drone Incursions Value	₹8 Crore – ₹25+ Crore per single high-value aerial drop	Pakistan-based syndicates bypass physical fencing using UAV drops in border zones.
Local Heroin Dependency	52,000+ dependent individuals; ~95% using heroin	Creates a sustained internal demand market within urban and border districts.
International Valuation	~₹5 Lakh/kg (South Asia) to ~₹5 Crore/kg (Global Market)	Huge profit margins fuel terror funding for local militancy modules.

Table 2: Epidemiological metrics and drug abuse demographics in Jammu and Kashmir (Bhat & Imtiaz, 2017).

Geographical & Border Vulnerabilities Drugs in Jammu and Kashmir	Percentage	Source
Population Affected	~10% of total population (~13.5 lakh people)	Parliamentary Standing Committee Report
Youth Concentration	~90% in the 17–35 age group	Department of Psychiatry / *IMHANS Srinagar
Opioid Dependence	>50% of total substance abusers	Ministry of Social Justice & Empowerment
Intravenous (IV) Heroin Use	>50% to 90%+ of opioid users	*IMHANS Kashmir Valley Study
Hepatitis C (HCV) Rate among Injecting Users	70% – 72% positivity rate	*IMHANS Clinical Study (via shared syringes)
Poly-Drug Abuse	~90% of drug users consume multiple substances	Local De-addiction Center Data

*Institute of Mental Health and Neurosciences

4. Socio-Economic and Regional Disparities of Alcohol and Drug Use in J&K

A critical dimension of this crisis is the issue of regulatory compliance and illegal diversion within the pharmaceutical supply chain. Despite strict regulations under the Drugs and Cosmetics Act and the Narcotics Drugs and Psychotropic Substances (NDPS) Act, unauthorized sales without valid prescriptions remain a challenge. Chemist shops, unverified online pharmacies and unauthorized distributors frequently serve as primary sources for supply. Furthermore, clinical observations reveal that single-substance dependency on prescription drugs has largely evolved into complex polysubstance abuse patterns. While many active users have transitioned toward high-potency intravenous heroin, pharmaceutical opioids remain extensively used as backup alternatives during market supply disruptions or as complementary agents to escalate euphoric effects. Addressing this facet requires stringent supply-chain auditing, computerised inventory monitoring at retail pharmacies and targeted medical education regarding rational prescribing practices (Rather et al. 2023).

According to data from the National Family Health Survey (NFHS-5) presented in Parliament, Jammu and Kashmir exhibits one of the lowest alcohol consumption rates among Indian states and Union Territories, with only 10.5% of men and 0.2% of women aged 15–49 consuming alcohol. Although these figures fall well below the national male average of approximately 22.4%, absolute consumption volumes in the Union Territory remain substantial. This demand is largely sustained by a steady influx of tourists, a significant presence of defense and security personnel and concentrated urban market centers. The region's alcohol market is further defined by pronounced geographic, product and fiscal dynamics. Demographically, an overwhelming regional disparity exists: the Jammu division drives approximately 90% of total consumption and excise revenues, whereas the Kashmir division records significantly lower usage due to prevailing socio-religious norms. Driven by transparent liquor shop e-auctions, policy revisions and excise duties, state revenue generated from alcohol sales has demonstrated robust growth over the past decade despite occasional fluctuations in overall volume (Prasad et al. 2024).

Alcohol consumption among youth in Jammu and Kashmir carries severe physical health risks, particularly given that early initiation often leads to frequent or heavy drinking patterns (Fig. 1). Studies on young consumers in northern India indicate that over two-thirds experience direct physical health consequences, including chronic gastrointestinal issues, liver stress and persistent fatigue. Furthermore, acute intoxication among youth significantly increases the risk of motor vehicle accidents, road trauma and accidental injuries. In rural or peripheral areas of J&K, where specialized emergency or gastroenterology healthcare infrastructure may be limited, alcohol-induced physical emergencies often go unmanaged or result in preventable long-term complications. The psychological toll of alcohol use on youth in J&K is compounded by broader socio-political stressors and unemployment challenges in the region. Alcohol is frequently adopted as a coping mechanism for stress, anxiety, or emotional distress, but regular use deepens mental health struggles, often accelerating clinical depression, cognitive decline and mood instability. Additionally, healthcare professionals and de-addiction centers in J&K note that alcohol often acts as a gateway or companion substance in polysubstance abuse. Young individuals who consume alcohol regularly face a heightened vulnerability to experimenting with pharmaceuticals, nicotine and opioids, complicating psychiatric evaluation and recovery efforts (Thangavel, 2023).

At the household level, alcohol consumption among young adults introduces severe financial strain and domestic instability. Diversion of personal or family savings toward purchasing alcohol destabilizes household budgets, frequently leading to debt or diminished spending on basic necessities like education

and healthcare. For student populations and young workers, alcohol dependency leads to academic absenteeism, rising university or school dropout rates, reduced workplace productivity and higher rates of unemployment. Furthermore, heavy drinking frequently manifests as family conflict, domestic arguments and social alienation, disrupting long-term career prospects and community cohesion. The social impact of youth alcohol use manifests differently across J&K's administrative divisions due to localized cultural norms. In the Kashmir division, where alcohol consumption carries intense social, cultural and religious taboo, young consumers face severe social ostracization and fear seeking medical or psychiatric help early. This intense stigma often forces addiction underground, delaying intervention until severe physical or legal crises occur. Conversely, in commercial and urban centers within the Jammu division, higher accessibility and social tolerance among youth can lead to normalized recreational binge drinking, increasing the long-term risk of dependency before public health or family intervention takes place (Klingemann, 2001).

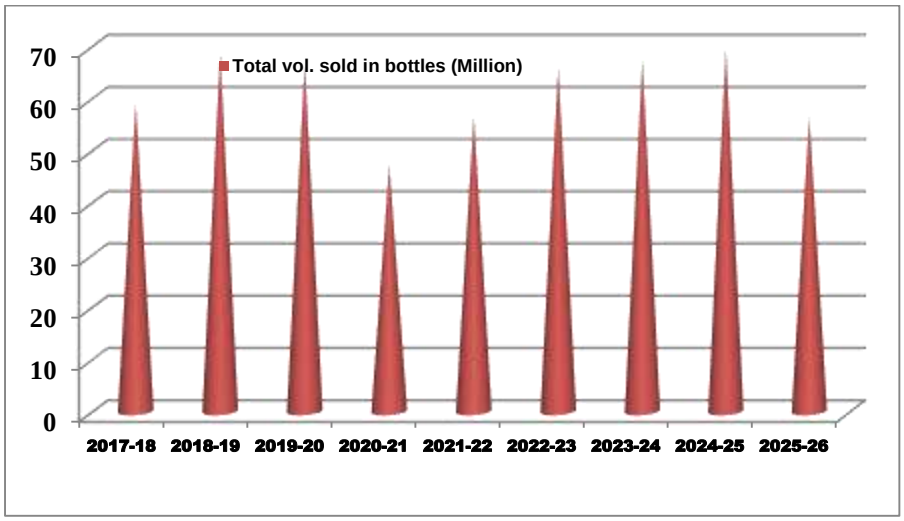

Fig 1: Historical and contemporary alcohol consumption volume trends in J&K.

5. Socio-Economic & Financial Consequences

The economic toll of substance abuse in Jammu and Kashmir is staggering, characterized by severe personal and family financial drain. Clinical surveys and field studies highlight that an average heroin user in the region spends between ₹80,000 to ₹90,000 per month to maintain their habit. Because this recurring expense vastly exceeds typical household incomes, families are rapidly pushed into financial ruin. To sustain the daily requirement, affected individuals often exhaust life savings, liquidate ancestral assets, sell family jewelry and take high-interest loans, resulting in extreme debt traps and catastrophic family bankruptcy (Montgomerie, 2019). The psychological and social fallout within domestic units leads to widespread family disruption and societal stigma. The constant financial distress, coupled with behavioral changes in addicted individuals, triggers high rates of domestic conflict, marital breakdown and divorce. Relatives and caregivers face immense social isolation due to the prevailing societal stigma attached to substance abuse, often hiding the problem until it reaches a critical stage. Furthermore, as primary earners suffer job losses and business failures due to impaired performance, entire households are stripped of socio-economic stability (Zhang et al. 2025). This crisis leaves a damaging impact on the youth and education sector, striking at the demographic backbone of the region. With a significant majority of users falling between the ages of 15 and 35, substance abuse directly interferes with crucial

educational and career formation years. High rates of academic dropouts are reported across schools and universities, while young professionals experience severe drops in workplace productivity or lose employment entirely. This loss of human capital shrinks the local productive workforce, threatening long-term economic growth across the Union Territory (Prenzel & Iammarino, 2021).

6. Health & Epidemiological Consequences

The health and epidemiological crisis surrounding substance abuse in Jammu and Kashmir is primarily driven by the rapid transition from traditional oral substances to intravenous (IV) heroin (chitta). This shift has introduced severe physical complications, transforming individual addiction into a major public health concern. Central to this issue is the widespread practice of sharing needles, syringes and injection paraphernalia among users, which accelerates the transmission of blood-borne pathogens across networks of drug users. The most critical consequence of this sharing mechanism is an epidemic of Hepatitis C Virus (HCV) infection. Clinical studies and diagnostic screenings conducted by the Institute of Mental Health and Neurosciences (IMHANS) in Srinagar reveal that HCV positivity rates among intravenous drug users reach upwards of 70% in specific clinical cohorts. Because Hepatitis C often remains asymptomatic during its initial stages, many users unknowingly spread the virus before experiencing noticeable symptoms. Left untreated, chronic HCV infection causes progressive liver damage, leading to long-term medical complications such as liver cirrhosis, chronic liver failure and hepatocellular carcinoma (liver cancer) (Alter & Seeff, 2000).

Beyond Hepatitis C, the reuse and sharing of contaminated injection equipment significantly elevate the risk of HIV transmission. While historical HIV prevalence among IV drug users in the region remained relatively low, public health officials observe a rising vulnerability due to high-risk behaviors, including needle sharing and unsafe sexual practices. The co-infection of HIV and Hepatitis C presents severe clinical challenges, as it accelerates liver disease progression and complicates standard antiretroviral and antiviral treatments. Additionally, non-sterile injection practices cause a range of secondary bacterial and fungal infections. Users frequently present with localized tissue damage, deep tissue abscesses, severe cellulitis and collapsed or thrombosed veins. In advanced cases, bacteria introduced directly into the bloodstream can cause life-threatening systemic conditions such as infectious endocarditis (an infection of the heart valves), systemic sepsis and osteomyelitis (bone infection), leading to frequent emergency hospitalizations and prolonged medical care (Kolinsky & Liang, 2018).

Finally, the high potency and unpredictable purity of street-level heroin create a constant threat of fatal and non-fatal overdoses. Intravenous administration delivers high concentrations of opioids rapidly to the central nervous system, risking acute respiratory depression where the brain stops signaling the body to breathe. This acute risk is further compounded by mental health comorbidities: many users suffer from unaddressed psychological trauma, PTSD, or severe clinical depression, creating a dangerous cycle where substance use, physical illness and psychological distress continually reinforce one another (Mael, & Daniel, 2022).

7. Security & Legal Consequences

The financial burden of addiction has directly accelerated crime rate inflation across urban and rural centers. When personal and family resources are completely depleted, individuals facing severe withdrawal symptoms often turn to illegal means to fund their daily purchases. Law enforcement agencies have noted a sharp rise in opportunistic property crimes, including domestic thefts, shop

burglaries, snatchings and extortion. In desperate situations, this has escalated to violent assaults, localized gang activity and instances where users are coerced into becoming low-level drug peddlers themselves to sustain their own supply (Gupta, 2025). A major dimension of the regional drug crisis involves narco-terrorism and cross-border smuggling. Security agencies frequently trace the illicit influx of high-grade heroin back to cross-border trafficking channels operating along the Line of Control (LoC) and international borders. The high-margin proceeds from this narcotics trade are not merely commercial; they are systematically funneled into funding illegal activities, organized crime syndicates and terrorist networks operating in the region. Consequently, substance abuse in J&K is treated not only as a public health concern, but as a direct challenge to national security (Rehman & Aziz, 2024). To counter this dual threat, authorities have instituted strict law enforcement operations relying on specialized legal frameworks. Under the Narcotics Drugs and Psychotropic Substances (NDPS) Act and the Prevention of Illicit Traffic in NDPS Act (PIT-NDPS), police forces have shifted from simple arrests to dismantling the entire financial infrastructure of trafficking networks. This strategy includes widespread attachment, seizure and demolition of residential and commercial properties identified as proceeds of illegal drug sales, alongside preventive detentions of habitual peddlers and kingpins without bail to sever supply chains (Sharma et al. 2022).

The Nasha Mukt Bharat Abhiyaan (NMBA) and its regional counterpart in Jammu and Kashmir have operationalized a multi-pronged intervention model combining wide-scale demand reduction, clinical harm mitigation and aggressive supply-chain deterrence to combat the Union Territory's rising drug epidemic. Official data indicates that public engagement initiatives have sensitized over 12 million individuals, including 69.14 lakh youth and 51.20 lakh women supported by a network of 8,565 trained Nasha Mukti Mitras across 216000 localized awareness events. On the clinical front, the infrastructure has expanded to 21 hospital-based Addiction Treatment Facilities (ATFs), 6 District De-Addiction Centres and specialized tele-mental health portals, cumulatively logging 44602 patient interactions (44263 OPD consultations and 339 IPD admissions), alongside 11000 national helpline (14446) calls and 2786 Tele-MANAS inquiries. Parallelly, law enforcement has adopted a zero-tolerance policy against cross-border narco-trafficking networks, registering over 2300 NDPS FIRs, arresting 2600 offenders, identifying 4474 hotspots and dismantling 92 organized syndicates. To sever the economic viability of trafficking, authorities attached or seized 331 properties valued at upwards of ₹188.9 crore, while executing regulatory actions including 884 driving license suspensions, 687 RC cancellations and inspections across 3067 retail chemist shops to mandate CCTV tracking and prevent pharmaceutical diversion. Together, these metrics illustrate an integrated, data-driven framework that bridges grassroots community vigilance with formal law enforcement and medical rehabilitation (Sharma, 2025).

8. Conclusion

The substance abuse crisis in Jammu & Kashmir has rapidly escalated from a localized health issue into a critical socio-economic and national security challenge, driven by a dramatic shift from traditional intoxicants to prescription misuse and high-potency intravenous heroin (Chitta). Affecting an estimated 1.35 million individuals—over 90% of whom belong to the productive 17–35 age group—the epidemic devastates households financially, triggers severe public health complications like Hepatitis C rates exceeding 70% among injecting users and intersects with cross-border narco-terrorism. Reversing this crisis requires a synchronized strategy that combines expanded de-addiction and harm-reduction health services, strict border defense and legal enforcement against trafficking networks, automated digital

tracking to prevent pharmaceutical diversion and community-driven initiatives to combat social stigma and rehabilitate affected youth.

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