

## Youth and Drug Abuse: A Sociological Study

Sanjay<sup>1</sup>, Dr. Supriti<sup>2</sup>

<sup>1</sup>Research Scholar, Dept of Sociology, MDU Rohtak

<sup>2</sup>Professor, Dept of Sociology, MDU Rohtak

### ABSTRACT

Drug abuse among young people has become a growing concern with serious implications for individuals, families, and society. This study examines the issue from a sociological perspective, focusing on three key areas: the influence of peers, family, and community; the impact of education, unemployment, and media; and the broader consequences for health, family life, education, and employment. Data were collected through an interview schedule consisting of 17 structured questions, administered to 23 students at a government college in Siwani, Bhiwani District, Haryana. The findings reveal that peer pressure plays a significant role in shaping drug-related behaviour, while family support is often moderate and sometimes weak. Respondents expressed mixed views on the protective role of higher education, but most agreed that examination stress and unemployment increase vulnerability. Media was also identified as a strong factor influencing youth attitudes toward drugs. The study further highlights that drug abuse is perceived to have severe effects on health, strain family relationships, harm academic performance, reduce job opportunities, and increase the likelihood of crime or risky behaviour. These insights underline the need for comprehensive interventions involving families, educational institutions, communities, and policymakers to address the complex social dimensions of youth drug abuse.

**Keywords:** youth, drug abuse, peer pressure, family influence, media, unemployment, college students.

### INTRODUCTION

Drug abuse refers to the excessive and harmful use of psychoactive substances such as alcohol, tobacco, cannabis, opioids, and synthetic drugs, which alter an individual's mental and physical state. (Ahuja, 2013).

The World Health Organization (WHO) defines drug abuse as the harmful or hazardous use of psychoactive substances that lead to dependence and social problems. (World Health Organization, 2018)

The term "youth" generally refers to the stage of life between childhood and adulthood, marked by rapid physical, emotional, and social development. The United Nations defines youth as individuals aged 15 to 24 years, though it also acknowledges that the meaning of youth can vary across cultures and contexts (United Nations, 2013).

Similarly, the World Health Organization (WHO) considers youth as the period from 15 to 24 years, falling within the broader category of young people aged 10 to 24 years (WHO, 2014).

In the Indian context, the National Youth Policy (2014) defines youth as those in the age group of 15 to 29 years, recognizing their role as a demographic dividend and a key driver of social and economic change.

Drug abuse among young people is becoming a serious global issue, harming not just their health but also family life and the larger society. Adolescence and early adulthood are sensitive stages of life when many try new things, feel peer pressure, and are strongly influenced by their surroundings. These factors often push them toward experimenting with drugs. Experts suggest that drug abuse should not be seen only as an individual's weakness but as a social problem connected to cultural, economic, and structural conditions. Looking at it from a sociological perspective helps us understand how major forces like modernization, urban growth, and social change influence young people's involvement with drugs (Ahuja, 2013).

Young people often start using drugs because of different social reasons, such as broken family relationships, unemployment, pressure from friends, or not having enough healthy recreational activities. Sociologists point out that drug abuse is sometimes a reaction to feelings of isolation and confusion that young people face in fast-changing societies. Durkheim's idea of "anomie" explains that when social rules become weak and people feel disconnected, they are more likely to engage in harmful behaviours like drug use. This is especially true today, as globalization and cultural changes create identity struggles and social stress for many young people. (Clinard & Meier, 2011).

Drug abuse affects not just individuals but also important parts of society like the family, education, and the economy. When a young person gets involved in drugs, families often suffer from quarrels, money problems, and emotional pain. It also harms education, as many students drop out of school, perform poorly, or get involved in delinquent activities. On a larger scale, drug abuse puts extra pressure on healthcare services and law enforcement agencies. Therefore, understanding youth drug abuse is not only about studying personal issues but also about seeing how social systems can make the problem worse or help reduce it. (Ahuja, 2000).

From a sociological view, the problem of youth drug abuse needs to be studied at both broader and closer levels. At the broader level, issues like economic inequality, joblessness, and social disorder play a role, while at the closer level, factors such as peer pressure, family relationships, and group culture are important. Research shows that drug abuse is more common in societies where young people have fewer chances to move upward in life, which often creates frustration and leads them to harmful coping methods. This study aims to explore the patterns, causes, and effects of drug abuse among youth using sociological theories and research evidence. (Razdan, 2007).

The history of drug use in India dates back centuries, as substances like cannabis, opium, and bhang were traditionally used in religious rituals, medicine, and recreation. Ancient texts such as the *Atharva Veda* mention the use of cannabis for spiritual purposes. During the colonial period, the British administration regulated the cultivation and trade of opium, which later became a major concern due to widespread misuse. In post-independence India, drug use patterns shifted with modernization, urbanization, and exposure to Western lifestyles, leading to increasing abuse of synthetic and pharmaceutical drugs among youth (Razdan, 2007; Singh, 2017).

Different types of drugs are commonly misused by youth in India. Broadly, these can be classified into three categories: depressants (such as alcohol, opioids, and sedatives), stimulants (like cocaine, amphetamines, and nicotine), and hallucinogens (such as LSD, cannabis, and

synthetic substances). In the Indian context, alcohol, cannabis, tobacco, and opioids remain the most widely used substances. In recent years, there has also been a growing trend of abusing pharmaceutical drugs and synthetic narcotics, particularly among urban youth. Each type of drug has distinct effects, but all share the potential to cause physical dependence, psychological harm, and social disruption (Ahuja, 2000; United Nations Office on Drugs and Crime [UNODC], 2022).

## REVIEW OF LITERATURE

Some studies relevant for to my topic are as follows:

1. **Tsering, Pal, & Dasgupta, (2010)** A survey carried out among 416 high school students in West Bengal looked at how common substance use is and what young people think about it. The study found that about 13% of students had tried substances, with usage slightly higher in cities (15.1%) than in villages (10.7%). Boys were more likely than girls to be regular or frequent users. Even though most students knew that substances like tobacco, alcohol, and cannabis can be harmful, many of them still used them. The main reasons they gave for continuing were that substances were easy to get and helped them cope with stress, while reasons for quitting included concerns about health, moral values, and pressure from parents. Peer influence also played a role, as some students admitted encouraging friends to use substances. The study concluded that simply knowing the risks is not enough to stop adolescents from using drugs, and stressed the importance of prevention programs in schools and communities that also involve families.
2. **Sahu and Sahu, (2012)** substance abuse has become a major concern in India, especially among young people. Commonly used substances include alcohol, cannabis, opioids, and tobacco, along with some newer drugs. The authors note that factors such as easy access, peer influence, stress, and shifting social values play a big role in why youth start using these substances. Drug use often leads to both physical and mental dependence, while also creating serious social problems like poor academic results, health complications, family disputes, and involvement in crime. National surveys have shown that alcohol is the most widely consumed substance, followed by cannabis and opioids, with tobacco use remaining widespread. The study further explains that young people who use drugs frequently struggle with mental health issues, broken peer and family relationships, and risky behaviours linked to delinquency. Overall, the paper stresses that youth drug abuse is a complex issue that affects health, society, and the economy, and requires urgent action through community involvement and strong policy measures.
3. **Mishra (2016)** examined drug addiction in Sikkim from a sociological perspective and found that rapid modernization, urbanization, and exposure to global cultures have significantly contributed to youth drug abuse in the state. Traditionally, substances like cannabis and opium were used in cultural and religious practices, but in recent decades synthetic drugs, pharmaceutical products, and narcotics have become more common. Easy availability, peer pressure, dysfunctional families, and the growing influence of Western lifestyles were identified as major reasons for rising addiction among young people. The study noted that drug abuse in Sikkim has led to serious social problems such as school dropouts, family breakdown, rising petty crimes, and health issues, including HIV/AIDS.

It also highlighted that both boys and girls, across different social and economic backgrounds, are vulnerable, with addiction often beginning in adolescence. Mishra concluded that drug abuse in Sikkim is closely tied to social change, weakening family structures, and the decline of traditional values, making it not just an individual problem but a wider social crisis requiring urgent intervention.

4. **The National Survey on Extent and Pattern of Substance Use in India (2018)** carried out by the Ministry of Social Justice & Empowerment along with NDDTC, AIIMS, gives a clear picture of how widespread substance use is among young people in the country. The survey found that among adolescents aged 10–17 years, around 30 lakh (1.3%) use alcohol, 20 lakh (0.9%) use cannabis, and nearly 40 lakh (1.8%) use opioids. In addition, about 20 lakh (0.58%) reported using sedatives, while around 30 lakh (1.17%) were using inhalants. Though smaller in number, some adolescents were also found to be using cocaine (0.06%), amphetamine-type stimulants (0.18%), and hallucinogens (0.07%). These figures show that many children and teenagers in India are experimenting with or regularly consuming different kinds of drugs. The report warns that this trend reflects both easy access to substances and the increasing vulnerability of youth, making it necessary to have strong prevention and treatment programs focused on this age group (Ministry of Social Justice & Empowerment, 2019).
5. **Venkatesh et al. (2024)** looked at 1,630 young people aged 10–24 years across 15 Indian states through primary health centers and found that 32.8% of them were using some form of substance. Most of these users (75.5%) had started before the age of 19, with the average age of starting being 18 years. The most common substances reported were tobacco (26.4%), alcohol (26.1%), and cannabis (9.5%), and more than 80% of users showed moderate to high involvement with these substances. The study also showed that factors like being older, male, living in urban areas, having a family history of substance use, belonging to the northeastern states, and coming from a lower socioeconomic background increased the likelihood of substance use. These findings point to the urgent need for early interventions and prevention programs targeting young people within community and healthcare settings.

## METHODOLOGY

### Research Design

This study uses a descriptive and analytical research design to understand the causes and effects of drug abuse among youth. A descriptive design is suitable because it helps to collect factual information from respondents and analyse how social, educational, and family factors are linked with drug use.

### Study Area

The research was conducted in a college in Siwani, located in Bhiwani District, Haryana. The name of college was hidden for privacy reasons. This college was selected because it represents young people from both rural and semi-urban backgrounds, making it an appropriate setting to study social influences on drug abuse.

### Objectives of the Study

1. To examine how peer pressure, family, and community affect youth drug behaviour.
2. To explore the impact of education, unemployment, and media on drug vulnerability.
3. To assess the effects of drug abuse on health, family, studies, and jobs.

### Sample and Respondents

The target group of the study includes students of a college in Siwani. Since it is not possible to cover every student, a sample of around 20 students was chosen. The selection included both boys and girls from different courses and age groups (17–26 years) to ensure a fair representation.

### Tool of Data Collection

The main tool used was an interview schedule consisting of 17 structured questions. The questions were divided into four sections:

- **Section A:** Personal information (age, gender, education, employment status).
- **Section B:** Influence of peers, family, and community.
- **Section C:** Role of education, unemployment, and media.
- **Section D:** Consequences of drug abuse on health, family life, studies, and employment.

### Data Collection Process

Permission was taken from the college authorities before conducting the study. The purpose of the research was explained to the respondents, and they were assured that their answers would remain confidential. Students participated voluntarily, and the interview schedule was filled in their classrooms under the researcher's guidance.

## DATA ANALYSIS AND INTERPRETATION

### SECTION A: Personal Information

**Table 1. Distribution of age of respondents.**

| Age          | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| 17-21        | 15           | 65.22          |
| 21-26        | 08           | 34.78          |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

Above table shows the age distribution of the respondents. Out of a total of 23 participants, the larger share (65.22 %) falls in the age group of 17–21 years, while 34.78% respondents belong to the 21–26 years category. This indicates that the majority of the respondents are in their late teenage years and early twenties, a stage often considered the most vulnerable for experimenting with risky behaviours such as drug use.

**Table 2. Distribution of gender of respondents.**

| Age          | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Male         | 21           | 91.3           |
| Female       | 02           | 8.7            |
| Other        | 00           | 00             |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

Above table presents the gender distribution of the respondents. Out of the total 23 participants, a large majority of 91.3% (21 respondents) are male, while only 8.7% (2 respondents) are female. None of the respondents identified as belonging to the “other” gender category. This shows that the study sample is predominantly male, with very limited female participation.

**Table 3. Distribution of Highest Educational Qualification of respondents.**

| Highest Educational Qualification | No. of Cases | Percentage (%) |
|-----------------------------------|--------------|----------------|
| Graduation                        | 15           | 65.22          |
| Post Graduation                   | 08           | 34.78          |
| <b>Total</b>                      | <b>23</b>    | <b>100</b>     |

This table shows the educational background of the respondents. Out of 23 participants, 65.22% (15 respondents) are pursuing or have completed graduation, while 34.78% (8 respondents) are at the postgraduate level. This indicates that the study sample is mainly composed of students in graduation courses, with a smaller proportion engaged in higher studies.

**Table 4. Distribution of family type of respondents.**

| Family type  | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Joint        | 07           | 30.43          |
| Nuclear      | 16           | 69.57          |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

Above table presents the distribution of respondents by family type. Out of the 23 participants, 30.43% (7 respondents) belong to joint families, while the majority, 69.57% (16 respondents), come from nuclear families. This indicates that most of the respondents in the study are from nuclear family backgrounds, whereas a smaller proportion are from joint family settings.

## SECTION B: Peer Pressure, Family and Community

**Table 5. Do your friends influence your decisions about trying drugs?**

| Response     | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Strongly Yes | 07           | 30.43          |
| Yes          | 11           | 47.83          |
| No           | 04           | 17.39          |
| Strongly No  | 01           | 4.35           |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

Above table highlights the role of friends in influencing respondents' decisions about trying drugs. Out of 23 participants, 30.43% (7 respondents) admitted that their friends strongly influence them, while 47.83% (11 respondents) agreed that friends do have some influence. On the other hand, 17.39% (4 respondents) reported that their friends do not affect their decisions, and only 4.35% (1 respondent) stated that they are not influenced at all. This shows that for a large majority of respondents, peer influence plays a significant role in shaping their attitude and decisions towards drug use.

**Table 6. How supportive is your family in guiding you against drugs?**

| Response            | No. of Cases | Percentage (%) |
|---------------------|--------------|----------------|
| Very Supportive     | 6            | 26.09          |
| Somewhat Supportive | 13           | 56.52          |
| Not Supportive      | 04           | 17.39          |
| <b>Total</b>        | <b>20</b>    | <b>100</b>     |

Above table shows how respondents view their family's role in guiding them against drug use. Out of 23 participants, 26.09% (6 respondents) said their family is very supportive, while the majority, 56.52% (13 respondents), felt their family is somewhat supportive. On the other hand, 17.39% (4 respondents) reported that their family is not supportive in this regard. These results suggest that while most families provide some level of guidance, only a smaller share offer strong support, and a notable minority lack family involvement altogether in preventing drug use.

**Table 7. Does anyone in your family uses drugs, does it influence your own behaviour.**

| Response       | No. of Cases | Percentage (%) |
|----------------|--------------|----------------|
| Yes, very much | 02           | 8.69           |
| Yes, somewhat  | 03           | 13.05          |
| No             | 18           | 78.26          |
| <b>Total</b>   | <b>23</b>    | <b>100</b>     |

Above table presents the influence of family members' drug use on respondents' behaviour. Among the 23 participants, 8.69% (2 respondents) admitted that a family member's drug use strongly affects their own behaviour, while 13.05% (3 respondents) felt it has some influence. In contrast, a large majority, 78.26% (18 respondents), stated that drug use within the family does not influence them. This indicates that although most respondents deny being influenced by family members, for a small but significant portion, family drug use does play a role in shaping their attitudes and behaviour.

**Table 8. Do your friends influence your decisions about trying drugs?**

| Response           | No. of Cases | Percentage (%) |
|--------------------|--------------|----------------|
| High Influence     | 11           | 47.83          |
| Moderate Influence | 06           | 26.09          |
| Low Influence      | 03           | 13.04          |
| No Influence       | 03           | 13.04          |
| <b>Total</b>       | <b>23</b>    | <b>100</b>     |

Above table shows the extent to which friends influence respondents' decisions about trying drugs. Out of 23 participants, 47.83% (11 respondents) reported that their friends have a high influence on them, while 26.09% (6 respondents) felt a moderate influence. A smaller proportion, 13.04% (3 respondents), said their friends had low influence, and another 13.04% (3 respondents) stated that their friends had no influence at all. These findings indicate that for nearly three-fourths of the respondents, peer groups play an important role in shaping their drug-related decisions, while only a minority remain unaffected by their friends' behaviour.

**SECTION C: Education, Unemployment & Media.****Table 9. Do you believe higher education helps to reduce the risk of drug abuse?**

| Response     | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Yes          | 7            | 30.43          |
| No           | 9            | 39.14          |
| Not Sure     | 7            | 30.43          |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

Above table highlights respondents' opinions on whether higher education reduces the risk of drug abuse. Out of 23 participants, 30.43% (7 respondents) agreed that higher education helps in lowering the chances of drug use, while 39.14% (9 respondents) did not believe education makes a difference. Another 30.43% (7 respondents) were uncertain about its impact. These results suggest that opinions are divided, with a slightly larger share of respondents feeling that education alone may not be enough to prevent drug abuse among youth.

**Table 10. Do you think Stress from studies or exams encourages youth to try drugs?**

| Response     | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Yes          | 13           | 56.53          |
| No           | 03           | 13.04          |
| Not Sure     | 07           | 30.43          |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

The table shows the views of respondents on whether stress from studies or exams encourages youth to try drugs. Out of 23 participants, more than half, 56.53% (13 respondents), agreed that academic stress can push young people toward drug use. On the other hand, 13.04% (3 respondents) did not see any connection, while 30.43% (7 respondents) were unsure. These findings indicate that examination pressure and academic stress are widely perceived as important factors that may lead students to experiment with drugs.

**Table 11. Does unemployment among youth increases the chance of drug use?**

| Response     | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Yes          | 14           | 60.87          |
| No           | 04           | 17.39          |
| Not Sure     | 05           | 21.74          |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

Above table presents respondents' opinions on the link between unemployment and drug use among youth. Out of 23 participants, the majority, 60.87% (14 respondents), believed that unemployment increases the chances of young people using drugs. In contrast, 17.39% (4 respondents) did not agree with this view, while 21.74% (5 respondents) were uncertain. This suggests that most respondents recognize unemployment as a significant factor that can make youth more vulnerable to drug abuse, although a small section remains doubtful or disagrees.

**Table 12. How much influence does media (TV, internet, social media) have on youth drug behaviour?**

| Response | No. of Cases | Percentage (%) |
|----------|--------------|----------------|
| High     | 10           | 43.48          |
| Moderate | 08           | 34.78          |
| Low      | 04           | 17.39          |

|              |           |            |
|--------------|-----------|------------|
| None         | 01        | 4.35       |
| <b>Total</b> | <b>23</b> | <b>100</b> |

Above table shows respondents' views on the role of media in shaping youth drug behaviour. Out of 23 participants, 43.48% (10 respondents) felt that media has a high level of influence, while 34.78% (8 respondents) considered its influence to be moderate. A smaller share, 17.39% (4 respondents), believed media has only a low impact, and 4.35% (1 respondent) felt it has no influence at all. These findings suggest that the majority of respondents see media—such as television, the internet, and social media—as an important factor that can strongly affect young people's attitudes and behaviour towards drugs.

#### SECTION D: Social Consequences

**Table 13. How does drug abuse affect your health?**

| Response     | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Severely     | 13           | 56.52          |
| Moderately   | 08           | 34.79          |
| Slightly     | 02           | 8.69           |
| No effect    | 00           | 00             |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

Above table presents respondents' views on how drug abuse affects their health. Out of 23 participants, a majority, 56.52% (13 respondents), reported that drug abuse affects health severely, while 34.79% (8 respondents) felt it has a moderate impact. A smaller proportion, 8.69% (2 respondents), believed it affects health only slightly, and none of the respondents said it has no effect. These findings clearly indicate that most respondents recognize drug abuse as a serious health concern, with many acknowledging its severe consequences.

**Table 14. How does drug abuse impact family relations?**

| Response     | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Yes          | 15           | 65.22          |
| No           | 04           | 17.39          |
| Not Sure     | 04           | 17.39          |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

The table shows how respondents perceive the impact of drug abuse on family relationships. Out of 23 participants, 65.22% (15 respondents) agreed that drug abuse negatively affects family relations. In contrast, 17.39% (4 respondents) did not believe it has an effect, while another 17.39% (4 respondents) were unsure. These findings suggest that most respondents recognize drug abuse as a cause of conflict and strain within families, though a smaller group either disagrees or is uncertain about its impact.

**Table 15. Do you think drug use affects academic performance of youth?**

| Response     | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Strongly Yes | 17           | 73.91          |
| Yes          | 05           | 21.74          |
| No           | 01           | 4.35           |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

The table highlights respondents' views on the effect of drug use on academic performance. Out of 23 participants, a large majority, 73.91% (17 respondents), strongly agreed that drug use negatively affects students' studies, while 21.74% (5 respondents) also agreed with this view. Only 4.35% (1 respondent) felt that drug use does not affect academic performance. These results indicate that nearly all respondents recognize drug use as a serious barrier to education, leading to poor concentration, reduced performance, and academic decline.

**Table 16. Do drugs reduce employment opportunities for youth?**

| Response     | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Strongly Yes | 17           | 73.91          |
| Yes          | 05           | 21.74          |
| No           | 01           | 4.35           |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

The above table shows respondents' opinions on whether drug use reduces employment opportunities for youth. Out of 23 participants, a large majority, 73.91% (17 respondents), strongly agreed that drug abuse lowers job prospects, while 21.74% (5 respondents) also agreed. Only 4.35% (1 respondent) felt that drug use does not affect employment opportunities. These findings suggest that almost all respondents believe drug use harms young people's chances of securing and maintaining jobs, as it can damage skills, discipline, and employability.

**Table 17. Do you think drug abuse increases involvement in crime or risky behaviour among youth?**

| Response     | No. of Cases | Percentage (%) |
|--------------|--------------|----------------|
| Strongly Yes | 15           | 65.22          |
| Yes          | 07           | 30.43          |
| No           | 01           | 4.35           |
| <b>Total</b> | <b>23</b>    | <b>100</b>     |

Above table presents respondents' views on whether drug abuse increases involvement in crime or risky behaviour among youth. Out of 23 participants, 65.22% (15 respondents) strongly agreed that drug abuse leads to greater involvement in such activities, while 30.43% (7 respondents) also agreed. Only 4.35% (1 respondent) believed that drug use does not have this effect. These findings indicate that almost all respondents see a strong link between drug abuse and youth engagement in criminal or risky behaviour, suggesting that substance use not only affects individuals but also poses a broader social problem.

## CONCLUSION

### 1. Peer Pressure, Family, and Community Influence

The study found that friends play a major role in shaping young people's choices about drugs. Most respondents agreed that peer influence is strong or moderate, showing that social circles have a big impact on behaviour. Families were generally somewhat supportive, though only a few gave very strong guidance. A small number of respondents also admitted that family members' drug use affected their own behaviour. This shows that both peers and family environments are important in influencing youth drug habits, while community surroundings also contribute to the level of exposure.

## 2. Role of Education, Unemployment, and Media

The results showed mixed opinions on the role of education. While some respondents believed higher education reduces the risk of drug abuse, others disagreed, and many were unsure. More than half of the participants felt that exam stress encourages youth to try drugs, while a majority also connected unemployment with higher chances of substance use. Media influence was also seen as significant, with most respondents agreeing that television, internet, and social media strongly or moderately affect youth behaviour related to drugs.

## 3. Effects on Health, Family, Studies, and Jobs

The findings clearly show that drug abuse has serious consequences. Most respondents believed that drugs severely affect health, harm family relationships, and lead to poor academic performance. A large majority also felt that drug abuse reduces employment opportunities for young people and increases the chances of involvement in crime or risky behaviours. This highlights that drug use not only damages the individual but also disrupts family life, educational progress, and future career prospects.

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