

Understanding Youth Substance Abuse in India: Intersections of Societal Pressures, Mental Health, Technology and Support Systems

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ABSTRACT

Youth substance abuse is an increasingly pressing concern in India, influenced by social issues, mental health problems, technological factors, and the effectiveness of existing support systems. A non-empirical research study critically examines and reviews literature and theories to illuminate multiple factors that lead to substance use among Indian youth. Leveraging sociological, psychological, and public health perspectives, the paper delves into how academic stress, financial insecurity, family pressures, peer dynamics, as well as underlying mental health issues, intersect to result in susceptibility. Technology—particularly social media and digital connectivity—and their role in amplifying risk behaviors and shaping young people's perceptions is also explored. Comparative results with the USA and the UK illuminate similarities and differences in prevalence, risk factors, cultural contexts, and intervention approaches, offering insights and highlighting context-specific difficulties. It critically appraises the efficacy and limitations of Indian support systems, including family, educational institutions, community organizations, and government policies. This synthesis offers nuanced insights into the theoretical and policy ramifications of youth substance abuse, underscoring the need for holistic and culturally informed interventions. Further research and policy initiatives related to the interactions between societal, psychological, and technological factors are suggested in the paper. This study contributes to our knowledge of substance abuse and its prevention by contextualizing Indian youth globally.

KEYWORDS: - Youth Substance Abuse, India, Societal Pressures, Mental Health, Technology, Comparative Analysis

1. INTRODUCTION

“The unexamined life is not worth living.”

—Socrates

Substance use among youth in India has become a complex and multifaceted public health problem, owing to the rapid socio-economic changes in the country, changing culture, and the relationship between risk and protective factors (Gupta et al., 2020). Such risky practices, for

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example alcohol, cannabis and inhalants, have been witnessed among individuals in the age range between 10 and 17 years and have become increasingly evident in urban, semi-urban and rural contexts, with a reported frequency of around 14.6% (Ambekar et al., 2019; Ministry of Social Justice and Empowerment, 2019). This disturbing phenomenon is not restricted to a particular segment of society or of one or more social classes but spans class, caste and place, highlighting the importance of comprehensive awareness and multi-faceted interventions. Youth substance abuse has implications not only for health at hand, but also risk factors for mental health problems and other long-term social determinants, including the risk of developing disorders such as depression, anxiety and psychosis, academic underachievement and school dropout, increased risk for risk taking and criminality, and social and economic marginalisation (Patel et al., 2012; UNODC, 2018).

These vulnerabilities are even more intensified by the COVID-19 pandemic, where psychological distress has increased, traditional social support has fallen apart, and youth use of digital technologies more closely links to social engagement/risk (Kumar & Dwivedi, 2021). In this regard, knowledge on the origins and consequences of Indian youth substance misuse may require exploration beyond individual pathology to address the more systemic intertwining of social determinants, mental health environments, rapidly changing technology profiles and strengths and weaknesses of current support networks. Societal pressures in India are reported through several factors such as intense academic competition, excessive parental and community expectations, joblessness or under-employment, urban movement/urban migration, and changing patterns of peer group relationships, which can result in psychological stress and act as triggers for substance consumption behaviour (Gupta et al., 2020; Ambekar et al., 2019).

Meanwhile, mental health is still an underexplored part of adolescent well-being—a situation exacerbated by stigma, knowledge deficits, inadequate mental health services and the like—which has left many adolescents exposed and susceptible. Technology and digital systems—especially social media—have added even more complexity, making individuals exposed to pro-substance content, online peer influence, and opportunities for access and use more powerful in an age of exposure, as well as offering opportunities for awareness and intervention (Kumar & Dwivedi, 2021). Support system—family structures, educational institutions, community organizations, and government initiatives—are central if sometimes inconsistent components of prevention and/or remediation with varying degrees of success and coverage (Ministry of Social Justice and Empowerment, 2019).

In order to create an integrated and globally relevant knowledge base this article takes a scientific method that is grounded in literature by uniting evidence from various disciplines, policy texts, theories; specifically, Social Learning Theory, Strain Theory, and Ecological Systems Theory, in order to study how these interlocked areas of research manifest as substance abuse behaviors in Indian youth. In order to further develop its analysis, the paper focuses on youth substance misuse with the comparative comparison, comparing youth substance abuse by U.S.- and U.K.-based countries - countries with better healthcare structures, more data collection and developed prevention and intervention programs.

This comparison not only raises general risk factors and protective practices at the end of a lifecycle, but it also illustrates how cultural context, policy/culture-specific environment, and norms impact the effects of interventions and also the lived experiences of individuals. Although a systematic review, limitations exist in terms of published research availability and quality, by the possibility of language and publication biases, and by not generating new empirical data. For clarification, “youth” is defined as 15-24-year-olds (UN, 2018); “substance abuse” is defined as harmful or hazardous use of psychoactive substances, both legal and illicit substances (WHO, 2014); “societal pressures” include external demands and expectations from one’s family, peers, and institutions; “mental health” is the idea of psychological well-being and disorders; “technology” is the influence of digital and social media; and “support systems” refer to formal and informal systems that support youth. The remaining sections of this paper are organized to (1) clarify the research aims and framing of the research inquiries; (2) discuss relevant theory frameworks; (3) review literature related to systemic pressures, mental health, technology and support in India; (4) comparative analysis of two advanced nations; (5) thematic analysis; and (6) implications for policy and intervention and the future. The relevance of this synthesis is that it can guide planners, educators, clinical practitioners and community actors about the multifaceted dynamics underpinning youth substance misuse in India and gaps in response, including evidence-based culturally appropriate policies. Through locating India’s youth substance misuse problem in the global, multidisciplinary discourse, the paper seeks to promote knowledge on an issue that is both deeply localised and assertively global by integrating it alongside scholarly investigation and practical interventions.

2. RESEARCH OBJECTIVES AND RESEARCH QUESTIONS

The main aim of this paper will be synthesising and critically analysing literature and theories available to identify the complex aetiology and outcomes of adolescent substance abuse in India. There is particular emphasis on the cross sections of public strain, psychological distress, technological factors, and support systems effectiveness. Unlike most investigations, whose authors offer only superficial accounts of substance use behaviours, the present study sought to consider the interaction of academic pressure, economic instability, changing family patterns, and peer groups with psychological vulnerability, like depression and anxiety, to promote substance-using behaviours (Gupta et al., 2020; Patel et al., 2012).

The role of technology—especially social media, digital connectivity, and online peer groups—is examined in both exacerbating risk and offering new avenues for prevention (Kumar & Dwivedi, 2021). Additionally, the paper examines whether existing support systems—such as families, schools, community organisations, and government policies—could meet the requirements for early intervention, prevention, rehabilitation, and so forth. A comparative perspective is taken by examining the extent to which youth substance use is practised in the United States and the United Kingdom, both countries with advanced health infrastructure and well-organised intervention systems. The goal of this comparison is to draw attention to universal and context-dependent risk factors, interventions, and policy considerations with potential guidance for the Indian context (UNODC, 2018; EMCDDA, 2021). To direct the study, a series of the following research questions is formulated:

- A. What are the key societal influences leading to substance abuse among youths in India, and how do social and economic factors shape these influences?
- B. What is the relationship between mental health issues, including depression and anxiety and initiation and progression of abuse among adolescents in India?
- C. How does technology, such as social media and digital platforms, play a role in promoting or curbing substance use behaviours?
- D. How effective are the available support systems in India to prevent and deal with youth substance use, and how well do they deal with it today, and what is left to be done?
- E. What are the patterns, background and intervention approaches of youth substance abuse in India vis-à-vis those in the United States and the United Kingdom based on the literature review?
- F. Which theoretical and policy implications may be derived from this confluence, and how could they guide and inform future research and practice?

The following aims and questions provide a comprehensive framework for understanding youth substance abuse, contributing to culturally relevant, empirically based interventions and policies.

3. THEORETICAL FRAMEWORK

Theory is the key to understanding the complexity of this dynamic phenomenon. To analyse youth substance abuse, it not only interrelates with social, psychological, technological, and systemic factors, but also helps us understand its nature. Its conceptual framework also includes sociology, psychology, public health, and other related theories. This paper looks at multiple disciplines to structure the analysis and analyse the literature. Integrating several views at once increases insight into substance abuse by youth in India and gives us significant parallels as compared with other national contexts.

A robust framework not only unifies the theoretical aspects and provides a more comprehensive and in-depth context of the study, but it also presents us with data. One such foundational model discussed here is that in Social Learning Theory (Bandura, 1977), behaviour (including substance use) is learned through observation, imitation and modelling of behaviour within social groups. Bandura's (1977) theory holds that adolescents are influenced by the experiences of witnessing behaviours and attitudes in family members, peers and other well-known authorities, especially in contexts where drug use is considered the norm or an achievement. Specifically, in the Indian setting, where social relationships are structured amongst the peer group, families, and changing social norms, Social Learning Theory can help elucidate the emergence and maintenance of substance use among adolescents (Gupta et al., 2020). Technology and social media's growth exacerbates such pressures, as young people are constantly inundated by both positive and negative role models in a larger and fresher fashion than ever.

Supplementing this, Robert K. Merton's (1938) Strain Theory provides the sociological vantage point for viewing drug use as a response to societal pressure and power relations at a

structural level. Strain Theory explains that when individuals, and especially young people, experience a disconnect between the ideals promoted by that culture's wants (educational, material, or social/revenue expectations) and the tools available to achieve those goals, this may create a state of “strain.” Such strains might lead to deviant behaviours, such as drug use, as a way to deal with these or escape (Agnew, 1992). The Strain Theory explains how socio-structural and macroeconomic concerns underpin why youth in India are at high risk for substance misuse, due to academic competition, unemployment and changing familial expectations (Patel et al., 2012).

From a psychological and public health perspective, Ecological Systems Theory (Bronfenbrenner’s 1979 model) is especially suitable to grasp the multilayered and interacting environmental factors involved in the development of the youth’s behaviour. This theory views human development as nested systems—microsystem (family, school, peers), mesosystem (interactions between the microsystems), exosystem (larger social environment), macrosystem (cultural principles, laws), and chronosystem (historical period). Ecological Systems Theory’s application to substance abuse facilitates the notion of a system-wide approach, focused on where immediate environments, community networks, institutional arrangements, and societal norms intersect and affect youth choices and vulnerabilities (Bronfenbrenner, 1979). Among Indian youth, the intertwining patterns of family expectations, school environment, peers’ influence, media, health policy and cultural norms on substance use create a dynamically responsive context for risk and resilience (Ministry of Social Justice and Empowerment, 2019).

The Risk and Protective Factors Framework (Hawkins et al., 1992) also guides preventive approaches. This framework classifies influences on substance use into “risk factors” (e.g., peer pressure, academic failure, family conflict) and “protective factors” (e.g., strong family bonds, positive school climate, access to mental health services). Appreciating these two factors is relevant to provide relevant interventions appropriate to the Indian scenario, where risk and protective factors can diverge from those in Western cultures based on localised cultural, familial, and policy contexts.

These theories have integrated a complete framework to be used in this study. Social Learning Theory emphasises modelling and the role of peers, in particular during the age of high connectivity in the digital era. Strain Theory highlights the importance of structural stress and societal norms through which substance use is framed in relation to systemic stressors. Ecological Systems Theory widens the focus from only one level of influence to multiple, multidimensional influences, and risk and protective factors systems aid in designing interventional programmes at a range of ecological levels. Taken together, these theories not only organise the forthcoming literature review and comparison, but they also provide helpful suggestions for prevention, policy, and practice. In conclusion, the theoretical approach pursued in this paper is intentionally eclectic to convey that youth substance use is a social, psychological, and public health crisis of great complexity. In adopting a multidisciplinary perspective, the investigation aspires to encompass the range of factors— individual, interpersonal, structural and cultural— shaping substance misuse among Indian youth. This approach to governance will ensure recommendations and policy implications are anchored in a nuanced, evidence-based understanding of both risk and resilience.

4. LITERATURE REVIEW

The current literature on substance use among adolescents in India is riddled with multiple layers and shapes of a complex context that is also created by socio-psychological factors, as well as technologies, and the extent of support systems. Recent national surveys and academic research report that substance abuse is increasing among these groups, where alcohol, tobacco, cannabis and inhalants are the drugs most often abused (Ambekar et al., 2019). Indeed, this normalisation of substance use is particularly apparent in urban centres, but also in rural areas, challenging notions that the behaviours of individuals are limited to marginalised or high-risk groups (Gupta et al., 2020).

Societal constraints have been widely reported to be the two main reasons behind youth substance abuse. Intensely competitive academic competition, high parental expectations, unemployment and peer group dynamics all contribute to endemic stress and anxiety (Gupta et al., 2020; Patel et al., 2012). In India, with all the emotional strain of the cultural obsession with education and success in their families often leads some youth individuals to substance use as a coping mechanism. Family systems are also changing, with nuclear households, urban settlement, and changing intergenerational structures acting as risk and protective factors for individuals. It has been shown that peer influence, especially in adolescence, has a notable impact on the initiation and continuation of substance use, with research illustrating the influence of peers' modelling and pressure on behaviours (Bandura, 1977; Ambekar et al., 2019).

Mental health appears as a risk factor as well as outcome in the literature. The level of depressive symptoms, anxiety disorders and psychological distress associated with Indian youth has been widely reported. Mental health is an area that has fallen too far to the level of the general population due to stigma, low awareness and limited access (Patel et al., 2012). Self-medication is often associated with substance use, and young people use and abuse drugs or alcohol to help reduce emotional pain, cope with stress or escape difficult situations. On the other hand, drug use may contribute to and intensify mental health problems that can perpetuate cycles of vulnerability and are challenging to escape without targeted interventions (Kumar & Dwivedi, 2021).

The influence of technologies, especially digital platforms and social media, which are on the rise, has become an area of concern and research. A rapid increase in internet penetration and smartphone utilisation among Indian youth has opened new opportunities for peer engagement, online community and the digital marketing of drugs to many Indian youth (Kumar & Dwivedi, 2021). Social media has made it possible for substance use to become normalised or glamorised, leading to risk behaviours, and online peer groups have helped facilitate access, along with harmful norms. Meanwhile, technology also has potential as a means of prevention and education campaigns, with technology used by the youth to engage and raise awareness, digital platforms using digital programs are used much more than ever to inform and assist youth on an ongoing basis for support, to reach and raise awareness in their communities (Ministry of Social Justice and Empowerment, 2019).

Support groups (families, schools, local schools, community groups, governmental projects, and social agencies) are essential with regard to prevention, early intervention and rehabilitation. Protective factors associated with family cohesion and supervision of parent-child relationships have been shown as protective factors, in addition to inconsistent discipline and frequent family conflict or family conflict. Schools are important sites for prevention programs; these sites vary in coverage and effectiveness. Community organisations and NGOs can help increase awareness, deliver counselling, and reach out; however, access to these services can be uneven, particularly without enough access to resources. Many government initiatives like the National Action Plan for Drug Demand Reduction aim at the coordination of prevention, treatment, and rehabilitation, but implementation, resource allocation, and stigma remain challenges (Ministry of Social Justice and Empowerment, 2019).

Comparisons with developed countries, for instance, the US and the United Kingdom, show similarities and differences along a wide range of similar lines. Universal risk factors (peer pressure, mental illness, social norms) are certainly present, but culture, policy framework and health system capacities can drive the responses and endpoints (UNODC, 2018; EMCDDA, 2021). While developed nations possess better data collection, extensive prevention programs and better integration of mental health services, this provides some lessons for India and also presents the need for culturally tailored adaptations.

5. COMPARATIVE ANALYSIS: INDIA, UNITED STATES, AND UNITED KINGDOM

A comparative analysis of these patterns — both universal and specific, relative to the specific cultural, socioeconomic and policy context of youth substance abuse in India, the United States and the United Kingdom — suggests a wide breadth. Although substance use among young people in all three countries presents a common challenge, prevalence, risk factors, intervention and outcomes differ significantly.

Drug and alcohol abuse in youth in India is getting recognised as a public health issue, although it is frequently associated with stigma and taboo. National surveys reveal an increasing trend where alcohol, tobacco, cannabis and inhalants are widely used among adolescents and young adults (Ambekar et al., 2019). Increased peer pressure, academic stressors, unemployment and urban migration all constitute key societal drivers complicated by changing family structure and limited access to mental health care (Gupta et al., 2020; Patel et al., 2012). The acceptance of drug use by some groups, in addition to poor prevention and treatment systems, presents an obstacle to holism as we strive to do better. In an era of rapid digitalisation, Indian youth experience unique challenges related to exposure to peer pressure and pro-substances on the Internet, as well as possible pathways for digital awareness and intervention (Kumar & Dwivedi, 2021).

In contrast, the United States has been plagued with youth substance abuse as an epidemic for decades, involving extensive data collection and preventive services targeting specific groups. According to the National Institute on Drug Abuse (NIDA), alcohol, marijuana and prescription drugs rank among the most abused substances for American youth (NIDA, 2022). Here, societal pressures are not just academic and other social issues, but also exposure to

socioeconomic inequality, family problems, and community violence. Mental health care is more common, although inequalities remain. There are widespread public health initiatives, school-based interventions and programs at a community level, backed by sound policy frameworks and sufficient funding. The opioid epidemic has reawakened attention to prescription drug misuse, and changing attitudes towards the legalisation of marijuana offer new potential for harm reduction (CDC, 2022). Technology also serves a double purpose, with social media encouraging some risky habits while being used to educate and engage people.

In the United Kingdom, youth substance abuse is also acknowledged as a significant problem. Among youth, alcohol, cannabis, and new psychoactive substances (NPS) are a high proportion (EMCDDA, 2021). The UK is also home to comprehensive national health services, which are supported by the United Kingdom's National Health Service (NHS) and dedicated youth addiction services. Societal imperatives to achieve, employ and integrate into society are compounded by more lax attitudes about drinking and drugs, which are more acceptable than in India. The government has taken measures around prevention, early intervention, and harm reduction, through age restriction, public education campaigns and school-based educational schemes (Public Health England, 2020). Data-driven methods are key to the UK's tailored responses, but there are areas of progress in relation to targeting marginalised youth or adjusting approaches to changing substance use patterns. Use of technologies and social media for prevention is growing – but new forms of risk are also emerging.

India is an interesting comparison with the United States and the UK. All three countries have peer pressure, expectation/ societal expectations, and mental illness as their risk factors, but the intensity of normalisation, stigmatisation, and service access varies greatly. In developed countries, prevention and treatment facilities are available more efficiently, mental health assistance is more well-integrated and policy structures are more resilient, whereas India's reaction is limited by resources, stigma and unequal access. Cultural norms around drugs, family life, and the impact of technology also shape both risk and resilience. Lessons from the U.S. and UK highlight that multi-sectoral approaches, evidence-based interventions and culturally sensitive adaptation—principles that can inform policy and practice in India.

6. ANALYSIS AND SYNTHESIS

Review literature and comparisons show youth substance abuse as the result of a complex interplay of elements in the individual, family, social and system levels. Among adolescents and young adults in India, the complex risk environment of substance use results from the simultaneous presence of strong social pressures, untreated mental health problems, technology, and inequality in social support. And the elements behind them are not limited to India, but their specific manifestations and interactions are deeply influenced by a country's culture, economics, and policy background.

Societal pressures are a key risk factor (Gupta et al., 2020), where academic stress levels, high parental expectations and unemployment levels, as well as changing social norms, impose a heavy load on psychological development among youth (Ambekar et al., 2019). According to Strain Theory (Agnew, 1992), the pressure of achieving educational and economic success, combined with low levels of legitimate opportunities, breeds frustration and inadequacy.

Urbanisation creates more stress for many due to weakened traditional support systems, and youth are exposed to both the promise and trials brought on by rapid modernisation on a large scale. Family structure has a dual effect – as strong parental and caregiving relationships and the home environment in which one grows up are protective against substance use, however, family disunity, conflict, neglect, disorganisation, or inconsistent discipline may increase risk of drug abuse (Hawkins et al., 1992).

Mental health has been consistently identified as a contributing factor (both as an outcome and risk factor of exposure) of substance use. Depression, anxiety, and other symptoms of psychological distress in Indian youth are prevalent, although mental health problems are recognised and treatable; societal stigma and stigma of the available services make their early recognition and prevention challenging (Patel et al., 2012). The literature supports a bidirectional relationship: mental health problems tend to worsen the exposure factor that may lead to self-medication via substance use, yet substance use in turn leads to worsening or even aggravation of mental disorders, thus trapping individuals more into habitual mental health problems unless intervention is targeted (Kumar & Dwivedi, 2021).

Technology and digital environments have become a set of risk multipliers as well as potential protective measures. With the widespread adoption of smartphones and social media platforms a growing number of Indian youth have high levels of exposure to pro-substance content, peer group influence as well as commercialization of addictive substances (Kumar & Dwivedi, 2021). Internet communities can normalize, or glamorize, drug use, creating platforms where risk-taking behavior is promoted, and may be encouraged and facilitated. At the same time, online tools provide new opportunities for prevention, education and linking youth to support—although they can only be as impactful as the availability, commitment, and credibility of these services. Family systems – families, schools, neighborhoods, government agencies – are the spine of prevention and intervention. Family support and school engagement, as seen in the literature, are protective factors, whereas lack of cohesion, poor communication, or school dropout are associated with higher rates of substance use (Hawkins et al., 1992; Ministry of Social Justice and Empowerment, 2019). Community-based organizations and NGOs in India are crucial in addressing gaps in services, particularly in rural or underserved locations. There are significant strides towards a holistic approach made by the Government, with the National Action Plan for Drug Demand Reduction being no exception, however implementation, intersectoral coordination and resource allocation continue to be an issue.

Comparative analysis of the United States and the United Kingdom yields both overlapping and diverging characteristics. Common risk factors — peer scrutiny, mental health distress, and societal expectations — vary across settings, but the extent of normalisation, stigma and systemic support differs. More structured prevention programs, improved integration of mental health and addiction care, and robust data collection systems in developed countries make appropriate targeted interventions and policy changes easier (EMCDDA, 2021; NIDA, 2022). While thriving within rich cultural traditions and community circles, the Indian context has been plagued for longer with the negative aspects of stigma, resource limitations and differential care access.

Bringing together these insights, we all agree that if youth substance abuse is to be tackled in India, it can only be tackled through an intersectoral, multi-sectoral approach. Good interventions need to take into account the interaction of the expectations of society, the need for mental health, digital influences, and resources for support. Both prevention and treatment should be culturally, evidence-based, and sensitive to urban as well as rural environments. Enhanced mental health services, digital literacy, family and community engagement and school retention can all be critical components of a comprehensive response to the crisis.

7. DISCUSSION: INSIGHTS AND IMPLICATIONS

Results of this synthesis emphasise the significant involvement of social pressures, mental health challenges, technological influences, and the role of support systems in shaping youth substance abuse among youth in India. This multifactorial complexity requires going beyond single explanations and interventions to an integrative and holistic perspective and the need for multi-modal interventions. Theoretical perspectives, including Social Learning Theory, Strain Theory, and Ecological Systems Theory, collectively illuminate how environmental, social, and psychological factors converge to influence youth substance use. For example, the normalisation of substance use as peer imitation, which can be influenced by academic and economic pressures, also leads to the development of initiation and escalation, especially in the absence of strong protective factors (Bandura, 1977; Agnew, 1992; Bronfenbrenner, 1979).

Comparative studies from the USA and UK highlight the need for broad-based, multi-sectoral responses. Both countries are benefiting from the convergence of mental health and addiction treatment services, data-driven prevention, and digital efforts of outreach and education (EMCDDA, 2021; NIDA, 2022). However, the Indian setting also has distinctive issues, including pervasive stigma, resource constraints, and disparities in service access. These obstacles restrict interventions that are useful and perpetuate vulnerability in at-risk youth.

Policy and practice in India must therefore be influenced by the local realities and international evidence as much as possible. Culturally sensitive prevention efforts — including school-based education, family engagement, and community mobilisation — must be prioritised, but stigma must be reduced as well as the availability of mental health care. While digital platforms provide promising methods of spreading knowledge and support, interventions must be tailored to address misinformation and ensure reach across diverse populations. Moreover, active collaboration between government institutions, schools, NGOs, and families is necessary to establish an environment fostering resilience and recovery. Further studies are needed to evaluate the impact of current interventions, evaluate risk and protective factors specific to the given context, and develop new models of prevention and treatment. With a multi-disciplinary, comparative, and culturally grounded approach, we are inching closer to reducing youth substance abuse and its implications for life in India.

8. RECOMMENDATIONS

To combat youth substance abuse in India involves a multi-pronged, evidence-based, culturally sensitive approach. Based on literature synthesis, informed findings from developed countries, and theoretical frameworks, there are several key recommendations for policymakers, mental health experts, school leaders and community stakeholders.

- i. The first of which is the need for enhanced primary prevention measures that can be accomplished through school-based education, not only related to substance use issues but also regarding life skills, resilience and mental health awareness. Interactivity, age, and context must permeate programs to cater to the particular pressures Indian youth experience, including academic pressure, peer pressure, and changing family structures (Gupta et al., 2020; Hawkins et al., 1992). Integration of substance abuse prevention into existing curricula would help foster early engagement with services that can last and be sustained, and involving parents and caregivers in early prevention efforts strengthens such messages at home.
- ii. Second, increasing access to mental health services is key. This will involve the development of more counsellors in schools and communities, stigma reduction via public awareness campaigns, and staff education for teachers, health workers and community leaders on how to detect and treat these difficulties early (Patel et al., 2012; Kumar & Dwivedi, 2021). Telemedicine and digital mental health services, which gained prominence during the COVID-19 pandemic, must be introduced to reach the underserved and rural populations if they are evidence-based and are culturally appropriate in their use.
- iii. Third, embracing technology as a tool for prevention, intervention, and support needs to come first. Mobile applications, online counselling, and social media campaigns can spread accurate information, provide anonymous help-seeking avenues and build support online. Moreover, there is a need for regulatory oversight to prevent, for example, the digital marketing of addictive substances and to combat the glamorization of substance use on social media (Kumar & Dwivedi, 2021). Technological partnerships with technology companies and influencers can use digital monitoring and artificial intelligence to amplify positive messaging and also identify at-risk individuals through these social media platforms and applications to offer prevention activities.
- iv. Fourth, engagement and mobilisation by the community are absolutely vital for an impact to be more sustained. NGOs, youth clubs, religious bodies, and local leadership can take a driving role in outreach, peer mentoring and safe spaces for youth. This is not just because local strategies may work if they are localised and take into consideration local risk factors and cultural attitudes, but they can also avoid the risk of community-based interventions becoming exclusionary and only making rehabilitation efforts easy. More attention must be given to the marginalised and at high-risk groups themselves, street children, LGBTQ+ youth, and those living in areas of conflict (Ambekar et al., 2019).
- v. Fifth, the areas of service delivery and enforcement with gaps need policy reforms and intersectoral coordination. The government must provide adequate funds for prevention, treatment and rehabilitation, alongside the ministries of health, education, social justice and law enforcement. Enhancing data collection and surveillance systems is crucial in monitoring trends, judging interventions and informing evidence-based policy development (Ministry of Social Justice and Empowerment, 2019; EMCDDA, 2021). India may also borrow similar best practices from the U.S. and U.K., including

integrated care pathways, harm reduction approaches and youth-friendly services, by being sensitive to cultural adaptation.

- vi. Lastly, there is a need for continuing knowledge to investigate these emerging trends, the effects of new substances, and to determine the efficacy of interventions currently being developed and implemented. Continuity of improvement and policy evolution can be informed by longitudinal studies, participatory research involving youth voices, and implementation science.

9. CONCLUSION

In India, the youth problem of substance abuse is multifactorial, influenced by a wide variety of factors, including the pressure from society and mental health challenges, the impact of technology on substance use, and the effectiveness of support systems. This article has shed light on the universal and contextual determinants of substance use among Indian youth by performing a critical synthesis of literature and comparative analysis with the United States and the United Kingdom. Academic competition, peer pressure, changing family structures, and financial instability create extreme strain, encouraging young people to turn to substance use as a means of coping. The lingering stigma around mental illness and substance abuse, coupled with the limited availability of services, makes people even more vulnerable and makes recovery much more difficult. Despite the new risks introduced by exposure and normalisation of substance use, technology also provides novel opportunities for prevention, awareness, and support. Structured prevention programs, integrated mental health services, evidence-based efforts, and a culture that recognises evidence can be leveraged as a driver of change in developed countries. India's distinct social, cultural, and economic milieu also calls for customised approaches to meet local realities and address disparities. Theoretical perspectives, including Social Learning Theory, Strain Theory, and Ecological Systems Theory, offer a way to consider the factors that contribute to the development of substance abuse in the long-term and the means of intervention. Family, school and community involvement and changes in government policy all help achieve those conditions in order to support resilience and recovery. Future action guidance would include: a strengthened school-based prevention, greater access to mental health care, technology for outreach, community mobilisation, and intersectoral policy coordination. Ongoing research and participatory approaches will be needed to refine the intervention and track the emerging trends. Through an all-encompassing, multi-disciplinary, culturally-consistent and culturally sensitive intervention, India could progress in preventing youth substance use, in better resourcing the youth, and in curbing its negative effects on persons, families and society as a whole.

“Be the change that you wish to see in the world.”

—Mahatma Gandhi

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