

Substance Abuse Trends and Preventive Strategies in Adolescents in India: A Brief Review

Meet Chauhan

Received on: 23-11-2025

Published on: 30-12-2025

ABSTRACT

Teen drug and alcohol misuse among Indian teens is a big problem for public health since society and the economy are changing quickly, cultural values are shifting, and teens are spending more time in café, bars and party locations. Teenage years are a very important time in a person's life. They are willing to try new things, which makes it more likely that they will become addicted to drugs, develop mental health problems, drop out of school, and miss out on social events later in life. Indian teens still drink and smoke the most, according to national polls. However, drugs like cannabis, opioids, sedatives, and inhalants are becoming more of an issue. People could start and keep using drugs because of peer pressure, problems at home, mental stress, being around digital media, or the fact that drugs are easy to buy. In India, school-based learning, family-centred approaches, health treatments that are healthy for youth, rules, and getting people involved in their communities are all strategies to stop problems. Therapy programs created particularly for teens still have challenges with how effectively they function and how well they are put into action and followed. This study looks at current patterns in drug and alcohol use among young people in India, the causes behind them, the health effects, and ways to cut down on use. It stresses the importance of treatments that are founded on science, take culture into consideration, and work together.

KEYWORDS: Alcohol, Drug abuse, India, Stress, Teenagers, Tobacco.

Era's Journal of Medical Research. 12(3);2025 [doi: 10.24041/ejmr.2025.39]

INTRODUCTION

According to the World Health Organization, adolescence is the time between the ages of 10 and 19 when teens grow swiftly in many aspects, like physically, emotionally, and psychologically.¹ During this transitional phase, individuals are particularly susceptible to participating in risk-taking behaviours, including the experimentation with psychoactive substances. Being near chemicals especially alcohol and tobacco while you're young has been connected to long-term health problems like addiction, mental illness, and diseases that can't be passed on.² India has one of the biggest groupings of teens in the world. About 20% of the people in the world are teenagers. Urbanization, migration, academic competitiveness, changing family arrangements, and new technologies have all changed society in ways that have made traditional safety measures less effective.³ As a result, Indian teenagers' patterns of drug and alcohol use are evolving, which means that constant evaluation and tailored prevention initiatives are needed.

Prevalence and Epidemiology of Substance use among Indian Teenagers

Recent national surveys and targeted studies have improved the comprehension of teenage drug usage in India. The Magnitude of Drug Use in India survey showed that a large number of drug users started using drugs before they

Department of Community Medicine, Shantabaa Medical College, Lathi Road, Amreli, Gujrat, India-365601

Corresponding Author: Meet Chauhan

Email: drmeetchauhan88@gmail.com

How to cite: Chauhan M. Substance Abuse Trends and Preventive Strategies in Adolescents in India: A brief Review. *Era J Med Res.* 2025;12(3):114-116.

turned 18.⁴ The most frequent drug was tobacco, while the second most popular drug was alcohol. A smaller but still important number of people said they used cannabis, opioids, and inhalants.

According to the Global Youth Tobacco Survey, many young people who went to school used both smoked and smokeless tobacco.⁵ The NFHS-5 results also showed that young individuals start smoking early, especially if they live in the country or come from a household that doesn't have a lot of money.⁶

There are many variances between places. People in the north eastern states drink more alcohol, but people in northern India use opioids a lot more. People who live in urban slums or have ties to the street are more likely to indicate they abuse inhalants than other groups.⁷ These differences illustrate that where you live, what your culture is like, and how much money you have may all make a difference.

PATTERNS OF DRUG USE: SMOKING CIGARETTES

Teenagers in India still smoke the most. Smokeless tobacco products are very prevalent since they are cheap, easy to find, and tolerated in many cultures.⁵ Most people start drinking or doing drugs when they are teens. This makes it more probable that kids will get addicted to drugs for a long period and hurt their health.

Teenagers drink because their friends do, because it's a family tradition, and because they go to parties. Boys say they use drugs more often, but new research reveals that the gap between boys and girls is getting less in cities.⁴ Young people who drink alcohol tend to act badly and get lower scores.

Cannabis

Teenagers don't smoke pot very regularly, but more and more of them are doing so, especially those who live in cities and attend to college. People are trying it because they don't think it's safe and because more people are talking about making it legal over the world.⁸

Opioids and Drugs

People are quite worried about how people misuse prescription drugs like opioids, sedatives, and cough syrups. Teenagers sometimes think drugs are less dangerous since they come from medicine, even though they can be quite addictive.⁹

Inhalants: A lot of kids in their early teens, especially those who are homeless or very impoverished, use inhalants. These medications are cheap, easy to find, and can do a lot of damage to the brain and growth.⁷

MOTIVATION FOR TEENS TO DRINK AND USE DRUGS

Factors at the Individual Level

People are more likely to use drugs if they are curious, want to try new things, can't control their cravings, are stressed out about school, or don't know how to deal with stress. Teenagers who don't obtain therapy for their anxiety, despair, or bad behaviour are more likely to use drugs.

Effects on Friends and Family

The familial setting significantly influences adolescent responses. Substance use by parents, insufficient supervision, inconsistent discipline, and poor communication significantly elevate risk.¹¹ Peer impact remains a substantial predictor of beginning, particularly throughout mid-adolescence.

Socioeconomic and environmental factors

If we are poor, live in a crowded city, relocate to a new place, or witness role models who use drugs, you're more likely to take drugs. It's even worse when narcotics are easy to get near schools and households.⁴

Being around digital and media

Teens can now more easily obtain content that advocates drug use since more people are using cell phones and social media. The normality of smoking and drinking, online advertisements, and the culture of influencers all make people more forgiving.¹²

HEALTH AND SOCIAL RESULTS

Teenagers who drink and use drugs harm the growth of their brains, especially in areas that help them make decisions and deal with their feelings.¹³ Some of the impacts are problems with thinking, mental health problems, dangerous sexual conduct, injuries, anger, and thoughts of suicide. The pressure is increased because of societal implications including dropping out of school, getting in trouble with the law, and having fewer job options.¹⁴

Preventive Strategies in India

Primary Prevention: School-based Interventions

Research indicates that school-based preventive programs imparting life skills, refusal skills, and psychological competence can effectively delay the initiation of dangerous behaviors.¹⁵ The Ayushman Bharat School Health Programme makes it simpler to act early by teaching kids about substance abuse.

Plans that put the Family Foremost

Improving parenting skills, encouraging good communication, and helping parents understand their teens better can all help keep them from doing risky things. In Indian culture and society, family-centered prevention is very important.¹¹

Second Place Prevention

Finding problems early and fixing them quickly

Screening methods like ASSIST and CRAFFT help find out early on if kids are abusing drugs and alcohol.¹⁶ Short motivational therapies in schools and primary care settings have been demonstrated to be useful.

Teen Health Services

The Rashtriya Kishor Swasthya Karyakram (RKSK) emphasizes counseling, referrals, and treatment for substance abuse issues at youth-friendly clinics.¹⁷

Treatment and Rehabilitation for Tertiary Prevention

Teenagers who are addicted to drugs or alcohol need age-appropriate treatments, mental health care, and community-based rehabilitation.

GOVERNMENT ACTIONS AND THE LAW

Preventing things like taxes, checking ages, and preventing letting sales happen near schools are all very important.

Issues with Prevention

Even if there are currently systems in place, prevention initiatives are still having trouble because of weak enforcement, a lack of educated staff, social stigma, a lack of data on youth, and a lack of communication with mental health services.²⁰ Because different regions have different needs, it is much harder to put into effect.

FUTURE DIRECTIONS

It is very important to make monitoring systems stronger, add more digital and peer-led therapies, get people from different fields to work together more, and make evidence-based programs more culturally relevant. In the long run, spending more money to deter teens from abusing drugs and alcohol and improve their mental health will be good for public health.

CONCLUSION

Teenagers in India abusing drugs, tobacco, alcohol and others sedatives suppleness is a public health issue, a global problem for developing country that is hard to fix and find appropriate way. The parents, school teachers and socio-environmental factors play key role in this field. We have to develop a methods to counselling those teenagers who are suffering from this and help them polity. To keep teens healthy and help them grow up to be healthy adults, it's important to use a multi-level approach that includes schools, family, health systems, communities, and government hard rules that are followed.

REFERENCES

- World Health Organization. Adolescent health. Geneva: World Health Organization; 2022.
- Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, et al. Our future: a Lancet Commission on adolescent health and wellbeing. *The Lancet*. 2016;387(10036):2423–2478.
- United Nations Children's Fund (UNICEF). Adolescents in India: A profile. New Delhi: UNICEF India Country Office; 2021.
- Ministry of Social Justice and Empowerment, Government of India. Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment; 2019.
- World Health Organization; Centers for Disease Control and Prevention. Global Youth Tobacco Survey (GYTS): India Report. Geneva: World Health Organization; 2019.
- International Institute for Population Sciences (IIPS), National Family Health Survey (NFHS-5). National Family Health Survey (NFHS-5), 2019–21: India Report. Mumbai: IIPS; 2021.
- Ray R. Inhalant use in India: An emerging public health concern. *Indian Journal of Psychiatry*. 2018;60(4):473–476.
- United Nations Office on Drugs and Crime. World Drug Report 2023. Vienna: United Nations Office on Drugs and Crime; 2023.
- Ambekar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK. Prescription drug misuse and dependence in India. *Indian Journal of Medical Research*. 2020;151(5):449–456.
- Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of mental disorders in adolescents. *The Lancet Psychiatry*. 2017;4(2):146–158.
- Velleman R, Templeton L. Impact of parents' substance misuse on children: An update. *Drugs: Education, Prevention and Policy*. 2016;23(1):1–13.
- Gupta S, Sarpal SS, Kumar D, Kaur G, Arora S. Social media exposure and substance use among Indian adolescents. *Indian Journal of Public Health*. 2021;65(2):105–110.
- Volkow ND, Koob GF, McLellan AT. Neurobiologic advances from the brain disease model of addiction. *New England Journal of Medicine*. 2014;370(23):2219–2227.
- Murthy P. Adolescent substance use in India: Challenges and opportunities. *Indian Journal of Psychiatry*. 2019;61(Suppl 4):S155–S162.
- Ministry of Education, Government of India. School Health Programme: Operational Guidelines under Ayushman Bharat. New Delhi: Ministry of Education; 2020.
- World Health Organization. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Manual for use in primary care. Geneva: World Health Organization; 2010.
- Ministry of Health and Family Welfare, Government of India. Rashtriya Kishor Swasthya Karyakram (RKSK): Operational Guidelines. New Delhi: Ministry of Health and Family Welfare; 2018.
- National Institute of Mental Health and Neurosciences (NIMHANS). De-addiction and substance use disorder services in India. Bengaluru: NIMHANS; 2019.
- Government of India. Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003. New Delhi: Government of India; 2003.
- Government of India. Narcotic Drugs and Psychotropic Substances Act, 1985. New Delhi: Government of India; 1985.
- Sharma N, Gupta P, Singh R. Challenges in prevention of adolescent substance abuse in India. *Indian Journal of Community Medicine*. 2020;45(2):123–128.

Orcid ID:

Meet Chauhan - <https://orcid.org/0000-0002-8744-0038>