

NAVIGATING THE CRISIS: SUBSTANCE ABUSE AND ALCOHOL AMONG TODAY'S YOUTH GENERATION

Beatify Lyngdoh

Research Scholar, The Assam Royal Global University, Guwahati

Abstract

Substance and alcohol abuse among youth in India represents a pressing public health concern with far-reaching consequences. This abstract highlights the scope, contributing factors, and potential interventions related to this issue. India's youthful demographic, comprising over half of the population, faces numerous socio-economic challenges, including unemployment, poverty, and academic pressure, which contribute to vulnerability to substance abuse. Additionally, rapid urbanization and cultural shifts have led to increased exposure to drugs and alcohol.

The prevalence of substance abuse among Indian youth is alarming, with studies reporting high rates of experimentation and regular use. Different factors such as peer pressure, curiosity, and lack of parental supervision exacerbate the problem. Moreover, the disgrace related to looking for help for substance misuse and restricted admittance to treatment further intensified the issue. Addressing youth substance abuse requires a multi-faceted approach involving education, policy reform, and community involvement. Prevention efforts should focus on raising awareness about the risks associated with substance abuse, promoting healthy coping mechanisms, and fostering supportive environments. School-based interventions, peer mentoring programs, and family counseling can play pivotal roles in prevention and early intervention.

Policy measures such as stricter enforcement of age restrictions on alcohol sales, banning advertisement of addictive substances, and increasing access to affordable treatment options are essential. Additionally, collaboration between government agencies, NGOs, and healthcare providers is crucial for implementing comprehensive strategies to combat youth substance abuse, addressing substance and alcohol abuse among youth in India demands concerted efforts from various stakeholders. By implementing evidence-based interventions and fostering a supportive environment, it is possible to mitigate the adverse effects of substance abuse and promote the wellbeing of India's future generations.

CORRESPONDING AUTHOR:	RESEARCH ARTICLE
Beatify Lyngdoh	
Research Scholar,	
The Assam Royal Global University, Guwahati	
Email: beatifylynz@gmail.com	
	1

Vol-5, Issue-06, June 2024 ISSN (E): 2583-1348 AGPE The Royal Gondwana Research Journal of History, Science, Economic, Political and Social science

Keywords: Substance abuse. Drug abuse, adolescence, Unemployment, Peer pressure.

Introduction:

Adolescence is a basic development time set apart by critical physical, close-to-home, and social changes. It is a period of investigation, self-disclosure, and character development. Notwithstanding, it is likewise a phase where people might be especially powerless against taking part in unsafe ways of behaving, including substance abuse. The maltreatment of medications and alcohol among young people is squeezing general well-being worry with expansive results. Worldwide, it is assessed that 1 of every 7 (14%) 10-19-year-olds experience psychological well-being conditions, yet these remain generally unnoticed and untreated. Young people with psychological well-being conditions are especially powerless against social prohibition, separation, disgrace (influencing availability to look for help), instructive troubles, risk-taking ways of behaving, actual infirmity, and common liberties infringement¹.

In this comprehensive exploration, we will delve into the various facets of adolescent substance abuse. We will examine the factors contributing to its prevalence, its impact on individuals and society, and strategies for prevention and intervention. The prevalence of substance abuse among adolescents is staggering. According to the National Institute on Drug Abuse i:e NIDA, a significant number of adolescents experiment with drugs or alcohol by the time they finish high school². This trial and error can prompt an example of normal use or even dependence. Understanding the variables that add to this conduct is fundamental for creating viable counteraction and mediation endeavors.

One key factor in adolescent substance abuse is peer influence. Adolescents often seek acceptance and validation from their peers, and this can lead them to engage in behaviors they might not otherwise consider. Peer pressure plays an important role in the initiation of substance use and the escalation of abuse. Moreover, the family environment also plays a crucial role in shaping adolescent behaviour's, including substance abuse. Family dynamics, parental influence, and household stressors can all impact a teenager's likelihood of engaging in substance abuse. Adolescents who grow up in homes where drug or alcohol use is normalized may be more likely to view such behaviours' as acceptable or even desirable³.

Also, individual factors like hereditary qualities, emotional well-being, and character attributes can add to the improvement of substance misuse problems. Adolescents with a family foundation of fixation or those battling with emotional wellness issues, for example, discouragement or tension might be at a higher gamble. The consequences of adolescent substance abuse are profound and multifaceted. Beyond the immediate health risks associated with drug and alcohol use, such as addiction, overdose, and accidents, there are long-term implications for cognitive development, academic performance, and social functioning. Substance abuse during adolescence has been linked

2

¹ Handbook of Migration and Globalization. Edited By Anna Triandafyllidou. Reviewed By Mahmet Akif Senturk Doctorate Research Department of Education at Brunel University, London/

² Globalization and Migration- School of Global Urban & Social Studies, RMIT University, Mebournem, VIC, Australia.

³ <u>https://repositorio.cepal.org-</u> Globalization and Development

to lower educational attainment, higher rates of delinquency, and increased likelihood of future substance abuse disorders⁴.

Furthermore, adolescent substance abuse imposes a significant economic burden on society. The costs associated with healthcare, criminal justice involvement, and lost productivity due to substance-related issues are substantial. Addressing adolescent substance abuse is not only a matter of public health but also one of economic necessity. Prevention and intervention efforts aimed at reducing adolescent substance abuse must be multifaceted and comprehensive. School-based programs that focus on education, skill-building, and fostering positive peer relationships have shown promise in reducing substance use among adolescents. Family-based interventions that strengthen parent-child communication and support healthy family dynamics can also be effective. Furthermore, early identification and intervention are crucial for addressing substance abuse issues before they escalate. Screening tools and assessments can help identify at-risk adolescents, allowing for targeted interventions tailored to their specific needs. Access to evidence-based treatment and support services is essential for adolescents struggling with substance abuse disorders, ensuring they

What is substance abuse?

receive the care and support necessary for recovery.

Substance abuse refers to the harmful or excessive use of substances such as drugs or alcohol, leading to negative consequences on physical health, mental well-being, and social functioning. It involves the compulsive consumption of these substances despite knowing the adverse effects they may have. Substance abuse can manifest as addiction, where individuals become dependent on the substance to function normally⁵. It encompasses a range of behaviour's, including using substances in larger amounts or for longer periods than intended, experiencing cravings and withdrawal symptoms, neglecting responsibilities, and engaging in

Mental health determinants

Key facts

Worldwide, one of every seven 10-19-year-olds encounters a psychological problem, representing 13% of the worldwide weight of illness in this age bunch.

Sorrow, nervousness, and conduct problems are among the main sources of sickness and incapacity among youths. Self-destruction ranks as the fourth leading cause of death among individuals aged 15 to 29. The results of neglecting to address juvenile emotional well-being conditions stretch out to adulthood, impeding both physical and emotional wellness and restricting chances to lead satisfying lives as grown-ups.

One out of six individuals are mature 10-19 years. Pre-adulthood is an exceptional and developmental time. Physical, close to home, and social changes, including openness to destitution, misuse, or viciousness, can make teenagers defenceless against psychological wellness issues. Safeguarding teenagers from misfortune, advancing socio-profound learning and mental prosperity,

AGPE The Royal Gondwana Research Journal of History, Science, Economic, Political and Social science

⁴ https;//ncert.nic.in>Globalization and Social Change

⁵ <u>https://www.collinsdictionary.com-Substance</u> Abuse definition in America 3

and guaranteeing admittance to psychological wellness care are basic for their well-being and prosperity during immaturity and adulthood. Universally, it is assessed that 1 of every 7 (14%) 10-19-year-olds experience psychological well-being conditions (1), yet these remain generally unnoticed and untreated.

Youths with emotional wellness conditions are especially powerless against social rejection, separation, disgrace (influencing preparation to look for help), instructive troubles, risk-taking ways of behaving, actual weakness, and basic liberties infringement. Pre-adulthood is a vital period for creating social and profound propensities significant for mental prosperity. These incorporate taking on sound rest designs; practicing consistently; creating adapting, critical thinking, and relational abilities; and figuring out how to deal with feelings. Defensive and steady conditions in the family, at school, and in the more extensive local area are significant.

Various elements influence emotional well-being. The more gambling factors youths are exposed to, the more noteworthy the expected effect on their psychological well-being. Factors that can add to pressure during immaturity incorporate openness to difficulty, strain to adjust with companions, and investigation of character. Media impact and orientation standards can fuel the uniqueness between a young adult's lived reality and their discernments or yearnings for the future The nature of adolescents' home life and their associations with peers are significant determinants shaping their development. Viciousness particularly sexual savagery and harassment, unforgiving nurturing and serious financial issues are perceived dangers to emotional wellness.

Adolescents facing various challenges such as living in humanitarian crises, dealing with chronic illnesses or disabilities, early parenthood, or belonging to marginalized groups often encounter heightened risk for mental health conditions due to factors like living conditions, social stigma, and limited access to quality support and services.

Reason of attraction towards substance abuse among adolescents

Substance abuse among youths can stem from a combination of various reasons and conditions, each contributing to the vulnerability of this demographic:

- Peer Pressure: Adolescents often face pressure from peers to conform to social norms, including experimenting with drugs or alcohol. Peer impact can be a huge factor in starting substance use as young people look for acknowledgment and approval from their groups of friends.
- Family Environment: Family dynamics, parental substance use, and familial stressors can significantly impact a youth's susceptibility to substance abuse. Experiencing childhood in a climate where drug or alcohol use is standardized may improve the probability of trial and error and normal use among teenagers.
- Experiencing childhood in a climate where medication or liquor use is standardized may improve the probability of trial and error and normal use among teenagers. Mental Health Issues: Adolescents experiencing mental health disorders such as depression, anxiety, or trauma may turn to substances as a form of self-medication to alleviate symptoms or cope

with emotional distress. Substance use can temporarily provide relief, but it often exacerbates underlying mental health issues in the long run.

- Genetic Predisposition: Genetic impacts play a role in an individual's susceptibility to substance abuse. Young people with a family background of compulsion are at a higher gamble of creating substance use problems because of acquired hereditary weaknesses.
- Lack of Coping Skills: Adolescents may lack effective coping mechanisms to manage stress, peer pressure, or emotional challenges. Without adequate coping skills, they may turn to drugs or alcohol as a way to escape or numb their feelings, leading to the development of substance abuse problems.
- Socioeconomic Factors: Socioeconomic status can influence access to resources, opportunities, and support systems. Youths from disadvantaged backgrounds may face additional stressors such as poverty, community violence, or lack of access to quality education, increasing their likelihood of engaging in substance abuse as a coping mechanism.
- Curiosity and Experimentation: Adolescents are naturally curious and inclined to explore new experiences. This curiosity, coupled with a sense of invincibility and risk-taking behavior common during adolescence, may lead youths to experiment with drugs or alcohol, unaware of the potential consequences⁶.
- Understanding these reasons and conditions is essential for developing targeted prevention and intervention strategies aimed at addressing substance abuse among youths effectively. By addressing underlying risk factors and providing support systems, communities can empower adolescents to make healthier choices and avoid the pitfalls of substance abuse.

Risk factors and protection factors implemented to minimize substance abuse among youth

Risk factors and defensive elements assume pivotal parts in forming the probability of substance maltreatment among youth. A comprehensive comprehension of these factors is imperative for crafting targeted prevention and intervention strategies that address the diverse needs of vulnerable adolescents and mitigate the risk of mental health conditions.⁷.

Risk Factors:

- **Biological Factors**: Genetic predispositions can increase the risk of substance abuse among youth. Certain genetic variations may make individuals more susceptible to the addictive properties of drugs and alcohol.
- **Psychological Factors**: Mental health disorders such as depression, anxiety, furthermore, consideration shortage/hyperactivity jumble (ADHD) can expand the gamble of substance misuse. Teenagers might go to drugs or alcohol to self-care or adapt to basic mental issues.

⁶ <u>https://www.mayoclinic.org-</u> Drug addiction (substance use disorder)- Symptoms and causes.

⁷ <u>https://www.samhsa.gov-</u>Risk and Protection Factors

- **Social Environment**: Peer pressure and social influence are significant risk factors for substance abuse among youth. Adolescents may feel pressured to experiment with drugs or alcohol to fit in with their peer group or to impress others.
- **Family Environment**: Dysfunctional family dynamics, parental substance abuse, and lack of parental supervision are all risk factors for youth substance abuse. An absence of parental inclusion and checking can improve the probability of trial and error with medications or liquor.
- **Early Exposure**: Early exposure to drugs or alcohol, whether through family members, peers, or media influences, can build the gamble of substance maltreatment among youth. Exposure at a young age may normalize substance use and make it seem less risky.

Protective Factors:

- **Strong Family Relationships**: Positive family relationships are characterized by warmth, and support, what's more, open correspondence can act as defensive variables against youth substance misuse. Solid parental contribution and checking can likewise decrease the probability of trial and error with drugs or alcohol⁸.
- **Positive Peer Relationships**: Having friends who engage in healthy, prosocial activities and who discourage substance use can protect against substance abuse among youths. Positive peer influences can provide social support and alternative activities to drug or alcohol use.
- **Resilience and Coping Skills**: Developing resilience and effective coping skills can help youth navigate challenging situations without turning to drugs or alcohol. Teaching adolescents healthy ways to manage stress, cope with emotions, and solve problems can strengthen their ability to resist substance use.
- School Connectedness: Feeling connected to school through positive relationships with teachers, involvement in extracurricular activities, and a sense of belonging can protect against youth substance abuse. Schools can provide a supportive environment that promotes healthy behaviors and discourages substance use.
- **Community Support**: Access to community resources, such as youth programs, recreational exercises, and substance misuse anticipation drives, can act as defensive elements against substance abuse among youth. Local areas encouraging groups of people can potentially open doors to positive commitment and mentorship.
 - The risk factors such as biological vulnerabilities, social influences, and family dynamics increase the likelihood of youth substance abuse, while protective factors such as positive relationships, coping skills, and community support can mitigate these risks. By addressing both risk and protective factors, prevention efforts can effectively reduce substance abuse among youth and promote healthy development⁹.

⁸ <u>https://www.cdc.gov-</u> High Risk Substance use in Youth. Adolescent and School Health.

⁹ <u>https://www.cdc.gov-</u> High risk Substance use in Youth.

Statistics of drug abuse in different states of India

States data of most elevated Pervasiveness of Cannabis are¹⁰.

- Uttar Pradesh
- Punjab
- Sikkim
- Chhattisgarh
- Delhi.

India is sandwiched between the two biggest Opium creating areas of the world that is the brilliant triangle on one side and the brilliant sickle on the other. The brilliant sickle region incorporates Pakistan, Afghanistan, and Iran. Further subtleties on the Brilliant Cresent are accessible on the connected page. The Brilliant Triangle region contains Thailand, Myanmar, Vietnam, and Laos, Read exhaustively about the Brilliant Triangle on the given connection.

States with the most elevated instances of substance addiction express.co¹¹

Goa and Punjab exhibited the highest percentages of rural drug abusers, with rates reaching 78.0% and 77.5% respectively. The highest number of urban drug abusers was reported in Mizoram (91.0%) and Meghalaya (90.7%).

Degree of chronic drug use

Around 2.1% of India's populace utilizes narcotics, heroin, and drug narcotics.

Around 2.8% of Indians between the ages of 10 and 75 years were shoppers of marijuana as bhang, Maryjane, and roasts.

Around 15.8 million youngsters mature somewhere in the range of 10 and 17 years are dependent on substances in India.

Prevalence of illegal drugs

Weed, heroin, and opium are the most generally involved drugs in India. There is an expansion in methamphetamine clients as well.

Pot: Uttar Pradesh, Punjab, Sikkim, and Chhattisgarh have the most elevated predominance of marijuana use.

The distribution of heroin victimization reveals Uttar Pradesh with the highest percentage at 17.3%, followed by Delhi at 16.3%, West Bengal at 15.0%, Manipur at 10.1%, and Bihar at 10.0%.

Narcotics: The most often utilized narcotic is Heroin, (1.14%) trailed by drug narcotics (0.96%), and afterward Opium (0.52%).

The greater part of narcotic clients are situated in the territories of Uttar Pradesh, Punjab, Haryana, Delhi, Maharashtra, Rajasthan, Andhra Pradesh, and Gujarat.

Concerning populace rate, Mizoram, Nagaland (6.5 percent), Arunachal Pradesh (5.7 percent), and Sikkim (5.1 percent) have the most noteworthy narcotic clients.

Narcotics and inhalants: Around 1.08% of 10-75-year-old Indians at present use tranquilizers (nonclinical, non-remedy use).

¹⁰ <u>https://pib.gov.inMHA Infor-</u> Magnitude of drug abuse in the country - Press Information Bureau ¹¹ <u>https://indianexpress.com-</u> MHA Information Rajya Sabha: Punj<u>ab among</u> top three states

<u>nttps://indranexpress.com-</u> MHA information Rajya Sabha: Punjab among top three st

The top states so far as soothing use are Sikkim, Nagaland, Manipur, Mizoram, Uttar Pradesh, Maharashtra, Punjab, Andhra Pradesh, and Gujarat.

Low commonness: Cocaine (0.10%) Amphetamine Type Energizers (0.18%) and Psychedelic drugs (0.12%) have low predominance in India¹².

Wellspring of drugs in India

The trafficking of opiates, particularly heroin, is a significant issue in the region you mentioned. Afghanistan is one of the world's largest producers of opium, which is then refined into heroin. The drug trade routes from Afghanistan typically pass through neighboring countries like Iran and Pakistan, en route to various destinations, including Central Asia, Transcaucasia, and beyond.. Between 2014 and 2018, India emerged as one of the primary countries involved in the trafficking of heroin, alongside Qatar, the United Arab Emirates, and multiple African nations.

Effects of drug abuse

Wellbeing impacts of substance abuse incorporate drugs use problems, psychological well-being issues, HIV contamination, hepatitis-related liver disease and cirrhosis, going too far, and unexpected passing ¹³.

Key measures to tackle drug abuse.

- The Nasha Mukt Bharat campaign aims to combat drug abuse through a multifaceted approach, leveraging both institutional and community support mechanisms.¹⁴
- Additionally, 'Say No to Drugs' publicity campaigns are being actively promoted across schools and various educational institutions to raise awareness and discourage substance abuse.
- Setting up of de-enslavement offices in regions with high predominance of medication use.

Schemes for Prevention of Alcoholism and Substance Abuse are:

Under the Scheme for Prevention of Alcohol and Substance (Drugs) abuse, executed by the Ministry of Social Justice and Empowerment, the non-governmental organizations have been dependent on the obligation regarding the conveyance of administrations and the Service bears significant financial obligation (90% of the recommended award sum¹⁵.

The aims and Objectives given below are:

- To help exercises of non-governmental organizations, working in the space of anticipation of compulsion and recovery of addicts¹⁶.
- To make awareness and teach individuals about the evil impacts of alcohol addiction and substance maltreatment on the individual, the family, and society at large.
- To foster culture-explicit models for the avoidance of habit and treatment and recovery of fiends.

8

Vol-5, Issue-06, June 2024 ISSN (E): 2583-1348

AGPE The Royal Gondwana Research Journal of History, Science, Economic, Political and Social science

¹² <u>https://www.statista.com-</u> Illegal drug use prevalence global population 2021

¹³ <u>https://www.betterhealth.vic.gov-</u> How drugs affects your body- Better Health Channel.

¹⁴ https://www.pvamu.edu- Tips for Preventing Substance Abuse- Student Affairs.

¹⁵ <u>https://www.myscheme.gov.in-</u> General Grant-in- Aid- Programme for Financial Assistance in the Field.

¹⁶ <u>https://wwwnisd.gov.in-</u> National Centre for Drug Abuse Prevention

- To develop and give an entire scope of community-based administrations for the identification, inspiration, detoxification, counselling, aftercare, and recovery of fiends.
- To advance local area support and public participation in the decrease of interest for reliance delivering substances¹⁷.
- To advance aggregate drives and self-improvement tries among people and gatherings defenseless against compulsion and considered in danger.
- To lay out suitable linkages between wilful offices working in the field of fixation and government associations.
- Drug regulating agencies in India:
- India has arisen as one of the main business sectors for drug items. Expansion in the confidential medical services infrastructure, extending moral markets, and consideration of more up-to-date advancements have set medical services as a free area in India. With the privatization of medical care, the clinical gadgets area is developing as well¹⁸.
- To control the import, assembly, conveyance, and offer of drug and cosmetic care products, the Medications and Beauty Care Products Act, 1940 ("D&C, Act") was presented in India in 1940. Be that as it may, no different guideline has been sanctioned for managing the import, production, appropriation, or offer of clinical gadgets in India to date by the public authority of India.
- Medications and Well-being are in the simultaneous rundown of the Indian Constitution. It is represented by both the Centre and State Legislatures under the Medications and Beauty Care Products Act 1940.

Main bodies: -

Capabilities embraced by Focal Government Legal capability setting down norms of medications, beauty care products, diagnostics, and gadgets. Setting down administrative measures, changes to Acts, and Rules. To control market approval of new medications. To control clinical examination in India to approve licenses to manufacture certain categories of drugs as Central License Approving Authority i.e. for Blood Banks, Large Volume Parenteral, and Vaccines & Sera. To regulate the standards of imported drugs. The Drugs Technical Advisory Board (DTAB) and Drugs Consultative Committee (DCC) play pivotal roles in drug regulation and advisory functions in India. They oversee critical aspects such as drug testing conducted by Central Drugs Laboratories and contribute to the publication of the Indian Pharmacopoeia, ensuring the quality, safety, and efficacy of pharmaceutical products in the country.

CDSCO-

In India, the Central Drugs Standard Control Organization ('CDSCO') is the prime legislative body currently regulating imports. sale and manufacture of medical devices that have been notified as drugs by Section 3(b) (IV) of the D&C Act. The CDSCO lays down standards for drugs, cosmetics, diagnostics, and devices and issues licenses for drugs. It likewise sets down administrative measures, revisions to Acts and Rules, and controls market approval of new medications, clinical exploration in India guidelines of imported drugs, and so forth. The CDSCO

Vol-5, Issue-06, June 2024 ISSN (E): 2583-1348

AGPE The Royal Gondwana Research Journal of History, Science, Economic, Political and Social science

 ¹⁷ <u>https://socialjustice.gov.in-</u> Scheme for assistance for prevention of alcoholism and Substance abuse and for social defence service.
¹⁸ <u>https://cdsco.gov.in-</u> Central Drug Standard Control Organization
9

lays out well-being and adequacy. also, quality guidelines for drugs and clinical gadgets. It distributes and refreshes the Indian Pharmacopeia, a rundown of managed drugs and gadgets. For all medication and gadget applications, the CDSCO designates informed bodies to perform similarity appraisal techniques, including testing, to guarantee consistency with their guidelines.

• National Institute of Health and Family Welfare (NIHFW) -

NTHFW is an Apex Technical Institute, funded by the Ministry of Health and Family Welfare, for the promotion of health and family welfare programmers in the country through education, and training. research, evaluation. consultancy and specialized services. The NIHFW was established on March 9, in 1977, the merger of the National Institute of Health Administration and Education (NIHAE) with the National Institute of Family Planning (NIFP) gave rise to a consolidated entity, marking a significant juncture in the evolution of healthcare administration and family planning initiatives in the country.

• Drug technical advisory board (DTAB):

The Drugs Technical Advisory Board, established by the Central Government, serves as a crucial advisory body mandated to provide expert guidance on technical aspects pertaining to the implementation of the Drugs and Cosmetics Act of 1940. This board advises both the Central and State Governments, offering insights into intricate matters concerning drug regulation and administration.

• Activities and responsibilities:

It advises matters related to Drugs. The selected and chosen individuals from the Board will hold office for quite a long time yet will be qualified for re-designation and re-appointment. The Board may, dependent upon the past endorsement of the Focal Government, make by-regulations fixing a majority and managing its strategy.

• Central drug testing laboratory (CDTL)

The Central Drug Laboratory, Kolkata is the national statutory laboratory of the government of India for quality control of drugs and cosmetics and was established under the D&C Act, of 1940.

- Functioning under the Director General of Health Services within the Ministry of Health and Family Welfare, the Drugs Technical Advisory Board assumes a pivotal role in providing expert counsel on various technical aspects related to drug regulation and administration. This placement underscores its significance in shaping and guiding policies concerning public health and pharmaceutical standards at both the national and state levels.
- The elements of the Research facility include: Examination of Medications and Drugs, Beauty care products, and Clinical Gadgets made in the country.
- Examination of Imported drugs and Beauty care products tests entering through the port workplaces of CDSCO.
- Examination of Medications and Drug plans as Review Tests from Focal Medications Standard Control Association and its Zonal Workplaces.

- Examination of Medications and Drug plans got as public Review tests from CDSCO or different workplaces under Service of Wellbeing and Family Government assistance.
- Giving Preparation to Medications Experts deputed by the public authority research centers occasionally¹⁹.

Conclusion:

Drug and alcohol abuse among youths is a complex issue with far-reaching consequences. In conclusion, it is imperative to recognize that the problem cannot be solved through a one-size-fitsall approach. Instead, a multifaceted strategy encompassing prevention, intervention, and rehabilitation is necessary.

Firstly, counteraction endeavors ought to zero in on training and mindfulness crusades pointed toward educating youngsters about the risks of substance misuse. Giving precise data about the dangers related to medications and liquor can engage youth to pursue informed choices and oppose peer pressure. Also, early intercessions are distinguishing and tending to substance misuse issues before they heighten. Schools, people groups, and families ought to team up to execute programs that distinguish in danger people and give them the help they need, whether through advising treatment or companion support gatherings.

Furthermore, rehabilitation programs play a fundamental job in assisting youth with beating compulsion and recovering control of their lives. These projects ought to be available and custommade to the special requirements of youngsters, incorporating evidence-based treatment and ongoing support to promote long-term recovery. In addressing drug and alcohol abuse among youth, it is essential to adopt a compassionate and non-judgmental approach, stigmatizing individuals struggling with addiction only serves to further isolate them and hinder their recovery, instead, society must recognize addiction as a medical condition that requires support and treatment.

In conclusion, combating substance and alcohol abuse among youth requires a comprehensive approach that addresses prevention, intervention, and rehabilitation. By working together as a priority for education, support, and understanding we can help young people overcome substance abuse and build healthier, more fulfilling lives.



Vol-5, Issue-06, June 2024 ISSN (E): 2583-1348 AGPE The Royal Gondwana Research Journal of History, Science, Economic, Political and Social science

¹⁹ <u>https://dghs.gov.in-</u> Directorate General of Health Services