



## REHABILITATION OF DRUG ADDICTED YOUTH IN JAMMU CITY

<sup>1</sup>Mr. Shakeeb Manzer <sup>2</sup>Mr. Hilal Ahmad Bhat

<sup>1,2</sup>Research Scholars Department of Sociology and Social Work Barkatullah University Bhopal

### ABSTRACT

*Drug Addiction is the major social problems which are engulfing the youth all over the world. They are harmful not only for the individual but also for his family and the society at large. Drug addiction/dependence and alcoholism have become complex and serious social problems in the world. They have affected the social, health, economic, spiritual, psychological and cultural aspects of the people. Alcoholism is a condition in which the individual has lost control over his alcohol intake in that he is constantly unable to refrain from drinking once he begins. 'Alcoholism' implies a state of 'periodic' or chronic, intoxication. Alcoholism is detrimental to individual as well as to the society. Drug addiction and alcoholism seems to be one of the most dangerous social problems today. These have spread their ugly hands not only in western countries but also in India. In India, the problem of drug abuse has become a matter of serious public concern, since eighties, especially on account of its proliferation among the youth in various socio-cultural and economic strata. Drug addiction is a chronic disease characterized by compulsive, or uncontrollable, drug seeking and use despite harmful consequences and changes in the brain, which can be long lasting. These changes in the brain can lead to the harmful behaviors seen in people who use drugs. Drug addiction is also a relapsing disease. Relapse is the return to drug use after an attempt to stop.*

*The idea of rehabilitating addictive behavior has existed since the beginning of the early temperance movement in 19th-century America. This movement, which began in the 1800s, gave rise to our modern notions of addiction and the need for our society to help alleviate the suffering of its addicts. The paper concludes with preventive strategies are required to be planned and suggested for Rehabilitation of drug addict youth in Jammu.*

**Key words: Rehabilitation, Drug addict, Youth of Jammu**

### INTRODUCTION

Drug abuse changes the function of the brain, and many things can "trigger" drug cravings within the brain. It's critical for those in treatment, especially those treated at an inpatient facility or prison; to learn how to recognize, avoid, and cope with triggers they are likely to be exposed to after treatment. This naturally arouses curiosity and incalculable damage to the



psyche of the children and the immature. In modern times, the use of drugs has wreaked havoc, affecting generation after generation of young boys and girls. Newer and more dangerous drugs are appearing on the scene and what is alarming is that they are filtering down to highly vulnerable sections of society including school and college students. The majority of drug victims are youths, the lifeblood of our Nation, studying in schools, colleges and universities.

Once used to drugs, they begin to skip school, college or university. Educational careers are thus disrupted, resulting in increased number of drop-outs. The wastage in terms of money, time, talent and human resources is tremendous. The extent and nature of the problem of drug abuse among the young people of Jammu today is serious and there are disturbing signs which show that the situation is likely to worsen and get out of hand, if adequate measures are not adopted to curb the evil. The problem to be investigated can thus be specifically put as **“Rehabilitation of Drug Addicted Youth in Jammu”**.

### **DRUG REHABILITATION CENTRES IN JAMMU**

The drug abuse problem cannot be dealt with effectively unless there is a partnership between government and Non-Government Organization. Voluntary organizations are taking the responsibility for prevention, treatment and rehabilitation of drug addicts throughout the country. With the support and assistance from the government and people some drug addiction and rehabilitation centers have come up in Assam also. Within Guwahati city some centers have started counseling and rehabilitation exclusively for chemical substance abusers.

#### ***Naya Savera - Drug De-Addiction & Rehabilitation Centre Delhi & Himachal:***

Naya Savera is a non-profit organization registered under the Indian Trust Act of 1950. It established its first De- addiction & Rehabilitation Facility in 2008, in a small village (Jhiri) in Himachal Pradesh. Today, it is running two De- addiction & Rehabilitation facilities in Himachal Pradesh and one in Delhi. Naya Savera has earned a reputation for its commitment to the cause of effective treatment of addiction/ alcoholism and awareness generation.



***J&k Society for Promotion of Youth and Masse:*** JKSPYM is working to deal with the drug problem in Jammu and Kashmir. SPYM is a national foundation that has been running de-addiction centres and fighting drug addiction for over 10 years. With an emphasis on equality of treatment, SPYM does not stigmatise women who are addicted to drugs and works to help young people who are addicted.

Addicts seeking treatment at this centre will receive comprehensive care involving many methods of treatment including detoxification, counselling, and follow up programs. Along with their treatment of addiction, JKSPYM helps diagnose and help those with HIV/AIDS. If you or your loved one needs freedom from addiction, let JKSPYM help.

***Mashwara Drug De-Addiction Centre:*** JKSPYM is running a treatment cum rehabilitation centre for drug addicts in Jammu since 1990. This centre offers residential treatment facility, which includes structured program in treatment and rehabilitation. These are done in in-patient settings with the help of a team of competent professionals, skilled in their areas of specialisation and deeply committed to the mission. Mashwara Kendra is a residential multidisciplinary 15 bedded hospital conducted by the professional team of Psychiatrist, Physician, Social workers, Counsellors, and Nursing Staff, skilled in their areas of specialization and deeply committed to the mission. The Kendra in the treatment of alcoholism and Drugs provide a comprehensive treatment facility covering both medical and psychological help.

***J&K: Police Drug De-Addiction and Rehab Centre:*** Offering a ray of hope to drug addicted youth, the police drug de-addiction and rehabilitation centre in Jammu has helped cure 94 per cent of the nearly 7,000 persons since it started operations four years ago. The centre, initially with staff strength of six, was set up as a counselling centre in April 2013 to help drug addicts overcome the problem and has now turned into a full-fledged round-the-clock 20-bedded hospital. Dozens of youth and their family members were present at the centre on Saturday as part of an interaction programme with Director General of state Police S P Vaid,



who advised them to remain steadfast in their resolve to give up drugs for their own good and the society.

**Resurrection Home, Jammu:** This centre was established by a recovering addict in 2001 with a view to provide counseling and rehabilitation to the drug addicts. The centre has a capacity for admitting twenty-five addicts and admission fee is the only source of income for the management of the centre. Generally addicts are referred by the doctors from private hospitals; sometimes parents or guardians also approach the centre for this purpose. Once admitted an addict has to stay at the centre for six months. He is kept under detoxification for first three days after admission. Family members are not allowed to visit the centre and depending upon the recovery level sometimes they are allowed to go home to stay for the night during treatment period.

They are also allowed to go for daily marketing in a group but have to submit account of expenditure to the Director. Since the management of the centre is entirely vested upon the Director cum-counselor, counseling program and group therapy are provided following a proper time schedule. The day starts with a prayer. Before taking every meal they have to pray to God. Other activities of the centre are:

- ❖ Counselling at individual, group and family level
- ❖ Yoga therapy
- ❖ Meditation
- ❖ Gardening

The centre follows the 12 steps of Alcoholics Anonymous (AA) with a goal of total abstinence. The centre does not have regular doctors and nurses but whenever necessary, the services of qualified medical personnel are made available to the centre.

**Navajeeva:** The centre was established in 2000 with a view to provide services for counselling, treatment and rehabilitation of drug addicts, which is sponsored by the Ministry of welfare,



Government of India, New Delhi, it is a project of a non-Government organization named 'Ashwas', a state branch of Association of Social Health of India.

Apart from managing the drug deaddiction centre, the organization conducts awareness generation activities in the community for the prevention of the drug abuse. The administration of the centre is entrusted to a project Director with a team of experts including Psychiatrist, Medical Officer, Social worker, nurse, and three security personals. The centre is providing accommodation to 15 male inmates at present. The main programme of treatment available in the centre are as follows:

1. Intake assessment in the beginning
2. Detoxification for ten days
3. Deaddiction
4. Rehabilitation

Today the drug culture is very wide and extensive and has become a serious problem eating into the very fabric of our society. It is wrecking the Indian society and the future citizens of the country, the youth from within. It is a grim reality which one cannot afford to ignore or overlook. The main social menace of drug abuse is that it results in mental degeneration which is a cause of great concern. Potential talents which could have been actualized in course of time are destroyed because of drug involvement.

Drug destroys human motivation and willpower, making the victim afraid of shouldering normal human responsibilities. The presence of the problem in school and among youth is a symptom of social conditions and personality problem. It is a part of a larger one-of the adult drug culture. What should be subtle, subdued and kept reasonable decent standards- especially in the presence of children, are blatantly talked about and unabashedly practiced in public.

#### **OBJECTIVES**

1. To study the role of government and NGO's for rehabilitation of drug addicted youth.
2. To know the behaviour of drug addicted youth.
3. To find out remedies to prevent youth from drug addiction.



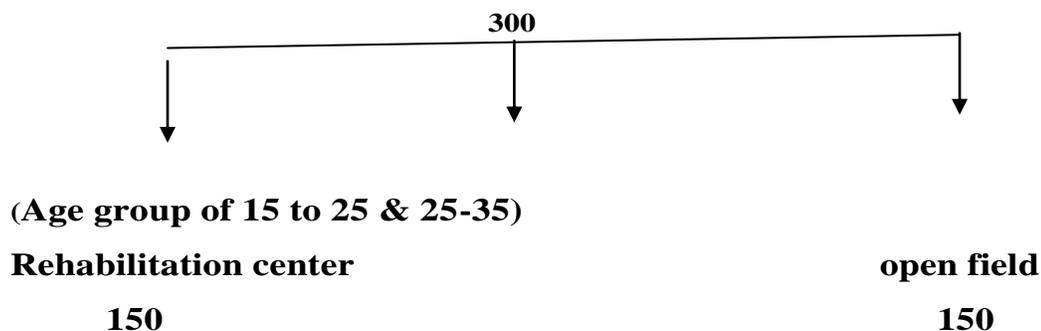
### RESEARCH METHODOLOGY

In present study sampling we use Random sampling & appropriate technique and all selected respondent's age is of Above 14 years & Below 40 years boys (male). The data was collected on the basis of questionnaire.

### SAMPLE SIZE

To represent every segment of the universe the sample size included sufficient in number. For higher accuracy of the data very small and large sample sizes are avoided. The sample size selected is 300. Large sample size has been avoided due to its difficult to manage and small size of sample is avoided due to improper representation of the universe and one sided result.

### Total Respondents



The study has been conducted in Jammu where three hundred (300) male respondents has been selected for the collection of data. Out of them 150 respondents are the field of district & 150 respondents are in the rehabilitation centers of Jammu district like mashwara & JKSTYM center.

### *Data Collection*

Data collection is the systematic gathering of data for a particular purpose from various sources including questionnaires, interviews, observation, existing records and electronic devices



### ***Data collection methods***

There are various data collection methods that are used to investigate various questions from varied fields of study. It is generally done through primary and secondary data collection method. A few problems are being investigated using case study method which involves collection of data from different sources of evidence. Evidences are generally being formulated either by multiple sources, case study data bases and chain evidence maintenance. However the main focus of this study is not for the expansion of the given principles and policies but to build on the above mentioned concepts and develop the results based on multiple data collection method i.e. interviews, documents and archives and observation. As it is very difficult to identify the number of drug addicted youth in Jammu district, a sample of 300 respondents of age 15 to 25 & 25-35 selected for the collection of data.

### **DISCUSSION & FINDINGS**

Drug rehabilitation is the patterned and chronic use of a drug in which the person consumes the drug in amounts or by ways which are very hazardous and harmful for him and others. According to Rehabilitation centers “substance abuse is persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice. According to a report around 70 thousand people are drug addicts alone in the Jammu among them approximately 31% are women. The youth is particularly involved in drug addiction as reported by Government Psychiatric Hospital Jammu around 90% drug abusers belong to the age group of 17-35.

The states circumstances from last two decades were considered by most people have contributed to various kinds of social and political issues including drug addiction. The lot number of youth has turned to drugs who have directly or indirectly affected by the turmoil in the state, but this is not the only reason behind this epidemic because there are other reasons as well, as reported by different studies that have been conducted in the state. Unemployment, relationship problems are naming a few. There are different measures taken



by state government to eliminate this curb, including the J&K Police Department running a number of drugs De-Addiction centre's in the Jammu District.

***Findings:***

It is clear from the study that respondents fall in the age group of 15-25 is 67%, falls in the age group of 25-35 is 19%, falls in the age group of 35-45 is 9% and 4% falls the age group of 45-55. 6% respondents are Post Graduate, 12% of them are Under Graduates, 30% of them are 10+2, 34% are below metric and only 18% of them are Illiterate.

Respondents fall in the age group of Marital Status of 15-25 is 25%, falls in the age group of 25-35 is 44%, falls in the age group of 35-45 is 16% and 15% falls the age group of 45-55. Result shows clearly that 27% respondents are under Student category Govt. employee 8 %are coming under, 21% are coming under Farmer level and only 43% of them are coming under Small business owner. 58% respondents fall under the category of joint family and rest 42% of the respondents are coming under the category of nuclear family. The table that 11% of the respondents having income of 2000-5000, 22% of them are having above Rs. 5000, 31% of them are having 5000-10000 and only 35% of them have 10000-15000 family income. According to religion 80% respondents are belongs Hinduism, 9% are belong to Sikhism, 7% are Islam, 2% Christianity and 2% are belongs other religion. Data shows that 68% respondents are started to take drugs in age of 15-25 and above, 21% of them started 25-35 , 6% of them are 35- and only 5% of them are started age of 45-55. we see that 9% respondents started taking drugs because of Unemployment , 20% of them have family instability, 24% of them failure to live successful life and only 47% of them are because of lived with bad company. 52% respondents are taking Heroin (Cheta), 25% of them are taking charas, and 18% of them taking wine & 5% are taking other thinks. It is clear that 49% respondents are taking drugs in one time, 27% of them are taking drugs in two times,, 12% of them are taking thrice a day & only 11% of them are them are taking drugs in any time.



Among the all respondents 64% of them are get drug from drug addicted person, 13% of them are get drug from drug keeping shop and only 22% of them get any other place. It is clear from the result that 13% respondents are spend below 10 on drugs daily and above, 25% of them are spend 100-200, 19% of them are spend 200-300 , 20% spend 300-500 and only 23% of them are spend 500-1000 on drugs daily. We find that 83% respondents are aware about the drug de-Addiction centers and 17% are not aware about that. 5% respondents has Heart problem and above, 54% of them Liver problem, 22% of them has Mental weakness, and only 19% of them has any other issue due to drug addiction. Among the all respondents 3% strongly disagree that drug spoil their economical, social & family life, 11% are disagree, 13% are indifferent, 51% agree and 30% strongly agree with this statement. 5% respondents are strongly disagree that alcoholism & drug addiction genetically inherited, 13% are disagree, 11% are indifferent, 48% agree and 23% strongly agree with this statement. It is clear from the data 18 that 4% respondents are strongly disagree that drug addiction can be treated or cure by rehabilitation center programs, 7% are disagree, 9% are indifferent, 40% agree and 41% strongly agree with this statement. 6% respondents are strongly disagreeing that teenagers are more affected than adult, 9% are disagreeing, 6% are indifferent, 41% agree and 48% strongly agree with this statement. 10% respondents are strongly disagree that addicted person should be using their will power to become drug free, 15% are disagree ,87% are indifferent, 31% agree and 36% strongly agree with this statement. It is clear in the findings that among the respondents 83% of them are aware about the drug de-Addiction centers and above, 17 % of them are not aware about it.

In present data 6% respondents are strongly disagree that that most of people used drug to escape from worries or troubles or fun, 7% are disagree ,3% are indifferent, 33% agree and 52% strongly agree with this statement. 10% respondents are strongly disagree most of people used drug to rebuild their self confidence, 9% are disagree ,5% are indifferent, 34% agree and 42% strongly agree with this statement. According to survey 7% respondents strongly disagree that it is easier for a teenager kid to get addicted than an adult, 7% are disagree ,5% are indifferent, 32% agree and 48% strongly agree with this statement. 5%



respondents are strongly disagree that rehabilitation center or programs rebuilt your life & live life long term recovery, 3% are disagree ,5% are indifferent, 34% agree and 53% strongly agree with this statement.

### ***Conclusion and Suggestions***

The study proves that the role of Rehabilitation center, education in awareness generation is the main aspect in restriction drug and alcohol problem in Jammu. The NGOs, Government agencies, civil societies and Religions need to generate more awareness programs through conducting of seminar, workshop, counseling and campaign. Controlling drug trafficking is not the problem of the law enforcing agencies only.

The government has an enormous role to play in restriction drug and alcohol problem in Jammu. The excise, prison (penitentiary), police departments, and hospitals for treatment centers, rehabilitation centers are the governmental agencies in curbing the drug and alcohol problem in the society.

The study proves that the role of education in awareness generation is the main aspect in curbing drug and alcohol problem in Jammu. To remove this generation gap the NGOs, Government agencies, civil societies and Religion need to create more awareness programs through conducting of seminar, workshop, counseling and campaign.

### **REFERENCES**

- **Arora, Monika et al. (2008)**, Association between tobacco marketing and use among urban youth in India. New Delhi : Health Related Information Dissemination Amongst Youth (HRIDAY). 11 p. Benegal, Vivek, Veleayudhan,
- **Agrawal, Amit (2010)**: Urban Society in India, ch. Urban Community and Spatial Dimensions, Vivek Prakashan, Delhi, pp. 11-17.
- **Ahmed, S.H. (1982a)**. Dmg abuse in young generation of Pakistan. In proceedings of International Conference on Demand and Supply of Opiates in Pakistan, 1982, Islamabad : Pakistan Narcotics Control Board, 87-89.
- **Baba, T. A., Ganai, A. M., Qadri, S. S., Margoob, M. A., Iqbal, Q. M., & Khan, Z. A. (2013)**. An epidemiological study on substance abuse among college students of north India (Kashmir valley). International Journal of Medical Science and Public Health, 2(3), 540-545.



- **Chopra RN, Chopra BN.** Some Country Beers of India. Drug Addiction Inquiry IRPA 1933; Series No. 18: 665-75.
- **Centers for Disease Control and Prevention (2002).** Trends in cigarette smoking among high school students, Morbidity and Mortality Weekly Report, 57(19),409-412.
- **Desai NG.** Treatment and outcome of alcohol dependence. In: Ray R, Pickens RW, eds. Proceedings of the Indo-US symposium on alcohol and drug abuse. Bangalore: NIMHANS Publication No. 20,1989; 109-16.
- **Khan, M. Z., & Singh, D. R. (1979).** Drug dependence among college youth in India. Indian Journal of Youth Affairs, 7(4), 1-9.
- **Malhotra, A. K., Kapur, R. L., & Murthy, V. N. (1978).** Drug dependence: A preliminary survey of hospital registrations. Indian Journal of Clinical Psychology, 5, 131-137.
- **Maqgoob MA, Dutta K (1993)** Drug abuse in Kashmir - experience from a psychiatric diseases hospital. Indian J Psychiatry 35: 163.
- **Singamma Sreenivasan Foundation, Bangalore. (2008).** Impact of state excise policy on arrack sales and consumption : final project report. Bangalore : SSF. 54
- **Varma VK, Singh A, Singh S, Malhotra A.** Extent and pattern of alcohol use and alcohol related problems in North India. Indian Journal of Psychiatry 1980; 22: 331-37.