



Review Article

The Hidden Epidemic: Substance Abuse and Its Toll on Public Health in Kashmir-A Systematic Review

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| Abstract | Manuscript Information |
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| <p>Background: Substance abuse has emerged as a pressing public health issue in Kashmir, influenced by persistent socio-political instability, economic struggles, and cultural factors. The prevalence of substance abuse, particularly among youth, is on the rise and poses significant health and social challenges.</p> <p>Objective: To systematically review the prevalence, health impacts, and effectiveness of public health interventions for substance abuse in Kashmir.</p> <p>Methods: A comprehensive literature search was conducted to identify studies on substance use prevalence, health consequences, and intervention outcomes in Kashmir. Data were extracted, analyzed, and synthesized to determine patterns of substance abuse and evaluate the effectiveness of existing public health responses.</p> <p>Results: Findings reveal an alarming increase in substance abuse, especially among the youth population. The health impacts are extensive, with increased risks for mental health disorders, physical ailments, and social issues. The review indicates that current public health interventions are insufficient and lack coordination, limiting their effectiveness in addressing the issue.</p> <p>Conclusion: The substance abuse crisis in Kashmir requires immediate attention. Tailored prevention and treatment strategies, along with coordinated efforts among healthcare providers, policymakers, and communities, are essential.</p> | <ul style="list-style-type: none"> ▪ ISSN No: 2583-7397 ▪ Received: 27-11-2024 ▪ Accepted: 13-01-2025 ▪ Published: 27-01-2025 ▪ IJCRM: 4(1); 2025: 57-60 ▪ ©2025, All Rights Reserved ▪ Plagiarism Checked: Yes ▪ Peer Review Process: Yes |
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KEYWORDS: Substance abuse, Kashmir, Opioid's, Drugs.

1. INTRODUCTION

Substance abuse, defined as the harmful use of psychoactive substances, is increasingly recognized as a critical public health issue globally. In Kashmir, a region characterized by prolonged conflict, the prevalence of substance abuse has surged, particularly among young people. Factors contributing to this epidemic include mental health issues stemming from trauma, limited recreational activities, and socio-economic challenges.

The region's unique socio-political context—marked by a protracted conflict, military presence, and civil unrest—has profoundly impacted mental health and social well-being. As

such, substance use is often viewed as a coping mechanism for many individuals facing chronic stress and trauma. This review aims to synthesize existing literature on substance abuse in Kashmir, focusing on its prevalence, health impacts, and the effectiveness of public health interventions.

Routes of administration for substance use include the following:

1. **Oral:** Consuming substances by drinking, swallowing pills, or smoking.
2. **Subcutaneous injection:** Known as "skin popping."
3. **Intravenous injection:** Referred to as "shooting up."
4. **Inhalation:** Inhaling substances through sniffing or snorting.

5. **Intramuscular injection:** Commonly called "muscling"^[1]. The method of administration can influence the risk of medical complications. For example, injection methods may lead to infectious diseases, while intranasal use can result in perforated sinuses. Additionally, associated behaviors, such as sharing needles, further heighten the risk of disease transmission. Substance Use Disorders (SUDs) frequently co-occur with mental health conditions. Individuals with SUDs face an increased likelihood of comorbid conditions, including:

- Depressive disorders
- Anxiety disorders
- Bipolar disorder
- Eating disorders
- Post-Traumatic Stress Disorder (PTSD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Schizophrenia.

Individuals with personality disorders, particularly antisocial personality disorder and borderline personality disorder, face an increased risk of developing substance use disorders (SUDs).^[2]

2. METHODOLOGY

A systematic literature search was conducted in databases including PubMed, Scopus, and Google Scholar. Keywords used in the search included "substance abuse," "public health," "Kashmir," "drug addiction," "mental health," and "epidemiology." Studies published in the last ten years, focusing specifically on the Kashmir region, were included. Data were extracted from identified studies regarding study characteristics (authors, year, study design), participant demographics, types of substances used, and associated health outcomes.

3. RESULTS

3.1 Prevalence of Substance Abuse

Recent surveys indicate that approximately 7-15% of adolescents and young adults in Kashmir engage in substance use, with a notable rise in cannabis and opioid consumption.^[3] A study conducted by the Jammu and Kashmir Department of Health reported that over 10% of youth had experimented with drugs, primarily due to peer pressure and stress relief.^[5]

3.1.1 Trends by Demographics

Age and Gender: Most substance users are males aged 15-30, but there is an alarming rise in female substance use, often influenced by societal pressures and mental health issues.^[6] A report by Ahmad et al highlighted that women in Kashmir are increasingly turning to substances as a means of coping with domestic violence and societal isolation.^[7]

Socioeconomic Status: Substance use is prevalent among economically disadvantaged groups, highlighting the need for targeted interventions in lower socio-economic areas⁸. Economic hardships often exacerbate stress, leading to increased vulnerability to substance use.^[9]

3.2 Health Impacts

3.2.1 Physical Health Consequences

Substance abuse has led to significant physical health problems in Kashmir, including liver disease, respiratory issues, and infectious diseases like HIV and hepatitis C among intravenous drug users.^[10] Overdose cases have increased dramatically, posing severe risks to individuals and public health systems.^[11] A study indicated that the rate of hospital admissions due to overdose in Kashmir has increased by 30% over the past five years.^[4]

3.2.2 Mental Health Consequences

The interplay between substance abuse and mental health is particularly concerning in Kashmir. Studies reveal a high prevalence of co-occurring mental health disorders, such as depression and PTSD, among substance users.^[14] The trauma associated with the ongoing conflict has significantly contributed to these issues. For example, a study by Zaffar and Malik (2021) found that nearly 70% of substance users reported symptoms of PTSD, which were directly linked to their substance use.^[6] Furthermore, the lack of mental health resources further complicates the landscape, as many individuals do not receive appropriate psychological support. A survey indicated that less than 20% of individuals with substance use disorders in Kashmir access mental health services.^[9]

3.2.3 Socioeconomic Impacts

Substance abuse imposes a considerable economic burden on families and communities, leading to increased healthcare costs and lost productivity. A study found that families of substance users often face financial difficulties due to medical expenses and loss of income.^[8] Additionally, the social fabric of communities deteriorates as substance abuse leads to increased crime rates and family breakdowns.^[9] The associated stigma also prevents individuals from seeking help, further exacerbating the issue.^[6]

3.3 Public Health Interventions

3.3.1 Prevention Programs

Community-based prevention initiatives, including awareness campaigns and educational programs targeting schools, have shown promise in reducing substance use among youth⁶. However, these programs often lack sufficient funding and support. The Jammu and Kashmir government has initiated several awareness campaigns, yet their reach and impact remain limited. A longitudinal study indicated that sustained educational programs could reduce the onset of substance use by up to 50% among high-risk youth.^[3]

3.3.2 Treatment Options

Access to treatment facilities for substance use disorders in Kashmir is limited. Existing rehabilitation centres often lack resources and trained personnel, leading to inadequate care for individuals seeking help.^[11] Medication-assisted treatment (MAT) is underutilized, and there is a need for more comprehensive treatment options. A recent study highlighted

that only 5% of individuals with opioid dependence received appropriate treatment.^[7]

3.3.3 Harm Reduction Strategies

Harm reduction strategies, such as needle exchange programs, have not yet been widely implemented in Kashmir. These strategies could help reduce health risks associated with substance use, particularly among high-risk populations.^[12] The introduction of supervised consumption sites has shown success in other regions and could be considered for implementation in Kashmir. A meta-analysis suggests that harm reduction initiatives can lead to significant declines in the transmission of infectious diseases among drug users.^[10]

3.4 Barriers to Effective Intervention

Several barriers hinder effective interventions in Kashmir, including stigma surrounding substance abuse, cultural attitudes towards addiction, and limited access to healthcare services. Stigmatization often prevents individuals from seeking help, further perpetuating the cycle of abuse.^[9] Additionally, the lack of trained healthcare professionals and insufficient funding for mental health services pose significant challenges.

3.5 Impact of Socio-Political Context

The socio-political context of Kashmir, including ongoing conflict and military presence, significantly impacts substance abuse patterns. Research has shown that individuals living in conflict zones exhibit higher rates of substance abuse as a coping mechanism for trauma and stress.^[14] The Kashmir Valley, marked by violence and instability, creates an environment where substance use becomes a prevalent escape route for many individuals.

4. DISCUSSION

4.1 Interpretation of Findings

The findings of this review underscore the urgent need to address substance abuse as a public health priority in Kashmir. The unique socio-political context of the region plays a significant role in exacerbating the problem, with mental health issues and substance use being closely intertwined. The psychological toll of conflict, compounded by socio-economic instability, creates an environment conducive to substance abuse.

4.2 Recommendations

To combat substance abuse effectively, a multi-faceted approach is essential. This includes:

- **Improving Access to Treatment Facilities:** Establishing more rehabilitation centres with trained staff and comprehensive treatment options, including MAT.
- **Increasing Funding for Public Health Initiatives:** Allocating resources towards prevention and treatment programs that address the unique needs of the Kashmiri population.
- **Implementing Community-Based Prevention Programs:** Engaging local communities in awareness campaigns and educational initiatives that target youth.

- **Promoting Harm Reduction Strategies:** Developing and implementing harm reduction initiatives to mitigate health risks associated with substance use.
- **Integrating Mental Health Services:** Training healthcare providers to address co-occurring mental health and substance use disorders, ensuring a holistic approach to treatment.

4.3 Future Research Directions

Further research is needed to explore the specific factors contributing to substance abuse in Kashmir, particularly in the context of ongoing conflict and trauma. Longitudinal studies can provide valuable insights into trends over time and the effectiveness of interventions. Additionally, qualitative research exploring the lived experiences of individuals affected by substance abuse could inform more effective, culturally sensitive treatment approaches. Evaluating existing prevention and treatment programs will also help identify best practices and inform future initiatives.

5. CONCLUSION

Substance abuse presents a hidden epidemic in Kashmir, with significant implications for public health. A coordinated response that encompasses prevention, treatment, and harm reduction is crucial for addressing this pressing issue. By engaging communities, healthcare providers, and policymakers, it is possible to mitigate the impacts of substance abuse and improve health outcomes for individuals and communities in the region. The time to act is now, as the health and future of a generation hang in the balance.

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REFERENCES

1. Yaqoob A, Ashraf S. Pattern and prevalence of substance abuse in Kashmiri population: a review. *Int J Adv Med.* 2022;9:190–3.
2. Skodol AE, Oldham JM, Gallahe PE. Axis II comorbidity of substance use disorders among patients referred for treatment of personality disorders. *Am J Psychiatry.* 1999;156(5):733–8.
3. Bhat S, Rasool M, Rafiq M. Prevalence of Substance Abuse Among Youth in Kashmir: A Cross-Sectional Study. *Indian J Public Health.* 2021;65(3):234–40.
4. Shah R, Khawaja M. Rising Cases of Overdose in Kashmir: A Public Health Concern. *Kashmir Med J.* 2021;5(3):65–72.
5. Jammu and Kashmir Health Department. Annual Report on Substance Abuse in Kashmir. 2022.
6. Zaffar M, Malik F. Substance Abuse and Its Implications for Public Health in Kashmir: A Review. *J Community Health.* 2021;46(4):756–63.
7. Ahmad S, Bhat F, Shah N. Treatment Gaps for Opioid Dependence in Kashmir: A Descriptive Study. *Indian J Psychiatry.* 2022;64(1):22–8.

8. Wani M, Ganaie S. Socioeconomic Factors Influencing Substance Abuse in Kashmir: A Cross-Sectional Study. *Int J Public Health Res.* 2021;11(2):89–97.
9. Khan N, Wani M, Ganaie S. The Role of Stigma in Substance Abuse Treatment in Kashmir. *Asian J Psychiatry.* 2021;58:102614.
10. Naseer S, Shah R, Rehman A. Substance Abuse and Infectious Diseases: A Study of Injecting Drug Users in Kashmir. *J Epidemiol Community Health.* 2022;76(8):775–80.
11. Ahmad W, Khan A, Ali S. The Impact of Substance Abuse on Public Health in Kashmir. *J Health Stud.* 2021;9(2):34–45.
12. Javed M, Malik F, Zaffar M. Harm Reduction Strategies for Substance Use in Kashmir: Opportunities and Challenges. *J Subst Abuse Treat.* 2023;72:53–60.
13. Jammu and Kashmir Health Department. Annual Report on Substance Abuse in Kashmir. 2022.
14. Yasmeen S, Bhat Z, Ganai N. PTSD and Substance Use Among Adolescents in Kashmir: A Study of Correlates and Consequences. *J Trauma Stress.* 2020;33(5):792–802.

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