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Role of Social Workers in Preventing and Managing Substance Abuse among Youth in Leh, Ladakh: A Qualitative Study

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Abstract
Substance abuse has become a major public health and social concern, particularly among young people. In the Union Territory of Ladakh, rapid socio-economic changes, urbanization, tourism, unemployment, and peer influence have contributed to increasing substance use. This study examines the role of social workers in addressing substance abuse in Leh, Ladakh, with a focus on prevention, counselling, rehabilitation, community awareness, and follow-up services. A descriptive qualitative research design was adopted. Primary data were collected through purposive sampling from ten respondents receiving treatment at the Psychiatric Department of Sonam Norboo Memorial (SNM) Hospital and the Drug De-addiction Centre, Leh. Data were gathered through interviews, field observations, and interactions with social workers, while institutional records and published literature were used as secondary sources.
The findings reveal that young adults aged 19–24 years are the most affected group, with peer pressure and curiosity identified as the primary factors contributing to substance use. Social workers play a vital role in psychosocial counselling, family intervention, rehabilitation, relapse prevention, and community awareness. However, inadequate rehabilitation facilities, social stigma, and limited public awareness remain major challenges. The study recommends strengthening community-based prevention programmes, expanding rehabilitation services, and enhancing the role of professional social workers through a multidisciplinary approach.

Keywords: Substance abuse, social work, rehabilitation, counselling, youth, Ladakh.

1. Introduction

Substance abuse has become one of the most significant public health and social development challenges of the twenty-first century. The harmful consumption of psychoactive substances not only affects the physical and psychological well-being of individuals but also has profound consequences for families, communities, healthcare systems, and national economies "World Health Organization (WHO)", 2018; "United Nations Office on Drugs and Crime"(UNODC), 2021). The increasing availability of narcotic drugs, changing social norms, rapid urbanization, globalization, and technological advancements have collectively contributed to the growing prevalence of substance use disorders across both developed and developing countries. Consequently, substance abuse is no longer viewed solely as an individual behavioural problem but as a multidimensional social issue requiring comprehensive interventions involving healthcare professionals, policymakers, educators, law enforcement agencies, and social workers. The World Health Organization defines substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs that results in dependence, impaired health, social dysfunction, and economic loss (WHO, 2018). Substance dependence is recognized as a chronic and relapsing condition characterized by compulsive drug-seeking behaviour despite harmful consequences. The physical, psychological, social, and economic burden associated with substance abuse extends beyond the affected individual and

influences family relationships, educational attainment, employment opportunities, crime rates, and community safety.

Globally, substance abuse continues to rise despite substantial investments in prevention and treatment programmes. According to the United Nations Office on Drugs and Crime, hundreds of millions of people consume psychoactive substances every year, while a significant proportion develops substance use disorders requiring professional treatment (UNODC, 2021). Young people remain disproportionately affected due to experimentation, peer influence, emotional vulnerability, academic stress, unemployment, and exposure to social media and changing lifestyles. These factors have transformed substance abuse into a major global health concern requiring coordinated public health and social welfare responses.

In India, substance abuse has emerged as a rapidly growing concern affecting both urban and rural populations. The increasing consumption of alcohol, cannabis, opioids, inhalants, sedatives, and pharmaceutical drugs has become a matter of serious concern for public health authorities and social welfare institutions. National studies have reported that millions of individuals require treatment for substance dependence, yet only a small proportion receive appropriate medical care and psychosocial support (Ambekar et al., 2019). The burden of addiction is particularly severe among adolescents and young adults, who often initiate substance uses during late adolescence because of peer pressure, curiosity, family conflict, academic stress, unemployment, and inadequate awareness regarding the harmful effects of drugs. Recognizing the seriousness of the problem, the Government of India enacted the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985, which provides a comprehensive legal framework for controlling the production, possession, trafficking, and consumption of narcotic substances (Government of India, 1985). In addition to legal enforcement, several national programmes emphasize prevention, treatment, rehabilitation, and social reintegration of persons affected by substance use disorders. Nevertheless, the increasing availability of synthetic drugs and pharmaceutical substances continues to challenge existing prevention strategies.

The Union Territory of Ladakh presents a unique socio-cultural and geographical context for understanding substance abuse. Historically known for its strong community relationships, Buddhist and Islamic cultural traditions, and relatively low crime rates, Ladakh has experienced rapid socio-economic transformation over the past two decades. Expansion of tourism, improved transportation networks, increasing urbanization, exposure to external cultures, changing family structures, and modernization have significantly influenced the lifestyles of young people. Although these developments have contributed to economic growth, they have also introduced new social problems, including substance abuse among adolescents and young adults (Dorjay, 2009; Dasal, 2025). Leh district has witnessed increasing concern regarding the misuse of alcohol, cannabis, opioids, injectable drugs, and pharmaceutical substances. Reports from healthcare institutions and law enforcement agencies indicate a gradual increase in drug-related cases, particularly among young males. The consequences extend beyond individual health, contributing to school dropout, unemployment, family conflict, criminal behaviour, mental illness, domestic violence, and social exclusion. Furthermore, injecting drug use increases the risk of blood-borne infections such as HIV, Hepatitis B, and Hepatitis C, thereby creating additional public health challenges. The geographical characteristics of Ladakh further complicate the management of substance abuse. High altitude, harsh climatic conditions, scattered settlements, difficult transportation, and limited access to specialized healthcare services restrict the availability of rehabilitation facilities and long-term psychosocial support. Social stigma

surrounding addiction often discourages affected individuals and their families from seeking professional assistance, resulting in delayed treatment and increased risk of relapse. These contextual factors make substance abuse not only a medical concern but also a social development issue requiring locally appropriate interventions. Within this context, social workers occupy a central position in addressing substance abuse through preventive, therapeutic, rehabilitative, and community-based interventions. Unlike purely medical approaches, social work emphasizes a holistic understanding of addiction by considering the psychological, familial, social, cultural, and environmental factors influencing substance use. Social workers provide individual and family counselling, psychosocial assessment, crisis intervention, rehabilitation planning, community mobilization, awareness campaigns, advocacy, and relapse prevention. They also coordinate with psychiatrists, psychologists, healthcare providers, educational institutions, non-governmental organizations, and government agencies to facilitate comprehensive care and social reintegration.

Social workers further contribute to strengthening protective factors within communities by promoting healthy lifestyles, enhancing family resilience, supporting youth engagement, and reducing stigma associated with addiction. Through community outreach programmes, school-based awareness campaigns, life skills education, and peer support initiatives, they play an essential role in preventing substance use before dependence develops. Their multidisciplinary approach aligns with the broader objectives of social justice, human rights, community empowerment, and inclusive development (Sheafor & Horejsi, 2015; Hepworth et al., 2022). Despite increasing concern regarding substance abuse in Ladakh, empirical research examining the role of social workers remains limited. Existing studies have largely focused on the prevalence of substance use, psychiatric treatment, or law enforcement responses, while comparatively little attention has been given to psychosocial interventions and community-based rehabilitation strategies. There is also limited evidence documenting the experiences of social workers operating within the unique geographical, cultural, and institutional context of Ladakh. The present study seeks to address this gap by exploring the role of social workers in preventing and managing substance abuse in Leh, Ladakh. Specifically, the study examines the demographic profile of individuals receiving treatment, identifies factors contributing to substance use, explores the interventions undertaken by social workers, and analyses the challenges encountered in delivering rehabilitation and psychosocial support services. The findings are expected to contribute to the existing body of knowledge on substance abuse and provide evidence-based recommendations for strengthening social work practice, rehabilitation services, and community-based prevention programmes in the Union Territory of Ladakh.

2. Review of Literature

Substance abuse has increasingly been recognized as a multidimensional public health and social development issue requiring coordinated interventions from healthcare professionals, policymakers, educators, families, and social workers. Contemporary research demonstrates that substance use disorders arise from a complex interaction of biological, psychological, social, cultural, and environmental factors. Consequently, effective prevention and rehabilitation require multidisciplinary approaches that extend beyond medical treatment to include psychosocial interventions, community participation, and social reintegration.

2.1 Global Perspective on Substance Abuse

Substance abuse continues to pose one of the greatest public health challenges globally. According to the World Health Organization, the harmful use of alcohol and illicit drugs contributes substantially to the global burden of disease, disability, and premature mortality. Millions of deaths each year are directly or

indirectly associated with substance use through overdose, injuries, infectious diseases, cardiovascular disorders, liver disease, mental illness, and suicide. Beyond its health consequences, substance abuse contributes to family disruption, unemployment, crime, homelessness, and reduced economic productivity.

Similarly, the United Nations Office on Drugs and Crime reported that drug markets have become increasingly diversified with the emergence of synthetic drugs, misuse of pharmaceutical opioids, and expanding trafficking networks. Young people remain particularly vulnerable because adolescence and early adulthood represent developmental periods characterized by experimentation, identity formation, peer influence, and increased risk-taking behaviour. The report further emphasizes that prevention programmes should extend beyond law enforcement to include education, community participation, mental health promotion, and rehabilitation. Global evidence also suggests that addiction should be viewed as a chronic but treatable condition rather than a moral failing. Recovery is most successful when medical treatment is integrated with psychological counselling, vocational rehabilitation, family therapy, and long-term community support. This shift from punitive approaches toward recovery-oriented care has significantly influenced contemporary social work practice across many countries.

2.2 Substance Abuse in the Indian Context

India has experienced substantial changes in patterns of substance use over recent decades. Rapid urbanization, industrialization, migration, unemployment, changing family structures, and increased accessibility of narcotic substances have contributed to growing substance use disorders across different regions of the country. One of the largest national studies conducted by the All-India Institute of Medical Sciences in (AIIMS) collaboration with the Ministry of Social Justice and Empowerment revealed that alcohol, cannabis, opioids, inhalants, and sedatives constitute the most frequently abused substances in India. The report estimated that millions of individuals require treatment for substance dependence; however, only a small proportion receive professional care. The treatment gap remains particularly high in rural and remote regions where specialized rehabilitation services are limited. The study further observed that opioid dependence has emerged as one of the most serious public health concerns because of its association with injecting drug use, overdose, HIV transmission, Hepatitis B, Hepatitis C, and long-term psychological dependence. Young adults between 18 and 30 years were identified as the population most vulnerable to initiating substance use.

Researchers have consistently found that peer pressure, academic stress, unemployment, family conflict, emotional distress, childhood neglect, and social isolation significantly increase the likelihood of substance use initiation among adolescents and young adults. Conversely, strong family relationships, effective parenting, community participation, educational engagement, and supportive peer networks function as protective factors.

2.3 Socio-cultural Determinants of Substance Abuse

Substance abuse cannot be explained solely through biological or psychological factors. Social science research emphasizes the influence of broader structural and cultural determinants. Social Learning Theory, proposed by Albert Bandura (1977), suggests that individuals acquire behaviours through observation, imitation, and reinforcement. Young people frequently initiate substance uses after observing peers, siblings, or influential individuals engaging in similar behaviours. Similarly, Social Control Theory, developed by Travis Hirschi (1969), argues that weak attachment to family, school, and community institutions reduces social control and increases the likelihood of deviant behaviour, including substance abuse. The Ecological Systems Theory of Urie Bronfenbrenner (1979) provides another useful

framework by emphasizing that individual behaviour is influenced by multiple interconnected systems, including family, peer groups, educational institutions, community organizations, culture, and government policies. This perspective aligns closely with social work practice because it recognizes that addiction develops within broader environmental contexts rather than solely through individual choices.Research consistently demonstrates that unemployment, poverty, social exclusion, family instability, childhood trauma, and adverse life events significantly increase vulnerability to substance abuse. Conversely, social support, positive parenting, community cohesion, and access to education reduce the likelihood of addiction.

2.4 Substance Abuse in Himalayan and Border Regions

Although extensive research exists regarding substance abuse in metropolitan cities, relatively few studies have examined addiction in remote Himalayan regions. These regions present unique challenges due to geographical isolation, harsh climatic conditions, limited healthcare infrastructure, scattered populations, and reduced accessibility to rehabilitation services. Ladakh has undergone rapid socio-economic transformation following increased tourism, improved road connectivity, digital communication, and administrative restructuring. While these developments have enhanced economic opportunities, they have simultaneously exposed local communities to changing lifestyles, consumer culture, and illicit drug markets. Earlier research conducted in Ladakh suggested that modernization, changing aspirations, weakening traditional social controls, and increased interaction with outside populations have altered youth behaviour. Traditional community support systems that historically protected young people from risky behaviours have gradually weakened, increasing vulnerability to substance use. Recent reports from healthcare institutions and local newspapers further indicate increasing concern regarding opioid misuse, cannabis consumption, pharmaceutical drug abuse, and injecting drug use among young males in Leh district. These developments highlight the urgent need for community-based prevention and rehabilitation strategies adapted to the unique cultural and geographical context of Ladakh.

2.5 Role of Social Workers in Substance Abuse Prevention and Rehabilitation

Social workers constitute an essential component of multidisciplinary teams addressing substance use disorders. Unlike purely biomedical models that focus primarily on detoxification and pharmacological treatment, social work adopts a holistic perspective that considers individuals within their family, community, and socio-cultural environments. According to Sheafor and Horejsi (2015) during prevention, they organize awareness campaigns, life-skills education, school-based interventions, and community outreach programmes to reduce risk factors associated with substance use. Early identification and motivational counselling help individuals recognize harmful patterns before dependence develops. Similarly, Hepworth et al. (2022) during treatment, social workers conduct psychosocial assessments, individual counselling, family counselling, group therapy, crisis intervention, discharge planning, and rehabilitation referrals. They work collaboratively with psychiatrists, psychologists, nurses, and addiction specialists to develop individualized treatment plans.

Following discharge, relapse prevention becomes one of the most important responsibilities of social workers. Follow-up visits, home-based interventions, peer support groups, vocational guidance, employment assistance, and family counselling improve long-term recovery outcomes. Research consistently demonstrates that continuous psychosocial support substantially reduces relapse rates compared with medical treatment alone. Social workers also serve as advocates for persons recovering from addiction by

reducing stigma, promoting social inclusion, facilitating access to welfare schemes, and encouraging community participation. Their role extends beyond clinical settings into schools, villages, workplaces, correctional institutions, and community organizations.

2.6 Challenges Faced by Social Workers

Despite their significant contributions, social workers encounter numerous challenges while addressing substance abuse. One of the most persistent barriers is social stigma. Many individuals hesitate to seek treatment because addiction continues to be viewed as a moral weakness rather than a health condition. Families often conceal substance use due to fear of social discrimination, delaying treatment until severe complications arise. Another challenge involves limited rehabilitation infrastructure, particularly in geographically remote regions such as Ladakh. Shortages of trained professionals, inadequate rehabilitation centres, poor transportation, and limited aftercare services restrict continuity of treatment. High relapse rates also present considerable challenges. Recovery from addiction is a long-term process requiring sustained family support, community acceptance, stable employment, and continuous counselling. Without these supports, many individuals return to substance use despite successful detoxification. Furthermore, inadequate public awareness regarding addiction, mental health, and rehabilitation services continues to limit community participation in prevention efforts. These challenges highlight the importance of strengthening social work.

3. Objectives of the Study

The present study aims to explore the role of social workers in addressing substance abuse in Leh, Ladakh, with particular emphasis on prevention, treatment, rehabilitation, and community-based interventions. The specific objectives of the study are:

1. To examine the socio-demographic profile of individuals receiving treatment for substance abuse in Leh, Ladakh.
2. To identify the major factors contributing to substance abuse among youth.
3. To explore the patterns and modes of substance use among the respondents.
4. To examine the role of social workers in addressing substance abuse through prevention, counselling, rehabilitation, and follow-up care, and to identify the challenges they encounter in the study area.
5. To examine the institutional trends in rehabilitation through the analysis of admission patterns at the Drug De-addiction Centre, Leh.

4. Materials and Methods

This study employed a descriptive qualitative research design to explore the role of social workers in addressing substance abuse in Leh, Ladakh. The study was conducted at the Psychiatric Department of Sonam Norboo Memorial (SNM) Hospital and the Drug De-addiction Centre, Leh, which provide treatment and rehabilitation services for individuals with substance use disorders.A purposive sampling technique was used to select total 10 respondents receiving treatment for substance use disorders, comprising 06 participants from the Drug De-addiction Centre, Leh, and 04 participants from the Psychiatric Department, Sonam Norboo Memorial (SNM) Hospital, Leh. In addition, social workers and counsellors involved in rehabilitation services were interviewed to obtain professional perspectives. Primary data were collected through semi-structured interviews, observations, and informal discussions, while secondary data were obtained from institutional records, government reports, books, peer-reviewed journals, and publications of the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the All India Institute of Medical Sciences (AIIMS). Data were analysed using thematic analysis to identify key themes related to substance use patterns, contributing factors, social work interventions, and rehabilitation

challenges. Ethical approval was obtained from the concerned institutions, and informed consent was secured from all participants before data collection. Confidentiality and anonymity were maintained throughout the study.

5. Results and Discussion

This section presents the findings obtained from interviews, field observations, and institutional records collected from respondents receiving treatment at the Psychiatric Department of Sonam Norboo Memorial (SNM) Hospital and the Drug De-addiction Centre, Leh. The findings are organized according to the objectives of the study and interpreted in light of existing literature.

5.1 Socio-demographic Profile of Respondents

Table 1: Age-wise Distribution of Respondents (N = 10)

Age Group (Years)	Frequency	Percentage (%)
10–18	2	20
19–24	6	60
25–30	2	20
Total	**10**	**100**

Source: Field Survey (2026)

The findings indicate that 60% of the respondents belonged to the 19–24 years age group, while 20% each were between 10–18 years and 25–30 years. The predominance of young adults suggests that late adolescence and early adulthood represent the most vulnerable period for initiating substance use in Leh. This finding is consistent with national evidence reported by the All India Institute of Medical Sciences, which identified young adults as the age group most affected by opioid and cannabis use. Young people often experience multiple social transitions, including higher education, employment challenges, peer influence, and identity formation, increasing their susceptibility to risky behaviours. From a social work perspective, the findings indicate the importance of introducing preventive interventions at secondary schools, colleges, vocational institutions, and youth clubs before substance use progresses to dependence.

5.2 Mode of Substance Use

Table 2: Mode of Substance Use among Respondents (N = 10)

Mode of Substance Use	Frequency	Percentage (%)
Injecting	6	60
Snorting	3	30
Smoking	1	10
Total	**10**	**100**

Source: Field Survey (2026)

The data reveal that injecting drug use (60%) was the predominant mode of substance consumption among respondents, followed by snorting (30%) and smoking (10%).

The predominance of injecting drug use is particularly concerning because it substantially increases the risk of HIV infection, Hepatitis B, Hepatitis C, overdose, and long-term dependence. The World Health Organization has consistently highlighted injecting drug use as one of the most significant public health concerns due to its association with communicable diseases and mortality. The findings suggest that harm reduction programmes, needle exchange services (where applicable under public health policy), opioid substitution therapy, and intensive counselling should become important components of rehabilitation services in Leh.

5.3 Reasons for Substance Use

Table 3: Reasons for Initiation of Substance Use (Multiple Responses)

Reason	Frequency	Percentage (%)
Peer Pressure	10	100
Curiosity / Experimentation	8	80
Stress / Personal Problems	2	20

Source: Field Survey (2026)

Table 3 shows multiple response. Peer pressure emerged as the most significant factor, with all respondents (100%) identifying it as an important influence in initiating substance use. Curiosity and experimentation were reported by 80%, whereas stress-related factors were reported by 20%. These findings strongly support Social Learning Theory, which suggests that individuals learn behaviours by observing and interacting with peers. Young people frequently imitate behaviours considered socially acceptable within their peer groups. In Leh, increasing exposure to changing lifestyles and expanding social networks may further reinforce such behaviours. These findings indicate that prevention programmes should focus not only on individuals but also on peer groups through life-skills education, youth leadership programmes, and peer educator initiatives.

5.4 Role of Social Workers in Addressing Substance Abuse

Table 4: Major Roles Performed by Social Workers

Intervention	Description
Individual Counselling	Psychosocial counselling, motivation, relapse prevention
Family Counselling	Educating and supporting family members during recovery
Community Awareness	Awareness campaigns in schools, villages, colleges, and communities
Rehabilitation Referral	Linking individuals with de-addiction centres and rehabilitation facilities
Follow-up Services	Home visits and monitoring recovery after treatment
Community Outreach	Identifying vulnerable individuals and facilitating access to treatment

Source: Interviews with Social Workers (2026)

Table 4 demonstrate that social workers perform diverse responsibilities extending beyond counselling. Their interventions encompass prevention, treatment, rehabilitation, advocacy, family support, community mobilization, and follow-up care. Field observations revealed that outreach social workers play a particularly significant role in identifying substance users within communities and motivating them to seek treatment. Social workers also function as coordinators between healthcare professionals, rehabilitation centres, families, and community organizations. These findings support contemporary social work literature, which recognizes addiction recovery as a multidimensional process requiring continuous psychosocial intervention rather than solely medical treatment.

5.5 Challenges Faced by Social Workers

Table 5: Major Challenges in Addressing Substance Abuse

Challenge	Description
Social Stigma	Fear of discrimination discourages treatment seeking
Lack of Awareness	Limited public knowledge regarding addiction and rehabilitation
Family non-cooperation	Poor family involvement in treatment and recovery
Relapse	Frequent recurrence after treatment
Limited Rehabilitation Facilities	Inadequate institutional infrastructure and professional manpower

Source: Interviews with Social Workers (2026)

Social stigma emerged as one of the most significant barriers affecting rehabilitation.Many respondents delayed seeking treatment because addiction continued to be perceived as a moral weakness rather than a medical condition. Similarly, inadequate rehabilitation facilities and limited aftercare services posed considerable challenges to sustained recovery. High relapse rates were attributed to unemployment, inadequate family support, social isolation, and continued

association with substance-using peer groups. These findings emphasize that addiction recovery requires coordinated efforts involving healthcare providers, social workers, families, educational institutions, and community organizations.

5.6 Institutional Trends in Rehabilitation

Table 6: Admissions at the Drug De-addiction Centre, Leh

Year	Number of Admissions
2024	2
2025	0
2026 (Up to April)	23

Source: Drug De-addiction Centre Records (2026)

Institutional records reveal a substantial increase in admissions during 2026. Although only 02 respondents were admitted in 2024 and none during 2025, and 23 respondents had already accessed treatment by April 2026. This increase may reflect due to increased community awareness, improved outreach activities, enhanced referral mechanisms, growing acceptance of rehabilitation services, or an actual rise in substance use within the community. Further longitudinal research is required to determine whether the increase reflects improved service utilization or increasing prevalence.

6. Policy Recommendations

Based on the findings of the study, the following recommendations are proposed:

- Strengthen awareness programmes on substance abuse through schools, colleges, communities, and the media.
- Expand rehabilitation and counselling services, especially in remote areas of Ladakh.
- Integrate professional social workers into healthcare and rehabilitation services.
- Promote school-based prevention programmes focusing on life skills and mental health.
- Strengthen family and community participation in prevention and rehabilitation.
- Enhance government support by improving rehabilitation infrastructure and trained human resources.
- Encourage youth engagement through education, vocational training, sports, and other constructive activities.

7. Conclusion

Substance abuse has emerged as a growing public health and social concern among the youth of Leh, Ladakh. The study found that peer pressure, curiosity, and changing social environments are major factors contributing to substance use, with young adults being the most affected. It also highlights the significant role of social workers in prevention, counselling, rehabilitation, family intervention, community awareness, and relapse prevention. The findings indicate that effective management of substance abuse requires a multidisciplinary and community-based approach involving healthcare professionals, social workers, families, educational institutions, and government agencies. However, challenges such as social stigma, limited rehabilitation facilities, shortage of trained professionals, and geographical barriers continue to affect service delivery. In conclusion, strengthening rehabilitation services, expanding preventive programmes, and enhancing the role of professional social workers are essential for reducing substance abuse and promoting the successful recovery and social reintegration of individuals in Ladakh.

References

Ambekar, A., Agrawal, A., Rao, R., Mishra, A. K., Khandelwal, S. K., & Chadda, R. K. (2019). *Magnitude of substance use in India*. Ministry of Social Justice and Empowerment, Government of India & All India Institute of Medical Sciences (AIIMS).

Bandura, A. (1977). *Social Learning Theory*. Prentice Hall.

Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Harvard University Press.

Dasal, S. (2025, February 15). *Drug abuse in Leh: Rising addiction rates among youth raise concerns*. Reach Ladakh.

Government of India. (1985). *The Narcotic Drugs and Psychotropic Substances Act, 1985*. Government of India.

Hepworth, D. H., Rooney, R. H., Rooney, G. D., Strom-Gottfried, K., & Larsen, J. A. (2022). *Direct social work practice: Theory and skills* (11th ed.). Cengage Learning.

Hirschi, T. (1969). *Causes of Delinquency*. University of California Press.

Ministry of Social Justice and Empowerment, & All India Institute of Medical Sciences. (2019). *Magnitude of Substance Use in India*. Government of India.

National Institute of Mental Health and Neurosciences. (2020). *Manual on Substance Use Disorders*. Bengaluru: NIMHANS.

Sheafor, B. W., & Horejsi, C. R. (2015). *Techniques and guidelines for social work practice* (10th ed.). Pearson.

United Nations Office on Drugs and Crime. (2021). *World drug report 2021*. United Nations. https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html

World Health Organization. (2018). *Management of substance abuse*. World Health Organization. https://www.who.int/teams/mental-health-and-substance-use/substance-use

World Health Organization. (2021). *Guidelines on Community Mental Health Services*. World Health Organization.