

Drug Addiction in India: Its Consequences and Effective Measures on Children

ABSTRACT

Drug addiction is not a new concept. It usually often begins with experimental consumption in social settings. Some people are used gradually become more frequent, and such a pattern may develop into a habitual condition. Drug use started in ancient in India such as soma, cannabis and sura. These substances are mentioned in religious texts like the Vedas, the Ramayana and the Mahabharata. Today, we can see that among the children, youths including women, every corner of the country. Drug addictions are hazardous to the mind and body of the consumer. It is classified as a neurological disorder since drugs alter the structure and function of the brain. Drugs produce harmful as well as beneficial effects, and decisions about the uses of the same. This study focused on the rising trends of drug abuse and drug addiction among children.

Keywords: Drug Addiction, Children, Offenders, Victim, and Laws.

1. INTRODUCTION:

Drug, Intoxicants, or any substances of alcohol are hazardous to human health and mind. Drugs are chemical substances that produce known biological effects in humans or other animals. It is also used for treatment, cure, mitigation, prevention, or diagnosis of diseases. In some cases, a drug is used to enhance physical or mental well-being.¹ Section 3(b) of the Drugs and Cosmetics Act 1940 provides a broad definition of "Drug". It includes medicines for internal or external use in humans or animals. It also covers substances used for the diagnosis, treatment, mitigation, or prevention of disease or disorder. It also includes substances other than food that are intended to affect the structure or any function of the human body. Further, it encompasses substances used for the destruction of disease causing vermin or insects. In addition, it includes substances used as components of a drug, such as empty gelatine capsules and medical devices.² The apex court has expanded the meaning of

¹Hatem Amin Hejaz & Rafik Karaman (2015) Drug Overview Nava Science, 1st Edit, Pp1-40.

² Available at:

<https://www.cyrilshroff.com/wp-content/uploads/2025/10/A-Guide-to-Prosecutions-under-the-Drugs-and-Cosmetics-Act-3.pdf>. Last visited on 17-3-2026 at 9.15 p.m.

29 “Drug” to include not only medicines but also substances used for treatment and prevention of
30 disease in humans or animals.

31 **II. DRUG ADDICTIONS:**

32 Drug means the use of medicine or a substance used in the making of when used within the
33 context of illegal drug. It has been interchanged freely with the term narcotics.³ Drug misuse
34 can show negative impact on the body and mind of the user⁴. Smoking of cannabis has been
35 known in India since 2000 BC⁵. Drug abuse refers to the use of any substances for purposes
36 other than medical or scientific ones. It includes consumption without a prescription in
37 excessive doses or for an unjustified period of time. Addiction refers to the repeated use of
38 drugs or substance. The user becomes periodically or chronically intoxicated. There is a strong
39 compulsion to take the preferred substances. The person has enormous difficulty in stopping
40 or controlling its use. They may use almost any means to obtain psychoactive substances. Drug
41 addiction or drug abuse is the chronic habitual use of substance for altering the state of the
42 mind or the body other than for any medical indication. Generally, drug addiction causes
43 immense human distress. It affects the physical and mental health of individuals. It also
44 disrupts families and communities. The illegal production and distribution of drugs promote
45 crime and violence worldwide. These activities are often linked to organized crime and social
46 instability.⁶ Currently there is an increasing trend of substance abuse in India. According to
47 NGO Survey revealed that 63.6% of patients coming in for treatment were introduced to
48 drugs at a younger age below 15 years.⁷

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51 **Table 1: Number of street children across 16 cities in India.**

³P. Nararajan, S.A.Mrithavarshini, G.J.Dheetchana, J.Sivagurunatham & Taniya Susan Raji (2023) Factors Influencing Alcoholism and Drug Abuse among College Students with Special Reference to Coimbatore District, *International Journal of trend in Scientific Research and Development*, 7(3)183-187.

⁴Rhythm Patel (2021) Drug Addiction and its Impact on Indian Society and the Laws Related to Drug Usage, *International Journal of Law Management & Humanities*, (04)950-966.

⁵Available at: <https://www.scribd.com/presentation/321885917/deaddictionproginindia>, Last visited on 18-03-2026 at 4.35pm.

⁶Mridula Sharma & Moni Choudhury (2016) A Study of Drugs and Substance Abuse among Adolescents of Slum Dwellers, *The International Journal of Indian Psychology*, 3(4) 21-27.

⁷Available at: <https://www.childlineindia.org/a/issues/addiction>, last visited on 8-04-2026 at 12.00pm.

S.L	Name of the state	Name of the city	No of drug addiction of street children
1.	Kerala	Trivandrum	140
2	Manipur	Imphal	851
3	Goa	Goa	1287
4	Telangana	Hyderabad	1797
5	Andhra Pradesh	Vijayawada	2238
6	Tamilnadu	Chennai	2374
7	Gujarat	Borada	2428
8	Assam	Guwahati	5534
9	Tamilnadu	Salemi	5752
10	Karnataka	Bangalore	7523
11	West Bengal	Kolkata	8287
12	Maharashtra	Mumbai	16059
13	Delhi	New- Delhi	69,976
14	Chandigarh	Chandigarh	2374
15	Nagaland	Dimapur	2428
16	Meghalaya	Shelling	872

52 (Sources: DrugAbuse among street children in Delhi, www.vidhilegalpolicy.in.)

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54 III. CONSEQUENCES OF DRUG ADDICTION.

55 India has estimated 62.5 million alcohol users. There are about 8.7 million cannabis users in
56 the country. Around 250 million people use opioids. Approximately 250 million people aged
57 about 10 and above use tobacco, in total nearly 300 million people are affected by different
58 kinds of substance use in India.⁸ The incidence of drug abuse among the children and
59 adolescents is higher than the general population. As for the report of the NGOs 63.6% of
60 patients are drug addicts. The age groups of patients are around 15 years.⁹

⁸KamleshKumar Sahu&Soma Sahu (2011) Substance Abuse Causes and Consequences, *Bangabasi Academic Journal* (9)53-59.

⁹Available at:<https://www.childlineindia.org/a/issues/addiction>, Last visited on 20-3-26 at 9,20am.

- 61 • **Physical Consequences:** The physical impacts of drug addiction vary among users.
62 Drug addiction changes how the brain and body feel pleasure. A person under the
63 influence of drugs may behave differently and not normally do anything. An addicted
64 person is more likely to suffer physical injury or accidents. Sometimes, addicted
65 person may attempt suicide or commit violent acts at any time or place. Drug addiction
66 can also cause internal damage to the body. It can harm organs such as the heart, liver,
67 and other parts of the body. There is also a major risk of infections, and diseases
68 among drug users.¹⁰
- 69 • **Psychological Consequence:** Substance use has significant psychological effects that
70 can alter an individual's mood and overall mental state. It may contribute to increased
71 stress levels and the development of mental health disorders. Furthermore, drug use is
72 associated with various behavioural issues, including heightened aggression, impaired
73 judgment, mood instability, anxiety, and memory loss. It also increases the likelihood
74 of violent behavior. Consequently, individuals struggling with drug addiction often
75 exhibit patterns of deviant behavior, frequently disregarding established social norms.
- 76 • **Economic Consequences:** Drug abuse has significant economic consequences. It
77 affects individuals, families, and communities. Individuals with drug addiction may
78 experience a loss of earnings and reduced productivity. At the firm level, it leads to
79 increased costs and lower efficiency. It also raises public expenditure on healthcare,
80 law enforcement, and social services. At the household level, spending on alcohol,
81 tobacco, and illicit drugs competes with essential needs and savings. This reduces
82 financial stability. As a result, households become more vulnerable to poverty and
83 economic shocks.¹¹
- 84 • **Social Consequences:** Drug addiction affects all sections of society. The substance of
85 abuse varies across regions and social layers in each Indian state, reflecting diverse
86 patterns of addiction. On the other hand, the increasing influence of social comparison
87 and the tendency to emulate certain lifestyles have further fuelled the vulnerability of
88 youth to substance abuse.¹² Drug abuse is a serious social issue among the children,
89 bringing harmful effects to victims, families, and as well society.

¹⁰ Amandeep Kaur & Arshi Pal Kaur (2024) Menace of Drug Addiction In India: An Analysis, *International Journal Of Novel Research and Development*, 9(3)1499-1504

¹¹ Sameer Maqbool Wani & S. Allah Baksh (2025) Drug Abuse and its Socio- Economic Consequence In India, *Prismatic Horizons Journal of Social Science and Humanities* ,3(3) 36-43.

¹² Srinivasan Gopal (2025) Social Consequences of Drug Abuse, *International Journal of Law Management & Humanities*, 8(3) 3210-3226.

90 **IV.LAW RELATED TO DRUG USAGE:**

91 **• The Constitutional provision and policy.**

92 According to Article 47 of the constitution of India,the state has a duty to improve public
93 health. It is also required to work towards the prohibitionof intoxicating drinks and harmful
94 drugs. These substances are injurious to health. Their use should be restricted except for
95 medical purposes.¹³ Butthe numbers of drug addiction patients are growing in every part of
96 the nation.The stateplays a primary role in addressing issues related to substance use, both
97 within and beyond its boundaries. It holds the main responsibility for regulation and control.
98 Alcohol is classified as a state subject under the Seventh Schedule of the Constitution of
99 India. Therefore, the state government has the authority to make laws on alcohol.¹⁴

100 **• The Narcotic Drugs and Psychotropic Substances Act 1985.**

101 The Narcotic Drug and Psychotropic Substances Act, 1985 was enacted to control the sale
102 and cultivation of Narcotic drugs. It provides strict provisionsfor the regulation of activities
103 related to narcotic drugs and psychotropic substances.The punishment provision of this Act is
104 10 years and may be extendable 20 years and is provided for a fine of 100000-/- to two lakh
105 rupees as for the quantity of the contravention involvement of the perforators. This Act is
106 amended due to its erroneous sentencing policies from time to time.

107 **VI. POLICIES ARE MADE BY THE GOVERNMENT OF INDIA:**

108 **• National Mental Health Program (NMHP) 1982.**

109 The basic strategy of the National Mental Health Program (NMHP) is to integrate basic
110 mental health care with general health services.According to the World Health Report, the
111 prevalence of mental disorders is around 10%.Itis predicted that the burden of these disorders
112 couldincrease to 15% by 2020¹⁵. The National Mental Health Program (NMHP) was
113 developed by export committees. These committees included some prominent medical
114 officers in India. The aims of the (NMHP) are to regulate the availability& accessibility of
115 minimum mental health care for all. It aims tosupport theapplicationof mental health
116 knowledge in general health care and social development. This program also seeks topromote

¹³Abhishek Arun Kumar, (2024) Drug Addiction: A Growing problem in Youth,*Indian Journal of Integrated Research In law*(2)1-6.

¹⁴Ranjana Rajasri R(2025) India's War on Drugs: A Historical and Legal Examination of National and International Strategies for Prevention and Rehabilitation, *Indian Journal of Legal Review* (5)765-780.

¹⁵Sarbjeet Khurana & Shweta Sharma (2016), National Mental Health Program Of India: A review of the history and the Current Scenario, *International Journal of community Medicine and public Health*,3(10), 2696-2704.

117 group participation in the mental health services' development. Additionally, it aims to
118 provide a self – help support within the community and other sectors of living people.

119 • **Drug- De- Addiction program of India 1988.**

120 The Government of India established a cabinet Sub –committee recommendation to provide
121 accessible, affordable, and evidence- based treatment for substance use disorders. The
122 program provides grants to government institutions for detoxification and treatment,
123 operating over 120 centers across the country. In 1985—86, the Ministry of Health & Family
124 Welfare started this program across the country. Later, it was modified in 1994 and revised in
125 1999¹⁶. The budget allocated to the (*DDAP*) is also modest and its approved budget outlay for
126 5 year in the 12th five years plan from 2012 to 2017 was rupees one hundred and fifty- one
127 crores¹⁷.

128 • **National Action plan for Drug Demand Reduction (*NAPDDR*) 2018.**

129 The Ministry of Social Justice launched this action plan in 2018. Despite the stringent Act,
130 like the Narcotic Drugs and Psychotropic Substance Act 1985, drug addiction incidence is
131 growing rampantly in each and every part of the nation. The main function of this plan is to
132 ban the use of drugs. It aims to raise awareness among students. The plan provides
133 counseling, treatment, and rehabilitation for individuals with substance dependence. It also
134 focuses on training and capacity building for service. These efforts are carried
135 out collaboratively by the central, state, and Non- Government Organizations.¹⁸

136 • **Nasha Mukht Bharat Abhiyan.**

137 Drug free India Campaign (*Nashamukti Abhiyan*) is a transformative initiative at eradicating
138 substance abuse and aims to eliminate drug addiction in India. Given the alarming rise in
139 drug addiction this movement has initiated in different part of the country.¹⁹ This program is

¹⁷Anju Dhwan, Rao Ravindra, Atul Ambekar, Amal Pusp and Ray Rajat (2017) Treatment of Substance Use Disorders Through the Government Health Facilities: Developments in Drug De-Addiction Programme of Ministry of Health and Family Welfare, Government of India, *Indian Journal of Psychiatry*, 59(3), 380-384.

¹⁸ Available at: <https://www.pib.gov.in/Pressreleaseshare.aspx?PRID=1842702®=3&lang=2>, last visited on 18-03-2026 at 3.20pm.

¹⁹ Ganer JM & Baragi UC (2025) Nasha Mukht Bharat Abhiyan: Harnessing Ayurveda, Yoga and Spirituality for a Health their India, *Journal of Ayurveda and Integrated Medical Sciences*, (10)1-3.

140 lunching awareness campaigns on various social media platforms as well as in local
141 communities' teenagers and young adults.²⁰

142 • **Ayushman Bharat Pradhan Mantri Jan Arogya Yojna 2018.**

143 The Ayushman Bharat scheme is a flagship public health care initiative by the Government of
144 India. The aim of the scheme is providing Universal Health coverage (*UHC*). It protects
145 economic backwards families from high medical expenses by offering free hospital treatment
146 worth. Up to 5 lakh annually through the Pradhan Mantri Jan Arogya Yojana. This scheme
147 continues to operate effectively in 2026 and ensuring that on one is left behind in accessing
148 health care services²¹.

149 • **Non- Communicable disease (*NCD*) controls Programs:**

150 Non-communicable diseases (*NCDs*) are a major global health concern, responsible for
151 approximately 41 million deaths each year. Among these, 15 million of deaths are considered
152 premature, occurring before the age of 70.²² These highlights are the significant burden of
153 (*NCDs*) on younger population and underscores as the need for early prevention and
154 intervention strategies. This mortality from (*NCDs*) reflects not only life style and
155 behavioural risk factors but also gaps in health care access and disease management.

156 • **National Tele Mental Health Program (NTMHP) 2022.**

157 The program was launched in 2022 as part of the National Mental Health Program provides
158 24/7 free, accessible and quality mental health care through the Tele – MANAS Initiative. It
159 is fact that due to over burden one in seventh people estimated to be suffering from a clinical
160 diagnosable mental disorder²³. In 2022-23, the government of India placed a special union
161 budget to provide for the said program. The government also established 23 Tele Mental
162 Health Centers of Excellence. These centers are provided better service to well mental health
163 counseling and care services to patients.

²⁰Abhishek Anand and Shambhavi Mishra (2024) Law against Substance Abuse in India, *International Journal of Multidisciplinary Trends*, 6(5) 12-18.

²¹Avialable at :

[Ayushman Bharat Pradhan Mantri Jan Arogya Yojana AB-PMJAY Services | National Government Services Portal](#). Last visited on 18-03-2026 on 9-30pm.

²²Ishu Kataria, Mariam Siddiqui, Theresa Gillespie, Michael Goodman Preet K. Dhillion Carla Bann and Linda Squiers (2020) A Research Agenda for Non-Communicable Disease Prevention and Control in India, *Health Research Policy and Systems*, (18)3-7.

²³Sagar Rajesh & Singh Swarndeeep (2022) National Tele- Mental Health Program in India: A step Towards Mental Health Care for All? *Indian Journal of Psychiatry*, 64(2)117-119.

164 **VII. IMPACT OF DRUG ADDICTION:**

165 Drug addiction is one of the crucial issues from the last three decades. It also increases at an
166 alarming rate in every corner of the country. Generally, drugs are used for medical purposes,
167 but nowadays it seems for every step of life of the human door. It is a fact that, there is no
168 part of the world is not free from drug addiction. Drug abuse is the repeated use of illegal
169 drugs or the misuse of prescription or over the counter drugs. It leads to negative
170 consequences. These problems can occur at the workplace, home, or in relationships.
171 Therefore several factors are directly or indirectly responsible for such heinous crime.

- 172 • **Personal factors:** There are multiple individual risk factors for drug addiction.
173 Children and adolescents under 18 may try to substances for several reasons. They
174 may seek new experiences, or adventure, or cope with interpersonal trauma. For
175 young adults aged 18-25, academic stress is a major play factor in substance abuse.
- 176 • **Family Factors:** Family factors are one of the paths of drug addiction. According to
177 Glynn, the most influential factor affecting a person's substance use is the parent's
178 own use of substance. If parents consume alcohol, tobacco, or drugs, their children are
179 more likely to adopt similar behaviors. Parental habits, attitude, and the home
180 environment play a key role in shaping a child's choice regarding substances. In
181 short, parents' behaviors can strongly influence whether a person starts using
182 substances.²⁴ Family economic conditions have played an important role in affecting of
183 person's drug use. According to the United Nations Office on Drugs and Crime
184 (*UNODC, 2021*) children from households with a history of substance abuse or poor
185 parental supervision are more likely to develop addiction issues.²⁵
- 186 • **Social factors:** The gendered dimensions of alcohol and opioid addiction are complex
187 and warrant critical examination. Substances such as cigarettes and alcohol are often
188 socially acceptable when consumed by men, yet they are stigmatized when used by
189 women.²⁶
- 190 • **Gender Factors:** Gender differences also play a role in the tendency toward drug
191 abuse. Girls are a common gender factor for drug addiction and often a hidden concern.

²⁴ Foo YC, Tam CL, Lee TH. (2012) Family Factors and Peer Influence in Drug Abuse: A Study in Rehabilitation Centre. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 4(3):190-20

²⁵ ARDRA PP, Ranalin, V.P & Raga Jyoti (2025) Alcohol and Drug Abuse among Youth: Causes, Effects, and Control, *International research Journal*, 12(3), 123-126.

²⁶ Shahid Iqbal (2020) Children's Drug Abuse: A Growing Challenge in India, *International Journal of Creative Research Thoughts*, 8(2) 2076-2080.

192 Particularly, college going girls and youth are addicted to the drugs. Students who
193 are facing the high demands of coursework or social obligations or both turn to drugs
194 as a way to cope.

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196 • **School Factors:**Schools are the temples of knowledge and wisdom. During the
197 ancient times there were Gurukuls where student and teacher were in close contact
198 and supervision of their Guru in a Vedic family environment. The role of Guru
199 was important and Guru helped the student on their all-round development. Now,
200 schools do not have a power to closely monitor the student and teacher. Due to such
201 gaps, students are addicted to smoking, drinking, and sex or poor eating patterns and
202 other influencing agents like parents, relative's peers, social and electronic, media and
203 over powering of his mind, time decisions and faith.

204 **CONCLUSION:**

205 Drug addiction is one of the most concerning and major problems in India. Large number of
206 people are dying because of drug addiction. It shows not only crime rate but also the impact on
207 the family members of the deceased. On the other hand, it has alarmed the root of domestic
208 violence and financial crisis in every family of any society as such it does uproot highly
209 necessary. Drug addiction disproportionality affects young people, children, and women
210 being particularly vulnerable to its adverse consequences. It is imperative for society to
211 recognize that drugs are inherently harmful and can lead to fatal outcomes. Furthermore, the
212 use of alcohol and other substances tends to escalate over time, often contributing to
213 increasingly dangerous behaviors. These may include involvement in criminal activities, as
214 well as the exhibition of aggressive, violent, or erratic conduct.

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