

# Substance Use Disorders In India With Special Reference To Kerala: Emerging Trends, Challenges And Public Health Implications

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## Abstract

Substance Use Disorders (SUDs) remain a growing public health concern in India, affecting individuals across age groups and socio-economic strata. While alcohol and tobacco continue to contribute substantially to disease burden, the misuse of opioids, cannabis, sedatives, and synthetic drugs is increasing. Kerala, a state recognized for high literacy and advanced health indicators, has recently reported a sharp rise in drug-related cases and early initiation of substance use among adolescents. This article reviews the national scenario of SUDs with a focused analysis of Kerala, highlighting epidemiology, health consequences, treatment gaps, and implications for public health and nursing practice.

**Keywords:** Substance Use Disorder, Kerala, Opioids, Adolescents, Public Health, Addiction Nursing

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## I. Introduction

Substance Use Disorder (SUD) is defined as a chronic relapsing condition characterized by compulsive substance seeking and use despite harmful consequences. Globally, SUD contributes significantly to morbidity, mortality, and social disruption. In India, rapid socio-economic transitions, urbanization, peer influences, and psychological stressors have reshaped patterns of substance use.

Kerala presents a unique paradox. Despite commendable achievements in literacy, health indices, and social development, the state is experiencing a noticeable increase in substance-related cases and youth vulnerability. Understanding this regional dynamic is essential for targeted interventions.

### National Scenario of Substance Use in India

The National Survey on Extent and Pattern of Substance Use (2019), conducted by All India Institute of Medical Sciences in collaboration with the Ministry of Social Justice and Empowerment, reported:

- **Alcohol use:** 14–16% of the population; approximately 5.7 crore individuals require help for harmful use or dependence.
- **Opioid use:** 2.1% of the population.
- **Cannabis use:** 2.8%.
- **Sedative misuse:** About 1%.
- **Tobacco use:** Over 28% of adults.

India continues to face a substantial **treatment gap**, with nearly 70–90% of individuals requiring treatment not receiving adequate care. Enforcement remains governed by the Narcotic Drugs and Psychotropic Substances Act, which regulates possession, trafficking, and production of narcotic substances.

## II. Kerala: A State-Specific Profile

### 1. Rising Drug-Related Cases

Recent data from the National Crime Records Bureau indicate that Kerala recorded approximately **27,701 NDPS cases in 2024**, one of the highest in the country. Between 2021 and 2024, more than 87,000 drug-related cases were reported in the state, marking a significant rise compared to the previous four-year period.

Urban centres such as Kochi have reported high rates of drug possession cases, reflecting both increased enforcement and possibly growing prevalence.

### 2. Prevalence Estimates in Kerala

Based on the 2019 national survey:

- **Adult cannabis users:** ~3.5 lakh
- **Adult opioid users:** ~2.1 lakh
- **Adolescent users (10–17 years):** ~75,000 overall
- **Opioid use among adolescents:** ~31,000

Furthermore, findings from the National Mental Health Survey coordinated by National Institute of Mental Health and Neurosciences showed:

- Overall substance use disorder prevalence: ~10.1%
- Tobacco use disorder: ~7.2%
- Alcohol use disorder: ~4.8%

These figures underscore the significant clinical and public health burden of SUDs within the state.

### 3. Early Initiation and Youth Vulnerability

Kerala reports concerning patterns of early substance initiation:

- A majority of users reportedly initiated drug use before the age of 15.
- A small but notable proportion experimented before the age of 10.
- Peer influence remains the predominant initiating factor.

The increasing availability of synthetic substances such as MDMA and methamphetamine suggests a shift from traditional substances toward designer drugs, especially among urban youth.

## III. State-Specific Substance Use Scenario — Kerala

### 1. Drug-Related Legal Cases & Enforcement Data

- In **2024**, Kerala registered **27,701 cases** under the *Narcotic Drugs and Psychotropic Substances (NDPS) Act* — the **highest number of such cases among Indian states**, with a rate of about **78 cases per 100,000 population**.
- Over the four-year period from **2021–2024**, approximately **87,101 drug-related cases** were recorded, a **significant rise** compared to the preceding four-year period (37,228 cases).
- **Kochi**, a major city in Kerala, ranks **second nationally** behind Mumbai for **drug possession cases for personal use**, with **5,191 cases** reported in 2023 (245 cases per 100,000 population).

**Trend Insight:** The high volume of NDPS cases is partly attributed to **robust enforcement and stringent policing**, but also reflects a **genuine rise in reported addiction-related crimes and seizures** across both urban and rural districts.

### Health and Social Consequences in Kerala

The health implications mirror national trends:

#### Physical Health

- Alcohol-related liver diseases
- Tobacco-related cancers and cardiovascular diseases
- HIV and hepatitis among injecting drug users
- Risk of overdose with opioids and synthetic drugs

#### Mental Health

- Depression and anxiety disorders
- Dual diagnosis cases
- Increased suicide risk linked to alcohol and drug dependence

#### Social Impact

- Domestic violence
- Academic disruption
- Criminal behavior and incarceration
- Economic productivity loss

### Social & Public Health Consequences

- Reports link **rising substance abuse to increased violence, crime, and psychological harm** across youth populations in Kerala. Schools and communities have been identified as **emerging hotspots** for drug use and trafficking.

- Local news also notes an **increase in suicides associated with alcohol and drug addiction** in Kochi, highlighting the intersection of addiction with mental health.

The intersection between substance abuse and mental health remains particularly significant in Kerala, demanding integrated services.

### De-addiction Infrastructure & Treatment Reach

- Kerala has **24 de-addiction centres** established under the Ministry of Social Justice and Empowerment programs — comparatively fewer than several larger states despite a high case burden.
- In early 2024, **588 children under age 18** sought therapy at **state-run de-addiction centres**, reflecting growing demand for treatment among youth.

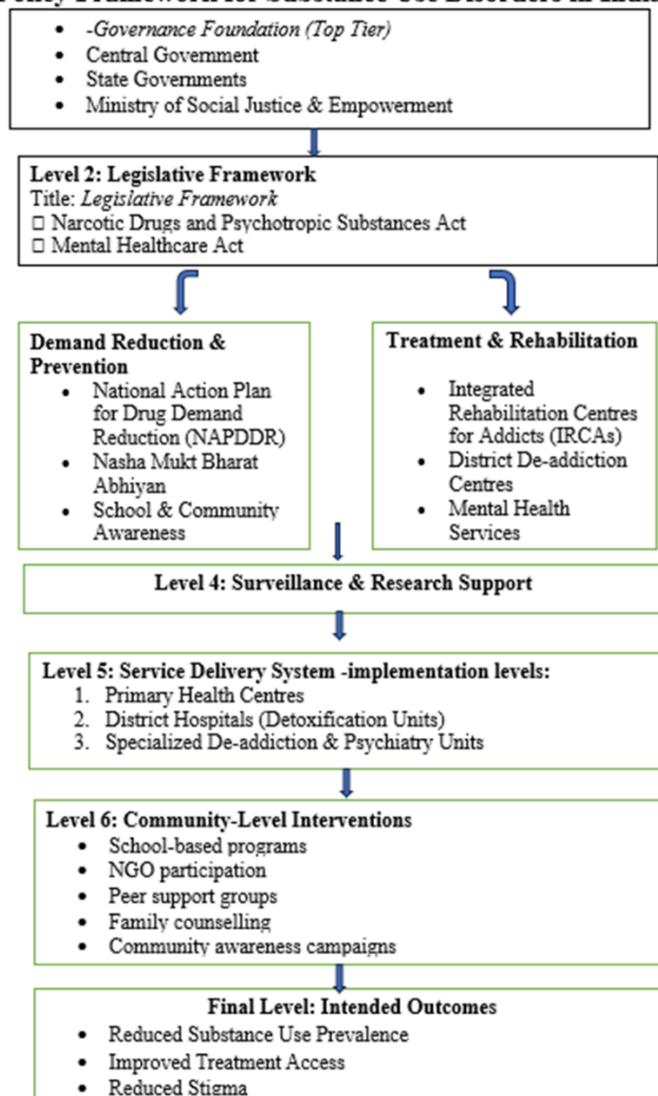
### Treatment Infrastructure and Gaps

Kerala has approximately **24 government-supported de-addiction centers**, which may be inadequate given the growing case burden. Reports indicate increasing numbers of adolescents seeking rehabilitation services.

Barriers include:

- Persistent stigma
- Fear of legal consequences
- Limited rural access to specialized addiction psychiatry services
- Shortage of trained counsellors and addiction nurses

### Policy Framework for Substance Use Disorders in India



### **Public Health and Nursing Implications**

Kerala's strong primary healthcare network provides an opportunity for early screening and intervention. Nurses, especially in community and school health settings, can play a critical role in:

- Early identification and screening (SBIRT approach)
- Motivational interviewing
- Family counselling
- Relapse prevention education
- Community awareness programs

Integration of SUD management into primary health centers and mental health services under state health missions is crucial.

### **Role of Nursing Professionals**

Nurses play a pivotal role in:

- Early identification of substance use-behaviours.
- Counselling and motivational interviewing.
- Medication-assisted treatment monitoring.
- Family education and relapse prevention.
- Community outreach and school health programs.

Given the expanding role of community health nursing in India, nurses can significantly contribute to prevention and rehabilitation strategies.

## **IV. Recommendations**

1. Strengthen school-based preventive education programs.
2. Expand adolescent-friendly de-addiction services.
3. Enhance surveillance and district-level data monitoring.
4. Shift policy emphasis toward rehabilitation and harm reduction.
5. Increase training for healthcare professionals in addiction management.
6. Promote community participation and reduce stigma through awareness campaigns.

## **V. Conclusion**

Substance Use Disorders represent a significant and evolving public health challenge in India. Kerala, despite its advanced socio-developmental indicators, is witnessing rising drug-related cases and early initiation among youth. The coexistence of high literacy and increasing substance misuse highlights the complexity of addiction as a biopsychosocial disorder. Addressing this challenge requires a comprehensive strategy integrating prevention, early detection, accessible treatment, rehabilitation, and community-based nursing interventions. A shift toward a health-centered, evidence-based model is essential to mitigate the long-term impact on individuals, families, and society.

Substance Use Disorders represent a growing public health concern in India, affecting millions across all socio-economic strata. While national surveys provide valuable insights into prevalence patterns, the large treatment gap and stigma remain major challenges. A comprehensive, multi-sectoral approach integrating prevention, treatment, rehabilitation, and policy reform is essential. Strengthening community-based services and adopting a public health framework rather than a punitive model will be crucial in addressing the evolving substance use crisis in India.

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