

# DRUG ABUSE IN KASHMIR - EXPERIENCE FROM A PSYCHIATRIC DISEASES HOSPITAL

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## SUMMARY

*Socio-demographic variables of 189 out-patients with drug abuse who were registered at the Hospital for Psychiatric Diseases, Srinagar were studied. Most of the drug abusers were male, the majority (57.2%) being in the 26-35 age group. Cannabis was the commonest substance abused, followed by heroin. Cannabis abusers had the longest duration of drug use but the lowest rate of drug dependence (29.9%) and lowest rate of multiple drug abuse (6.1%), whereas heroin abusers had the highest rate of drug dependence (88.8%) and highest rate of multiple drug abuse (83.4%). More than 50% of drug abusers had impairment in health and psycho social status. Problems with relatives or acquaintances led to treatment contact in about 62% of patients. Other socio-demographic variables such as marital, educational or occupational status did not reveal any significant difference.*

## INTRODUCTION

Recent reports have made it explicitly clear that drug abuse is spreading in such a way that substantial measures need to be taken to prevent the present situation from further worsening. The recent arrest of a drug courier from Pakistan (carrying about 6 kgs of heroin in a false-bottom suitcase) at Oslo International airport has led to the discovery of a new drug route through Kashmir (P.O.K.), as well as the existence of nearly a dozen heroin processing laboratories in the area (Joginder Butalia, 1991). This new route supplying the Scandinavian countries is reported to run from Islamabad via Kashmir (P.O.K.) to Frankfurt and Oslo. Such developments can abruptly change the Kashmiri tradition of abstinence from most of the substances of abuse into a morbid atmosphere where the health and well being of the whole population is endangered. It was only after the emergence of heroin laboratories in Pakistan in the early 1980s, that drug addiction spread there so rapidly; at present every 15th adult male in the urban and every 22nd in the rural areas of Pakistan (totalling to about 2 million people) are afflicted by this menace (Pradeep Kour, 1987).

The scourge of illicit drugs in India is also quite grave (NCRB, 1990). Hundreds of people lost their lives in the recent liquor tragedy at Bombay; similar tragedies have occurred in many other parts of the country. The alarming rate of about 20-30/1000 intravenous drug users in a tiny state like Manipur (with a total population of less than twenty lakhs) is another example about the present prevalence of drug abuse in India (Sahni & Bhardwaj, 1992). As a result of several epidemiological studies, a lot of information about drug abuse in the rest of the country is available; however, no such information is available about drug abuse in Kashmir. The present study describes the socio-demographic profile of those persons whose mental problems were related to drug abuse and sought help at the Outpatient Department for the same.

## MATERIAL AND METHOD

The study was conducted at the Hospital for Psychiatric Diseases, Srinagar. The case records of all

patients with drug abuse (diagnosed according to ICD-8 and ICD-9), who were registered between January 1980 and December 1988 were studied. Socio-demographic variables and clinical data pertaining to these patients were tabulated and analyzed.

## RESULTS

From January 1980 to December 1988, a total of 9726 new cases were registered at the Outpatient department of whom 189 patients (1.95%) were diagnosed to have sub-

Table 1.  
Socio-demographic variables

	Number	Percentage
<b>Sex</b>		
Male	188	99.5
Female	1	0.5
<b>Age</b>		
Below 15 yrs	9	4.8
16-25 yrs	52	27.5
26-35 yrs	108	57.2
36-45 yrs	16	8.5
Above 46 yrs	4	2
<b>Marital Status</b>		
Married	98	51.9
Single	91	48.1
<b>Educational Status</b>		
Illiterate	91	48.2
Below 5th Std.	43	22.8
6th-10th Standard	32	17
Above 10th Standard	23	12
<b>Occupational</b>		
Labour/Daily wage	42	22.2
Transport/Tourist trade workers	46	24.3
Business class	51	27
Students/unemployed	11	5.8
Employed	40	21.2
<b>Religion</b>		
Muslim	187	99
Hindu	2	1
<b>Type of substances abused</b>		
Cannabis	147	77.8
Alcohol	9	4.8
Stimulants	3	1.6
Opium & Heroin	18	9.5
Tranquilizers	12	6.3

stance abuse. The socio-demographic variables and other results are given in Tables 1 to 5.

Table 2  
Multiple drug abusers among the various groups

Substance	No(%)
Heroin	15 (83.4)
Alcohol	5 (55.5%)
Stimulant	1 (33.3%)
Cannabis	9 (6.1)

Table 3  
State of health and psycho social disability among drug abusers

State	Health	Psycho social adjustment
Good (No impairment)	49 (25.9)	80 (42.3)
Fair (Slight impairment)	98 (51.9)	26 (13.8)
Poor (Moderate impairment)	23 (12.2)	52 (27.5)
Very poor (Severe impairment)	19 (10)	31 (16.4)

Table 4  
Circumstances leading to treatment contact

Trouble or argument with family members/friends/colleagues	117 (61.9)
Health problem	29 (15.4)
Financial problem	31 (16.4)
Trouble with law enforcing agencies	12 (6.3)

Table 5  
Duration and intensity of use of various drugs

Substances	Frequency of use	Occasionally	(Duration in years)				
			<1	1-2	3-4	5-6	7 & above
Cannabis(147)	Drug use	10 (6.8)	8 (4)	4 (2.7)	5 (3.4)	4 (2.7)	93 (63.3)
	Daily use		51(34.7)	9 (6.1)	11 (7.5)	22(15)	54 (36.7)
	Dependence		12(82)	2 (1.4)	4 (2.7)	3 (2)	23 (15.7)
Alcohol (9)	Drug use	3(33.3)	1(11.1)		1(11.1)		4 (44.4)
	Daily use	4(44.4)	1(11.1)	1(11.1)		1(11.1)	2 (22.2)
	Dependence	1(11.1)	4(44.4)	1(11.1)		2(22.2)	1 (11.1)
Heroin (16)	Drug use	1 (5.5)	5(27.8)	6(33.3)		4(22.2)	2 (11.1)
	Daily use		10(55.5)	5(27.8)		3(16.7)	
	Dependence		11(61.2)	3(16.7)		2(11.1)	
Stimulents (3)	Drug use		1(33.3)			1(33.3)	1 (33.3)
	Daily use		1(33.3)	1(33.3)			
	Dependence		1(33.3)			2(66.6)	
Tranquilizers (12)	Drug use	3(25)	1 (8.4)	4(33.4)		2(16.5)	2 (8.7)
	Daily use		7(58.4)	2(16.6)		3(25)	
	Dependence		3(25)	1 (8.3)		1 (8.3)	

## DISCUSSION

In this study, patients with drug abuse represented 1.95% of the total patients registered during this period. The present sample constituted mostly of males (99.5%) in the age group of 26-35 years (57.2%). While studies conducted elsewhere (Gurmeet Singh, 1979; Sethi & Trivedi, 1979; Choudhry et al, 1980; Gupta et al, 1987; Sharma & Sahai, 1990) have reported alcohol to be the commonest drug of abuse, we found that it was one of the least abused (4.8%) psychoactive substances in Kashmir.

One of the main reasons for this finding may be that alcohol has never been a socially approved beverage in Kashmir, though some, especially those dealing with the tourism and transport sectors consume alcohol occasionally. The relatively higher percentage of cannabis abusers in Kashmir, reported earlier by the authors in another study (Mushtaq & Dutta, 1992), may be explained by the fact that some patterns of local charas consumption have been reinforced by the social acceptance of institutions like 'Charas Takias' (dens of charas addicts). Moreover, charas worth over several crores of rupees produced in Kashmir and smuggled into the international market is also freely available; a significant part of it gets consumed in Kashmir as well.

The most alarming finding of this study is the observation that within a short span of four years, heroin addiction that was non-existent before July 1984 in the Outpatient Department ranked second only to cannabis in the total sample of nine years (from July 1980 to December 1988). The study also reveals that in spite of the longest period of drug use, cannabis abusers had the lowest rate of drug dependence (29.9%) and multiple drug abuse (6.1%),

while heroin abusers had the highest rate of drug dependence (88.8%) and multiple drug abuse (83.4%). The state of health and psychosocial adjustment showed impairment in more than 50% of drug abusers. Trouble or argument with family members, friends or colleagues was responsible for treatment contact in about 62% of drug abusers; other factors that led to the same included problems related to health (15.4%), finances (16.4%) or trouble with law enforcing agencies (6.3%). Most of the above observations reflect the drug scene prior to 1990, since, as a consequence of the on going disturbances in Kashmir, drug addicts have not been reporting as frequently and openly as in the past. However, this reduction in the number of persons seeking psychiatric help at the Out-patient Department should not be misinterpreted as an indication of decreasing incidence of drug abuse in Kashmir. The almost daily reports of big seizures of substances of abuse like charas and heroin in the local press and the increased frequency of related arrests is a rather clear indication that the menace is touching new heights and that the situation will eventually become explosive. Urgent steps must be taken to curb it before it is too late.

#### REFERENCES

- Choudhry, R.K., Singh, R., Avesti, A. & Gupta, R. (1980) Non-Medical drug use among interns and House Officer. *Indian Journal of Psychiatry*, 22, 3, 301-303.
- Gupta, A.K., Jha, B.K. & Satyawate Dev (1987) Heroin addiction: Experiences from General Psychiatry Out-patient Department. *Indian Journal of Psychiatry*, 29, 1, 81-83
- Gurmeet Singh (1979) Drug use among Medical Students. *Indian Journal of Psychiatry*, 21, 3, 332-339.
- Joginder Butalia (1991) Discovery of new drug routes. *The Kashmir Times*, Jammu: Sept.17, 1991.
- Mushtaq, A.M. & Dutta, K.S. (1992) Some peculiar features of cannabis abuse in Kashmir. *Indian Society of Health Administration (ISHA) Journal*, (accepted for publication).
- National Crime Records Bureau (1990) *Crime in India*, pp 223. New Delhi: Ministry of Home Affairs, Government of India.
- Pradeep Kour (1987) Drug abuse: An awareness. *Modern Psychology*, Vol. IV, No.10, 37-39
- Sahni, P.S. & Bhardwaj, J. (1992) This sugar is bitter. In *AIDS-Bhedav Virodhi Andolan (ABVA) Report*, May 1992, New Delhi.
- Sethi, B.B. & Trivedi, J.K. (1979) Drug abuse in rural population. *Indian Journal of Psychiatry*, 21, 3, 211.
- Sharma, A.K. & Sahai, M. (1990) Pattern of drug use in Indian heroin drug addicts. *Indian Journal of Psychiatry*, 32, 4, 341-344.

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