



INDIAN JOURNAL OF
LEGAL REVIEW

VOLUME 5 AND ISSUE 13 OF 2025

INSTITUTE OF LEGAL EDUCATION



INDIAN JOURNAL OF LEGAL REVIEW

APIS – 3920 – 0001 | ISSN – 2583-2344

(Open Access Journal)

Journal's Home Page – <https://ijlr.iledu.in/>

Journal's Editorial Page – <https://ijlr.iledu.in/editorial-board/>

Volume 5 and Issue 13 of 2025 (Access Full Issue on – <https://ijlr.iledu.in/volume-5-and-issue-13-of-2025/>)

Publisher

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SOCIO LEGAL IMPACT OF DRUG ABUSE AMONG YOUTH IN J&K

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BEST CITATION – ANMOL JASROTIA & DR. AMRITA RATHI, SOCIO LEGAL IMPACT OF DRUG ABUSE AMONG YOUTH IN J&K, INDIAN JOURNAL OF LEGAL REVIEW (IJLR), 5 (13) OF 2025, PG. 510-520, APIS – 3920 – 0001 & ISSN – 2583-2344

Abstract

The socio-legal effect of drug abuse among young people in Jammu and Kashmir (J&K) is critically discussed in this research paper, and the phenomenon is placed in the context of long-term conflict, sociopolitical unstable situation, and economic deficiency. Using interdisciplinary literature and empirical accounts, the research clarifies how criminal life substance usage patterns are determined by negative childhood events, joblessness, family instability, and ongoing trauma in a war-torn area. The study examines the compounded vulnerability of the youth aged 17-35, based on the complex consequences on mental health, educational access, access to jobs, and social cohesion. The paper uses a socio-legal analytical tool to examine the strengths and weaknesses of the current legal tools, including the Narcotic Drugs and Psychotropic Substances Act, and the recent de-addiction and juvenile justice strategies implemented by the state and law enforcement. The thesis appraises the conflict between punitive politics and rehabilitative demands, where the actions of the law need to be traumatologically and rights-oriented and in the context of widespread social stigma and inadequate mental health care. Among the main findings, there is the interaction of economic marginalisation and peer influence with lack of policy implementation that fuels addiction cycles, stigmatization and social rejection. The dissertation demonstrates significant research gaps in the longitudinal studies and interventions specifically developed to suit particular cultures and recommends a multi-sectoral approach combining health, education, and legal systems. Policy recommendations are focused on the growth of the community-based prevention, harm-reduction behavior, and evidence-based support systems that respond to the lived conditions of youth in J&K. The study eventually proceeds to the finer realization of drug abuse as an informative socio-legal problem, which needs contextually-based, multidimensional interventions.

Keywords: Drug abuse, young people, Jammu and Kashmir, socio-legal influence, conflict zone, mental health, population health, stigmatization, rehabilitation, family relationships, financial deprivation, peer pressure, and prevention interventions.

Introduction to Drug Abuse in J&K

- **Overview of the Drug Abuse Epidemic in J&K**

Drug abuse in the Kashmir Valley of Jammu and Kashmir (J&K) is now a major social health threat, where more young people are increasingly getting involved in drug abuse and addiction. The epidemic is a patterned chronic

consumption of harmful drugs, which constitutes severe physical and social threats to the person and the community at large. The official reports show that there are approximately 70000 addicts in the region of which women constitute about 31 percent. The majority of the victims are in the age range of 17-35 years, the young population which is in the education or early career levels. A combination

of socio-political unrest in the last 20 years has compounded the crisis and developed the atmosphere of uncertainty and discomfort that facilitates more substance use. Lack of employment, broken relationships and family turmoil have also contributed to the dilemma and provided several psychosocial stressors that will promote the development and maintenance of drug abuse. Unemployment and interpersonal issues are found to be the important contributing factors in empirical studies, and it is crucial to note that multi-pronged interventions are necessary. The government of J&K and the law-enforcement agencies have realised the seriousness of the condition which has led to the formation of de-addicts centres to be run by the police department as a part of an organised campaign to reduce this menace that is increasing.^{824 825}

- **Historical and Political Context Influencing Drug Abuse**

Long-lasting conflict and political turmoil, which continue to rock Jammu and Kashmir to date, have an immense influence on the drug-abuse of the young population. Long-term instability leads to widespread mental anguish, social disorganization, and reduced economic prospects thus making people more susceptible to drug abuse. Life in an armed conflict causes trauma-related experiences, anxiety, and depression, most of whom engage in self-medication by using drugs. The interconnection between sociopolitical instability and rising substance abuse levels are some of the factors contributing to the decay of the social fabric, devaluing traditional family, educational, and community support systems, which are significant in the development of the youth. The presence of violence, displacement and economic deprivation leads to a multi-faceted crisis where drug abuse is a symptom

and a contributor to the continued instability. In addition, the mental-health infrastructure constraints hinder effective care and prevention of the affected youths. New models of service delivery such as training lay health workers recruited by locals have been put forward to reduce the obstacles associated with resource scarcity and geographic isolation that are a characteristic of the region, demonstrating how complex the nexus between political setting and health intervention can be in overcoming drug abuse in a conflict region.^{826 827}

- **Drug Abuse Patterns and Substance Types**

Drug abuse trends in J&K are unique with regard to the substances used and the route of abuse. The opioids form a leading group of abused drugs, with most of the users showing consumption through oral routes although chasing and intravenous routes are also witnessed in a sub-group. Addiction of opioid users averagely takes a period of less than three years and some users report of four to six years or more period of consistent abuse. One particular initiating factor is peer pressure that can be empowered by access to diverted pharmaceutical drugs that are not originally intended to be used divertically. The diversion of prescribed opioids into the illegal market is one of the significant problems that make regulation and enforcement difficult. The use of new psychoactive drugs, including delta-8 tetrahydrocannabinol (THC), has only complicated the marketplace with drugs that are often legal or unregulated, departing young people to jeopardize their lives by assuming that the alternatives are safer. The visibility and availability of such substances together with the lack of age restrictions, and attractive marketing techniques, especially on the Internet, increase the susceptibility of the youth

⁸²⁴ N. I. Sajad Ahmad Bhat, "Drug addiction in kashmir: Issues and challenges," None, 2017.

⁸²⁵ S. H. SyedSajad Dr. YasirHassan Rather, "Sociodemographic profile and pattern of opioid abuse among patients presenting to a de-addiction centre in tertiary care hospital of kashmir," Medknow, 2015.

⁸²⁶ S. S. Tambri Housen Annick Lenglet, "Trauma in the kashmir valley and the mediating effect of stressors of daily life on symptoms of posttraumatic stress disorder, depression and anxiety," BioMed Central, 2019.

⁸²⁷ S. N. I. Ashok Malla Mushtaq Ahmad Margoob, "A model of mental health care involving trained lay health workers for treatment of major mental disorders among youth in a conflict-ridden, low-middle income environment: Part i adaptation and implementation," SAGE Publishing, 2019.

to testing and further dependence. This dynamic substance environment requires a constant check up and change in policy to curb the risks that young people face in J&K.^{828 829}

Social Impact of Drug Abuse on Youth in J&K

- **Impact on Mental Health and Well-being**

The problem of drug abuse among the youth in J&K has far-reaching negative conditions on mental health that worsens the already susceptible psychiatric health and creates a new set of psychological health conditions. Presence of co-occurring conditions such as depression, anxiety, and posttraumatic stress disorder (PTSD) are significantly more common in substance-abusing youths who may have a history of poor childhood experiences such as trauma, abuse, and neglect. The continuing state of conflict adds chronic daily stress factors such as financial insecurity, family dysfunction, violence in the community that aggravates the psychological distress and makes the recovery efforts even more difficult. These cumulative effects are linked with failure to regulate their emotions, suicidality, and social maladjustment. The nature and severity of mental-health outcomes have been modified by gender and ethnic disparities as certain populations are more susceptible or more resilient. Notably, childhood adversities enhance the recurrence of distress through adverse effects on substance use and mental-health disorders during young adulthood. The treatment of these complex psychological loads needs a combined method in which addiction and underlying mental-health issues are approached through a trauma-informed platform.^{830 831 832}

⁸²⁸ *Id* at 4.

⁸²⁹ S. T. W. Cassidy R. LoParco Matthew E. Rossheim, “Delta8 tetrahydrocannabinol: A scoping review and commentary,” Wiley, 2023.

⁸³⁰ *Id* at 3.

⁸³¹ *Id* at 5.

⁸³² S. G. Elizabeth A. Schilling Robert H. Aseltine, “Adverse childhood experiences and mental health in young adults: A longitudinal survey,” BioMed Central, 2007.

- **Effects on Education and Employment**

The social-educational impact of drug abuse in young people is brash and multidimensional. There is a negative relationship between substance use and academic performance as shown by the rising cases of absenteeism, learning difficulties, and school dropout among the affected individuals. The consumption of alcohol and marijuana during the adolescent life stage is especially debilitating since it affects the cognitive growth that is instrumental in academic success. Such educational disadvantages are turned into poor employment opportunities because, young people with substance-use damages usually have difficulties with learning skills, focus, and maintaining employment. The economic consequences are also observed in communities and governments in terms of reduced productivity and increased social-welfare demands. Unemployment among young people particularly in the post-conflict economic environment in J&K worsens these proceedings by causing a circle where unemployment breeds substance abuse which consequently hinders employability. The income-support initiatives along with special programmes targeting the marginalized disengaged youths in an attempt to mitigate these challenges are hampered by endemic structural barriers. All-encompassing plans that unite education, labor, and rehabilitation of addicts are needed to break these interconnected loops.^{833 834 835}

- **Family and Community Dynamics**

Drugs abuse has a strong destabilizing influence on the family and community networks in Jammu and Kashmir. The development of addiction often leads to conflict in the family, distortion of communication, economic distress and social turmoil thus putting strain on the parent-child relations and

⁸³³ T. Y. Tetsuji Yamada Michael Kendix, “The impact of alcohol consumption and marijuana use on high school graduation,” Wiley, 1996.

⁸³⁴ S. K. Stphane Carcillo Rodrigo Fernandez, “NEET youth in the aftermath of the crisis,” None, 2015.

⁸³⁵ J. C. Bennett, “Investment in population health in five OECD countries,” None, 2003.

increasing domestic violence. Youth addicted families are prone to stigma and social ostracism which further isolate victims of addiction and diminishes their social support. This stigmatization spreads into the wider community conditions, denying the societal cohesion and eroding the communal bonds that are traditionally significant to promote the resilience and overall communal well-being. Families that are located in marginalized groups are particularly vulnerable to such dynamic since poverty, lack of access to education materials, and unstable politics are heightening the vulnerability of these groups. As a result, the overall effect is a disillusionment of the social environment that fosters exclusion and perpetuates the addiction and underprivilege cycles, which positively contributes to explaining the necessity of community-based destigmatization efforts and supportive social systems to be used in addition to clinical interventions.^{836 837 838}

Legal Framework and Policies Addressing Drug Abuse in J&K

- **National and State-Level Drug Control Policies**

The law enforcement of drug abuse in Jammu and Kashmir has been in the national platform of the Narcotic Drugs and Psychotropic Substances Act (NDPS Act), which is aimed at controlling drug trafficking and curbing substance abuse. Enforcement bodies, especially the J&K Police Department have been very active in the restricting of illicit drug traffic and the running of de-addiction centers to aid in treatment and rehabilitation. Despite the efforts of policing departments to destroy trafficking rings and limit the supply of drugs, there are still hurdles because the market of illegal drugs is too complicated, and the

borders between the regions are too porous. Additionally, the criminal justice system strives to provide equilibrium between the enforcement actions and delivery of addiction-treatment to reduce harm among the users and prevent recidivism. These governmental programs are part of the larger plan to deal with drug abuse; although enforcement is not sufficient without incorporation with health-based and social interventions to meet conflict-sensitive milieus.^{839 840}

- **De-addiction and Rehabilitation Programs**

The development of de-addiction centers operated by the government in Jammu and Kashmir has been observed as a part of rehabilitation efforts targeting to provide drug addictive young people with detoxification and therapeutic services. Social and community-based strategies that have been implemented by voluntary organisations have been used to sometimes complement state services with focus on local involvement and cultural-based interventions. However, service delivery faces several limitations such as inadequate infrastructure, lack of well trained professionals and accessibility that has been compounded due to the persistent conflict and geographic remoteness. The use of new models like training of the lay health workers who are found to be within the affected communities helps in closing the gaps in healthcare provision and also improves case detection and intervention coverage. In spite of these efforts, there remains disparity in the availability, quality and continuity of care which has affected the effectiveness of the rehabilitation programmes in the region.^{841 842}

⁸³⁶ S. M. Catherine Campbell Carol Ann Foulis, "I have an evil child at my house: Stigma and HIV/AIDS management in a south african community," American Public Health Association, 2005.

⁸³⁷ R. Sonawat, "Understanding families in india: A reflection of societal changes," University of Brasilia, 2001.

⁸³⁸ I. S. Joseph Murray David P. Farrington, "Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: A systematic review and meta-analysis." American Psychological Association, 2012.

⁸³⁹ *Id* at 3.

⁸⁴⁰ T. J. C. James A. Inciardi Hilary L. Surratt, "Prescription opioid abuse and diversion in an urban community: The results of an ultrarapid assessment," Oxford University Press, 2009.

⁸⁴¹ *Id* at 3.

⁸⁴² *Id* at 6.

- **Legal Consequences and Juvenile Justice**

In Jammu and Kashmir, the way the judicial system approaches drug related crimes committed by young people is indicative of a natural conflict between the punitive and rehabilitative paradigm. Sentencing choices often face juvenile drug offenders that predominantly focus on incarceration, which has the danger of enhancing social outcast and obstructing a lengthy period of rehabilitation. Available emerging evidence on similar jurisdictions has suggested that family-based and multisystemic therapeutic interventions are effective in reducing recidivism and positive behavioural outcomes in youthful offenders compared to punitive measures. Over time, legal systems are becoming more aware of the need to strike a balance between imperatives of public-safety and developmental imperatives and rights of young drug users. Socio-legal implications encompass the view of the effects of sentencing policies on the chances of reintegration, mental well-being of the perpetrator, and feasibility of restorative justice frameworks in comparison to traditional punitive frameworks.^{843 844 845}

Socioeconomic Determinants of Drug Abuse in Youth

- **Unemployment and Economic Factors**

Economic deprivation and, especially, high unemployment rates among youths is a severe predisposing factor that determines the onset of drug-abuse in Jammu and Kashmir. The lack of work places creates disillusionment and devalues social position and may drive the youth to drug use as a means of coping or a substitute to social inclusion. The risk environment is being increased by the socio-economic inequalities since poor people and communities are facing numerous stressors,

⁸⁴³ L. L. Steven D. Levitt, "The determinants of juvenile crime," University of Chicago Press, 2001.

⁸⁴⁴ C. M. B. Elizabeth J. Letourneau Scott W. Henggeler, "Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial." American Psychological Association, 2009.

⁸⁴⁵ N. M. zkan Eren, "Emotional judges and unlucky juveniles," American Economic Association, 2018.

such as the lack of educational opportunities, housing instability and social marginalisation, which all predispose individuals to addiction. These economic circumstances do not just act as the proximal risk factors but also contribute to the intergenerational disadvantage and drug abuse. As a result, economic re-emergence and job-creation projects are inevitable elements of the whole drug-abuse prevention strategies in the region.^{846 847}

- **Family Environment and Parenting Practices**

There is a close relationship between youth drug abuse and unfavourable family environments, which are marked by poor parental control, dysfunctional families and family substance use. Poor supervision, lack of discipline, and lack of emotional support are parenting styles that increase the risk of drug experimentation. In addition, a family history of addiction further increases risk by both genetic factors and the modelling behaviours. Premature exposure to negative experiences, such as physical or emotional abuse or neglect in the family, increases vulnerability through its weakness in psychological growth and adaptation abilities. The interventions based on the focus on the improvement of family functioning, improvement of parental communication, and the interventions that deal with parental substance use are promising to reduce these risks and create protective environments among young people.^{848 849}

- **Peer Influence and Social Networks**

In Jammu and Kashmir peer influence has a critical role in the initiation as well as maintenance of drug abuse among youth. The peer pressure is often mentioned as the most significant factor driving the first time taking of drugs, in which case social acceptance in subcultures legalises and solidifies substance

⁸⁴⁶ *Id* at 3.

⁸⁴⁷ *Id* at 13.

⁸⁴⁸ *Id* at 11.

⁸⁴⁹ M. W. C. M. M. Mark Assink Claudia E. van der Put, "Risk factors for child sexual abuse victimization: A meta-analytic review." American Psychological Association, 2019.

use behaviours. These behaviours can become institutionalised in socially isolated or economically depressed localities as a way of forming identity and adjusting to the negative situations. The peer influence is also a complicated issue which develops to the sharing and diversion of pharmaceutical drugs, thus making the addictive drugs available. Good prevention and intervention panoramas should therefore recognize and integrate mechanisms to change peer norms and reinforce pro social networks among the youth populations.^{850 851}

Psychological and Developmental Factors

- **Adverse Childhood Experiences and Later Drug Use**

Long-term effects of negative childhood events (ACEs) including abuse, neglect, and dysfunctional families have a significant influence on the likelihood of the youth developing substance-use disorders in adulthood. Trauma exposure leads to neuro-developmental and psychosocial impairments that increases vulnerability to mental-health disorders typically self-medicated by drug use. Multiple ACEs increase risk by the cumulative effect of ACEs and is expressed through antisocial behaviour in young adulthood, depression and addiction. These results have gender and ethnic differences, as some demographic categories show dissimilar resilience or vulnerability. The sequelae of childhood adversity need a comprehensive strategy, including trauma-informed care with the addiction-treatment models.^{852 853}

- **Cognitive and Emotional Development**

The substance abuse among adolescents disrupts the normal development of the brain, especially in the areas that are concerned with verbal learning, memory, and executive

functioning. Neurotoxicity of alcohol and marijuana interferes with neurobehavioral patterns, decision-making, risk assessment, and emotional control, contributing to the development of the further desire to use the drug and engage in risky sexual behavior. These changes undermine psychological strength and can lead to increased weaknesses in terms of exposure to conflict and psychosocial stress. The consciousness of these developmental effects explains the need to provide prevention interventions early in life to ensure cognitive and emotional wellness in adolescence.^{854 855}

- **Protective Factors and Resilience**

Although it has various weaknesses, some of the protective factors promote resilience in the youth who have been exposed to drug abuse. The protection mechanisms against substance use initiation and escalation include strong social support, cohesive family, and participation in educational activities. Interventions that facilitate psychological health, security of attachment, and acquisition of life skills at an early stage also improve adaptive abilities that allow young people to deal with challenges favorably. The programs that offer opportunities to positive socialisation, mentoring, and empowerment are some of the community programs that play a significant role in resilience-building. Investment in these protective factors will be a cost-effective and sustainable way of alleviating drug abuse effect among conflict-afflicted populations.^{856 857}

Health Consequences and Public Health Considerations

- **Physical Health Risks Associated with Drug Abuse**

The high-risk factors in injecting drug use among opioid abusers in J&K include increased morbidity, or mortality rates because of

⁸⁵⁰ *Id* at 4.

⁸⁵¹ C. L. Joanna Tyler, "Risk, protective, AOD knowledge, attitude, and AOD behavior. Factors associated with characteristics of high-risk youth," Elsevier BV, 1997.

⁸⁵² *Id* at 11.

⁸⁵³ N. W. Janice K. KiecoltGlaser JeanPhilippe Gouin, "Childhood adversity heightens the impact of later-life caregiving stress on telomere length and inflammation," Lippincott Williams & Wilkins, 2010.

⁸⁵⁴ B. J. N. Alecia D. Schweinsburg Brian C. Schweinsburg, "Neural correlates of verbal learning in adolescent alcohol and marijuana users," Wiley, 2010.

⁸⁵⁵ B. F. Ernesto Caffo Carlotta Belaise, "Promoting resilience and psychological well-being in vulnerable life stages," Karger Publishers, 2008.

⁸⁵⁶ *Id* at 34.

⁸⁵⁷ R. D. Tim Kautz James J. Heckman, "Fostering and measuring skills: Improving cognitive and non-cognitive skills to promote lifetime success," None, 2014.

complications (e.g., overdose, infections, and co-morbid infections such as HIV/AIDS or hepatitis C). The epidemiological transition has seen the development of HIV among socially vulnerable populations such as young intravenous drug users and this has complicated the efforts in controlling the disease. Also, the reproductive health is negatively impacted and drug-abusing youth become more susceptible to sexually transmitted infections and inadequate pregnancy. The management of these physical health effects requires combination harm reduction measures, such as the needle exchange programmes, availability of antiretroviral therapy and extensive sexual health education aimed at the high-risk youth.^{858 859}

- **Mental Health and Comorbid Disorders**

The prevalence of psychiatric comorbidities that include depression, anxiety, and PTSD in young people often complicates the clinical presentation of substance use disorders, thereby making it difficult to treat them. Drug abuse has also become a maladaptive coping mechanism to deal with psychological distresses as a result of conflict related trauma as well as social adversity. Dual diagnosis of multiple disorders requires models of integrated care, which can support these disorders. Service gaps and stigma are however the greatest hindrances to accessing effective mental health and addiction treatment services in J&K which contributes to the cycles of illness and social marginalisation.^{860 861}

- **Barriers to Healthcare Access and Treatment Uptake**

Juveniles in resource poor and conflict affected areas like J&K experience significant obstacles in receiving drug abuse therapy and mental

health care. The low density of healthcare facilities and unrest in politics and geographic location make care inaccessible and uncontinuous. Poor adolescent centred mental health programmes and social stigma and discrimination only worsen the attempts of youth and families to seek the help. Some of the innovative delivery mechanisms like training lay health workers present a viable option in order to avoid these barriers but issues of implementation and sustainability still exist. These barriers are important issues that need to be addressed to enhance drug-affected youth treatment uptake and health outcomes.^{862 863}

Social Stigma and Community Perception

- **Nature and Roots of Drug-Related Stigma**

The problem of stigma against drug-using youth in J&K is complex, as it is based on the socio-cultural beliefs according to which addiction is equated with moral weakness and social deviation. This is an exclusion and discriminative social psychological mode of punishment that punishes people who are violating the norms. The processes of stigmatisation are further complicated by gender and cultural issues, which in most cases are worse in women and marginalised groups. The stigma that prevails everywhere discourages open discussions and restricts social support, and maintains secrecy and fear of being revealed, all of which hamper prevention and rehabilitation initiatives. To prevent stigma, it is important to understand the socio-political roots of stigma in order to create meaningful anti-stigma interventions.⁸⁶⁴

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- **Impact of Stigma on Families and Caregivers**

Young families of drug abusers suffer a lot socially and emotionally through stigma, which

⁸⁵⁸ F. L. Rosemary DraySpira, "Social health inequalities during the course of chronic HIV disease in the era of highly active antiretroviral therapy," Lippincott Williams & Wilkins, 2003.

⁸⁵⁹ C. M. C. Barbara Tempalski Enrique R. Pouget, "Trends in the population prevalence of people who inject drugs in US metropolitan areas 19922007," Public Library of Science, 2013.

⁸⁶⁰ *Id* at 3.

⁸⁶¹ *Id* at 5.

⁸⁶² *Id* at 6.

⁸⁶³ C. M. M. Alex H. Krist Karina W. Davidson, "Screening for unhealthy drug use," American Medical Association, 2020.

⁸⁶⁴ *Id* at 15.

⁸⁶⁵ *Id* at 17.

in this case entails shame, isolation and economic deprivation. Such experiences weaken the ability of caregivers to be able to support and can impair the processes of adhering to treatment and recovery of the addicted youth. Social networks and family pressures make individuals more vulnerable and form a vicious circle that impedes the recovery process. There should be effective interventions that target family needs and stigma reduction simultaneously to create favorable environments that support long-term recovery.^{866 867}

- **Strategies to Combat Stigma and Improve Social Integration**

The stigma needs to be fought using multi-level interventions that involve educational campaigns that help in developing community awareness, participatory programmes that enhance critical analysis of prejudices, and policy frameworks that institutionalise destigmatisation. By using community leaders, healthcare providers and affected families to participate in these initiatives, the relevance and effectiveness of such initiatives is increased. Legal protections and human-rights-founded strategies form an important part of those initiatives, as equitable access to care and social inclusion is guaranteed to youth who are affected by drugs. The process of introducing stigma reduction to the broader health and social policy will enable enhanced social integration and rehabilitation.^{868 869}

- **Intervention Strategies and Prevention Programs**

- **School-Based and Community Interventions**

Educational awareness campaigns aimed at educating young people in issues related to drug abuse form a part and parcel of prevention campaign in J&K. School-based

intervention with peer-led activities and family inclusion proved effective in changing knowledge, attitudes, and behaviour regarding substance use. Successful curricula will combine substance abuse education into larger life-skills and psychological development models, which will make them more relevant and not temporary. Community interventions go hand in hand with such approaches and create favorable environments and encourage others to engage in alternative activities that discourage substance use. This combination of the strategies has a potential of wide effect in the prevention of initiation and development of drug abuse among the youth.^{870 871}

- **Early Identification and Screening Practices**

The early intervention depends on timely screening of primary care and community settings to detect drug use and other associated mental health risks. Nevertheless, the process of adolescent screening is complicated due to a range of issues, including the issue of confidentiality, scanty evidence regarding the effectiveness of screening among the youth, and the shortage of resources in the conflict-affected regions. Validity and acceptance are high when screening instruments are tailored so as to suit the cultural and contextual relevance. Developing definite referral channels and connections to care are a guarantee that screening leads to fruitful prevention and treatment results.^{872 873}

- **Rehabilitation and Behavioral Therapies**

Psychosocial therapies that are empirically-backed such as multisystemic therapy (MST), family-based interventions, and cognitive-behavioural therapies have potential in helping to resolve youth substance abuse. MST specifically has shown to be effective in decreasing problem behaviours, drug use, and

⁸⁶⁶ *Id* at 5.

⁸⁶⁷ *Id* at 17.

⁸⁶⁸ *Id* at 15.

⁸⁶⁹ M. S. Shireen Jejeebhoy, "Actions that protect: Promoting sexual and reproductive health and choice among young people in india," None, 2003.

⁸⁷⁰ *Id* at 30.

⁸⁷¹ W. H. Catherine Spooner, "Preventing drug misuse by young people: We need to do more than just say no," Wiley, 2002.

⁸⁷² *Id* at 6.

⁸⁷³ *Id* at 42.

delinquency by engaging the family system, peers, and community system in a holistic manner. In conflict-prone and resource-restricted environments like J&K, basic interventions are an area that can be enhanced by training lay health workers to provide access to therapeutic services. These modalities need to be evaluated and adapted further to get the best out of them in the local contexts.^{874 875}

Socio-Legal Challenges and Policy Recommendations

- **Law Enforcement and Human Rights Considerations**

An implementation of narcotic laws against the juvenile communities in Jammu and Kashmir, requires a reconciliation between the necessity to uphold juridical order and the need to safeguard human rights including the developmental needs and dignity of the juvenile consumers of the drug. The excessive punishments pose the danger that they will increase social ostracism, the level of relapses, and the roots of repetitive patterns of addiction and criminal behavior. The move to child-sensitive approaches which focus on rehabilitation and diversion in place of custodialisation is in line with international human rights standards and empirically validated best practices. These moderated policy interventions mitigate negative socio-legal impacts and reintegration and recovery.⁸⁷⁶

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- **Strengthening Legal and Policy Frameworks**

Enhancing the legal framework aimed at the manufacture, distribution, and consumption of narcotic drugs, especially by taking strict control over the diverted pharmaceuticals are crucial towards reducing the rising drug epidemic in Jammu and Kashmir. Simultaneously, the policies should promote the practices of harm-reduction, strengthen the

availability of de-addiction and mental health services, and guide the community to reintegrate recovering members. The fact that they provide sustainable funding and that they are still supported by the legislation is the key to their efficiency. Supply-control combined with demand-reduction and holistic care provision would be an inseparable refresher policy to the compound socio-political environment of Jammu and Kashmir.^{878 879}

- **Intersectoral Collaboration and Community Engagement**

Effectiveness in the mitigation of drug-abuse depends on the coordinated interaction of several sectors, of which are health, justice, education, and social welfare agencies. Engaging families, local organisations, and non-governmental organisations is an effective outreach strategy, mobilisation of local resources, and bolstering the cultural suitability of treatments. The strong monitoring and systematized evaluation procedures make the refinements based on data and provide accountability. The integration of these multisectoral collaborations also streamlines the allocation of resources and strengthens the overall responses to the multidimensional drug-abuse issues that the young people in Jammu and Kashmir are facing.^{880 881}

Conclusion and Future Directions

- **Summary of Socio-Legal Impacts of Drug Abuse among J&K Youth**

The epidemiology of drug-abuse among the young population in Jammu and Kashmir is typified by the interplay of complex socio-legal factors that combine psychological distress, family breakdown, poor educational and professional performance and complex legal barriers. The prolonged conflict environment enhances vulnerability to substance use and ineffective treatment and reintegration into the society channels are blocked by deeply rooted

⁸⁷⁴ *Id* at 6.

⁸⁷⁵ *Id* at 23.

⁸⁷⁶ *Id* at 22.

⁸⁷⁷ *Id* at 24.

⁸⁷⁸ *Id* at 3.

⁸⁷⁹ *Id* at 19.

⁸⁸⁰ *Id* at 13.

⁸⁸¹ *Id* at 36.

stigma and insufficient resources. Law-enforcement and judicial systems face a difficult task of striking the right balance between the coercive control and rehabilitative goals in a very sensitive socio-political environment. All these interconnected processes contribute to the further emphasis on the necessity of multidimensional, multidimensional approaches that integrate health, social, and legal interventions and are unique to the specifics of the region.^{882 883 884}

- **Identified Gaps and Research Needs**

The current body of empirical research on the topic of juvenile drug-abuse in Jammu and Kashmir is crippled by shortage of longitudinal research, lack of culturally-based intervention-assessment measures, and insufficiency of quantitative measures of success of available prevention and treatment programmes in conflict-prone environments. The elaboration of the intricate mechanisms of addiction and recovery that apply specifically to this population is also a field that requires strict academic research. To address these gaps in the evidence base, it is crucial to develop contextually sensitive prevention models based on the socio-cultural dynamics of the indigenous community and the facts of ongoing conflict that would achieve sustainable results.

- **Recommendations for Policy and Practice**

The policy constructs must focus on youth-based, trauma-inspired modes of treatment alongside judicial reforms in the juvenile justice system and, therefore, rehabilitation over criminalisation are favored. Increasing access to mental-health and de-addiction services including community-based and lay health worker models can correct current deficits in treatment. Programs aimed at diminishing the effects of stigma and social reintegration cannot be ignored in the process of recovery and relapse prevention. Continuous studies,

intensive observation, and policy development that is based on empirical evidence will make the interventions more effective, thus reducing the socio-legal cost of drug-abuse among the young population of Jammu and Kashmir.^{885 886 887}

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⁸⁸² *Id* at 3.

⁸⁸³ *Id* at 6.

⁸⁸⁴ *Id* at 15.

⁸⁸⁵ *Id* at 3.

⁸⁸⁶ *Id* at 6.

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