

Research Article

# Contributory Factors Responsible for Substance Abuse among Patients Attending IMHANS, Kashmir (J&K, India)

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## I N F O

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## A B S T R A C T

**Background:** Substance abuse is a major public health issue, particularly in Kashmir, where socio-political and economic instability exacerbate the problem. Prolonged conflict has led to psychological trauma, disrupted social networks, and increased vulnerability to substance use. Family dysfunction, peer pressure, and stress contribute significantly to this issue. Despite growing concern, empirical data on contributing factors remains limited.

**Methods:** This study explores these factors among patients at the Institute of Mental Health and Neuroscience (IMHANS), Kashmir. A descriptive quantitative study was conducted on 60 patients selected through non-probability convenience sampling. Data was collected using a self-structured interview schedule at the Drug De-addiction Centre, IMHANS, Srinagar, and analyzed using descriptive and inferential statistics.

**Results:** showed social factors (22.05%) were the leading contributors, followed by psychological (16.92%) and environmental factors (11.79%).

**Conclusion:** The study highlights the complex nature of substance abuse in Kashmir and emphasizes the need for targeted interventions, policy changes, and community support programs. Further research is needed to assess long-term intervention impacts and develop tailored strategies.

**Keywords:** Substance Abuse, Contributory Factors, Psychological Factor, Social Factor, Environmental Factor, Kashmir, IMHANS

## Introduction

Substance abuse is a complex issue influenced by various factors that can contribute to its onset and continuation. Biological factors such as genetic predisposition and neurochemical imbalances in the brain may play a role in an individual's susceptibility to substance abuse. Psychological factors, such as mental health disorders, low self-esteem, impulsivity, and coping mechanisms, can also contribute to substance abuse as individuals may turn to substances as a way to cope with emotional or psychological distress. Social factors, including peer pressure, social norms, and cultural influences, can impact an individual's likelihood of engaging in substance abuse. Additionally, environmental factors such as easy access to substances, availability of drugs or alcohol in the community, and exposure to stressors like trauma or adverse childhood experiences, can also contribute to substance abuse.<sup>1</sup>

According to the World Drug Report 2020 published by the United Nations Office on Drugs and Crime (UNODC), an estimated 269 million people used drugs worldwide in 2018, which is 30% higher than the estimated number of drug users in 2009. Opioids are the most harmful drug type, accounting for 71% of the negative health impact associated with drug use disorders globally.<sup>2</sup>

About 270 million people (or about 5.5% of global population aged 15-64 years) had used psychoactive drugs in the previous year and about 35 million people are estimated to be affected by drug use disorders (harmful pattern of drug use or drug dependence).<sup>3</sup>

According to official data shared by the Central Government in Parliament. In recent years Jammu and Kashmir has seen an exponential increase in drug abuse. The number of people affected by drug abuse in Jammu and Kashmir has reached nearly 10 lakh, which is around 8% of the total population of Jammu and Kashmir. On 4 August 2023, the Standing Committee on Social Justice and Empowerment conveyed to the Parliament of India that approximately 13.50 lakh drug abusers are estimated to be in Jammu and Kashmir, with the majority falling within the age range of 18 to 75 years. As per the United Nations Office on Drugs and Crime, Jammu and Kashmir has 60,000 drug addicts. In the last three years, there has been an increase of 1500% in the use of drugs. In March 2023, the Ministry of Social Justice and Empowerment stated that approximately one million individuals in the Union territory were grappling with substance abuse. The

ministry also revealed that over 50% of these individuals were specifically addicted to opioids. As per a survey carried out by the Jammu and Kashmir administration last year, over 52,000 individuals in Kashmir acknowledged their heroin usage. The survey findings revealed that, on average, a user spent approximately 88,000 rupees (\$1,063.54; £860) per month to sustain their drug habit. According to the doctors at the Institute of Mental Health and Neurosciences Srinagar (IMHANS), there has been a transition observed in drug usage patterns. Specifically, there is a shift away from using medicinal opioids like Codeine, SP, Tramadol, and Tapentadol, towards the more potent and dangerous hardcore drugs, predominantly intravenous (IV) heroin. According to Rather, approximately 70% of drug users test positive for HCV at IMHANS.<sup>4</sup>

## Need for the Study

Drug addiction is a major problem in the modern society that destroys millions of lives and wastes national resources for the fight against addiction and the treatment of its subsequent harms.<sup>5</sup>

Drug addiction is associated with great biological, psychological and social problems and harms the society and undermines its safety.<sup>6</sup>

The global problem of addiction and drug abuse is responsible for 5 million deaths and about 42 million new cases of HIV every year.<sup>7</sup>

Drug abuse is followed by loss of life and property, social and economic costs, death, suicide, heavy offenses, unsuccessful marriages and the risk of sexually transmitted diseases such as HIV and hepatitis.<sup>8</sup>

Chen, Kim, Jones, Patel,<sup>9</sup>(2019) conducted a cross-sectional study to investigate the impact of mental health issues on substance abuse among patients attending outpatient departments in clinical sites of five countries in the Asia-Pacific region. The study included a sample size of 400 patients and found that mental health issues, such as depression, anxiety, and PTSD, were significant contributory factors for substance abuse among patients, with 27% of patients reporting a history of mental health issues.

Smith, Anderson, Wilson, Taylor,<sup>10</sup>(2019) conducted a comparative study of Substance Abuse Patients Attending Outpatient Department of Souris valley mental health hospital in Rural and Urban Hospitals of Canada on 300 patients (150 from rural hospitals and 150 from urban hospitals) using Chi-square test and logistic regression

analysis Significance level:  $p < 0.05$  The study found that patients attending outpatient departments in rural hospitals had a higher prevalence of substance abuse (35%) compared to those in urban hospitals (22%). The main factors contributing to substance abuse in rural hospitals were lack of awareness about harmful effects of substance abuse (45%), limited access to mental health services (28%), and social isolation (22%), while in urban hospitals, peer influence (40%) and availability of substances (32%) were the major factors. The study suggested that there is a need for context-specific interventions addressing the unique contributory factors in rural and urban settings.

Substance abuse is a significant public health concern that can lead to various physical and mental health problems, as well as social and economic issues. Despite the studies conducted on the causes of drug use, some of the factors contributing to this phenomenon remain to be identified through further studies. Given that they vary from one society to another and are influenced by the specific cultural, social and structural features as per the societies concerned. During the investigator's posting at the Drug De-Addiction Center (DDC) at SMHS, numerous patients battling drug addiction opened up about their struggles. Their stories revealed a complex web of factors driving them toward substance abuse. Despite the growing issue, no in-depth study has been conducted in J&K to explore these underlying causes. So, the present study was conducted to investigate the contributory factors that influence an individual's social ties such as family members, friends and colleagues, community environment, employment and education and psychological health that contribute to drug addiction.

## Methodology

The research design used in this study was "Descriptive research design". The primary objective of the study was to find out the contributory factors responsible for substance abuse among patients. Permission was obtained from concerned authorities to conduct the final study. Ethical clearance was obtained from institutional Ethical Committee (IEC) to conduct the study on 60 substance abuse patients selected via convenient sampling technique.

A "self-structured interview schedule questionnaire" for assessing the contributory factors was administered to substance abuse patients attending Drug De-addiction centre at Institute of Mental Health and Neuroscience (IMHANS), Srinagar, Kashmir on April 2024. The data collection tool comprises of two parts.

## Part I: Demographic variables

It consisted of 9 items: age, sex, residence, marital status, educational status, occupation, income, type of family, staying status.

## Part II: Contributory factors responsible for substance abuse. It consists of 3 sections which are

**Section A:** Psychological factors responsible for substance abuse. It has 13 items.

**Section B:** Social factors responsible for substance abuse. It has 13 items.

**Section C:** Environmental factors responsible for substance abuse. It has 13 items.

Each statement has two responses yes & no, yes corresponding to mark 1& no corresponds to 0 mark.

## Results and Discussion

### Findings related to demographic variables

Maximum number of study subjects (70%) were in the age group 21-30 years, 15% were in the age group 10-20 years, 10% were in the age group 31-40 years and only 5% were in the age group >50 years. Majority of the study subjects (98%) were males and only 2% are females. Majority of the study subjects (80%) were single, 18% were married and 2% were separated. Higher number of study subjects (47%) had educational qualification as higher secondary education, 33% had baccaulaureate and above, 15% had middle level educational qualification and 5% had primary level of educational qualification. 55% study subjects were self employed, 22% were private employee, 17% were unemployed whereas only 7% were government employee. Maximum study subjects (62%) belonged to urban areas, whereas 38% belonged to rural areas. Majority (87%) of study subjects stayed with family, 8% stayed with friends and only 5% stayed alone. Half of study subjects (50%) belonged to nuclear family, 47% were from joint family, 2% belonged to extended family and 2% belonged to single parent family. 57% of the study subjects belonged to the group with a monthly income Rs 10,000-20,000, 13% had Rs 21,000-Rs 30,000, 10% had Rs 31,000-Rs 40,000, 3% had Rs 41,000-Rs 50,000 whereas only 17% had monthly income >Rs 50,000.(Table 1)

These findings were supported by studies conducted by Gurung, Kaphle<sup>11</sup>(2020), Gordon K<sup>12</sup>(2021) and Ramsewak, Putteeraj, Somanah<sup>13</sup>(2020).

The findings of the study showed the factor which contributed maximum to substance abuse was social factor (22.05%) followed by psychological factor (16.92%) and environmental factor (11.79%) (Table 2, Figure 1)

The findings of present were similar to a study conducted by Khalil, M, Mansour<sup>14</sup>(2019)

Among the contributory factors environmental factor and social factor were significantly associated with marital status and only environmental factor was significantly associated with occupation. There was statistically non significant association of contributory factors responsible for substance abuse among study subjects with their selected demographic variables at  $p \leq 0.05$  level of significance except occupation of patient and marital status ( $p \leq 0.05$ ). Hence, the researcher rejected the null hypothesis ( $H_0$ ) (Table 3)

The findings of present study are supported by a study conducted by Smith, Brown, and Johnson<sup>15</sup>(2021)

**Table 1. Frequency and percentage distribution of study subjects according to Demographic Variables**

N=60

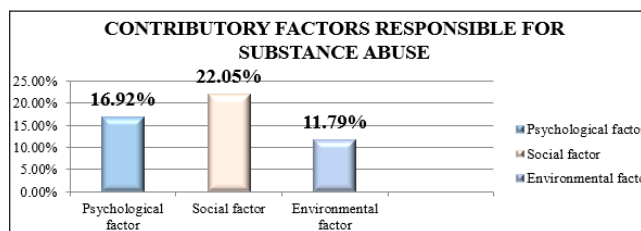
Variables	Categories	Frequency (n)	Percentage (%)
Age in Years	10-20 years	9	15%
	21-30 years	42	70%
	31-40 years	6	10%
	Above 40	3	5%
Gender	Male	59	59%
	Female	1	2%
	Others	0	0%
Marital status	Single	48	80%
	Married	11	18%
	Divorced	1	2%
	Separated	0	0%
	Widow/ Widower	0	0%
Education of patient	Illiterate	0	0%
	Primary	3	5%
	Middle	9	15%
	Higher Secondary	28	47%
	Graduate & above	20	33%

Occupation of patient	Government employee	4	7%
	Private employee	13	22%
	Self employed	33	55%
	Unemployed	10	17%
Residence	Rural	23	38%
	Urban	37	62%
Type of staying with	Alone	3	5%
	Friends	5	8%
	Family	52	87%
Type of family	Nuclear	30	50%
	Joint	28	47%
	Extended	1	2%
	Single parent	1	2%
Monthly family income (in Rs)	10,000-20,000	34	57%
	21,000-30,000	8	13%
	31,000-40,000	6	10%
	41,000-50,000	2	3%
	Above 50,000	10	17%

**Table 2. Frequency and Percentage Distribution of Positive Responses Regarding Contributory Factors Responsible For Substance Abuse Among Study Subjects**

n = 60

Contributory Factors	Percentage
Psychological	16.92%
Social	22.05%
Environmental	11.79%



**Figure 1. Bar diagram showing percentage distribution of contributory factors of substance abuse among study subjects.**

**Table 3. Association of Contributory Factors Responsible For Substance Abuse Among Study Subjects with their Selected Demographic Variables**

n=60

Factor	Comparison	$\chi^2$	df	p value	Remarks
<b>Marital Status</b>	<b>Single, Married, Separated</b>				
	Psychological factor	4.96	2	0.084	NS
	Social factor	6.88	2	0.032	S*
	Environmental factor	7.1	2	0.029	S*
<b>Occupation</b>	<b>Government Employees, Private Employees, Self-Employed, Unemployed</b>				
	Psychological factor	6.04	3	0.111	NS
	Social factor	3.84	3	0.279	NS
	Environmental factor	8.65	3	0.034	S*
<b>Age Group (in years)</b>	<b>10-20, 21-30, 31-40, &gt;41</b>				
	Psychological factor	1.43	3	0.699	NS
	Social factor	1.9	3	0.594	NS
	Environmental factor	2.85	3	0.415	NS
<b>Education Level</b>	<b>Primary vs. Middle, Higher Secondary, Graduate &amp; Above</b>				
	Psychological factor	2.32	3	0.51	NS
	Social factor	6.6	3	0.086	NS
	Environmental factor	3.57	3	0.312	NS
<b>Staying Status</b>	<b>Alone, Friends, Family</b>				
	Psychological factor	1.01	2	0.604	NS
	Social factor	4.8	2	0.091	NS
	Environmental factor	3.56	2	0.168	NS
<b>Family Type</b>	<b>Nuclear, Joint, Extended, Single Parent</b>				
	Psychological factor	5.89	3	0.117	NS
	Social factor	4.58	3	0.205	NS
	Environmental factor	5.27	3	0.153	NS

<b>Monthly Family Income (in rupees)</b>	10,000-20,000, 21,000-30,000, 31,000-40,000, 41,000-50,000, >51,000				
	Psychological factor	5.73	4	0.22	NS
	Social factor	4.02	4	0.403	NS
	Environmental factor	3.16	4	0.532	NS

NS: Non-significant

\*S: Significant

## Conclusion

The factor which contributed maximum to substance abuse among study subjects was social factor followed by psychological factor and environmental factor. This indicated that elements such as considering drugs normal within their social circle, easy access to drugs in social circle, peer pressure, exploration of drugs to achieve feeling of happiness and joy, initial curiosity about drugs, sharing a common room with drug addicted person, connected with a drug addicted person plays a significant role in the development of substance abuse behavior. Also, a significant association was found between the contributory factors with the occupation of the patient and their place of residence which indicated that these two variables may play a role in substance abuse pattern

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**Conflicts of Interest:** None

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