
Substance Abuse and Mental Health Disorder Among the Youth Living in Conflict Environment

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Received: 09 May 2021

Accepted: 28 July 2021

Published: 2 September 2021

Abstract: *Background: Substance abuse and mental health issue in conflicted environment zones is a major public health concern. Exposure to the climate of terrorism and conflict has been inextricably linked with growing phenomenon of mental health disorder and substance abuse. State of Jammu and Kashmir has witnessed long conflict for the past few decades, resulted disastrous consequence on the lives of population. Studies in this regard have been remained neutral to study conflict and psychiatric disorder and its association with substance abuse. Aims: The main aim of the study is to explore the link between substance abuse and mental health disorders among the people living in conflict zone of Kashmir. Materials and Methods: The present study was conducted in various departments of Counseling and Mental Health Assessments Clinic Centre in districts and sub district government hospitals in Kashmir region. For this study, 240 patients has selected through the purposive sampling of non-probability method. The interview schedule was main research tools used for this study. Results: The findings of the study indicate that people living in the conflict affected region are more vulnerable to develop mental health disorder like depression, anxiety and stress consequently leads them to induce in substance abuse behaviour. The study examines there is close association between mental health disorder and use of harmful substance such as, depressants drugs, opioid, cannabis and non- medicinal prescription of drugs. Further the study also found that harmful substances are mainly used to relieve the psychological disorder. Moreover the study finds that exposure of conflict related incidents such as socio-economic challenges; unemployment, family problem, killings, property destruction, torture and detention are the main cause of psychological disorder. Conclusion: There is a substantial relationship between the prevalence of psychological disorders and substance abuse in a conflict setting. When dealing with a population exposed to violence and terrorism, special attention should be paid to the detection, prevention, and treatment of these illnesses.*

Keywords: *Conflict, Mental Health, Substance Abuse*

1. INTRODUCTION

Substance abuse and mental health issues in conflict-affected populations are a major public health concern. The relationship between mental health issues and substance abuse is well



documented [1], [2], [3] A lot of research bodies have suggested that there is a close link between mental health issues, including stress, schizophrenia, anxiety disorder, disruptive behaviour disorder, and depression, and substance abuse like drugs, cigarettes, and tobacco smoking [4], [5], [6]). Many people who have substance use disorders are also diagnosed with mental health issues, and vice versa. Regional and global population studies have revealed that around half of populations who suffer from mental health problems in their lifetime also suffer from substance use problems, and vice versa [7], [8], [9]). Literature shows significant comorbid substance use disorders and anxiety disorders, such as generalized anxiety disorder, panic disorder, and post-traumatic stress disorder, are prevalent [10], [11]). There is also evidence that substance use disorders frequently co-occur with mental illnesses such as depression and bipolar disorder [12], [13], attention deficit disorder [14], [15], psychotic illness [16], borderline personality disorder [17], and antisocial personality disorder [18]). It has been reported that there are certain mental health issues, especially anxiety disorders, including social anxiety, antisocial and schizotypal disorders, which heighten the risk of substance abuse disorder [19]). The high prevalence of substance use such as cigarettes, tobacco, nicotine, and cannabis has been found more among people living with psychological disorders [20]). Similarly, Katz and his colleagues have found that people with psychological and mental health disorders are more vulnerable to the use of non-medical prescription drugs such as opioids, heroine, caffeine, ibuprofen, tramadol, diazepam, and codeine [21]). Another study has found that 43 percent of people who have used various substances in their lifetime have been diagnosed with mental health disorders like anxiety, stress and depression [22]). People who have been affected by natural disasters or conflict are more vulnerable to mental health disorders, which can further lead to substance use behaviour.

Research studies shows that populations affected by conflict are vulnerable to the risk of various substance abuse behaviours [23], [24], [25]). There is also evidence that an environment of prolonged conflict could increase substance abuse, including alcohol, opiates, sedatives, tranquillizers, and stimulants among the affected young population [26], [27], [28], [29], [30]). According to the UN report (2019), "nearly 132 million people in 42 countries around the world will need humanitarian assistance resulting from conflict or disaster". Nearly 69 million people worldwide have been forcibly displaced by violence and conflict, the highest number since World War II "[31]). Exposure to a diverse range of armed conflict may increase the likelihood of drug abuse, cigarette smoking, and alcohol dependence among young people, especially as a means to cope with psychological depression, anxiety, and stress [32]). Psychiatric research bodies have also reported both long and short-term elevated risks of psychiatric disorders such as anxiety, stress, post-traumatic stress disorder, depression, fear, social phobia, suicidal ideation, tobacco, cigarette smoking and drug abuse among youth exposed to the violent conflict environment and ongoing violence [33], [34], [35]). People affected by armed conflict have shown higher risks of mental health disorders, including depression, anxiety, stress and alcohol [36]). Similarly, Charlson has reported high rates of depression, phobias, somatization disorder, PTSD and bi-polar disorder among the population living in a conflict setting [37]).

Background of the study

The prevalence of mental health disorders and the use of illicit substances have become main issues in armed conflict and terrorism affected regions. Jammu and Kashmir is the only region in the South Asia Sub-Continent which remains contended as well as affected by



armed conflict and terrorism. The prolonged conflict has brought catastrophic implication for each and every part of Kashmiri society. The conflict has resulted in countless lives, casualties, and displacement. It also caused severe social insecurity, socioeconomic devastation, and massive psychological distress among the general population. Since the last two decades, the youth of Kashmiri have been living in a tense atmosphere of militancy armed conflict and experiencing the most critical challenges which are unique in the modern era because of their greater and profound repercussions [38]). Research studies conducted in the framework have reported that the majority of the population in the valley suffers from depression at personal and group level, most of them using drugs to cope with this. The unofficial report also observed that every household in the region has suffered from one or more kinds of depression because of the ongoing violence. The report of the Kashmir Mental Health Survey (KMHS) "showed that 1.8 million adults (45% of the adult population) in the Kashmir valley are experiencing symptoms of mental distress, with 41% exhibiting signs of probable depression, 26% of probable anxiety and 19% of PTSD" [39]). Similarly, De Jong has found in his study that 33 percent of the people living in the region have symptoms of psychological disorder [40]). Another study conducted by Mansoor and his colleagues has reported that 63% of people have a major depressive disorder, 40% have an anxiety disorder, 20% have post-traumatic stress disorder, 10% have general anxiety disorder and 6% are suffering from panic disorder [41]). Mental health disorders like depression, anxiety, stress, PTSD, insomnia, phobias, anger, panic, trauma, nervousness, heart attacks and flashbacks have been found common among people living in Kashmir [42], [43]). The common factors linked with the prevalence of psychiatric disorders include death of earners, kin, family psychiatric illness, torture, cross-firing, burning of residential houses, destruction of property, illegal detentions and killings [44]). The conflict also lags behind the state in terms of development and job related opportunities. The unemployment problem in the state has been constantly rising, which further leads to stress, frustration and substance abuse among young people. Research studies have found a close relationship between unemployment and mental health disorders [45], [46]). It has been reported that most people suffering from mental health disorders use various substances and illicit drugs to relieve their psychological disorders. It is observed that exposure to conflict and terrorism has resulted in mass mental health deterioration, which has significantly increased the use of various harmful substances. Drugs such as stimulants, charas, opium, heroine, morphine, inhalants and depressant drugs are widely used in Kashmir [47]). Therefore, given this situation, the present study tries to explore the mental health disorders and substance abuse among the people living in the conflict region of Kashmir.

2. METHODOLOGY

The aim of the present study is to address the mental health problems and substance abuse among the population living in the conflict-affected zone of Kashmir. The present study was conducted in the Kashmir region. The data was collected in six departments of counseling and mental health assessments Clinic Centres in various district and sub-district government hospitals. For this study, 240 respondents have been selected through the purposive and snowball sampling non-probability method. The interview schedule was the main research tool used for this study. The data was analyzed, interpreted, and tabulated in a scientific manner.



3. RESULTS AND DISCUSSION

Table 1 provides the demographic details of the respondents who participated in the study. The demographic characteristics of the respondents include gender, age, family status, marital status, educational and occupation level. Of the total 240 respondents interviewed, (75%) respondents were males and (25% were females. The majority (58.33%) of the respondents belong to nuclear families, 41.67% from joint families, while 56.67% of respondents are from urban areas and 43.33% from rural areas. Further, the majority (59.16%) of the respondents were unmarried, while 35.84% were married and 5% were divorced. A 31.25% of the respondents belong to the age group of 28-34 years, followed by 25% in the age group of 22-28 years, 18.75% in the age group of 34-40 years, and 13.75% in the age group of 16-22 years, and 11.25% in the age group above 40 years. With respect to the education level of the respondents, 38.33% of respondents have studied up to matric level, 32.5% have studied up to 12th level, 15% are graduates, 7.5% are above graduates and a small number, 6.67%, are illiterate. As far as the occupational status of the respondents is concerned, 40% of the respondents were engaged in different businesses, 23.33% were students, 20% were employed, 10% were employed and 5.83% of respondents were engaged in other professions like labour, driving, carpenter, etc.

Table 1: Socio-demographic profile of the Respondents

Variables	Frequency (%)	Variables	Frequency (%)
<i>Gender</i>			
Male	180(75%)	<i>Marital Status</i>	
Female	60(25%)	Married	86(35.84%)
<i>Age</i>		Unmarried	142(59.16%)
16-22	33(13.75%)	Divorced	12(5%)
22-28	60(25%)	<i>Education Status</i>	
28-34	75 (31.25%)	Illiterate	16 (6.67%)
34-40	45(18.75%)	Upto 10 th	92(38.33%)
Above 40	27(11.25%)	Upto 12 th	78(32.5)
<i>Family Status</i>		Graduate	36(15%)
Nuclear	140 (58.33%)	Above Graduate	18(7.5%)
Joint Family	100 (41.67%)		
<i>Living Of Residence</i>			
Rural	104 (43.33%)	Urban	136(56.67%)

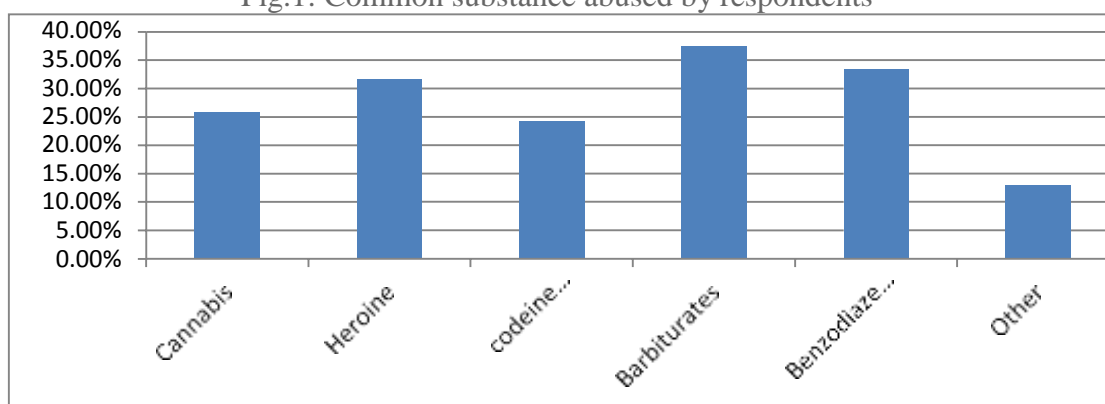


<i>Occupation status</i>		Business	96(40%)
Unemployed	48(20%)	Student	56(23.33%)
Employed	26(10.83%)	Any other	14 (5.83%)
Total	240		100

Common substance abuse

The data in graph 1 shows the various types of substances and drugs used by respondents. As far as cigarette smoking is concerned, it is used by 92% of respondents, but it is not included in this study due to wider social acceptance and not prohibited. The data shows that 37.50% of respondents were using barbiturates, followed by 33.33% were using benzodiazepines. These substances are included in the depressant drug category and include spasmoproxyvon, tramadol, alprax, etc. They are used mainly to reduce anxiety, insomnia, and depression etc. Further, opioid drugs such as heroin were used by 31.67% of respondents, followed by 25.83% of cannabis like charas and bhang. Finally, 24.16% of respondents used codeine syrup with a combination of dew and fantos juice; 12.91% of respondents used other substances such as alcohol, sleeping pills, and inhalant substances. The study clearly indicated that depressant drugs, opioids, cannabis (charas, bhang, and ganja), codeine, sleeping pills, alcohol, and inhalants are the most commonly abused substances

Fig.1: Common substance abused by respondents

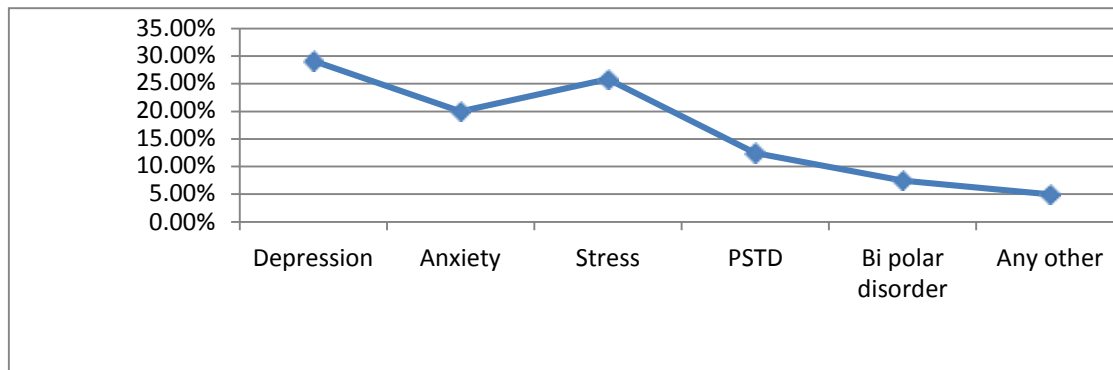


Prevalence of psychological or mental health disorder

Graph.2: Shows the prevalence of psychological and mental health disorders among respondents who are addicted to various substances. The data shows that a large number (29.16%) of respondents suffered from depression, followed by 25.83% suffering from stress, and 20% suffered from anxiety disorder. Further, 12.50% of respondents suffered from posttraumatic stress disorder, 7.50% from bi-polar disorder and a small number (5%) of respondents suffered from other disorders, including anti-personality disorder, sleeping problems, appetite disorder and phobias. The study clearly indicates that respondents suffered

from various mental health disorders, like depression, stress, anxiety, and PTSD, which led them into the state of substance abuse behaviour.

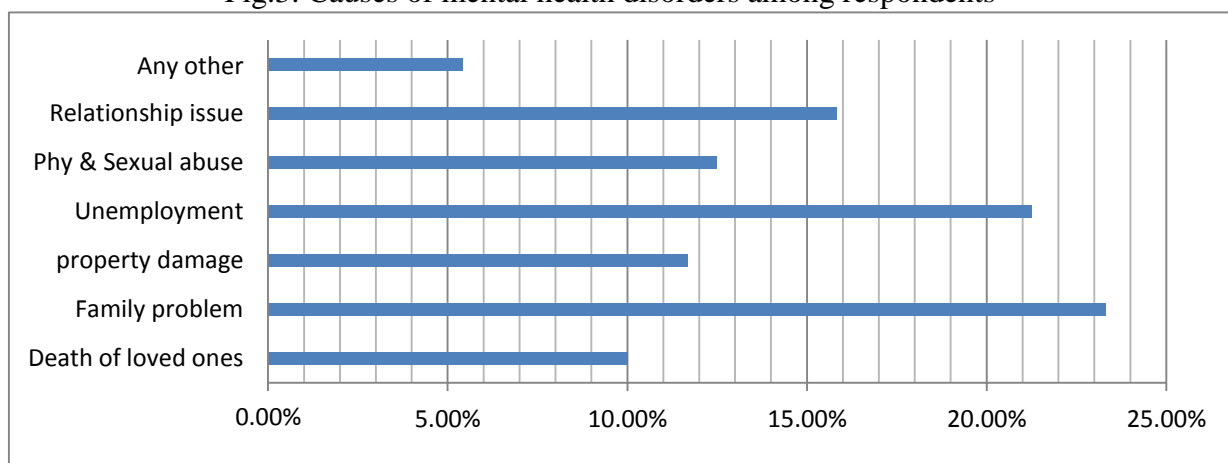
Graph .2: Mental health disorder among respondents



Causes of psychological and mental health disorders

The data in graph 3 shows the various causes of psychological or mental health disorders among respondents who are addicted to substances. The data shows that family problems are the major cause of psychological disorders, accounting for (23.33%), followed by 21.25% unemployment problems and 15.83% relationship issues. Moreover, 12.50% of respondents had reported physical and sexual abuse, followed by 11.67% reported property damage, whereas, 10% reported the death of beloved ones and 5.41% of respondents reported other causes, such as, torture, imprisonment, accidents, interrogation, and assaults. Therefore, it is evident from the study that there are various causes which are responsible for the development of psychological disorders among the respondents who are also addicted to various substances. However, it was observed that an overwhelmingly majority of the respondents used substances as a means to cope with these various psychological disorders, which are the outcome of natural disasters and conflict-related situations.

Fig.3: Causes of mental health disorders among respondents





4. DISCUSSION

The present study investigates the prevalence of mental health disorders and substance abuse among the population living in the conflict region of Kashmir. The link between substance abuse and psychological disorders is complicated and interdependent. There are many factors which play a vital role in leading to both mental health disorders and substance-related behaviour in conflicted areas. The major findings revealed that the majority of the respondents were males, unmarried and from nuclear families as well as urban backgrounds. This supports the findings of many studies who reported that unmarried people and people from nuclear and urban backgrounds are more prone to the use of substances as compared to married people and females [48], [49]). These findings may reflect normal standards of male socialization in terms of lifestyle and substance use. Further, unmarried life provides more freedom, less family responsibility, and the opportunity or experience to live life on our own terms; but, it can also provide a sense of loneliness and alienation, which sometimes leads to emotional problems and consequently to substance abuse. In comparison, married life restricts the person from engaging in anti-social behaviour, provides more responsibilities and a sense of belonging, love and care. Additionally, nuclear families, which are more prevalent in urban areas, also offer more freedom opportunities, less parental control, monitoring and a more complex lifestyle than joint families in rural areas. With respect to age, occupational, and educational status, the majority of the respondents fall between the age group of 22-34 years. Many studies conducted across the regional and global level have reported that young people are more exposed to risky behaviour like substance abuse, emotional problems, and deviant behaviour than adults [32]). Furthermore, education, occupation and income status play a vital role in determining the behaviour, lifestyle and attitudes of individuals. In our study, the overwhelming majority of the respondents were literate and engaged in some type of occupation. Only 6.67% were illiterate. This may be due to family issues, financial stress, and the long distance between educational institutions and home. A small number (20%) of respondents were unemployed. It is said that the "empty mind is the devil's workshop", which means that when an individual remains idle for a time, negative thoughts or bad thoughts usually come to their mind. Besides, research studies have proved that unemployment is the main cause of involvement in criminal activities, bad behaviour (like drug and alcohol use) and may generate psychological related disorders [45], [46]). The study strongly agrees that socio-economic profile plays a vital role in shaping individual health and behaviour.

As far as the types of substances abused are concerned, it is evident from the study that depressant drugs like barbiturates and benzodiazepines, cannabis, and non-medical prescription drugs like codeine, spasmoproxyvon, sleeping pills, and inhalants are frequently abused by people in Kashmir. This supports many previous research studies that revealed illicit drugs and substances such as narcotics, sedative drugs, stimulants, cannabis, and non-medical prescription drugs [47]). Furthermore, it has been reported that these harmful substances are often used to relieve the stress and frustration caused by the prolonged conflict. As far as the mental health status of the respondents is concerned, our study found that a large number of respondents suffered from various psychological disorders such as depression, stress, anxiety disorders, as well as PTSD, bi-polar and other disorders. Research studies conducted at regional and global level in conflict-affected territories have reported that people living in conflict-affected territories are more vulnerable and victims of various physical and mental health deteriorations than those who live in peaceful settings [36], [37],



[39]). Further, the study found various causes, such as, family problems, unemployment, and relationship issues, as well as conflicted related incidents like, physical and mental abuse, property damage, killing of loved ones, torture, detention, etc., which resulted in mass psychological disorders among the population. Relative findings were also presented [39], [44]). In fact, nearly everyone in the strife-torn region of Kashmir has been affected in some way by the prolonged violence and terrorism, which resulted in mental health disorder and widespread consumption of various harmful substances and drugs.

5. CONCLUSION

The association between substance abuse and mental health disorders is complicated and interdependent. A number of elements in the conflict environment may play a role in facilitating both mental health disorders and substance-related behaviour. The exposure to a wide range of conflict, economic hardships, underdevelopment, unemployment, pathetic social conditions, terrorism, constant unrests and curfews, etc. have all been shown to have a negative influence on the growth and development of the people and society of Kashmir, which has resulted in mass psychological and mental health disorders, consequently leading the youth into the world of drug culture.

Competing interests: None

declareFounding: Nil

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