



BETWEEN DEPENDENCE AND STIGMA: FACTORS SHAPING TREATMENT-SEEKING AMONG DRUG USERS

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Abstract

Drug abuse, a global burden of disease and disability, is responsible for ruining lives, tearing apart families, and destabilizing communities. Nevertheless, the majority of drug addicts are not treated. With the assistance of drug users and the community's perspectives, the study aimed at exploring factors that influence recovery treatment. The study employed a qualitative approach in which a total of 40 participants, including 4 relatives and 6 community members, participated in in-depth interviews. The data were analyzed thematically. Results exhibited that individual factors, including physical and psychological dependence, lack of willpower, and a fear of quitting due to withdrawal symptoms, were identified as barriers to seeking treatment. Additionally, social factors in the form of lack of family support, lack of attendant, stigma, drug user's subculture, group membership, role models, and social rejection have also been identified to be barriers. The reasons for not seeking treatment for cannabis use were unawareness about the treatment process and treatment facilities. The common economic factors responsible for not seeking treatment were poverty, lack of income, treatment and travel costs. The findings revealed that a comprehensive approach is required to address the various barriers to seeking and receiving treatment, assisting drug addicts in breaking free from drug enslavement and achieving recovery.

Keywords:

Treatment-seeking: behavior, drug addiction, stigma, social support, unawareness, peer group.

1.1. Introduction

Drug abuse is an established global problem and the global burden of disease and disability (Bauld et al., 2012). It has emerged as a major problem in the path of social development and is responsible for ruining lives, tearing apart families, and destabilizing communities. Throughout history, human beings have used drugs to alter their state of consciousness, an inherent drive akin to the basic urges of hunger, thirst, and reproduction (Roger, 2011). While the use of psychoactive substances, including alcohol and illicit drugs, dates back to ancient times, it was not historically viewed as a social or moral concern. However, drug abuse began to emerge as a serious social issue in the form of addiction just a few centuries ago (Uddin, 1997). Drug addiction simply means compulsive drug seeking and use despite its negative consequences. The United Nations Office on Drugs and Crime (2019) report highlighted that "585,000 people died because of drug use in 2017, and globally there are some 35 million people who suffer from drug use disorders and require treatment services. According to the World Drug Report (2021), globally, around 275 million people used drugs in the last year, and over 36 million people suffered from substance use disorders. At the national level, According to the 2019 report, Magnitude of Substance Use in India, there are 16 crore alcohol users (5.7 crore problem users, 2.9 crore dependent), 3.1

crore cannabis users (72 lakh problem, 25 lakh dependent), 2.3 crore opioid users (77 lakh problem, 28 lakh dependent), and 77 lakh inhalant users (22 lakh problem, 8.5 lakh dependent). In Kashmir, it has also assumed an alarming situation. Against the alarming situation of drug addiction in Kashmir, Bhat & Imtiaz (2017) pointed out that "We have lost one generation to bullets and we may lose another generation to drugs". Data from the available sources showed that after every 12 minutes, one addict walks into the outpatient department in Srinagar (Indian Express, 2023). Additionally, data from one of the leading daily newspapers of the valley, "Kashmir Reader" (2024) showed that drug abuse affected nearly 10 Lakh people in Kashmir. It further adds that around 13.50 lakh drug abusers are estimated to be in Jammu and Kashmir, with the majority in the age group of 18-75 years.

In the history of humankind, drug abuse has not been as threat to the individual's quality of life as it has been today (Prashant, 1993). This is perhaps because of the availability of a variety of more destructive substances and the declining age of experimentation, which has a long-lasting influence. Regarding drug abuse consequences, it has a negative impact on public health and human development (Patrick et al., 2012). In addition to having disruptive influences on an individual's life, drug abuse also has economic, political, and social implications (Prashant, 1993; Bauld et al., 2012; Cadri et al., 2021). Data from the existing literature that drug abuse has continued to rise in recent years and is responsible for aggravating many other problems, such as crime, accidents, AIDS, strains in interpersonal relationships, and domestic violence. Thus, the problem of drug abuse touches every aspect of individual's life and the treatment for drug addicts as a tertiary prevention approach is itself a challenge as the persons with substance use disorders cannot manage their addiction problem themselves rather they need assistance to access treatment for detoxification, withdrawals, drug dependence, common mental and physical issues associated with drug use (Abayomi et al., 2019). Data exhibited that many drug users remain untreated for their entire life, which accentuates their problem and adds to their burden on family and society. According to Hussain (2012), there are found non-help-seeking behavior is found among substance users. The study witnessed that the majority of drug users were never treated for their drug abuse problems, and others discontinued their treatment for substance use disorder (Cadri et al., 2021). A review of 37 studies in developed countries found that the treatment gap for substance use disorders was as high as 78.1 per cent (Kohn et al., 2004). The reasons for not seeking and receiving treatment are multiple, as studies found that social rejection (Mora-Ríos et al., 2016), social stigma (Amin, 2013; Pinedo et al., 2018; Burgess et al., 2021; Bogaers et al., 2022), treatment cost, and the unavailability of treatment services (Amin, 2013; Mojtabai et al., 2014), unawareness & fear and distrust of government facilities were identified as barriers to treatment (Mojtabai et al., 2014). However, seeking treatment for any illness is a socially normative behavior, as it helps prevent individuals from remaining in a state of abnormality and safeguards their social worlds from disruption and destabilization. Thus, a person has to perform a role even in sickness. This is what American sociologist Parsons (1951) called "Sick Role". In almost every society, everyone is expected to perform this role. Being considered a disease, what is wrong with drug addiction? Why should all persons suffering from substance use disorder have access to treatment services? What prompts drug addicts not to seek treatment for their addiction problem? The study aims to address all these questions. Moreover, although there is well-documented evidence of the harmful effects of drugs on individuals, families, communities, and society at large, a significant number of drug users continue to remain outside the purview of healthcare services (Cadri et al., 2021). The same is true about Kashmir. Although the population of drug addicts is increasing at an alarming rate, the majority of them are untreated, as the report "Draft policy document for drug de-addiction for the state of J&K" by IMHANS (2019), witnessed that those who access treatment facilities represent only the tip of the iceberg. Additionally, there are limited and unfocused studies conducted on the issue of treatment for drug addiction in Kashmir. In light of this gap, the present study seeks to explore the complex relationship between drug abuse and access to treatment, drawing on the perspectives of drug users, significant others, and community members to better understand the barriers and facilitators of recovery in the Kashmiri context.

1.2. Aim of the study

The main motif of the present study is to investigate the underlying factors that influence treatment-seeking behavior among individuals struggling with drug abuse. Since persons with substance use disorders exhibit non-help-seeking behavior, factors influencing treatment-seeking behavior need to be explored. The study attempts to identify various barriers to seeking treatment that help the society, policy makers, and concerned authorities to work on making appropriate strategies that can help drug addicts, who need treatment, to seek

treatment early, rehabilitation, and social reintegration. Additionally, removing barriers to treatment plays a critical role in helping individuals break free from addiction. It not only aids in their recovery but also empowers them to reclaim and utilize their personal and social potential for their own well-being and for the betterment of their communities.

1.3. Research Methodology

1.3.1. Study Design: This study has both descriptive and exploratory components. Using a qualitative approach, this study aimed to explore factors responsible for affecting treatment-seeking behavior with the help of perspectives of the drug addicts, relatives, and community members. Besides, this study is cross-sectional.

1.3.2. Study Area and Study Population: People who use drugs living in the District Pulwama of the UT of Jammu and Kashmir constitute the study population. According to the 2011 census, Pulwama had a total population of 560,440 (293,064 males and 267,376 females). The district covers a geographical area of 1,398 square kilometers and is located between latitudes 33°40' to 34°10' and longitudes 74°35' to 75°05'. From the capital city of Srinagar, the district is 32 km away and is located in the southern part of the Kashmir valley. According to the database of the Institute of Mental Health and Neuro Sciences (IMHANS), Kashmir and its affiliated de-addiction center located at Shri Maharaja Hari Singh (SMHS) Hospital, Srinagar, there were 5453 OPD and 141 IPD patients suffering from substance use disorder from District Pulwama who approached the de-addiction centre from 2019 to April 2023.

1.3.3. Participant Recruitment: The study was conducted on 40 participants including 4 relatives and 6 community members. Their recruitment was based on the type of non-probability sampling, in which snowball and convenience sampling techniques were used. Since the study was conducted on a hidden population (drug addicts), an attempt was made to recruit participants through the Snowball sampling technique, in which participants are identified or contacted for recruitment based on the information of earlier participants. Relatives and other local resource persons were recruited by employing a convenience sampling technique. Additionally, some inclusion criteria were also given consideration in the participants' recruitment. These recruitment criteria were: first, participants who use drugs regularly should not have been contacted for addiction treatment. Second, participants who underwent treatment but later relapsed and are still living with addiction. Third, participants should be between 15-40 years of age. All participants were informed about the study, and those who did not meet the criteria were excluded and those who met both the criteria and gave consent were then recruited for the study.

1.3.4. Data Collection: In-depth interviews were organized to interview interviewees at their comfort time and location. The interviewees were interviewed in a face-to-face situation with the aid of a semi-structured interview guide. Data were collected until the point of data saturation. The data saturation was reached at the 25th participant. Additionally, 5 more participants were interviewed to confirm the data saturation. However, again same results were witnessed, which eventually prompted the researchers to halt the data collection process. Furthermore, to ensure a comprehensive understanding of the problem under study, other participants, such as relatives and community members, were also included.

1.3.5. Data Analysis: Following data collection, the analysis process was conducted in accordance with Creswell (2009). The initial step involved organizing and preparing the data. This began with data transcription, during which the qualitative data were translated verbatim and reduced for clarity and manageability. Thereafter, the researchers moved to another step, which was to read through all the transcribed data to gain a general understanding of the information. Through this step, an overall meaning of the data was obtained. This familiarization stage helped in the coding process, which is the next step, where key statements were identified and labeled with relevant codes. After the coding process, the researchers moved on to generating themes by clustering related codes. For instance, codes such as lack of family support, lack of attendant, stigma, drug user's subculture, role models, and social rejection were combined to form the broader theme of social factors. After thematic categorization, the researchers drew on actual participants' narratives to illustrate the findings. These insights were then interpreted to support the formulation of the conclusions.

1.3.6. Ethical Consideration: Informed consent of each participant was obtained after explaining to them the purpose of the study. The participants were assured of anonymity and confidentiality and were given the right to withdraw from the study at any time. Apart from it, to maintain confidentiality, fictitious names were used in place of real names.

Table 1: Socio-Demographic Characteristics of People who use drugs

Characteristics	Number of Participants
Age	
15–20	5
21–25	7
26–30	9
31–35	6
36–40	3
Sex	
Male	30
Female	0
Residence	
Rural	19
Urban	11
Education Level	
Illiterate	9
Literate	21
Marital Status	
Married	11
Unmarried	19
Occupation	
Unemployed	17
Workers	6
Others	7
Family Type	
Joint	5
Nuclear	25
Drug Type	
Cannabis	13
Heroin	7
Pharmaceutical drug	6
Others	4
Years of Drug Addiction	
1–2 years	8
3–4 years	12
Above 5 years	10

Source: *Field Study*

1.4. Results and Discussion

The data about factors affecting treatment for drug addiction have been classified and transformed into the following themes. These themes were organized while keeping in view individual and social domains.

1.4.1. Individual factors: Individual factors should not be underestimated in determining the behavior of an individual. They play a vital role in determining the behavior. A body of literature showed that biological factors leads to deviance (Stolley, 2005; Haralambos & Heald, 2015; Magill, 2000), psychological factors are determinant of behavior (Magill, 2000; Haralambos & Heald, 2015), and personality factors also lead to deviant behavior (Magill, 2000) and even shape culture (Upadhyay and Pandey, 1993).

1.4.1.1. Individual experiences: Regarding treatment-seeking behavior, the narratives of the respondents highlighted the fact that individual factors play a vital role in seeking and having treatment for drug addiction. In this regard, Shabir (name changed) narrated that, “*since I have been using drugs for a long time, it feels like I can not change my behavior as I am dependent on drugs both physically and psychologically. I do not believe that I am capable of quitting*”. Besides, symptoms caused by the absence of drugs lead continuation of the drug to avoid withdrawal symptoms. Therefore, such a situation creates a type of fear phobia that hinders their addiction treatment. In this regard, Yousif Ahmad (name changed) said that “*without having drugs, my body does not function properly. The fear of withdrawal keeps me from seeking treatment and makes me choose to live with the addiction instead*”. Besides, since drug abuse affects all aspects of an individual’s life, drug abusers do not think it is a problem to be treated, as it does not affect them abruptly. It is often late when they realize that it starts to interfere with their daily matters, and hence, it should be treated. However, such late treatment is not as effective as it is in the early stages. In this regard, Suhail (name changed) narrated that, “*since my obsession with drugs does not significantly affect my daily life, I do not believe that I need treatment for my drug usage*”. Iqbal Ahmad (name changed), a relative of a drug addict, shared his views regarding late treatment for drug addiction and said that “*my relative was not treated on time due to which he frequently relapses. Thus, we lost hope for his recovery*”. It is also found during the field study that seeking treatment for addiction is less among cannabis users and more among those who use heroin, opium, etc. This is due to the easy availability of the cannabis drug, and hence no chance for withdrawal symptoms that need treatment. Since cannabis is grown and found everywhere, users need no money or sometimes less money to purchase it; this creates less demand for seeking treatment, as using cannabis is very economical in nature, and hence no chance for theft and other illegal acts that increase the demand for seeking treatment. In this regard, Nisar Ahmad (name changed) said that “*I don't think that I need treatment for using cannabis. Since I feel close to nature after using cannabis, there is no point in seeking treatment for this*”. Another respondent, Aqib Gulzar (name changed), shared his experience differently and said that “*after using cannabis, neither I hurt anyone around me, nor am I involved in illegal acts. Therefore, I think that I do not need treatment for my addiction*”.

1.4.1.2. Unawareness: Information plays a crucial role in prevention, treatment, and harm reduction. However, a major challenge is that many drug users are unaware that addiction is a treatable disease, and most do not know about the existence of de-addiction centers. As a result, they continue to use drugs and remain physically and psychologically dependent. In this regard, Mudasir Ahmad (name changed), a Cannabis user, narrated that “*religiously speaking, it is forbidden to use those drugs which make users unconscious. Since using Cannabis (charasss) does not make us unconscious, it is safe to use. I would also like to add that treatment is there for heroin, alcohol, opium etc. and it is not for cannabis users, that is why I never seek treatment for my addiction*”. Another respondent, Tariq Ahmad (name changed), shared almost the same views and said that “*as far as I know, I never saw anyone including my friends seeking treatment for cannabis use. Furthermore, I never heard that there are treatment facilities for cannabis users*”.

1.4.1.3. Economic barrier: It is a well-established fact that one’s identity, status, health, and consciousness are largely shaped by economic factors. It is also found that ‘people with low incomes tend to have more restricted access to medical care and are more likely to face greater financial barriers to afford health care expenses’ (Woolf, 2015). Studies have witnessed that income has a potential influence on health and well-being (Benzeval et al., 2014; Woolf, 2015). Regarding the relationship between money and health, it is found that money buys health-promoting goods and has the ability to enable people to live a social life in ways that enable them to be healthy. It is also found that unhealthy behaviors are also found more common among those who live in disadvantaged circumstances. Consequently, poor health may affect education and employment opportunities that affect subsequent health (Benzeval et al., 2014). Not only does poverty lead to unhealthy behavior, including drug abuse, but it also impacts treatment-seeking behavior. In this regard, Ashiq Hussain (name changed) narrated that “*lack of money caused by unemployment has impacted my life in terms of causing addiction and not seeking treatment. If treatment including medicines and other stuff, had been free of cost in hospitals, I would have sought and had a recovery treatment*”. Another respondent, Asif Ahmad (name changed), shared the same view and said that “*the greatest barrier after unavailability of social support in the path of seeking and having treatment is the barrier of having low income*”. It is obvious from the narrative of another respondent, Ferooz Ahmad (name changed), who is currently in recovery, that how economy influences treatment for drug addiction, as the respondent said that “*my father is a Govt. employee. After researching*

which is the best de-addiction treatment for drug addicts, my father preferred an expensive private hospital that is located outside the state for my treatment and de-addiction. After spending 5-6 months there, I got treatment, and currently I am in recovery for the last two years".

1.4.2. Social factors: Human behavior occurs in a social context that shapes what people do and think (Anderson and Taylor, 2007). Thus, social factors are determinants of human behavior, and even behavior in treatment is influenced by social factors. After analyzing the data on factors influencing treatment, an effort was made to identify the social factors, which were then categorized into sub-themes based on their sources: family, peer group, and community.

1.4.2.1. Family: Family is an important social institution and the first social group where an individual is born, grows up, and dies. It plays an important role in an individual's overall development and guides an individual's behavior through socialization and social control. Since family is both affected by drug addiction and often stigmatized due to association with the addict, the harsh reactions of family towards the drug user can, in many cases, hinder the treatment process. In this regard, Khursheed Ahmad (name changed) narrated that "*Instead of helping me overcome my problem, my family constantly scolded, blamed, stigmatized, and scapegoated me. I began to feel like a burden to them. With no one to support or care for me, I turned to addiction as a coping mechanism rather than seeking help or treatment*". The same view is shared by a community member, Rashid Ahmad (name changed), that "*Indeed, family has a pivotal role in the treatment for drug addiction. But the common mistake a family commits is that when a family comes to know about the involvement of any member in drug addiction, rather than thinking about the treatment, the family starts labeling a drug addict, which intensifies their problem and hinders treatment*". Furthermore, lack of family resources such as influential and adequate members, and time, also play a role in influencing the treatment for addiction. In this regard, Ali Mohd (name changed), father of a drug addict, narrated that "*since I am the sole breadwinner for my family, which includes a son (drug addict) and two daughters, I was unable to consistently attend his follow-up appointments due to work commitments outside the home. As a result, he relapsed many times. Furthermore, due to the death of his mother and the lack of her influential supervision may also have been hindered in his recovery from drug addiction*". Additionally, intolerance towards the behavior of the drug addict and a lack of family support have been seen to negatively affect the treatment-seeking behavior. In support of this argument, one of the participants, Nazir Ahmad (name changed) narrated that "*since my family left me 12 years back due to my drug addiction and aggressive behavior, I stopped working for earning money because I had no one to feed at my home and no one to care for me. As a result, I never tried to seek treatment; instead, I continued using drugs as a coping mechanism for social isolation*".

1.4.2.2. Peer group: After family, another group that plays a crucial role in inculcating the values and norms of the society is the peer group, which is a group of people of approximately the same age, status, and interests. Peer groups often have a strong impact on personal decisions. According to Uddin (1997), adolescents desire more approval from their peers than from their parents. Additionally, group interaction tends to mould one's personality (Upadhyay and Pandey, 1993). Thus, the peer group is viewed as a determinant of behavior. Regarding the influence of peer group on treatment for drug addiction, it is found during the field study that it affects treatment for drug addiction through the drug user's subculture and relapse occurrence. In this regard, Mehraj Ahmad (name changed) narrated that "*my friend circle did not help me in maintaining my recovery, instead my friends were responsible for my relapse. Among other threats to relapse, I think the biggest threat to relapse is friend circle using drugs*". Another respondent, Bilal Ahmad (name changed) shared nearly the same views and said that "*whenever we consider seeking addiction treatment, discussions within the group about how the majority of cases fail to recover despite multiple treatments often discourage us from pursuing it*". Another notable aspect to mention is that if seeking treatment is viewed negatively within the group, it might discourage individuals from having it. Against this backdrop, Arsheed Ahmad (name changed) narrated that "*In general, everyone tries to maintain their membership in the friend circle by respecting each individual's choices and preferences, while also adhering to the group's shared values and goals. Within the circles of drug users, it is commonly believed that drug use is the real solution to our problems, and avoiding it means facing those problems and allowing ourselves to suffer. I am not sure whether this belief is right or wrong, we simply maintain this value by continuing to use drugs and rejecting anything, including treatment*".

that could help us stop using drugs". Additionally, individuals often look up to their peers as role models. If seeking treatment for addiction is viewed negatively among peers, individuals might imitate these behaviors, and this might be responsible for non-help-seeking behavior. In this regard, Javid Ahmad (name changed) narrated that "*when my friends, including my relapsed friends who have been using drugs for a long time, did not go for treatment, why should I ?*" Thus, it is obvious that imitation of non-help-seeking behavior discourages drug addicts from seeking treatment and negatively affects their treatment-seeking decisions.

1.4.2.3. Community: Community plays an important role in the creation of social factors that determine an individual's behavior. Since people living in a particular geographical area with a sense of we-feeling and have common traditions, customs, and institutions, they react against any kind of deviance as a whole directly or indirectly in order to ensure conformity and maintain the stability of their community. But the community sometimes produces circumstances that unwittingly work against desired results. For example, the intention of blaming, stigmatizing, and scapegoating a deviant person, such as a drug addict, by the community members is to make the deviant person give up such a habit, but sometimes such reactions work in the opposite direction, such as possessing a deviant identity, showing non-help-seeking behavior, and so on. In support of this, Shakeel Ahmad (name changed) said that "*once a person is labeled as a drug addict, it is very hard to get rid of this label. As far as I know, many drug users are no longer drug abusers but still experience social stigma and rejection. Treatment does not guarantee a person will be free from a stigmatized image. I know that I have to live with the label forever, so why seek treatment then?*" Another respondent, Aqib (name changed), while sharing his views regarding the influence of public labeling on treatment, said that "*seeking treatment for addiction is to make people aware of my problem. I know if people come to know about my addiction problem, what will happen to me, my life, and my family. I am really afraid of this*".

1.5. Discussion

These findings allow us to understand the various factors that play a role in influencing treatment for drug addiction from the perspectives of drug users, family members, and community members. The common factors reported were individual, social, informational, the nature of the drug, and economic factors. Among the individual factors, physical and psychological dependence, lack of willpower, and fear of quitting due to withdrawal symptoms are found to be barriers in seeking treatment for drug addiction. These individual factors influence treatment because users are obsessed with the drugs that created a strong bond between the two. This strong bond with the drug does not allow the user to seek treatment for the sake of recovery. This bond is weakened by strengthening bonds with the social world that acts as an antidote to substance abuse (Patterson et al., 2019). These findings at the individual level are similar to the findings of the study conducted by Szczygiel et al. (2018). According to this study, drug addicts do not seek help because of dependence and weakened free will. Social factors in the form of lack of family support, lack of attendants, stigma, scapegoating, drug user's subculture, group membership, role models, and social rejection were reported to be barriers to treatment for drug addiction. Since every member of the family experiences stigma because of association with the drug addict, that might strain relationships and create barriers in terms of lack of family support, stigma, and scapegoating within the family. The studies conducted by Burgess et al. (2021), Szczygiel et al. (2018), Bala (2016), Pinedo et al. (2018), and Amin (2013) revealed the same findings that stigma within and outside the family affects treatment-seeking behavior and recovery for drug abuse. The finding of a lack of family support as a barrier for seeking treatment is also found in the studies conducted by Pinedo et al. (2018) and Amin (2013). The other findings of the current study revealed that peer group influence treatment for drug addiction in terms of drug users' subculture, group membership, and role models. Since drug addiction is deviance in itself, it increases the chance of becoming a member of a group that has a subculture that differs from the culture of mainstream in terms of values and norms. If seeking addiction treatment is viewed negatively within the subculture, individuals might imitate these behaviors, and this might be responsible for non-help-seeking behavior. Additionally, drug addicts are often committed, attached, and involved in the activities of the group. This is because they find solace within their group. This creates a situation where they deny offers that go against the interests of the group and group membership. Another notable aspect to mention is that individuals often look up to their peers as role models. Individuals imitate their role models' non-help-seeking behavior. This influences their choices for seeking and having treatment. It is also found that rejection from the community acts as a barrier to seeking treatment. This is because the label of drug addict becomes a master status that overrides all his/her other statuses. Thus, rejection even after treatment often discourages drug

addicts to go for treatment. The findings also revealed that the majority who were not seeking treatment were cannabis users, unmarried, students, and belonged to low-income group. The reasons for not seeking treatment for cannabis use were unawareness about the treatment process and treatment facilities for cannabis use. The common economic factors reported were poverty, lack of income, treatment, and travel cost, which are responsible for not seeking treatment for drug addiction. Studies conducted by Bala (2016), Pinedo et al. (2018), and Amin (2013) revealed the same findings that a lack of money affects treatment-seeking behavior.

1.6. Conclusion

The increasing incidence of drug addicts who do not seek treatment has a tremendous influence on the overall social setup and increases their burden on family, community, and society. The study revealed that various factors, ranging from individual, social, informational, and economic levels, play a role in influencing treatment-seeking behavior among drug addicts. Additionally, the nature of the drug has been found to be a factor that influences treatment as well. The study revealed that the various factors at the individual level include dependence, weakened free will, and fear of withdrawal. Factors at the society level include lack of social support, lack of attendant, stigma, scapegoating, drug user's subculture, group membership, role models, and social rejection as barriers. The sources for these factors are family, community, and peer group. Unawareness about treatment has also been found as a barrier to seeking treatment. Last but not least, economic factors in terms of poverty, lack of income, treatment, and travel cost have also been found to be a barrier to seeking treatment. Thus, a holistic approach is needed to address the various barriers for seeking treatment that help drug addicts to get rid of enslavement to drugs and in achieving recovery, enabling them to utilize their personal and social capabilities for the sake of benefit and betterment for themselves in particular and for the society in general.

1.7. Policy Implications

Addressing these issues, policymakers, health practitioners, and other stakeholders should take actions in terms of intensifying public health education, awareness programmes through de-addiction camps, and no stigma campaigns for promoting treatment-seeking behavior. There should also be interventions aimed at addressing the issue of cost as a barrier to seeking treatment.

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