ACADEMIC COMPILATION ON
DRUG DE-ADDICTION AND
REHABILITATION **OF YOUTH**

By

POLICE DRUG DE-ADDICTION AND REHABILITATION CENTRE
(KASHMIR ZONE)

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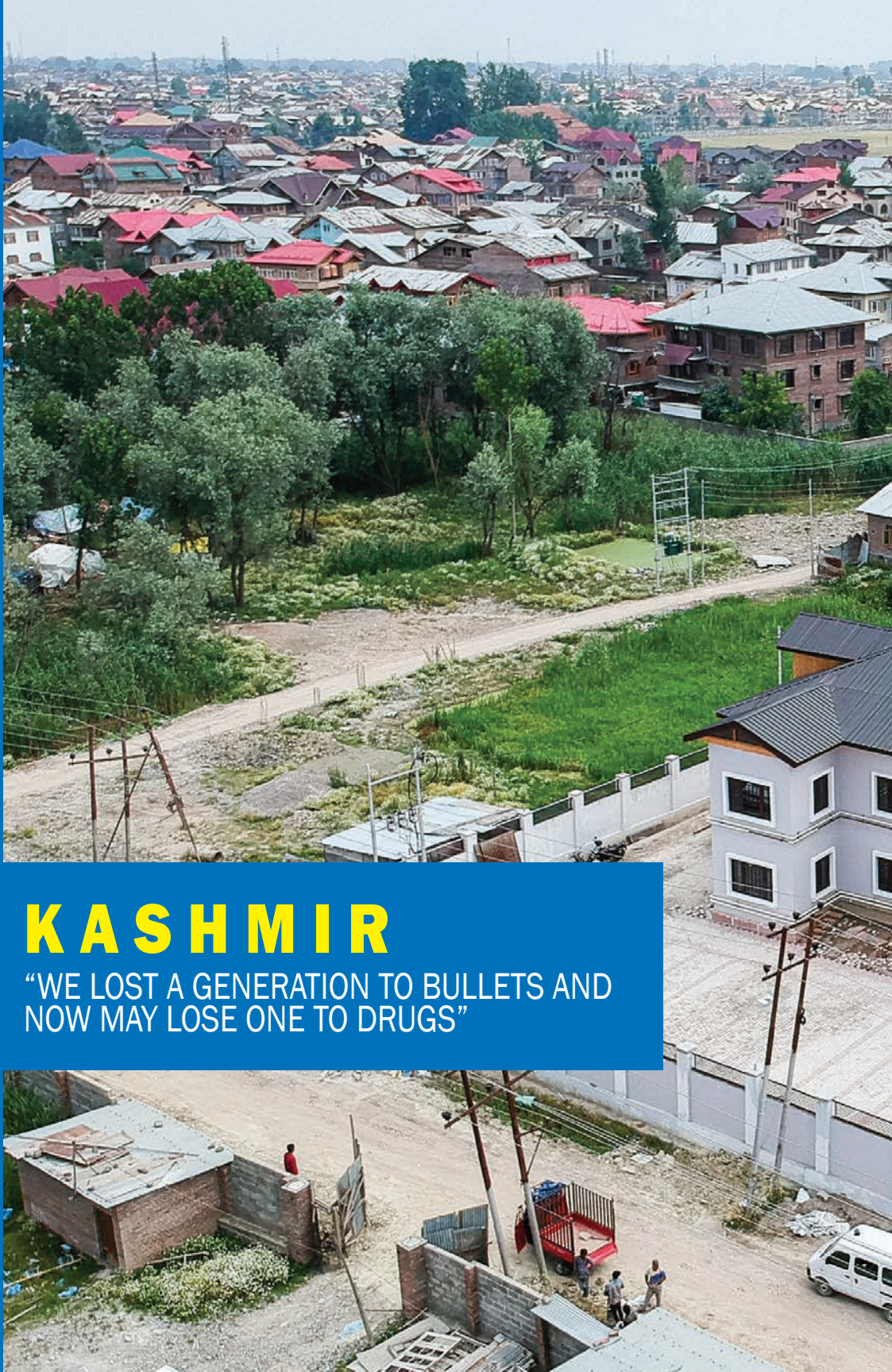

KASHMIR

"WE LOST A GENERATION TO BULLETS AND NOW MAY LOSE ONE TO DRUGS"

MESSAGE

GOVERNOR
JAMMU & KASHMIR

RAJ BHAVAN
SRINAGAR-190001

I am glad to learn that J&K Police is releasing its first academic compilation on **Drug De-Addiction and Rehabilitation of Youth** in Jammu and Kashmir.

Drug Addiction and Substance Abuse impedes the overall development of youth and undermines the basic moral fabric of society. Many appreciable steps have been taken by the Jammu and Kashmir police in its fight against drug and substance abuse and in helping its victims to recover from this addiction.

In order to eliminate this menace, J&K Police in the year 2008 took the initiative to develop a Drug De-Addiction and Rehabilitation Centre under its Civic Action Programme. This effort of J&K Police has achieved many milestones and has been lauded by all sections of society.

I wish J&K Police all success in this important endeavour.

Satya Pal Malik

25th July, 2019
Srinagar.

Satya Pal Malik

MESSAGE

K. Vijay Kumar
IPS (Rtd.)

Advisor to the Hon'ble Governor
Jammu and Kashmir
Civil Secretariat (J&K)

It gives me immense pleasure to learn that J&K Police is releasing its maiden academic compilation on Drug De-addiction and Rehabilitation of youth.

Realizing its social responsibility, J&K Police has taken many initiatives for the physical and mental development of the youth of the State. Besides its professional duties JKP has been working for drug de-addiction and such centres are already operational in Jammu and Srinagar.

I wholeheartedly appreciate the role and contribution of J&K Police and officials of Police Drug De-addiction & Rehabilitation Centres. I also hope that this publication will further educate the youth about the harmful effects of Drug addiction and Substance abuse; this will surely generate renewed interest in the society to contribute to the cause of Drug De-addiction.

(K Vijay Kumar)

25th July, 2019
Srinagar.

MESSAGE

B. V. R. Subrahmanyam
IAS

Chief Secretary
Jammu & Kashmir

D. O. No: PS/CS-132/2019
Dated: 24-07-2019

Message

The Jammu and Kashmir Police deserves all applause for starting the first De-addiction Centre in the state. Over the years, this centre has been rendering yeoman's service in rehabilitating and integrating the youth afflicted by the scourge of drug addiction with the society.

It is equally heartening to note that Jammu and Kashmir Police is bringing out an academic compilation on their drug de-addiction and rehabilitation work. I am hopeful that this compilation will go a long way in giving us deeper insight into the root cause of drug addiction and shape our efforts in building a healthy society free from drug addiction.

During the past two decades, drug addiction in the State has attracted the attention of civil society and academia consequent to the steep rise in physical, mental and substance-use disorders and alarming shift in the pattern of substance use.

It would be pertinent to highlight that after realizing the magnitude of the problem, the State Government has come out with a comprehensive Drug De-Addiction Policy in January, 2019. The Policy focuses on various key aspects including prevention, rehabilitation and integration, training and sensitization, community participation, generating awareness and upgradation/ establishment of drug de-addiction centers. It also lays out a comprehensive action plan for addressing the menace of drug addiction in its entirety.

I compliment J&K Police and the Staff of Police Drug De- Addiction & Rehabilitation Centre for their excellent work and hope that they will continue to work with the same momentum and zeal.

23/7

(B.V.R. Subrahmanyam)

MESSAGE

Principal Secretary to Government
Home Department

Government of Jammu and Kashmir
Civil Secretariat, Jammu/Srinagar
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Jammu (Nov.-April) Off. : 0191-2546292-2544738 (Fax)
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Shaleen Kabra, IAS

D. O. No. : Home/GB/195/2019

Dated : 31-07-2019

This academic compilation by J&K Police presents an overall view of Police Drug De-addiction and Rehabilitation Centre, its organizational functioning, its achievements and challenges it faces ahead. J&K Police is actively engaged in combating the menace of drug-addiction and substance abuse and endeavors to eradicate this from our society.

Commendable efforts have been made by J&K Police in upgrading the infrastructure and facilities for patients at this centre and they pledge to take the effort further so that they meet the challenge wholly and squarely.

I compliment this welfare initiative by J&K Police and wish that J&K Police will work with same zeal, zest and enthusiasm in future.

(Shaleen Kabra)

MESSAGE

Dilbag Singh, IPS
DIRECTOR GENERAL OF POLICE
JAMMU & KASHMIR

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Drug addiction is emerging as a serious public health concern in J&K, crippling mental and physical wellbeing of the youth across the State. The changes in the brain caused by repeated drug use affect their cognitive control and ability to make decisions. Thus, they are easily influenced by vested interests to indulge in anti-national/criminal activities besides law & order disturbances.

To face the challenge of drug abuse, J&K Police has established 10 Drug De-addiction Centers at Srinagar, Anantnag, Baramulla, Budgam in Kashmir Zone and Jammu, Kathua, Udhampur, Doda, Poonch and Rajouri in Jammu Zone. However, the main Drug De-addiction Centers are functional at Srinagar and Jammu where 24x7 OPD/IPD facilities are available with Ambulance/Telephone and Wards for Patients and attendants.

For 50 bedded rehabilitation Centre under the title "Youth Development Centre" at Eidgah Srinagar, Government of J&K allotted a piece of land measuring 4.12 Kanals and Government of India provided funds to the tune of ₹525.79 lakh for the construction. It is expected that in the new Campus top class de-addiction services would be provided.

Further, given the magnitude of problem, it is now high time for all sections of the society to come forward and collectively join hands to save our youth from drug-addiction and substance abuse.

On this occasion, I convey my appreciation to IGP Kashmir and the Staff of Drug De-addiction Centre for bringing out this publication.

Dilbag Singh-IPS,

MESSAGE

INSPECTOR GENERAL OF POLICE
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Swayam Prakash Pani, IPS

D.O. NO. 01-DDC-

DATED 31-07-2019

It is very gratifying to publish the first academic compilation on drug de-addiction and rehabilitation of youth. This compilation provides information on drugs and their harmful effects, role of the Police Drug De-Addiction and Rehabilitation Centre in treating the patients and its organizational setup.

The Police Drug De-Addiction and Rehabilitation Centre was established in PCR Kashmir with twin objectives:-

- To help those youngsters who desired to be treated and rehabilitated
- To prevent vulnerable youngsters from getting addicted to drug abuse

The Centre was established in 2008 with a capacity of 5 beds and gradually, seeing the actual contours of the challenge our society faces due to drug addiction and substance abuse, especially among the youth, the capacity of the Centre was increased to 25 beds. Witnessing the increased number of patients from North and South Ranges of Kashmir, two subsidiary Drug De-addiction Centers were opened in DPL Baramulla and DPL Anantnag respectively.

At present the Police Drug De-Addiction and Rehabilitation Centre has a team of well-qualified and motivated professionals such as a consultant clinical psychologist, medical officers, counselors, social workers, pharmacists, yoga therapists and other supporting staff working 24x7 with the patients and their families. The Centre has a dedicated 24x7 ambulance service and telephone facility. Consultancy services offered by visiting psychiatrists of the J&K Health Department are also available.

Since the establishment of the Centre, 20570 patients have been counseled and treated in the OPD till the end of 2018. Similarly, 2116 patients were admitted and rehabilitated in the IPD during this period.

During the current year so far 1655 patients have been counseled and treated in the OPD and 231 patients were admitted and rehabilitated in the IPD.

The Centre has in collaboration with the Directorate of School Education Kashmir, conducted 11 awareness programmes on the hazards of drug addiction and substance abuse.

In spite of long waiting lists of patients desirous of rehabilitation, the intake capacity was limited to 25 beds. Keeping this constraint in view, a new Youth Development Centre with a capacity of 50 beds and numerous state-of-the-art ancillary facilities have been established near Eidgah, Srinagar.

I convey my profound appreciation to the staff of Police Drug De-Addiction and Rehabilitation Centre, PCR Kashmir for their sincere efforts, dedication and the excellent work done by them.

(Swayam Prakash Pani), IPS
Inspector General of Police,
Kashmir Zone, Srinagar

CONTENTS

CONTENTS

Director's Desk

DR MOHAMMAD MUZAFER KHAN
DIRECTOR, POLICE DE ADDICTION SERVICES, KASHMIR

THE CHANGING NATURE OF DRUG ABUSE IS WORRISOME AS WE ARE SEEING AN INCREASE IN THE USE OF HERION. THE YOUTH WHO WOULD OTHERWISE START ABUSING CANNABIS OR MEDICINAL OPIOIDS and then would gradually shift to harder drugs are now completely shifting to heroin abuse. The youth as young as 16 years of age start with the heroin abuse and rapidly shift to injectable abuse thus making them vulnerable for hepatitis and HIV infections

The youth is future of any society. Where the youth is able-bodied, mentally and physically healthy, skilled and well-equipped, the future of that society is bound to be bright. Where the youth is dispirited, directionless, mentally and physically crippled, future of that society is at jeopardy. Kashmir's future is at stake in the hands of the youth of the valley.

For the last one decade, the state of Jammu and Kashmir is witnessing an increasing drug abuse scenario crippling the mental and physical well being of its youth, rendering them lifeless. It steadily incapacitates them, making their existence a calamity for themselves, for their family and for the society around them. The changing nature of drug abuse is worrisome as we are seeing an increase in the use of Herion. The youth who would otherwise start abusing cannabis or medicinal opioids and then would gradually shift to harder drugs are now completely shifting to heroin abuse. The youth as young as 16 years of age start with the heroin abuse and rapidly shift to injectable abuse thus making them vulnerable for hepatitis and HIV infections. Other than health costs, the heroin drug abuse has huge economical costs thus pushing them towards petty crimes and eventually leading to drug peddling. The drug

menace has cut across all social and economic strata of the society. If left unchecked, this cancer will enter into the very vitals of the society.

Moreover, the European markets are flooded with synthetic drugs which have been conceptualized as New (emerging) Psycho active Substances or Designer drugs. They are created using manmade chemicals rather than natural ingredients. Currently, there are a number of synthetic drugs entering the market like synthetic marijuana (spice or K2), synthetic stimulants (Bath salts), and a drug known as "N- Bomb. In view of this threat, how much the government is prepared to deal with synthetic drug abuse is a concern. Are we well equipped to detect it at the earliest? Are these drugs covered through our existing laws? Is our medical set up, our laboratories capable enough to handle it? Are we doing enough to make our people aware about this future threat?

The issue of concern for the policy makers, law enforcing agencies, mental health professionals and society in general can be summarized as, "There is increase in crime rate, road accidents, suicides, deaths due to overdose, psychiatric disorders and high cost on general health issues due to chronic drug abuse like liver disorders, gastritis, accidental injuries, increased risk for HIV infections etc." Nevertheless, we, at this centre, are concerned about our youth—our future— and the vision of J&K Police is to bring back and sustain the wellbeing of all the persons in the state, addicted to narcotic drugs and other substances of abuse and to prevent all people who are into the habit of drug abuse and addiction. There is imminent urgency to take this problem head-on and deal with it. Any delay in addressing this problem at any level, whether family, society or government can only be at its own peril. There is no time even to wait for everything to be in place.

Dr Mohammad Muzafer Khan
Director, Police De addiction Services, Kashmir
Tel Phone No: 09419408588
Email: khn_mzfr@yahoo.co.in

"THERE IS INCREASE IN CRIME RATE, ROAD ACCIDENTS, SUICIDES, DEATHS DUE TO OVERDOSE, PSYCHIATRIC DISORDERS and high cost on general health issues due to chronic drug abuse like liver disorders, gastritis, accidental injuries, increased risk for HIV infections etc."

J&K Police De-addiction &Rehabilitation Centre

Dr Muzaffar Khan MPhil, CIP Ranchi, Director Police De-Addiction Centre Srinagar
Dr. Sayed Aqeel Hussain MRCPsych, Consultant Psychiatrist & International Coordinator, mhGAP Kashmir

Introduction

The Story of Drug De-addiction Centre at Police control room has travelled a bumpy road to success. It was year 2007 when Mental Health Team of AIIMS New Delhi and Professionals in Srinagar along with J &K Police conducted field camps at Anatnag and Baramulla . Realising the need J & K Police took an initiative with an objective to

1. Rehabilitate the affected population.
2. To Prevent the vulnerable population from substance abuse.
3. To bridge the Gap between General Population and the J &K police

The De-addiction Centre was started in 2008 in a single room of Police Hospital with a three bed capacity. Witnessing an increased number of patients and families visiting the centre led to the increase in the intake capacity and growth of the centre both in terms of infrastructure and manpower. Presently the centre has its own campus with 25 bed capacity, professionally qualified manpower which includes Psychiatrists, Clinical Psychologists, Medical Officers, Counsellors, Social workers, Pharmacists, Field workers and Yoga Therapists. The Centre has become a vital platform for Research ,Training Programmes/advocacy related to substance abuse and its management. Recognising the services, the J&K Government identified and allotted Land for construction of 50 bedded Treatment/Research Institute for which GOI has already released the funding and construction is in progress.

MY EXPERIENCES AS A RESEARCHER AT THE DE-ADDICTION CENTRE

Ms Saiba Verma
Research Scholar, Cornell university USA

The De-Addiction Centre (DDC), established in the Police Control Room, Srinagar, has been a pioneer in other drug de-addiction treatment in the Kashmir valley. Since the early 2000s, Kashmir has been plagued with a growing problem of drug addiction, which according to many media reports and scholarly studies, has reached "epidemic" proportions. The staff of DDC has been at the forefront of this epidemic, providing psychosocial and medical care to those individuals who are the most stigmatized in society. In particular, the DDC is unique in its emphasis on the holistic treatment of drug addiction, which includes individual and family counseling, supervised pharmacological treatment, and group therapy sessions. These methods were effective in both detoxification treatment and in preventing relapse.

From 2009-2011, I conducted fifteen months of ethnographic research in Kashmir on mental health for my PhD in anthropology from Cornell University, USA. During this period, the DDC staff and administration were extremely helpful and open about sharing their treatment guidelines with me. The gradual expansion of the DDC, from an in-patient treatment centre, to now encompassing a stress management helpline, is a testimonial to the success of the centre and the incentive and vision of the staff. I wish the DDC and the Stress Management Helpline continue their difficult but important work.

Facilities

Separate campus
Outdoor and indoor facility
Air conditioned wards
supervised pharmacy
In house food facility
Indoor and out door sports facility
Gymnasium and recreational facility

Facilities

Separate campus
Outdoor and indoor facility
Air conditioned wards
supervised pharmacy
In house food facility
Indoor and out door sports facility

Services

Outdoor patient services
Indoor patient services
Motivation assessment and enhancement
Detoxification
Individual counselling
Family counselling

Psycho social intervention rooms
Group intervention hall
Multipurpose hall
Prayer room
Ambulance facility
24*7 security
24*7 helpline
Power backup
Super speciality back up by police hospital

Gymnasium and recreational facility
Psycho social intervention rooms
Group intervention hall
Multipurpose hall
Ambulance facility
24*7 security
24*7 helpline
Power backup
Super speciality back up by police hospital

Group counselling
Relapse prevention therapy
Regular follow ups
Community out reach programs
School mental health programs
Training programs with teachers, police personnel , faith healers post graduate students of social work and Psychology.

Prevention programs

In-order to prevent the young population from this menace the centre has conducted around 50 school mental health programs predominantly in district Srinagar and many out reach programs in the rural areas like Gurez valley , Kupwara , Pulwama and Anantnag. Srinagar and recently celebrated 10 Oct 2017 as world mental health day.

Training programs

:In order to increase the manpower for the state the centre has conducted multiple training g programs with both national and international organizations like MSF Kashmir, Directorate of Health services Kashmir, Post graduate students of universities like university of Kashmir and IGNOU university. Post graduate Nursing students of SKIMS.

Research activities:

The centre has become a vital platform for research activities were post graduate students of Govt Medical college, NRI's and PHD Scholars from various national and state universities are being helped for the research work and data collection.

Recognition of Services:

The services of the centre are being recognised not in the Kashmir valley but across J and K were patients from Doda, Rajouri, Poonch Bhaderwa , Central Jammu and Delhi are reporting to the centre for its services. The services are recognised by all the eminent medical professional of Kashmir valley and has thus become a referral centre for institutions like SKIMS, SHMS, District Hospital and others. The services of the centre have been recognised by The Directorate Of Health Services and after proper inspection has been properly registered .

The eminent professional and dignitaries are visiting the centre from time to time like the director NIMHANS Bangalore on his visit to Centre said" j and K police is the only police in the country providing such kind of service , but bring the services more close to the society "The services of the centre are being continuously appreciated and reported by both print and electronic national and state media.

The team of mental health professional from Royal College of Psychiatrists London led by Dr Peter Hugee visited the centre and appreciated the efforts. The police de-addiction centre was coordinating the mhGap kashmir in collaboration with Royal College of Psychiatrists , UK London as state coordinating agency.

Discussion

•Establishing a de-addiction facility in year 2008 was a challenge due to a strong belief among the general population that Kashmir is addiction free.

•The location of the centre was always debatable , in context of security campus.

•Controlling the interference was always challenging. it has helped to gain trust and credibility of the centre

• To maintain neutrality and credibility of services was conscious effort.

•Sustaining the services during troubled times like 20o8, 2010. 2014 floods, and 2016.

Looking Forward

A 50 bedded rehabilitation institute under the title "Youth Development Centre" is being constructed at EID Grah, Srinagar for which Government of J and K has allotted a piece of land measuring 4.12 kanal's and government of India is funding the same project and presently the construction is going on.

Comprehensive rehabilitation facilities like vocational training, high end laboratories, linking and collaborations with state institutions like ITI's, EDI, and other empowering institutions.

Research activities and collaboration with national and international institutions/ universities

Starting training g programs like short term diploma courses thus contributing to the state and nation.

Acknowledgements

Jammu and Kashmir police organization for their generous support.
Directorate of health services, Kashmir for support and recognition of service.





DRUG DE ADDICTION CENTRE INITIAL PERIOD

DRUG DE ADDICTION CENTRE
CURRENT PERIOD

DRUG DE ADDICTION CENTRE INITIAL PERIOD

A Small Beginning Reaches a Milestone

MANOJ KUMAR PANDITH

From a three room make shift setup in Police Hospital Srinagar in 2008 with very minimal housing and other facilities to a full-fledged well equipped infrastructure, the Police Drug De-addiction Centre Srinagar has come a long way in its development. In 2008 when we started there was not much what it is today. This long journey to our success was not easy. We had many ups and downs. At one point of time it looked very apparent that the facility could be closed. However, with the assistance and help of top police officers we were able to come out of the difficult times and here we are today with full fledged drug de-addiction centre with modern facilities to focus on youth development.

There is a famous Urdu verse "Main Akela Hi Chala Tha Janibi Manzil, Log Miltay Gaya Karvaan Banta Gaya". At no point of my career had I thought that I would be linked with the term or the process of drug de-addiction, however, from last decade I have found myself linked in one or the other capacity with one of the biggest Civic Action Programmes of my department. As I said the story of drug de-addiction centre at Police Control Room Srinagar was a bumpy road to success. Sometimes very smooth filling the chest of the workers with the confidence that we will move ahead unhindered and sometimes things would come to such a naught that the enthusiasm would go deep in the withdrawal zone. Sometimes we were plagued by absence of certain amenities and sometimes we would have to wait for months for honorarium of workers. However, with the consistent efforts and the help of the police leadership at Police Headquarters we were able to provide best of the facilities as also ensure timely honorarium to the workers. Our all DGsP and IGsP were always open ears to the problems and issues of the centre and with their support we have been able to write a beautiful chapter for human welfare of Jammu and Kashmir Police for Kashmiri people through this centre.

In February 2008, the initiative began when three youngmen (not known to me) met the then IGP Kashmir Shri S.M. Sahai and SSP Control Room Shri Showkat Ahmad Malik in the office of the later. I was too called to the meeting and in heart of hearts I thought that my job would be to provide media support. Thus began my association with the drug de-addiction initiative of the Jammu and Kashmir. This was a small

but significant role for me, hardly knowing that in coming years I will have to supervise the whole programme of the de-addiction across Kashmir, plan and execute its awareness programmes, organizing school mental health programmes, look after the services for indoor and outdoor patients, organizing skill development programmes and other programmes, in prestigious educational institutes such as University of Kashmir.

In last 11 years, the drug de-addiction initiative under Civic Action Programme of J&K Police has been such a huge success that presently we are running two full-fledged inpatient departments at Jammu and Srinagar having a bed capacity of 15 and 25 respectively and also OPD facilities at Anantnag, Baramulla, Budgam, Kathua, Udhampur, Poonch and Doda. During these years scores of awareness-cum-health checkup camps have been conducted in rural and urban areas. Many of these camps I have also supervised. Our 11 years of dedication has made our Srinagar centre a place for training programmes. Students undergoing different courses have got attractive towards this centre. We have conducted training programmes for students from department of Social Works, University of Kashmir, Master of Psychology from Indira Gandhi Open University. Even researchers from Delhi University, Cornell University USA, and Tubingin University Germany to name only a few have visited and worked at the Centre. We have been regularly conducting orientation programmes for Civil Defence, Health Department and Medical professionals. We have also conducted special programmes for officers who are getting training at Institute of Management and Public Administration, Government of Jammu and Kashmir, Srinagar. At the new facility which is state of art infrastructure with all the needed amenities for the patients as well as professionals treating them, we hope to focus on the rehabilitation of the affected people by focusing on youth development. Our voyage to the destination of making a drug free society in State will continue and our efforts will get a boost by this new development centre.

ABOUT THE AUTHOR

Manoj Kumar Pandith is AIG Welfare and Communications, Police Headquarters, Srinagar

Substance Use in Jammu & Kashmir:

SCENARIO, SEQUELA AND SOLUTIONS

DR. ABDUL MAJID

SCENARIO:

Substance abuse is becoming a major public health problem across the globe. The use of mood-altering psychoactive substances has been part of human civilization for millennia. Pattern of substance use, profile of substance users, and treatment-seeking differ across cultures and societies. These differences could potentially affect the pattern of drug use. In India, a variety of psychoactive substances, like alcohol, cannabis and opioids have been used for hundreds of years. In modern times, however, the pattern and dimensions of use of such psychoactive substances has assumed pathological proportions.

Although levels of illicit substance use in many developed countries has remained stable or even declined for a number of years, the patterns of use now appears to be changing. Increase in use of opioids, cocaine and other psychotropic substances have been observed in developing countries; this trend is worsening in Kashmir valley too over the last few years. The studies conducted on substance abuse in 1980-88, 2002 and 2013 in patients treated in the psychiatric disease hospital/ Community Centre, SMHS / Department of Psychiatry, SKIMS Medical College, Srinagar showed significant shift in the pattern of substance abuse. There

has been an alarming increase in the use of opioid-based preparations along with multiple substance use from 1980s to the year 2002 respectively. There has been an upsurge in inhalant use in the year 2013. There were also significant shifts among adult drug using population towards heroin use by year 2016. Patterns of abuse have also changed in female patients. The research shows that during the period 1980-1988 Cannabis was main substance of abuse. Opioids were used by a meagre 9.5% of the population. In 2002, an alarming increase in the use of opioid-based preparations predominantly Medicinal Opioids like buprenorphene, Tramadol, (Injectables+Oral), Benzodiazepines like Alprax, Ativan, and inhalants and other newer psychoactive substances was seen. In 2013, an upsurge was again seen in the usage of inhalants like glues, Fevicol etc in addition to other substances already mentioned. During 2016-2017, an alarming pattern was noticed as substance abusers were now beginning to increasingly use products like heroin, Cocaine and other newer psychotropic substances.

The recent study conducted during the year 2017-2018 gave us some idea about the drug abuse scenario in the state of Jammu and Kashmir but not sufficient to formulate detailed plan to tackle the problem of drug abuse. So there was a need of extensive community study to know about the pattern of substance abuse, services available and the treatment gaps. The project was conducted by The Department of Psychiatry SKIMS Medical College, Srinagar in collaboration with National De-addiction Treatment centre (NDDTC) AIIMS, New Delhi. National Technical Agency, which is working as Regional Technical Agency for the state of Jammu & Kashmir took the lead and started the study as part

of "National Survey on Extent and pattern of Substance use in India" by October-November 2017. The survey also involved faculty and staff from Department of Psychiatry, Govt. Medical College, Srinagar with data collected from Drug De-addiction Centre Batamallo and other centers in Jammu region. The study also collected data by Household Survey and Respondent Dependent Sampling Survey (RDSS). Moreover, Thematic Studies that focus on high risk population like prison population, transport workers, sex workers and students is in progress.

During the course of the Household Survey (HHS) we found out that in the region of Jammu, apart from the use of alcohol and cannabis, sedative pharmacological agents like buprenorphene, Tramadol, alprax, were used. A few cases of heroine, brown sugar were also found that were used intravenously. Most affected districts seem to be Samba & Jammu in Jammu division. In Respondent Dependent Sampling Survey (RDSS) we found out that heroine abuse has increased manifold in the past three years and the abuse has shifted from pharma and sedatives towards heroine.

From Kashmir Division, where the said survey is going on, RDSS findings show that Anantnag and Srinagar Districts are worst hit with Herion and Medicinal Opioids (Injectables+ Oral), Benzodiazepines, Inhalants and other newer psychoactive substances, in addition to Cannabis are used. From this we can infer that this alarming scenario may not be different in other districts.

RISK GROUP

12-27 years age group

Lower and middle socio-economic status.

Students and those associated with tourism

Nuclear families.

Lack of outdoor entertainment

Unmarried/ Single.

No rural-urban divide.

PRECIPITATING FACTORS: (REASONS FOR STARTING THE SUBSTANCE)

Peer group pressure/Curiosity/ Derive Pleasure

Easy Availability

Stressful situations due to prevailing environment

Unemployment

Psychiatric Comorbidity

Relief from negative mood states (failure in exams/Love affairs)

Enhancing positive Mood states (Partying)

Iatrogenic

SEQUELA

Drug abuse is a multidimensional problem which involves Health, Educational, social, legal and economic implications.

1. Health: Significantly higher risk of Concurrent Psychiatric disorders, HIV/AIDS, Hepatitis B, Skin, Respiratory, Kidney and Gastrointestinal problems, even deaths due to overdose or withdrawals.

2. Educational: Poor school performance, gang rivalry in schools, School dropouts etc

3. Social: Not only the addict-

ed person but family gets socially isolated.

4. Legal: Increase in crime rates like thefts, burglaries, violence, murders etc.

5. Economic: Poverty and other related problems.

SOLUTIONS

It is divided into three important components and is only effective when taken over as a collaborative effort by concerned Departments like Health & Medical Education, School Education, Home Department, Excise & Taxation, J&K AIDS Control Society, Drug & Food Control Organisation, Department of Social Welfare, Youth Services and sports, Mass Communication and Media, Non-governmental Organisation and religious personalities.

1. Prevention **2. Treatment** **3. Rehabilitation**

PREVENTION:

AWARENESS GENERATION

- Mass-media
- Community-based outreach
- Involvement of religious leaders
- Involvement of elected representatives and political leaders
- Educational institutions
- Health-care system
- Drug & Food control Organization
- Excise department
- Criminal justice system (Awareness about and Implementation of "Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985")

ENCOURAGING RECREATIONAL ACTIVITIES:

- Outdoor & Indoor sports activities

SUPPLY REDUCTION

- Prohibition (Alcohol for certain age group at authorized places only)
- Regulation (Dispensing drugs on Valid prescriptions)

TREATMENT:

MEDICAL TREATMENT:

- Management of acute (short term) withdrawals
- Long term medical Management
- Management of physical harms associated with drug use like HIV / AIDS

A ROUGH ASSESSMENT OF THE CURRENT TREATMENT CAPCITY

NGO sector beds	**7000**
Government sector beds	**2000**
Private sector beds	**5000**
Total Bed Strength	**14,000**
Assuming minimum duration of acute-phase in-patient treatment of 1 month	
Number of patients treated in ONE year	**168,000 (0.17 million)**

PSYCHOLOGICAL TREATMENT:

- Counseling/psychotherapy
- Can be delivered individually or in group settings
- Motivation enhancement
- Relapse prevention
- Cognitive Behavioural Therapy
- Contingency management

SOCIAL TREATMENT:

- Support groups
- A group of individuals set up to support each other during process of recovery
- Regular meetings following established protocols and procedures
- Example: Alcohol Anonymous / Narcotic Anonymous

DURATION AND NATURE OF ADMISSION:
COMMON MISPERCEPTIONS

- Treatment of drug abuse requires in-patient admission for 3-6 months
- During admission, patient requires changes in lifestyle, attention to the personality characteristics and skills training

FACT

- When necessary, most patients need admission for 2-3 weeks for management of withdrawals
- Prolonged admissions, with intense psychosocial interventions, are required by a minority of drug dependent individuals.

LOCATION OF TREATMENT:

- Where should patients be treated?
- Should patients be treated exclusively in inpatient?
- Is outpatient treatment equally effective?
- It is a myth among patients, their family members and among

service providers that abstinence is possible only in confinement.

- Studies show that the outcome of patients is equally good with outpatient treatment.
- Majority of the patients can be managed with outpatient treatment.
- Only minority of patients require hospitalization.

REHABILITATION:

Corner stone of drug de-addiction is rehabilitation which can be achieved only by multipronged, coordinated and collaborative efforts by various stakeholders like various schemes of social welfare department and AIDS Control Society can be implemented on drug users.

GOAL

- Reintegration in the society and recovering the functioning status prior to onset of drug use

COMPONENTS

- Aftercare and psychosocial support
- Vocational training
- Life-skills training
- Supported employment
- Familial interventions
- Recreational Activities

SETTING

- Can be in-patient or out-patient
- In-patient setting required for drug users with little or no social support

IMPORTANT ISSUES

- Only a small proportion of drug users require rehabilitation services

- Rehabilitation works only after or in parallel with treatment of addiction
- Interventions usually last for months to years (resource intensive)

But there is a huge treatment gap which is mostly logistical. The following table will provide a brief assesment.

As per above availability only 1% of the dependent users can be treated every year! Thus, it will take at least 100 years to offer one-time treatment to everyone who is dependent today. What we need to do:

Prioritizing mental health and drug de-addiction in the overall health policy of the state should be a primary task. Only by prioritizing, we deal with such an ever increasing and alarming drug scenario effectively. Major emphasis should be given to preventive measures as it is rightly said "prevention is better than Cure". Establishment of Drug De-Addiction & Rehab centres on modern lines in all Government run Medical Colleges of the State of J&K and upgrading the existing ones. In addition to it, creation of manpower including faculty, resident and paramedical staff to run the services effectively is an utmost necessity. Psychiatrists, Clinical Psychologists, Social Workers and counselors should be available at every district and sub district hospital of the State of Jammu & Kashmir. Further there should be

1. Scheme for Strengthening of Drug De-addiction Programme

a. Supported by Ministry of Health &Family Welfare. (By Establishment of Drug Treatment Centre (DTC's)

b. Coordinated by National Drug de-addiction & Treatment Centre, AIIMS, New Delhi.

c. Involves establishment of out-patient facilities for treatment of Substance Use Disorders in Government Hospitals

d. Provision of recurring grant for dedicated full-time staff and all necessary medications

2. Drug treatment facilities for special population like prisoners etc

3. Minimum standards need to be made for setting up of a de-addiction facility both in the government and the private sector.

4. There should be a single governing body for the state of J&K like Health and Medical Education department that will monitor and regulate all the policies and treatment facilities for drug addiction in the state and in case of deviation or loopholes should be authorized to close the facility.

5. To update the faculty of Departments of Psychiatry with recent advances in management of substance abuse, they should be deputed for 2-4 week course/ training to apical institutes on rotation basis.

ABOUT THE AUTHOR

Dr. Abdul Majid is a senior Psychiatrist and Hony. General Secretary, Indian Psychiatric Society, North Zone

Opoid Drug Abuse in Kashmir: First-hand Experience as a Medical Officer

DR. SIDRAH

Opiates belong to the large biosynthetic group of benzylisoquinoline alkaloids, and are so named because they are naturally occurring alkaloids found in the opium poppy. The major psychoactive opiates are morphine, codeine, and thebaine. Papaverine, noscapine, and approximately 24 other alkaloids are also present in opium but have little to no effect on the human central nervous system and as such are not considered to be opiates. Semi-synthetic opioids such as hydrocodone, hydromorphone, oxycodone, and oxymorphone, while derived from opiates, are not opiates themselves.

While the full synthesis of opiates from naphthoquinone (Gates synthesis) or from other simple organic starting materials is possible, they are tedious and uneconomical processes. Therefore, most of the opiate-type analgesics in use today are either directly extracted from Papaversomniferum or synthesized from the natural opiates, mainly from thebaine.

SIGNS & SYMPTOMS

Symptoms of withdrawal from opiates include, but are not limited to:

Physical symptoms: Tremors,Cramps, Muscle and bone pain, Chills, Perspiration (sweating), Priapism,Tachycardia (rapid heartbeat),Itch, Restless legs syndrome, Flu-like symptoms, Rhinitis (runny, inflamed nose), Yawning, Sneezing, Vomiting, Diarrhea, Weakness, Akathisia (a profoundly uncomfortable feeling of inner restlessness).

Psychological symptoms: Dysphoria, Malaise,Cravings, Anxiety/ Panic Attacks,Paranoia¸ Insomnia, Dizziness,Nausea¸Depression¸other rare but much more serious symptoms include cardiac arrhythmias, strokes, seizures, dehydration and suicide attempts.

TREATMENT APPROACHES

mhGAP intervention program for mental , neurological and substance use disorders was one of its kind that has given me a new way to look at psychiatric and psychological disorders as well as a better approach to these patients. In cases of drug abuse, apart from the pharma-

cological therapy, there are a few psychosocial interventions given by mhGAP. These are as follows:

BRIEF INTERVENTION TECHNIQUES

WAYS TO DISCUSS SUBSTANCE ABUSE:

- Engage the person in a discussion about their substance use in a way that he/she is able to talk about both the perceived benefits of it and the actual and/or potential harms, taking into consideration the things that are most important to that person in life.
- Steer the discussion towards a balanced evaluation of the positive and negative effects of substance by challenging overstated claims of benefits and bring some of the negative aspects which are perhaps being understated.
- Avoid arguing with the person and try to phrase something in a different way if it meets resistance.
- Encourage the person to decide for themselves if they want to change their pattern of substance use, after a balanced discussion of pros and cons of current pattern of use.
- If the person is still not ready to stop or reduce then ask the person to come after sometime, perhaps with a family member or friend.

SELF-HELP GROUPS:-

Consider advising people with drug dependence to join a self-help group, e.g. Narcotics Anonymous.

ADDRESS EMPLOYMENT NEEDS:

Where available, work with local agencies and community resources to provide supported employment for those who need support to return to work or find a job.

SUPPORTING FAMILIES AND CAREERS:

Discuss with families and careersthe impact of drug use and drug use disorders on themselves and other family members, including children. Provide information and education about drug use disorders and help to identify sources of stress related to drug use; explore methods of coping and promote effective coping behaviors.

HARM REDUCTION STRATEGIES:-

- Advise on the risk of drug injections.
- Provide information on less risky injection techniques and the importance of using sterile injection

EQUIPMENT

- Encourage and offer testing for blood-borne viral illnesses, whenever possible.
- Offer treatment for complications of drug use and other medical and psychiatric problems and psychosocial support.

OPIOID ABUSE- TREATMENT

Acute opiod related disorders that require medical management include opioid intoxication, opioid overdose and opioid withdrawals. Issues pertaining to treatment of chronic opiod abuse include opioid agonist therapy, psychotherapy, and treatment of acute pain in patients

already on maintenance therapy.

OPIOD INTOXICATION:-

GENERAL SUPPORTIVE CARE AS FOLLOWS-

- Assess patient to clear airway.
- Provide support ventilation, if needed.
- Assess and support cardiac function.
- Provide i/v fluids.
- Frequently monitor the vital signs has cleared opioids from the system.
- Give i.v. naloxone, if necessary.

OPIOD OVERDOSE

Naloxone is effective in treating acute overdose and is the first-line treatment.

- Opiod maintenance therapy:-
  Pharmacologic therapy for heroin addiction has focused on ameliorating the withdrawal symptoms and reducing cravings.
- Buprenorphine is given sublingually at a dose of 4-16 mg/day for 3 to 14 days.
- Methadone is given orally at a dose of 15-20 mg increasing to 30mg/day, and then tapering off over 3 to 10 days.
- Clonidine or lofexidine is given at a dose of 0.1- 0.15mg 3 times /day.

PREVENTING OPIOID DEPENDENCE RELAPSE

A randomized , placebo-controlled trial suggested that an injectable, sustained- release form of naltrexone increased retention of patients in treatment for opioid abuse. FDA approval of extended –release IM naltrexone for prevention of relapse was based on data from a 6 month, multicenter, randomized, phase 3 study, which met its primary efficacy endpoint and all secondary efficacy endpoints. It showed statistically significant higher rates of opioid–free urine screens compared with placebo ($p<0.0002$). The use of naltrexone was shown to be effective in fostering sobriety in heroin and amphetamine-dependent outpatients in a 10-week randomized, double-blind, placebo-controlled trial.

Post-acute-withdrawal syndrome (PAWS), or the terms post-withdrawal syndrome, protracted withdrawal syndrome, prolonged withdrawal syndromes describe a set of persistent impairments that occur after withdrawal from alcohol, opiates, benzodiazepines, antidepressants and other substances. Infants born to mothers who used substances of dependence during pregnancy may also experience a post acute withdrawal syndrome.Post-acute-withdrawal syndrome affects many aspects

of recovery and everyday life including the ability to keep a job and interact with family and friends.

While medical treatment may help with the initial symptoms of opioid withdrawal, once an opiate addict overcomes the first stages of withdrawal, a method for long-term preventative care is attendance at 12-step groups such as Alcoholics Anonymous or Narcotics Anonymous. Attendance and participation in a 12-step program is an effective way to obtain and maintain sobriety.Among primarily inner city minorities who had a "long severe history of (primarily) crack and/or heroin use", 51.7% of the individuals with continuous 12-step attendance had over 3 years of sustained abstinence, in contrast to 13.5% among those who had less than continuous 12-step attendance.

FIRST HAND EXPERIENCES AT POLICE DRUG DE-ADDICTION CENTRE

Every society is an amalgamation of various social and inter-personal and cultural ingredients. Human beings are the most important and driving ingredient amongst.

Our society comprises of 62% of youth of age group 20-35 years and 18% between age group 12-18 years and rest is over 35years or below 10 yrs. The cream of our youthful society has fallen prey to drug abuse and this is worrisome. As a medical officer in DDC-PCR, I came across various such cases of drug abuse in a very large number that shook my expectations and belief. Majority of the youth in Kashmir have fallen prey to drugs. Some of these cases were of self induced addiction and some were imposed upon. The drugs abused included nicotine, opioids, cannabis, alcohol, benzodiazepines and volatile substances like fevicol-SR, hairsprays, fluids, perfumes etc.

Medicinal Opioids, perhaps, are the most commonly used as the drug of addiction. Opioids include Spasmoproxyvon, proxyvon, codeine, brown sugar etcand the cause could be anything from a disturbed relationship, exam failure, peer-pressure to unemployment, family history and even genetic. Psychiatric Co-Morbidity like Anti-Social personality Disorder (ASPD), Post-traumatic stress, Bi-polar affective disorder also plays a vital role of destruction.

I would in brief sum up that our youthful society would soon end up being youth-less,lifeless and human-less society if we, as a society, don't wake up from the deep slumber and take a strong step and corrective measures. "Our Drug de-addiction center is here and so are the reasons for such facilities being erected."

ABOUT THE AUTHOR

Dr. Sidrah is a former Medical Officer at Drug De addiction and Rehabilitation Centre, Srinagar.

My Journey To Hell And Back

JOSIYA KHAN

Once there was a pretty girl,
With silky hair and lovely curls
Her beautiful black eyes used to shine!
I wanted her just to be mine!

We grew up together and went to college
With the aim of gaining knowledge
She worked hard and went to IIT
I made up to a college in my vicinity

She moved ahead, leaving me behind,
This shock was too much for my mind
My friends introduced me to some drugs,
Which they bought from peddlers and thugs

Smoking joints felt so fine
I would climb the cloud nine
There was no sadness or any pain,
No losses and only gain

I gradually became a slave,
No haircut and no shave
My appearance became so shabby
It became a concern for mom and daddy

Parent, Doctors tried pulling me out
Like a beast I used to shout
I called my love but she would not hear
There was darkness and so much fear

My therapist finally helped me out
The sun appeared from behind the clouds
Then I could see my mother's face
Oh my god, she had lost her grace

Now I decided to hold my rein
My parent's sacrifices will not going in vain
Go my love, enjoy the glory
I will write a brand new story

ABOUT THE AUTHOR

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CANNABIS AND PSYCHIATRIC ILLNESS

DR. MOHAMMAD
MUZAFER KHAN

INTRODUCTION:

The Indian hemp plant Cannabis-Sativa is a hardy, aromatic annual herb. The bio-active substances derived from it are collectively referred to as Cannabis. By most estimates, cannabis remains the world's most commonly used illicit drug. It occupies fourth place in world-wide popularity among psychoactive drugs after caffeine, nicotine and alcohol. Cannabis Sativa is widely cultivated for its fiber, which is used to make rope and cloth; for its seeds which are used to make oil; and for its psychoactive resin.

CANNABIS, THE DRUG:

Cannabis preparations are largely derived from the female plant. THC (Tetrahydrocannabiol) content is highest in the flowering tops, declining in leaves, lower leaves, stems and seeds of the plant.

Marijuana: The term Cannabis or Marijuana generally refers to the dried flowers and subtending leaves of the female Cannabis plant. This is the most widely consumed form containing 3% to 22% THC.

A TYPICAL JOINT CONTAINS BE¬TWEEN 0.5G AND 10G OF CANNA¬BIS. The THC delivered varies between 20% and 70%.

Hashish: Hashish is concentrated resin cake or ball produced from the pressed fine material that falls off Cannabis flowers and leaves. It varies in colour from black to golden depending upon purity and variety of cultivar it was obtained from. It contains 2% to 20% THC.

Hash Oil: It is a resinous matrix of Cannabinoids obtained from Cannabis plant by solvent extraction. It contains three main Cannabis products i.e. Hemp, Resin and Oil. The THC content of Hash Oil ranges from 90% to 95%.

Bhaang: Bhaang is a preparation from leaves and flowers of female Cannabis plant, smoked or consumed as a beverage in Indian sub-continent. It is an intoxicating drink. It also has a cultural use. Sweetened Bhaang golis are also available and taken as appetizers. Bhaang is the mildest preparation of resin and contains only 15% THC. Bhaang is ingested in form of paste in sweet and non-alcoholic beverages (Thandai).

Charas: Charas is the name given to Hashish form of Cannabis, which is home-made in India, Nepal, Pakistan and Afghanistan. It is made from the resin of Cannabis plant. It grows wild throughout Northern India along the stretch of the Himalayas.

IT IS FOUND THAT AFTER SMOKING MARIJUANA, 90% REPORT HEIGHT¬ENED PERCEPTION E.G. SEEING COLOURS MORE BRIGHTLY, sound of music becomes more vivid, and 50% report¬ altered spatial per¬ception with objects looking twisted out of shape. Time perception is impaired with subjects invariably reporting that time seems to pass more slowly.

WAYS OF USE/ CONSUMPTION:

Cannabis is mostly smoked in a "Joint" also called "Reefer". In India, it is smoked after burning the earthen chillum. Tobacco may be added to assist burning. Smokers typically inhale deeply and hold their breath to maximize absorption of THC by the lungs. A typical joint contains between 0.5g and 10g of cannabis. The THC delivered varies between 20% and 70%. Cannabis is also used by heating the herbal Cannabis causing active ingredients to evaporate into vapour, without burning the plant. Another way of consuming Cannabis is through the Cannabis tea, which has relatively small concentrations of THC. Cannabis tea is made by first adding a saturated fat to hot water, with a small amount of Cannabis.

EFFECTS OF CANNABIS IN HUMANS

A. Psychological Effects
a. Acute Effects
b. Chronic Effects
B. Physical Effects
A. Psychological Effects
a) Acute Psychological Effects

Effect on Mood: Euphoria is almost universally described as part of the cannabis experience. When used in a social setting, it may produce infectious laughter and talkativeness. Euphoria may be followed by a period of anxiety or lower mood.

Effects on Perception: It is found that after smoking Marijuana, 90% report heightened perception e.g. seeing colours more brightly, sound of music becomes more vivid, and 50% report altered spatial perception with objects looking twisted

out of shape. Time perception is impaired with subjects invariably reporting that time seems to pass more slowly.

Effects on Cognition and Psychomotor Performance: The effects are similar to those of alcohol and benzodiazepines and include slowing of reaction time, motor incoordination, specific defect in short term memory, difficulty in concentration and particular impairment in task which requires divided attention.

Impaired Driving Skills: Many studies have shown that cannabis impairs road driving performance and have linked cannabis use with increased incidents of road traffic accidents.

Adverse Reactions: Anxiety and panic reaction are probably the commonest adverse reactions of cannabis use. Acute anxiety reaction to cannabis may include restlessness, depersonalization, derealization, sense of loss of control, fear of dying, panic and paranoid ideas.

B). EFFECTS OF CHRONIC CANNABIS USE

Dependence Syndrome: Studies have shown that tolerance develops to the many effects of cannabis including high and systematic effects. Withdrawal syndrome has been clearly demonstrated in controlled studies in both animals and men. Studies also suggest that Cannabinoids may affect the same reward system as alcohol, cocaine, and opioids. The development of tolerance leads some cannabis users to escalate dosage and the presence of withdrawal syndrome encourages continuous drug

use. Patients often have problems controlling their cannabis use and continue to use the drug despite experiencing adverse personal consequences. Many cannabis users are now seeking treatment for cannabis dependence. The cannabis withdrawal syndrome has now been unequivocally demonstrated and includes restlessness, anxiety, dysphoria, irritability, insomnia, anorexia, muscle tremors, increased reflexes and autonomic effects like changes in heart rate, blood pressure, sweating and diarrhoea. The syndrome may appear in about 10 hours, and peaks at about 48 hours.

Cognitive Effects: Electrophysiological and neuropsychological studies show that it may produce more subtle impairment of memory, attention, and the organization and integration of complex information. These impairments are subtle so it remains unclear how important they are for everyday functioning and whether they are reversed after an extended period of abstinence. Pope et al (2001) in their study found that cognitive deficits after heavy cannabis use is reversible and related to recent cannabis exposure rather than irreversible and related to cumulative life time use.

Behavioural Effects in Adolescence: There is cross-sectional association between heavy cannabis use in adolescence and the risk of leaving high school education and of experiencing job instability in young adulthood. The apparent severity of its adverse effects on adolescent development has been exaggerated because it is the most troubled adoles-

cents who are the heaviest cannabis users. Nonetheless, there is now evidence from the longitudinal studies (Fergussan et al 1996) that regular cannabis use independently contributes to poor psychosocial outcomes among adolescents and young adults.

B) PHYSICAL EFFECTS

Effect on Respiratory System: Chronic cannabis smoking is associated with bronchitis and emphysema. It has been calculated that smoking 2-4 cannabis cigarettes a day is associated with the same evidence of acute and chronic bronchitis and the same degree of damage to the bronchial mucosa as 20 or more tobacco cigarettes a day. The smoke from cannabis preparations contains all the same constituents (apart from nicotine) as tobacco smoke. Cannabis smoking may also increase the risk of respiratory cancer. There have been reports of cancer in aero digestive tract in young adults with a history of heavy cannabis use.

Cardio Vascular Effects: Cannabis produces a dose related tachycardia. There is widespread vasodilatation and reddening of conjunctivae, a characteristic sign of cannabis use. Postural hypotension and fainting may also occur.

Cellular Effects and the Immune System: Cannabis smoke may be carcinogenic. It is mutagenic in vitro and vivo. It impairs cell-mediated and humoral immunity. Cannabis smoking in pregnancy may reduce birth weight, and also increases the risks of birth defects.

ISSUES OF SPECIAL INTEREST IN RELATION TO CANNABIS AND PSYCHOSIS

Cannabis and Psychosis: The fundamental question is: Is there a cannabis psychosis and does cannabis precipitate an underlying psychosis? There are substantial numbers of case reports of Cannabis Psychosis across the world (Tallbot & Teague 1969, Verma 1972, Tennant & Groesbeck 1972, Harding & Knight 1973, Chopra & Smith 1974, Carney et al 1984, Choudhry 1991, Eva 1992, Wylie et al 1995,). These disorders have been attributed to cannabis use for combination of reasons. The onset of symptoms followed closely upon investigation of large quantities of cannabis; the affected individuals often exhibit organic symptoms such as confusion, disorientation and amnesia; some had not reported personal or family history of psychosis prior to using cannabis and their symptoms rapidly remitted after a period of enforced abstinence from cannabis use. In these cases, recovery was usually complete with the person having no residual psychotic symptoms of the type often seen in persons with schizophrenia and if the disorder recurred it was after the individual started using cannabis again.

Amotivational Syndrome: Anecdotal reports suggest that chronic cannabis use impairs motivation and social performance. Among young American adults who were heavy cannabis users, there were clinical reports of individuals who had become apathetic, withdrawn, lethargic and unmotivated. This constellation of symptoms was described as an Amotivational syndrome. The direct casual role of marijuana in the amotivational syndrome has been seriously questioned. Some authors have tried to explain impaired motivation as a symptom of chronic cannabis intoxication.

SYNTHETIC MARIJUANA

Synthetic drugs are created using manmade chemicals rather than natural ingredients. Currently, there are a number of synthetic drugs entering the market like synthetic marijuana (spice or K2) ,synthetic stimulants (Bath salts), and a drug known as "N- Bomb" the synthetic Marijuana is really nothing like marijuana. It is actually a mixture of herbs and spices that are sprayed with unknown and harmful chemicals intended to simulate THC, which is commonly found in natural cannabis. The chemical analysis of these drugs shows that they contain synthetic chemicals with dangerous toxic effects. It has the appearance

of dried leaves and is often sold in small and silvery plastic bags as herbal incense. It is also available in liquid form for use in vaporizers. It is often smoked in rolled joints, pipes or e- cigarettes.

The availability and use of synthetic drugs, along with deaths associated with its use. are being reported from USA and European countries.

EXPERIENCES FROM POLICE DRUG DE-ADDICTION AND REHABILITATION CENTRE:

Cannabis abuse is very common among the patients reporting to the drug de-addiction facility from 2008 to 2015.

Cannabis abuse is now getting substituted by heroin abuse.

Cannabis induced psychosis is commonly seen in patients. Predominant psychotic features are persecution, anger bursts and violence.

Among teenagers, cannabis abuse is often associated with rap music like Bohemia.

The religious belief among teenagers that cannabis abuse is forbidden is showing a decreasing trend.

The cannabis abuse is showing an increasing trend among female population citing different reasons like weight loss, modelling and internet influences.

CONCLUSIONS:

Cannabis is world's most commonly used illicit drug. Bioavailability of smoked and ingested cannabis is different. It increases the dopamine release and has an effect on reward system of brain. Cannabis affects mood, perception, cognitive function and other systems of body. The hypothesis that there is cannabis psychosis is still contentious. Cannabis use precipitates schizophrenia in vulnerable person, exacerbates the symptoms and is responsible for poor course of the illness. The most contentious issue is whether cannabis use can cause schizophrenia that would not have occurred in its absence. Cannabis induced psychosis is commonly found in Kashmiri population. Is the cannabis grown in Kashmir much powerful that what is grown outside or is Kashmiri gene more susceptible to develop cannabis induced psychosis remains unanswered?

ABOUT THE AUTHOR

Dr Mohammad Muzafar Khan specialised in Clinical psychology from Central Institute of Psychiatry, Ranchi. He is the founding member of Police Drug de-addiction and rehabilitation centre. He is currently heading the service at Police Control Room, Batamallu, Srinagar. He is also engaged in training manpower in mental health with national and international organizations. His work related to de-addiction and manpower trainings in Kashmir has been presented, acknowledged and appreciated in the first addiction psychiatry conference at AIIMS, New Delhi and in the International Psychiatry Congress at London, UK. He can be contacted at khn_mzfr@yahoo.co.in


POLICE DRUG
DE-ADDICTION CENTRE
PCR, KASHMIR


DR. RAG SINGH
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POLICE CONTROL ROOM (PCR) KASHMIR


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MEDIA CENTRE


POLICE CONTROL ROOM (PCR) KASHMIR

Does Drug Use Affect Your Skin?

AAQIB ASLAM

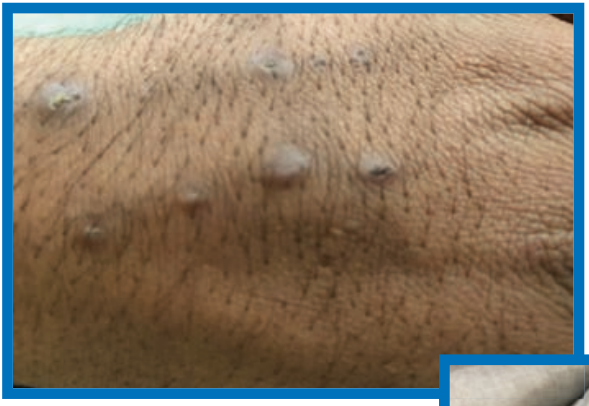
Drug menace has emerged as one of the growing social problems in the present times cutting across all sorts of social, religious, political and economic boundaries of the world. As one would expect, Kashmir is no exception to this growing pathological phenomenon. It is engulfing our society especially the youth and a surge in substance use has been observed in our society over the past decade.

Apart from the use of cannabis and its products, easily available and grown in our part of the world, there has been a manifold increase in the use of opium and its products especially heroin, as well. Poly-substance use further adds to this rapidly growing menace. The deteriorating effects of these substances to the society at large and to the user in specific are quite obvious. The relationship between drugs and crime is proportional. Many a times drug use leads people into criminal activity and many a times they are already predisposed to such activities.

Substance abuse is not only a social problem but people are at high risk at a very personal level for example, among other things, skin involvement in drug users can be a primary side effect among drug users. Skin eruptions induced by illicit drugs can be encountered in a variety of clinical settings. Dermatoses in this group of patients may range from pharmacological side effects of the drug to cutaneous complications of drug administration or the lesions can be due to adulterants or infectious agents mixed with the drug.

Drug use related bacterial infections predominantly involve the skin and soft tissue and most of them are resistant to usual treatments and polymicrobial, thus adding to the morbidity as well as mortality among these users. Sexually transmitted and blood-borne infections are also at a rampant growth among drug users mainly due to the behavioral effects of substance use. Such infections are more commonly seen in injecting drugs especially heroin whose use is rapidly growing among the youth. The morphology and arrangement of skin lesions can help in identifying persons with former or current drug dependency.

Skin examination by a qualified dermatologist and subsequent treatment if needed, thus becomes an important part of the rehabilitation of drug users for their healthy and better future. Moreover, the relation between drug use and its effects on skin warrants more research and more policies need to be implemented for the same.



INJECTION SITE PUNCTURE MARK IN A HEROIN USER

GANGRENE IN AN IV HEROIN USER

ABOUT THE AUTHOR

Aaqib Aslam is a Post Graduate Student in the Department of Dermatology, Government Medical College, Srinagar

Through the smokes of exclusion I rise...

IFRA AMIN

A forced seclusion,

I tell you like a chameleon colors of exclusion,

Why did I glorify disunion?

The poetry of solitary becomes a bad eulogy.

But there would be none to write my obituary,

A good obituary

My ashes wouldn't settle like my soul

Both would hover as a cloud of smoke.

A cloud of smoke would hover over my grave,

I dug my grave with the white powdered hallucinations,

It was dark,

The white washed walls smelled darkness,

Of the cocaine on my tongue with which I licked them,

The walls

chased me to insanity where I was discovered …

A drunkard, a drug abuser, enclosed, locked down, looked down,

hallucinations, injections, rejections, dejections…

The walls came crushing down on me,

when a ray pierced the solitary cell.

A beam of light,

piercedthrough the confinement of my will and un-will

I rise to wash my skin off the smell

The brown-sugared hope survives well,

To live, within the confines of a cold will

The will falls, as I rise, to shrug the cocaine dust off my skin

I rise

The will falls as I puff heroine out of my skin

I rise

I rise through the smoke that haunts me to my grave.

I rise

I rise through the bushes of cannabis to take hands-of-help,

To abhor the forced exclusion, to live, within the confines of a cold will.

The will falls, as I rise, to shrug the cocaine dust off my skin

I rise

The will falls as I breathe to puff heroine out my skin

I rise

I rise through the smoke that haunts me to my grave

I rise

I rise through the bushes of cannabis to take hand-of-help,

To abhor the forced exclusion,

For that light beam, for one new dream,

I rise

I rise

I rise

ABOUT THE AUTHOR

Ifra Amin is a Mental Health Counselor at Drug De addiction and Rehabilitation Centre, Srinagar.

SERVICES AVAILABLE AT POLICE DRUG DE

OPD SERVICES

- ASSESSMENT AND DIAGNOSIS
- SCREENING FOR SUBSTANCE ABUSE
- MOTIVATIONAL INTERVIEWING
- MEDICAL INTERVENTION
- INDIVIDUAL CUM FAMILY COUNSELLING
- REGISTRATION FOR ADMISSION
- FOLLOW UP MANAGEMENT

IPD SE

- DETAILED CASE WORK UP
- PHYSICAL AND MENTAL HEALTH ASSESSMENT
- ADMISSION
- DETOXIFICATION
- INDIVIDUAL COUNSELLING SESSIONS
- MOTIVATIONAL ENHANCEMENT THERAPY(MET)
- COGNITIVE BEHAVORIAL THERAPY (CBT)
- FAMILY THERAPY
- COUPLE COUNSELLING

ADDICTION AND REHABLITATION SERVICES

OTHER SERVICES

- INTERNSHIP FOR STUDENTS
- COMMUNITY OUTREACH PROGRAMS
- SCHOOL MENTAL HEALTH PROGRAMS
- COMMUNITY AWARENESS PROGRAMS
- ADVOCAY AND TRAINING PROGRAMS

RVICES

- RELAPSE PREVENTION THERAPY (RPT)
- WORK REHABLITATION
- PRE-DISCHARGE COUNSELLING
- FOLLOW UP
- GROUP THERAPIES WITH RECOVERING & RECOVERED PATIENTS
- RELIGIOUS AND MORAL EDUCATION
- YOGA SESSIONS
- SPORTS ACTIVITIES'
- GYM SESSIONS

COMMONLY IDENTIFIED CAUSES OF DRUG ABUSE IN KASHMIR

Socio-Political disturbances leading to increase in mental illness, disturbing academic calendar, trust deficits, poor facilities for sports and other means of recreation. Traumatic experiences, difficult childhood.

Difficulty in handling teenage relationships.

Influence of media/ Pop culture

Easy availability

Curiosity cum novelty seeking behaviors.

Unknowing prescription abuse

Peer Pressure

Unregulated pocket money

Escape from boredom

Broken families/ family conflicts.

Rebellious attitude.

Poor parental supervision.

Stress of growing up, failing exams, failed love relationships.

To escape from reality.

Underlying mental issues.

Lack of awareness at societal and family level.

Myths about drugs causing happiness, no harm, no addiction etc.

COMPILED BY A TEAM OF PROFESSIONALS WORKING AT POLICE DRUG DE ADDICTION AND REHABILITATION CENTRE, SRINAGAR

Use of Substance on Rise

DR. MAJID SHAFI

Kashmir has taken a deep plunge into the substance (drug) use menace. Thousands of young people in the age group 11 to 20 years are using various substances such as cannabis, prescription drugs like tramadol and benzodiazepines (commonly known as sleeping pills) and poppy derivatives like heroin.

EXTENT OF THE PROBLEM

In one of the earliest studies conducted in 1993, Dr. Mushtaq Magroob delineated that substance abusers in Kashmir were mostly males (99.5%) among the age group of 26 to 35 years (57.2%). One must note that the trend is not restricted to only males now. Even though, in recent years, there is a lacuna in systematic studies about substance abuse in Kashmir but a report by a local NGO in collaboration with United Nations Drug Control Programme in 2008 said that about 70,000 people in Kashmir were using different kinds of drugs. Among these, about 4000 were females. A 2019 survey by AIIMS, New Delhi reported that 0.8% of state's population (between 10-75 years of age) needs intervention by service providers in view of opioid use. Figures released by Government Medical College point out that that there has been a threefold increase in the rates of admissions for heroin dependence in the last three years. The figures for both genders are believed to have risen dramatically in the last decade according to health groups.

REASONS BEHIND SUBSTANCE ABUSE

In the last thirty years, the state of Jammu and Kashmir and the valley in particular has been grappling with an armed insurgency. Incidents of violence have affected

the daily lives of the population in many ways and a concern has been noted by the civil society and the government that violence is changing the social conditions of our society. Psychiatrists and researchers in the valley believe that experiencing violence has a long term effect on one's mental landscape predisposing one to common mental health disorders like PSTD, chronic depression, anxiety etc. Generally youth with such mental ailments give in to substance use. Another reason for the increase in substance abuse in Kashmir has been an easy availability of drugs which can be linked to the geographical proximity of Kashmir valley to countries like Afghanistan, Pakistan and Iran, collectively called "Golden Crescent", which play a major role in drug smuggling across borders. While law enforcement agencies have been trying to control this drug market but still effective changes need to be done to completely eliminate drug entry into the valley. Usually patients start drugs while in teens as curiosity and peer influence play a major role in this. One of the major reasons has been our growing distance from our cultural beliefs in which other than Charas takias, substance use was vehemently disapproved by all sections of the society.

KASHMIR IS GRAPPLING WITH GROWING CULTIVATION OF OPIUM MAINLY IN SOUTH KASHMIR. Lush hefty fields of poppy plants can be seen in the months of April and May. Traditionally, local farmers have been cultivating poppy mainly to get the poppy seeds or Khash Khash used as bakery and other culinary items at home.

OPIUM WAR IN VALLEY

Kashmir is grappling with growing cultivation of opium mainly in south Kashmir. Lush hefty fields of poppy plants can be seen in the months of April and May. Tradition-

ally, local farmers have been cultivating poppy mainly to get the poppy seeds or Khash Khash used as bakery and other culinary items at home. Little do they know that by a simple process, young poppy pods could produce opium and opoids if incisions are made on them. In recent years, we know that farmers cultivate opium for monetary reasons also while not understanding the long term consequences of it on our society. However, the police along with Excise Department have started campaigns to destroy these poppy fields.

CHALLENGES

Once a society is gripped by substance abuse, it demands a Herculean task to eliminate it and support is needed from every quarter. If certain steps are not taken, one could see Kashmir becoming a second Punjab where substance abuse has gravely affected the society. Being a tourist destination with a unique geographical location, substance use in Kashmir should have raised concerns with intervention by policymakers. Moreover, substance abuse means is that we are facing an immediate danger of overdose deaths, Hepatitis C and HIV infections. Implementation of Narcotic Drugs and Psychotrpic Substances Act is an immediate requirement and this act needs to be used much more effectively against traffickers so that they could be brought to the book. Another challenge is educating cultivators about the hazardous effects of opium. Subsequently, these farmers need to be provided with alternate farming options that could sustain them.

AWAKENING

In 2018, Jammu and Kashmir Excise Department reported that about 3000 kanals of poppy fields were destroyed in the valley in that year. A silver lining has been the involvement of religio-political leaders who have expressed concerns about the menace. The government also recently released the much awaited De-addiction policy with its main focus on demand reduction. While the policy makers have been claiming that the policy is better than what was implemented in Punjab policy, it still needs to be seen how the implementation goes, given the fact that J & K is not a developed state as Punjab in economic terms.

Substance abuse is turning to be a nuisance that is eating the very social and moral fabric of Kashmir's society. Kashmir's culture was believed to keep this problem away from the society. The situation is so alarming that experts believe that surveys do not exactly reflect the ground situation and there is a possibility that the numbers provided by surveys would be much higher in view of stigma and poor treatment seeking of substance users in the society.

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HEALTH PROGRAMME

EXPLORING NARRATIVES OF ADDICTION AND RECOVERY IN KASHMIR

GAURAV DATTA

Suhail's story was no different from those diagnosed with bipolar and substance use disorder in most aspects. A maze of 'unsuccessful' psychiatric diagnoses, unsuccessful medication in mitigating symptoms, and in a broader sense social defeat. Had the names and places been changed, you would not have been able to imagine who he was, or where he was. What sets his story apart is that it takes place in the disarmingly beautiful valley of Kashmir.

That is not entirely true, though.

The most distinctive aspect of his story is that this particular maze is as interspersed with 'peer babas' (faith healers) and shrines, as it is with anti-psychotics and diagnoses, which rhymes with the ebb and flow of his family's hopes. However, there was no associated homelessness you might find in downtown San Francisco or Seattle; no associated police shootings you might find in Chicago or New York, which is ironic. And importantly, there were no episodes of overdose and calling 911 or searching for naloxone for opioid reversal in the pharmacy.

Suhail had his first 'episode' in 2010. The first time I interviewed him and spoke to his family was in 2018. His brother insisted that 'he is a noble soul'. Conversations also revealed the contradicting and sometimes conflicting understanding of mental illness, addiction and recovery within the family, and how that shaped the course of his treatment and the understanding of his illness.

The role of spirituality in illness recovery narrative is a contentious one; its intangible nature makes quantitative analysis difficult, and it varies widely from place to place. Along with faith, it could help navigate the paths leading to an understanding of the self or be a coping mechanism to deal with trauma. Generally, families of persons with mental illness in India do not think of it as a lifelong disability like in the West, but something that they would recover from. At the same time, although a lot of people do admit that spirituality and faith aid in addiction recovery, most people are hesitant to reveal it.

"It all started with a sudden change in his personality," his brother said. "I am a very different person than him, in all aspects of life. I tried to inculcate these values since I had doubts about his friend circle and his environment. He is a noble soul, he still is, and he's very fertile in nature that way. He accepted that. All of a sudden, his personality changed, and he left his girlfriend.

"I felt that I am no one now if I compare myself to him. We didn't understand at that time that it was mania. Once he went to Gulmarg,

and his behavior changed suddenly. He was crying continuously. He said there was a 'jinn' (spirit) inside and that it was the jinn talking. That was a spiritual thing, but there was a psychological trigger too. "My father had a very different belief system, opposite to mine. He tried everything."

But since he was not given any medication, his episodes continued. I was boycotted at home and told that I should not interfere in this thing and they would manage. I used to live in my employer's home as I was being boycotted because of conflicting spiritual beliefs. I was not as aware then as I am now. I thought that he had some kind of spiritual problem too. I was not completely sure that the problem was psychiatric."

This account reveals the tension between what has been called 'experiential knowledge' and western 'biomedical rational knowledge', and the way it manifested among different family members. While he was at home, his father stated that he should be given money, "no tension," and complete freedom. According to his father, he 'used' that, and got into a bad company. He had some issues with his girlfriend, which triggered that episode again. He got into depression again for 6 months.

"I am using the term 'episode' now, as we now know it was bipolar," his brother said.

It might be tempting to speculate that earlier intervention at this point would have led to a more manageable illness, and possibly a better outcome, but the uncertainty of that becomes evident in the following statement:

"In June 2016, there was the Burhan Wani incident. We were in Hyderabad, where we were consulting a doctor at the Institute of Mental Health. Since there was a shutdown in Kashmir, we kept going to Hyderabad. We could not return…"

Because yet again, this is Kashmir.

During this time, Suhail had been shifted to lithium for his treatment, and this seemed to help. He said he used drugs only once during this time. He seemed eager to leave Kashmir, but his family put in the clause that he has to get medical help for his substance use before he could travel abroad. He was then admitted to the National Drug Depen-

dence Treatment Centre (NDDTC) at AIIMS for 11 days. He was advised by doctors and found a job as a chauffeur in Medina, Saudi Arabia. He was stable for 4 months until he stopped taking his medicines and the job got too stressful and his employer made him do odd jobs. He and his family both agreed for him to return to Kashmir.

Suhail fell seriously ill once he returned.

Somewhere in between, he took a handful of the antipsychotic drug Olanzapine. His family rushed him to the hospital and the crisis was averted. He did not elaborate on this.

Suhail restarted his medicines after consultation with a psychiatrist at SMHS, Rainawari. He got readmitted at SMHS de-addiction centre. Once he returned home, he relapsed again into substance use.

He got himself readmitted at Drug De-Addiction and rehabilitation Centre (DDC), Srinagar for 23 days. "Here he recovered completely", his brother said.

Suhail got a job at a shop. However, he could not hold the job and fell into relapse again. Once again, he visited DDC, Srinagar, and here we were.

Listening to Suhail's story, it becomes clear how the shifting perceptions and understanding of recovery influenced the course of treatment. It's not entirely clear whether recovery implies alleviation of bipolar symptoms or of substance use since Suhail had a dual diagnosis. As is the case with the term 'relapse'; recovery and relapse are however not single time points in the trajectory of one's life. Most studies consider them as single defining events owing to the challenges of long-term patient follow-up since their lives crisscross different cities across the country or sometimes even different countries as in this case. This becomes all the more important for addiction research, as very few patients 'successfully recover' the first time.

From a transcultural perspective, Suhail and his family's belief system becomes extremely relevant to the illness and recovery narrative. As Suhail, himself, points out later on:

"When I pray, I realise my guilt. The past triggers my episodes. I am aware of the triggers. I feel like I have done nothing good. I regret a lot.

I am trying now and I feel peace when I pray. During Namaz, if I remember my guilt, I continue praying."

Psychological anthropologists Tanya Luhrmann has demonstrated how persons with schizophrenia in India and Ghana associate their hallucinations as more 'enriching' compared to those in America.1 Similarly, and cultural and visual anthropologist Karen Nakamura mentions how persons with schizophrenia in Japan try to understand their auditory hallucinations as a form of treatment.2 As Luhrmann writes, "Instead, the difference seems to be that the Chennai and Accra participants were more comfortable interpreting their voices as relationships and not as the sign of a violated mind. We suspect that the American cultural emphasis on individual autonomy shapes not only a clinical culture in which patients have the right to know, and should know, their diagnosis, but a more general cognitive bias that unusual auditory events are symptoms, rather than people or 'spirits.'

On the opposite side of the world in the prairies of American Midwest is the Native American reservation3 of the Turtle Mountain Band of Chippewa Indians in Belcourt, North Dakota. The land here is flat as far as the eyes can see, and

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even beyond that. Native Americans, the original inhabitants of North America have faced centuries of persecution and cultural appropriation by foreign settlers, and, having lost most of their lands in wars are left with only a fraction of it in designated areas called 'reservations' which is managed by this particular Native American tribe under the umbrella of Bureau of Indian Affairs. The name Turtle Mountain is quite deceptive, as it is only a small hill. Native American youth have higher rates of substance use particularly in the reservations.4 Many aspects of Native American culture are quite similar to Indian and Kashmiri culture, particularly with respect to folklore and spirituality. Forty-five-year-old Henry with substance use disorder who has been 'clean' for the last eight years said:

"My grandfather used to hide in the closet. For a long time when I was shooting up, he used to appear to me from the closet, but did not say anything. It wasn't that I was afraid of him. I knew that it was his spirit and thought that he was there to look after me in case I OD'ed. But one night he disappeared and haven't appeared since. I realised he was disappointed in me and got scared that I had no one to look after me now. From the next morning, I became determined to give up drugs."

Both Suhail and Henry's story illuminate areas of addiction recovery in which spirituality plays a significant yet little understood role. Kashmir is distinct in the sense that it practices a moderate and a tolerate form of Islam than other parts of India, and the world. Most of the

persons interviewed as a part of this study emphasised that following prayers and other spiritual practices brings them calm and peace and helps them to avoid the triggers associated with relapse. Does this lead to lower cases of relapse and a more positive outcome? This question could only be answered with more detailed and rigorous research. Given the rising rates of substance use disorder among Kashmiri youth, it only becomes necessary to develop a delicate blend of culturally sensitive and scientifically valid interventions and recovery treatments. More than two decades of conflict have made the mainstream Kashmiri narrative to be dominated by tragedies and atrocities, leaving little space for narratives of complex Kashmiri contemporary life. Even the distant possibility of these narratives of addiction and recovery being given space raises the hope that more lives would not be lost, if not to the gun, but to the drugs.

This story comes to a full circle when Suhail attends one of the weekly staff meetings where the director of the centre discusses the progress of each individual patient. This meeting is moderated by the director, and all the staff, which includes the psychiatrist, mental health social workers, counsellors and support staff, gathers in a circle, while the patients stand outside the room awaiting their turn. In the course of discussion, it is learnt that Suhail's father has been once diagnosed with symptoms of bipolar disorder, and the likelihood of his illness being due to genes is discussed. It is also let known and lamented that while genetic testing is widely practiced in many parts of the world, Kashmir sadly, is still lagging behind. Someone quips in that a conflict in his family's belief system could be a possible barrier to his treatment and recovery. Finally, it gets decided that with the help of educational videos, Suhail would be persuaded to adopt a more

biomedical model of his illness.

Almost a year has passed since I have visited Kashmir. I had been in touch with Suhail intermittently, mostly through the internet. He had been complaining that he is tired of his bipolar and his job at the shop. He continues to visit the Sufi shrines.

At the time of writing this, I learnt that Suhail has relapsed into substance use.

ACKNOWLEDGEMENTS

This work would not have been possible without the cooperation of the study volunteers who placed their absolute trust in the author. Accordingly, names have been changed for privacy. Generous facilitation and access to the Police Drug De-Addiction and Rehabilitation Centre, Police Control Room, Batamaloo, Srinagar was provided by the Director General of Police, J&K Police. This study also would not have been feasible without the director of the centre and staff who helped conduct the interviews and with the translation. Finally, the author is extremely thankful to all friends, family, and extended family, without whose support this study could not have initiated.

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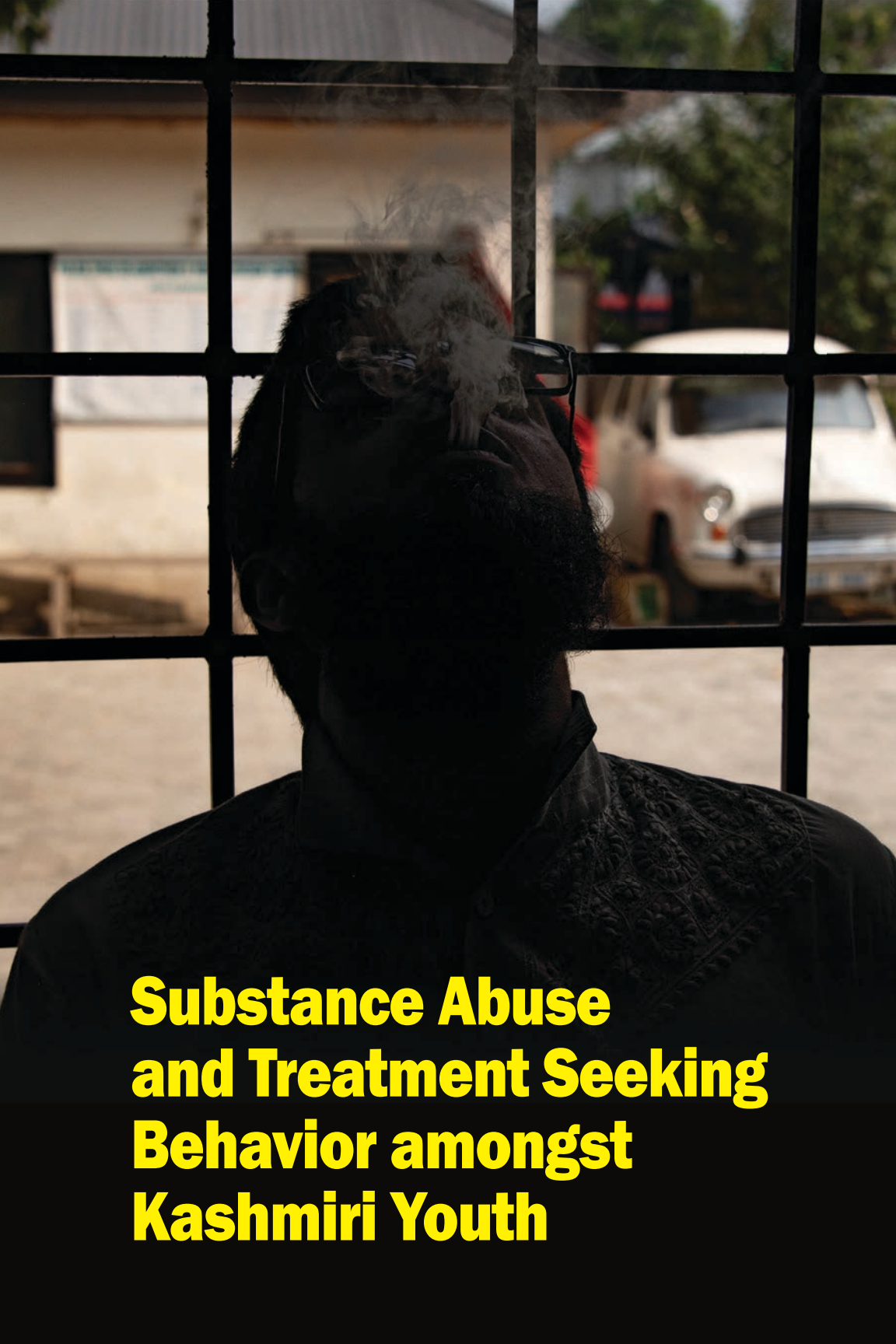

Substance Abuse and Treatment Seeking Behavior amongst Kashmiri Youth

KHAN EMRAN

Substance abuse (drug abuse) and trafficking are two of the most significant problems of today's world (Bagley 2001). Mental and substance use disorders are estimated to surpass all physical diseases as a major cause of disability worldwide by the year 2020 (World Health Organization, 2008). Tobacco use is regarded as one of the leading causes of premature death and is associated with approximately 5 million deaths per year across world (WHO, 2008). Alcohol use related disorders are the most significant categories for global burden of disease, especially for men (Rehm et al., 2009). Drug abuse problems are not just associated with health but also with economics, politics, and social life (Bagley 2001, Madi 2003, Makarenko, 2002 and Chris 2001).

Despite significant negative impact of substance abuse on individuals, families and societies, not many abusers turn to treatment or receive treatment. Many even leave treatment prematurely or relapse following treatment completion (Otiashvili, et al., 2005). While it is very frustrating that many drug abusers don't receive treatment, it is also very confusing that very less number of substance abusers quit substance abuse and seek treatment.

Research into treatment seeking behavior among substance abusers can provide us with valuable knowledge and understanding needed to facilitate the same and also remove barriers to it. The author conducted a study with the aim to investigate the association between socio-demographic factors (occupation, area of location, family income, and marital status) and level of substance dependence (tobacco, alcohol, cannabis, inhalants, sedatives,

Opioids) with treatment seeking behavior amongst substance abusers in Kashmir. To investigate the significance of association between selected variables in my study, a series of two way Chi-square contingency table analyses was performed. The results found, were quite interesting. Like, the occupation of substance abusers was found significantly associated with treatment seeking behavior with higher number (42%) in business category seeking treatment, whereas higher number (38%) in student category not seeking treatment. The possible reasons for such results can be that individuals are most likely to start drug abuse at early age (adolescence, young adulthood) (Ray, 2004; Qadri, et al., 2013; Johnston, et al., 2013). But being very young, students' judgment and decision-making skills are still limited and thus it affects their ability to weigh risks accurately and make sound decisions, including decisions about using drugs or seeking treatment (Robertson, David, & Rao, 2003; Ray, 2004). Further it can also be assumed that students may be in the initial stage of drug dependence and might be experiencing initial euphoria as a result of drug abuse and not many withdrawals or other associated problems.

The initial euphoria as a result of drug use has been reported in previous research.

On the other hand, psychosocial maturation and better financial resources can be assumed as the reasons for substance abusers belonging from business category to seek treatment. For example previous studies have shown that very few adults initiate legal or illegal drug use after the age of 29 years (Wolfe & Moore, 2008). Further the process of psychosocial maturation suggests that as individuals progress through early adulthood, more deviant behaviors such as illicit drug use should cease (Labouvie, 1996).

Further significant association between substance abusers' area of location and treatment seeking behavior was found in my study. This indicated that higher number (74%) of substance abusers from urban area don't seek treatment and continue with their substance abuse. Urban environment and urban context can help us understand the above mentioned results (Furst, et al., 2004; Frischer, et al., 2002). Urban areas typically have more drug availability and prevalence of drug abuse

(Meena, et al., 2002) and that can put a person at increased risk of drug abuse.

Similarly income of substance abusers was found to be significantly associated with their treatment seeking behavior. Higher number of substance abusers (83%) belonging to low income group were found not to seek treatment. Substance abuse treatment is expensive and time consuming, thus affording it is not that easy (Sung, et al., 2011). For example Owens, et al., (2011) in their study found that the most commonly cited reasons for not seeking treatment by those individuals who felt that they needed mental health treatment were not having health insurance and not being able to afford treatment. Further it can also be assumed that substance

THE ANALYSIS IN THE PRESENT STUDY SHOWED THAT HIGHER NUMBER OF UNMARRIED SUBSTANCE ABUSERS (84%) don't seek treatment and continue with their substance abuse. Marriage can be a protective factor against substance abuse (Bachman, et al., 1997) and a motivating factor to seek treatment (White & Bates, 1995; Moos, et al., 2002). For example in a study, cessation of cocaine use was three times more common among married individuals than among unmarried individuals (White & Bates, 1995).

abusers in the low income group may be using psychoactive substances as negative coping to deal with the stress of their poor finances and thus the reason for their not seeking treatment. Prior research has reported the association between coping strategies and a variety of substance use behaviors (Sanchez et al., 2010).

Also, significant association was observed between marital status and treatment seeking Behavior in my study. The analysis in the present study showed that higher number of unmarried substance abusers (84%) don't seek treatment and continue with their substance abuse. Marriage can be a protective factor against substance abuse (Bachman, et al., 1997) and a motivating factor to seek treatment (White & Bates, 1995; Moos, et al., 2002). For example in a study, cessation of cocaine use was three times more common among married individuals than among unmarried individuals (White & Bates, 1995).

Further the age groupings in substance abusers their level of education and the type of family they belong to were not found to be significantly related with treatment seeking behavior. There is paucity of research with regard to the association between age, level of education, family type and treatment seeking behavior amongst substance abusers. However previous studies have reported the socio-demographic profile of substance dependents seeking treatment. For example Rather, et al., (2013) in their study among treatment seeking substance abusers in Kashmir found that the mean (SD) age of patients was 26.8 years (SD

7.37), and over half (56%) belonged to the lower-middle social class. Similarly Ghosh, et, al., 2014 in their study found that majority belonged to joint family (79%), with good social support (61.2%), urban background (50.7 %) and 47.8 % being school dropouts.

With regard to level of substance dependence and treatment seeking behavior, I found that the level of tobacco dependence was significantly related with treatment seeking behavior indicating abusers highly dependent on Tobacco are more likely to continue with their substance abuse and don't seek treatment (72%).The reasons for such results can be several. The use of tobacco is quite high in Kashmir (Médecins Sans Frontières, the University of Kashmir, Institute of Mental Health and Neurosciences, 2016) and tobacco is culturally acceptable substance in Kashmir as compared to other substances. The other reasons for not seeking treatment with regard to tobacco abuse can be: unawareness about treatment process (Tahira, et al., 2016), unawareness of treatment facilities (de-addiction centres), low risk minimization, inability to afford treatment, denial or lack of problem awareness or belief that they can handle the problem on their own (Saunders, et al., 2006).

Similarly, the level of alcohol dependence was found significantly associated with treatment seeking behavior, suggesting that alcoholic abusers with high level of dependence tend to be more likely to continue with their substance abuse and don't seek treatment (85%). Past research has concentrated on three explanations for such results i.e. patients fear stigmatization; patients do not believe treatment is effective/helpful or

do not know about treatment options and patients deny having a problem with their alcohol use or want to cope with it on their own (Mojtabai, et al., 2014; Wallhed Finn, et al., 2014). The same can be considered true with regard to Kashmir. Specifically alcohol abuse is highly stigmatizing in Kashmir because of cultural and religious considerations, so it can be assumed that individuals who are dependent on alcohol fear stigmatization and don't seek treatment.

Insignificant association was found between treatment seeking behavior and level of cannabis and inhalant dependence. Previous studies have shown that among those meeting the criteria for cannabis dependence only few individuals seek formal treatment (Vendetii et al., 2002), either because of stigma associated with seeking treatment (Keyes, et al., 2010; Mojtabai, et al., 2014), or many believe that treatment is not required in order to reduce their cannabis use (van der Pol et al., 2013). With regard to inhalant abuse and treatment seeking, Dhawan, et al., (2015) in their study found that a significant portion of their sample group (77%) reported never having sought any medical help for their inhalant abuse.

Further, I also found that the level of Sedative dependence and Opioid dependence was significantly associated with treatment seeking behavior. The results suggest that both Sedative abusers (63%) and opioid abusers (93%) with low dependence don't seek treatment. The reason for such results can be low dependence of substance abusers on such substances and subsequent less associated problems. Previous studies have shown positive associations between psychosocial problems related to substance misuse and help-seeking behaviour, suggesting that individuals abusing drugs usually seek treatment after they face problems because of drug abuse, in other words, after they show high dependence on psychoactive substances (Elbreder, et al., 2008; Papinczak, et al., 2017).

These findings have important bearings with regard to understanding treatment-seeking behaviour in substance abusers, and can be very helpful in facilitating treatment seeking, removing barriers to it and preventing substance abuse. For example, parents, teachers and professionals need to focus specifically on adolescents and students. Parents need to improve their communication with children and if they see any signs of substance abuse, instead of ridicule and rebuke, they should help their children to seek professional treatment. Authorities need to work against availability of drugs in the state and more specifically in urban areas. A comprehensive awareness programme needs to be launched, in which awareness about treatment process and the stigma associated with it is specifically focussed. Cultural acceptability of certain substances like tobacco and cannabis should also be discouraged.

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Drug Addiction: **A Global Issue of Concern**

GH. RASOOL DAR

Drug addiction is a chronic, relapsing disorder that is characterized by compulsive drug seeking and use, despite harmful consequences. It is associated with impairment in various aspects of physical, psychological and socio-occupational functioning. Drug addiction is becoming a serious problem at the global level.

According to the World Drug Report of the United Nations Office on Drugs and Crime (UNODC), (2016) about 275 million people worldwide, which is roughly 5.6 per cent of the global population aged between 15–64 years, used drugs at least once during 2016. Roughly 450,000 people died as a result of drug use in 2015, according to the World Health Organization and of those deaths, 167,750 were directly associated with drug use disorders (mainly overdoses).

In India, according to Ministry of Social Justice and Empowerment, the country has an estimated 3.4 million drug abuse victims. Due to drug and addiction related problems in India there were 2,542 suicides in year 2014 i.e. 211 persons per month and 7 per day. Ministry of Social Justice and Empowerment, Government of India conducted a National Survey on Extent and Pattern of Substance Use in India through the National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi during 2018 showed that the most used

substance was alcohol (14.6%), followed by cannabis (2.8%) opiates (2.1%) sedatives (1.08) and inhalants (0.7%). Findings also revealed that there are an estimated 8.5 Lakh people who inject drugs in India.

In Jammu & Kashmir, United Nations Drug Control Programme (UNDCP) reported that around 70000 people are drug addicts in the Kashmir valley alone among which 4000 are females. According to the Database of Police Drug De-addiction and Rehabilitation Centre Srinagar, the most common substances of abuse identified in 2018 included Opioids (27.26%), Cannabis (24.14%), Benzodiazepines (2.4%), Alcohol (4.17%). Inhalants (11.1%), Nicotine (1.55%), and poly-substances (38.9%) were more predominant in the age group of 11 to 25 years.

As per the Database of Police Drug de-addiction and Rehabilitation Centre PCR Kashmir, the number of patients visiting OPD with substance related problems was 1568 in 2015, 1168 in 2016, 2284 in 2017 and 2981 in 2018. The number of patients with substance use disorders admitted in the year 2017 was 331, in 2018 the number increased to 454, and up to May 2019 there were 199 patients. According to the Database of GMC-Srinagar and Associated Hospitals, the number of patients with substance use visiting OPD in the year 2016-2017 was 6157 and between Jan 2017 and Dec 2017 it was 6550. At the Community Centre, SMHS Complex, the number of patients with drug dependence admitted in the year 2016-2017 was 535 and between 2017-20 I 8 it was 710.

IN JAMMU & KASHMIR, UNITED NATIONS DRUG CONTROL PROGRAMME (UNDCP) REPORTED THAT AROUND 70000 people are drug addicts in the Kashmir valley alone among which 4000 are females

A National Survey being led by the National Drug Dependence and treatment centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi, in collaboration with SKIMS Medical College and IMHANS, Kashmir through Respondent Dependent Sampling Survey (RDSS) in the sample districts Anantnag and Srinagar show higher use of Alcohol (3.5%) and Opioids (4.91%), in addition to cannabis (1.31%) benzodiazepines (1.54%), inhalants (1.22%) and Hallucinogens (0.01%).

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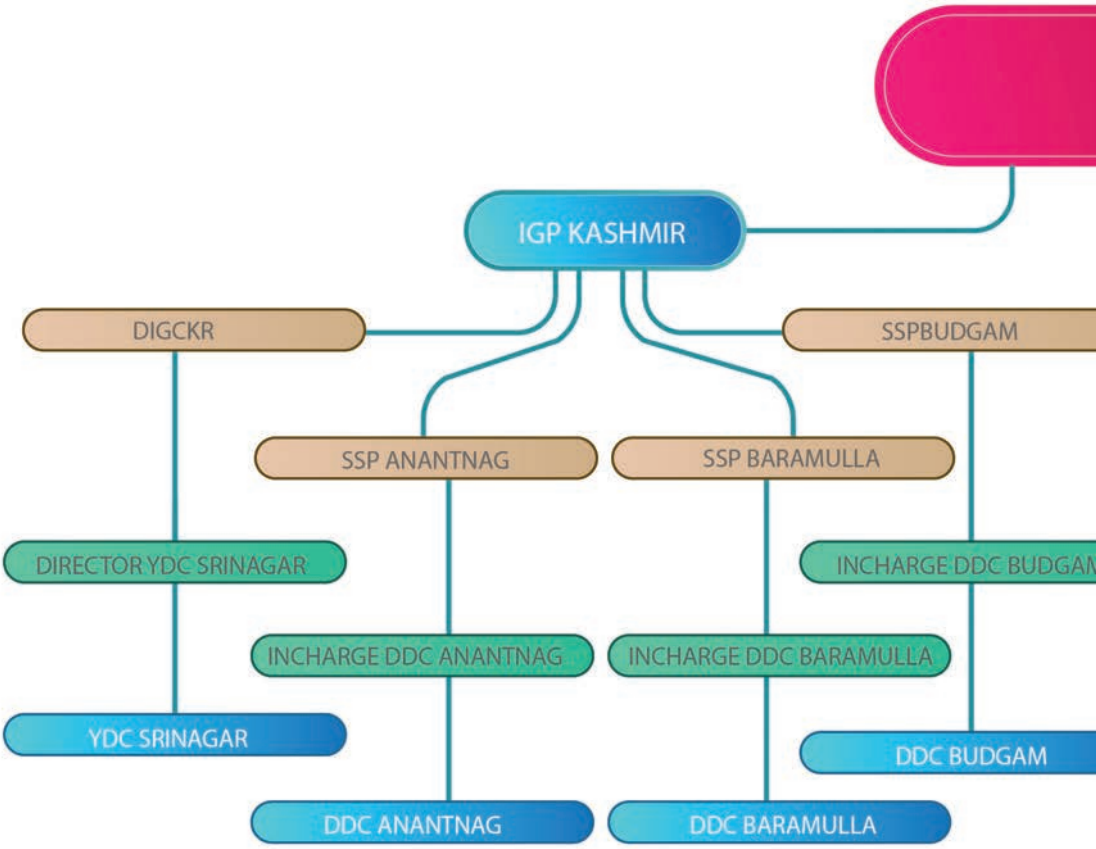

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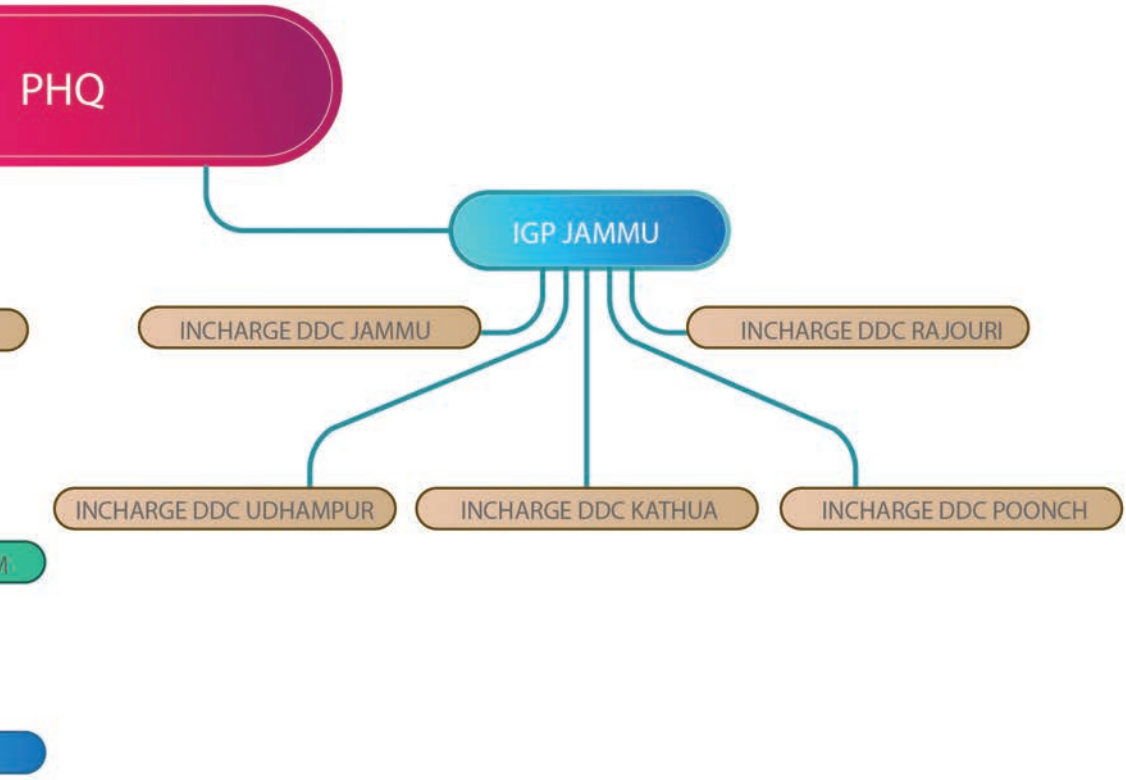

DICTION AND REHABLITAITON SERVICES IN J&K

Medical Complications of Drug Abuse

ALCOHOL LEADS TO:

- Intoxication, unconsciousness, coma then death
- Acute Kidney failure
- Liver failure like cirrhosis of liver
- Alcoholic hepatitis
- Peptic ulceration
- Chronic pancreatitis
- Chronic diarrhea.
- Cancer of esophagus, cancer of stomach, cancer of mouth, cancer of tongue, and cancer of pharynx
- Cardiovascular which includes, Hypertension, Heart attack, cardiac arrhythmias
- Respiratory infections, Tuberculosis etc
- Neurological Wernicke-korsakoff syndrome, cerebral degeneration.
- Genito- urinary problems like erectile dysfunction
- Others like road traffic accidents, osteoporosis and weakness of bones.
- Mental health complications like Dementia - loss of memory, depression, suicidal tendency

OPIATES LIKE HEROIN, CODEINE, MORPHINE, PETHIDINE LEAD TO:

- Nausea and vomiting, constipation, respiratory depression, loss of consciousness, HIV (AIDS) Hepatitis B and Hepatitis C infections.
- Liver and kidney failure
- Skin infections.

BENZODIAZEPINES LIKE ALPRAX, CLONEZEPAM, DIAZEPAM LEAD TO:

- Leads to forgetfulness impaired memory.
- Impaired concentration. Withdrawal seizures seizure, delirium decreased attention and increased depression and suicides.

CANNABIS (CHARAS) CAN INDUCE:

- Paranoia, suspecting others
- Panic attacks
- Accidents
- Depression
- Psychotic behavior

Volatile substances like erasers, diluter, paints, type writer correcting fluid, fevicol - SR etc can lead to local irritation, head ache, heart failure, unconsciousness, sudden death, liver and kidney damage, memory problem.

Anabolic steroids like Nandrolone and Stanozolol lead to

- Hypertension
- Impotence
- Amenorrhea
- increased aggressiveness etc

Embodying Victory

SHANTANU MEHRA

No society is alien to stories of substance or drug abuse. And in most cases, drug abusers are seen not as people in crisis, but as 'bodies' which are wasted and the rest of the society should beware of such bodies or more generally people with bodies in drug abuse. Whenever success is discussed or thought of, it is reduced to a story of scientific medicine coming in to rescue the body of the addict. It is undoubtedly true, but until and unless we give a human face to stories of fighting drug abuse, we will not be able to fight it as a social menace.

Kashmir Valley is known for its beautiful scenery and a protracted conflict. Amidst all of this are also stories of drug abuse and of those people who fought their way back from addiction. There is a lot of emphasis on the journey to addiction; however, the quest to fight back is equally important. Here is one such mission.

Abbas, found himself grappling with the known devils of Kashmir Valley - challenges of poverty, lack of educational and employment opportunities. His 'luck' got him a bus driver/conductor job only. Like so many others in his position, such tasks are done by the day with anxiety looming large for the uncertainty that tomorrow will bring. Is this what my life is all about? Is this my professional pursuit? Is this the best that I can do? Is this all that I am capable of? What if I am stuck here? But what are my options now? I do not want this. I am not sure if these circumstances are of my choosing, and I also do not know what needs to be done for writing a different story of my life. Abbas never found these answers, albeit he found refuge from these questions in drugs. Like many others, it was an occasional try to feel better, which slowly became a habit. A habit compelled by circumstances? Perhaps. Abbas never precisely knew how it all began; all he recalls is that he found himself dependent on substance abuse.

Drug use is a recipe for disaster. Abbas met with a severe accident and required surgery in the leg. However, doctors were quick to trace his story of drug abuse. Abbas took their advice sincerely and decided to enroll in a rehab centre. This small moment of decision making is a sign of him exercising agency to stand up for a better life. It is not a matter of mere will power, but also of courage to accept

the reality of the situation that Abbas found himself in. Unlike his previous times, he decided to be on the driver's seat and not let circumstances drag his life. However, the situation was so dire that Abbas could not even afford the cost of the rehabilitation program. At this moment, his brother-in-law decided to show a sign of exemplary support and courage. He agreed to sell his valuable engagement ring to raise funds for Abbas's rehabilitation.

As the saying goes, God helps those who help themselves. On hearing the story, the program coordinators at the rehab centre decided to fund his stay. He finally was on the path of recovery. Alas! Drug abuse and recovery are not mere matters of choice. Abbas lapsed on his release from the centre. It was a moment of history repeating itself for him. Abbas, however, was determined to write his own story.

He approached the centre again, requesting a re-admission. For him going back to rehab was the only way to alter his circumstances. He was determined to fight addiction. He volunteered to work at the centre in any capacity. His decision would help him stay there but more importantly it would also bring a sense of routine to his life. He is doing something with a purpose. The purpose here was to fight addiction and reclaim his right to a dignified life. He was determined to embody victory this time.

The rehab centre accepted his request and Abbas was admitted as both a worker and someone on the path to be clean again. It is easy to fight with others. Abbas was also fighting himself. He wanted to be clean still. He took a journey with, within, against and for oneself—all at the same time. His commitment to his self and his respect for the rehab centre was soon acknowledged. The rehab centre showed faith in the fact that Abbas had confidence in himself.

Staff members of the center soon recognized his efforts. Today Abbas is clean and has a fulltime job at the rehab centre. At the heart of Abbas's story is not a moment of little success, but a massive defeat of alienation from self and others. Such battles are fought at many levels; personal, social, economic and even cultural. There are many such Abbas' who wish to fight their addiction. What they need is a support system where such battles can realize their purpose. A support system like a family, a kinship tie of sorts. After all, who is Abbas to any other drug user? He is kin who has lived their life and could have died their death. Here he survived to celebrate life with them. Hopefully, many more will.

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Substance Abuse: **A Relapsing Disorder**

AABID HUSSAIN

One of the challenges during substance abuse recovery is drug relapse. It occurs when a patient returns to substance abuse after remaining abstinent from it for some time. One must remember that relapse does not mean a failure of treatment rather it may happen to anyone at any given time irrespective of the age, sex, quantity and frequency of abuse. According to the National Institute on Drug Abuse (NIDA), 40-60% of patients recovering from substance abuse face relapse.

We know drug or substance addiction is a disorder that causes people to engage in compulsive drug use despite knowing the physical, social, mental and legal consequences. Like any other disease or disorder, there is a probability of recurrence of substance abuse irrespective of its severity and irrespective of the drug that is being abused.

Working as Mental Health Counselor at JK Police Drug De-addiction and Rehabilitation Centre, I have observed the following factors which contribute towards relapsing. Let me discuss some of them briefly:

Craving is one of the main reasons behind the relapse. There are multiple ways through which a patient can crave for drugs or any other substance like craving in response to withdrawal symptoms, craving in response to the lack of pleasure, craving in response to hedonic desires, or even craving in re-

sponse to the conditional cues. All these responses can lure a patient in reusing the substance.

The second factor is critical assessment of the patient by parents, family members, friends, peers and even by society members. As a Mental Health professional, I have seen parents criticizing the patient even for good doings and blaming them for the 'past'. This pessimistic approach towards the abuser/patient, even after recovery, can lead towards relapse. Subsequently, exposure to social factors like certain people, places and things from a patient's past can bring about memories of substance abuse which finally draw them towards relapse. A slight reminder of their addiction can trigger relapse during recovery.

Another factor that I have observed is the lack of accountability from the patient as if there are no defined rules and boundaries for him/her. For example, giving the patient unconditional access to money can trigger relapse, for they do not see themselves accountable for their wrong doings. Parents need to be careful while dealing with a recovering patient.

The fourth factor that can induce relapse in a patient is his/her poor coping skills and low self efficacy in dealing with stress in life. I believe there are only two ways to deal with any kind of stress. One, accept it as a challenge which is an effective coping mechanism; and second, to accept it as a threat which is maladaptive or a nega-

THE SECOND FACTOR IS CRITICAL ASSESSMENT OF THE PATIENT BY PARENTS, FAMILY MEMBERS, FRIENDS, PEERS AND EVEN BY SOCIETY MEMBERS. As a Mental Health professional, I have seen parents criticizing the patient even for good doings and blaming them for the 'past'. This pessimistic approach towards the abuser/patient, even after recovery, can lead towards relapse. Subsequently, exposure to social factors like certain people, places and things from a patient's past can bring about memories of substance abuse which finally draw them towards relapse

tive coping mechanism. It has been seen that recovering patients deal with stress or conflicts in their lives by adopting the negative coping skills which may provide temporary relief but one can't rely on them always.

The fifth factor that can trigger relapse are events like birthdays and holidays, as patients often find themselves in a position where it is hard for them to refrain from indulging in substance abuse. Holidays or festivals are events that, due to the preoccupation of the whole family with the usual rituals, often allow patients to mix with their peers, which create possibilities for them to indulge in substance use.

Lack of proper work rehabilitation is another contributing factor towards relapse. I have seen cases in which patients are kept confined in their homes for a long time by their parents as they believe it is a safe option, but in the real sense this triggers the desire to use drugs.

Lastly, many patients who complete their treatment do not adhere to their treatment plans. It rests on the belief that treatment and medical help has cured them from the problem, but what they miss is that the chance of relapse never really goes away and can occur at any time. Not coming for follow ups or the general negative approach towards them (or simply failing to seek aftercare services once they have completed their addiction treatment) is dangerous to say the least and can lead to relapse.

THE FIFTH FACTOR THAT CAN TRIGGER RELAPSE ARE EVENTS LIKE BIRTHDAYS AND HOLIDAYS, AS PATIENTS OFTEN FIND THEMSELVES IN A POSITION where it is hard for them to refrain from indulging in substance abuse. Holidays or festivals are events that, due to the preoccupation of the whole family with the usual rituals, often allow patients to mix with their peers, which create possibilities for them to indulge in substance use

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NEWSPAPE

In FOCUS / DRUG ABUSE IN KASHMIR

Need New Approach T

Jugal Bhinde

Srinagar: Nabeel Ahmed and his wife Noor Jaan battle to cure their son of his addiction. From a bright student, their son Shahid (named changed), is a wreck and a shadow of his past, recuperating at the Police Drug De-Addiction and Rehabilitation Center, located in Batmaloo, Srinagar.

As they are asked about the circumstances of their son's addiction, a middle-aged mother and father would break down and wail. The father would literally, and this isn't an exaggeration, fall at my feet, pleading for help. The suffering experienced by substance abusers and those around them is devastating, and could slowly creep into the home of most Kashmiris. Perhaps the first step to assist the victims of drug addiction and their families, is acceptance. To accept that addiction is rampant in Kashmir, and our youth, both men and women, are falling prey to this illness. This has to be acknowledged as an epidemic, which needs to be dealt with collectively by as a communit is a fundamer of awareness, not acknowled make this stat ering drug add

THERE HASN'T BEEN A SYSTEMATIC OR SCIENTIFIC STU

probler

School mental health awareness programme held

KT NEWS SERVICE

SRINAGAR, MAY 15 : A School Mental Health awareness programme was organized by the Drug De-addiction Services, PCR Kashmir Srinagar at C.M.P. High School Khanyar, Srinagar today.

The Programme is part of an initiative taken by J&K police in order to make the young generation aware about the drug menace. In the instant programme a team of professionals from Police Drug De-addiction Services which included doctors, Counselors and Social Worker headed by Dr. Shaila interacted with more than 200 students of 8th, 9th and 10th standard of the C.M.P. High School Khanyar.

Starting the programme Dr. Shaila gave detailed presentation on the scenario of drug abuse among young population and the associated challenges. She emphasized on the need to prevent our young generation from drug addiction.

Counselor Mr. Ashraf Sultan threw light on drug addiction and its ill effects besides spoke about the severity of drug abuse in the valley. Mr. Manzoor Ahmad Yatoo a Social Worker stressed upon the psychosocial aspects of drug abuse. He also highlighted early signs and symptoms of drug abuse, role of teachers and parents.

The programme was highly appreciated by principal of the school. The students and teachers were advised to share their problems /issues related to substance abuse on the helpline number 01942506512 which is functioning 24x7 at DDC PCR.

School Mental Health Programme held in Srinagar

SRINAGAR: In order to eradicate drug abuse from the society, J&K Police organization has taken an initiative in 2008 and set up Drug De-addiction Services at Police Control Room, Kashmir. To reach the common people, Drug De-addiction Services PCR used to conduct Community Mental Health and School Mental Health Programmes from time to time to generate awareness among people regarding the menace of drug addiction. In the recent times Drug De-addiction Services, PCR Kashmir organized many Mental Health awareness programmes in schools of District Srinagar.

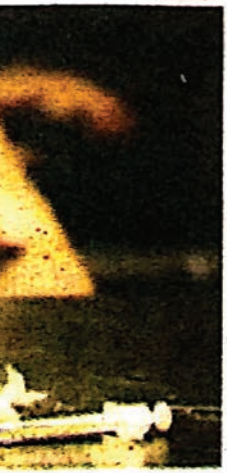
Continuing its efforts, Drug De-addiction Services PCR, Kashmir held a programme at Government Boys Higher Secondary School Batamaloo, Srinagar today. A team of professionals from Drug De-addiction Services which included Doctor, Counselor and Social worker headed by Dr. Shabir-ur-Rehman interacted with more than 300 students of class 10th, 11th and 12th of the school. At the start of the programme Dr. Shabir-ur-Rehman gave a detailed lecture on mental ailments and the scenario of drug abuse in Kashmir.

Counselor Mr. Ashraf Sultan highlighted the role of counseling in prevention of drug abuse. He also talked about the treatment facilities available at DDC, PCR, Kashmir. Mr. Manzoor Ahmad Yatoo a Social Worker stressed upon the psychosocial aspects of drug abuse. He elaborated on the early signs and symptoms of drug abuse behaviors, role of teachers and parents. The students and teachers were advised to share their problems /issues related to substance abuse or mental health on the helpline number 01942506512 which is functioning 24x7 at DDC PCR. (PTK)

R CUTTINGS

HEROIN IS BECOMING A DRUG OF CHOICE among users, as they look for substances more potent, inducing stronger highs experienced from cannabis or marijuana.

o Tackle Old Problem



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Kashmir," akin to 'Udta Punjab, a movie which resolves around the drug abuse by the youth in Punjab.

The total number of drug addicts in Kashmir is an enigmatic statistic, with many experts in the medicine and law enforcement saying most previously believed figures do not take long to become outdated. Dr. Muzaffar Khan, who heads the De-Addiction facility in the Batmaloo Police Control Room told Kashmir Observer that the numbers are old and redundant.

"There hasn't been a system-

users in Kashmir. No one has taken the onus. Which is why strong data highlighting the urgency of this problem is unavailable to the Kashmiri people."

Facilities like the one's Dr. Khan runs remain understaffed and underequipped to deal with the frequency of the patients arriving at the facility. They currently have room to house 25 patients at a time, with several families being told to come back on a later date to admit their patients, simply due to the lack of space. Just a handful of facilities, which can barely keep up with the rising number of substance users, cre-

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School mental health awareness programme held in Srinagar

Srinagar, Mar 10::A School Mental Health Awareness programme was organized by the Police Drug De-addiction Services, PCR Srinagar at Govt Boys Higher Secondary School Nawa Kadal, Srinagar today.

School Mental Health programme is a continuous effort of Police Drug De-addiction Services to prevent the youth from drug addiction, a police spokesman said.

He said the Drug De-addiction Centre PCR, Srinagar has already completed 18 such programmes in district Srinagar during the year 2015-16.

In the instant programme, more than 100 students of class 11th of Govt Boys Higher Secondary School, Nawa Kadal Srinagar participated. At the start of the programme the Head of the School Mental Health Team of DDC PCR, Dr. Shaila gave detailed presentation on the scenario of drug abuse among young population and the associated challenges.

She emphasized on the need to prevent addiction in our young generation.

Ghulam Rasool Dar, Counselor, and Manzoor Ahmad Yatoo, a social worker of DDC PCR stressed upon the psychosocial aspects of drug abuse. They elaborated on the early signs and symptoms of drug abuse behaviors, role of teachers nd parents.

School mental health programme held in City

BK News Desk/Srinagar

In the series of mental health programme organized by Drug De-addiction services, Police Control Room Kashmir to aware people particularly the young generation about the ill effects of drug abuse, a programme was held at Iqbal High School Soura, Srinagar. The centre has already conducted over 70 mental health programmes in various schools & colleges.

Over 100 students of class 8th, 9th, 10th participated in the programme. The team of professionals includes counsellors, social workers and was headed by Dr Shaila.

In the first session the medical officer Dr. Shaila elaborated the drug addiction syndrome & its mo l consequences. She emphasized on how the problem of addiction can be tackled. She also emphasized role of De Addiction centre & treatment protocol.

During the second session, Counsellor Ghulam Rasool Dar & Psychiatric social worker Manzoor Ahmad Yatoo elaborated the Drug Addiction scenario of Kashmir, experience from working in police Drug De-Addiction centre. They also emphasized on various psy c osocial factors related to a tion & its psycho social con uences. They also highl ted on early identification of symptoms & diff ent ...otivation strategies. The counsellors also gave detailed overview of the role of counselling in controlling addictive behaviour.

DDC holds Mental Health Programme

SRINAGAR : In the series of Mental Health Programmes organized by Drug De-addiction Services, Police Control Room Kashmir to aware people particularly the young generation about the ill effects of drug abuse, a programme was held at Government Girls Higher Secondary School Khanyar here today.

About 200 students and staff member of the school participated in the programme.

The participants were given awareness about mental health and addiction as a treatable disease and were made aware about the magnitude of the disease and its present scenario in Kashmir by the team of professionals including Dr. Shabir-ul-Rehman, Iram Wani, Manzoor Ahmad Yatoo. The team also highlighted the causes and repercussions of drug abuse during the programme.

At the conclusion, a question answer session was held. The Principal appreciated the move of Police Drug De-addiction Centre for organizing such programmes in schools.

YOUR FUTURE IS CREATED BY WHAT

Addiction as a **Family Affliction**

ZAHOOR AHMAD WAGAY

Substance abuse (or drug addiction) by a loved one brings up many difficult questions that may baffle you and leave you unable to understand the things around you. You feel like you are riding an emotional rollercoaster that you cannot get off even if you want to. You find yourself struggling with a number of conflicting emotions, including guilt, shame, self-blame, frustration, anger, sadness, depression, anxiety, and fear.

When a family member struggles with active addiction, he or she usually under-functions and behaves irresponsibly. This, too, shapes the behavior of other family members. They typically respond by becoming more controlling and overly responsible. Whenever a family member struggles with any serious ongoing condition, everyone in the family is significantly affected. The equilibrium or balance of the family shifts as each member changes and adjusts accordingly. These changes usually occur incrementally, subtly, and unconsciously.

Addiction destabilizes the home environment, disrupts family life, muddles relationships, compromises finances as well as mental, emotional, and physical health. Unless family members and significant others learn and practice how to behave in a positive manner these effects can be chron-

ic and long-term.

No one, and no family, is immune from addiction. Like any other chronic disorder, addiction to alcohol and other drugs afflicts people regardless of age, income level, educational background, race, ethnicity, religion/spirituality, sexuality, and community. Anyone can become addicted and anyone can become affected by another person's addiction.

No one comes into this world knowing how to deal effectively with addiction of a loved one. Fortunately, a process of recovery is also available to the family members and significant others of addicts to promote their own health and healing. This process involves becoming consciously aware of the specific ways in which addiction affects families and relationships and also learning a new set of skills that must be practiced on an ongoing basis.

Obviously, you didn't cause your loved one's problem and experience demonstrates (often painfully) that you can't control the problem; however, there are ways in which family members often unknowingly contribute to the problem. For the family members of those struggling with addiction, the basic foundation of recovery is the conscious awareness and non-judgmental acceptance that everyone is responsible for their own behavior in any situation. The only thing you can change is you and this is the essence of the recovery process—whether it is someone in active addiction or their family members and significant others.

ADDICTION DESTABILIZES THE HOME ENVIRONMENT, DISRUPTS FAMILY LIFE, MUDDLES RELATIONSHIPS, COMPROMISES FINANCES as well as mental, emotional, and physical health. Unless family members and significant others learn and practice how to behave in a positive manner these effects can be chronic and long-term

In the light of the above facts, I'm sharing a case which disrupted a whole family. This case is about Sahil (name changed) who was in the clutches of addiction and the impact of this vicious circle upon all his socio-occupational functioning.

Sahil is a 30-year-old married male who was referred for treatment by a physician. Sahil is currently unemployed and lives with his family. According to Sahil, he has been using different kinds of drugs since the age of twenty. He was introduced to drugs by his best friend after a failed relationship. He states that his parents and siblings are aware of his addiction problems and do support him in his recovery process.

From a truly delightful child, loving son and brother, Sahil was caring and kind—a child any parent could have wished for. Now his life and the lives of others around him are a roller coaster; they don't know what he is up to and never truly trust him. On the other hand, he does not seem to care about anything or anyone. From being healthy, good looking and sociable, he is now thin, spotty and reclusive.

THE FAMILY BELIEVED THAT AFTER MARRIAGE HE WILL ABSTAIN FROM DRUG USE BUT THIS PROVED TO BE WISHFUL THINKING. His wife was in denial in the initial phase of his addiction as she wasn't coming to terms with this harsh reality. But when they had two sons she started to think about their future and started to live with Sahil and his family

He has been treated and rehabilitated multiple times in the state as well as at other reputed psychiatric institutes in the country but to no avail. He continuously relapses, adding miseries to the family and also to himself. He is broken, helpless and hopeless, so is his family.

The family believed that after marriage he will abstain from drug use but this proved to be wishful thinking. His wife was in denial in the initial phase of his addiction as she wasn't coming to terms with this harsh reality. But when they had two sons she started to think about their future and started to live with Sahil and his family.

As already stated, Sahil tried drugs after he had a break-up and also under the influence of peer pressure. Then, day after day, he increased the doses which gave him that kick, pleasure and the desired effect. Now the whole family is shattered and all they have is hope that someday he would be free from the clutches of this abominable habit.

ABOUT THE AUTHOR

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Substance Abuse and Mental Disorders

WHY WE SHOULD THINK BEFORE SPEAKING AND WHY WE SHOULD HAVE A BETTER UNDERSTANDING OF IT?

IFRA AMIN

Substance abuse disorder is a dreadful disease. It does not affect only physiological well being of a person but also deteriorates cognitive and behavioral skills, and hampers socio-occupational life. It deprives a person from fulfilling daily obligations of life. Persistent use of drugs becomes the primary focus in life. It leads to change in the person's values, ethics and morals. Man is known as the Crown of Creation (Ashraf-ul-Makhluqat) which means that he lies at the top, in terms of mental capabilities among all the living creatures. But addiction renders him merely like an animal, by making him emotionally insensitive and by deteriorating his mental and social capabilities.

Often substance abuse disorder has co-morbidity with other mental disorders. Having a mental illness may predispose and make someone vulnerable to develop a substance abuse disorder and likewise having a substance abuse disorder can make someone vulnerable to develop a mental disorder. It is also seen that one problem often aggravates another one. Being a Mental Health Counsellor, I have my personal experience regarding these co-occurring disorders. Many a times, I have witnessed and dealt with patients who were suffering from both substance abuse and a

ONCE I HAD A CASE WHEREIN A YOUNG BOY (NAME WITHHELD) OF AGE 17 YEARS HAD DEVELOPED mental disorder due to substance abuse. Earlier, he used to live his life in a normal way and perform all his duties and obligations in a proper manner but then it happened that he had a relationship failure which became a stressor for him. His coping strategy for this was abusing drugs

mental health issue.

Once I had a case wherein a young boy (name withheld) of age 17 years had developed mental disorder due to substance abuse. Earlier, he used to live his life in a normal way and perform all his duties and obligations in a proper manner but then it happened that he had a relationship failure which became a stressor for him. His coping strategy for this was abusing drugs.

Initially he found it soothing as he forgot about the issue and started to believe that drugs are the only solution to his problem. Drugs relieved him temporarily from that stress but disabled him mentally for life as he developed another mental disorder BPAD (Bipolar Affective Disorder). Due to which his whole life was disturbed. He began to exhibit rapid mood swings. At times, he would remain totally depressed and at other times he would become euphoric. His social and occupational life started getting hampered. He began to behave very inappropriately and due to drug abuse his problems got severely aggravated. His family also got affected due to this. Then after getting treatment and rehabilitation, his condition improved a lot. But his improved condition was more related to his abstinence from drugs. In other words, if he would indulge in substance abuse, his mental health condition for sure would deteriorate.

I am also aware of a case

wherein mental disorder was the root cause of substance abuse. A male (Name withheld; age 21 years) was suffering from ASPD (Anti-Social Personality Disorder) that remained un-diagnosed and thus untreated, which made him vulnerable to substance abuse disorder. His early history revealed that he had been quite hyperactive, aggressive and disobedient since his childhood. He had been having poor compliance to social norms and at school also he had relational and disciplinary issues. But all these features had unfortunately remained unaddressed, may be due to lack of awareness or parental negligence. As he grew up, he showed symptoms of antisocial personality and that made him prone to substance abuse.

As you are aware now, in some cases substance abuse occurs prior to mental health disorders while in other cases the situation is opposite. Both substance abuse and other mental health disorders are caused by overlapping factors such as genetic, epigenetic vulnerabilities and environmental influences such as early exposure to stress or trauma.

The motive of this article is to give an understanding that the Crown of Creation can be strong like a mountain but very fragile like a flower and we all need to understand this, that there are different perspectives which we should keep in mind before giving an outright judgment.

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I AM ALSO AWARE OF A CASE WHEREIN MENTAL DISORDER WAS THE ROOT CAUSE OF SUBSTANCE ABUSE. A MALE (NAME WITHHELD; AGE 21 YEARS) was suffering from ASPD (Anti-Social Personality Disorder) that remained un-diagnosed and thus untreated, which made him vulnerable to substance abuse disorder. His early history revealed that he had been quite hyperactive, aggressive and disobedient since his childhood. He had been having poor compliance to social norms and at school also he had relational and disciplinary issues

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Drug Addiction: **A Growing Disease**

AARIF AHMAD DAR

During the last two decades, sociologists believe that a good chunk of Kashmiri youth have been lured to drug addiction as a fertile attempt to escape from the harsh realities of life. It is increasing day by day and is one of the gravest public challenges that our society faces. Apart from devastating consequences for the users, to the social disintegration of family and the community it seriously affects the socio-political order and economic security of countries. It also encourages corruption especially in those countries where public earning is low and illiteracy and unemployment are rising.

Prescription drug addiction, which was, until recently, considered to be an alien concept to the Kashmiri people, is not uncommon now. Some cough syrups are believed to be the most commonly used drugs followed by the traditional cannabis (Charas), opium, and alcohol. What is worrisome is that people (relatives and family members) fail to share information about substance users mostly because of the shame associated with it in Kashmir. Ethical issues regarding the treatment of a person with drug abuse are not the same as in the treatment of any other diseases. While getting into the trap of drug abuse is very simple and easy but the process of getting out of it is complicated and painful.

There are very few drug de-addiction centers in Kashmir and that too with inadequate capacity, though J&K Police has

taken a lead in this direction and opened a Drug De-addiction and Rehabilitation Centre at PCR Srinagar. Through counseling and various other methods of treatment, the center has been doing a wonderful job in treating hundreds of patients bringing smile on the faces of hundreds of families directly or indirectly associated with these patients. The need of the hour is that we need drug de-addiction centers in every district of Kashmir with a large intake capacity of patients.

Sociologists believe that the main reasons of growing causes of drug abuse in J&K can be socio-political disturbance, free availability of drugs, stress of growing up and peer pressure, failed romantic relationships, lack of parental guidance, desire to escape from harsh realities of life, access to financial resources, myths about drugs causing happiness etc. Dysfunctional families, unhealthy and negative parental attitudes, increasing behavioral disorders and a desire for temporary excitement with friends may lure them to experiment with drugs and get hooked to it.

THERE ARE VERY FEW DRUG DE-ADDICTION CENTERS IN KASHMIR AND THAT TOO WITH INADEQUATE CAPACITY, though J&K Police has taken a lead in this direction and opened a Drug De-addiction and Rehabilitation Centre at PCR Srinagar

Institutions like Police Drug De-addiction and Rehabilitation Center have a great role to play to make our youth aware about the harmful effects of drug abuse through seminars, symposiums, debates, discussions on topics related to the issue. Civil society has to come forward towards handling this menace. At the same time, mass media through newspapers, radio and television have to fulfill their social responsibility towards the society and come forward to educate the masses and create awareness about this social evil.

Our target has to be the home so that amiable conditions could be created there so that children and adolescents grow happily and at no stage feels isolated, which makes them dependent on others. And finally the law enforcing agencies have to be geared up by all means to check this menace and help nip the evil in the bud. These agencies must ensure that no such drugs are available in the markets and make their accessibility difficult. Negligence on our part can turn our society into a hell. All of us must rise to the occasion and shoulder our responsibility, today only, for tomorrow will be too late.

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Drug Abuse:
Why Awareness Programs are Important

MANZOOR AHMED YATOO

We as Kashmiris believe that ours is a society of saints and Sufis. We also believe that we are people who are pure from all forms of contamination and vices and still value spirituality and disvalue all forms of materialism. But to what extent is it correct? In the past we had places and small groups called Shoda Takias, wherein people used drugs particularly cannabis; and we do have a history of being alcoholics. Aren't these instances contrary to our basic belief? At the drug de-addiction centre, we believe that our youth are changing and our old generations are ignorant, insensitive and in inertia, and the reasons for that are given below:

IGNORANCE

In the month of June 2019, a family from South Kashmir reported at our centre. After evaluating the patient, it was observed that the patient was using multiple drugs like Heroin, Cannabis and Alcohol from the last four years. But when the family of the patient was asked about the duration, they reported that their ward had been abusing drugs from last 6 months only. This discrepancy of duration between the reported time of abuser and family says a lot about the family involvement and their knowledge of their ward.

There is ignorance not only to

the extent discussed above, rather people in Kashmir also don't know about the substances that are abused. A parent reported that his ward was putting something in polythene and then sniffing it but he was not aware what his ward was up to. Another parent reported that his ward was taking something called HERO, which refers to a highly sensitive stimulant drug called heroin. This is the state of our ignorance, which is becoming one of the primary reasons for mass sensitization about these drugs.

Providing awareness to people regarding drug abuse, its causes and consequences is necessary, as most of the people still believe that drug addiction is not a serious issue. Teenagers and youth, who are more prone to drug abuse, should be aware about the consequences and thus need to be sensitised.

THERE IS IGNORANCE NOT ONLY TO THE EXTENT DISCUSSED ABOVE, RATHER PEOPLE IN KASHMIR ALSO DON'T KNOW ABOUT THE SUBSTANCES THAT ARE ABUSED. A parent reported that his ward was putting something in polythene and then sniffing it but he was not aware what his ward was up to. Another parent reported that his ward was taking something called HERO, which refers to a highly sensitive stimulant drug called heroin. This is the state of our ignorance, which is becoming one of the primary reasons for mass sensitization about these drugs

REACTION

Another reason that necessitates awareness programs is reaction. By reaction we mean that when family members or parents come to know about their ward abusing substance they react to it in a deconstructive way. They resort to violence, confine him, shackle him and sometimes even take him to a faith healer. Not only this, we had patients who were inflicted with third degree torture by family members. These all forms of reactions illustrate the ignorance about substance abuse that needs to be eradicated with awareness programmes.

LITTLE INFORMATION ABOUT TREATMENT

We have also found that there is very little information about treatment procedure and treatment facilities amongst masses. Most of the families report that they had no information about the treatment facilities in Kashmir. They knew that it was only in Delhi where the patient can be treated and certainly for most families going to Delhi was a costly affair and beyond their access. Most of the times, it was the recovering patients who spread information about the rehabilitation centre at PCR Batamaloo, where the treatment facilities are available and everyone can avail it. One of the positive things about patients with drug abuse history is that they are becoming saviours for other people who are in need of treatment.

SOCIAL STIGMA

This is a grave problem that really needs attention. Ideally people should treat it as a disease that demands treatment. In contrast to it we hear things that we aren't even able to share. Parents, family members and society should become a source of help to a person abusing drugs and not generate hindrances in seeking help.

Lastly, there still remains a considerable degree of ignorance among the public about the menace at the individual, family and community level. Experience and studies have shown that drug abuse is a multifaceted and multi-dimensional problem which has to be solved within the context and one of the important solutions is awareness, and that can be done through the following ways:

1. Radio and TV programmes should be launched in order to create awareness about the roles of parents, teachers and religious leaders in the prevention and control of drug/substance abuse.
2. Short Films/documentaries should be made and distributed to spread knowledge among the people.
3. Voluntary organizations should be financially assisted to undertake educative/preventive work in various communities and target groups.
4. The experience gained by Government organizations, non-government organizations (NGO) and voluntary organizations in the care, treatment and rehabilitation of addicts, should be published.
5. Success stories (case studies) should also be published and shared with other working groups, in order to make them understand their role in educating the public and preventing drug abuse.
6. The outreach programmes for the awareness, assistance and counselling should be organized both in educational institutions and at community levels regularly.

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Hate Addiction, Not the Addict

IRAM MAQBOOL WANI

Negative public perception regarding drug addicts or substance dependents is one of the biggest hindrances in overcoming the problem of substance abuse. It is a common understanding among many that drug abuse is a problem of moral degradation or weakness of character. However, it should be noted that drug abuse or dependence is a mere illness and not a crime. Though individuals do start drug abuse under various influences; however, once dependent, they hardly have any control over it. Even one of the criteria of Substance Use Disorders as per DSM-5 is: "Wanting to cut down or stop using the substance but not managing to ." Drug addiction is a chronic disease that hijacks the brain, changing it both structurally and functionally.

Honestly speaking, despite having a psychology background, my initial attitude towards substance abuse and addicts was the same as that of any lay person. This goes on to show the influence of culture, society, upbringing, and beliefs etc on our perceptions. I used to be very judgmental of addicts before joining the Drug De-addiction and Rehabilitation Centre run by J and K Police in 2015 as a Mental Health Counselor. As with any new experience, my attitude towards drug addicts started to change. I realized that drug addicts are people like us; the only difference is that they

DURING THE COURSE OF MY WORK, I CAME TO KNOW ABOUT THE VICTIMS/PATIENTS OF SUBSTANCE ABUSE IN OUR CENTRE. One such case profoundly influenced my attitude towards addicts. Let's call him Omer. He was in his teens, a 15 year old boy, studying in 9 th class. After psychiatric and psychological assessment, he was diagnosed as a case of "multiple substance abuse" and was admitted for the same. Initially Omer was very aggressive and remained isolated, but in the course of proper treatment he started stabilizing

are ill and illness, of course, does not warrant hatred. I found many reasons for which people use drugs like mental illnesses (depression, anxiety, trauma, stress and bipolar disorder). Similarly, other reasons include genetic predispositions, chemical properties of certain drugs, beliefs, stress and coping, curiosity, peer influence, media influence, unknown prescription abuse, family conflict, etc.

During the course of my work, I came to know about the victims/patients of substance abuse in our centre. One such case profoundly influenced my attitude towards addicts. Let's call him Omer. He was in his teens, a 15 year old boy, studying in 9 th class. After psychiatric and psychological assessment, he was diagnosed as a case of "multiple substance abuse" and was admitted for the same. Initially Omer was very aggressive and remained isolated, but in the course of proper treatment he started stabilizing. I took this patient under my examination and after in depth exploration, I came to know something shocking about him. He had experienced a traumatic incident in his childhood. One day while cuddling his younger brother—a six months' baby—he called his mother. His younger brother had started crying but there was no reply from his mother. When Omar went to look for her, he saw something which no son on earth should see. His mother had committed suicide. Her body was hanging on a ceiling fan. He

shouted for help but nobody was there. How unfortunate! He piled up some pillows with his small hands to reach for his mother and tried to bring her down. It was a shock for him as it was for me also. His mother's death caused depressive symptoms and he started taking drugs as a coping mechanism.

Coping later turned into addiction. Off course, the terrible times he had seen had triggered in him the desire to use drugs, but he was no monster.

Omar went through the usual treatment process at our centre and soon showed good recovery signs. Later, after recovery, he went back to his grandparents. Determined and willing to spend a drug free life, Omar started a new journey. He joined back school and maintained abstinence from drugs for more than a year. But everything was not well with his life. Family conflict ruined his life again. Troubled relationship with his father and step-mother, recurrence of depressive and childhood trauma symptoms triggered relapse in him. Fighting substance abuse disorder, mental health issues and family conflict, Omer finally lost the battle. He died of a drug overdose.

Omar taught us a lesson that if "the more shame and stigma [are] associated with drug addiction, the less likely we are going to solve it, the more we see addicts as monsters the less likely we are going to cage the devil." If People like Omar had cough or cold, should we hate them for that - off-course not; then why we should hate them if they are suffering from substance use disorder. Remove the shackles, change this attitude; it is all in the mind!

OMAR WENT THROUGH THE USUAL TREATMENT PROCESS AT OUR CENTRE AND SOON SHOWED GOOD RECOVERY SIGNS. LATER, AFTER RECOVERY, HE WENT BACK TO HIS GRANDPARENTS.

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Is Substance Abuse a Pathological Need?

SANIA FAROOQ

Substance abuse represents a behavior that some people particularly youth have embraced in our society. This behavior gives rise to a serious stumbling block in their lives who are considered to be our future ambassadors. Initially, attracted to the thrill of drugs, they are soon caught into a cobweb. Then they realize how difficult it is to get out of it. The problem of substance abuse and helpless dependence is increasing and has drawn a great deal of public attention. People having such a disorder must be treated with kindness and love by their parents, teachers and other stakeholders. It can motivate them to optimize their lives.

AN ACCOUNT DEMONSTRATING THE JOURNEY OF A YOUNG SOUL FROM ADDICTION TO SOBRIETY

Ali (name changed) was a twenty-five year old male. He was presented by his family members with the chief complaints of extreme psychotic reaction which included delusions and hallucinations. His parents added that he was inadequate socially. His family members were ashamed of telling me their family secrets and were providing a very confusing history. It took a great deal of effort to understand and interpret what they wanted to reveal implicitly.

Ali looked very much disturbed. He seemed to be disoriented too with very slow reaction time. He had red eyes and his body moments were impaired.

He also began randomly attacking his parents. He had grown long hair which was extremely unhygienic. Towards me, he was totally inexpressive.

After a detailed motivational interview, Ali was persuaded to cut his hair and take a shower. His medical examination did not reveal any abnormality. Psychological testing revealed that he had below average intelligence. He belonged to a lower middle-class family. His father was a shopkeeper and his mother, a homemaker. He had two younger sisters – both married off and one elder brother, who was somewhat educated and was working as a driver. Ali had himself been a school dropout.

IT REQUIRED A LOT OF PROBING AND DETAILED SESSIONS WITH ALI AND HIS FAMILY THROUGH WHICH A CONCLUSION WAS REACHED. The conclusion was that Ali had never been welcome in his family. There had always been an unfair comparison by his parents between the two brothers. Gradually, Ali had lost his confidence in himself and was not able to compete with his elder brother

DID CHILDHOOD ADVERSITIES AGGRAVATE ALI'S VULNERABILITIES?

It required a lot of probing and detailed sessions with Ali and his family through which a conclusion was reached. The conclusion was that Ali had never been welcome in his family. There had always been an unfair comparison by his parents between the two brothers. Gradually, Ali had lost his confidence in himself and was not able to compete with his elder brother.

Ali had developed negative emotionality. There were sudden changes in his mood. He felt difficulty with thinking and problem solving. His memory and learning had got impaired. Emotions like anger of his family members towards him had led to his unconscious conflicts.

Deprivation of love and affection from parents had led to his emotional maladjustment. He had emotionally been rendered so broken that he could not even think of coping with all this in an adaptive manner.

In order to seek satisfaction, Ali had ended up becoming a drug addict. Stuck into the mud of marijuana, he had developed a marijuana use disorder. It had become hard by each passing day to get rid of it. He had become a wrecked personality. Sometimes, he could not afford purchasing the marijuana then he had to indulge in other unlawful activities like theft.

HOW WAS ALI HELPED?

I, as a counselor had to fulfill my duty by providing Ali his physical and psychological safety. It was not less than a challenge to me. His substance abuse behavior was not to be simply seen as an unwanted behavior that had to be stopped but as a behavior which served a function in his life.

Ali was empowered to change. He experienced cravings for the substance that seemed irresistible for him. He was helped to learn the art of healthy distraction, use creative imagery, dispute his automatic thoughts and feelings, exercise, meditation and practice techniques of relaxation. He was given a training of behavioral self-control through self-reinforcement. He was made to set his goals of progress and achieve them. He was motivated to put in more and more efforts in order to conquer his bad behaviors and to reduce his psychological disturbances and overcome his weaknesses and limitations. He was also taught assertiveness skills.

The family members of Ali were also psycho-educated about the disorder. They were prompted to offer enough support and encouragement to get Ali back to a normal life that he was longing for. Creating awareness among the family members was a significant step to prevent his relapse. The family was also given training in communication skills. Some of the high-risk and low-risk situations were explored in order to prevent Ali from sliding back.

After Ali experienced a period of abstinence at DDRC Srinagar and his substance induced psychotic symptoms remitted, my emphasis shifted to his life style modification that prompted his long term abstinence. It has been almost two years now since Ali is abstinent. He is still being followed by the team at DDRC Srinagar to sustain his recovery.

DETERMINING VARIOUS REASONS BEHIND SUBSTANCE ABUSE BEHAVIOR

Suzy Kassem, an American philosopher once wrote, “Behind every effect there is a cause you can never eliminate an effect without first understanding its cause.” The major reasons behind the fact that young

people are into addiction, which I found while working as a counselor at DDRC Srinagar, turned to be both genetic and environmental. It is also worth mentioning here that no two substance abuse cases are the same. The reason which is true for one substance abuse case might not be true for another. And sometimes, there are multiple reasons for a single individual to develop the disorder. Genetic predispositions can be a potent factor whereas environmental factors behind the substance abuse disorder of a patient which we come to encounter on daily basis play an equally important role. Environmental factors may include exposure to popular cultural references that encourage substance abuse, lagging behind in developing the ideas of the morality, overprotection/rejection/favoritism on the part of parents, school failures, accessibilities/availability of psycho-active substances, inappropriate peer selection, various personality issues, other mental health issues, easy money and relationship failures etc.

THE FAMILY MEMBERS OF ALI WERE ALSO PSYCHO-EDUCATED ABOUT THE DISORDER. THEY WERE PROMPTED TO OFFER enough support and encouragement to get Ali back to a normal life that he was longing for. Creating awareness among the family members was a significant step to prevent his relapse. The family was also given training in communication skills

CONCLUSION

People with substance abuse disorder in context of our culture in the valley are not potential felons but some of them are compelled to commit certain unethical behaviors to fulfill their pathological need. It has now been proven beyond doubt that substance abuse behavior is a disorder which can be rectified by providing support and professional assistance. This problem has to be seen and perceived as maladaptive patterns of adjustment to life's demands with no social stigma involved. We should ask such people about their areas of interest and aptitude. Give them freedom to talk. Refrain from making any comments. Assure them that whatever they say would be understood and accepted and their problem can be resolved. We have to devote a good amount of energy to strike a balance in our approach which should be relaxing rather than creating more distress to them. This will help them to identify and achieve the target behavior more readily.

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Treatment intervention protocol for the patients and their families at Drug De-addiction and Rehabilitation Centre, PCR Kashmir

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- ***Registration:*** A simple process where the patient is registered at the Centre.

- ***Motivational Assessment:*** The challenging phase for counselors is to assess the motivation level of the patient and to decide whether the patient can be admitted. It is to mention that no patient is admitted by force or under any pressure.

- ***Motivational Enhancement:*** After assessing the motivation level the counselling team formulates a detailed strategy to enhance the motivation of the person to tolerate the withdrawals, manage craving and build self confidence among them. This is the most crucial stage of the treatment as the counsellors under the direct supervision of consultant clinical psychologist design different motivating strategies for the patient and the family.

- ***Detoxification/Medical Review:*** The detoxification phase is carried out by the medical officers under the supervision of consultant psychiatrist and helps the patient to fight the acute withdrawals and other medical complications associated with drug abuse.

- ***Psychiatric Review;*** The centre is being provided services by the consultant psychiatrists from Govt. Psychiatric Disease Hospital, Srinagar and Directorate of Health Services, Kashmir. The two psychiatrists visit the center regularly to treat the complications of drug abuse and the co - morbid psychiatric disorders.

- ***Individual/Group Counseling:*** The major focus of the centre is to provide counselling to the patients which includes continuous motivation enhancement, building confidence, craving management, decreasing guilt associated with drug abuse behaviour and formulating strategies for relapse prevention.

- ***Family Counseling:*** The social worker is continuously engaged in the family assessment and to mobilize family support for the patient. The great challenge lies in the instillation of hope among the family members and help the patient, the families and the treating team in relapse prevention.

■ ***Yoga Therapies:*** The centre has a trained yoga therapist visiting the center daily between 5pm to 7 pm. The yoga helps the patients to maintain relaxation and to build self control.

■ ***Recreational Activities:*** The centre has a fully equipped recreational hall where patients are kept busy in indoor games like table tennis, carrom, chess etc. In order to boost their physical fitness, the patients undergo physical fitness programme through multi gymnasium machines and racing cycles.

■ ***Religious Orientation Classes:*** In order to inculcate religious values in the treated patients as part of rehabilitation, a group of religious volunteers visit the centre on every tuesday to impart religious education and thus help in relapse prevention.

■ ***Group Psychotherapy:*** The uniqueness of the treatment at Police De-Addiction Centre lies in its group intervention programme where on every wednesday group psychotherapeutic intervention programme is conducted involving recovered addicts, family members, the admitted patients and the newly registered patients. The platform serves as a helping base for all the stake holders like maintain the motivation of abstinence in recovered patients, instillation of hope and feeling of universality among the family members of both addicted and recovered patients. Apart from acting as a motivating platform for the newly registered patient, it also helps in clearing their apprehension about J&K Police, which only intends to help them fight addiction and boost recovery so that they become the productive members of the society.

■ ***Formulation Of Work Rehabilitation Plan:*** The de addiction team, along with the family members, is continuously working for the work rehabilitation of the patients in order to prevent relapse after discharge from the centre.

■ ***Follow-ups:*** The centre has policy of rigorous follow up where the patients who reside within the 10km radius from the centre are followed at the centre on weekly basis. The patients residing within 50 km radius are being followed up twice in a month and the patients coming from the far off places like Jammu, Doda, Kargil, Karnah, Rajouri and Delhi are followed once in a month.

■ ***Outdoor Camps/Picnics:*** In order to bring the de addiction services close to the society, community outreach camps are being held regularly across Kashmir and in order to help the patients to feel at home and help their reintegration into the society the patients are taken for regular picnics.

COMPILED BY

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Chekhovian Tragedy

AMIR SULTAN

In his book in the Land of Israel novelist and writer Amos Oz classifies a tragedy into two types; one being the Shakespearean and the other Chekhovian. He writes, "… there is a Shakespearean resolution and there is the Chekhovian one. At the end of a Shakespearean tragedy, the stage is strewn with dead bodies and maybe there is some justice hovering high above. A Chekhov tragedy, on the other hand, ends with everybody disillusioned, embittered, heartbroken, disappointed, absolutely shattered but still alive."

William Shakespeare and Anton Chekhov (read as Chie-Kof) were both playwrights and dramatists. Both of them in their works have tried to shed light on various aspects of human nature. However, Anton Chekhov as seen by the renowned novelist Amos Oz gives us a better understanding of the tragedies happening with us. His portrayal of tragedy is what most of us go through. As the quote states that the Shakespearean tragedy ends with death as a solution to all problems and issues that a man faces. Demise of a person(s) like in Romeo and Juliet is what defines a tragedy. In comparison to it, Chekhovian tragedy is epitomized with life, life worth not living.

> **ONE OF THE ASPECTS OF MODERN LIFE THAT TYPIFIES A CHEKHOVIAN TRAGEDY IN OUR TIME IS SUBSTANCE ABUSE.**
>
> Substance abuse is one of the huge problems that our generation is facing. Globally, according to World Drug Report (2017) there are 29.5 million people who are substance abusers. The number that is almost equal to the population of states like Nepal, Sri Lanka, Czech Republic, United Arab Emirates and many other countries

One of the aspects of modern life that typifies a Chekhovian tragedy in our time is substance abuse. Substance abuse is one of the huge problems that our generation is facing. Globally, according to World Drug Report (2017) there are 29.5 million people who are substance abusers. The number that is almost equal to the population of states like Nepal, Sri Lanka, Czech Republic, United Arab Emirates and many other countries.

It's self-evident that all people are sober. Living life in light, joy and to its full, but suddenly some of them get introduced to a kind of psychoactive substance say marijuana, heroin or LSD that starts to bring a perpetual change in their life. First the body resists it by producing aversive reactions and this is the time when a person can refrain. But if s/he persists to take the substance the body of a person starts to crave for it. Moreover, the withdrawals and the incentive of pleasure produced by it hinder the process of contemplating and positive thinking resulting in sustaining of act willingly or unwillingly.

All this time the physiological, psychological and social aspects of human life are in a continuous shattering flux. Physiologically, the body weight gets reduced, sleep cycle is disturbed, changes in appetite patterns appear, functioning of vital organs like heart, liver and kidneys gets disturbed, and at times patient gets infected with viruses like HCV and HIV. Anxiety, restlessness, irritability, mood disorders, hallucinations and delusions and last but not the least a chronic psychosis is the harm caused to our psychological aspect by drug abuse.

There are innumerable changes seen in the social life of a substance abuser. From disturbed family relations, abuse with children, mistreatment with parents or a spouse, to disturbed financial status marked with a reckless spending and gambling. Besides, continuous drug seeking behaviour which leads to inefficacy in terms of occupation, school, vocation or sometimes complete sacking from a job, making the person's life and the life of people around him wrenchingly miserable.

During this saga of self-deterioration, the person tries to look at his lived life through the glasses of past, present and future and founds himself disillusioned as he learns that substance abuse is not fun, embittered as he feels the bitterness of the act, heartbroken at the thoughts of mistreatment to himself and to the near ones and dear ones, disappointed because of not fulfilling the dreams he had seen and absolutely shattered but still alive, in other words, going through a Chekhovian tragedy.

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POLICE DRUG DE-A


DDICTION & REHABILITATION CENTRE PCR
KASHMIR

When did it all begin falling apart...?

UZMA QURESHI

The story is being shared as a prayer of a mother.

Even if it saves one life, the untimely death of her son will bear some meaning.

Beams of light passing through window crevices and things scattered all around the room. A dark grungy house presented an unwelcome for every passer-by. Holding her aching back, Hameeda, in her forties, seemed struggling with everything around. Dusting the floor and wiping the rolling tears, she seemed cursing every part of her horrible life. Days passed by and things worsened. She didn't even care for her essentials, forget desires. She worked day in and out to meet the needs of her kids by running a domestic work. Although being single mother, she never let her kids feel the void of a father figure. Yes! She was a widow. Hameeda's husband died of colon cancer four years ago, when her son Haris, 14 and two daughters, 17 and 19 were studying. Her husband owned a small shop which was shut after his death. Hameeda was an artisan. She used to do hand embroidery work which later became the only source of income, for her family.

The family was somehow managing to live together and had made peace with the circumstances. Though, at times, Hameeda crumbled in front of the hard conditions and life's treatment to her. She could barely satiate the needs of her family but the concern of her kids' well being infused courage and steadfastness in her.

Her daughters started tuitions at

home, side-by-side to their studies, in order to be self-reliant and add a helping hand to their mother. Haris, studying in 10th standard, was fond of animals, especially cats. Often, people used to tell her, 'Indeed Allah has blessed you with a very polite boy!' He used to take care of all the household duties assigned to him, besides his studies. Haris was very purposive in restoring his father's shop and wanted to put life into it. As he grew up, he took over the responsibilities of being a male member of family. His conduct had overwhelmed everyone in his acquaintances. From a delightful child, loving son and brother, he was the most caring and kind son any mother could have wished for. They all adored him.

Time passed by and much water flew down the Jhelum. There were signs of positivity but suddenly, darkness hovered over the family and ripped off its happiness. Never had the family imagined their most caring, loving and kind son will bring destruction for them. From a healthy, good-looking and sociable boy, he turned spotty and reclusive. It has been the most heart-breaking experience for Hameeda to see her beloved son in a pale and thin shape. Haris was gripped by the evil clutches of drugs which devastated his being. These were associated with repeated lies and deceitfulness that became his habits.

TIME PASSED BY AND MUCH WATER FLEW DOWN THE JHELUM. THERE WERE SIGNS OF POSITIVITY BUT SUDDENLY, DARKNESS hovered over the family and ripped off its happiness. Never had the family imagined their most caring, loving and kind son will bring destruction for them. From a healthy, good-looking and sociable boy, he turned spotty and reclusive

Frequent complaining from neighbours, teases from passers-by, constant nagging by relativesmade Hameeda feel first annoyed and then distressed. She was helpless as she had shown negligence to calls for his son's behaviour, a year ago by her friend. She had become protective of her son and rebuffed the rumours. Now, she started blaming herself for turning a blind eye towards increasing signs and symptoms.

Hamida was having nightmares. Her son's behaviour was haunting her with endless questions. When did it start? What were the reasons? Who introduced him to all this? She looked around and wondered where it all went wrong? She started questioning the creation. Why did this happen to us when everything was going good? When did it all begin to fall apart?

On top of mental stress, the feeling of guilt and shame she faced in the society was adding to her worries. Guilt of uncertainty - she did or didn't do, said or didn't say.

After avoiding direct talk for long, one night, Hamida went to his son's room and started discussing. Haris's face went from pale with surprise to red with shame upon being confronted by his mother. Hesitantly he started narrating the tale amid repeated apologizing for the deed he was paying the price for. "I will never use drugs again," he said with conviction. Shaking voice and tears streaming down his face, he seemed to have given up on things. She believed him.

Indeed Haris had stopped drugs but for a brief period only just to give some false hope to her mother. Arrogance, yelling, disapproving behaviour appeared again. "I shouldn't have given him another chance, I should have called the police, I should've known how to handle drug problem at home." She started murmuring with stress taking a toll on her. She started having breathlessness and felt strong pinching pain near her heart. She would often sit down, drink water and ignore the pain. This started to happen repeatedly and when she went for consultation, she was diagnosed with Tachycardia with high blood pressure.

Struggling with her worsening health, she called her cousin and shared everything. After giving a patient listening, the cousin suggested her Rehabilitation Centre. She immediately asked for the contact, spoke to them, and asked for an appointment. She was denied the same. She felt sad and helpless but did not give up. She called the centre repeatedly, forcing them for giving her an appointment without considering the due procedure.

The arrest for possession started. Assessments, treatment, counseling. Promises to quit.

Promises were made but promises were broken also.

Treatment for a month. Relapse. Sober. Relapse. Sober.

The cycle continued…

Hameeda did her best to save his son. She went sleepless in prayers just to see her son on a normal path. Less she failed. Engrossed with shame, despair, and helplessness, she was hopeless for the limitations she had. Despite her endless love and concern, she couldn't save her son from the demons of drug addiction.

And one day, she received a call about the death of her only son. He was gone—as if he was never there.

No matter how hard she fought, the addiction always seemed to win;

No matter how much she prayed, the addiction took over her child and killed him.

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A Society Stripped Of its Innocence

A society; Benevolent to Decadent

FARHAAN QADIRI

ISHFAQ QURESHI

A society inadvertently driven by pluralistic values, bonded by cooperative tolerance, watered by a common sense of understanding, a society that had inter-faith tolerance as its ventilating motors. A society that breathed its air on the idea of moderation and the notion of acceptance. Unmatched cohesiveness and impermeable trust, together produced a fabric with no marks of hate and deception on it. The fabric that had its every thread derived from the principles of assimilation inherent in the Sufi faith. The ideological imprints casted by this prevalent system of Sufism had conjured a societal set-up which lived on the idea of considerate mutuality and collective social responsibility. Subject to some changes in the political scenario, the state lost its longheld tradition – the system of tazkiya and tasfiya i.e. Sufism. Consequently all the other associated values kept crumbling one after the other. Thus yielding, a structural void in the society, vulnerable to many forms of exploitations- predominantly obscenities, addictions, civil wars, insurrections etc. Soon after the fall of Sufism the vultures prowled upon the gullibilities of a transforming society – to invoke destruction for the decades to come.

Earmarked by the ravaging of entire social system, this transition from a sufi set-up to various other extreme versions

of Islam had many subsidiary but immediate after-effects. The peace and mental stability that used to be attained through meditations, prayers, special morning and evening prayers (Dua-e-Subh and Awrad-i-Fathiya etc) , celebrating the sacred days of the Sufi saints in shrines and in homes all were gradually replaced or abandoned producing convulsions as the days would now start with fear and end with quandaries. Waking up to the concurrent sounds of Azaan and ringing of the temple bells, people would start their day with hope and end it with contentment. Year 1989 saw the dawn of destruction, beginning of the now three decade old armed rebellion. This phenomenon was replaced all through its coarse by the replacement of erstwhile sufi values with some newer and more extreme versions of Islam(either imported from one Arab country or the other or some Central Asian Country). Both of which had a hand in glove relationship with each other. The gun culture had to be sanctified by invoking/ mis-invoking some religious injunctions. Thus resulting in thecreation of deeply interlaced structures, none of which mandated any space for what Kashmir had previously been.

This paradigm shift entailed much deeper and extremely wider consequences. The introduction of gun and its perpetualisation thereafter, witnessed an eccentric correlation with the rise of substance abuse. Drug addiction grew manifold in this period, breaking all previous records while displaying very steep and exponential growth. Year after year the numbers

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THIS PARADIGM SHIFT ENTAILED MUCH DEEPER AND EXTREMELY WIDER CONSEQUENCES. THE INTRODUCTION OF gun and its perpetualisation thereafter, witnessed an eccentric correlation with the rise of substance abuse. Drug addiction grew manifold in this period, breaking all previous records while displaying very steep and exponential growth

grew, not only did the numbers compound but the entire drug profile of the state underwent a huge change. We witnessed a drift from cannabis to heroine consumption, a drift of the magnitude that heroine has now taken a position of being the window drug replacing cannabis. Penning some figures, 2017.17 kgs of heroine and 3313.4kgs of cannabis were seized in the year 2017 alone. Thus making the state third highest in terms of heroine seizure and 4th highest in terms of weed seizure. Recently, 358 acres of land under poppy cultivation were destroyed at one place and 4000 kanals at another. In the year 18-19 90.3% of the drugs abusers were found to be addicted to heroine as against 15% in 2016. In May 2019, 21 of the 22 patients admitted at Drug De-addiction centre PCR were heroine addicts. The gravity of the situation is such that J&K now ranks 5th in poppy cultivation in the country. The high percentage of relapse in heroine abuse makes the situation even more worse. Consumption of heroin has reached the state in most forms of its consumption viz. Brown sugar, Chetta (heroine), Chasal (injectable heroine) and Tichuk (nasal heroine). Heroine is now sold in the market as tobacco used to be sometime ago.

It is not that the consumption of drugs is all-together a new in Kashmir. But those abused previously can be easily perceived to be less hazardous when confronted with heroine. The use of Cannabis had long been utilized as a means of attaining peace of mind in the Sufi dominated society. Cannabis was abused at different places in different Sufi gatherings and Shop-slits. Cannabis filled Cups(Chilms) making growling sounds (while being smoked) had taken its place in daily schedule of a common man. Special places called 'Charas pind' were designated for taking group shots. The shorts would alter their State of consciousness; distort their perceptions of time and space which would often be mistaken for spiritual recognition. The change in the state of society from tolerance to proneness saw the change in the nature of drug abuse and also a decline in the age of starting the abuse. An abuser who would usually start with (one shot) a day, would find it less solacing, less pleasurable with continuous abuse (Tolerance). Trying other forms of drug abuse the abuser would then shift to Pills, Solvents, or a combination of them (Poly-substance abuse) and at last Heroin. The shift now is a testimony to the fact that the initial drug being abused these days used to be thelast one few years back. Heroin, an illicit opioid drug with highly addictive and killing potential has now become the window drug/ initial and choicest drug for the new abuser. On abusing Heroin, an abuser feels a pleasurable sensation, gets warm Skin flushes, and there is a blockade to pain messages. But the long term effects are huge, abusing Heroin changes the physiology of brain and significantly decreases the

Higher mental functioning of the Brian (Decision Making abilities as an example.) It also decreases the breathing process which can lead to coma and brain damage and ultimately to death. The enormity of the situation itself nullifies the chances of autonomous decay in the drug profile. Orchestrated might not be a bad word to use. However jumping to conclusions might not always be wise. Yet something has to play behind the curtains for this huge transition to occur. Poppy cultivation is rampant in the same areas where militancy is booming. Additionally it is the same areas that supply the abundance of personnel to militant outfits. The areas that witness massive stone pelting are, at the same, notorious for high quantities of brown sugar consumption. The excessively cheap rates of abusive substances in areas adjoining LOC with respect to Srinagar deserves some attention. Alarmingly high levels of drug related figures that come from areas like Tangdhar, Karnah and Rajouri also speak volumes .Overlooking all these would be ignoring the broader problem all together. To add to the miseries, there is widespread human rights abuse in the very same areas which further intensifies the problem. All the dots have to be connected. There is a possibility that this connect can be understood in terms of heroine's potential to alter psyche and for prolonged exposures, subtle subduing of the process of thought. Thus snatching from a human mind, its power of critically analysing things-that being something integral to the recruitment of new militants as well as building an unquestioning fan-base for the violence. Whatever voids are left seem to be fulfilled by the proliferation of religious extremism, which while employing religion in its capacity as the "the opium of masses" produces the same effect as the former.

The new societal order that emerged, either forbade or restricted various forms of social gatherings and assemblies. Mostly the gatherings of women(who would usually assemble on river-banks, open fields or inside house and homes) became increasingly extinct. So did many songs of the local folklore that were sung by these women; these songs were, many a times, a reflection on the culture of plurality. The playgrounds became obsolete, as did many of the aboriginal games. The case of saz-e-long being a classic example. The assemblies of men on shop-silts were also restricted to the case of a rarity. The entire institution of social gatherings were now replaced by rather unwanted assemblies at funerals or in protests, thereby creating insecurity within an individual and fear psychosis in the societal collective. Cinemas and the likes remained no exception to all this. Crackdowns by the army or identification parades by themilitants were all consorted by notions of diminished satisfaction and aggravated mental chaos. While men still had some of their get-togethers in one form or the other (although much lesser in number), the

women were restricted to their homes. The heads and the shoulders that used to feel no weight even after being laden with large water filled utensils (Aabb naaet) had now their skull cavity heavily loaded with a volley of questions which dropped their shoulders while paling their faces. The weight of a single straw of dry grass now out-weighed the weight of the water and the wooden-logs. The fear imbibed had ingrained so deep that it turned into depression and anxiety. General well-being had perished. The scared and scattered minds tried to find solace in un-natural things. The conflict saw a rise in disappearances, killings, and rapes all leading to development of certain severe psychological disorders. A child would (visually) hallucinate about his father's comeback, his father's voice calling out his name, wives would hallucinate about their husbands and parents about their children. All of them would be occupied by the presence of their beloved's absence. Children were the worst sufferers among all. The likes of saz-e-long were now replaced by plays of gun and the playful gibberish of children by radically motivated slogans, thus robbing children of their childhoods.

THE ENVIRONMENT OF CORRUPTION AND MISMANAGEMENT ADDED FUEL TO THE FIREAND further strengthened the transactions of spreading incertitude whose currency would be drugs themselves

The co-occurrence of all these predicaments conjured a collective of confusion, chaos and anarchy. Amidst this mad merry a blunder was committed- the exodus of a community. Our social fabric degraded from bad to worse. A fear psychosis either cultivated or autonomously generated in the minds of peace loving people culminated in a decline in their presence in mosques and in religious and cultural festivals. The doctrine that taught mutual respect, harmony, peace was over-shadowed by the idea of extremism. Decrees were passed against urs celebrations, holding of halaqaats of zikir, singing (of women) in marriages; thus inciting a quest in people's minds who now started to question the previously held beliefs. This led to altercations between young and old inside homes,thus weakening the amicably sustaining social-milieu by creating disruptions in the threads of families. The chaos grew more vague, grey and dark when the dictum of dedicating one son for the cause of militancy was issued. This coupled with the barbaric approach followed by certain state run agencies kept adding to the miseries of people ,inturn, to a conundrum with no immediate solutions. In the fallen Sufi system, some of these cases would be effectively

handled by a religious head (Peer Sahib) who held a high and sanctified position in the society and would also act as a counselor in most of the social dealings and decision makings. His every word would be treated as the gospel truth. Such institutions soon found their doors shut by the growing religious extremism, change in ideologies, new goal settings and newly constructed belief system. The environment of Corruption and mismanagement added fuel to the fireand further strengthened the transactions of spreading incertitude whose currency would be drugs themselves. Less vigilance on borders and providing a free hand to some chosen ones in the society helped in providing easy access to psychoactive drugs and society saw an in increase in its abuse. The case of renegades befits as an example. The whole gamut of misfortunes discussed led to heightened misunderstandings, decreased tolerance, immense differences and solid mistrust in the society. Loosing all its support systems, being robbed of practices ages old, widespread mistrust, forced acceptance of newer ideologies- orphaned the society as it had no contingency plans left for future eventualities. Invariably afflicting the lives of people with various psychological/psychiatric disorders ranging from sadness to depression, anxiety to Panic disorders, childhood disorders (Learning and developmental disorders) , PTSD, GAD, OCD, Adjustment disorders and various others.

With our traditional economy in a state of shambles, with the destruction of our tourism, with the obliteration of our indigenous industries and crafts, with the decreasing space for agricultural land, with the abuse of our water resources; the grim situation at our hands turns more intense. Where and what are we heading towards? The parallel boom in the cultivation of heroine and marijuana is subconsciously leading us to being a drug economy. But the contention is that are we ready to be one? Should the “Pir-e-waer ” be a “Charas-e-Waer”! It is impossible to be an economy sustained by drug trade and to be insulated from its abuse all-together. The isolation can never be realistic. Generations might perish. Cultures and customs will all crumble. A reign of lawlessness is inevitable in such a scenario. Besides, the new order of our society bears striking resemblances with international narco-terrorism networks. The fate of whose is not hidden from anyone. Countries have fallen to massive famines under the influence of narco-terrorism. The discreet and clandestine sources of fundings to our militant outfits is another thought provoking tangent to the discussion on table. There have been militias (e.g. ISIS) who took to drug trade and other illegal activities to fund themselves. The nexus between guerrilla groups and drug dealers is an established universal fact. Ruling out anything without giving it a proper thought is akin to being dismissive of the problem itself. The re-

cent shift in the doctrine of militants to a global pan-islamic movement further intensifies our concerns. The rise in extremism is of no help either. As the space for the traditional Sufism minimises with every tick of the clock, our institutions are being perennially invaded by certain radical elements. Radicalisation is both is in politics and in religion. Our educational institutions also manifest a similar trend. The panorama is a frightening one as all of the above augment and reinforce each other; giving rise to a vicious cycle of extremism, drug- abuse , terrorism and consequent human rights abuses. We have already witnessed utter destruction in countries like Syria,Yemen, Egypt etc , countries that were engulfed by similar cycles. The picture looks dismal and dismaying. To human rights abuses -we lose our peace, to drugs- we lose a generation, to terrorism we lose generations and to extremism- we lose "us".

This decadence has to stop. The deterioration immediately needs a mitigating halt. May be it is high time that we return to the traditional system i.e. Khankahi Nizam; or any other system in which the attainment of divinity is the ultimate ideal or a system which replaces the libido for addictives by a more solemn and profound intoxicationdivine pleasure. Any system that preaches acceptance of plural identities, maintains harmony and spreads peace. There is, also, a dire need of proper Parenting style, inculcation of family value system, and creation of a proper support system. Educational institutions need to ensure proper pupil teacher relationship, good company/ peer group and an identification with culture, rituals and customs. The fabric of the society needs to be (re)stringed/ woven with all these threads. The magnitude the monster being confronted is enormous. Solutions may not be so readily available or they might not serve at all. Yet human civilisation is known to have withstood the greatest tyrannies to have ever surfaced. A will to fight and to weather the storm is all that is needed. And, in here, acceptance in what precedes the will. Denial will only push us further deep into the quagmire of depravity. And the dilapidation shall be a permanent jeopardy. Just recently (June 2019), a consignment of 532kgs of heroine was seized by the customs officials-this being the largest ever with an estimated worth of 2,700crores.

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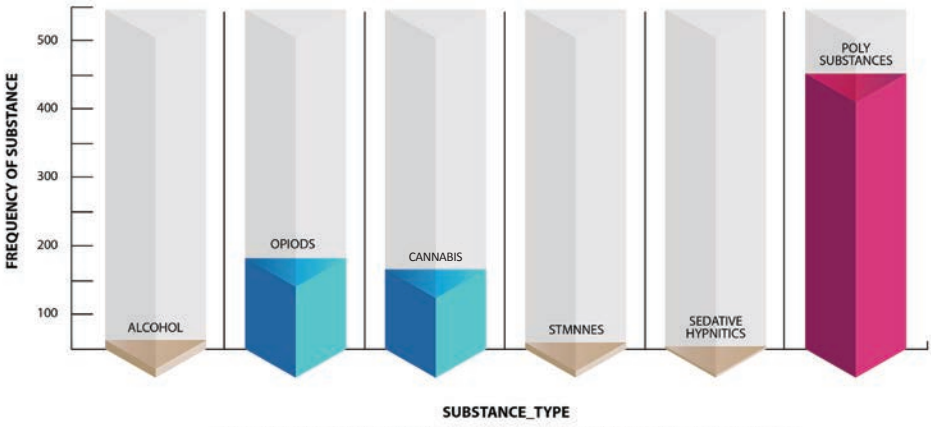
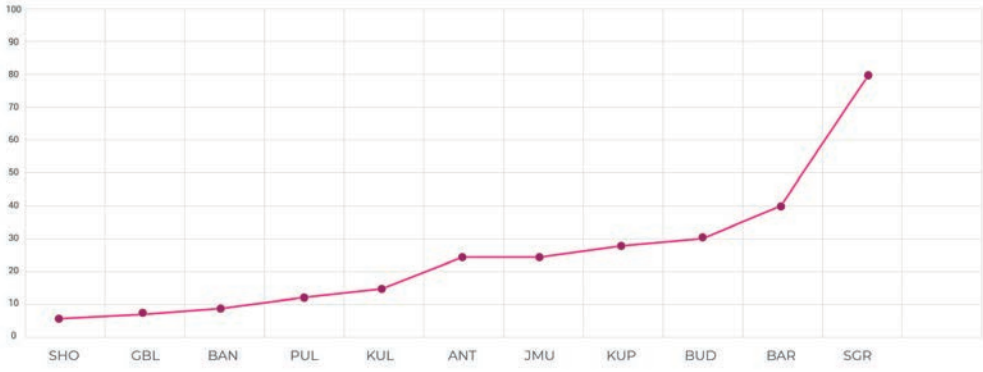


FIGURE 2: Shows frequency of abused substance type among IPDs with reference to substance type.

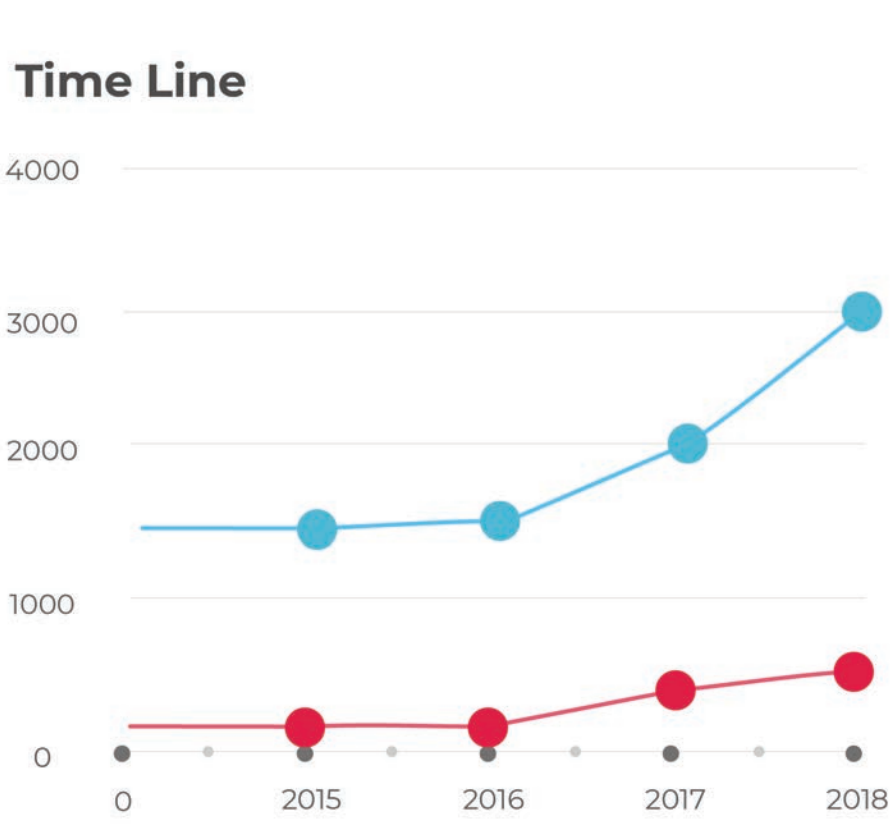
District Wise Admitted Patients Year 2018



Graph 2: depicting district wise admitted patients year 2018

From year 2015-2018

Graph 3: Depicting changing trends in substance abuse in last 4 years across J&K



Graph 1: Depicting steep rise in IPD and OPD and comparison in last four years.

FIGURE 3: Shows frequency of substance abuses among IPD's with reference to year of admission at DDARC, PCR Srinagar.

Success of mhGAP in Kashmir and the Role of Police De-Addiction Services Kashmir

DR SAYED AQEEL HUSSAIN

Our Journey of mhGAP training in Kashmir started in 2012 when I went back to UK and was planning to meet the President of the Royal College of Psychiatrists London, Professor Dame Sue Bailey with the proposal to support the project of improving mental health services in Kashmir. One of the essential components of success of any project in Kashmir is the support from the Government sector and for any project to succeed and produce results on ground needs approval by officers with vision, dedication and sincerity.

I remember calling my friend, Dr Mohammad Muzaffar Khan, Director Police de-addiction services, who agreed to formally take over the role of state coordinator of mhGAP project and submit my proposal to Director Health Services Kashmir, Dr Saleem ur Rehman, for support and approval.

I waited outside the room of President of the Royal College of Psychiatrists, London while Dr. Muzaffar sent a text message to Dr. Saleem ur Rehman requesting support from the Department of Health in implementing this

proposal. It was the vision, dedication and sincerity of Dr Saleem ur Rehman to improve services for people of Kashmir that he immediately replied back offering his complete support for the proposal. Having secured the support and reassurance of Director Health, I presented a formal proposal to President of the Royal College of Psychiatrist Professor Bailey who approved the proposal to send Psychiatrists through International and Volunteer division of the Royal College of Psychiatrists London headed by Dr Peter Hughes. Dr. Hughes had expertise of conducting mhGAP training all across the globe especially in countries with political turmoil and limited psychiatric services and manpower.

I returned to Kashmir and got a formal request letter from Dr Saleem ur Rehman for the president of the Royal College of Psychiatrist London. In order for the project to succeed, I needed support from other stake holders on ground, who were working towards improving mental health services in Kashmir. One such institution was the Police de-addiction centre which was set up by a visionary officer Mr S M Sahai who was then IGP of Kashmir. It started with few beds in police control room and is now a 50-bedded institution under the leadership of Dr. Muzaffar.

Dr. Muzaffar arranged a formal meeting with Mr. Sahai in order to submit a proposal on behalf of mhGAP for support and active collaboration from the Police de-addiction services in implementing mhGAPtraining project on ground as well as to provide fool proof security for Guests and trainers coming on behalf of Royal College of Psychiatrists London.

Like Dr Saleem ur Rehman I found Mr Sahai an officer of vision who wanted to contribute to improving mental health services in Kashmir with police de-addiction services being an excellent example of realisation of vision and implementing it successfully on ground which was appreciated and acknowledged by the Royal College of Psychiatrist London.

Despite his busy schedule, Mr. Sahai gave a patient hearing to our proposal and offered complete support on behalf of police through police de-addiction services and gave formal permission for police de-addiction services to be an active collaborating partner of the mhGAP training in kashmir.

We are also grateful to Mrs Nighat Shafi, chairperson of Help foundation, known for her vision and contribution for improving mental health of women and children of Kashmir over several decades. She also provided complete support to the training and under whose supervision the trainers received excellent logistic support both in terms of accommodation and food which was highly appreciated by the team from London.

The mhGAP team also ap-

preciated the vision and support of the then chairman J and K Bank Mr. Mushtaq Ahmad who provided significant financial support on behalf of the bank and contributed in making mhGAP training a success and a role model for the world.

Besides this, the contribution of Action Aid, a voluntary organisation working on mental health in Kashmir, towards both phases of mhGAP training was highly appreciated along with TCI cements.

The two-week training which was conducted in 2013 in which more than 200 participants including doctors and nurses deputed by Director Health services Kashmir from all 12 districts of Kashmir and Ladakh participated alongwith teachers, social workers, psychologists, lawyers, police personal and allied professionals participated. The whole programme was successfully completed with Dr Mohammad Muzaffar Khan coordinating the implementation of two-week training as state coordinator of mhGAP kashmir.

VIEWS OF TRAINERS

Thanks to excellent organising skills of Dr Muzaffar and Dr Aqeel, this was a truly extraordinary and intense learning experience for both participants as well as the trainers. The mhGAP training is well designed, easy to teach and learn from and very applicable. As one participant commented, the course has been an "eye opener and I think the same can be said for some of the European trainers. Becoming aware how much can be done with little means and how much need and enthusiasm exists here to improve the lives of those with mental illness was at times a humbling experience. Thank you."

THE MHGAP TEAM ALSO APPRECIATED THE VISION AND support of the then chairman J and K Bank Mr. Mushtaq Ahmad who provided significant financial support on behalf of the bank and contributed in making mhGAP training a success and a role model for the world

Following the successful completion of training, award of appreciation was given to Mr SM Sahai and Dr Mohammad Muzaffar khan for excellent contribution to developing mental health services in Kashmir.

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Early Signs and Symptoms of Substance Abuse – A Guide for Parents and Teachers

PHYSICAL SIGNS

- Unexplained nausea and vomiting with clouded mental functioning
- Loss of body weight, change in complexion
- Change in sleep pattern like in ability to sleep, awake at unusual times.
- Change in eating pattern like loss of appetite or increased appetite.
- Red eyes, watery eyes, running nose
- Unusual smells and poor hygiene
- Needle marks on upper and lower limbs
- Skin erosions and burn marks on finger tips and thumbs.
- Cold but sweaty palms, tremors, increased sweating

BEHAVIORAL SIGNS

- Absent mindedness, not sharing responsibilities
- Acute anxiety attacks often associated with panic features
- Moodiness, irritability and sometimes nervousness.
- Decrease in socialization in the family and relatives.
- Excessive need for privacy, not allowing family members to come in their rooms
- Increased demand for pocket money
- Loss of valuable with inappropriate explanations
- Deterioration in academics
- Change in friend circle, often socializing with deviated group and lying tendency.
- Reporting unusual fears and suspicion that people /police is following me.

COGNITIVE SIGNS

- Deteriorating attention and concentration
- Forgetfulness and confusions
- Impaired judgment and thinking
- Clouded mental functioning
- Impaired memory
- Distorted perceptions
- Slurred speech
- Slurred comprehension and slurred memory.

FOR ANY FURTHER INFORMATION CALL AND TALK TO US
PHONE NUMBER: 0194-2506512

FEEDBACK

Feedback by Consultant Psychiatrist

At the outset let me congratulate all those who conceived the idea of Police Drug De-addiction and Rehabilitation Centre. This facility has become a household name and is an asset for the society.

I have been associated with the centre since last seven years as a Visiting Consultant Psychiatrist. The growth of the facilities in terms of IPD, OPD, counseling and de-addiction has been exceptional over these years.

I have visited some of the best de-addiction facilities in the country but my experience at this centre has been somewhat different. I will not hesitate to say that it is one of the best facilities in the country and if this model is developed it can revolutionize the de-addiction services in the country. The anonymity and the security which the police environment provides is a big reason for the successful outcome.

The center has an exceptionally dedicated team of Medical Officers, counselors and supportive staff led by an able director who makes all this happen by his hard work and dedication. They all deserve appreciation for this.

I wish the centre all the best for future and hope it lives to the expectations of suffering community.

Dr. Aksah Yousf Khan
Consultant Psychiatrist
J&K health Services

ACKNOWLEDGMENT

It is said that the single greatest cause of happiness is gratitude and, today, on the eve of book release function of J&K Police Drug De-Addiction & Rehabilitation Centre, Srinagar, I feel this is the most appropriate time to reiterate the maxim. Surely, it is a moment of gratitude. I am short of words to recount & describe my experience with the centre and impression about its functioning. How it has transformed from an ordinary to the present state-of-the-art institution, is indeed exemplary for which full credit goes to the police administration and the incumbent Director Dr. Mohammad Muzaffer Khan. Amid numerous toughest of the tough challenges, the Centre has continued to progress and render unflinching services in counselling and rehabilitating youth involved in substance abuse. From focussing on self-empowerment and self-reliance, building and maintaining motivation, managing thoughts, behaviour and coping with urges, the Centre is fully committed to ensure rehabilitation of the addicts. Backed by sustained & concerted efforts of the administration, I foresee positive results in the near future to ensure society will get rid of the substance abuse menace. Let us pledge to fight it tooth and nail, individually as well as collectively and our efforts will surely yield results.

Regards

Dr. Bilal A. Raja
Medical Superintendent
J&K Police Hospital, Srinagar

RETIRED JUSTICE MR BILAL NAZKI
CURRENTLY CHAIRMAN STATE HUMAN RIGHTS COMMISSION J&K

"I could never believe that drug addiction in Kashmir is such a big problem, visiting the police drug de-addiction centre was an eye opener for me"

DR SALEEM-UR-REHMAN
DIRECTOR GENERAL SPORTS COUNSEL OF J&K

"Commitment shown by the team of professional working in police drug de-addiction centre in their service delivery and J&K police in sustaining this service is highly commendable," it is not an easy job."

MR. GAURAV DUTTA
A POST DOCTORAL RESEARCHER IN NEURO SCIENCES AT THE UNIVERSITY OF NORTH DAKOTA, USA

"The centre is unique in its approach with more focus on narratives and psycho social counseling. The environment of the centre is patient friendly"

MS. SAIBA VERMA
RESEARCH SCHOLAR CORNELL UNIVERSITY, USA

"During my fifteen months stay in Kashmir I have very closely seen the functioning of Police Drug De-addiction centre. J&K police has been pioneer to start the drug de-addiction services and the services are unique in its emphasis on holistic approach which includes individual and Family counseling. Group psychotherapies of recovering and recovered patients and their families and community rehabilitation"

DIRECTOR (NIMHANS)
BANGALORE DR. NAGRAJAN

"J&K Police is the only police force doing such a work in the entire country but we need to take de-addiction services closer to the community"

FORMER PRINCIPAL/DEAN
GMC SRINAGAR LATE DR. GIRJA DHAR

"I am surprised to see drug de-addiction services being rendered by j and K Police in such a professional manner at drug de-addiction centre, PCR Srinagar."


POLICE DRUG DE-ADDI ION
&
REHABILITATION CEN RE

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