

# Vulnerable Shifts in Substance Use Disorder: A Contemporary Analysis of Trends in Jammu and Kashmir, India

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## ABSTRACT

Substance use disorder has grown to be a serious concern in Jammu and Kashmir (J&K). The prolonged conflict and porous border of the region have led to an increase in drug prevalence across different age groups, emerging as a primary concern in J&K. The aim of this study is to explore the current vulnerability of scale and types of substance use in the region. It also analyses the trends of consumption across various substances such as alcohol, cannabis, and heroin. A primary survey {n=50, (male=47, female=6)} was conducted among persons seeking treatment for addiction at rehabilitation centers, along with secondary data from various government reports, used to examine the trends of substance use in J&K. The study reveals that there is a significant shift from traditional substances like alcohol and cannabis-related products to synthetic opioids, especially heroin, as 88% (95% CI: 79%-97%) of the individuals seeking addiction treatment were heroin users. The study finds that there has been a significant rise in illicit substance use in the region in the past six years, and there is an urgent need for intervention, including engaging educational institutions in drug awareness programs, enhancing rehabilitation infrastructure, and data monitoring systems in J&K.

**Keywords:** Substance Use, Alcohol, Drug Abuse, Heroin, Jammu and Kashmir.

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## INTRODUCTION

The northernmost region of India, known as Jammu and Kashmir (J&K), is located near the Golden Crescent. This area includes portions of Afghanistan, Pakistan, and Iran and has traditionally acted as a conduit for trafficking drugs (Das, 2019). J&K is widely regarded as one of the most critical and strategic regions in the world (Singh Bali, 2014). However, it is currently facing a crucial challenge which is substance use disorder. Since 2019, nearly every national media house has featured J&K due to its renowned substance use. The state media's extensive coverage has led to the publication of numerous reports and articles about illicit drugs in J&K. National newspaper 'Deccan Herald' reports that "J&K has seen 1500% growth in patients seeking treatment for drug abuse in the hospitals" (Majid & DHNS, 2021). Apart from media reports, public opinion also generally believes that substance use is on the rise in the region. As revealed by a study

conducted in 2022, around 86% of respondents in Jammu believed that substance use has increased in J&K (Sharma et al., 2022). While declaring drugs a challenge, the Director General of Jammu and Kashmir Police called the "drug menace a bigger threat than militancy" in J&K (Iqbal, 2023). According to a study conducted in 2022 by the Institute of Mental Health and Neuro Sciences (IMHANS) Kashmir, there is an "exponential rise" in substance use in the UT of J&K (Bhat, 2024). This study is essential for comprehending the extent and magnitude of substance use in the region subsequent to abrogation of Article 370. In addition to identifying the most commonly used substance; the study aims to assess the prevalence of drugs in J&K. By analyzing data from institutional sources, this study identifies key trends in substance use, which helps policymakers and law enforcement agencies address this issue more effectively.

## 1. METHODS

A cross-sectional descriptive quantitative design was employed in this study. A questionnaire was used for data

collection. Samples were obtained from individuals undergoing treatment for addiction at the drug de-addiction and rehabilitation centers.

**1.1. Sample Size:** A total of fifty (50) samples were collected for this study from individuals undergoing treatment for addiction at the drug de-addiction and rehabilitation centers in Jammu.

**1.2. Data Collection Technique:** The data was collected through simple random sampling from August 2024 to September 2024 by using a structured questionnaire comprising information on demographic variables and substance use. Participants provided their verbal consent, as they were given assurance of confidentiality and anonymity that data was kept confidential and presented in aggregated statistical form to ensure that no individual responder could be identified.

**1.3. Statistical Analysis:** Frequency analysis was used to calculate the number and percentage of users for each substance. Percentage-based analysis is ideal for categorical variables like the type of drug/substance use (Babbie, 2021; Pallant, 2020). Software IBM SPSS Version 26 was used to analyze the collected data. Descriptive statistics were applied to analyze distribution patterns. Data were verified for completeness and coding accuracy as internal consistency across variable categories was validated through a case processing summary showing 100% valid data (n = 50; no missing values). The output was validated through SPSS syntax and automated output logs. The frequencies align logically with known regional trends of substance abuse, adding external validity to the findings. The analysis was conducted at a 95% confidence level to ensure statistical reliability. The confidence interval (CI) was calculated for the percentage of users using each type of substance by using the binomial proportion formula.

$$CI = \hat{p} \pm Z^* \sqrt{\frac{\hat{p}(1 - \hat{p})}{n}}$$

Where,  $\hat{p}$  is the sample proportion/percentage for substance,  $Z^*$  is the Z score, 1.96 for a 95% Confidence level, and n is the sample size.

## 2. RESULTS

The majority of the samples were taken from male respondents, as 94% of the respondents were male, while only 6% were female. A smaller number of women were undergoing treatment at addiction

centers. Even females who were seeking treatment did not stay in centers; instead, they visited on occasion to take medication. The majority of participants belong to the age group of 25-29 years (46%) and 20-24 years (40%), which highlights that substance use disorder is most prevalent in this age group. Regarding the education of respondents, most have completed their senior secondary education (40%) and graduation (40%), which indicates that substance use disorder spans different educational levels. Some respondents even have completed an MBA or a master's degree and are now seeking treatment for their addiction. Table I summarizes the characteristics of respondents.

**Table I: Demographic Information of the Samples.**

Variable		Frequency (n)	Percentage (%)
<b>Gender</b>	Male	47	94.0
	Female	3	6.0
<b>Age</b>	15-19	1	2.0
	20-24	20	40.0
	25-29	23	46.0
	30-34	4	8.0
	35-Above	2	4.0
<b>Education</b>	Up to Matric	9	18.0
	Sr. Secondary	20	40.0
	Graduation	20	40.0
	Post-Graduation and Above	1	2.0

**Table II: Frequency Analysis of Substance Use.**

Substance	Frequency	Percent	Valid Percent	Cumulative Percent
Cannabis	4	8.0	8.0	8.0
Heroin	44	88.0	88.0	96.0
Alcohol	2	4.0	4.0	100.0
Total	50	100.0	100.0	

The findings in Table II indicate that heroin (88%) was the most common substance that dominated the respondents (95% CI: 79%-97%), particularly among young individuals aged 20-29 years, as the majority of respondents (86%) belong to this age group. Cannabis was the second most used substance, with 8% of respondents (95% CI: 0.5%-15.5%). Alcohol was the least used substance, as 4% of individuals (95% CI: 0.0%-9.5%) were seeking addiction treatment for it. The data indicate that most users were well-educated.

### 3. DISCUSSION

#### Trends of Drug Abuse in J&K

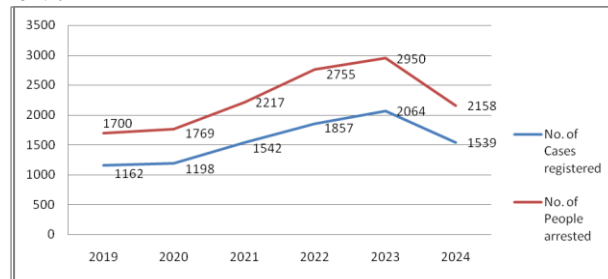
In J&K, substance use is not a new phenomenon. A study conducted from 1980 to 1988 by a psychiatric hospital in Srinagar found that around ten thousand individuals registered at the outpatient department during that period; around 77.8% of patients were using cannabis, followed by opium and heroin 9.5%, tranquilizers 6.3%, and alcohol 4.8% (Margoob & Dutta, 1993). The drug de-addiction and rehabilitation center in Srinagar reports that 15,294 patients were seen in the OPD between February 2008 and December 2016, with all of them receiving an ICD-10 diagnosis. Of the 15,294 patients, 51.3% were addicted to cannabis, 8.9% used opioids, 7% took benzodiazepines, 3% used alcohol, 3% used volatiles, and 24.5% were poly users (Bhat & Imtiaz, 2017). A poly user is a person who uses two or more substances at the same time. The survey report titled “Magnitude of substance use in India - 2019” also found that substance use disorder had increased in the region. In 2019, approximately 10% of J&K’s population engaged in substance use, with about 1.31% using cannabis, 4.91% using opioids (of which 80 percent used heroin and morphine), 1.54% using sedatives, and 1.22% using inhalants. The majority of these intakes exceed the national average. Along with that, 25,098 individuals inject drugs, highlighting the severity of substance use disorder in J&K.

Another survey, “Prevalence and Pattern of Substance Use Disorders in 10 Districts of Kashmir: A 2022 Survey,” conducted by IMHNS in collaboration with the National Institute of Drug Abuse, United States, in 2022 on youths aged between 25 and 30 years in ten districts of J&K, found that 85% of participants used opioids, whereas around 12% used cannabis. In J&K, opioid dependency was projected to be 2.23%, with a total of 52,404 opioid-dependent persons, 32,097 of them inject. On 4 August 2023, the Standing Committee on Social Justice and Empowerment (SJ&E), comprising 27 members of the Lok Sabha and Rajya Sabha, reported to the Parliament of India that an estimated

1.35 million persons who use drug were present in J&K. Based on predicted demographic statistics from 2018, the committee provides estimates of substance use among adults 18-75 years old and children 10-17 years old. The committee calculated that 168,700 minors in J&K between the ages of 10 and 17 use various substances, the most common of which were cannabis, opioids, sedatives, cocaine, amphetamine-type stimulants (ATS), inhalants, and hallucinogens. While some were regular users of sedatives and cannabis, the majority utilized inhalants and opioids. Concerning the 18-75 age brackets, the committee

reported to Parliament that 1,180,000 adults in J&K are using substances, the majority of whom are addicted to opioids, cannabis, sedatives, and inhalants following in order of addiction (“Fifty-First Report, Committee on Social Justice and Empowerment on Drug Abuse among Young Persons Problems and Solutions Pertaining to the Ministry of Social Justice and Empowerment (Department of Social Justice and Empowerment),” 2023). However, as these figures were based on the expected population projections for 2018, the real number may be higher.

**Figure I: Drug-related cases registered in J&K since 2019.**



Source: Illustrated by the Author, data obtained from Narcotics Control Bureau, India.

**Table III: Drug Substances Recovered by All Drug Law Enforcement Agencies of India in J&K since 2019.**

Name of Substance	2019 (in kg)	2020 (in kg)	2021 (in kg)	2022 (in kg)	2023 (in kg)	2024 (in kg)
Hashish	550	927	975	573	324	373
Marijuana	250	1342	642	1274	983	1168
Heroin	103	159	196	239	186	114
Poppy Straw	25,062	23,840	19,206	17,205	8522	3560

Source: Author compiled all the data from Narcotics Control Bureau, India and Jammu and Kashmir Police.

Based on available data from law enforcement agencies, it is evident that different forms of substances have been available in J&K, which include Ganja (marijuana), Charas (hashish), Bhang (cannabis), poppy straw, heroin, brown sugar, capsules/tablets, syrup bottles, etc. Increasing drug seizures and more cases under the Narcotic Drugs and Psychotropic Substances (NDPS) Act may be the result of law enforcement agencies becoming more vigilant and proactive; on the other hand, it may be because of increasing drug usage and trade in the region. It is also clear from Table III that heroin and marijuana are the substances whose seizures have increased over the past six years, indicating a rise in use and trafficking. In

contrast, poppy straw/husk and hashish seizures have seen a dramatic decrease.

### Prevalence of Opioids in J&K

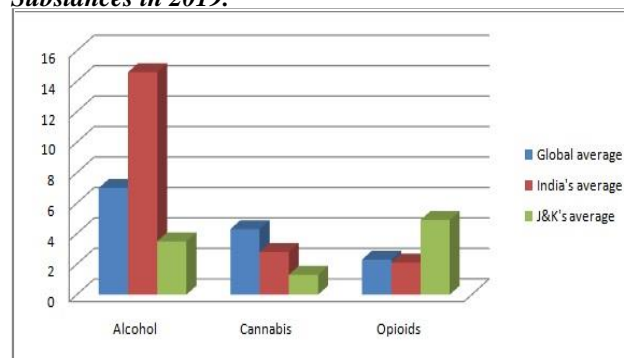
According to “Magnitude of Substance Use in India–2019”, J&K has one of the highest rates of opioid usage in the country. In an interview, Dr. Yasir Rather<sup>1</sup> claimed that heroin use spreads like a “viral infection” in J&K. He claims that in 2016, just a few hundred people visited the de-addiction center for help. By 2020, though, there were more than 13,000 people seeking treatment for heroin addiction (Majid & DHNS, 2022). A similar tendency was observed in the established Addiction Treatment Facilities(ATFs) across the region. Doctors at IMHANS have noticed a change in drug use from medicinal opioids (such as codeine, SP, tramadol, and tapentadol) to potent substances, including heroin. Additionally, “patients are now coming from every corner of Kashmir,” whereas earlier individuals used to come from particular places (Majid & DHNS, 2022). While narrating the story of the de-addiction center in Baramulla, Altaf Shah, head of the center, said that it was established in 2012 and observed a dramatic increase in the number of patients using heroin, which rose from just 4 in 2013 to 144 in 2021. Earlier, doctors primarily faced two types of addiction, cannabis addiction and the misuse of opioid-based painkillers, but in recent years, heroin has become the primary substance in Kashmir. “Heroin use has become alarmingly common.” He further stated that “we are seeing cases from remote communities that previously had no concept of using such hard substances. It is as readily available as cigarettes nowadays. In some cases, doctors have encountered entire families, with four or five members addicted to heroin” (Bhat, 2024). The above facts provides a clear picture of the vulnerability of substance use in J&K. Historically, cannabis has been the primary substance used in J&K, with a notably high number of users. According to (Margoob & Dutta, 1993), it is a result of the societal acceptability of ‘charas’ (hashish) usage, which was supported by institutions like ‘Charas Takias’ (dens of charas addicts). Additionally, cannabis is cultivated in certain parts of the J&K, and hashish and marijuana are products of the cannabis plant produced in the region. It is also smuggled to other states and international markets, generating revenue worth several million rupees (Das, 2019).

<sup>1</sup>An assistant professor of psychiatry and the director of the IMHANS rehabilitation center

A significant portion of cannabis is also consumed within the region. Globally, the use of cannabis is on the rise, but the survey “Magnitude of Substance Use in India - 2019” reports that 1.3% of the population uses cannabis in J&K, with an estimated 140,000 users; it is the third most used substance in J&K.

The same report also reveals that alcohol is the most often used substance in India when it comes to substance use. However, it stands in second place among the most used psychoactive substances in J&K, with 3.5% of the population reporting alcohol use. The standing committee on SJ&E 2022-23 reports that the estimated number of alcohol users aged between 18 and 75 years in J&K is 354,000. A primary reason for this rate may be that alcohol has never been socially accepted in J&K.

**Figure II: Population Percentage Using Drug Substances in 2019.**



Source: Illustrated by the Author, data obtained from UNODC and MoSJ&E.

Figure II illustrates that the global population average and India’s population average using alcohol and cannabis are higher than that of J&K. However, in the case of opioids, the situation is reversed, with J&K having a significantly higher percentage of individuals who use drugs compared to the global and national average; it is more than twice the national rate. 4.91% of the population in J&K used opioids in 2019, with the majority (about 80%) mainly utilizing heroin and other related drugs. Furthermore, the Fifty-First Report of the Standing Committee on SJ&E reports that there were an estimated 540,000 opioid users in J&K. This makes opioids the most commonly used substance in J&K, and around 80% of those opioid users were heroin users, which equates to approximately 430,000 individuals who use heroin and its related products. Heroin was available in J&K even in the 1990s, but it was not prevalent because it was out of reach of the ordinary population. During the 1990s, cannabis was the substance used by the majority of individuals (Margoob & Dutta, 1993). However, the data on the rising number of NDPS cases and heroin seizures in the region by drug law enforcement agencies (as shown in Figure I) indicate a significant increase in heroin trade in the region over the past six years. The data and testimonies from various

experts highlight the alarming rise in opioid, mainly heroin addiction in J&K. Heroin has overtaken cannabis and opioid-based painkillers as the predominant drug of choice. A significant concern about the rise in substance use is that it affects the behavior of youths (Mehra et al., 2022). The fact that around 90% of the people who are taking treatment have a heroin addiction is very alarming. The government has taken various measures, including enacting new laws, implementing awareness programs, and establishing de-addiction centers. In 2023, de-addiction and rehabilitation centers in J&K provided 14,180 outpatient department (OPD) treatments and 1,931 inpatient department (IPD) treatments. In the first half of 2024 (until the end of July), centers provided 5,318 OPD and 561 IPD treatments. To encourage people to seek de-addiction services, the government offers immunity to people with an addiction who voluntarily seek treatment under Section 64A of the NDPS Act (*Measures Taken on Enforcement against Misuse of Drugs and Narcotics*, 2024). The government is also working with the vision that the person who uses drugs is a patient in need of treatment, not a criminal deserving of imprisonment. Both the J&K government and the central government are actively working to raise awareness about the drug menace. Despite their efforts, substance use disorder continues to rise in the region, and the availability of drugs in J&K remains a serious concern.

## CONCLUSION

The study findings draw attention to the alarming rise in substance use, with opioids, particularly heroin, being the widely used substance in J&K. Heroin, commonly referred to as “Chitta” in the region, has increased over the past six years and accounts for nearly 90% of cases reported at drug de-addiction centers. The most concerning part is the high rate of heroin use among youth aged between 20 and 29 years and its availability and usage in remote areas. The data and surveys highlight an increase in heroin usage and a troubling shift towards more potent substances, underscoring severe public health and security challenges in the region.

The study concludes that despite the implementation of a lot of government policies and programs to address this issue, heroin usage continues to surge, indicating deep-rooted issues that require a more focused, long-term strategy. Given the scope and complexity of this problem, a coordinated strategy that includes targeted awareness programs, readily accessible treatment facilities, and strengthened border surveillance to tackle cross-border drug trafficking, and the strict implementation of anti-drug policies is crucial. Educational institutions can play a

significant role in prevention through counseling and awareness among youths. Furthermore, a comprehensive data monitoring system is required to track usage trends, treatment effectiveness, outcomes, and emerging threats. Efforts already being made by the government are promising, but sustained policy enforcement, strategic adjustments, community involvement, and healthcare support are essential to curb this escalating crisis in J&K.

## DISCLOSER

The authors report no relevant financial or non-financial conflicts of interest.

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## ETHICAL APPROVAL

The study followed all ethical research norms. Ethical approval for the study was granted by Ethics Committee of Central University of Jammu.

## AI DISCLOSER STATEMENT

In the preparation of this research paper, AI tool, Gemini model 2.5 Flash, was used for linguistic refinement and stylistic optimization. This utilization aligns with ethical academic practices, serving only to improve the language quality for the reader.

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