

Udta Haryana: Substance Use Among Youth and Emerging Public Health Challenges

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ABSTRACT

Background: Substance use is a key public health issue in India, where alcohol, cannabis and opioids are key substances of use. The focus on Haryana has been supported by the fact that state-level estimates indicated a high level of burden of opioid and other substance use. This issue is particularly alarming in the case of adolescents and youths since the early age of initiation could have some negative consequences on education, psychological, social and physical growth. Purpose: To investigate the scale and trend of substance use in Haryana, especially among the youth and adolescents, and to gauge its emerging public-health consequences, treatment requirements and prevention responses. Methods: A secondary level of data analysis was conducted based on publicly available data from the National Survey on Extent and Pattern of Substance Use in India conducted by the National Drug Dependence Treatment Centre (NDDTC), AIIMS, New Delhi; Government of India and Haryana Government reports; and peer-reviewed articles discussing substance use among adolescents and youth in Haryana. Haryana and national and neighbouring-state estimates were compared descriptively. Recent enforcement and prevention data were analysed independently of prevalence estimates. Findings: The national survey reported an estimate of current alcohol use among adults aged 18 to 75 years in Haryana at 25.2%, cannabis use at 7.44%, opioid use at 8.91%, sedative use at 3.05% and inhalant use at 2.20%. The prevalence of opioid use in Haryana was significantly greater than the national estimate of 2.1% in adults. Localised youth studies also indicate a strong burden locally, as peer influence comes out as a major factor related to this across various community-based studies. More up-to-date state enforcement data indicate that Haryana registered 3,738 NDPS FIRs in 2025 compared to 3,051 cases between January and November 2024, but enforcement data does not imply prevalence of substance use. Conclusion: There is available evidence of a significant substance-use burden in Haryana and the disposition of adolescents and young people to be vulnerable. The results are in favour of reinforcing prevention, early detection, youth-based counselling, evidence-based treatment and rehabilitation and community-based intervention. Longitudinal population-based research is necessary to establish whether there is a real increase in substance use over the years.

Keywords: Haryana, substance use, drug addiction, youth, adolescents, opioids, cannabis, alcohol, public health, drug prevention, rehabilitation.

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INTRODUCTION

The use of substances is a significant public-health issue as it may have physical, psychological, social and economic impacts on individuals, families and communities. Alcohol is the most used psychoactive substance in India, after cannabis and opioids. According to the Government of India, NDDTC, AIIMS, New Delhi, conducted the first National Survey on the Extent and Pattern of Substance Use in India, which was released in 2019 (Ambekar et al., 2019). The survey gives one of the most extensive nationally comparable collections of state-level substance-use estimates.

The national survey estimated that about 16 crore Indians drink alcohol, 3.1 crore use cannabis products and 2.26 crore use opioids (Ambekar et al., 2019). It is also

estimated that millions of people need help due to abusive or addictive substance use.

Haryana is a significant context in which one can investigate this issue. The national survey estimates that 25.2% of adults aged 18- 75 years in Haryana currently consume alcohol, which is equivalent to about 48.79 lakh individuals. The current cannabis use was estimated to be 7.44 or about 14.40 lakh users, and the current opioid use was estimated to be 8.91 or about 17.25 lakh users. The prevalence of sedative use and inhalant use was estimated to be 3.05 per cent and 2.20 percent, respectively (Ambekar et al., 2019).

The opioid estimate is particularly notable. The national adult estimate was 2.1%, and the Haryana estimate was 8.91%; that means that the burden is much higher in the

state. Haryana is perpetually mentioned, together with Punjab and Delhi, as the states where more than half of the estimated number of opioid-dependent people in the country are found, and where the number of people who inject drugs (PWID) is the highest (Ambekar et al., 2019). The minor variations in reported figures across tables of the official figures indicate variations in denominators and must be considered in relation to the table applied.

The problem is not restricted to adults. Adolescence is a crucial time to be targeted by prevention since the use of the substance could start in the school-going years and later become established. Previous studies among school- and college-going adolescents in Haryana revealed that current smoking was present in a significant minority of respondents and that peer and family smoking was linked with smoking among adolescents (Kapoor et al., 1995).

Evidence based on communities in the neighbouring high-prevalence states also indicates a high burden locally. Srivastava et al. (2021) used data from the Lives of Adolescents and Young Adults Survey (UDAYA) to discover that 16 per cent of adolescent boys in Uttar Pradesh and Bihar used at least one substance, and use of the substance was significantly greater among school dropouts compared to school-enrolled adolescents and strongly correlated with family substance use. Although the study was not done in Haryana, the results are applicable in the state as Haryana is similar in terms of risk profile, such as high rates of peer-introduced substance use, and geographically and culturally adjacent to these high-prevalence states.

The state has reacted by providing prevention, awareness, treatment and rehabilitation programmes. The Department of Social Justice and Empowerment of Haryana lists a specific state prevention, treatment and rehabilitation framework, and outlines interventions based on educational institutions, adolescents, community-based peer programmes and treatment services.

Most recently, Haryana has stepped up its anti-drug campaigns. According to official and media reports, the activity of enforcement was significant in 2025, with thousands of NDPS cases and arrests (PTI, 2026; Thakur, 2026). But these measures of law-enforcement activity, not prevalence, and rising FIRs or arrests alone cannot prove that drug use is rising.

Hence, the current paper summarises the existing data on substance use in Haryana, especially among youth, and reflects on the issues of the impact on population health, prevention, treatment and rehabilitation.

Objectives of the Study

- The study aims to investigate the prevalence and trend of substance use (alcohol, cannabis, opioids, sedatives and inhalants) among the general adult population of Haryana, based on nationally comparable survey data.
- To determine the particular burden of substance, use among adolescents and youth in Haryana, relying on existing community-based and school-based research.

- To examine recent (2024-2025) law-enforcement and administrative statistics of drug trafficking and possession in Haryana, separating enforcement trends and prevalence trends.
- To determine new public-health consequences, gaps in treatment and prevention, specifically youth-oriented interventions.
- To demonstrate gaps in the existing body of evidence and to suggest future research directions.

METHODS

The design of this paper is a narrative secondary-data synthesis. The sources used to draw data were split into four categories: (1) the National Survey on Extent and Pattern of Substance Use in India, conducted by NDDTC, AIIMS, New Delhi, on behalf of the Ministry of Social Justice and Empowerment, which is the only nationally representative and state-disaggregated household survey of substance use in India (Ambekar et al., 2019); (2) Government of India and Government of Haryana administrative reports, such as press releases of the Haryana Police, the Haryana State Narcotics Control Bureau (HSNCB) and the Department of Social Justice and Empowerment; (3) peer-reviewed, published studies on substance use in school-going and community-residing adolescents and youth in Haryana and similar north Indian contexts; and (4) news articles published in English in 2024-2026 in established national and regional publications that report official enforcement rates.

Since the official reports published publicly on Haryana report prevalence rates at the state level with slightly different denominators and reference periods across tables, this paper reports the particular percentage with the relevant table or source where possible, and notes any discrepancy, as opposed to arithmetically reconciling the numbers. The data on enforcement (FIRs, arrests, seizures) was not applied as a proxy measure of underlying prevalence, as is customary in the drug-policy literature: it was assumed to be a measure of administrative and policing action. Because of the design of the narrative synthesis, there was neither a formal risk-of-bias evaluation nor a meta-analytic pooling done; results are reported in a descriptive manner.

RESULTS

Magnitude of Substance Use Among Adults in Haryana
According to the NDDTC-AIIMS national survey, it was estimated that presently, one-fourth of the adults aged 18-75 years in Haryana were alcohol drinkers, which is equivalent to 25.2 per cent or around 48.79 lakh individuals. The estimates were for current cannabis use (7.44%, i.e. approximately 14.40 lakh users) and current opioid use (8.91%, i.e. approximately 17.25 lakh users). The estimates of sedative use (non-medical, non-prescription) and inhalant use were 3.05 and 2.20, respectively (Ambekar et al., 2019).

The most notable discovery to the state is its opioid figure. The estimated current opioid use of 8.91% in Haryana is over four times higher than the national average, with a national adult estimate of about 2.1%.

This positions Haryana alongside Punjab and Delhi as one of a few groups of north Indian states that collectively comprise over half of the projected number of opioid-dependent citizens nationwide (Ambekar et al., 2019). Haryana is also found to have a high number of people estimated to inject drugs, which is the trend linked to a high risk of blood-borne diseases such as HIV and Hepatitis B and C (Ambekar et al., 2019).

Burden Among Adolescents and Young People

Although adolescent-based evidence has more narrow scopes than the national adult survey, it is indicative of local risk. Kapoor et al. (1995) studied the prevalence of tobacco use in school- and college-going adolescents in Haryana, and found a non-trivial percentage of current smokers, peer and family smoking behaviour linked to the individual use of the adolescent in the study - a trend that has been confirmed with the same pattern in succeeding studies in India.

This picture is supported by more recent multi-state evidence. In an analysis of the Understanding the Lives of Adolescents and Young Adults (UDAYA) survey data of 5969 adolescent boys aged 10-19 years in Uttar Pradesh and Bihar, Srivastava et al. (2021) discovered that 16% used one or more substances (tobacco, alcohol, or drugs), with an increasing proportion to 40 percent among school dropouts. The risk of using substances use were more than twice as high among boys whose family members were also substance users, and using substances in the immediate community, in turn, enhanced personal risk. Even though this evidence comes not only out of Haryana but across neighbouring states, the importance of peer and family substance use as a risk factor is directly applicable to prevention planning in Haryana, where such a sociocultural and family setup is dominant.

A study conducted in Nuh recently looked at 322 male adolescents in the age group of 15–19 years in rural Nuh. The substance-use prevalence was 44.7%. Moreover, prevalence of tobacco was reported to be the highest at 41.9%. About 35.44% of substance users reported peer influence highlighting the significance of peer and community influence on substance use behaviour among adolescents of rural southern Haryana (Kumar et al. 2024).

It should be noted that these findings represent estimates from specific rural samples and not representative prevalence estimates of the entire Haryana state. However, the persistent nature of high prevalence and the prominent role of tobacco and peers highlight the need for school-, college- and community-based preventive efforts among adolescents in high burden areas.

When combined with the existing evidence on adolescent-specific factors, even following this conservative exclusion, the evidence would suggest that youth in Haryana and similar north Indian states face a significant risk of substance use, which is highly influenced by peer pressure and family history of

substance use, and that begins with tobacco, followed by other substances.

Recent Enforcement Trends (2020–2025)

Data on administrative reports provided by the Haryana Police and the Haryana State Narcotics Control Bureau indicate that enforcement has significantly increased in the last two years. In 2025, Haryana recorded 3,738 cases that were prosecuted under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, which led to 6,801 arrests and the seizure of about 55 kg of heroin and 220 kg of charas (Press Trust of India, 2026). This is in contrast to 3,051 cases and 4,652 arrests that have been recorded between January and November 2024 (Tribune News Service, 2024). The state has recorded a total of 20,519 FIRs pursuant to the NDPS Act and a total of 35,207 persons accused of crimes between 2020 and 2025 (PTI, 2026).

There was also an increase in commercial-quantity cases, which are generally organised trafficking networks as opposed to individual possession: 457 commercial NDPS cases were registered in 2025 alone, the highest number in the previous six years, leading to 1,227 arrests (PTI, 2026). Between 2022 and 2025, 147 habitual offenders were targeted with preventive detention under the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988 (PIT-NDPS Act) (PTI, 2026). The state government has also acted to interfere with the financial systems of trafficking networks, tying up or confiscating assets valued at several crore rupees, and has even set up more fast-track courts to speed up NDPS trials (Thakur, 2026).

These figures of enforcement should be viewed with care. Increased cases of registration and arrest could indicate an increase in the vigour of policing, better intelligence-led targeting of previously obscured trafficking networks, administrative prioritisation, and not necessarily an increase in the actual prevalence of substance use among the population (ANI, 2025). Enforcement trends alone cannot determine whether consumption is increasing, decreasing or remaining constant without repeated population-based prevalence surveys.

Evidence from Clinical and De-addiction Centre Studies in Haryana

In addition to population-based survey data, an increasing amount of clinical and facility-based research, carried out in Haryana, can be used to give a complementary and more granular view of the substance-use profile of the state. Among the first to study this, Meena et al. (2002) in urban Rohtak surveyed 4,691 residents aged 14 years and above with the help of a WHO-based questionnaire and discovered an overall prevalence of alcohol and substance abuse of 19.78, with the greatest proportion of users (42.41) falling between the ages of 25 and 34 years. This initial indication already indicated that substance use in Haryana was not a preserve of older adults but spilt over to the young-adult age group.

Another facility-based study, which was carried out at the de-addiction centre of Pt. B.D. Sharma Post-Graduate Institute of Medical Sciences (PGIMS), Rohtak, studied 521 patients who attended the centre between March 2011 and March 2012 and described the socio-demographic and diagnostic profile of substance-dependent patients in the state, which they found was generally similar to, although not the same as, patterns reported at other Indian de-addiction centres.

A more comparatively descriptive study conducted by Kapoor et al. (2019) investigated opioid dependence in three high-burden states (Haryana, Punjab and Rajasthan), recruiting 540 patients with opioid dependence in the local de-addiction centres in Gurugram (Haryana), Mohali (Punjab) and Jodhpur (Rajasthan) in the period between January 2016 and December 2017. Among them, 202 patients were recruited at the Haryana centre. The researchers discovered that the most common opioid among a vast majority of the patients in all three states was opium or poppy husk (bhukki or afim), and the consumption of heroin was observed in the minority but still significant. Patients were mostly men, married, above matriculation level of education, and with a mean dependence period of 9 to 10 years - meaning that dependence on opioids in this area is a long-term, chronic condition by the time patients seek treatment, as opposed to a condition that has been recognised and addressed early.

Recent multicentric studies have placed Haryana in the context of the larger picture of substance-use-disorder (SUD) care in India. A nine-centre cross-sectional investigation of the help-seeking pathways to SUD that incorporated a treatment centre in Rohtak with two centres in Chandigarh and other states observed that the Rohtak and Chandigarh centres particularly served the populations of states with the highest prevalence of opioid use in the country, the same north-western opioid burden as the national survey (Ambekar et al., 2019). Another related approach to the subject of methodological review of alcohol-use-disorder research in India, written by a researcher at the Institute of Mental Health, Pt. B.D. Sharma University of Health Sciences, Rohtak, further highlights the ongoing contribution of Haryana-based institutions in producing clinical evidence on substance-use disorders (Arya, 2024).

There is also emerging evidence that shows substance use among some occupational and student sub-populations in the state. A survey of medical students in PGIMS, Rohtak, investigated the level, nature, and relevant variables of substance abuse in this relatively high-pressure, high-access population, which is indicative of a wider understanding that substance-use risk in Haryana is not limited to economically deprived populations but cuts across educational and occupational lines (Deswal et al., 2025).

District-Level Trends in Treatment-Seeking (2020–2026)

Administrative statistics of treatment-seeking behaviour present another, more up-to-date, view of the extent of

the issue. The Social Justice and Empowerment Department of the state of Haryana revealed that 52,207 youths between 18 and 30 years old were registered as outpatients or inpatients in the government and non-government de-addiction centres in the state in the period between April 2024 and March 2025 alone, almost a fivefold increase over five years, in response to a legislative question in the Haryana Assembly (Manav, 2025). The highest number of recoveries was reported in the district of Sirsa (4,563), which shares a border with Punjab, which is in line with previous official recognition of drug-related deaths being concentrated in the Sirsa-Fatehabad border belt (Manav, 2025).

Hospital data at the district level supports this trend of increase. Outpatient and inpatient caseloads in the District Drug De-addiction Centre, which is part of Karnal Civil Hospital, increased dramatically to 1,520 patients in 2022, 3,045 in 2023, 5,895 in 2024 and 2,408 in 2025, and an additional 2,408 patients were registered in the first four months of 2026 (Arora, 2026). There is also an increase in intravenous opioid and prohibited-medicine injection, misuse of sedatives and correction fluids among teenagers, and (notably) an increase in the number of people seeking treatment, a historically under-represented population in de-addiction services due to social stigma (Arora, 2026).

The district-wise distribution that was attached to the same legislative disclosure is especially useful in terms of getting to know the geographic distribution of the problem in Haryana. High-burden districts remained predominant in the caseload, with Panchkula registering the largest cumulative number of registered cases (13,442), followed by Ambala (8,192), Sirsa (7,020), Gurugram (5,471) and Hisar (4,474) (Manav, 2025). More noteworthy, though, was the appearance of substance-use caseloads in those districts where no previous instances of burden were recorded: Nuh or Bhiwani, both of which have a relatively limited history of de-addiction infrastructure, had no registered cases at the government centres until 2022 and had registered 100 and 835 cases, respectively, in the subsequent reporting period (Manav, 2025). Although Nuh absolute caseload is still significantly lower than that of established high-burden districts like Panchkula or Sirsa, its change in caseload between zero and 100 registered cases in one reporting cycle is a significant sentinel event, as it means that treatment-seeking behaviour - and, consequently, the underlying issue - is finally starting to be noticed in districts that were once either low-burden or simply not adequately covered by treatment infrastructure and thus not identified. This observation is in line with independent enforcement data indicating heightened anti-narcotics efforts in Nuh and neighbouring southern Haryana districts in 2025 (ANI, 2025), and the two sources of data in combination indicate that Nuh deserves increased attention as an emerging, and not a saturated, area of concern. The response by the state government has involved the set up of 30 state-run de-addiction centres and a combined total

of 460 beds, which has been supplemented by 130 privately run centres and 26 counselling-cum-rehabilitation centres, and the training of 38 medical officers through a de-addiction course run by a PGIMER Chandigarh, but has been acknowledged by state officials themselves as insufficient relative to the scale of demand (Manav, 2025).

Two noteworthy warnings are applicable to this data on seeking treatment, just like the warning that was mentioned about enforcement statistics. First, the increase in registration in de-addiction centres can be partly due to better outreach, a decrease in stigma and increased treatment capacity, such as the National Action Plan to reduce drug demand by the Union Government (which allocated funds to set up de-addiction centres in the jails of Haryana) and not necessarily to a proportional increase in underlying disease burden (Manav, 2025). Second, the figures of treatment seeking do not reflect population increase or the potential possibility of counting the same patient two or more times visiting different facilities or undergoing a recurrent treatment episode. However, the high correlation in the upward trend of both independently reported district-level (Karnal) and state-level (all districts) data over both a phase of increasing enforcement and increasing government-sponsored outreach cannot be attributed solely to outreach effects, and is also in line with the higher prevalence baseline already found in the 2018 national survey (Ambekar et al., 2019).

DISCUSSION

The evidence discussed in this paper shows that Haryana has a disproportionately high burden of substance use, specifically opioid use, compared to the national average, and that the burden is transferred to the adolescent and young-adult population via peer influence and family substance-use patterns. This trend is widely consistent with the geographic location of Haryana to the north-western opioid belt of India (along with Punjab and Delhi), repeatedly identified in national surveillance as having high rates of opioid dependence (Ambekar et al., 2019), and is independently supported by facility-based clinical data: the 540-patient comparative study by Kapoor et al. (2019) reported opium/poppy-husk dependence to be the most common pattern among patients seeking treatment in Haryana, with an average duration of dependence of approximately a decade before treatment-seeking, indicating a high delay between onset and clinical presentation.

The three independent data streams, the 20182019 national household survey, the 10-year-old and recent clinical studies on the facilities (Meena et al., 2002; Kapoor et al., 2019), and the sudden increase in both the enforcement activity and treatment-centre registrations in 20202026 (PTI, 2026; Arora, 2026; Manav, 2025) converge to boost the confidence that the substance-use burden in Haryana is not an artefact of a particular data source, but a long-standing and real public-health issue. Simultaneously, the fact that the most rigorous

population-representative estimate of prevalence (Ambekar et al., 2019) is now multiple years old, and the figures of treatment-seeking and enforcement are still increasing drastically, indicates that the exact current size of the underlying prevalence increase, rather than the increase in case-finding, outreach and policing, cannot be established with certainty based on existing data alone.

These findings have three implications. First, because the rate of opioid dependence in Haryana is significantly higher than the national average, and the clinical evidence that dependence is often only diagnosed many years into use (Kapoor et al., 2019), treatment and harm-reduction services, such as opioid substitution therapy, needle-syringe programmes among people who inject drugs, and outpatient de-addiction services, will need both disproportionately higher investment and earlier-intervention channels than current, largely reactive, treatment-seeking trends. Second, due to the strong association between adolescent and youth substance use and peer and family substance use, interventions based on individual-level education (such as separate classroom sessions) are unlikely to be effective; community-based and family-based interventions, such as the ones piloted under the Gram Prahari and Ward Prahari community-monitoring programmes in Haryana, are conceptually more consistent with the risk factors reported in the literature (Tribune News Service, 2024). Third, the sudden increase in activity in the field of enforcement, although an appropriate and valid state reaction to the problem of trafficking, should be supported by, but not replace, the investment in the demand-reduction strategies including school-based prevention programs, counselling facilities and rehabilitative capacity, as enforcement is not a solution to the problem of demand itself, but only to its supply.

The fact that women and school-going teenagers are becoming an increasing fraction of patients in centres like the Karnal district de-addiction centre (Arora, 2026) is also an indication of the necessity to expand the demographic assumptions of the current prevention and treatment systems in Haryana, which have historically been built around adult male patients, in line with the demographic profile that has been recorded in previous clinical studies (Meena et al., 2002; Kapoor et al., 2019). Equally, the new caseload in Nuh (a district with virtually no reported treatment-seeking before 2022-23) warns against a policy focus that is confined to the already recognised high-burden districts in Haryana (Panchkula, Ambala, Sirsa, Gurugram, Hisar); prevention and treatment infrastructure will have to be extended into currently lower-capacity districts before, not after, caseloads in these districts reach the levels already seen elsewhere in the state (Manav, 2025).

The difference between the comparatively old survey of national prevalence (data were gathered in 2018 and published in 2019) and the latest enforcement statistics (2025) itself is a significant finding. The policy discussion concerning 'Udta Haryana' as a phenomenon

that has gained use in the public and media to refer to the drug crisis in the state is now more vigorously informed by the statistics of enforcement rather than revised prevalence statistics. This poses a danger of misunderstanding the increasing arrests as a sign of increased use, when it can also be a sign of more aggressive and more intelligence-driven policing (ANI, 2025). The solution to this uncertainty is to conduct updated and preferably regular population-based prevalence surveys of Haryana, which should include adolescent-specific modules, to determine whether the investments in prevention and treatment are delivering a measurable reduction over time in use.

Since peer influence, family substance use, and early and sustained exposure are the most common risk pathways that young people in Haryana are exposed to, the prevention strategies would be enhanced by methods that develop sustainable, internal coping capacities of the youth as opposed to information-based or punitive messages. In this regard, it is proposed that yoga-based interventions that are supported by evidence be implemented in schools, colleges and universities as preventive measures that can be used as a complement to low-risk substances in order to decrease the risk of substance use and also to enhance healthy, substance-free lives in youths. Routine yoga, with asana, pranayama and meditation-based practices, has been linked in the general-population-health literature with lowered stress reactivity, better emotional regulation and greater self-control -mechanisms that are arguably also applicable to initiating resistance to peer-induced initiation into tobacco, alcohol and other drugs in adolescence. Integrating the guided yoga sessions into the current health and physical-education curriculum of schools, college and university wellness programmes would incur no expensive intervention costs, be scalable and culturally already familiar, and may be offered in addition to, but not to replace, the above-mentioned counselling- and family-oriented prevention. With the existing institutional capabilities in yoga education and research in Haryana (departments of yoga at dedicated universities) the state has all the tools to pilot and strictly test such school- and campus-based yoga interventions as a component of its overall substance-use prevention program, preferably with an outcome evaluation component included in the initial design to ensure that their preventive efficacy in this particular population is demonstrated rather than hypothesized.

Public Health Implications and Recommendations

- Increase opioid-specific treatment capacity, such as opioid substitution therapy and outpatient de-addiction centres, in relative proportion to the Haryana opioid burden that is above-average (to a significant degree).
- Increase family-focused and community-based prevention programs due to the significant correlation between family/peer substance use and adolescent risk that is presented in the local literature.
- Incorporate screening and brief counselling on substance use into school health programmes, and early

identification of at-risk adolescents, especially school dropouts, who are significantly higher than enrolled students in similar studies.

- Introduce evidence-based yoga-based interventions - such as asana, controlled breathing (pranayama) and meditation - as a preventive intervention in schools, colleges and universities, and that enhances stress-regulation and self-control skills, before the establishment of substance-use risk, with systematic outcome measures in place.
- Conduct a new, Haryana-specific, adolescent-inclusive prevalence survey to provide a current baseline with which the impacts of recent investment in enforcement and prevention can be compared.
- Sustain and measure community-monitoring programs like Gram Prahari/Ward Prahari programmes, and do not just look at the outcome statistics of the programs based on the enforcement statistics.
- Particularly: Keep on disaggregating and publicly releasing enforcement statistics and prevalence statistics to prevent the confounding of policing intensity with underlying trends in substance use.

LIMITATIONS

There are various limitations in this paper. First, it is not a study conducted on primary data, but on secondary data; the latest state-level prevalence numbers (Ambekar et al., 2019) are data that were collected in 2018 and may not reflect the state of affairs, especially with the massive enforcement and treatment-seeking changes reported as of 2024. Second, the adolescent-specific evidence base of Haryana in particular is more spindly than the evidence base of Haryana neighbours like Uttar Pradesh and Bihar; several locally circulated estimates of Haryana adolescents could not be, at the time of writing, independently substantiated by a traceable, peer-reviewed primary source, and so were not included in the quantitative synthesis but instead were omitted with no consequent reporting. Third, being a narrative synthesis, this paper lacks formal systematic-review methodology, quality appraisal or meta-analytic pooling, and can be interpreted as a scoping synthesis but not a systematic review. Fourth, state authorities report enforcement data, which were not independently audited by the current authors; some minor discrepancies in cumulative totals were found between otherwise credible official data and are reported, but not addressed, in this paper. Fifth, the facility-based clinical investigations discussed in this paper (Meena et al., 2002; Kapoor et al., 2019) are based on patients seeking treatment, and thus cannot be presumed to be representative of the entire population of substance users in Haryana, many of whom probably do not seek treatment at all; this treatment-seeking bias must be kept in mind when generalising the clinical-sample results with population-based estimates of the survey.

CONCLUSION

The existing data show that Haryana bears a substance-use burden, especially opioids, which significantly outstrips that of the national data, and that the burden is transferred significantly into the adolescent and young-

adult demographics via well-reported mechanisms of peer and family pressure. The recent escalation of the law-enforcement effort in the state, though an indispensable part of drug control, must not be confused with the indicators of shifting prevalence, and must be accompanied by long-term investment in prevention, early detection, youth-specific counselling, evidence-based treatment and rehabilitation on a community scale. More recent, population-based, longitudinal studies, with an adolescent-specific aspect, are urgently needed to not only answer the question of whether substance use in Haryana has actually risen over time but also assess whether present prevention and enforcement spending is having the desired public-health effect.

Conflicts of interest

The authors declare that there are no conflicts of interest.

REFERENCES

- Ambekar, A., Agrawal, A., Rao, R., Mishra, A. K., Khandelwal, S. K., & Chadda, R. K. (2019). Magnitude of substance use in India 2019. Ministry of Social Justice and Empowerment, Government of India; National Drug Dependence Treatment Centre, AIIMS.
- ANI. (2025, December 2). Haryana's new intelligence-driven crackdown exposes drug networks; arrests, seizures and supplier identification surge across three districts. Asian News International.
- Arora, P. (2026, May 18). Karnal sees spike in drug abuse cases; women users add to worry. The Tribune. <https://www.tribuneindia.com/news/haryana/karnal-sees-spike-in-drug-abuse-rise-in-women-users-worrisome/>
- Arya, S. (2024). Alcohol use disorder research in India: An update. Indian Journal of Psychiatry, 66(Suppl 2), S–S.
- Deswal, H., Kumar, S., Kaushal, J., Sharma, J., & Verma, M. (2025). Prevalence and pattern of substance abuse among medical students: A cross-sectional study. Asian Journal of Medical Sciences, 16(1), 83–88.
- Government of Haryana, Department of Social Justice and Empowerment. (n.d.). State framework for prevention, treatment and rehabilitation of substance use disorders. Government of Haryana.
- Kapoor, A., Kohli, K., Sarma, P., Kapoor, A., & Jose, N. A. (2019). Prevalence and pattern of opioid addiction in Haryana, Punjab and Rajasthan. International Journal of Advanced Research, 7(4), 697–701. <https://doi.org/10.21474/IJAR01/8873>
- Kapoor, S. K., Anand, K., & Kumar, G. (1995). Prevalence of tobacco use among school- and college-going adolescents of Haryana. Indian Journal of Paediatrics, 62(4), 461–466. <https://doi.org/10.1007/BF02755068>
- Kumar, A., Goel, P., Gour, N., & Singh, A. (2024). Prevalence & reasons of substance abuse among adolescent boys of an underserved rural community of Southern Haryana: A preliminary study. Indian Journal of Public Health Research & Development, 15(1), 15–18. <https://doi.org/10.37506/76e4gj05>
- Manav, S. (2025, March 27). No. of Haryana youths reporting at drug de-addiction centres surged almost 5-fold in the last 5 yrs. The Print. <https://theprint.in/india/no-of-haryana-youths-reporting-at-drug-de-addiction-centres-surged-almost-5-fold-in-last-5-yrs/2567560/>
- Meena, Khanna, P., Vohra, A. K., & Rajput, R. (2002). Prevalence and pattern of alcohol and substance abuse in urban areas of Rohtak city. Indian Journal of Psychiatry, 44(4), 348–352.
- Press Information Bureau, Government of India. (2019, February 18). NDDTC, AIIMS submits report 'Magnitude of Substance Use in India' to M/o Social Justice & Empowerment. Ministry of Social Justice and Empowerment.
- PTI. (2026, January 10). Haryana registers 3,700 NDPS cases in 2025, arrests over 6,800 accused. The Tribune. <https://www.tribuneindia.com/news/haryana/haryana-registers-3700-ndps-cases-in-2025-arrests-over-6800-accused/>
- Press Trust of India. (2026, January 3). Haryana Police registered 3,738 cases under NDPS Act in 2025. Prokerala News.
- Srivastava, S., Kumar, P., Rashmi, Paul, R., & Dhillon, P. (2021). Does substance use by family members and community affect substance use among adolescent boys? Evidence from the UDAYA study, India. BMC Public Health, 21(1), Article896. <https://doi.org/10.1186/s12889-021-11911-5>
- Thakur, B. S. (2026, June 19). Haryana sets up 13 more fast-track courts for speedy trial in NDPS cases. The Tribune. <https://www.tribuneindia.com/news/haryana/haryana-sets-up-13-more-fast-track-courts-for-speedy-trial-in-ndps-cases/>
- Tribune News Service. (2024, December 21). 4,652 drug peddlers arrested as anti-drug campaign intensifies. The Tribune. <https://www.tribuneindia.com/news/haryana/4652-drug-peddlers-arrested-as-anti-drug-campaign-intensifies/>