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THE IMPACT OF DRUG ABUSE ON YOUTH AND SOCIETY

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Abstract

Drug abuse has become one of the gravest social and public health issues of contemporary times and the youth between fifteen and thirty-five years is the most adversely affected group. The paper discusses the reasons that lead to substance misuse in the youth, the physical, psychological, academic, and behavioral impacts of substance misuse on an individual, and the overall harm caused to families, economies, societal security, and the healthcare sector. Based on peer-reviewed literature, data of international health organizations, and local research on Pakistan, the analysis indicates that drug abuse is an extremely inter-related social issue caused by neurological susceptibility, family dysfunction, peer pressure, mental health issues, and structural factors such as poverty and inequality. The article asserts that the appropriate response should encompass prevention at an early stage, available mental health services, evidence-based rehabilitation, and structural investment in the social determinants of addiction. To corroborate the textual analysis, tables and charts are used throughout the article to provide important data on the scale, causes, and consequences of drug abuse.

***Keywords*:** drug abuse, young people, substance misuse, addiction, mental health, social impact, rehabilitation, prevention, Pakistan.

1. Introduction

Drug abuse is one of the most topical social and public health problems of modern times. Millions of people worldwide are addicted to illegal drugs, prescription drugs and alcohol and the consequences of this addiction go far beyond the affected person. Families are destroyed, communities are devastated, the healthcare systems are overwhelmed with the burden of the disease related to the addiction and billions of dollars of productivity are lost by the national economies annually.1

The largest percentage of the afflicted are the young between the ages of fifteen and thirty five years and the loss at this youthful age normally determines the entire course of a human life.21

In Pakistan, the size of the issue represents the world tendencies and local circumstances. The geographical location of the country as a route of transit of Afghan opiates has led to the prevalence of heroin and other drugs and the economic poverty, lack of educational opportunities and mental health facilities has rendered masses of youth to be

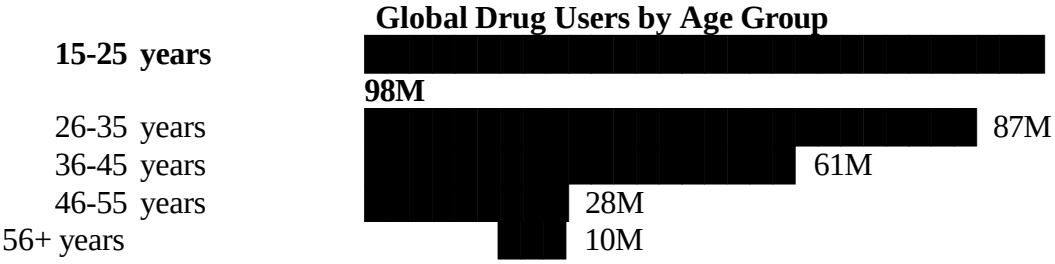
1 Ather Siddiqui, Lubna Baig, and Iqbal Hashmi, "Substance Abuse Among University Students in Pakistan: Prevalence and Associated Factors," Journal of Pakistan Medical Association 70, no. 3 (2020): 414.
2 United Nations Office on Drugs and Crime, World Drug Report 2021 (Vienna: United Nations, 2021), 12.

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highly susceptible to addiction.32

This paper looks at the issue of drug abuse in detail. It explains why young people get into the use of substances, the physical, psychological and social impact they have on a person, and how they harm the entire society. It also evaluates the current methods of prevention and rehabilitation and compares them with the existing evidence.

Figure 1: Estimated Global Drug Users by Age Group (Millions)



Source: United Nations Office on Drugs and Crime, World Drug Report 2021.

Table 1: Commonly Abused Substances, Their Effects, and Health Risks

Each ■ ≈ 4M

Substance	Short-Term Effects	Term Health Risks	Prevalence in Pakistan
Heroin	Euphoria, pain relief, slowed breathing	Overdose, liver damage, HIV/Hepatitis	Very High — most widely abused opioid
Cannabis	Relaxation, altered perception, impaired memory	Respiratory illness, psychosis risk, dependency	High — especially among youth 15-25
Methamphetamine	Increased energy, euphoria, reduced appetite	Cardiovascular damage, severe dental decay, psychosis	Rising — synthetic drug use increasing
Cocaine	Intense euphoria, raised heart rate	Heart attack, stroke, nasal tissue damage	Moderate — urban centers primarily
Prescription Drugs	Sedation, pain relief, anxiety reduction	Dependency, overdose, organ damage	Growing — especially university students
Alcohol	Disinhibition, impaired coordination	Liver cirrhosis, brain damage, addiction	Moderate — despite legal restrictions

Source: Compiled from UNODC (2021) and Pakistan Narcotics Control Board (2022).

2. The Scale and Context of Drug Abuse

According to the United Nations office on drugs and crime, it is estimated that about two hundred and eighty four million individuals had consumed drugs in the world in a single year which is a twenty six percent increment over the last decade. The highest proportion of this global figure are the youths between fifteen and thirty-five years old and the average age of first drug use has been on the decline in most countries.

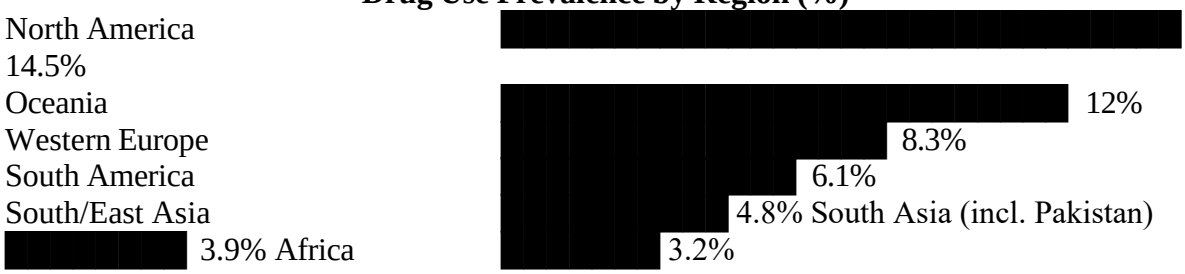
3 Pakistan Narcotics Control Board, Annual Report on Drug Abuse Trends in Pakistan (Islamabad: Government of Pakistan, 2022), 5.

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There is a well known neurological foundation of this vulnerability of the youth. Research has shown that the teenage brain is structurally different to the adult brain in a manner that it is more vulnerable to addiction. The part of the brain that controls impulses, risk-taking and long-term decision-making which is not fully developed until the mid-twenties is the prefrontal cortex. At the same

The brain pleasure centers of the adolescent are very time sensitive and therefore the pleasurable experiences that drugs provide is of unusual potency at this time of development.4[3]

Figure 2: Drug Use Prevalence by Global Region (% of population aged 15-64)



Source: UNODC World Drug Report 2021.

3. Causes of Drug Abuse Among Young People

3.1 Family Environment and Early Experiences

Each '' ≈ 1%

The initial place where children are able to be taught their values, ways of emotional control and sense of safety is in the family. Youngsters raised in families where parents are habitual drug or alcohol abusers, where there is chronic or widespread hostility or neglect are far more likely to become drug or alcohol abusers themselves. This increased risk has various mechanisms: genetic predisposition, modeling the substance use as a coping mechanism, and psychological harm in growing up without a stable or constant source of emotional support.54

Childhood adversity, such as domestic violence, parental imprisonment, physical or emotional abuse, has a strong association with substance use disorders in.

The Neurobiologic Advances of the Brain Disease Model of Addiction, 3Nora D. Volkow, George F. Koob, and A. Thomas McLellan, New England Journal of Medicine, 374, no. 4 (2016): 364.

later life. Most of the teenagers take drugs as a form of self-medication, in an effort to find a temporary solution to emotional pain, which has never been properly addressed, into their adolescence.

3.2Social Influence and Peer Pressure.

Research has always found peer influence to be one of the most immediate antecedents to first time drug use. Youths who find themselves in social groups where substance use is accepted have continued pressure to join and the psychological burden of not using can be too much to an adolescent who is in need of acceptance.65

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4 Nora D. Volkow, George F. Koob, and A. Thomas McLellan, "Neurobiologic Advances from the Brain Disease Model of Addiction," New England Journal of Medicine 374, no. 4 (2016): 364.

5 J. David Hawkins, Richard F. Catalano, and Janet Y. Miller, "Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood," Psychological Bulletin 112, no. 1 (1992): 65.

6 Ronald C. Kessler et al., "Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV

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The social media has brought additional dimensions to this interaction, with the drug related lifestyles glamorized or excitingized by the media and normalized to the audience of young people who would never be exposed to drug life in the real world.7

3.3Mental Health and Psychological Vulnerability

Depressed, anxious, or post-traumatic stress disorder youths are greatly exposed to the risks of substance use, in comparison to their well-adjusted peers. A form of self-medication, which is understandable but extremely counterproductive, providing a temporary relief of symptoms which appear to be beyond control, is medications.

Addiction and mental illness are associated in a two-way relationship. Mental health issues put one at risk of substance use and substance use exacerbates mental health issues,

establishing a vicious cycle.8In Pakistan, whereby mental health services are grossly underfunded, a number of young people do not get the support that they need until they get to substances.

3.4Poverty and Environmental Conditions

Economic deprivation brings about a number of conditions that overlap each other and this predisposes them to the same. The poor youths are less likely to have access to education, jobs, and positive leisure time. They are prone to live in areas where drug trafficking is practiced and where people live by using drugs.

Table 2: Key Risk Factors for Drug Abuse Among Youth — Severity Scale

Risk Factor	Description	Risk Level	Domain
Parental Drug Use	Parent uses or has used illegal substances	Very High	Family
Peer Drug Use	Close friends or social group uses substances	Very High	Social
Mental Health Disorder	Untreated depression, anxiety, PTSD	Very High	Individual
Adverse Childhood Events	Trauma, abuse, neglect, parental incarceration	High	Family
Poverty	Limited resources, few opportunities, community exposure	High	Environment
School Dropout	Lack of academic engagement and future goals	High	Individual
Easy Drug Availability	Drugs accessible in neighborhood or school	High	Environment
Family Conflict	Chronic conflict, poor communication, instability	Moderate	Family

Disorders in the National Comorbidity Survey Replication," Archives of General Psychiatry 62, no. 6 (2005): 595.

7 Denise B. Kandel, "The Parental and Peer Contexts of Adolescent Deviance: An Algebra of Interpersonal Influences," Journal of Drug Issues 26, no. 2 (1996): 291.

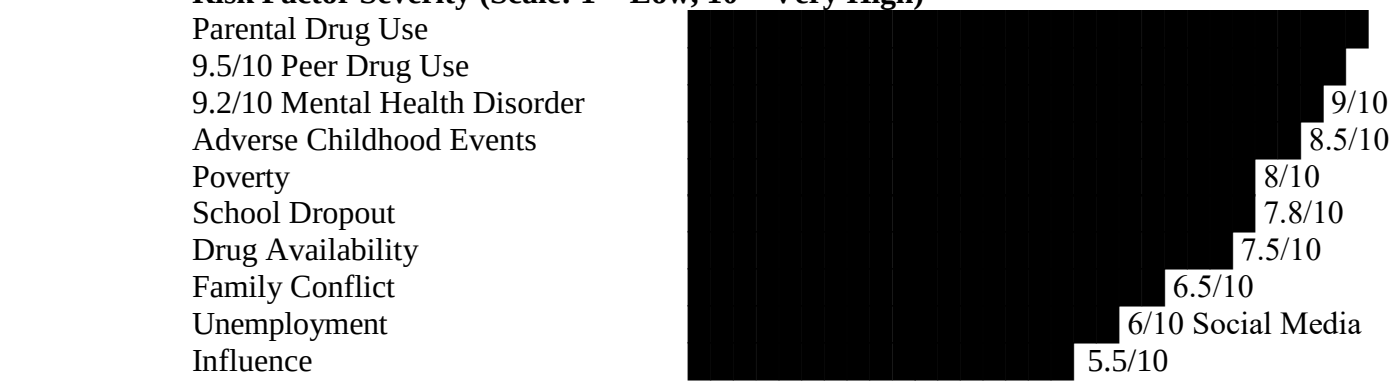
8 Louisa Degenhardt and Wayne Hall, "Extent of Illicit Drug Use and Dependence, and Their Contribution to the Global Burden of Disease," The Lancet 379, no. 9810 (2012): 57.

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Unemployment	Boredom, hopelessness, financial desperation	Moderate	Social
Social Media Influence	Glamorized portrayal of drug-associated lifestyles	Moderate	Social

Source: Compiled from Hawkins, Catalano, and Miller (1992); Kessler et al. (2005); Siddiqui, Baig, and Hashmi (2020).

Figure 3: Relative Severity of Drug Abuse Risk Factors (Scale 1-10)



Source: Author's compilation based on Hawkins, Catalano, and Miller (1992).

4. The Impact of Drug Abuse on Individuals

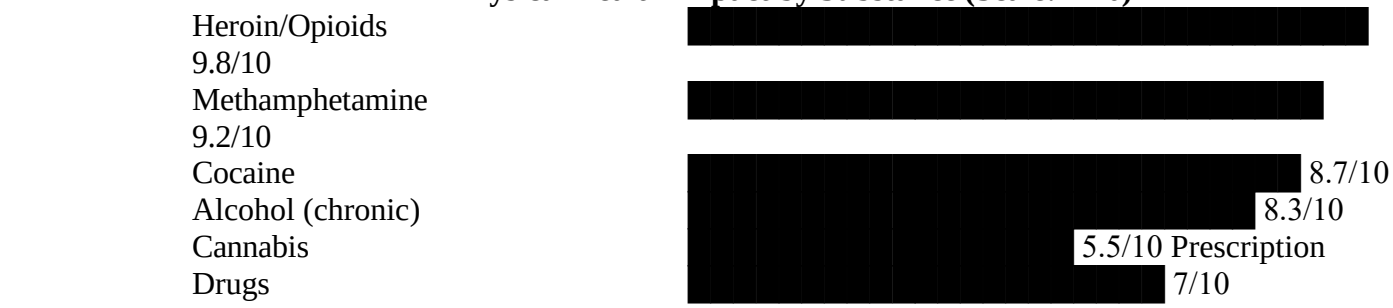
4.1 Physical Health Consequences

Each '■' ≈ 1/10

Drug abuse has a devastating physical impact that is in most cases irreparable. The stimulants such as cocaine and methamphetamine put a tremendous load on the heart making blood pressure rise and structural changes in the heart muscle resulting in the greatly increased risk of heart attack and stroke, even when young.

Heroin and other opioids slow down the central nervous system, slowing down breathing to potentially lethal levels and providing the conditions of overdose. Other risks to which intravenous drug users are exposed to are bloodborne infections. Needle sharing transmits HIV and Hepatitis B and C with an astounding efficiency, which have long-term health outcomes and may result in a significant health burden of addiction.

Figure 4: Severity of Physical Health Consequences by Substance (Scale 1-10)



Source: Degenhardt and Hall (2012); Volkow, Koob, and McLellan (2016).

4.2 Psychological and Neurological Effects

Each '■' ≈ 1/10

The psychoactive drugs act on the dopamine system of the brain and overload the reward systems with misleading signals of pleasure, the brain learns to depend on. In the long

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Impact Area	Key Consequences	Severity	Reversible?

term, the brain gradually decelerates in the normal production of dopamine and the user cannot experience normal levels of pleasure or motivation without the drug.98

The most common outcome of chronic use is the extreme mental illness of depression, anxiety, paranoia and in extreme cases, psychosis. Co-occurring addiction and mental illness is known as dual diagnosis, making treatment extremely difficult as one disorder is likely to worsen the other.

4.3Failure to Academic Achievement and Opportunity Lost.

Students who abuse drugs have higher rates of absenteeism, low grades and high rates of drop-outs than their counterparts who do not abuse drugs.10In Pakistan where educational level is already.

Another challenge to the potential of most youths is resource-bound, drug abuse.1110

The formal labor market is very restricted and having no qualification, the young people are compelled to spend their lives in the poverty and idleness circles, which only reinforce addiction.

4.4Behavioral Deterioration and Social Exclusion

Once the dependence is so high, the temptation to get and use drugs trumps out the other needs, like the need to take care of the family, be upright to friends, and meet professional obligations. Whenever they happen, betrayals destroy the relationships that might have taken years to build.1211

When they reach an age where they are old enough to no longer be able to legally get their drug of choice, a number of young addicts turn to crime in order to fund their habit. Legal consequences of such actions lead to further damaging of the life opportunities and even after sobriety, a criminal record is hard to get a job and even enter the society because of the stigmatization.

Table 3: Summary of Drug Abuse Impact on Individual Youth

Impact Area	Key Consequences	Severity	Reversible?
Physical Health	Cardiovascular damage, organ failure, overdose, HIV/Hepatitis	Critical	Partially
Mental Health	Depression, anxiety, psychosis, dual diagnosis	Severe	With treatment
Academic	Dropout, poor grades, lost qualifications	High	Difficult
Professional	**Unemployment, poverty cycle, limited career prospects**	**High**	**With support**
Behavioral	Dishonesty, criminal activity, loss of responsibility	Severe	With recovery
Social/Relational	Family breakdown, isolation, criminal networks	High	Partially

9 Volkow, Koob, and McLellan, “Neurobiologic Advances,” 366.
10 Hawkins, Catalano, and Miller, “Risk and Protective Factors,” 72.
11 Degenhardt and Hall, “Extent of Illicit Drug Use,” 59.
12 Paul J. Goldstein, “The Drugs/Violence Nexus: A Tripartite Conceptual Framework,” Journal of Drug Issues 15, no. 4 (1985): 497.

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Legal	Arrest, prosecution, imprisonment, criminal record	High	No

Source: Author's synthesis of Degenhardt and Hall (2012); Volkow et al. (2016); Hawkins et al. (1992).

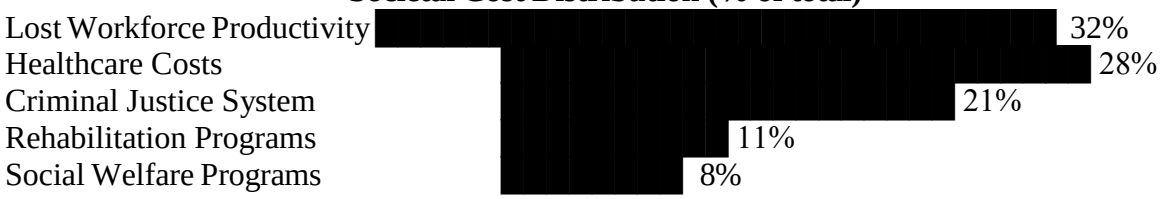
5. The Societal Impact of Drug Abuse

5.1 Economic Costs

The economic burden of drug abuse in the economies and governments is huge. Direct costs are healthcare spending, police, court and rehabilitation. The indirect costs include lost productivity as a result of absenteeism, untimely death, and incarceration of working age individuals.12

In nations where detailed studies have been done, the overall cost estimated every year goes to hundreds of billions. The entire amount of rupees used on treatment of the diseases that are caused by the addiction or used in curbing the drug related crime cannot be invested in education, infrastructure or economic development in Pakistan.

Figure 5: Estimated Distribution of Societal Costs of Drug Abuse (%)



Source: UNODC World Drug Report 2021; author's compilation.

5.2 Crime, Violence, and Insecurity

Each ■ ≈ 2%

The correlation between drug abuse and crime is clear. Single addicts commit crime to fund their activities. To ensure that they facilitate the activities, drug trafficking organizations defend themselves by use of violence, corruption and intimidation. The drug networks lead to high rate of thefts, robbery, assault and homicide in the communities they operate in.1313

Organized trafficking networks are a highly challenging security challenge faced in Pakistan. These networks are cross-provincial and in certain locations have even attained organizational complexity that renders law enforcement very challenging.

5.3Family Disintegration

When one of the family members is addicted, the entire family becomes sucked into a torturous experience that not only burns money but also kills emotional stability as well as depriving children of the safe environment to grow up healthy.1414

Intergenerational cycle of harm has never been left out in research and it has been demonstrated that the harm that addiction imposes does not end with the individual user but flows on to the next generation and therefore, repeats the disadvantage cycles.1515

5.4Public Health System Strain

Drug abuse is a major burden on healthcare systems in terms of the costs it incurs. In EDs, there are more than 20 overdose cases per day. The dual-diagnosis patients are a burden to the psychiatric facilities. The problem has an additional communicable disease aspect due

13 United Nations Office on Drugs and Crime, World Drug Report 2021, 18.
14 Alan I. Leshner, "Addiction Is a Brain Disease, and It Matters," Science 278, no. 5335 (1997): 46.
15 Siddiqui, Baig, and Hashmi, "Substance Abuse Among University Students," 415.

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to the fact that HIV and Hepatitis C are spread through intravenous drug use..

Table 4: Summary of Drug Abuse Impact on Society

Societal Domain	Key Consequences	Scale	Trend
Economy	Lost productivity, healthcare costs, criminal justice expenditure	Very High	Worsening
Public Safety	Elevated crime, gang violence, community insecurity	High	Worsening
Family Units	Breakdown, neglect, intergenerational harm	Very High	Stable
Public Health	Overburdened hospitals, HIV/Hepatitis spread, psychiatric demand	High	Worsening
Education System	Dropout rates, reduced graduation, institutional burden	Moderate	Worsening
Law Enforcement	Overwhelmed agencies, institutional corruption risk	High	Stable
Social Cohesion	Community trust erosion, fear, civic disengagement	Moderate	Worsening

Source: Author's synthesis of UNODC (2021); Goldstein (1985); Siddiqui et al. (2020).

6. Prevention, Rehabilitation, and Policy Responses

6.1 The Case for Treatment Over Punishment

Punitive methods, which majorly consider addicts as criminals, have never minimized the rates of addiction. The positive impacts of treatment-centered approaches have been measurable in other countries that adopt the same strategies in relation to the rate of addiction, rates of drug-related deaths, and other social evils.16

This does not mean that drug dealing is not to be prosecuted. This means that drug users who get addicted need treatment, not a prison and that treating them with dignity and providing them with working rehabilitation is not only more human, but more effective than imprisonment.16

6.2Prevention Strategies

Relief programs like emotional resilience, social and critical thinking programs have been proved to reduce drug experimentations and dependency among the youth. Early programs that target families and communities not just individual behavior change are the best programs to implement and those that are provided before an individual starts to use drugs.

An important element of prevention is mental health services. One of the most prominent routes to the addiction is the increase in availability of cheap and non-stigmatizing mental health care. Establishment of this infrastructure is a huge task and urgent issue in Pakistan.

6.3Rehabilitation and Reintegration

Rehabilitation cannot be done just by detoxification. Evidence-based interventions involve psychological counseling and vocational training with medical treatment and.

family support.

16 Goldstein, “The Drugs/Violence Nexus,” 499.

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and community reintegration assistance. They also consider the process of recovery and not as an event.1717

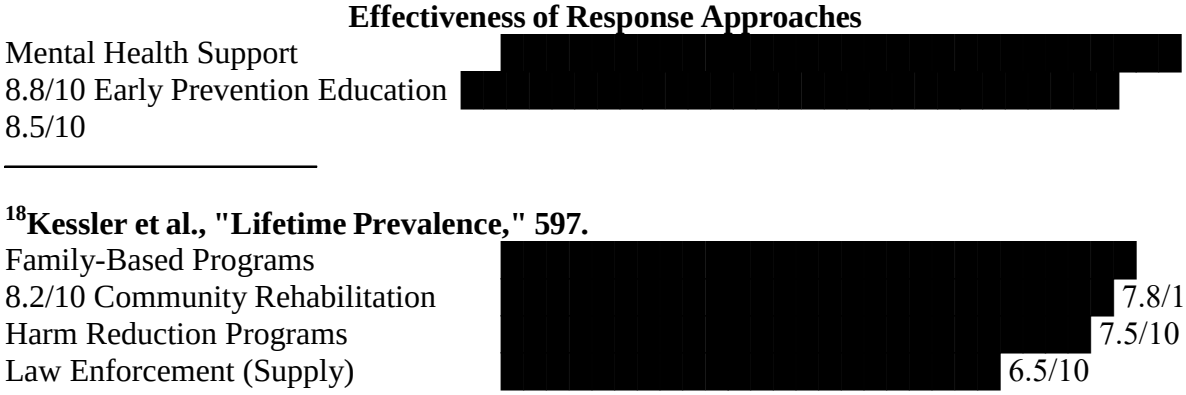
One of the greatest challenges to successful rehabilitation in Pakistan is stigma. To fight stigma, permanent education among the general population which humanizes addiction, recounts stories of recovery and demands that addiction be treated as a medical condition is required.18[18]

Table 5: Comparison of Drug Abuse Response Approaches — Effectiveness Scale

Response Approach	Description	Effectiveness (1-10)	Cost Efficiency
Early Prevention Education	School-based drug awareness, resilience programs	8.5/10	Very High
Mental Health Support	Counseling, therapy, early psychological intervention	8.8/10	High
Family-Based Programs	Parent education, family counseling, home stability support	8.2/10	High
Community Rehabilitation	Medical detox, counseling, reintegration, vocational training	7.8/10	Moderate
Harm Reduction Programs	Needle exchange, overdose prevention, safe use education	7.5/10	High
Law Enforcement (Trafficking)	Targeting traffickers and major supply networks	6.5/10	Low
Incarceration of Users	Criminal prosecution and imprisonment of addicts	2.0/10	Very Low

Source: Author's compilation based on Leshner (1997); Hawkins et al. (1992); UNODC (2021).

Figure 6: Effectiveness of Drug Abuse Response Approaches (Scale 1-10)



[18]**Kessler et al., "Lifetime Prevalence," 597.**

17 Hawkins, Catalano, and Miller, "Risk and Protective Factors," 68.
18 Kessler et al., "Lifetime Prevalence," 597.

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User Incarceration [redacted] 2/10

Source: Leshner (1997); UNODC (2021).

7. Conclusion

Each '[redacted]' ≈ 1/10

Drug abuse is a crisis that impacts at all levels of society including the individual abuser, families, societies and nations with the impact. This paper has demonstrated that the reasons behind youths drug abuse are complexly interwoven in a multifaceted set of neurological predisposition, family dysfunction, peer pressure, mental health problems and structural conditions. Its effects are physical and mental health, academic development, family, social welfare, economic effectiveness, and treatment capability.

The thing that this analysis shows is that the issue of drug abuse cannot be resolved as a mere law enforcement issue. This evidence indicates a combined reaction of early prevention that is directed at building resilience, easily reachable and humane treatment that recognizes addiction as a medical problem, effective rehabilitation that helps to maintain a long-lasting recovery and structural investment in the societal determinants of addiction.

The responses in Pakistan and the rest of the developing world are hindered by numerous challenges such as the lack of resources, cultural stigma and inadequate institutions. But the cost of non-investment is far greater than the cost of investment. Any young individual who becomes an addict is not only a personal tragedy; it also represents a wasted human potential which no society can afford. An effective campaign against drug abuse is one of the signs that a society is taking the welfare of the most vulnerable in the society, and the future it is offering to the generations to come, seriously.

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