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Substance Abuse Among Adolescents and Young Adults: A Cross-Sectional Study of Prevalence and Patterns in Agartala, India

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Abstract

Substance abuse in Agartala, Tripura, represents a critical and growing public health challenge, influenced by a complex interplay of individual, social, and structural factors. This study employs a descriptive survey method, utilizing snowball sampling to gather data from 44 individuals with substance use disorders in Agartala. The findings reveal that the typical user is a young (18-27 years), highly educated, unmarried male from a Scheduled Tribe background, challenging common socio-economic stereotypes. Initiation primarily occurs during adolescence (ages 15-18), driven by curiosity, peer influence, the pursuit of happiness, and the use of substances as a coping mechanism for psychological distress such as depression and anxiety. High-frequency use, polysubstance abuse, and a significant loss of control over consumption are prevalent, leading to severe personal and familial consequences, including guilt and family neglect. The study underscores the powerful role of psychosocial motivations and environmental factors, such as easy drug access and permissive social norms, while highlighting significant gaps in localized research and the evaluation of intervention programs in the region. The results advocate for multi-dimensional prevention and rehabilitation strategies tailored to Agartala's unique socio-cultural and geopolitical context.

KEYWORDS: Substance Abuse, Agartala, Psychosocial Factors, Youth, Public Health, Risk Factors

INTRODUCTION

The issue of substance abuse in Agartala is a complex public health challenge that must be understood through a multi-dimensional conceptual framework, moving beyond a simplistic view of it as a personal moral failure. At its core, substance abuse is defined as the harmful or hazardous use of psychoactive substances, leading to significant health, social, and economic impairment, often progressing into a dependence syndrome characterized by a loss of control over use and continuation despite negative consequences.

Substance abuse has increasingly become a critical health, social, and policy concern in India, and its prevalence is growing in urban and semi-urban areas such as Agartala, the capital of the state of Tripura. The state has recently witnessed a surge in drug-related cases: between 2022 and 2024, 1,636 NDPS (Narcotic Drugs and Psychotropic Substances) cases were registered and 2,677 individuals arrested. In 2024 alone, law enforcement seized large quantities of cannabis, cough syrup, and heroin (Northeast Today, 2025). Government and health authorities also report that 5,520 injection drug users have availed

services under the Opioid Substitution Therapy (OST) programme, with 612 individuals successfully completing treatment and being reintegrated as of early 2025 (Tripuranet News, 2025).

These trends suggest that substance abuse in Agartala is influenced not just by individual factors but by socio-economic, familial, and environmental determinants. Empirical evidence from India supports the role of family and peer influences. For example, Srivastava et al. (2021) found that adolescent boys are over twice as likely to use substances if a family member does, and community substance use also elevates risk. Similarly, a study in West Bengal identified that family members and peers significantly contribute to both the initiation and continuation of substance use, with initiation ages in many cases as early as 12–14 years (Tsering & Pal, 2009). Other research has consistently highlighted how parental and peer behaviors play a critical role in adolescent alcohol and substance use (Windle, 1989).

From a theoretical standpoint, several frameworks help in understanding the phenomena in Agartala. **Social Learning Theory** (Bandura, as cited in Srivastava et al., 2021) posits that substance-using behavior is acquired by observing and imitating role models (peers, family, media), and that reinforcements (social acceptance, perceived benefits) increase likelihood of continuance. **Strain Theory** (Merton, as applied in Eitle et al., 2013) holds that societal expectations (goals) may outpace legitimate opportunities for some sections of society. Those who experience socio-economic disadvantage, unemployment, or perceived failure may experience strain, which sometimes leads to deviant coping strategies including substance abuse. Similarly, the **Public Health Model** conceptualizes substance abuse as arising from an interplay of the *agent* (type of substance, potency), *host* (individual vulnerabilities such as genetic, psychological, or developmental factors), and *environment* (availability, social norms, economic hardship, policy/regulation).

Given Agartala's specific features—proximity to international borders (possible ease of illicit substance inflow), evolving urban life, economic inequality, youth unemployment, and changing social norms—these theoretical lenses help explain why substance abuse may be increasing and why it manifests in specific patterns (e.g., injectable drug use, involvement of adolescents).

Thus, a study of substance abuse in Agartala needs to map out not only the **prevalence and patterns** of substance use but also explore **familial, peer, socio-economic, and structural variables**, informed by theories like Social Learning and Strain. Understanding these will be crucial to design local prevention, policy, and rehabilitation strategies.

REVIEW OF LITERATURE

Substance abuse is a complex bio-psycho-social disorder that poses a significant threat to public health, social stability, and economic development globally. While often studied in the context of major Indian metropolises, the problem has been steadily permeating smaller cities and towns, with Agartala, the capital of Tripura, being a poignant case. Nestled in India's North-Eastern region, Agartala presents a unique socio-cultural and geopolitical landscape that influences its substance abuse patterns. This literature review aims to synthesize existing knowledge on substance abuse, with a specific focus on the emerging crisis in Agartala. It will explore the national and regional context, identify the types of substances abused, analyze the causative and risk factors, examine the consequences, and evaluate the existing intervention strategies, thereby highlighting the critical gaps that necessitate further research.

The National and North-Eastern Context of Substance Abuse in India

Globally and within India, substance abuse is recognized as a major public health issue. Studies by the Ministry of Social Justice and Empowerment (MoSJE) and the National Drug Dependence Treatment

Centre (NDDTC) at AIIMS have provided a macro-level picture. The "Magnitude of Substance Use in India" report (2019) revealed that alcohol is the most common psychoactive substance used, followed by cannabis and opioids. The North-Eastern states of India, including Tripura, have consistently reported higher-than-national-average prevalence of alcohol and drug use (Ambekar et al., 2019). This region's vulnerability is often attributed to its porous international borders (with Myanmar, Bangladesh, and Bhutan), ethnic insurgencies, and socio-economic challenges.

Research by Mahanta et al. (2016) and Sarkar et al. (2017) has highlighted that the North-East serves as both a transit route and a consumption market for illicit drugs. The proximity to the "Golden Triangle" makes it susceptible to the influx of heroin and synthetic drugs, while local cultivation of cannabis is also prevalent.

The Specific Landscape of Substance Abuse in Agartala and Tripura

While data specific to Agartala is limited, state-level studies and reports from government and non-government organizations provide crucial insights.

Patterns and Prevalence: A study conducted by the Tripura State AIDS Control Society (TSACS) and research from Agartala Government Medical College (AGMC) indicate a shifting pattern of drug use. There is a noticeable transition from traditional substances like alcohol and cannabis to more potent and injectable drugs, notably heroin (brown sugar) and pharmaceutical opioids (e.g., codeine-based syrups, buprenorphine). A worrying trend, as noted in a report by The Sangbad (a local daily), is the rising incidence of Poly-drug Use, where individuals consume multiple substances to enhance or modulate effects.

Vulnerable Populations: Literature identifies several key vulnerable groups in Agartala:

Youth and Adolescents: Students and unemployed youth are highly susceptible, with peer pressure, academic stress, and curiosity being major initiating factors (Das & Deb, 2020).

Injecting Drug Users (IDUs): Agartala has a significant population of IDUs, which elevates the risk of blood-borne infections like HIV and Hepatitis C. TSACS data has consistently focused on this group for targeted interventions.

Border Populations: Individuals living in and around the India-Bangladesh border areas in the Agartala vicinity are at a higher risk due to easier availability of contraband.

RESEARCH GAP AND RATIONALE

While studies across India have extensively documented the patterns, causes, and consequences of substance abuse, there is limited localized research focusing specifically on Agartala, Tripura. National-level surveys such as the *National Drug Use Survey* and state-level police and health reports provide statistical evidence of rising drug use and trafficking, but they often lack in-depth sociological and psychological insights into the lived realities of users in this region. Most academic studies in India have concentrated on larger states such as Punjab, Uttar Pradesh, and West Bengal (Srivastava et al., 2021; Tsering & Pal, 2009), leaving northeastern states relatively underrepresented despite their geographical vulnerability to cross-border drug trafficking.

Another gap lies in the integration of theoretical perspectives with empirical realities in the Tripura context. While Social Learning Theory, Strain Theory, and the Public Health Model have been widely applied to substance abuse studies elsewhere (Eitle et al., 2013; Windle, 1989), very few studies have examined how these frameworks operate in small urban centers like Agartala, where socio-economic pressures, border trade, and cultural transitions intersect.

Moreover, although government initiatives such as the Opioid Substitution Therapy (OST) programme have reported some success (Tripuranet News, 2025), there is limited research evaluating the effectiveness of these interventions in terms of long-term rehabilitation, community reintegration, and reduction in relapse rates. Existing reports focus on numbers treated, but do not provide adequate qualitative insights into user experiences, stigma, or barriers to accessing services.

Finally, youth-specific dynamics remain underexplored. While studies highlight the role of family and peer influence in early initiation (Tsering & Pal, 2009; Srivastava et al., 2021), there is little empirical data on how adolescents and young adults in Agartala perceive substance use in the context of rapid urbanization, changing social norms, and unemployment.

METHODOLOGY

The research adopted a descriptive survey design. A sample of 44 drug abusers was selected from Agartala, Tripura, using snowball sampling, a non-probability technique. Data collection was conducted using a combined method of questionnaires and interview schedules.

ANALYSIS AND INTERPRETATION OF DATA

1. Demographics of Drug and Alcohol Abusers

The demographic profile of the surveyed individuals struggling with drug and alcohol abuse reveals a distinct and concerning pattern. The vast majority of these respondents are young adults, with (63.6%) falling within the 18-27 age bracket, and are predominantly male, accounting for (86.4%) of the sample. In terms of family background, most come from moderately sized households of five to six members. Ethnically, the data shows a significant overrepresentation, as (86.4%) of users identify as belonging to Scheduled Tribes. Religiously, just over half (54.5%) are of the Christian faith. Contrary to assumptions that substance abuse is linked to low education, a striking (59.1%) of these users hold Graduate or Post-Graduate degrees, indicating a high level of formal education. Their marital status is largely unmarried (63.6%), and their employment situation is evenly split, with half of the respondents employed and the other half unemployed.

2. Opinions of Drug and Alcohol Abusers

The respondents' opinions on the factors leading to their substance use highlight a powerful combination of psychosocial motivations and environmental influences. An overwhelming majority cited internal drivers such as joy-seeking (91%) and teenage curiosity (81%) as primary reasons for initiation. However, social pressure and circumstance played an even more critical role, with (90.9%) reporting that they first started because of a friend's offer. Furthermore, a permissive environment was a significant factor, with many stating that too much free time (77.3%) and the easy access to drugs (68.2%) facilitated their use. Compounding these issues is a concerning gap in awareness, as (68.2%) admitted they began using due to a lack of knowledge about the severe complications and health risks associated with drug and alcohol abuse.

3. Respondents' Knowledge about Drugs and Usage

The data on respondents' knowledge and usage patterns reveals critical details about their initiation, habits, and the powerful grip of substance abuse. A significant majority (59.1%) first experimented with drugs or alcohol between the ages of 15 and 18, with their first substances being heroin, opium, hashish, and notably, alcohol, which was the gateway for (54.5%). Their current usage is frequent and often concealed, with (40.9%) consuming substances more than once daily and (68.2%) primarily using in isolated places.

The most common method of administration is smoking (54.5%), while a smaller portion use more invasive methods like sniffing or injecting (31.8%), and (45.5%) engage in polysubstance abuse, using more than one drug at a time. The addictive and destructive nature of this dependency is starkly evident: (68.2%) feel unable to stop even if they wanted to, and this loss of control has profound personal consequences. An overwhelming (96%) report complaints from family or spouses, (86.4%) acknowledge neglecting their families, and (90%) are burdened by feelings of guilt about their use.

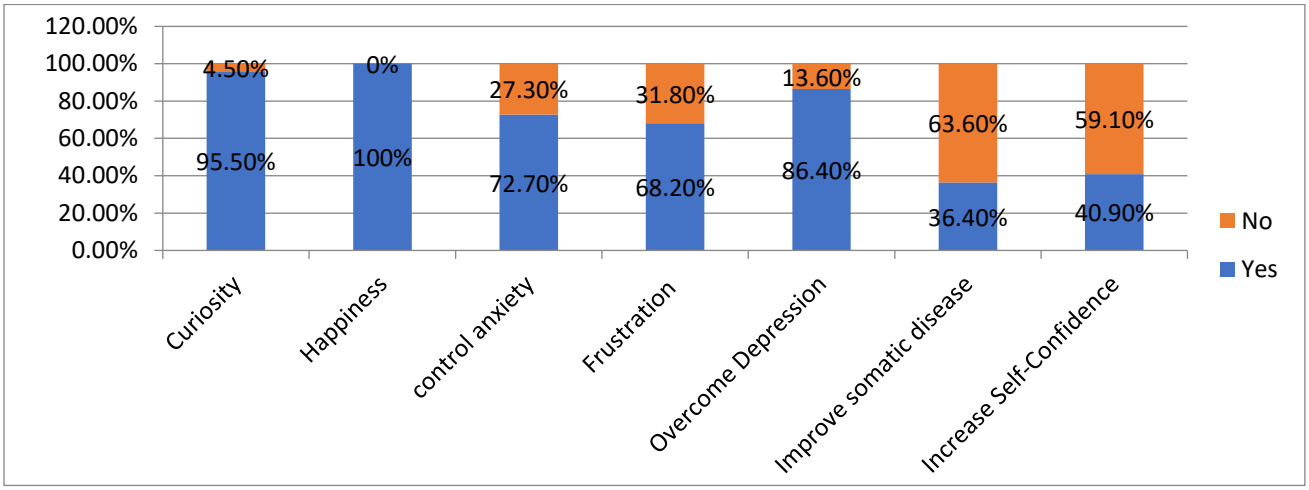
4. Reasons cited by Drug and Alcohol Abusers for Using Drugs

The respondents' reasons for using drugs reveal a complex interplay of emotional coping, social influence, and misconception. The pursuit of positive feelings is a near-universal driver, with every respondent (100%) citing the desire for happiness, and (95.5%) listing curiosity. However, a more poignant narrative emerges around the use of substances as a mechanism to manage psychological distress. A significant (86.4%) use drugs to overcome depression, (72.7%) to control anxiety, and (68.2%) due to frustration over unfulfilled dreams. Furthermore, familial and social factors exert strong pressure, with peer pressure (81.8%) and the societal acceptance of certain drugs like alcohol (86.4%) being major influences. A critical finding is the role of misinformation, as (86.4%) believe drugs can improve learning ability and (77.3%) attribute their use to ignorance of the dangers. Less prevalent but still notable reasons include a lack of parental care (40.9%), poor economic conditions (36.4%), and the need to cope with academic pressures like exam stress (36.4%) and other challenges (27.3%).

OTHER REASONS FOR USING DRUGS/ALCOHOL

a) Personal Related Reasons

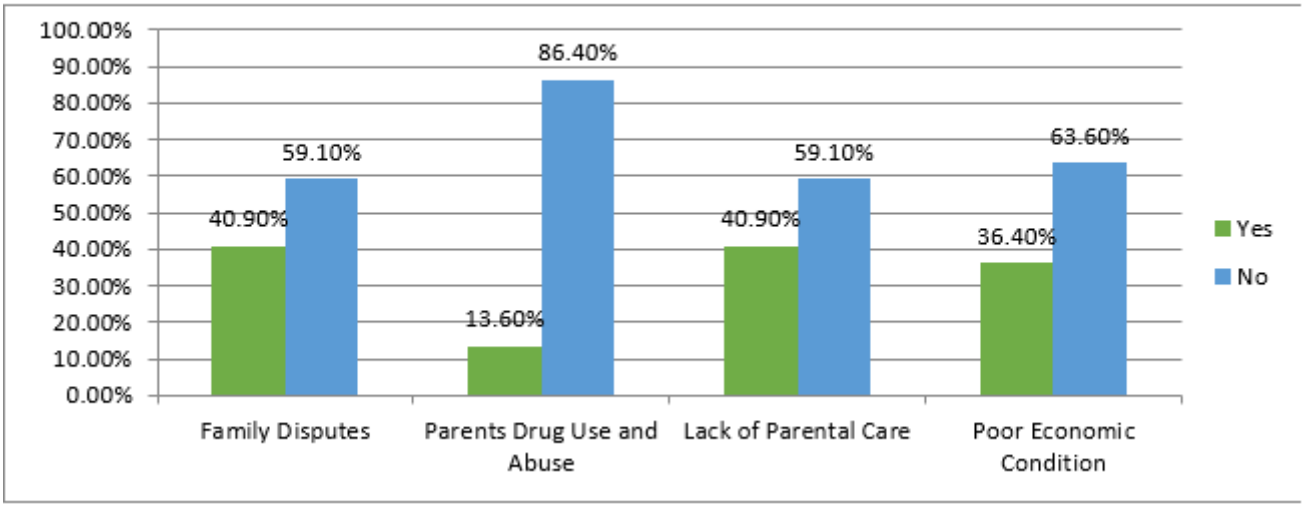
1. Graphical Representation of Reason for Using Drugs



As illustrated in Graph 1, all respondents (100%) reported using drugs to experience happiness and joy. The next most common reasons were curiosity (95.5%) and to overcome depression (86.4%). Furthermore, substantial proportions used drugs to control anxiety (72.7%), overcome frustration (68.2%), and improve somatic diseases (63.6%). The least cited reason was to increase self-confidence (40.9%).

b) Family related Reason

2. Graphical Representation of Family related Reason for Drug Use

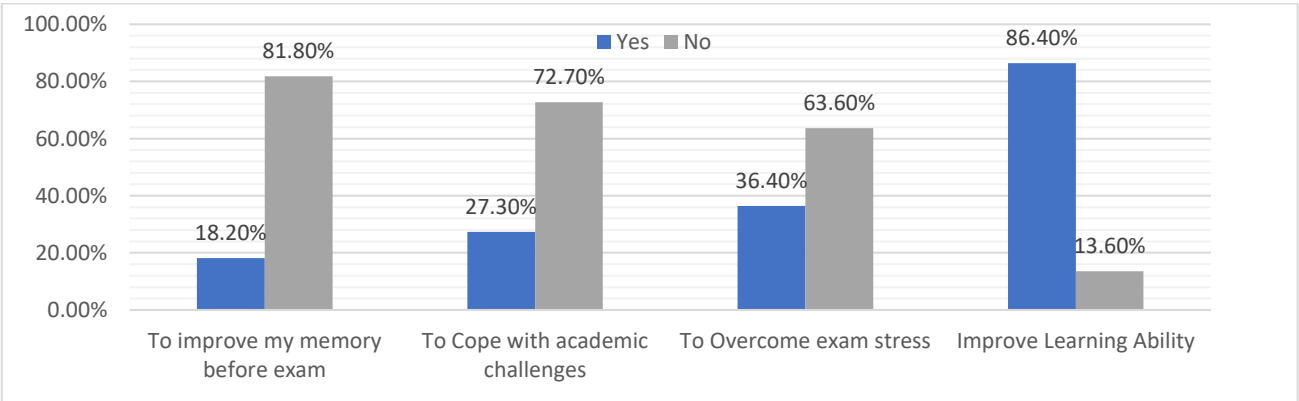


As presented in Graph 2, family-related issues were reported as a factor in drug use for a subset of respondents. The most cited familial factors were lack of parental care and family disputes (both 40.9%), followed by the family's poor economic condition (36.4%). A small proportion (13.6%) reported parental drug use as a factor.

Conversely, the majority of respondents did not attribute their drug use to these specific family problems. Most reported no lack of parental care (59.1%), no parental drug abuse (86.4%), and that poor family economics was not a factor (63.6%). When asked directly, 59.1% of respondents stated that family-related problems, in general, were not a reason for their drug use. Synthesizing these findings, it is evident that while familial issues are a contributing factor for a significant minority, they are not the predominant driver for the majority of respondents.

b) Academic related Reason

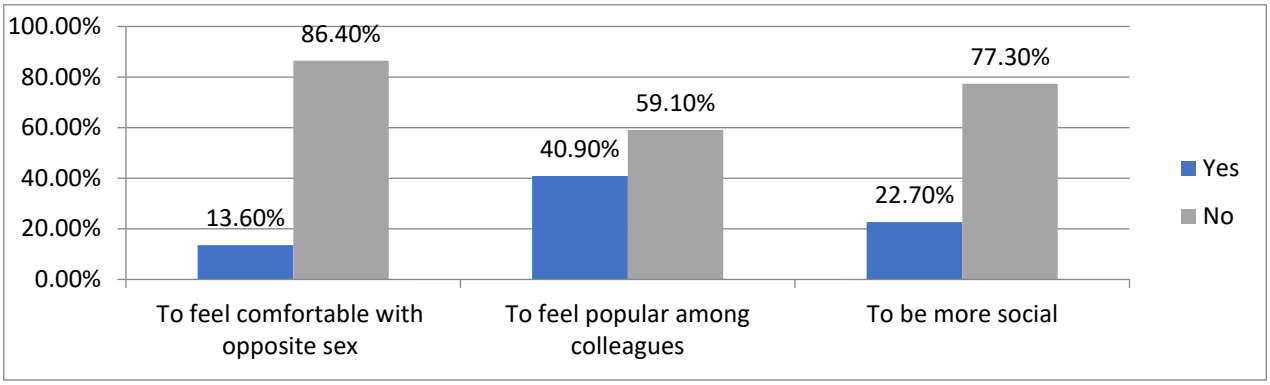
3) Graphical Representation of Academic related Reason



As revealed in Graph 3, the primary academic-related reason for drug use was to improve learning ability, reported by a large majority of respondents (86.4%). Other academic pressures were less common motivators: (36.4%) used drugs to overcome exam stress, (27.3%) to cope with general academic challenges, and only (18.2%) to improve memory.

d) Social related Reason

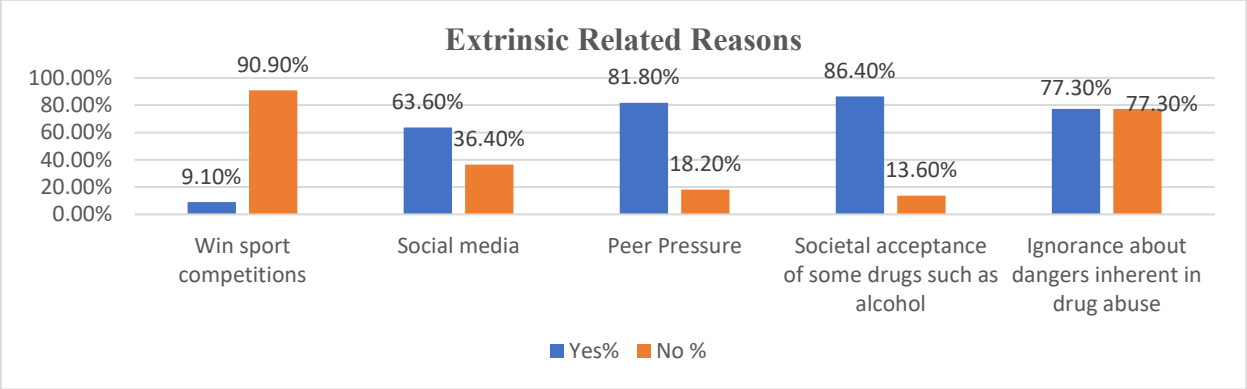
4. Graphical Representation of Social Related Reason for Taking Drugs



Graph 4 presents social reasons for drug use, though the reported percentages (40.9%, 22.7%, and (13.6%) suggest respondents could select multiple reasons. The most cited motivation was to feel popular among colleagues (40.9%), followed by easing social inhibitions (22.7%) and feeling comfortable with the opposite sex (13.6%).

c) Extrinsic Related Reasons

5. Graphical Representation of Extrinsic Related Reasons for Taking Drugs



Graph 5 identifies several key influences on youth drug use, with socio-cultural factors being the most prominent. Peer pressure was the most significant factor (81.8%), followed closely by culturally accepted practices (86.4%) and broader social influence (63.6%). A substantial majority (77.3%) also cited ignorance of the dangers of drug use as a reason. In contrast, the motivation to win sports competitions was a minor factor (9.1%).

Types of Drugs and Intoxication Taken for the First Time

The study found that (40.9%) of the respondents took Heroin and Opium for the first time, while (27.3%) used Hashish and the rest (9.1%) used LSD, Cocaine and Shireh which is an Opium extract. It came to light that the substances used by first time users of such alcohol was (54.5%), bedi (18.2%), Ganja (9.1%) and other drugs brown sugar, cough syrup and Marijuana (4.5%) each. Hence, alcohol and bedi are the first intoxicants which introduce users to other more severe/stronger drugs.

Discussion of Results

The profile of the typical drug or alcohol abuser in this study is a young, unmarried male from a Scheduled Tribe background, aged 18-27, who is surprisingly well-educated, holding a graduate or post-graduate

degree. This challenges common stereotypes, as a high level of education (59.1%) did not serve as a protective factor. Furthermore, the population is evenly split between employed and unemployed individuals, suggesting that drug abuse cuts across economic activity status.

The initiation into substance use is strongly linked to adolescence and social influences. A significant majority (59.1%) first used drugs between the critical ages of 15 and 18. The primary reasons for use are deeply rooted in psycho-social factors: the universal pursuit of happiness (100%), curiosity (95.5%), and coping with negative emotions like depression (86.4%) and anxiety (72.7%). Peer pressure is a dominant force, with (90.9%) starting use due to a friend's offer and (81.8%) citing it as a reason. Furthermore, a perceived societal acceptance of drugs like alcohol (86.4%) and media influence (63.6%) create an environment conducive to experimentation.

The patterns of use reveal a deeply entrenched and problematic behavior. A high-frequency use is evident, with (40.9%) consuming drugs more than once a day. The preferred method of administration is smoking (54.5%), and a concerning (45.5%) abuse more than one substance simultaneously, increasing health risks. The clandestine nature of the habit is highlighted by the fact that (68.2%) use drugs in isolated places. Most alarmingly, a majority (68.2%) report an inability to stop using even when they want to, indicating a high level of dependency and loss of control.

Despite their dependency, users demonstrate a significant degree of self-awareness and experience negative social consequences. An overwhelming (90%) feel guilty about their drug use, and (96%) face complaints from their parents or spouse. This external pressure is compounded by self-admitted neglect of family responsibilities, reported by (86.4%) of respondents. This creates a cycle where drug use damages family relationships, which may in turn exacerbate the underlying emotional issues that fuel the addiction.

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