



A Study on Drug Abuse Among Youths in North Chennai

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Abstract:

This study focuses on the growing issue of drug abuse among youth, with special reference to North Chennai. Drug abuse has become a serious social and public health problem affecting the physical, psychological, and social well-being of individuals, particularly young people. The study aims to examine the patterns, prevalence, and types of substances commonly used, as well as the factors influencing drug use among youth. The research is based on primary data collected from 150 respondents using online questionnaires. It analyzes socio-demographic factors such as age, gender, and education, along with behavioral aspects and awareness of drug-related laws. The findings highlight that substances like alcohol, tobacco, cannabis, and opioids are commonly abused, often influenced by peer pressure, family background, and social environment. The study also emphasizes the negative consequences of drug abuse, including health problems, academic decline, and social conflicts. It concludes that there is a need for increased awareness, preventive strategies, and effective interventions to reduce drug abuse among youth. Collaborative efforts from government, educational institutions, and society are essential to address this issue and promote a healthier future generation.

Keywords: *Drug Abuse, Youth, North Chennai, Peer Pressure, Narcotic Drugs, NDPS Act, Rehabilitation, Substance Use, Criminology, Lifestyle Routine Activity Theory.*

I. Introduction

Drug abuse has emerged as one of the most pressing social and public health challenges of the 21st century, cutting across geographical, demographic, and economic boundaries. In India, the scale of this problem is significant: approximately 14.6% of the population consumes alcohol, 2.8% use cannabis, and 2.1% consume opioids (Ministry of Social Justice and Empowerment, 2019). Among urban centers, North Chennai presents a particularly

acute manifestation of this crisis, with youth aged 18–30 representing the most vulnerable demographic.

The National Cancer Institute defines a drug as any substance — other than food — used to prevent or treat disease, or to alter brain and body functioning. Drug abuse occurs when a substance is consumed in a manner inconsistent with its intended medical purpose, or when its use causes harm to the individual's physical, psychological, or social well-being. The commonly abused substances in the Indian urban context include alcohol, tobacco, cannabis, opioids, inhalants, cocaine, and hallucinogens.

This study investigates the patterns of drug use among youth in North Chennai, exploring socio-demographic correlates, initiation routes, behavioral impacts, financial burden, family dynamics, legal awareness, and rehabilitation readiness. The study is framed within the Lifestyle Routine Activity Theory (LRAT), which posits that deviant behavior is a function of an individual's routine activities, social environment, and the absence of adequate guardianship.

A. Statement of the Problem

Drug abuse is a problem in public health and society, especially among young people in cities like North Chennai. Many young people are using substances such as alcohol, tobacco, and cannabis, while a growing concern exists around progression to high-risk behaviors including injection drug use. Despite stringent legislation and national campaigns, substance use among young people continues to increase, affecting physical health, mental well-being, and academic performance. The mechanisms by which youth in North Chennai access drugs, the influence of socio-demographic background, and awareness of relevant legal provisions remain insufficiently documented — creating a critical gap in designing effective preventive interventions.

B. Significance of the Study

This study identifies the prevalence of drug consumption and its accessibility among youth, and



its impact on delinquent behaviour. The findings will help determine the mode of acquisition of abusive drugs, their after-effects, the tendency to commit crimes, and the need to prevent drug peddling in North Chennai. Based on statistical examination, the study will report findings to the legal arena and aid in combating drug abuse among the young.

C. Objectives of the Study

- To examine the patterns and prevalence of drug abuse among youth in North Chennai.
- To identify the commonly abused substances among the study population.
- To study the methods of drug acquisition and accessibility.
- To analyse the socio-demographic factors influencing drug abuse.
- To assess gender-based differences in drug abuse patterns.
- To understand the behavioural and social impact of drug abuse on adults.
- To assess the level of awareness regarding drug-related laws and legislation among respondents.

II. Review of Literature

Imamuddin Khan et al. (2026) conducted a cross-sectional study at a tertiary care centre in North India comparing 50 non-injecting opioid users (NIOUs) with 50 injecting drug users (IDUs). IDUs showed significantly higher alcohol use, longer cannabis use duration, and a greater prevalence of family history of substance use. Factors such as family history, sensation seeking, impulsivity, and risk-taking behaviors were strongly associated with injection drug use. The average transition from non-injecting to injecting opioid use was 4 ± 3.3 years.

Aravinth Kr and Thilagavathi Ramamoorthy (2025) applied Social Network Analysis (SNA) to NFHS-5 data from 52,855 Indian women who reported using at least one form of tobacco or alcohol. Alcohol emerged as the most central substance in co-use networks, with paan with tobacco (31.2%), alcohol (25.6%), and gutkha (25.3%) the most prevalent. The study recommended targeting alcohol and smokeless tobacco products to disrupt co-use patterns.

Sophie G Coelho et al. (2025) employed multilevel Latent Class Analysis on 7,189 high school students in Ontario, Canada, identifying three distinct groups: no or low substance use (68.99%), moderate alcohol with occasional cannabis use (15.73%), and polysubstance use (15.28%). The findings emphasize the need for tailored

interventions addressing the diversity of adolescent substance use patterns.

Abubakar Usman and M. H. Muhammad (2023) assessed the prevalence of drug abuse among 320 students in Katsina State, Nigeria. Commonly abused substances included codeine, tramadol, and Indian hemp. Drug abuse was more prevalent among male students, and overall awareness remained relatively low.

Ankita Khamari (2021) examined underlying factors contributing to drug abuse among children in India. The study highlighted that increasing substance misuse adversely affects physical, psychological, and social development. It recommended collaboration between government agencies, specialized organizations, and NGOs for comprehensive prevention and intervention.

K. Sathyamurthi and R. Sathish Kumar (2020) noted that in India, nearly 50% of boys have experimented with at least one substance of abuse by the ninth grade. Peer circles were identified as the primary gateway to substance use. Consequences included poor academic performance, strained parental relationships, and adverse physical and mental health outcomes.

Mariam Prasad et al. (2018) studied parental attitudes toward discussing substance abuse with adolescent sons. The study found that 68% of parents maintained good communication with their children and 87% demonstrated a favourable attitude toward discussing substance abuse — indicating that parental engagement can serve as a significant protective factor.

III. Research Methodology

A. Aim of the Study

To study drug abuse among youth in North Chennai.

B. Research Design & Universe

A descriptive, cross-sectional study design was adopted. Primary data was gathered from youngsters residing in North Chennai through an online survey administered via Google Forms.

C. Sample of the Study

A total of 150 respondents were collected for the research study, comprising youth in the age groups 18–24 and 24–30 years residing in North Chennai.

D. Variables

Independent Variable: Drug Usage

Dependent Variables: Age, Gender, Education, Drug Abuser status

E. Data Collection and Statistical Analysis

Google Forms were used to gather information on an online platform. Microsoft Word and Microsoft Excel were used for preparing spreadsheets, pie charts, and bar charts. Both descriptive and



inferential statistical methods were applied to arrive at a scientific understanding of the research problem in its various dimensions.

IV. Results and Analysis

A. Socio-Demographic Profile

Table 1: Age Distribution of Respondents

Age Group	Frequency	Percentage
18–24	92	63.4%
24–30	53	36.6%

The majority of respondents fall within the 18–24 age group (63.4%), confirming that early adulthood is the peak period of vulnerability for drug abuse in North Chennai. This transition period — from structured academic environments to relatively unsupervised adult routines — is characteristic of increased risk as described by LRAT.

Table 2: Gender Distribution

Gender	Frequency	Percentage
Male	80	55.2%
Female	65	44.8%

The sample shows a relatively balanced gender distribution, with males slightly dominant (55.2%). The near-equal representation of females (44.8%) challenges the conventional assumption that drug abuse is predominantly a male phenomenon.

Table 3: Education Level

Education Level	Frequency	Percentage
Undergraduate	52	35.9%
Diploma	40	27.6%
Postgraduate	30	20.7%
Higher Education	23	15.9%

A large proportion of respondents are educated, indicating that the issue is not confined to uneducated individuals. Educational institutions may play a key role in influencing substance use behaviors.

B. Substance Use Patterns

Table 4: First Use vs. Current Use Trend

Drug Type	First Use (%)	Current Use (%)	Trend
Liquor	17.9%	17.9%	Stable
Tobacco	17.9%	13.1%	Decrease
Cigarette	16.6%	13.1%	Decrease
Weed (Ganja)	15.2%	13.1%	Decrease
Injection	13.8%	15.2%	Increase
Cocaine	11.0%	14.5%	Increase

A critical trend emerging from the data is the progressive escalation from softer substances to harder drugs. While tobacco and cigarette use showed a declining trend, the use of injectable drugs and cocaine increased — signaling tolerance-driven escalation and a significant public health risk.



Table 5: Frequency of Drug Use Per Day

Usage Frequency	Frequency	Percentage
2–3 Times	51	35.2%
Above 3 Times	50	34.5%
1 Time	44	30.3%

Most respondents (69.7%) use drugs more than twice a day, reflecting high levels of addiction and physical dependency that make recovery more difficult without structured support.

C. Initiation and Peer Influence

Table 6: Primary Reason for Drug Use

Reason	Frequency	Percentage
Peer Pressure	34	23.4%
Self-Medication	28	19.3%
Life Pressure	25	17.2%

Peer influence, identified as a contributing factor by 53.8% of respondents, and the fact that 45.5% were introduced to drugs by friends, reinforces the centrality of social networks in substance use initiation. Concerningly, 31% of respondents were first introduced to drugs by family members — pointing to intergenerational normalization of substance use.

D. Drug Use and Criminal Behavior

Table 7: Criminal Thoughts and Crimes After Drug Use

Parameter	Yes (%)	No (%)
Thought of Crime After Drug Use	51.7%	48.3%
Crime Actually Committed	51.7%	48.3%

Table 8: Types of Crimes Committed

Type of Crime	Percentage
Property Damage	26.9%
Attempt to Murder	13.1%

The study establishes a significant nexus between drug use and criminal behaviour. Property damage was the most frequently reported crime (26.9%), but the presence of attempted murder (13.1%) indicates that drug-related violence in North Chennai has reached a serious threshold. The financial burden of substance use — with over 64% spending more than Rs. 500 daily — creates economic pressure that frequently translates into acquisitive crime.

E. Family, Legal Awareness & Rehabilitation

Table 9: Family Impact and Legal Awareness

Parameter	Yes (%)	No (%)
Drug Use Within Family	50.3%	49.7%
Family Relationships Affected	57.9%	42.1%
Aware of Indian Drug Laws	59.3%	40.7%
Attempted to Quit	60.7%	39.3%



Despite 59.3% being aware of legal consequences, drug use continues — demonstrating that legal deterrence alone is insufficient as a prevention strategy. Addiction overrides fear of punishment. Encouragingly, over 60% of respondents have attempted to quit, reflecting a genuine desire for recovery that can be channelled through structured rehabilitation programs.

V. Discussion

This chapter synthesizes findings from 150 respondents in North Chennai, framed within the Lifestyle Routine Activity Theory (LRAT), which posits that deviant behaviour is a function of routine activities, social environment, and exposure to motivated offenders in the absence of adequate guardianship.

The data reveals that drug abuse in North Chennai is not a marginal phenomenon confined to socially isolated individuals. Rather, it cuts across age groups, educational levels, income brackets, and occupational categories. The finding that 63.4% of respondents fall within the 18–24 age bracket underscores the vulnerability of young adults navigating the transition from structured academic environments to the relatively unsupervised routines of adult life — a classic condition described by LRAT as increasing exposure to risk.

The progressive escalation from softer to harder substances represents an urgent warning sign. If left unaddressed, the current cohort of young users risks transitioning into severe dependency states that will burden families, communities, the healthcare system, and the criminal justice apparatus for decades. The finding that over half of respondents have engaged in criminal behaviour directly linked to drug use underlines that this is not merely a public health issue, but a public safety imperative.

The LRAT framework is particularly relevant here: the high incidence of family members who use drugs (50.3%) effectively eliminates the household as a protective environment. Furthermore, school and college settings — where most respondents began using drugs — represent spaces where peer guardianship replaces institutional guardianship, creating fertile ground for substance use initiation.

VI. Recommendations

A. For Educational Institutions

- Introduce mandatory drug awareness and life skills programmes at the school and undergraduate level, beginning no later than Grade 8.

- Deploy trained counsellors in colleges and schools in North Chennai to provide confidential support.
- Establish peer-led anti-drug clubs and student ambassador programmes.

B. For Law Enforcement and the Criminal Justice System

- Shift from purely punitive approaches to a dual-track model combining enforcement with diversion to rehabilitation programmes, particularly for first-time offenders.
- Target decentralized peer-based drug distribution networks through intelligence-led policing.
- Increase awareness of NDPS Act provisions through community outreach.

C. For Government and Policy Makers

- Establish dedicated, gender-sensitive de-addiction and rehabilitation centres in North Chennai.
- Develop and fund community-based income-generation programmes in lower-income areas.
- Launch public awareness campaigns that normalize help-seeking behaviour and reduce stigma.

D. For Healthcare and Rehabilitation Providers

- Prioritise mental health support alongside physical de-addiction, given that frustration (26.9%) and anger (25.5%) are the most common withdrawal symptoms.
- Develop structured relapse-prevention programmes for the 60.7% who have already attempted to quit but were unsuccessful.
- Integrate screening for substance use disorders into routine primary health check-ups at government hospitals in North Chennai.

VII. Conclusion

This study has provided a detailed and evidence-based portrait of drug abuse among youth in North Chennai. Through primary data collected from 150 respondents, the research has demonstrated that substance use in this region is a complex, multi-dimensional problem rooted in peer dynamics, family environment, financial vulnerability, and the structural conditions of urban life. The findings dispel simplistic narratives: drug abuse in North Chennai is not confined to the economically marginalized, the uneducated, or a single gender.

The progressive escalation from softer to harder substances — with cocaine and injectable drug use increasing over time — represents an urgent warning sign. Encouragingly, over 60% of



respondents have already attempted to quit — a willingness that, when met with appropriate institutional support, can translate into meaningful recovery.

The Lifestyle Routine Activity Theory provides a useful analytical lens: the daily routines of youth in North Chennai place them in proximity to motivated suppliers, in the absence of adequate guardianship, during the most psychologically formative years of their lives. Addressing drug abuse in this region therefore requires transforming those routines — providing meaningful educational engagement, stable employment pathways, safe recreational spaces, and strong family and community bonds.

In conclusion, a coordinated, multi-sectoral response is imperative — one that brings together the Government of Tamil Nadu, law enforcement agencies, educational institutions, healthcare providers, NGOs, and community leaders. Drug abuse among youth in North Chennai is a preventable tragedy. With the political will, institutional commitment, and community engagement that the evidence demands, it is also a surmountable one.

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