



SUBSTANCE ABUSE AMONG YOUTH

Criminology (Law)

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ABSTRACT

Substance use among young individuals has emerged as a growing public health and social concern, particularly in semi-urban districts. This study examines the patterns, intensity and underlying reasons for drug consumption among youth in Belagavi District. A quantitative approach was adopted using primary data collected from 100 respondents through a structured questionnaire. The findings indicate that drug use is not only prevalent but varies significantly in frequency, ranging from occasional to regular consumption. Certain locations such as social gatherings, peer environments, and easily accessible public spaces were identified as common hotspots. The study further reveals that peer influence, curiosity, and psychological stress are key factors contributing to substance use. Accessibility and social normalization also play a crucial role in sustaining these behaviours. The results highlight the need to understand drug use not merely as an individual choice but as a socially influenced pattern shaped by environment and interactions. This study contributes to existing literature by linking consumption intensity with spatial and behavioural determinants within a localized context.

KEYWORDS

Addiction, Substance Abuse, Psychological Stress Etc.

INTRODUCTION




Drug abuse among youth has emerged as one of the most pressing social and public health challenges facing modern societies. Across the globe, young people are increasingly exposed to psychoactive substances due to rapidly changing lifestyles, peer influence, easy accessibility, and social acceptance of certain forms of substance use. India, with its large youth population and diverse socio-economic settings, faces significant challenges in curbing the spread of drug addiction. The problem of drug abuse not only affects the health and future of individuals but also has profound implications for families, communities, and the nation's overall development. Belagavi, located in the northwestern part of Karnataka, is an important educational and commercial hub that attracts thousands of students and young professionals from different regions. Its vibrant social environment, combined with urbanization and cultural transitions, makes it a relevant setting to study patterns and causes of drug use among youth. In recent years, Belagavi has witnessed a growing concern over substance abuse among college students, unemployed youth, and even adolescents. The city's rising exposure to multiple socio-economic influences has contributed to new behavioural trends, and one of the alarming manifestations is the increasing tendency toward drug experimentation and dependence. Substance abuse among youth typically begins with tobacco, alcohol, and cannabis, gradually extending to synthetic and prescription drugs. The transition from curiosity or peer pressure to dependency often occurs in a silent and unnoticed manner, making early detection and intervention difficult. These substances not only impair physical and mental health but also lead to behavioural changes, academic deterioration, financial issues, criminal activity, and strained family relationships. The issue, therefore, demands a multi-dimensional approach encompassing social, psychological, economic, and legal perspectives. Historically, substance abuse has been studied through different lenses from socio-cultural theories explaining deviant behaviour to psychological models focusing on personality traits and coping mechanisms. In the Indian context, factors such as unemployment, academic stress, unstable family environments, peer manipulation, and lack of awareness have been repeatedly associated with youth drug abuse. The swift expansion of media and online platforms has helped normalize substance use, frequently depicting it as a marker of liberation or achievement. In Belagavi, the problem assumes unique characteristics due to its mixed demography of urban and semi-urban populations, student inflow, and evolving lifestyles. The city has numerous educational institutions, hostels, and youth-centric spaces that create conditions conducive to social experimentation. While education should ideally serve as a protective factor against risky behaviour, research in similar contexts indicates that youth residing away from home in hostels or rented accommodations may have higher exposure to drugs due to reduced parental supervision and strong peer-group interactions. The local youth may also face stress linked to





unemployment, academic competition, or identity struggles, further increasing vulnerability to substance use. From a criminological and social standpoint, drug abuse among youth contributes to rising juvenile crimes, theft, and violence in several cities, including Belagavi.

This study is therefore aimed at examining the prevalence, causes, and consequences of drug abuse among youth in Belagavi. It seeks to understand the socio-demographic factors influencing substance use patterns, identify common types of drugs consumed, explore the psychological and environmental triggers, and assess the extent of awareness regarding the harmful effects of drug abuse among young individuals. The findings are expected to contribute valuable insights for local policymakers, educators, health officials, and community organizations committed to reducing substance abuse.

A **drug** is any chemical substance that, when introduced into the body, alters its normal physiological processes or mental state, aside from nutrients essential for health. Drugs can serve a therapeutic purpose, but abused drugs negatively impact health, behaviour, and society. Substance abuse among youth is particularly concerning due to increased vulnerability and long-term consequences.

Common Types of Drugs Abused by Youth:

Cannabis (Marijuana/Ganja/Weed)	
Charas (also known as Hashish)	
Heroin	

Cocaine	
LSD (Lysergic acid diethylamide)	
Prescription Drugs (Opioids, Sedatives)	
Inhalants	
Alcohol & Tobacco	

Cocaine (from Coca)	Erythroxylum coca and Erythroxylum novogratense	Leaves of the coca plant are harvested and processed to isolate cocaine	Indigenous to western South America (especially the Andes mountains), cultivated in tropical regions of Peru, Bolivia, and Colombia	Cocaine alkaloid	Colombia (major producer), Peru, Bolivia
Hashish	Cannabis sativa, Cannabis indica, or Cannabis ruderalis	Trichomes (dead flower tops)	Asia, North Africa, and the Middle East	THC, CBD, CBN, and terpenes	Morocco, Afghanistan, Lebanon, India, Pakistan, Spain, and Nepal
Charas	Cannabis sativa, Cannabis indica	Trichomes (live flower tops)	Himalayas, mainly in India, Nepal, and Pakistan.	THC, CBD, CBN, and terpenes.	India's Parvati Valley, Malana village, Nepal, and Pakistan

Botanical and Geographical Drug Classification: -

Botanical and Geographical Drugs along with their source and their respective active ingredients:

Drug	Botanical name	Source (plant part)	Geographic origin	Active ingredients	Main producers
Cannabis (Marijuana/Ganja/Weed)	Cannabis sativa, Cannabis indica, Cannabis ruderalis	Flowering tops and female inflorescences are typically harvested for psychoactive content	Indigenous to Central and South Asia, with original domestication traced to the foothills of the Himalayas and the plains of the Pamir	Tetrahydrocannabinol (THC) is the primary psychoactive compound, along with cannabidiol (CBD) and other cannabinoids	Canada, United States, parts of Central Asia, Western Europe, and Africa. Large-scale illicit production is present in Afghanistan, Morocco, and the United States
Heroin (from Opium Poppy)	Papaver somniferum (opium poppy)	Latex from seed capsules is harvested and refined to extract morphine, then chemically converted to heroin	Indigenous to southeastern Europe and western Asia, with key cultivation centres in Afghanistan, Myanmar, and Southeast Asia	Morphine (precursor), processed into diacetylmorphine (heroin)	Afghanistan (largest global producer), Myanmar, Laos, Mexico, and, historically, Colombia

DRUGS AND CRIME RELATIONSHIP: -

In India, the relationship between drugs and crime is deeply intertwined, with drug addiction often leading to criminal behaviours. Many drug users engage in crimes such as theft, smuggling, and drug trafficking to finance their addiction, creating a vicious cycle where poverty, drug dependence, and crime reinforce each other. Substances like opium, heroin, cannabis, and psychotropic drugs are commonly abused, and users of these drugs are frequently involved in various crimes including robbery, murder, and armed robbery. The Indian government's efforts to break this nexus, such as the NDPS Act of 1985, have had limited success, as drug abuse continues to fuel criminal activities. Addressing this issue requires comprehensive strategies beyond legal enforcement, including treatment and rehabilitation for addicts. The link between drug abuse and crime in India remains a significant challenge for the criminal justice system and society at large.

REASONS FOR DRUG ADDICTION: -

The development of drug addiction stems from a multifaceted combination of influences. In India, common reasons include genetic predisposition where a family history of addiction increases vulnerability. Mental health disorders such as depression, ADHD, and anxiety often drive individuals to use drugs as a form of self-medication. Peer pressure, especially among youth, compels many to experiment with drugs, sometimes as a way to fit in socially. Lack of family involvement or support and early exposure to drugs during adolescence can significantly increase the risk. Stressful life situations, childhood trauma, personal losses, and socioeconomic hardships also contribute to drug use and eventual addiction. Some individuals use drugs to escape painful realities or to cope with emotional and psychological issues, which, unfortunately, leads to dependency. The highly addictive nature of certain substances further accelerates addiction development. In India, these reasons are compounded by the availability of drugs and social factors such as unemployment and social instability.

EFFECTS OF DRUG ADDICTION: -

Drugs have different types of effects on the human body, broadly classified into categories based on how they affect the mind and body. These include:

Depressants: These drugs slow down the central nervous system,

leading to relaxation, drowsiness, reduced inhibition, and impaired coordination. Examples include alcohol, benzodiazepines, and opioids.

Stimulants: They increase the activity of the central nervous system, causing heightened alertness, energy, and elevated mood. Examples are cocaine, amphetamines, and caffeine.

Hallucinogens: These alter perception, causing visual or auditory hallucinations and distorted sensory experiences. Examples include LSD, psilocybin, and cannabis (which has mixed effects).

Inhalants: Chemicals inhaled to produce psychoactive effects, often causing brief euphoria but also severe physical harm.

Besides these functional categories, drug effects can also be divided into:

Therapeutic effects (desired medicinal outcomes)

Side effects (unintended but predictable effects)

Toxic effects (harmful outcomes, often dose-dependent)

Allergic or idiosyncratic reactions (unpredictable immune responses)

Understanding these classifications helps in studying drug impact on health and behaviour, as well as in clinical and forensic settings.

The effects of drug addiction can be summarized as follows:

Physical Health Effects:

Injuries such as scrapes, bruises, needle marks, and skin abscesses. Serious organ damage including heart disease, liver inflammation (alcoholic liver disease), kidney dysfunction, and lung diseases (chronic bronchitis, emphysema, lung cancer).

Increased risk of infectious diseases like HIV, Hepatitis B and C, especially with needle sharing. Gastrointestinal problems like nausea, vomiting, constipation, ulcers, and increased cancer risks (mouth, throat, oesophagus).

Respiratory issues including collapsed lung and pulmonary diseases. Cardiovascular problems such as heart attack, stroke, irregular heart rate, and high blood pressure.

Brain and Behavioural Effects: Changes in brain chemistry causing impaired memory, learning difficulties, and poor decision-making.

Psychological disorders including anxiety, depression, mood swings, paranoia, and psychosis.

Behavioural problems like aggression, erratic behaviour, risky actions, and social withdrawal. Long-term cognitive decline and reduced emotional regulation.

Other Impacts:

Social consequences such as job loss, legal troubles, broken relationships, and reduced quality of life. Risk of overdose and death due to respiratory depression or other toxic effects.

Physical dependence causes withdrawal symptoms alongside compulsive drug-seeking behaviour.

These effects combined make drug addiction a severe health and social problem requiring integrated treatment approaches.

METHODOLOGY

Aim of the Study: The aim of this study is to investigate the types and intensity of drugs consumed by youths in Belagavi District and to identify the geographic hotspots of drug consumption.

Significance of the Study: This research provides crucial insights into drug abuse patterns among youths in Belagavi, helping community leaders, educators, law enforcement, and policymakers to design targeted interventions. This study contributes to both academic understanding and practical solutions for youth drug abuse in the region.

Universe of the Study: The study universe encompasses youths aged 15–30 years residing in Belagavi District, including all localities, educational institutions, and communities within the district boundaries.

Objectives of the Research:

1. To study the various types of drugs consumed by youths in Belagavi District.

2. To identify the intensity of consumption of drugs by youths and identify drug hotspots in Belagavi District.

Sampling Method: Simple random sampling will be used to ensure each individual in the population has an equal probability of selection. This helps in Minimizing the bias, Strengthen and enhance the representativeness of findings.

Sample Size: For this study, a total of 100 completed responses are collected through a structured online questionnaire administered via Google Forms.

Methods of Data Collection: Data is collected using a structured Google Form questionnaire. Participants were invited to respond online, with questions covering demographics, drug use patterns, frequency and locations.

Research Type: This is a quantitative cross-sectional survey. Data gathered at one point in time across the target population to describe current patterns and associated variables.

Data Analysis Techniques: Data was summarized using descriptive statistics (frequencies, percentages), with cross-tabulation to explore associations between variables (e.g., demographic factors and drug use). Thematic coding will be applied to responses on causes and prevention.

MAJOR FINDINGS

- Demographics of respondents includes Males 61.7% (58/94), females 38.3% and most of them are youth between the age group of 18-21 years (67.2%).
- 60.8% of 97 respondents have consumed drugs/intoxicants at least once.
- Among Belagavi youth who reached user questions, alcohol topped the list with 52 mentions from 154 total drug selections (33.7%), followed by tobacco at 44 mentions (28.5%). Cannabis showed 21 users (13.6%), inhalants 16 (10.4%), and prescription medications 9%, revealing a clear ladder from beer/cigarettes up to harder substances
- Age at first use of drug; 67.2% (43/64) were between the age group of 12-18 years; peak group includes 18-21 years (67.2% of sample).
- Frequency stats include Weekly (27.2%, 18/66), occasional (24.2%, 16/66), monthly (22.7%, 15/66) and daily (15.1%, 10/66).
- Sources were Friends (42.6%, 32/75), Shops (32%, 24/75), multiple/all (14.6%).
- 47.7% (31/65) tried multiple types simultaneously which shows the polydrug usage in youth.
- Companions were mainly Friends (75.3%, 49/65) and a smaller proportion used drugs alone (16.9%).
- Hotspots where majorly drug are consumed are Parties (36.9%, 24/65), public places (23%), home (15.3%) & streets (13.8%).

CONCLUSION

This research illuminates the pervasive challenge of substance use among Belagavi's youth, where over 60% of surveyed individuals aged 15-30 have experimented with drugs or intoxicants, predominantly initiating during late adolescence between ages 12-18, with weekly patterns affecting more than a quarter and daily reliance impacting over 15%. Although a small proportion of respondents have never used intoxicants, a large majority have experimented with or regularly consume alcohol, tobacco, cannabis, inhalants, prescription medicines, and, to a lesser extent, opioids, revealing a spectrum from casual use to more risky polydrug behavior. Friends emerge as the chief suppliers for 42.6% and companions for 75.3% of users, while social hotspots like parties (36.9%) and public spaces (23%) underscore how peer-driven environments in this educational hub amplify risks, especially among the 18-21 cohort dominating the sample at 67.2%, largely males who blend multiple substances nearly half the time (47.7%). Beyond mere statistics, these patterns reveal deeper societal strains: curiosity and stress propel entry, unchecked accessibility sustains cycles, and barriers like family ambivalence, police apprehension, and scarce rehab uptake (only a handful seek centres) trap youth in isolation, eroding academic promise, familial bonds, and communities in Belagavi's evolving urban-semi-urban landscape. Addressing this demands a unified front-schools

embedding resilience workshops, families fostering open dialogues, law enforcers building trust via youth outreach, and local bodies curbing supply chains transforming hotspots into safeguards and empowering the district's vibrant young population to channel energies toward productive futures rather than perilous escapes.

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