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## Drug Addiction in India: A Threat to the Future of the Young Generation

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### Abstract

*Drug Addiction in India: A Threat to the Future of the Young Generation. Drug addiction is a critical public health and socio-economic issue globally, with over 35 million people worldwide suffering from substance use disorders, according to the United Nations Office on Drugs and Crime (UNODC). In India, the problem is equally alarming, with approximately 22.6 million individuals engaging in harmful drug use, as reported in the National Survey on Extent and Pattern of Substance Use (2019). Adolescents and young adults are disproportionately affected, with studies indicating that 20-25% of drug users in India are aged between 15 and 24 years. The rising prevalence of substance abuse among the youth poses severe challenges to individual health, societal stability, and national development. This research examines the socio-economic determinants, health impacts, and policy gaps related to drug addiction, focusing on India's young population. Drawing on robust data from national and international sources, this study highlights that peer pressure, socio-economic vulnerabilities, and inadequate mental health services are primary drivers of drug abuse. Globally, substance abuse costs economies an estimated \$600 billion annually in terms of healthcare, lost productivity, and law enforcement, with India bearing a significant share of this burden [2]. The paper advocates for a comprehensive response, emphasizing school-based prevention programs, improved rehabilitation access, and stringent legal measures to curb drug trafficking. It also highlights the need for inter-agency collaboration and community-based interventions. These recommendations aim to align with international best practices to mitigate drug addiction's impact and secure the health and future of India's youth.*

### Introduction

With its vast and dynamic demographic landscape, India is home to the world's second-largest youth population, comprising approximately 356 million individuals aged 10-24 years (World Population Review, 2023) [1]. While this demographic holds immense potential for driving the nation's growth, it is increasingly vulnerable to the menace of substance abuse. With its vast and dynamic demographic landscape, India is home to the world's second-largest youth population, comprising approximately 356 million individuals aged 10-24 years (World Population Review, 2023). Drug addiction, a multifaceted public health and socio-economic issue, is emerging as a significant threat to the well-being of India's youth and the nation's future prospects.

Globally, substance abuse affects over 35 million individuals, as reported by the United Nations Office on Drugs and Crime (UNODC). India is no exception, with the National Survey on Extent and Pattern of Substance Use (2019) revealing that 22.6 million Indians engage in harmful drug use. Of particular concern is the youth demographic, where 20-25% of drug users are aged 15-24 years. This alarming trend underscores the urgency to address the root causes and mitigate the devastating consequences of drug addiction on health, education, employment, and societal stability.

The prevalence of drug addiction among Indian youth can be attributed to a combination of socio-economic, cultural, and psychological factors. Peer pressure, stress from academic and professional expectations, and inadequate mental health support are identified as key drivers. Moreover, the widespread availability of drugs in urban and semi-urban areas exacerbates the problem, making intervention efforts increasingly challenging. The economic burden is equally staggering, with substance abuse globally costing economies an estimated \$600 billion annually, including losses in healthcare, productivity, and law enforcement.

This study aims to comprehensively examine the socio-economic determinants, health impacts, and policy gaps related to drug addiction among India's youth. Drawing from credible data sources, the research provides evidence-based insights into the challenges and implications of substance abuse.

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Furthermore, it advocates for a multi-faceted response, including preventive education programs, accessible rehabilitation services, and stricter enforcement measures to combat drug trafficking.

By aligning with international best practices and fostering collaboration among government bodies, NGOs, and communities, this paper seeks to propose actionable solutions to address this growing crisis. The ultimate goal is to mitigate the far-reaching consequences of drug addiction and secure a healthier, more promising future for India's youth population.

### Literature Review

The problem of drug addiction, particularly among youth, has garnered significant academic attention, highlighting its multifaceted nature and its socio-economic, psychological, and cultural dimensions. In India, research points to various factors influencing substance abuse, yet several critical aspects remain understudied, necessitating deeper exploration.

Kumar et al. (2020) identify peer pressure, family dysfunction, and socio-economic deprivation as primary drivers of drug addiction among Indian youth. Adolescents from socio-economically disadvantaged backgrounds are often more vulnerable, as drug use is perceived as an escape from stressful realities. Similarly, the Indian Council of Medical Research (ICMR) (2021) has established a strong correlation between mental health disorders, particularly depression and anxiety, and the prevalence of substance abuse. The lack of mental health support systems exacerbates this vulnerability, especially in underserved regions where access to healthcare is limited.

Moreover, Patel et al. (2018) emphasize the role of geographical factors, noting that areas near international borders, such as Punjab and northeastern states, face heightened risks due to the influx of illicit drugs. These regions serve as hubs for drug trafficking, facilitating easy accessibility for young individuals. This accessibility, coupled with social and economic factors, creates a conducive environment for addiction to thrive.

International research offers valuable insights into effective strategies to combat substance abuse. Hawkins et al. (2018) demonstrated the success of early school-based interventions and community engagement programs in reducing drug initiation rates among adolescents in the United States. These programs emphasized building resilience, fostering life skills, and promoting awareness about the risks of drug use. Similarly, Luskin (2019) reported the efficacy of harm reduction strategies in Europe, such as supervised injection facilities, needle exchange programs, and youth-targeted outreach initiatives. These measures not only reduced addiction rates but also minimized the health risks associated with unsafe drug use, such as the spread of HIV and hepatitis.

The intersection of policy, education, and healthcare is a recurring theme in literature addressing substance abuse. Indian studies frequently highlight gaps in these areas, with limited focus on rehabilitation services and community-based prevention programs.

While international approaches like harm reduction and school-based prevention have shown promise, their adaptability to the Indian context remains underexplored.

In summary, the existing body of literature underscores the complexity of drug addiction and the importance of a multi-faceted approach to prevention and intervention. By integrating insights from global best practices and tailoring them to local socio-cultural contexts, India can address the growing challenge of youth drug addiction more effectively. Future research should focus on evaluating the feasibility of such interventions in India and identifying sustainable solutions.

### Research Methodology

This study employs a **qualitative research methodology** to analyze the complex factors contributing to youth drug addiction in India, assess its socio-economic and health impacts, and evaluate the effectiveness of existing intervention strategies. Using a robust secondary data framework, the research explores diverse perspectives from national and international sources to provide actionable insights. The detailed methodology ensures a systematic, evidence-based approach that aligns with global standards.

#### 3.1 Research Design

The research adopts a **descriptive qualitative research design**, which is particularly effective for addressing multidimensional social issues like substance abuse. The study explores patterns, identifies correlations, and develops actionable recommendations. The design integrates a comparative component by benchmarking India's strategies against global practices to derive context-specific solutions.

#### 3.2 Data Sources

The research relies entirely on secondary data, leveraging credible and diverse sources. The key categories of data sources are as follows:

##### Government Reports

**National Drug Dependence Treatment Centre (NDDTC):** The NDDTC reports estimate that **2.8% of India's population aged 10-75 years**, or approximately **31 million individuals**, use harmful substances. The data provides demographic, geographic, and substance-specific insights.

**Ministry of Social Justice and Empowerment:** This source offers data on governmental rehabilitation initiatives, such as de-addiction centers and funding patterns. Notably, there are **500 government-supported de-addiction centers in India**, but they serve only a fraction of those in need.

**National Mental Health Survey (2016):** Highlights that **7.5% of India's population** suffers from mental health issues, many of which are linked to substance abuse, particularly among the youth.

##### 1. Academic Studies

Peer-reviewed journals explore socio-economic influences, regional patterns, and psychological triggers of drug addiction in India. For instance, studies report that **50-60% of youth in urban areas have experimented with drugs** at least

once, driven by peer pressure.

### International Reports

**United Nations Office on Drugs and Crime (UNODC):** Estimates that **35 million people globally** suffer from substance use disorders, with drug-related deaths exceeding **500,000 annually**. The UNODC also notes that countries like India face unique challenges due to geographical factors and rapid urbanization.

**World Health Organization (WHO):** Provides global benchmarks for preventive measures, estimating that harm reduction strategies can reduce drug-related harm by **30-40%**.

### 2. Non-Governmental Organizations (NGOs):

Data from NGOs such as the Indian Harm Reduction Network (IHRN) and the Society for Promotion of Youth and Masses (SPYM) highlight community-level efforts. These NGOs report that **40% of patients** treated at de-addiction centers are aged 15-24, demonstrating the disproportionate impact on youth.

### 3.3 Data Collection Process

The data collection process involved the systematic review of secondary sources, ensuring the inclusion of relevant and reliable information. Specific steps included:

#### 1. Data Identification

Extensive searches of government databases, academic journals, and international repositories such as PubMed and UNODC. Identification of trends and patterns using reports published between 2010-2023.

#### 2. Data Compilation

Data can be categorized into thematic areas, such as socio-economic drivers, mental health correlations, and intervention strategies.

#### 3. Data Validation

Cross-verification of findings from multiple sources to ensure accuracy and reliability.

### 3.4 Analytical Framework

A thematic analytical framework was adopted to systematically explore key aspects of the study:

#### 1. Socio-Economic Determinants

Examined poverty, unemployment, and lack of education as significant drivers of substance abuse. For example, **45% of drug users in India** cite financial stress as a primary factor. Investigated regional variations, such as high prevalence in border states like Punjab, where **19% of the population** reportedly uses opioids.

#### 1. Psychological Triggers

Explored the correlation between mental health issues and substance abuse. Studies indicate that **60-70% of addicted youth** report underlying mental health disorders such as depression or anxiety.

Identified the role of trauma and adverse childhood experiences as precursors to addiction.

#### 2. Policy and Intervention Strategies

Evaluated the impact of existing legal measures, such as the Narcotic Drugs and Psychotropic Substances (NDPS) Act. Despite stringent laws,

**40% of cases involving minors go unreported**, highlighting enforcement gaps.

Compare Indian strategies with international practices, such as harm reduction approaches in Europe, which have reduced drug-related deaths by **25% in Portugal**.

### 3.5 Comparative Analysis

The comparative analysis provided insights into how India's approach to addressing youth drug addiction aligns with global best practices:

#### 1. Prevention Programs

In the United States, early intervention programs in schools have reduced drug initiation rates by **20-30%**. India's efforts, though limited, show promise with campaigns like *Nasha Mukh Bharat Abhiyan*.

#### 2. Harm Reduction Strategies

European countries such as Switzerland and Portugal use supervised injection facilities, reducing HIV transmission rates among drug users by **80%**. India, however, lacks such infrastructure, particularly in high-risk areas.

#### 3. Community-Based Interventions

Community programs in Australia report a **40% improvement** in rehabilitation outcomes due to localized support networks. Indian NGOs like SPYM show similar success in urban areas but lack scalability.

### 3.6 Ethical Considerations

Ethical considerations were a cornerstone of the research process. Key measures included:

#### 1. Transparency

Ensured that all data sources were publicly accessible and appropriately cited. Avoided any manipulation or selective presentation of data.

#### 2. Respect for Privacy

Since the study relies on secondary data, the confidentiality of individuals referenced in original reports was preserved.

#### 3. Cultural Sensitivity

Recognized and respected the socio-cultural diversity of India while analyzing patterns of addiction and recommending solutions.

### 3.7 Limitations

#### 1. Reliance on Secondary Data

The study's conclusions are contingent on the accuracy and comprehensiveness of existing data.

#### 2. Lack of Real-Time Data

The dynamic nature of substance abuse trends may not be fully captured in reports published several years ago.

#### 3. Generalization Challenges

India's diverse socio-cultural landscape may limit the applicability of findings across all regions.

### 3.8 Contributions to Knowledge

This research fills critical gaps in understanding youth drug addiction in India by:

#### 1. Synthesizing Multidimensional Insights

Provides an integrated perspective on socio-economic, psychological, and policy dimensions.

#### 2. Benchmarking Against Global Practices

Highlights successful international strategies and

their potential adaptability to the Indian context.

- 3. Proposing Targeted Solutions**  
Offers evidence-based recommendations to policymakers, healthcare providers, and NGOs.

### 3.9 Proposed Recommendations

- 1. Strengthen Prevention Programs**  
Expand school-based awareness campaigns to cover **80% of high schools by 2030**.
- 2. Enhance Rehabilitation Access**  
Increase the number of de-addiction centers from the current **500 to 1,000** within five years, focusing on underserved regions.
- 3. Implement Harm Reduction Measures**  
Pilot harm reduction strategies, such as needle exchange programs, in high-risk areas to reduce health risks.
- 4. Foster Community Engagement**  
Mobilize community stakeholders to create localized support networks, targeting **50% of urban wards by 2028**.

By adopting a rigorous qualitative methodology, this research provides a comprehensive understanding of youth drug addiction in India. The integration of numerical data, thematic analysis, and comparative insights ensures the study's relevance and applicability.

The findings underscore the urgency of implementing a multi-faceted response to mitigate the socio-economic and health impacts of addiction and secure a brighter future for India's youth.

**4. Health Cases in India:** *Drug addiction has a profound impact on health. Young drug users in India face a range of health challenges, including liver disease, lung damage, and neurological disorders.*

*According to the World Health Organization (WHO), opioid use alone contributes to 70% of drug-related table 1*

*deaths in India, most of which are in individuals aged 18-35.*

Additionally, the **Indian Ministry of Health** reports a rise in cases of HIV and Hepatitis C, particularly among intravenous drug users in high-risk regions like Punjab and Manipur.

The **National AIDS Control Organization (NACO)** estimates that **25%** of new HIV infections in India are linked to drug injection practices. Moreover, long-term drug abuse is also closely associated with psychological disorders like depression, psychosis, and anxiety.

### 5. Comparative Analysis

To understand the depth of India's drug addiction crisis, it is crucial to compare the situation with international data. According to **UNODC (2020)**, India faces a higher prevalence of opioid use, particularly heroin, compared to countries in Europe. While the global average of opioid use among youth is **0.5%**, in India, it is approximately **1.5%** (NDDTC, 2019).

Furthermore, the success of countries like **Portugal**, decriminalized drugs in 2001, offers valuable insights. Studies show that after the decriminalization of drug possession, Portugal saw a **50% reduction** in drug-related deaths and an **85% reduction** in HIV infections among drug users. A similar approach in India, focusing on harm reduction and rehabilitation rather than criminalization, could significantly improve outcomes.

Here's a comparison chart of the top 10 countries that have implemented effective measures to become "drug-free" or significantly reduce drug addiction. The chart considers various aspects, such as laws, prevention programs, rehabilitation efforts, and the use of technology.

Country	Key Measures for Drug-free initiatives	Success Rate / Outcomes	Challenges
<b>Portugal</b>	<ol style="list-style-type: none"> <li>Decriminalization of drug possession (2001).</li> <li>Harm reduction policies (needle exchange, supervised consumption rooms).</li> <li>Comprehensive rehabilitation programs.</li> </ol>	<ol style="list-style-type: none"> <li><b>50% reduction</b> in drug-related deaths.</li> <li><b>85% reduction</b> in HIV infections.</li> <li>Drug use among youth has remained stable.</li> <li>Decreased number of drug-related incarcerations.</li> </ol>	<ol style="list-style-type: none"> <li>Still struggles with drug trafficking.</li> <li>Public perception of drug use is slowly changing.</li> </ol>
<b>Switzerland</b>	<ol style="list-style-type: none"> <li>Harm reduction through safe drug consumption rooms.</li> <li>Prescription of heroin for chronic users.</li> <li>Intensive addiction treatment programs.</li> </ol>	<ol style="list-style-type: none"> <li><b>40% reduction</b> in heroin addiction.</li> <li>Reduced HIV/AIDS cases among drug users.</li> <li>Drug use among the general population has stabilized.</li> </ol>	<ol style="list-style-type: none"> <li>Public stigma around drug usage.</li> <li>Challenge of maintaining funding for long-term treatment programs.</li> </ol>
<b>Singapore</b>	<ol style="list-style-type: none"> <li>Strict drug laws (death penalty for trafficking).</li> <li>Strong prevention campaigns.</li> <li>Comprehensive rehabilitation programs.</li> </ol>	<ol style="list-style-type: none"> <li>One of the lowest drug use rates in the world.</li> <li>High public awareness about drug laws.</li> <li><b>Decreased addiction rates</b> among youth.</li> </ol>	<ol style="list-style-type: none"> <li>Extremely harsh penalties may discourage rehabilitation.</li> <li>Pressure for rehabilitation of former offenders.</li> </ol>
<b>Sweden</b>	<ol style="list-style-type: none"> <li>Comprehensive prevention programs in schools.</li> </ol>	<ol style="list-style-type: none"> <li><b>Steady decrease</b> in youth drug use.</li> </ol>	<ol style="list-style-type: none"> <li>Drug trafficking from other countries is a</li> </ol>

	<ol style="list-style-type: none"> <li>2. Strict regulations and law enforcement.</li> <li>3. High access to treatment and rehabilitation.</li> </ol>	<ol style="list-style-type: none"> <li>2. Highly successful public health campaigns.</li> <li>3. The country maintains one of the lowest overdose rates in Europe.</li> </ol>	<ol style="list-style-type: none"> <li>growing concern.</li> <li>2. High costs of maintaining public health programs.</li> </ol>
<b>Australia</b>	<ol style="list-style-type: none"> <li>1. National drug strategy with prevention and harm reduction focus.</li> <li>2. Needle exchange programs.</li> <li>3. Health and community outreach services for drug users.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Decreased HIV transmission rates.</b></li> <li>2. Improved access to harm reduction programs.</li> <li>3. Growing support for rehabilitation programs among young people.</li> </ol>	<ol style="list-style-type: none"> <li>1. Gaps in treatment accessibility in rural areas.</li> <li>2. Ongoing public debates over cannabis legalization.</li> </ol>
<b>Netherlands</b>	<ol style="list-style-type: none"> <li>1. Harm reduction policies.</li> <li>2. Liberal laws on cannabis (regulated sales).</li> <li>3. High-quality addiction care and rehabilitation services.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Low youth addiction rates.</b></li> <li>2. Low drug-related deaths compared to other European countries.</li> <li>3. High success rate in rehabilitating long-term drug users.</li> </ol>	<ol style="list-style-type: none"> <li>1. Cannabis legalization has sparked debates.</li> <li>2. Difficulty controlling synthetic drug trafficking.</li> </ol>
<b>Norway</b>	<ol style="list-style-type: none"> <li>1. Holistic rehabilitation with healthcare and psychological support.</li> <li>2. Strong focus on addiction prevention and public health campaigns.</li> </ol>	<ol style="list-style-type: none"> <li>1. Drug use in youth has decreased significantly.</li> <li>2. Increase in rehabilitation program access.</li> <li>3. One of the highest rehabilitation success rates in Europe.</li> </ol>	<ol style="list-style-type: none"> <li>1. Growing concern about synthetic drug use.</li> <li>2. Accessibility to treatment still needs improvement.</li> </ol>
<b>Finland</b>	<ol style="list-style-type: none"> <li>1. Early intervention in schools and universities.</li> <li>2. Comprehensive addiction services, including methadone programs.</li> <li>3. Focus on mental health integration in treatment.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Dramatic decrease</b> in youth drug use.</li> <li>2. Declining number of deaths from drug overdoses.</li> <li>3. Increase in access to mental health and addiction services.</li> </ol>	<ol style="list-style-type: none"> <li>1. High cost of addiction treatment.</li> <li>2. Methadone programs have faced criticism for not always helping those addicted to heroin.</li> </ol>
<b>Denmark</b>	<ol style="list-style-type: none"> <li>1. Emphasis on rehabilitation and recovery over punishment.</li> <li>2. Education programs for young people.</li> <li>3. Government support for rehabilitation centers.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Reduction</b> in drug-related crimes.</li> <li>2. Successful programs for rehabilitating opioid addicts.</li> <li>3. Long-term impact on mental health care for addicts.</li> </ol>	<ol style="list-style-type: none"> <li>1. Drug trafficking remains a problem.</li> <li>2. Public and government debates over decriminalization policies.</li> </ol>
<b>New Zealand</b>	<ol style="list-style-type: none"> <li>1. Strong public health campaigns against drug use.</li> <li>2. Comprehensive harm reduction measures.</li> <li>3. Access to treatment through primary healthcare services.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Increasing success</b> in youth rehabilitation programs.</li> <li>2. Significant reduction in drug-related harm.</li> <li>3. Public awareness about addiction and its treatment is growing.</li> </ol>	<ol style="list-style-type: none"> <li>1. High rates of methamphetamine use in some regions.</li> <li>2. Need for more rural-based rehabilitation and health services.</li> </ol>

**Key Insights from the Comparison:**

**Harm Reduction:** Countries like Portugal, Switzerland, and the Netherlands have successfully adopted harm reduction strategies, including supervised consumption rooms and needle exchange programs, which have significantly reduced drug-related harm and death rates.

**Prevention & Education:** Sweden, Finland, and Australia emphasize early intervention and education in schools as a key strategy in reducing addiction rates. These countries focus on awareness campaigns

and targeted prevention to discourage young people from using drugs.

**Rehabilitation & Treatment:** Effective rehabilitation, such as the ones seen in Norway, Denmark, and Switzerland, focuses on holistic health, mental wellness, and the reintegration of drug users into society. This model helps reduce relapse and promotes long-term recovery.

**Legal Framework:** While countries like Singapore and Australia focus on stringent law enforcement, others like Portugal have decriminalized drugs,

focusing instead on public health approaches.

## 6. Analysis of Effective Anti-Drug Methods

### A. Technological Solutions

The use of technology in combating drug addiction is gaining traction worldwide. In India, **telemedicine** services are being used to provide counseling and support to drug users, particularly in remote areas. The **Indian Ministry of Health and Family Welfare** has partnered with technology platforms to deliver remote rehabilitation services through mobile applications, offering counseling, mental health services, and peer support networks. International examples, such as **Canada's National Institute on Drug Abuse**, have utilized mobile health interventions, such as **digital therapeutics** and **virtual support groups**, to reach youth who may not have access to physical rehabilitation centers. These models could be adapted to Indian conditions to enhance accessibility to treatment and reduce stigma.

### 7. Challenges in Implementing Laws

While India has laws in place, such as the **Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985**, enforcement is often inconsistent. One of the primary challenges is the **corruption in law enforcement** agencies, which sometimes allows drug trafficking to flourish.

The **National Crime Records Bureau (NCRB)** reports a high level of drug-related crime, but only **30%** of drug users seek rehabilitation, indicating a significant gap in policy enforcement. Moreover, **border control issues** in states like Punjab and Manipur allow large quantities of illicit drugs to enter the country. While the **Border Security Force (BSF)** has increased surveillance, the **UNODC** warns that drug trafficking continues to be a major issue in India's border regions.

### 8. Recommendations

To effectively combat drug addiction, India must adopt a multi-pronged approach that incorporates:

**Stronger law enforcement:** Improving the implementation of the NDPS Act and increasing cross-border collaboration with neighboring countries.

**Prevention programs:** Launching nationwide awareness campaigns focused on the dangers of drug use, starting in schools and colleges.

**Rehabilitation centers:** Expanding access to rehabilitation centers in both urban and rural areas, using a combination of medical, psychological, and social rehabilitation.

**Technology-driven interventions:** Increasing the use of telemedicine and digital platforms to deliver counseling and support services to young drug users, especially in remote areas.

**Community involvement:** Engaging communities in providing youth-friendly environments and mental health support to reduce susceptibility to drug addiction.

### Conclusion

Drug addiction remains a major threat to India's future, particularly among its youth. While the problem is complex, involving factors such as socio-economic disparity, family dynamics, peer influence, and mental health issues, effective interventions can

mitigate the crisis. By combining preventive education, rehabilitation, and stronger legal measures, India can combat the rising tide of drug addiction. Technological solutions, alongside traditional methods, can further enhance the accessibility and effectiveness of these programs. India must act swiftly and decisively to secure the health and future of its young generation.

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