

Perceptions of Drug Abuse Among Students: Sociocultural Influences, Awareness, and Misconceptions

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ABSTRACT

Drug abuse among students is a growing public health problem that leads to significant psychological, academic, and social effects. Even though people are more aware of the dangers of drugs, relaxed attitudes, perceived social benefits, and academic pressures still encourage both experimentation and regular use. This review compiles evidence related to students' perceptions of substance abuse, emphasizing sociocultural factors, levels of awareness, and enduring misconceptions. A narrative methodology was employed to examine studies from PubMed, Scopus, Web of Science, and Google Scholar published between 2010 and 2024. Findings suggest that although many students are cognizant of health risks, they often perceive alcohol and cannabis as relatively benign or typical, while sedatives and stimulants are frequently misused to manage exams and stress. Factors such as gender differences, stigma, and variations concerning the type of institution and urban settings also influence perceptions and behaviors. Successful responses include comprehensive prevention programs that integrate skill development, peer-led initiatives, family involvement, and accessible confidential counseling and addiction recovery services on campuses. The review underscores the potential for culturally appropriate, evidence-driven interventions and identifies areas for future research, including longitudinal studies and thorough evaluations of digital prevention methods.

Keywords: Substance abuse; Students; Sociocultural factors; Misunderstandings; Awareness; India; Public health.

1. INTRODUCTION

Substance use and dependence significantly contribute to the global disease burden. The United Nations Office on Drugs and Crime (UNODC) has noted a consistent increase in the number of individuals using drugs over the past ten years. University students are considered a high-risk group due to transitional life phases, academic pressures, expansive peer networks, and greater independence. In India, both national and regional surveys repeatedly show that alcohol and tobacco are the most widely used substances among the youth, followed by cannabis and, to a lesser extent, prescription sedatives and stimulants. In addition to prevalence, students' perceptions of risks and benefits play a crucial role in determining initiation, escalation, and the pursuit of help. Misunderstandings—such as the notion that “occasional use is harmless,” that “alcohol is not classified as a drug,” or that “prescription medications are safe for studying”—can diminish what might otherwise be a sufficient awareness of the associated harms. This review compiles the existing evidence concerning students' perceptions of drug abuse and investigates the sociocultural factors that foster permissive attitudes. It also outlines intervention strategies that have shown promise in educational environments and suggests a research agenda pertinent to Indian institutions and similar contexts. The structure adheres to a research article format: Introduction, Review of Literature, Materials and Methods, Results and Discussion, Conclusion, and References.

2. REVIEW OF LITERATURE

2.1 Prevalence and Patterns Among Students

Numerous surveys conducted by institutions and communities throughout India indicate that the lifetime prevalence of alcohol use among students ranges from approximately one in six to nearly one in two individuals, demonstrating significant variation based on region, gender, and field of study. The use of tobacco, whether smoked or in smokeless forms, remains prevalent among this population. A notable portion of college students reports having experimented with cannabis, while the

non-medical use of prescription drugs, especially benzodiazepines and stimulants, tends to increase during exam periods. Research, including meta-analyses from medical colleges, shows a substantial but varying prevalence of alcohol, tobacco, and illicit drugs. Similar trends are seen globally, where alcohol is the most commonly used substance among youth, followed by cannabis; these regional differences are influenced by legal frameworks, accessibility, and cultural practices

2.2 Sociocultural and Contextual Determinants

Students' views on drug use are influenced by their social environment. Peer groups significantly determine both the availability of substances and social norms, often making "experimentation" a standard part of youth culture. Living in urban areas and on residential campuses can enhance exposure to peers who use substances, as well as to social hotspots and nightlife. Family dynamics—such as how much parents monitor their children, their own substance use, and their methods of communication—are consistently linked to either risk or protective factors. The representation of substances in media and social media can glamorize alcohol and cannabis, while targeted online advertisements may normalize the use of vaping products or performance-enhancing drugs. Academic pressures, a highly competitive educational environment, and lack of sleep create circumstances that can make sedatives and stimulants seem appealing as quick-fix coping mechanisms. Gender plays a role in how these factors interact: male students generally report more permissive views and higher rates of use, while female students may internalize stigma, leading to less openness and reduced help-seeking even when they experience negative effects.

A recurring contradiction is the simultaneous awareness of negative consequences alongside ongoing usage. Students often acknowledge the long-term dangers associated with tobacco and heavy alcohol consumption but tend to minimize immediate risks or believe they can regulate their usage levels. Alcohol and cannabis are generally seen as less harmful compared to “hard drugs,” and some students perceive cannabis as beneficial for enhancing creativity or mood, despite evidence indicating cognitive and psychiatric risks for susceptible individuals. Misunderstandings regarding prescription drugs are rampant: many students assume that medications are safe simply because they are “doctor prescribed,” ignoring the hazards of non-medical use, dependency, and potential drug interactions. The perceived advantages—such as alleviation of stress, enhancement of social interactions, and improved focus—are often exaggerated; conversely, risks like impaired decision-making, disruption of sleep, and worsening mental health are frequently downplayed.

2.4 Consequences for Health, Academics, and Safety

Substance use among students is linked to diminished academic performance, increased absenteeism, and prolonged graduation timelines. Health ramifications include issues with sleep, symptoms of anxiety and depression, lower cognitive efficiency, and in certain instances, the development of substance use disorders. In campus environments, notable risks include injuries related to alcohol, road traffic accidents, violence, and engaging in unsafe sexual activities. Co-occurring mental health issues—especially anxiety and depressive disorders—are prevalent and may both trigger and be aggravated by substance use, resulting in a cyclical pattern that complicates treatment and adherence to care.

2.5 Evidence on Interventions

Interventions with the strongest promise are multi-component and context-sensitive. Peer-led education can shift norms and improve refusal skills when combined with motivational interviewing and skills training. Family-based components—such as structured parent–student communication modules—enhance protective factors for adolescents. On campuses, confidential counselling services, screening and brief interventions (SBI), and ready referral pathways to de-addiction centers increase help-seeking. Policies restricting on-campus availability, regulating event alcohol service, and enforcing age laws can reduce harms. Digital interventions (e.g., app-based psycho-education, cognitive–behavioral skill modules, and anonymous chat with counsellors) are emerging and particularly suitable for stigma-prone settings, though rigorous outcome evaluations are still limited.

3. MATERIALS AND METHODS

Design: A narrative review was performed to consolidate empirical and review literature concerning students' perceptions of drug abuse, focusing on the Indian setting and relevant international insights.

Databases and search strategy: A search was conducted in PubMed, Scopus, Web of Science, and Google Scholar for articles published between January 2010–2024. The search terms included various combinations of: “drug abuse,” “substance use,” “students,” “adolescents,” “college,” “India,” “perception,” “attitudes,” “awareness,” “misconceptions,” “stimulants,” “sedatives,” and “peer influence.” Reference lists from the included studies and relevant national reports were manually searched for additional resources.

Eligibility criteria: Studies that were incorporated focused on college students and presented at least one of the following: prevalence or patterns of substance use; perceptions, beliefs, or awareness of risks; sociocultural factors; or assessments of prevention or educational programs.

The **exclusion criteria** included: case reports, editorials lacking data, populations outside of student categories, non-English publications, and studies concentrating solely on treatment pharmacotherapy without perception-focused data.

Study selection and data extraction: Titles and abstracts were evaluated to eliminate duplicates and records that did not meet eligibility. The full texts of potentially relevant papers were examined. Data were gathered on study design, geographical location, sample size, substances studied, perception/attitude measures, significant findings, and limitations. Due to variation in measures and outcomes, a meta-analysis was not conducted; results are presented in a narrative format along with tabulated summaries.

Quality appraisal: Observational studies were assessed based on sampling methods, the validity of measurements, response rates, and controls for confounding factors; reviews were analyzed for method transparency and comprehensiveness. Findings are interpreted with a focus on the quality of studies and their context.

4. RESULTS AND DISCUSSION

4.1 Study Characteristics

The final collection included national reports, multi-institutional surveys, regional cross-sectional studies, and narrative reviews. The majority of the studies utilized self-administered questionnaires, while a smaller number employed validated tools for assessing alcohol, tobacco, cannabis, or prescription misuse. Medical colleges were commonly featured, although arts and commerce disciplines are increasingly represented in more recent studies. There was a tendency for urban campuses to be over represented compared to rural institutions, and only a limited number of longitudinal cohorts were found.

Table:1 provides an overview of significant studies that highlight the variety of contexts and the common themes of elevated awareness alongside lenient norms, powerful peer influences, and the prominence of academic pressure. Although the approaches differ, the general trend remains steady across various areas and fields.

4.2 The

Author(Year)	Setting	Sample(n)	Substances	Key Findings	Notes
Bhasin et al. (2011)	Medical college, Delhi	n~400	Alcohol, tobacco, others	High awareness but sizable current use; males > females	Cross-sectional
Kaur et al. (2013)	Chandigarh colleges	n~800	Multiple	Urban normalization of experimentation	Cross-sectional
Bhatia et al. (2013)	Delhi medical students	n~300	Alcohol, tobacco	Academic stress associated with use	Cross-sectional
Nayak et al. (2019)	15 Indian states (youth)	Large survey	Alcohol, tobacco, cannabis	Family/peer determinants prominent	National dataset
Dutta et al. (2022)	Meta-analysis (medical)	Multiple studies	Alcohol, tobacco, illicit	Pooled prevalence moderate to high	Review
UNODC (2023)	Global report	—	Global overview	Rising global numbers, cannabis common	Report

Awareness–Use Paradox

In various studies, more than two-thirds of students are able to accurately recognize the health dangers associated with alcohol, tobacco, and illegal drugs; however, a significant number still report using these substances currently or recently. This contradiction can be attributed to cognitive and social factors, including optimism bias (“it won’t affect me”), availability heuristics influenced by the experiences of peers, and the immediate benefits gained from stress relief or socializing that overshadow the more abstract long-term risks. Therefore, interventions need to go beyond merely providing information and focus on enhancing skills (such as refusal, coping, and time management), addressing social norms, and regulating the availability of substances in the environment.

4.3 Substance-Specific Perceptions

- Alcohol: Frequently regarded as a social enhancer rather than a “drug,” leading to a minimized perception of its risks and reckless drinking in social environments.
- Cannabis: Many consider it “natural” and relatively harmless; students might believe it aids creativity or alleviates anxiety,

despite the dangers of cognitive decline and potential psychosis in susceptible individuals.

- Sedatives (e.g., benzodiazepines): Often misused for sleep or managing anxiety during exam periods; the risks of tolerance and dependence are not fully recognized.
- Stimulants (e.g., methylphenidate, modafinil): Used without medical supervision to improve focus and alertness; perceived advantages often overshadow adverse effects such as anxiety, sleeplessness, and cardiovascular issues.
- Tobacco and vaping: Numerous young people think vaping is less harmful; nicotine addiction can escalate rapidly, negatively impacting academic success and emotional stability.

4.4 Risk and Protective Factors

Factors that consistently pose a risk include: being male; having permissive peer groups; living in urban areas or hostels; experiencing significant academic pressure and inadequate sleep; having existing anxiety or depression; and having easy access to alcohol or prescription drugs. On the other hand, protective factors comprise: effective parental supervision and open lines of communication; participation in organized extracurricular activities and sports; positive faculty–student relationships; and the presence of confidential counseling services. Campus regulations that restrict the sale or consumption of alcohol on-site and encourage safe event management can help decrease instances of high-risk drinking.

4.5 Programmatic and Policy Implications

1. Implement a multifaceted prevention approach: Integrate peer-led training, interactive skill development (such as refusal and stress management techniques), and motivational interviewing strategies.
2. Institutionalize the use of screening and brief intervention (SBI): Incorporate anonymous annual screenings along with quick referrals to campus counselors and affiliated de-addiction services.
3. Enhance family involvement: Provide communication tool kits for parents and students during the admissions process and orientation for incoming first-year students.
4. Utilize digital resources: Offer app-based psycho-education and micro-lessons in cognitive behavioral therapy; allow anonymous chats with counselors to help minimize stigma.
5. Implement supportive regulations: Control the availability of substances on campus, enforce age restrictions, collaborate with nearby vendors, and adopt protocols for event risk management.
6. Train faculty and student leaders: Provide gatekeeper training to identify early warning signs and facilitate confidential referrals.

4.6 Research Gaps

Significant gaps include a lack of longitudinal studies that follow individuals from initial use to problematic use; insufficient research on the non-medical use of prescription stimulants and sedatives among populations beyond medical colleges; the under-representation of rural and non-residential campuses; and a scarcity of randomized evaluations for digital or hybrid prevention programs. Future research should utilize mixed methods designs to understand complex sociocultural interpretations and adopt rigorous implementation science frameworks for scaling interventions effectively.

5. CONCLUSION

Among students, the way drug abuse is perceived is heavily influenced by sociocultural factors, peer influences. To develop effective solutions, it is essential to go beyond simply raising awareness to also tackle skills development, social norms, accessibility, and stigma. Educational institutions have a unique opportunity to implement comprehensive prevention strategies, include confidential screening and counseling, and work in partnership with families and community organizations. A targeted research focus that highlights longitudinal studies and the assessment of digital interventions can help advance the creation of safer and healthier environments on campuses.

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