

Impact Assessment of the 100-Day Nasha Mukht Jammu Kashmir Abhiyan: A Study of Border Villages in Ramgarh Block, Samba District

*A Study conducted by Paramrshniti Foundation in association with
District Administration Samba*

August 2026

REPORT INFORMATION

Impact Assessment of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan: A Study of Border Villages in Ramgarh Block, Samba District

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Suggested Citation

Mahajan, S., & Nagra, A. (2026). *Impact Assessment of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan: A Study of Border Villages in Ramgarh Block, Samba District*. Paramrshniti Foundation, Jammu and Kashmir

Disclaimer

This report is based on primary data collected from respondents in selected border villages of Ramgarh Block, Samba District, Jammu and Kashmir. The findings reflect respondents' views and experiences at the time of the survey and are intended to support policy discussion, programme assessment, and academic research. Artificial Intelligence (AI) was used only for grammar and language editing to improve clarity and readability. The prompt used was: "Improve clarity, grammar, and readability while preserving the original meaning.". While due care has been taken in data collection, analysis, and reporting, the findings should not be interpreted as statistically representative of the entire district or the Union Territory of Jammu and Kashmir. The interpretations and recommendations presented in this report are those of the authors and do not necessarily reflect the official views of the District Administration, collaborating institutions, or any other government agency.

Published by

Paramrshniti Foundation
Vijaypur, Samba, Jammu and Kashmir

Study Report 2026

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Message from Deputy Commissioner, Samba

I would like to complement the team of Paramrsh Niti Foundation for the impact assessment report on 100 Days Nasha Mukh Abhiyaan. It provides interesting insights based on field interactions in the border villages of Ramgarh Block.

The report goes beyond assessing awareness and participation in the campaign. It also draws attention to the social, economic, and institutional issues connected with substance abuse. It further attempts at providing constructive insights and suggestions for future awareness campaigns and other such efforts. It highlights the role of Civil Society, Youth Groups and other such stakeholders in both drugs related awareness and prevention.

It shall prove to be an important tool for evidence based planning in Samba district. Our heartfelt gratitude to the team for pursuing this extremely relevant subject matter with the passion and vigour it deserves.

I on behalf of District Administration also wish that team continues to collaborate with District Administration in the future as well.

**Ayushi Sudan (IAS)
Deputy Commissioner
Samba**



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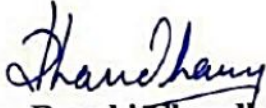
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The study report prepared by **PARAMRSHNITI FOUNDATION** is useful from both academic and policy perspectives. It brings together the experiences of people at the field level and presents their views in a manner that can support practical decision-making.

The report does not remain limited to awareness and participation in the anti-drug campaign. It also highlights some of the wider issues linked with substance abuse in border areas, particularly among young people. Concerns such as unemployment, social vulnerability, lack of proper guidance, rehabilitation needs, and the role of community institutions have been brought out clearly.

These findings can help the administration and other stakeholders in planning more suitable and locally relevant interventions. The report is therefore a meaningful effort towards evidence-based governance and better public policy.

Another important aspect of the report is that it gives space to the voices of local communities. Their suggestions regarding regular awareness programmes, counselling support, youth engagement, sports facilities, skill development, and employment opportunities can help in shaping future interventions. Such field-based studies are valuable because they connect policy with the actual needs and experiences of people.


Dr. Rouchi Chaudhary
Associate Professor



ACKNOWLEDGEMENT

The preparation of this report was made possible through the support and cooperation of several institutions and individuals. The Paramrshniti Foundation gratefully acknowledge their contributions to the successful completion of this study.

We are profoundly grateful to Ms. Ayushi Sudan, IAS, Deputy Commissioner, Samba, for her visionary leadership and encouragement towards creating a drug-free society. Her guidance and support provided the inspiration and direction necessary for undertaking this impact assessment and documenting the outcomes of the 100-Day Nasha Mukti Abhiyaan in the border areas of Samba district.

We extend our heartfelt appreciation to Prof. Meenu Abrol, Principal, GDC, Ramgarh; Sh. Sudesh Sharma, Principal, GHSS, Nandpur; Sh. Rameshwar Sharma, Principal, GHSS Gho Brahmna; and the Principal, Sh. Karamjeet Singh GHSS, Rahya, for their wholehearted cooperation, encouragement, and invaluable support in organising anti-drug awareness programmes, quiz competitions, poster-making competitions, and other outreach activities. Their enthusiastic support in facilitating meaningful interaction with students and teachers greatly contributed to the success of the campaign and this impact assessment.

We sincerely acknowledge the dedication and coordinated efforts of the programme team, comprising Anu Bagul, Akriti Uppal, Shubham Singh Charak, Rohit Thakur, Shubham Raina, and Shivendra Shandilya, whose commitment, field engagement, and teamwork played a vital role in the successful implementation of campaign activities and the completion of this assessment. We are equally grateful to Dr. Satyam Singh, Editorial Head, for his valuable editorial guidance and constructive inputs in improving the quality and presentation of this report.

We also express our sincere thanks to the officers and officials of the District Administration, Samba, representatives of various government departments, educational institutions, local organisations, and community leaders who extended their cooperation and support throughout the campaign. Their collective efforts significantly contributed to the successful implementation of awareness programmes across the study area.

Finally, we express our deepest gratitude to the residents of the Ramgarh and Vijaypur and border villages of Jerda, Nandpur, Dagh Chamleyal, Rangoor, Barota Abtal, and other neighbouring communities who generously shared their time, experiences, perceptions, and valuable suggestions during the survey, awareness programmes, and village Chaupals. Their active participation and candid insights constitute the foundation of this report and reaffirm the importance of community participation in building a healthier, safer, and drug-free society.

We hope that the findings and recommendations presented in this report will contribute meaningfully to strengthening future awareness initiatives, promoting evidence-based policymaking, and supporting the collective vision of a Drug-Free Samba.

EXECUTIVE SUMMARY

The 100-Day Nasha Mukht Jammu Kashmir Abhiyan, led by Hon'ble Lt. Governor of Jammu and Kashmir Sh. Manoj Sinha on 11 April 2026, was a time-bound public awareness and community mobilisation campaign aimed at addressing the growing challenge of substance abuse across the Union Territory. The campaign sought to strengthen preventive efforts through coordinated action involving government departments, educational institutions, healthcare agencies, law-enforcement authorities, civil society organisations, and local communities.

In Samba district, the campaign was implemented through coordinated efforts involving the District Administration, educational institutions, healthcare agencies, law-enforcement authorities, civil society organisations, community representatives, and volunteers. As part of this initiative, PARAMRSHNITI FOUNDATION, under the guidance of the District Administration, Samba, supported the implementation of awareness and outreach activities in educational institutions and local communities. These activities included awareness lectures, interactive sessions, poster-making, quiz competitions, anti-drug pledge ceremonies, community outreach programmes, and village-level awareness campaigns. The interventions were intended to educate citizens about the harmful consequences of substance abuse, promote healthy lifestyle choices, encourage community responsibility, and strengthen public participation in drug-prevention efforts.

The present report assesses the implementation, reach, and perceived outcomes of the 100-Day Nasha Mukht Jammu Kashmir Abhiyan in selected border areas of Samba district. It examines public awareness, campaign participation, community perceptions, attitudes towards substance abuse prevention, and views regarding the sustainability of future interventions. The report also documents field-visit experience with identifying major community concerns, and have presented policy recommendations for strengthening future anti-drug initiatives.

In addition to assessing campaign-related awareness and participation, the study records community perspectives from selected border villages and identifies local developmental priorities associated with vulnerability to substance abuse. These findings provide practical guidance for designing more sustained, community-oriented, and evidence-informed prevention strategies.

The study adopted a mixed-method research design. Primary data were collected through a structured interviewer-administered questionnaire comprising both closed-ended and open-ended questions. A total of 220 respondents participated in the survey. The assessment focused on the border villages of Jerda, Nandpur, Dagh Chamleyal, Rangoor, Barota, and Abtal in Ramgarh Block, Samba district. Data were collected from permanent residents of these villages as well as respondents residing in Ramgarh and Vijaypur who belonged to these villages or possessed adequate knowledge of local conditions and campaign activities. This approach enabled the study to capture informed community perspectives while ensuring representation of the selected border areas. The villages were selected purposively because of their proximity to the International Border, exposure to border-specific vulnerabilities, and participation in the campaign.

The questionnaire covered respondent's demographic profiles, campaign awareness, sources and frequency of exposure, participation in campaign activities, perceptions regarding the seriousness of drug abuse, vulnerable groups, institutional involvement, perceived

campaign effectiveness, community attitudes, counselling and treatment-related stigma, long-term confidence, youth engagement, and recommendations for future action. Quantitative data were analysed using descriptive statistics, including frequencies, percentages, cross-tabulations, and mean scores, with the assistance of IBM SPSS Statistics. Qualitative responses obtained through open-ended questions were analysed thematically to identify recurring concerns, priorities, and recommendations.

The findings indicate that the campaign achieved a high level of awareness and participation among the surveyed respondents. Approximately 99.1% reported being aware of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan, while 98.2% stated that they had participated in one or more campaign activities. Social media emerged as the most frequently reported source of awareness, followed by friends and family members, community meetings, educational institutions, and other communication channels. These results highlight the importance of combining digital communication with interpersonal and community-based outreach.

Respondents also viewed substance abuse as an important community concern. More than half considered drug abuse to be a moderately serious issue in their locality, while a substantial proportion identified unemployed youth as the group most vulnerable to substance abuse. These findings underline the need for prevention strategies that go beyond awareness generation and also address unemployment, lack of livelihood opportunities, limited recreational facilities, mental stress, peer influence, and other social vulnerabilities affecting young people.

The survey recorded highly positive perceptions regarding the campaign. Almost all respondents agreed that the campaign had increased public discussion about drug abuse and improved awareness of the harmful consequences of substance use. A large majority also believed that the campaign had encouraged individuals to seek counselling or professional help, contributed to more supportive community attitudes towards drug prevention, and increased confidence in the potential long-term value of such initiatives. In addition, 96.4% of respondents supported the organisation of similar awareness campaigns in the future, indicating strong public endorsement of sustained community-based prevention programmes.

Qualitative responses provided further insight into community expectations and future priorities. Respondents recommended regular awareness programmes in schools, colleges, and villages; stronger career counselling and vocational training; improved sports and recreational infrastructure; greater employment and livelihood opportunities; wider awareness of counselling, de-addiction, and rehabilitation services; stronger community participation; and improved surveillance in vulnerable border areas to prevent illegal trafficking of narcotic substances. These suggestions reflect the community's understanding that substance abuse is a multidimensional issue requiring coordinated action across the education, health, employment, social welfare, law-enforcement, youth-development, and community-governance sectors.

A Campaign Success Index was prepared to provide a consolidated overview of the campaign's performance across selected indicators. The index included campaign awareness (99.1%), participation (98.2%), increased public discussion (100%), perceived improvement in awareness (100%), encouragement of counselling and help-seeking (99.5%), positive changes in community attitudes (91.4%), confidence in long-term impact (90.5%), overall

campaign effectiveness rated as good or excellent (86.4%), and support for future campaigns (96.4%). These indicators demonstrate strong campaign reach, public acceptance, and positive perceived outcomes among the surveyed respondents.

However, the findings should be interpreted as respondent's reported perceptions and experiences within the selected study area. Since the study did not include a pre-campaign baseline or a comparison group, it does not establish causal changes in actual substance-use behaviour. The evidence is strongest in relation to campaign awareness, participation, public discussion, perceived attitudinal change, and community support.

The report identifies several strategic priorities for strengthening future interventions. These include institutionalising regular awareness programmes in educational institutions; expanding employment, skill-development, and livelihood initiatives for youth; strengthening counselling, treatment, rehabilitation, and referral services; revitalising Youth Clubs; improving sports and recreational infrastructure; promoting wider community participation; enhancing inter-departmental coordination; and strengthening surveillance and law-enforcement measures in vulnerable border areas. Periodic monitoring and follow-up assessments are also recommended to evaluate the continuity and longer-term outcomes of future interventions.

Overall, the findings suggest that the 100-Day Nasha Mukta Jammu Kashmir Abhiyan made an important contribution to increasing public awareness, strengthening community participation, encouraging discussion on substance abuse, and promoting collective responsibility for drug prevention in the selected areas of Samba district. The campaign illustrates the value of coordinated action among government departments, educational institutions, healthcare providers, law-enforcement agencies, civil society organisations, and local communities. The recommendations presented in this report are intended to support the District Administration, Samba, and other stakeholders in developing more comprehensive, sustainable, and evidence-informed strategies for building healthier, safer, and drug-resilient communities.

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List of Abbreviations

Abbreviation	Full Form
AAM	Ayushman Arogya Mandir
AIIMS	All India Institute of Medical Sciences
ANTF	Anti-Narcotics Task Force
ATF	Addiction Treatment Facility
BSF	Border Security Force
CBSE	Central Board of Secondary Education
DC	Deputy Commissioner
DIO	District Information Officer
DIPR	Department of Information and Public Relations
HIV	
IB	International Border
IEC	Information, Education and Communication
IRCA	Integrated Rehabilitation Centre for Addicts
J&K	Jammu and Kashmir
LSD	Lysergic Acid Diethylamide
MDMA	3,4-Methylenedioxymethamphetamine
MY BHARAT	Mera Yuva Bharat
NAPDDR	National Action Plan for Drug Demand Reduction
NAVCHETNA	New Consciousness on Life Skills and Drug Education for School Children
NCC	National Cadet Corps
NCORD	Narcotics Coordination
NDDTC	National Drug Dependence Treatment Centre
NDPS	Narcotic Drugs and Psychotropic Substances
NGO	Non-Governmental Organisation
NMBA	Nasha Mukta Bharat Abhiyaan
NPS	New Psychoactive Substances
NSS	National Service Scheme
NYKS	Nehru Yuva Kendra Sangathan
ODIC	Outreach and Drop-In Centre
ORF	Observer Research Foundation
PRI	Panchayati Raj Institution
SHG	Self-Help Group
SPSS	Statistical Package for the Social Sciences
SWOT	Strengths, Weaknesses, Opportunities and Threats
UT	Union Territory
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Glossary of Key Terms

Term	Definition
Abnormal Messages in the Brain	Altered or disrupted communication between brain cells caused by psychoactive substances, leading to distorted perception, behaviour, emotions, and decision-making.
Addiction	A chronic condition characterised by compulsive use of a substance despite harmful physical, psychological, social, or economic consequences.
Amphetamines	A class of powerful central nervous system stimulants that increase alertness, energy, and physical activity but carry a high risk of misuse and dependence.
Behavioural Change	A positive modification in an individual's knowledge, attitude, or behaviour resulting from awareness, education, counselling, or intervention programmes.
Cannabis	A psychoactive substance derived from the <i>Cannabis sativa</i> or <i>Cannabis indica</i> plant, primarily containing tetrahydrocannabinol (THC), which affects mood, perception, and cognition.
Community Participation	Active involvement of citizens, educational institutions, local organisations, and stakeholders in planning, implementing, and supporting awareness and prevention programmes.
Counselling	Professional psychological and emotional support provided to individuals affected by substance abuse or those at risk of addiction.
De-addiction	The process of helping individuals overcome substance dependence through medical treatment, counselling, rehabilitation, and social reintegration.
Dopamine	A neurotransmitter associated with pleasure, motivation, learning, and reward that plays a central role in addiction and substance dependence.
Drug Abuse	The harmful or excessive use of psychoactive substances resulting in adverse health, social, legal, or economic consequences.
Drug Demand Reduction	Policies and programmes designed to prevent substance abuse through awareness, education, counselling, treatment, rehabilitation, and community participation.
Drug Trafficking	The illegal production, transportation, distribution, or sale of narcotic drugs and psychotropic substances.
Heroin	A highly addictive illicit opioid synthesised from morphine that acts as a powerful central nervous system depressant.
Impact Assessment	A systematic evaluation undertaken to determine the effectiveness, outcomes, and overall impact of a programme, policy, or intervention.

International Border (IB)	The officially recognised boundary separating India from neighbouring countries. In this report, it refers to the India–Pakistan border adjoining Samba district.
Narcotic Drugs	Natural or synthetic substances that relieve pain and induce sleep, primarily opioids, regulated under the Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985.
Neuron	The fundamental functional cell of the nervous system responsible for transmitting electrical and chemical signals throughout the body.
Neurotransmitters	Chemical messengers released by neurons to transmit signals between nerve cells, muscles, and organs, regulating bodily functions and behaviour.
New Psychoactive Substances (NPS)	Synthetic or plant-derived substances designed to mimic the effects of traditional illicit drugs while often avoiding existing drug control laws.
Opioids	A broad class of natural, semi-synthetic, and synthetic substances that bind to opioid receptors in the brain to relieve pain and produce feelings of euphoria.
Psychotropic Substances	Natural or synthetic substances that alter mental processes, affecting perception, mood, consciousness, cognition, or behaviour.
Peer Education	An approach in which trained members of a similar age or social group provide information, awareness and support to their peers.
Psychotropic Substances	Natural or synthetic substances that affect mental processes, including perception, mood, cognition, consciousness or behaviour.
Rehabilitation	A structured process of medical, psychological, social and vocational support aimed at facilitating recovery from substance dependence and reintegration into society.
Stigma	Negative social attitudes, stereotypes or discrimination associated with substance use, addiction or seeking treatment and rehabilitation.
Substance Abuse	Harmful or hazardous use of psychoactive substances that may result in health, psychological or social consequences.
Thematic Analysis	A qualitative analytical method used to identify, organise and interpret recurring patterns or themes within textual or open-ended responses.
Treatment-Seeking Behaviour	Actions taken by an individual to obtain professional assistance, counselling, medical treatment or rehabilitation for substance-related problems.
Youth Engagement	Meaningful participation of young people in educational, social, cultural, sports, volunteering, leadership and community-development activities.

1. Introduction

1.1 Background

Drugs are chemical substances capable of altering the normal functioning of the human body and mind. They can be legal and illegal. Legal ones like caffeine and nicotine are used as medicine but can be abused too. While illegal drugs impair judgment and coping mechanisms, frequently leading to dangerous behaviours and an increased risk of infectious diseases like HIV, hepatitis, etc. Beyond common substances like cannabis, cocaine, and heroin, New Psychoactive Substances (NPS) are chemically modified to bypass laws, making their unpredictable effects difficult to treat or identify.¹ Addiction is a complex interaction between a user's unique biology and psychology (such as genetic predispositions or underlying anxiety) and the specific characteristics of the substance itself. While user vulnerabilities vary, certain drugs possess traits that inherently increase their potential for abuse.

Five key factors determine why some substances are more addictive than others:

- **Faster Action:** Drugs that take effect rapidly allow the brain to easily associate the substance with the resulting pleasure, triggering strong cravings.
- **Shorter Duration:** Fast-wearing drugs create a rapid cycle of a brief high followed by an immediate crash or withdrawal symptoms, reinforcing the urge to repeat the dose.
- **Higher Potency:** Stronger substances trigger a massive dopamine response in the brain, driving goal-directed behavior to seek out that reward again.
- **Direct Delivery Route:** Methods of administration that enter the bloodstream directly (like injection) maximize a drug's speed and potency compared to oral consumption.
- **Easy Accessibility:** High availability, low cost, or cultural acceptance (such as with alcohol or overprescribed opioids) make it significantly easier for a user to maintain a habit.²

The Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 was enacted to consolidate the existing laws relating to narcotic drugs and psychotropic substances and to regulate activities involving illicit drugs. The Act prohibits the cultivation, production, manufacture, possession, sale, purchase, transport, storage, consumption, and trafficking of prohibited substances except as permitted for medical or scientific purposes. The legal terminology adopted under the Act differs from medical classifications, broadly categorising opiates, stimulants such as cocaine, and cannabis as narcotic drugs, while substances such as LSD (lysergic acid diethylamide), barbiturates, and MDMA (3,4-methylenedioxymethamphetamine) are classified as psychotropic substances. To strengthen enforcement, the 1989 amendment provided for the establishment of Special Courts presided over by a single judge for the speedy trial of offences under the Act, while also prescribing procedural safeguards, including arrest reports, seizure records, and sealing procedures (*panchnamas*). The Act also prescribes penalties for the consumption of certain narcotic drugs and psychotropic substances under Section 27 and imposes criminal liability for the unlawful possession or storage of prohibited substances, irrespective of whether they are actually consumed.³

Drug abuse has emerged as one of India's most significant public health and internal security concerns. Over the past decade, the country has witnessed a considerable increase in the trafficking, production, and consumption of narcotic drugs and psychotropic substances. The growing availability of synthetic drugs, expansion of organised criminal networks, misuse of pharmaceutical drugs, and increasing involvement of adolescents and young adults have intensified the challenge. Drug abuse is no longer viewed solely as a law enforcement issue but as a multidimensional social, economic, and public health concern requiring coordinated action across government departments, educational institutions, communities, and civil society organisations.

The National Survey on the Magnitude of Substance Use in India conducted by the Ministry of Social Justice and Empowerment and AIIMS reported that millions of Indians consume alcohol, cannabis, opioids, inhalants, sedatives, and other psychoactive substances. The report identified young people as one of the most vulnerable population groups and recommended strengthening prevention programmes, expanding treatment facilities, promoting evidence-based awareness campaigns, and improving rehabilitation services. The survey further emphasised that drug demand reduction should be addressed through preventive education, community participation, scientific treatment, and coordinated policy interventions.

Table 1.1: Drug Abuse in India

Substance	Estimated Users (India)	Key Finding
Alcohol	~16 crore	Most commonly used substance
Cannabis	~4.1 crore	Second most common illicit drug
Opioids	~2.3 crore	Major public health concern
Sedatives	~1.2 crore	Misuse increasing
Inhalants	Mainly adolescents	High prevalence among youth

Source: AIIMS–NDDTC Report (2019).⁴

Table 1.1 presents the estimated magnitude of substance use in India based on the National Survey on the Extent and Pattern of Substance Use in India, conducted by the National Drug Dependence Treatment Centre (NDDTC) and All India Institute of Medical Sciences (AIIMS), under the Ministry of Social Justice and Empowerment. The findings reveal that alcohol remains the most widely consumed psychoactive substance in the country, with an estimated 16 crore users, highlighting its extensive prevalence and associated public health concerns. Cannabis, with approximately 4.1 crore users, is the second most commonly used illicit substance, followed by opioids, which are consumed by an estimated 2.3 crore individuals and represent one of the most serious public health and social challenges due to their high potential for dependence and overdose.

The report further indicates the increasing misuse of sedatives, with nearly 1.2 crore users, while inhalant use is predominantly observed among adolescents and younger age groups, making it a matter of particular concern for schools, families, and communities. These findings demonstrate that substance abuse in India is not confined to a single drug or

demographic group but affects diverse sections of society across different age groups and regions.

The magnitude of substance use as shown in Table 1.1 highlights the urgent need for comprehensive preventive strategies that extend beyond law enforcement to include awareness generation, early intervention, counselling, rehabilitation, youth engagement, and community participation.

The Standing Committee on Social Justice and Empowerment informed the Indian Parliament on August 4, 2023, that an estimated 1.35 million people in J&K, or 10% of the population, suffer from drug addiction. According to the research, 168,700 youngsters in J&K between the ages of 10 and 17 use drugs, accounting for 1.3% of the region's total population as of the 2011 census.⁵

The Observer Research Foundation (ORF) highlights that as conventional militant infiltration in Jammu & Kashmir has dropped to an all-time low, Pakistan has shifted to narco-terrorism as its primary strategy, trafficking high-potency drugs across the border to fund terror modules and target local youth. This crisis has escalated dramatically, with over 6 lakh residents (roughly 4.6% of the population) now affected by drug abuse, and overwhelmingly driven by severe heroin addiction.⁶

Although people of J&K are fighting back with the help of several de-addiction centers where they are treated as patients, a place from where they get the motivation of starting their life with a new hope. Under the National Action Plan for Drug Demand Reduction, the national government claims to have invested Rs 5.45 crores on 32 rehabilitation facilities in the area between 2021 and 2024. These include five district de-addiction centers, twenty de-addiction treatment facilities in government hospitals, three outreach and drop-in centers (Connects with active, hard-to-reach users), two community peer-led interventions (Prevents onset & catches early users), and one integrated rehabilitation center for addicts (Provides inpatient medical detox & recovery).

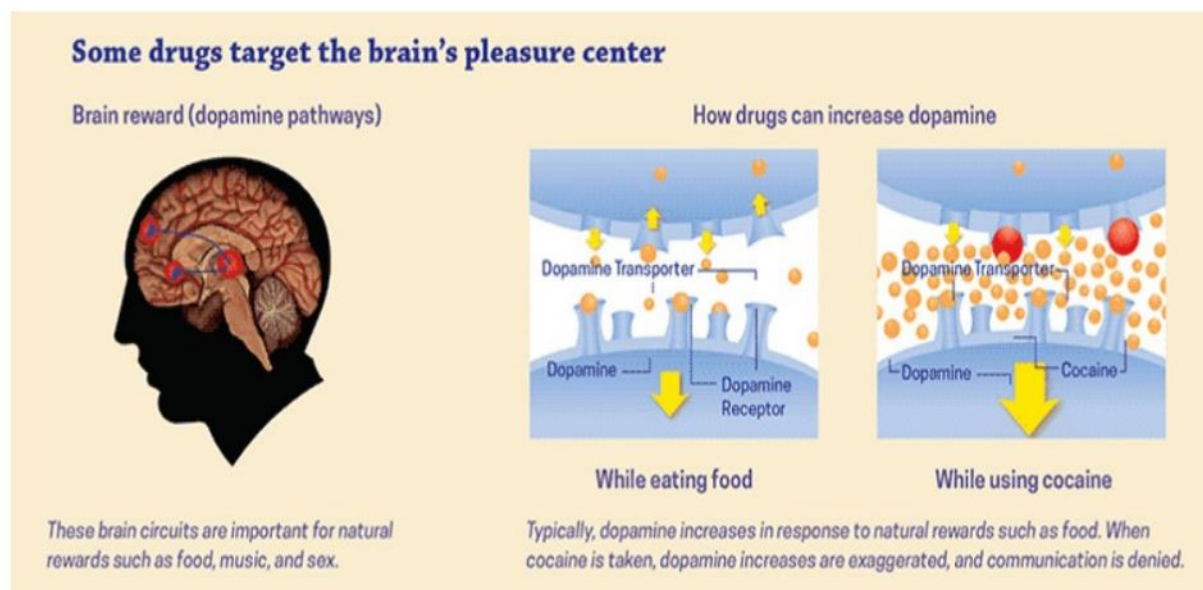
Isolated enforcement actions aren't enough, it provides immediate relief but sustainable eradication of the drug menace requires collaboration with a grassroots level discussion and awareness campaigns to understand the micro-level factors. Thus, report and field study have been undertaken to evaluate the ground-level efficacy of the *100 Day Nashamukt Jammu Kashmir Abhiyan* across the Samba District. This study is executed through a collaboration between the District Administration of Samba which provides administrative oversight, and institutional resources. The Paramrshniti Foundation, acting as the core implementation, research, and civil society partner.

1.2 III Effects of Drugs

The nervous system serves as the body's command center, using electrical signals to coordinate thoughts, memory, and actions while regulating both voluntary movements and involuntary processes like breathing and blinking. It is divided into two main parts: the Central Nervous System (CNS), which includes the brain and spinal cord to process information, and the Peripheral Nervous System (PNS), a network of nerves that relays signals between the CNS and the rest of the body.⁷ The brain operates as a sophisticated communication network composed of billions of neurons. Each neuron functions like a tiny switch, activating when fed

sufficient signals from neighbouring neurons. The synapse is the microscopic gap between neurons through which chemical messengers called neurotransmitters travel.

Figure 1.1: Long-term drug use impairs brain functioning



Source: *Drugs, Brains, and Behavior: The Science of Addiction*.

These neurotransmitters interact with receptors on adjacent neurons, triggering them to activate. Clean-up transporters recycle these chemicals after the signal is transmitted, ensuring efficient communication occurs rapidly across various brain regions, the spinal cord, and the entire body, facilitating movement and cognition. In a straightforward example of a brain-to-body signal, the process of wiggling a big toe involves several steps. First, the brain initiates the action by activating a neuron that sends an electrical signal. Next, this signal must cross a gap known as the synaptic cleft, which requires the release of neurotransmitters from the first neuron. These chemicals travel to the next neuron, attaching to receptors and converting the message back into an electrical signal that continues down the spinal cord to the toe muscle. Finally, a reuptake pump cleans up excess neurotransmitters, resetting the system for the next action. While this system handles everyday actions perfectly, introducing foreign substances completely disrupts this delicate network.

Drugs interfere with brain communication by either mimicking natural neurotransmitters to send abnormal messages (like marijuana and heroin) or by forcing massive surges of these chemicals and blocking their recycling (like cocaine and amphetamines). The surplus dopamine (especially evident with stimulants like cocaine, where sender neurons dump a massive flood of chemical messages into the synaptic gaps) eventually drifts away and gets destroyed. When the drug wears off, the brain is left completely drained of its natural dopamine supply, leading to a severe emotional and physical "crash."

Table 1.2: Three Affected Brain Regions by drug abuse⁸

Prefrontal Cortex	Weakened (Loss of impulse control)
Basal Ganglia	Overstimulated (Compulsive habits)
Extended Amygdala	Hypersensitive (Anxiety & withdrawal pain)

Source: *Neurobiology of Substance Use Disorders*

The basal ganglia, which function primarily as a control and filtering system, evaluate signals from the rest of the brain and decide which actions should be executed while inhibiting unwanted or unnecessary movements. Drugs hijack this area by forcing dopamine surges far larger than natural rewards like eating or socializing, training the brain to compulsively seek the drug through structural habit formation. Over time, extended amygdala which is responsible for your brain's alarm system and stress center, repeated drug use alters its functioning leads to increasing anxiety and withdrawal distress. Repeated drug use erodes the prefrontal cortex too, your brain's logical commander and executive center leads to degrading impulse control and decision-making, forcing individuals to consume drugs just to feel normal.

Because the brain adapts to this extreme chemical "shouting" by reducing its own neurotransmitters and receptors, individuals develop tolerance, experience a diminished capacity for natural pleasure, and face long-lasting, cue-triggered cravings even after years of sobriety.⁹

According to a CNN Health report (2016), heavy drug and alcohol use during youth can fundamentally alter the body's biology, causing an earlier than average death even if an individual achieves long-term sobriety later in life. It emphasizes that substance abuse acts as a catalyst for premature aging, rewiring vital organs and accelerating physiological decline. The report highlights that the long-term toxic load from chronic substance abuse leads to cumulative damage across critical biological systems. Vital functions within the liver, kidneys, and heart become progressively compromised over years of usage. Furthermore, the central nervous system suffers from depleted neural capacity, which steadily degrades coordination and basic bodily maintenance.¹⁰

Different categories of psychoactive substances pose distinct but significant health risks. Opioids remain one of the leading causes of overdose-related deaths because they suppress the central nervous system, particularly the brain's respiratory centres responsible for regulating breathing. Repeated use leads to tolerance and physical dependence, requiring progressively higher doses and increasing the risk of overdose. The emergence of highly potent synthetic opioids has further intensified this public health challenge, while naloxone serves as an effective emergency medication capable of reversing opioid-induced respiratory depression when administered promptly. The simultaneous use of multiple substances, commonly referred to as polydrug use, particularly the combination of opioids and alcohol, substantially increases the risk of respiratory failure, coma, and death because both substances depress the central nervous system. Counterfeit drugs (falsified medicines) present an additional threat, as they may contain incorrect ingredients, harmful contaminants, or unpredictable concentrations of active substances, increasing the likelihood of poisoning and accidental overdose. In contrast, synthetic drugs are chemically manufactured substances that may be produced for legitimate medical purposes or illicit use, many of which are highly potent and unpredictable in their effects. Nicotine, consumed through cigarettes and electronic nicotine delivery systems (e-cigarettes or vapes), is highly addictive, and excessive exposure may lead to acute nicotine poisoning, particularly among young users. Similarly, stimulants such as cocaine, methamphetamine, and MDMA (ecstasy) increase heart rate, blood pressure, and body temperature, placing considerable strain on the cardiovascular and nervous systems and

increasing the risk of arrhythmias, stroke, seizures, hyperthermia, and other life-threatening complications.¹¹

1.3 Nasha Mukta Bharat Abhiyan (NMBA)

The challenge of substance abuse extends beyond the health sector and requires a coordinated response involving government institutions, law enforcement agencies, educational institutions, healthcare providers, civil society organisations, local communities, families, and citizens. Recognising this, the Government of India has adopted a collaborative and multi-sectoral approach through the Nasha Mukta Bharat Abhiyan (NMBA) under the Ministry of Social Justice and Empowerment. The campaign is founded on a whole-of-government and whole-of-society approach, promoting Jan Bhagidari (people's participation) by encouraging the active involvement of ministries, state governments, district administrations, educational institutions, healthcare providers, law enforcement agencies, civil society organisations, volunteers, youth groups, Panchayati Raj Institutions, self-help groups, parents, and local communities in building a drug-free India.¹²

The NMBA Implementation Protocol provides a nationwide institutional framework for systematically addressing drug demand reduction across the country. Operating under the umbrella of the National Action Plan for Drug Demand Reduction (NAPDDR), the campaign adopts a comprehensive strategy that integrates supply reduction through the Narcotics Control Bureau and law enforcement agencies, preventive education and awareness through the Ministry of Social Justice and Empowerment and allied departments, and treatment, counselling, rehabilitation, and social reintegration through healthcare institutions and rehabilitation centres. Rather than treating substance abuse solely as a law-and-order issue, the campaign recognises it as a social, public health, and developmental challenge requiring coordinated institutional action and sustained community engagement.

The implementation framework is supported through institutional coordination at both the State and District levels. At the State level, State Level Nasha Mukta Campaign Committees, chaired by the Principal Secretary (Social Welfare/Drugs), provide strategic direction, oversee campaign implementation, organise capacity-building programmes, promote community participation, strengthen inter-departmental coordination, and periodically review the progress of the campaign. These committees bring together representatives from the Police, Health Department, Narcotics Control Bureau, School Education, Higher Education, Women and Child Development, Information and Public Relations, civil society organisations, and other stakeholders, thereby ensuring convergence among key institutions working towards drug demand reduction. The committees meet once every two months to review implementation and facilitate coordinated action.

At the district level, the District Level Nasha Mukta Campaign Committee, chaired by the District Collector, serves as the principal coordinating body for implementing campaign activities at the grassroots level. The committee comprises representatives from the Police, Health Department, District Social Welfare Office, Education Department, District Legal Services Authority, Women and Child Development Department, Integrated Rehabilitation Centre for Addicts (IRCA), non-governmental organisations, and other relevant stakeholders. Meeting every month, the committee coordinates awareness programmes in schools and

colleges, establishes student awareness clubs, identifies individuals requiring counselling and rehabilitation, monitors treatment facilities, strengthens community participation, develops district-level social media strategies, trains service providers, and regularly reports campaign progress to the State Government and the Ministry. The framework also encourages the identification and training of community volunteers and peer educators to support awareness generation and facilitate early intervention at the grassroots level.¹³

The Citizens Charter issued under the National Action Plan for Drug Demand Reduction further strengthens this collaborative framework by ensuring accessible and community-oriented services across the country. These include Integrated Rehabilitation Centres for Addicts (IRCAAs), District De-addiction Centres, Outreach Drop-in Centres, community-based peer-led intervention programmes, government hospital-based addiction treatment facilities, and the 24×7 National Toll-Free Drug De-addiction Helpline (14446). Together, these services create an integrated continuum of prevention, early identification, counselling, treatment, rehabilitation, referral, and recovery support, ensuring that individuals and families affected by substance abuse receive timely and appropriate assistance.¹⁴

The operational framework of NMBA also places significant emphasis on educational institutions as centres of preventive action. Schools and colleges are encouraged to organise awareness programmes, establish student awareness clubs, engage trained volunteers and peer educators, and involve teachers and parents in promoting healthy lifestyles and preventing substance abuse. Simultaneously, implementation is supported through digital monitoring mechanisms, periodic review meetings, and financial assistance under NAPDDR, enabling evidence-based planning, accountability, and recognition of high-performing districts.^{15, 16}

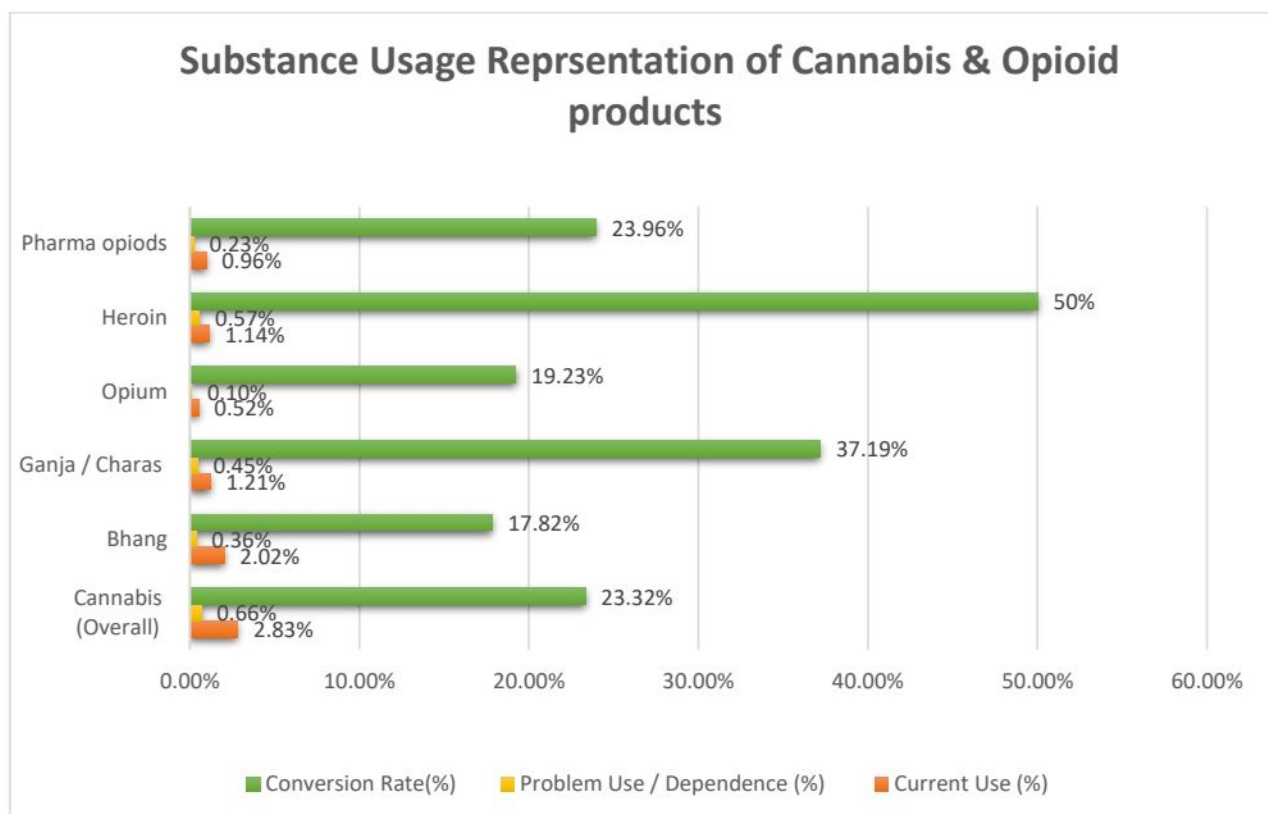
The following structured table unifies the metrics extracted from two datasets based on a report of (National Survey on Extent and Pattern of Substance Use in India) project. This comparison is between different substance categories, their active user bases, and their clinical dependency rates:

Table 1.3: Estimated Prevalence of Cannabis and Opioid Use in India

Substance Category	Specific Product Type	Current Use (%)	Problem Use / Dependence (%)	Conversion Rate (%)
CANNABIS PRODUCTS	Cannabis (Overall)	2.83%	0.66%	24.32%
	Bhang	2.02%	0.36%	17.82%
	Ganja / Charas	1.21%	0.45%	37.19%
OPIOID DRUGS	Opium	0.52%	0.1%	19.23%
	Heroin	1.14%	0.57%	50%
	Pharma opioids	0.96%	0.23%	23.96%

Source: AIIMS–NDDTC Report (2019).¹⁷

Figure 1.2: Estimated Prevalence of Cannabis and Opioid Use in India



Source: AIIMS–NDDTC Report (2019).

Table 1.3 and Figure 1.2 present the estimated prevalence of cannabis and opioid use in India based on current use, problem use/dependence, and the corresponding conversion rate. The data indicate that cannabis has the highest overall prevalence of use (2.83%) among the substances presented. Within this category, Bhang records the highest current use (2.02%), followed by Ganja/Charas (1.21%). However, while Bhang shows a comparatively lower conversion rate to dependence (17.82%), Ganja/Charas exhibits a substantially higher dependence rate (37.19%).

Among opioid drugs, heroin records the highest current use (1.14%) and also the highest problem use/dependence (0.57%), resulting in the greatest conversion rate (50%) among all the substances included in the table. Pharmaceutical opioids have a current use prevalence of 0.96% and a dependence rate of 0.23%, with a conversion rate of 24.96%, while opium records the lowest current use (0.52%) and a dependence rate of 0.10%, corresponding to a conversion rate of 19.23%.

Table 1.4: National Funding for Drug Demand Reduction

Financial Year	Funds Released (₹ Crore)
2020–21	149.34
2021–22	90.93
2022–23	97.52
2023–24	172.71
2024–25	266.69

Source: Lok Sabha Unstarred Question No. 634: Seizure of narcotic substances¹⁸

Increasing financial commitment of the Government of India reflects growing recognition of the increasing financial commitment of the Government of India reflects the growing recognition of substance abuse as a significant public health, social, and national security concern. The enhanced allocation of financial resources demonstrates the Government's commitment to strengthening prevention, awareness generation, treatment, rehabilitation, and capacity-building initiatives under the Nasha Mukh Bharat Abhiyan and other drug demand reduction programmes.

1.4 Nasha Mukh Jammu Kashmir Abhiyan

The 100-Day Nasha Mukh Jammu Kashmir Abhiyan was undertaken as an intensive, time-bound campaign to strengthen the ongoing response to substance abuse in the Union Territory of Jammu and Kashmir. The campaign formally commenced with a mega Padyatra (walkathon) led by the Hon'ble Lieutenant Governor, Shri Manoj Sinha, from Maulana Azad Stadium, Jammu, on 11 April 2026. Thousands of citizens, students, and government officials participated in the walkathon from Maulana Azad Stadium to Parade Ground, Jammu. It was conceived as 100-day programme intended to expand public awareness, community participation, preventive education, and institutional coordination against substance abuse.¹⁹

The campaign was within the wider policy framework of the Nasha Mukh Bharat Abhiyaan (NMBA) and the National Action Plan for Drug Demand Reduction (NAPDDR). NMBA which was launched by the Ministry of Social Justice and Empowerment on 15 August 2020 and has been implemented in all districts of the country since 15 August 2024. Its approach combines three interconnected components: control of the supply of narcotic substances by enforcement agencies, awareness and drug-demand reduction led by the social-justice system, and treatment and rehabilitation through the health sector.²⁰

The 100-day campaign in J&K was launched to strengthen preventive and community-based action against substance abuse. Substance-use disorders affect not only the health and well-being of individuals but also family stability, educational attainment, employability, productivity, community safety, and social cohesion. National policy therefore recognises that substance abuse cannot be addressed through enforcement alone and requires a balanced approach involving awareness, early identification, counselling, treatment, rehabilitation, aftercare, and social reintegration.²¹

The time-bound nature of the campaign provided an opportunity to mobilise government departments, educational institutions, healthcare agencies, law-enforcement authorities, civil society organisations, volunteers, families, and local communities around a common programme of action. It also sought to bring anti-drug messaging closer to schools, colleges, villages, youth groups, and other community platforms where preventive intervention could be undertaken directly. Beyond the immediate 100-day period, the campaign was intended to contribute to a longer-term institutional and community response. This includes the continuation of preventive education, stronger youth platforms, improved referral and counselling systems, accessible treatment and rehabilitation, sustained family and community participation, and regular monitoring of emerging drug-related concerns.

Under the leadership of the Hon'ble Lieutenant Governor Sh. Manoj Sinha, the Union Territory has emphasised Jan Bhagidari (people's participation) by encouraging the active involvement of educational institutions, civil society organisations, youth groups, Panchayati Raj Institutions, healthcare providers, and government departments in creating a drug-free society. All District administrations have been directed to organise awareness rallies, pledge ceremonies, school and college outreach programmes, sports activities, counselling sessions, and community engagement initiatives to strengthen public awareness regarding the harmful consequences of substance abuse. The successful completion of the first 100-Day Nasha Mukti J&K Campaign was marked by a commemorative event highlighting the importance of sustaining collaborative efforts through prevention, rehabilitation, enforcement, and community participation to achieve the long-term vision of a drug-free Jammu and Kashmir.²²

Jammu and Kashmir is facing a severe drug abuse crisis, with substance abuse victims doubling from 0.6 million in 2022 to 1.35 million (approximately 10% of the population) in mere four years. This includes 160,000 minors aged 10–17 addicted to various substances, including sedatives (19,000), toxic inhalants (46,000), and cannabis (8,000). Heroin has emerged as the predominant drug, used by 90% to 95% of addicts and severely increasing HIV and Hepatitis C risks due to syringe sharing. Financially, the average heroin user spends around ₹88,000 monthly (₹10.5 lakhs annually). This lucrative trade acts as a major funding mechanism for Pakistan-backed cross-border narco-terrorism. Terrorist organizations like Jaish-e-Mohammed (JeM) and Lashkar-e-Taiba (LeT) distribute these narcotics. Historically *Sourced* from Afghanistan, but increasingly cultivated in Balochistan to bypass the Taliban's recent poppy bans to fund operations against India. In response, security agencies have reinforced borders with advanced tech, including motion detectors, night-vision devices, AI surveillance grids, and drones.²³

To dismantle this drug-terror nexus, the UT administration seized approximately 75,564 kg of opium-based drugs and 10,611 kg of cannabis between 2020 and November 2025.²⁴ Strict enforcement under the Narcotic Drugs and Psychotropic Substances (NDPS) Act led to thousands of registrations and arrests, tracking from 1,681 cases in 2021 to 1,514 cases (2,260 arrests) in 2024, and 1,000 cases (1,400 arrests) in 2025. In the first five months of 2026 alone, police registered 542 NDPS cases, arrested 716 individuals, and confiscated 640 kg of narcotics valued at ₹18.49 crore. Furthermore, the 100-Day Nasha Mukti Jammu Kashmir Abhiyan has heavily escalated consequences for traffickers by May 15, 2026, authorities had attached 97 properties and demolished 41 illicitly acquired properties valued at ₹15 crore. Under a newly implemented Standard Operating Procedure, the government is also freezing bank accounts and revoking critical legal documents including driving licenses, passports, and identification cards belonging to drug peddlers.²⁵

Jammu and Kashmir occupies a strategically important geographical location owing to its international borders, making the Union Territory vulnerable to cross-border narcotics trafficking. The 100-Day Nasha Mukti Jammu Kashmir Abhiyan adopted a structured and time-bound approach, with enforcement action extending across urban centres, border belts, and rural areas. Recent reporting on the campaign also highlighted action against drug-related activity in parts of Samba district, including Balol Khad in Bari-Brahmana and Vijaypur. These developments underline the importance of sustained preventive interventions alongside

enforcement measures, particularly in border districts such as Jammu, Samba, Kathua, Poonch etc. The campaign was driven by a clear policy direction from the Lieutenant Governor that the drug menace affecting Jammu and the Kashmir Valley should no longer be treated merely as a law-and-order problem, but as a broader threat to the social fabric, economic stability, and security of Jammu and Kashmir.²⁶

Table1.5: Drug Seizure in Jammu & Kashmir

Drug	Quantity Seized in J&K (2024)
Heroin	114.06 kg
Ganja	1,168 kg
Hashish	373 kg
Codeine	56.40 litres

Source: Narcotics Control Bureau. (2025)²⁷

These statistics indicate that Jammu and Kashmir continues to remain vulnerable to narcotics trafficking owing to its strategic border location, thereby highlighting the importance of preventive awareness campaigns such as the 100-Day Nasha Mukht Jammu Kashmir Abhiyan.

1.5 Nasha Mukht Abhiyan in Samba

On 11 April 2026, the District Administration, Samba, launched the 100-Day Nasha Mukht Jammu & Kashmir Abhiyan with district-wide awareness and community outreach activities to address the growing challenge of substance abuse. The campaign formed part of the Union Territory-wide initiative launched under the leadership of the Hon'ble Lieutenant Governor, Shri Manoj Sinha. To mark the commencement of the campaign, Ms. Ayushi Sudan, IAS, Deputy Commissioner, Samba, interacted with representatives of civil society organisations at the DC Office Complex and emphasised the importance of collective responsibility, inter-departmental coordination, and community participation in addressing drug abuse. She called upon all stakeholders to work together towards the vision of a 'Nasha Mukht Samba'. An anti-drug pledge was administered to representatives of civil society organisations, followed by officers and officials of various government departments, reaffirming their commitment to supporting the campaign and promoting a drug-free society.²⁸

As part of the campaign, the District Administration also organised a mega anti-drug awareness rally under the Nasha Mukht Bharat Abhiyan. The rally was flagged off by Ms. Ayushi Sudan, IAS, Deputy Commissioner, Samba, in the presence of Additional Deputy Commissioner; District Youth Services and Sports Officer; and Chief Education Officer. Beginning at Rani Suchet Singh Sports Stadium and culminating at Government Middle School, Budhwani, the rally witnessed the participation of approximately 865 students and 115 government officials and employees, reflecting the active involvement of educational institutions and government departments in the district-wide awareness campaign.²⁹

The campaign gained further momentum on 25 April 2026, when the Hon'ble Lieutenant Governor, Shri Manoj Sinha, visited Samba and participated in an anti-drug rally organised under the 100-Day Nasha Mukht Jammu & Kashmir Abhiyan. The rally witnessed

participation from students, government officials, civil society organisations, and members of the public, who collectively pledged their support for a drug-free society. Addressing the gathering, the Lieutenant Governor emphasised the pivotal role of young people in combating substance abuse and called for sustained community participation to safeguard future generations from the menace of drugs. His visit reinforced the Government's commitment to strengthening district-level efforts under the campaign.³⁰

Owing to its strategic location along the International Border with Pakistan, Samba district was identified as one of the priority districts for implementing the 100-Day Nasha Mukta Jammu & Kashmir Abhiyan. The District Administration adopted a multi-sectoral approach that combined awareness generation, institutional coordination, rehabilitation, enforcement, and community participation to address substance abuse. The following sections present the major initiatives undertaken in Samba district and assess their contribution to the objectives of the campaign.³¹

Deputy Commissioner (DC) of Samba, Ayushi Sudan, chaired a meeting of the District Level Committee under the Narcotics Coordination (NCORD) framework at the DC Office Complex.

Key highlights and directives from the meeting include:

- **Multi-Pronged Strategy:** The DC reviewed the Action Taken Report on anti-narcotics measures and outlined a strategy to dismantle drug networks and rehabilitate individuals dealing with addiction.
- **Support & Education Infrastructure:** Directives were given to strengthen the District Hospital's Addiction Treatment Facility (ATF). Additionally, there is a push to train teachers and educators as counselors to establish schools and colleges as critical defense lines for youth.
- **Awareness & Engagement:** The administration plans to intensify awareness campaigns and hold multi-departmental Mega Camps under the *Nasha Mukta Bharat Abhiyan*. Youth will also be targeted through sports events and orientation programs to channel their energy productively.
- **Helplines:** The meeting highlighted the national toll-free narcotics helpline MANAS (Madak Padarth Nishedh Asuchna Kendra) (1933) for anonymous reporting, alongside the district's dedicated substance abuse helpline (7889720593) for treatment and counseling.
- **Economic Rehabilitation:** Recovering individuals will be offered employment and livelihood opportunities through targeted schemes like *Mission YUVA* to support long-term economic empowerment.³²

Under the 100-Day Nasha Mukta Jammu & Kashmir Abhiyan, the District Administration Samba, in coordination with various departments and institutions, organised numerous awareness and outreach activities across the district. Some of the key activities are presented in Table 1.6.

Table 1.6 : Awareness and Outreach Activities

Location	Organizing body	Activities/Interventions
Dagore	Department of Horticulture	Information on various departmental schemes for public welfare and drug abuse
Nud	Department of Horticulture	Information on various departmental schemes for public welfare and drug abuse ³³
Gho Brahmana(block Ramgarh)	District Information Office	Encouraged youth to be resilient against drug addiction ³⁴
District Hospital Samba	District Hospital Samba	Recovered substance abusers shared insightful personal learnings and anti-drug pledges were also executed.
Nukkad Natak at Chichi Mata Temple	DIPR, DIO, Saraswati Sangeet Art and Cultural Foundation	Artists profoundly conveyed the message on detrimental consequences of drug addiction. And DIO supported through IEC activities.
Koulpur	Ayushmaan Arogya Mandir (AAM)	Distributed IEC materials, medicines and encouraged healthy-drug free society. ³⁵
Purmandal	District Police Samba	Awareness on drug abuse visited by local residents. ³⁶
Govt. High School Jatwal	District Police Samba	Delivered a didactic lecture on drug abuse ³⁷
Govt. Higher Secondary School Utterbehani	District Police Samba	Informed students and staff about three new criminal laws of India. Also assured them about their strict-consistent actions towards drug suppliers and smugglers. ³⁸
Govt. Degree College Samba	District Police Samba and Govt. Degree College	Awareness on drug abuse ³⁹
DC office complex	District Administration Samba	The Deputy Commissioner emphasized the importance of collective importance and community participation. And flagged off a mega anti-drug awareness rally. ⁴⁰

Source: Compiled from News Portal and Field Visit

2. Review of Literature & Research Methodology

2.1 Literature Review

The study is shaped by interacting individual, family, peer, institutional, community, and socio-economic conditions. Consequently, contemporary prevention frameworks do not treat awareness, enforcement, treatment, or rehabilitation as isolated responses. International guidance instead supports a coordinated approach combining evidence-based preventive education, supportive family and school environments, meaningful youth participation, early identification, accessible treatment, rehabilitation, and community-level action. The Government of India's *Nasha Mukta Bharat Abhiyaan* similarly emphasises educational institutions, community ownership, identification of persons requiring support, counselling, treatment, rehabilitation, and capacity building.⁴¹

2.1.1 Awareness and Preventive Education

Awareness generation is an important component of substance-use prevention, but the literature distinguishes between simple information dissemination and structured preventive education. Programmes limited to one-time lectures or fear-based messages may increase knowledge without necessarily producing sustained changes in attitudes, skills, or behaviour. The international evidence therefore favours developmentally appropriate, interactive, and skills-oriented interventions that strengthen decision-making, resistance to peer pressure, emotional regulation, communication, and problem-solving.

A systematic review of school-based interventions found that programmes centred on social and personal skills were more effective than knowledge-only approaches. Skills-based interventions were associated with reductions in marijuana and other illicit drug use and improvements in decision-making, self-esteem, resistance to peer pressure, and drug-related knowledge. However, most studies included in that review were conducted in the United States, and the authors cautioned against assuming that identical outcomes would occur in every social and cultural setting.⁴²

A later systematic review of primary prevention programmes for children and young people similarly concluded that preventive interventions differ substantially in design and quality. The evidence was strongest for programmes using structured curricula, multiple sessions, trained facilitators, and approaches that addressed social and emotional competencies rather than relying solely on factual information about drugs.⁴³

Evidence on resilience-oriented school programmes also supports combining individual and environmental protective factors. A meta-analysis of universal school-based resilience interventions found a modest but statistically significant reduction in illicit substance use, although comparable effects were not consistently observed for tobacco and alcohol. This suggests that no single preventive approach is equally effective for all substances and that programme design should reflect the local pattern of risk and use.⁴⁴

The literature increasingly recommends a whole-school approach. Such interventions extend beyond classroom lectures and attempt to improve school climate, student–teacher relationships, student participation, school connectedness, parental involvement, and access to health support. A major systematic review published in 2024 identified small but significant

preventive effects of whole-school interventions on substance use and violence. Implementation was stronger where programmes were adapted to the needs of individual schools, supported by appropriate materials and training, and led by groups involving staff and students. Lack of staff time, resource, institutional readiness, and implementation support weakened programme delivery.⁴⁵

The WHO, UNICEF, and UNESCO also recommend integrating substance-use prevention into wider health-promoting school systems. Their guidance emphasises supportive school policies, trained personnel, student participation, school health services, referral pathways, family involvement, and coordination between the education and health sectors. Schools are therefore understood not only as locations for awareness events but as continuing institutional platforms for prevention, early identification, support, and referral.⁴⁶

India's policy framework reflects this emphasis. The *Nasha Mukht Bharat Abhiyaan* gives particular attention to schools, colleges, universities, youth, women, and community participation. The NAVCHETNA training package has been introduced to enable teachers to provide age-appropriate education on life skills and substance-related risks. The national framework also places responsibility on district-level structures to conduct awareness activities, identify persons requiring counselling or treatment, support referral, and strengthen the participation of volunteers and educational institutions.⁴⁷

The literature therefore supports regular, interactive, and institutionally embedded preventive education. For the present study, this evidence is directly relevant because respondents emphasised the continuation of awareness activities in schools, colleges, and villages. It also suggests that future campaigns in Samba should move beyond stand-alone events towards scheduled life-skills sessions, teacher orientation, peer education, parent engagement, counselling referral, and follow-up activities.

2.1.2 Youth Vulnerability and Substance Abuse

Adolescence and early adulthood are critical stages for substance-use prevention because experimentation and initiation frequently occur during these developmental periods. A multicentric cross-sectional study conducted among 1,630 young people aged 10–24 years attending primary healthcare centres across 15 Indian states reported a median age of substance-use initiation of 18 years. Among participants who reported substance use, 75.5% had initiated it before completing adolescence. Higher age, male gender, urban residence, a family history of substance use, residence in the north-eastern region, and lower socio-economic status were identified as significant determinants. However, because the participants were recruited from primary healthcare centres rather than through a nationally representative household survey, the reported prevalence should not be generalised to all young people in India. The study nevertheless demonstrates the importance of early identification, family-level prevention, counselling services, and targeted interventions for socially and economically vulnerable youth.⁴⁸

Family and community environments also influence substance-use vulnerability among adolescents. An analysis of data from 5,969 adolescent boys aged 10–19 years in Uttar Pradesh and Bihar found that 16.4% reported using at least one substance, defined in the study as tobacco, alcohol, or illicit drugs. Substance use was particularly prevalent among boys who

had never attended school, school dropouts, and those who were working. After adjustment for individual, household, and community characteristics, adolescent boys whose family members used substances had more than twice the odds of reporting substance use. Boys living in communities characterised by higher substance use also had significantly increased odds. These findings indicate that adolescent substance use cannot be addressed only through individual awareness; family behaviour, school participation, employment circumstances, and community norms must also be considered.⁴⁹

School-based evidence from two cities in Uttar Pradesh also highlights the role of family members and peers. A cross-sectional survey conducted among students in Classes VII–XII in Noida and Ghaziabad found that 14.3% reported ever using alcohol or tobacco. Among those reporting use, 29.5% had initiated before the age of 11 years. The likelihood of substance use was higher where fathers, mothers, siblings, or friends also used substances, and approximately one-third of users reported that they had initiated use to make friends. Since the study examined alcohol and tobacco rather than all forms of illicit drug use, its findings should be interpreted specifically within that scope. Even so, it demonstrates the relevance of peer relationships, parental behaviour, early initiation, and school-based refusal-skills education.⁵⁰

Regional clinical evidence from Kashmir similarly points to adolescence, peer influence, and emotional distress as important dimensions of substance-use vulnerability. A descriptive study of 198 patients admitted to a drug de-addiction centre at the Police Hospital in Srinagar found that 76.8% had initiated substance use between 11 and 20 years of age. Peer pressure and the desire to obtain relief from negative emotional states were the most commonly reported reasons for initiation. Poly-substance use was reported among 91.9% of the patients, while medicinal opioids and cannabis were among the commonly used substances. Because this was a treatment-centre study, its findings represent individuals who had reached specialised care and cannot be treated as estimates of prevalence in the general population of Kashmir. Nevertheless, the study provides regionally relevant evidence supporting early preventive education, peer-focused interventions, mental-health support, and timely counselling.⁵¹

A systematic review of adolescent drug-abuse research concluded that vulnerability results from a complex interaction of individual, family, and community factors rather than from a single cause. Individual risk factors identified across the reviewed studies included impulsivity, emotional-regulation difficulties, psychiatric disorders, low perceived risk, and perceived accessibility of drugs. Family-related risks included inadequate supervision, parental neglect, low parental education, and substance use by family members, while peer drug use emerged as an important community-level factor. Protective factors included optimism, mindfulness, strong beliefs against substance use, concern for personal health, parental awareness, school connectedness, participation in structured activities, and strong personal or religious values. The review excluded alcohol and tobacco studies and synthesised research conducted in different countries; therefore, all identified factors may not operate identically in the socio-cultural context of Samba district. Its central conclusion, however, is relevant: effective prevention must address individual, family, school, peer, and community environments together.⁵²

Taken together, the literature shows that youth vulnerability to substance abuse is associated with interacting developmental, psychological, familial, educational, peer, community, and socio-economic conditions.⁵³ Peer influence is important, but it should not be treated as the sole explanation. Its effects may be intensified where family supervision is weak, psychological distress is untreated, educational engagement is disrupted, substances are perceived as accessible, or young people lack structured recreational and developmental opportunities. Correspondingly, protective factors such as school connectedness, supportive family relationships, constructive peer networks, meaningful goals, structured activities, and access to counselling can strengthen resilience among adolescents.⁵⁴

For the present assessment, these studies support the inclusion of youth engagement, career guidance, continued education, sports and structured activities, family participation, life-skills education, mental-health support, and accessible counselling in future drug-prevention strategies. At the same time, the evidence does not justify describing every unemployed, working, or border-area youth as vulnerable to substance use. These conditions should be presented as possible or perceived risk factors that interact with family, peer, psychological, institutional, and community circumstances, rather than as direct or inevitable causes of substance abuse.

2.1.3 Community Participation and Youth Engagement

Community participation is an important component of substance-use prevention because the factors associated with substance use operate across individuals, families, peer groups, schools, neighbourhoods, and local institutions. Community-based approaches may bring together educational institutions, families, health and social-service providers, law-enforcement agencies, voluntary organisations, local leaders, and young people. However, the creation of a committee or coalition alone does not ensure effective prevention. A systematic review of community coalitions for adolescent alcohol and other drug prevention identified only 16 eligible studies from 1,435 initially screened records. The review found that relatively few studies provided comprehensive information on coalition formation, maintenance, or measurable effects on adolescent substance-use outcomes. It therefore emphasised the need for clear organisational structures, sustained stakeholder involvement, appropriate infrastructure, and systematic evaluation.⁵⁵

The literature indicates that community coalitions are most useful when participating organisations have defined responsibilities, shared objectives, stable leadership, and adequate resources. Collaboration can support the planning, delivery, and evaluation of locally appropriate prevention activities, but weak coordination, irregular participation, and limited documentation can reduce effectiveness. Community participation should therefore be treated as a continuing institutional process rather than as occasional attendance at awareness events. This is particularly relevant for district-level campaigns in which schools, health services, police, Panchayati Raj Institutions, civil society organisations, parents, and youth groups are expected to work together over time.⁵⁶

Educational institutions can function as important community platforms for prevention when interventions address the wider school environment rather than relying only on classroom lectures. A systematic review and meta-analysis of whole-school interventions identified 18

evaluations examining programmes intended to increase students' commitment to school and reduce substance use and violence. The pooled results indicated small but statistically significant reductions in substance-use outcomes in both short-term and longer-term assessments. However, substantial variation existed across the included studies, indicating that effects may depend on the design, implementation, population, and institutional context of each programme.⁵⁷

A more extensive review of whole-school interventions identified 63 reports covering 27 studies and 22 interventions. The interventions generally focused on involving students in school-wide decision-making, strengthening relationships between students and staff, increasing engagement in learning, and involving parents. The review found small but significant preventive effects on substance use and violence. Implementation was stronger where interventions could be adapted to the local school context, where staff received suitable materials and support, and where action groups included students and staff. The findings suggest that young people should not be treated only as recipients of anti-drug messages; they can also contribute to identifying local concerns, planning activities, supporting peer initiatives, and reviewing programme progress.⁵⁸

Evidence concerning implementation shows that even well-designed school and community interventions may perform poorly when institutional support is inadequate. A systematic review of process evaluations found that whole-school interventions were more successfully implemented when they were clearly explained, adaptable to local circumstances, supported by relevant local data, and guided by collaborative planning groups. Adequate time, leadership, staff commitment, and working relationships were also important. Regular monitoring and the achievement of early, visible results helped maintain institutional interest. These findings are relevant to anti-drug campaigns because awareness activities are unlikely to remain sustainable unless schools and community institutions receive clear responsibilities, training, resources, and follow-up support.⁵⁹

International guidance similarly recommends a whole-school and systems-based approach to substance-use prevention. The World Health Organization, UNICEF, and UNESCO state that the benefits of school-based interventions can be strengthened when substance-use prevention is integrated into school policies, teaching practices, health services, referral systems, student participation, family involvement, and links with the wider community. Educational institutions should therefore operate as continuing preventive environments rather than merely serving as venues for isolated awareness programmes.⁶⁰

Meaningful youth engagement requires more than inviting young people to attend an event or take a pledge. UNICEF's guidance on adolescent participation emphasises that participation should be voluntary, inclusive, respectful, safe, and supported by organisational commitment. Adolescents should receive appropriate information, opportunities to express their views, and feedback regarding how their contributions influenced decisions. The guidance also stresses the importance of monitoring the quality and outcomes of participation. In the context of drug prevention, this supports involving young people in the planning, implementation, communication, and evaluation of awareness and community activities rather than restricting them to passive participation.⁶¹

Recent international guidance on meaningful adolescent and youth engagement similarly recommends that young people be involved in decisions affecting their health and development. Meaningful engagement requires appropriate representation, clear roles, transparent communication, capacity building, safeguarding, and accountability. It should also address unequal power relations between adults and young people. These principles are relevant to Youth Clubs, peer-education programmes, school committees, village-level consultations, and youth-led awareness initiatives because nominal participation without decision-making responsibilities may have limited value.⁶²

The Nasha Mukta Bharat Abhiyaan provides an Indian policy basis for community participation and youth engagement. The official framework gives particular attention to schools, colleges, universities, youth, women, community volunteers, counselling, treatment, and rehabilitation. District-level responsibilities include increasing public cooperation, developing communication strategies, identifying community volunteers, and training them to support awareness activities.⁶³ Official programme information also reports the participation of educational institutions, trained volunteers, and youth in national-level mobilisation. These figures demonstrate the scale of outreach but should not be interpreted as direct evidence of reduced substance use or permanent behavioural change.⁶⁴

For the present assessment, this literature supports the involvement of young people as active contributors to drug-prevention initiatives.⁶⁵ It also supports the strengthening of Youth Clubs, school and college committees, peer-education programmes, sports and cultural activities, family participation, community volunteering, and inter-institutional coordination. At the same time, the evidence suggests that public participation should not be assessed only by counting attendance at events.⁶⁶ The regularity, inclusiveness, quality, responsibilities, institutional support, and continuity of participation are equally important for evaluating whether community and youth engagement is meaningful and sustainable.⁶⁷

2.1.4 Counselling, Treatment, and Rehabilitation

Substance-use disorders are treatable health conditions that may require screening, clinical assessment, psychological intervention, medication where clinically appropriate, family support, rehabilitation, aftercare, and social reintegration. The World Health Organization and the United Nations Office on Drugs and Crime recommend treatment systems that are evidence-based, ethical, voluntary, person-centred, and responsive to the severity of an individual's condition. Their international standards also emphasise informed consent, confidentiality, respect for human dignity, continuity of care, non-discrimination, clinical governance, and coordination with general healthcare and social-support services. Treatment should therefore not be limited to short-term detoxification but should form part of a continuing process of recovery and reintegration.⁶⁸

Treatment services should be organised across different levels of intensity according to individual needs. The international standards identify community-based outreach, screening, brief intervention, outpatient treatment, residential care, medically supervised withdrawal, psychosocial interventions, pharmacological treatment where indicated, and long-term recovery management as important components of a comprehensive system. They also recognise that adolescents, women, persons with co-occurring mental-health conditions, and

socially marginalised groups may require specially adapted services. This supports the development of referral networks in which community workers, teachers, primary healthcare providers, counsellors, and specialised treatment centres perform clearly defined and complementary roles.⁶⁹

India's National Action Plan for Drug Demand Reduction (NAPDDR) adopts a similarly comprehensive approach. Its objectives include preventive education, awareness generation, identification, counselling, treatment, rehabilitation, capacity building, aftercare, and the social reintegration of persons affected by substance dependence. The framework supports Integrated Rehabilitation Centres for Addicts, Community-Based Peer-Led Interventions, Outreach and Drop-In Centres, Addiction Treatment Facilities in government hospitals, and District De-Addiction Centres. It also supports awareness programmes, service-provider training, community-based intervention, and research related to drug-demand reduction.⁷⁰

The different facilities supported under NAPDDR perform related but distinct functions. Integrated Rehabilitation Centres for Addicts provide counselling, detoxification or de-addiction treatment, aftercare, and support for social reintegration. Community-Based Peer-Led Intervention programmes focus on vulnerable and at-risk children and adolescents through awareness and life-skills activities. Outreach and Drop-In Centres provide screening, assessment, counselling, referral, and linkage with treatment and rehabilitation services, while District De-Addiction Centres are designed to provide prevention, counselling, treatment, and rehabilitation services within an integrated district-level arrangement.⁷¹ The Ministry also operates the toll-free de-addiction helpline 14446 for primary counselling, assistance, and referral.⁷²

Access to treatment among adolescents is influenced by individual, social, professional, and service-related factors. A systematic review of 32 studies found that many adolescents did not perceive their substance use as sufficiently problematic to require treatment and often relied on adults or professional “gateway providers” to access services. Barriers included stigma, treatment costs, transportation difficulties, time commitments, limited knowledge of services, and the absence of clear referral procedures. In contrast, youth-specific, flexible, accessible, and non-judgemental services encouraged attendance. The review also found that girls and socially marginalised young people may experience additional access difficulties.⁷³

Stigma can create an additional obstacle to treatment and recovery. A systematic review examining substance-based and behavioural addictions found that stigma may be expressed through negative public attitudes, anticipated discrimination, internalised shame, social exclusion, and structural barriers. Across the studies reviewed, approximately 22%–40% of persons with addictive disorders identified stigma as a barrier to help-seeking, although its importance varied across populations, types of addiction, and research settings. The review therefore indicates that stigma is an important but not exclusive explanation for low treatment utilisation; service availability, affordability, awareness, readiness for treatment, and social support must also be considered.⁷⁴

Stigma may also exist among healthcare professionals and trainees, potentially influencing communication, treatment decisions, and the willingness of patients to remain

engaged with services. A systematic review found that healthcare professionals and trainees may hold negative attitudes towards persons with substance-use disorders, while educational and contact-based interventions have been used to improve knowledge and reduce stigma. The review nevertheless reported variation in intervention design and evidence quality, suggesting that one-time sensitisation sessions may be insufficient. Anti-stigma training should therefore be reinforced through continuing professional education, respectful clinical language, recovery-oriented practice, supervision, and regular interaction with persons having lived experience of recovery.⁷⁵ Evidence concerning stigma-reduction interventions is encouraging but not fully conclusive. An earlier systematic review identified 13 studies evaluating interventions directed at self-stigma, public stigma, or structural stigma. Educational programmes, direct social contact, therapeutic interventions, and communication-based strategies showed some positive findings, but the studies differed considerably in their populations, designs, and outcome measures. The authors concluded that additional high-quality and replicated research was required before firm conclusions could be drawn about the most effective approaches.⁷⁶

A later systematic review and meta-analysis of randomised controlled trials likewise found that interventions designed to reduce substance-related stigma did not produce a statistically significant overall effect when all forms of stigma were considered together. A small effect was found for structural stigma, but the evidence varied by intervention and outcome. These findings support the continuation of anti-stigma education while also cautioning against claiming that a brief awareness campaign has permanently changed community attitudes. Changes in stigma should ideally be assessed through validated measures and follow-up data collected over a longer period.⁷⁷

Internalised stigma, or self-stigma, may lead individuals who use drugs to experience shame, reduced self-worth, social withdrawal, and pessimism about recovery. A systematic review of interventions addressing self-stigma among people who use drugs found that this field remains comparatively underdeveloped. The available interventions used approaches such as psychoeducation, acceptance-based strategies, counselling, and contact with recovery-oriented narratives, but the number and methodological quality of studies limited firm conclusions. The findings indicate that stigma reduction should not focus only on changing public attitudes; individuals in treatment may also need support to address shame, self-blame, and fear of rejection.⁷⁸

Rehabilitation extends beyond the management of withdrawal symptoms or the completion of residential treatment. Sustainable recovery may require continuing psychological care, relapse-prevention planning, family counselling, education, vocational training, employment support, stable housing, social acceptance, and meaningful community participation. The international treatment standards consequently emphasise continuity between treatment, rehabilitation, recovery management, and social reintegration. Discharge from a treatment facility should therefore be followed by appropriate aftercare and continuing support rather than treated as the end of the recovery process.⁷⁹

For the present assessment, the literature supports linking community awareness programmes with reliable counselling, treatment, and rehabilitation pathways. Future campaigns in Samba district should provide accurate information about available services, the

national de-addiction helpline, confidentiality, referral procedures, and the role of families in supporting recovery.⁸⁰ Teachers, healthcare personnel, police officials, Panchayat representatives, and community volunteers may be trained to recognise possible warning signs and make appropriate referrals, while clinical assessment and treatment should remain the responsibility of qualified professionals.⁸¹ The literature also supports interpreting the survey findings as evidence of respondent's perceptions regarding help-seeking and stigma, rather than proof that treatment utilisation increased or stigma was permanently reduced.⁸²

2.1.5 Border-Area and Socio-economic Vulnerabilities

Substance abuse in border areas should be examined carefully because geographical location alone does not establish that residents are more likely to use drugs. Border districts may face particular concerns relating to trafficking routes, movement of illegal substances, enforcement capacity, rural service access, and community perceptions of drug availability. However, claims regarding cross-border trafficking should be supported by official seizure, enforcement, intelligence, or epidemiological evidence and should not be inferred only from respondent's perceptions. Evidence from other border states may provide contextual insight, but it cannot be directly generalised to the border villages of Samba because local trafficking patterns, socio-economic conditions, institutional capacity, and community environments may differ.

A representative household survey conducted in Punjab, a northern border state, found substantial levels of substance dependence and a major unmet need for treatment. The study estimated that formal treatment support had been sought by only approximately one in six substance-dependent persons. Although Punjab's prevalence estimates cannot be applied to Jammu and Kashmir, the findings demonstrate the importance of scientifically valid local data, rural outreach, early identification, and accessible treatment services in border-region planning.⁸³

Sharma et al. (2024) identified three major factors associated with substance abuse among young patients attending the D-Dwari De-Addiction Centre in Samba district. The study highlights geographical vulnerability, peer influence, and socio-economic stress as key contributing factors. The district's proximity to the International Border increases its vulnerability to cross-border drug trafficking, particularly heroin. Peer influence often contributes to the initiation of substance use through social interactions and experimentation, while socio-economic factors such as unemployment, financial stress, and family-related pressures further increase the risk of drug use. The study also found that 54.3% of the respondents reported initiating substance use between the ages of 16 and 20 years, indicating that late adolescence is a particularly vulnerable period for the onset of drug use.⁸⁴

Findings from the National Mental Health Survey in Punjab further showed that 35% of surveyed households had at least one person with a substance-use disorder and that the overall treatment gap was approximately 80%. Rural residents experienced considerable barriers to treatment, including distance from services and limited availability of specialised care. These findings are relevant to rural and border-area policy because awareness campaigns must be accompanied by accessible counselling, referral, treatment, and follow-up services. Nevertheless, they should not be presented as estimates for Samba district.⁸⁵

Socio-economic vulnerability is also associated with substance-use trajectories, although the relationship is multidimensional rather than automatic. A recent scoping review of 50 longitudinal studies found that unemployment, neighbourhood vulnerability, negative peer influence, violence, trauma, and criminal-justice involvement were among the factors associated with escalation in substance use. Conversely, employment, social support, educational opportunities, and accessible treatment could support treatment participation and recovery. The review was largely based on evidence from outside India, so its findings should be applied as general explanatory guidance rather than direct evidence about Samba district.⁸⁶

The relationship between unemployment and illegal drug use should be interpreted cautiously. A systematic realist review of 28 studies found the strongest support for an indirect pathway in which unemployment and economic recession increased psychological distress, which could subsequently increase drug use among vulnerable individuals. The review did not support the assumption that every unemployed person is at risk of substance abuse. Rather, unemployment may operate through stress, social exclusion, weakened routines, and reduced access to supportive opportunities.⁸⁷

A study conducted in two districts of the Kashmir Valley used respondent-driven sampling to examine substance dependence among difficult-to-reach users. It estimated dependence on any substance at 1.95% and opioid dependence at 1.80% in the study population, with heroin emerging as the most commonly reported opioid. The study demonstrates the importance of locally generated epidemiological evidence, particularly in areas affected by conflict and geographical vulnerability. However, its findings cannot be applied directly to Samba district because the research covered two districts of the Kashmir Valley and used specialised sampling among substance-using populations.⁸⁸

Regional clinical research also suggests that socio-economic and psychological vulnerabilities frequently overlap among persons seeking treatment. A study of 198 patients admitted to a drug de-addiction centre in Srinagar reported that 56% belonged to poor or lower-middle socio-economic groups, 22.2% were unemployed, and nearly half had a co-occurring psychiatric disorder. As this was a treatment-centre study involving only male patients, it cannot establish prevalence or causation in the wider population. Nevertheless, it supports integrating livelihood assistance and mental-health care with substance-use prevention and treatment.⁸⁹

Research involving youth living in the border areas of Jammu and Kashmir has also drawn attention to the relationship between social support, resilience, well-being, and mental health. Although the study did not specifically measure substance use, it found that social and psychological resources were relevant to the well-being of youth living in conflict-affected border settings. This evidence supports strengthening social-support networks, resilience-building, mental-health services, and constructive youth activities as part of broader preventive planning in border communities.⁹⁰

For the present study, these findings support examining unemployment, limited livelihood opportunities, mental stress, inadequate recreational facilities, weak institutional support, rural service access, and concerns regarding drug availability as interconnected community-perceived vulnerabilities. They do not establish these conditions as direct causes

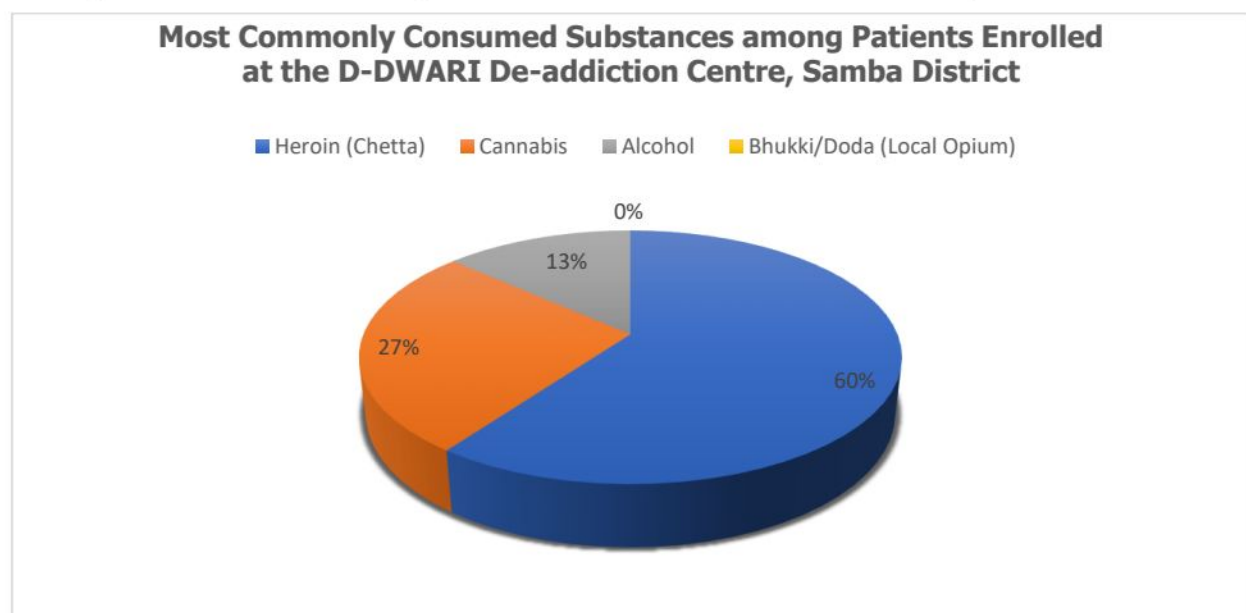
of substance abuse. Therefore, future interventions in Samba district should combine law enforcement and border surveillance with youth employment, skill development, sports and recreation, mental-health support, counselling, treatment access, and sustained community participation. The limited availability of peer-reviewed evidence specifically concerning the border villages of Samba further demonstrates the need for district-level epidemiological research and periodic community assessments.

2.2 Synthesis and Research Gap

The reviewed literature establishes five consistent principles. First, awareness is most effective when combined with interactive, skills-based, and sustained preventive education. Second, youth vulnerability is shaped by multiple interacting conditions, including peer influence, family exposure, psychological distress, school attachment, social environment, and economic disadvantage. Third, community participation is more meaningful when local institutions and young people share continuing responsibilities rather than participating only in one-time events. Fourth, prevention must be connected to confidential counselling, evidence-based treatment, rehabilitation, aftercare, and reintegration. Fifth, border and socio-economic conditions require locally verified evidence and should not be treated as automatic causes of substance use.

The literature also reveals an important local evidence gap. There is limited systematic evidence on the implementation and perceived outcomes of short-duration anti-drug campaigns in the border villages of Samba district. The present study addresses this gap by assessing campaign awareness, participation, community perceptions, perceived effectiveness, youth engagement, and community-driven recommendations. It does not estimate the prevalence of substance use or establish causal behavioural change. Its contribution lies in documenting how the campaign was received and identifying locally relevant priorities for strengthening future prevention, counselling, rehabilitation, youth-development, and community-engagement initiatives.

Figure 2.1 Substance Use among Patients at the D-DWARI De-addiction Centre, Samba District.



Source: Sharma et al. (2024)⁹¹

Figure 2.1 presents the distribution of the most commonly consumed substances among 15 patients enrolled at the D-DWARI De-addiction Centre in Samba District. The findings indicate that Heroin (Chetta) is the most frequently consumed substance, accounting for 9 out of 15 patients (60%), making it the predominant substance among individuals seeking treatment. Cannabis is the second most commonly consumed substance, reported by 4 patients (26.7%), followed by Alcohol, which was reported by 2 patients (14.3%). No patients reported the use of Bhukki/Doda (Local Opium) during the study period. Overall, the data demonstrate that heroin (Chetta) constitutes the primary substance of abuse among patients admitted to the D-DWARI De-addiction Centre, followed by cannabis and alcohol, while no cases of Bhukki/Doda use were recorded in the study sample

2.3 Objectives of the study

The present study was undertaken with the following objectives:

1. To assess the implementation and community reach of the 100-Day Nasha Mukti Jammu Kashmir Abhiyan in the selected border villages of Ramgarh Block, Samba District.
2. To examine the level of public awareness, participation, and perceptions regarding the campaign and its anti-drug initiatives.
3. To understand community perceptions regarding drug abuse, vulnerable groups, and the role of various stakeholders in drug prevention and awareness.
4. To evaluate the perceived effectiveness of the campaign in promoting awareness, encouraging community participation, reducing stigma towards treatment, and strengthening preventive efforts against substance abuse.
5. To identify community-driven suggestions and formulate evidence-based policy recommendations for strengthening future anti-drug awareness and prevention programmes in border areas.

2.4 Methodology

2.4.1 Research Design

The study adopted a mixed-method research design, integrating quantitative and qualitative approaches to provide a comprehensive assessment of the implementation and impact of the 100-Day Nasha Mukti Jammu Kashmir Abhiyan. The quantitative component generated measurable evidence on respondent's awareness, perceptions, participation, and assessment of the campaign, while the qualitative component captured respondent's experiences, community perspectives, perceived challenges, and recommendations through open-ended questions. The integration of both approaches facilitated triangulation of findings and enhanced the overall validity of the assessment.

2.4.2 Study Area

The study was conducted in Six border villages of Ramgarh Block, Samba District, Jammu and Kashmir, namely Jerda, Nandpur, Dagh Chamleyal, Rangoor, Barota and Abtal. These villages are located in close proximity to the International Border (IB) and were selected because of their strategic location, socio-economic significance, and exposure to border-related vulnerabilities. The selected villages also actively participated in various activities organised

under the 100-Day Nasha Mukht Jammu Kashmir Abhiyan, making them appropriate locations for assessing the campaign's effectiveness.

2.4.3 Target Population

The target population comprised adult resident aged 18 years and above) residing in the selected villages who participated in or were exposed to the awareness activities conducted under the campaign. Respondents included community members from different age groups, occupations, educational backgrounds, and social categories to ensure diverse representation of local perspectives.

2.4.4 Sampling Technique and Sample Size

The study employed a purposive sampling technique. The villages were purposively selected because of their border location and active implementation of the campaign. Within these villages, respondents who were available during campaign activities and willing to participate voluntarily were included in the survey.

A total of 220 respondents participated in the study. This sample was considered adequate for conducting descriptive statistical analysis and examining associations between selected socio-demographic variables and respondent's perceptions regarding the campaign.

2.4.5 Data Collection

Primary data were collected using a structured interviewer-administered questionnaire during awareness programmes, educational institution outreach activities, and village-level Chaupals organised under the 100-Day Nasha Mukht Jammu Kashmir Abhiyan.

Although responses were recorded digitally using Google Forms, the questionnaire was administered through face-to-face interviews by the research team. This approach ensured better comprehension of questions, minimised response errors, and enabled participation by respondents with varying levels of literacy and digital familiarity.

The questionnaire consisted of two sections-Socio-demographic characteristics of respondents; and Structured questions measuring awareness, perceptions, participation, campaign effectiveness, and suggestions for strengthening future anti-drug initiatives.

Qualitative information was obtained through open-ended questions incorporated within the survey instrument.

2.4.6 Ethical Considerations

Participation in the study was entirely voluntary. Prior to data collection, respondents were informed about the purpose and academic nature of the study. Verbal informed consent was obtained from all participants before administering the questionnaire. Respondents were assured that their identities would remain confidential and that the information collected would be used solely for research and policy assessment purposes. No personally identifiable information was disclosed during analysis or reporting.

2.5 Scope of the Study

The study covered adult residents aged 18 years and above from Abhiyan in selected border villages of Ramgarh Block, Samba district. Quantitative data were collected through

structured questions, while open-ended responses and community consultations were used to identify local concerns, developmental priorities, and policy recommendations.

The assessment focused on campaign-related awareness, participation, community perceptions, and perceived outcomes. It did not estimate the prevalence of substance use, diagnose substance-use disorders, evaluate individual treatment outcomes, or examine official crime, seizure, treatment, or rehabilitation records.

2.6 Limitations of the Study

The study has the following limitations:

1. The villages and respondents were selected through purposive and non-probability sampling. Consequently, the findings cannot be considered statistically representative of the entire population of Samba district or the Union Territory of Jammu and Kashmir.
2. The assessment was limited to selected border villages of Ramgarh Block. The findings may not be generalised to urban areas, non-border villages, or other districts.
3. No pre-campaign baseline was available. Therefore, changes in awareness, attitudes, participation, or behaviour before and after the campaign could not be measured.
4. The study did not include a comparison or control group. Consequently, the reported outcomes cannot be attributed exclusively to the campaign.
5. The findings are based largely on respondent's self-reported perceptions and experiences, which may be affected by differences in recall and interpretation.
6. Face-to-face administration of the questionnaire may have encouraged some respondents to provide socially desirable or favourable answers.
7. Several questions received very high positive responses. Although this indicates strong reported awareness and acceptance, limited variation reduced the scope for examining differences among respondents.
8. The cross-sectional design captured respondent's views at one point in time and could not determine whether the reported outcomes were sustained over the longer term.
9. The study measured perceived attitudinal and behavioural outcomes rather than independently verified changes. It therefore does not establish a causal reduction in substance use, trafficking, stigma, or treatment avoidance.
10. The qualitative findings, derived from open-ended responses and field interactions, provide valuable contextual insights into community perceptions; however, they are intended to complement the quantitative findings and should not be interpreted as statistically representative of the wider population.

Despite these limitations, the study provides valuable insights into the implementation of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan, particularly with regard to campaign reach, community participation, perceived effectiveness, youth-related concerns, and priorities for strengthening future drug prevention initiatives in the selected study area.

3. Campaign Activities and Profile of Study Area

3.1 Overview

Paramrshniti Foundation conducted four activities in its 100-day drug free campaign such as quiz competition, chaupal (Community Dialogues), poster making competition, and internship opportunities. Each one executed with the intention of contributing towards drug free society in District Samba. We met with a diverse set of people from different age groups, genders, and communities to conduct surveys, discussions and awareness sessions.

3.1.2 Description of the four major activities

- **Quiz competition:** This activity is carried out in Govt. Hr Secondary school for students between the ages of 12 to 18. This is being done to find out how informed and ethical school children are.
- **Poster Making Competition:** A very creative endeavour which is done to make school pupils inspire and join in healthy lifestyle discussion even beyond this 100-day campaign.
- **Chaupal (Community Dialogues):** Chaupal is the main aspect of this whole campaign where we conducted structured questionnaires/surveys, insightful group discussions and directly met with the communities living on border areas.
- **Internship:** This program offers practical experience in policy research, community development, and civic participation, bridging the gap between academic understanding and practical impact. And to impart leadership skills, research aptitude, and practical knowledge to young minds.

3.2 Overview of Samba District

Samba is one of the districts of the Union Territory of Jammu and Kashmir. It was established as a separate district in 2006 and is situated approximately 40 kilometres from Jammu city. The district is bounded by Udhampur district in the north, Kathua district in the east, parts of Jammu district in the west, and the International Border with Pakistan in the south. This location gives Samba considerable strategic importance and shapes the administrative, developmental, and security requirements of its border communities.⁹²

The district covers approximately 91,374 hectares and, according to Census 2011 figures reported by the District Administration, has a population of approximately 4.16 lakh. The literacy rate is 82.48%, while the population density is approximately 353 persons per square kilometre. The district is predominantly rural, with agriculture and defence-related employment forming important sources of livelihood. Administratively, Samba comprises six tehsils, nine development blocks, 101 Panchayats, and four urban towns—Samba, Vijaypur, Ramgarh, and Bari Brahmana.⁹³

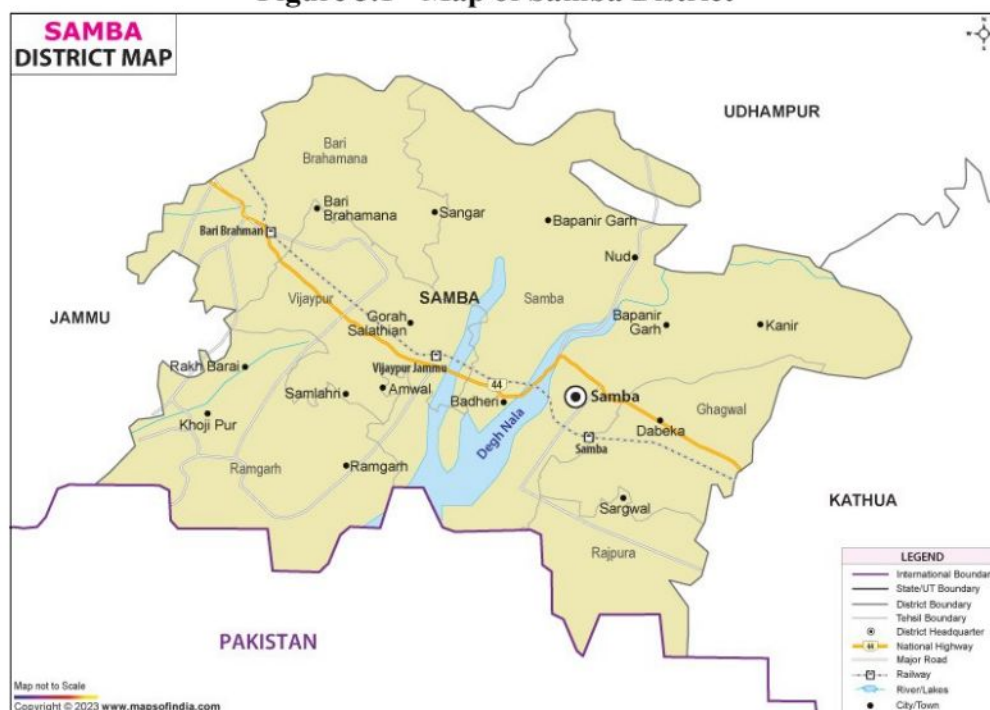
The physical and economic profile of the district varies considerably. A substantial part of Samba lies in the Kandi and rain-fed belt, whereas areas south of the National Highway receive irrigation through the Ravi–Tawi canal network and support cereal and vegetable cultivation. Agriculture, livestock rearing, government service, and employment in the armed forces remain important livelihood sources. The district also has an industrial growth centre

near Samba town, along with small and medium-scale industrial units. Traditional economic activities include weaving and calico printing.⁹⁴

Samba's proximity to the International Border places several villages within a distinctive rural and strategic environment.⁹⁵ Communities in these areas may experience constraints relating to mobility, infrastructure, access to services, agricultural livelihoods, employment opportunities, and periodic border-related uncertainty. These characteristics make community-based preventive programmes, youth engagement, accessible public services, and effective coordination among civil administration and security agencies especially relevant.⁹⁶

Samba was established around 1400 A.D. by Malh Deva who was a Lakhanpur prince. He married locally and claimed the area i.e Samba which later fell under Jammu's control in 1816. In 1822, Raja Suchet Singh was given lordship over the region, he famously developed its 22 marketplaces (*Mandies*) and its iconic fort. Samba was officially integrated into Jammu and Kashmir by Maharaja Gulab Singh in 1846. Then, Samba officially became a distinct district in October 2006. From the standpoint of Cultural Legacy and Identity, Samba is celebrated both as a cradle of courageous Rajput warriors such as Brigadier Rajinder Singh MVC, the recipient of independent India's first gallantry award. And as a hub for traditional textiles. Due to its famous heritage of handmade Calico block printing on cotton fabrics, Samba is widely nicknamed the "City of Sheets."⁹⁷

Figure 3.1 - Map of Samba District⁹⁸



Source: Maps of India

Samba town sits in the Shivalik foothills at an elevation of 384 meters, located 40 km from Jammu city along the National Highway and the Basantar River. The district experiences a subtropical climate, with temperatures ranging from (6 degree to 47 degree) Celsius, though foothill breezes keep summer nights cooler than nearby Punjab. While two-thirds of the district relies purely on rainfall, the plains south of the National Highway are fed by the Ravi Tawi Canal network, driving local vegetable and cereal farming.

Samba features two key rivers:

- Basantar River: Flanks Samba town and is renowned as a major 1971 Indo-Pakistani war battlefield.
- Devak River (Gupta Ganga): Flows mostly underground outside of monsoon season. It runs past Vijaypur and the sacred pilgrimage sites of Purmandal and Uttarbehni.

Economic Hub:

- Samba is the most industrialized district in the region, anchored by two massive manufacturing hubs.
- Bari Brahmana Industrial Estate: Hosts roughly 250 units with an investment of ₹1,750 crores.
- Samba Industrial Growth Centre: Spans over 3,904 kanals i.e. 197.4866 hectares (with an active 2,763-kanal expansion i.e. 139.7683 hectares) and houses 242 units backed by ₹684.79 crores.⁹⁸

3.3 Ramgarh Block

Ramgarh is an administrative block and tehsil situated in the southern part of Samba district. It forms part of the Vijaypur Revenue Sub-Division and includes rural settlements located near the International Border. The administrative structure of Ramgarh Tehsil includes the Niabats of Ramgarh, Chamliyal, and Nandpur, along with several Patwar Halqas and revenue villages.⁹⁹

The block is predominantly rural, and agriculture, dairy farming, livestock rearing, small-scale self-employment, government service, and defence-related employment contribute to local livelihoods. Agricultural activity is influenced by access to irrigation, landholding size, market conditions, and the availability of institutional support. Community consultations undertaken during the assessment also highlighted local concerns relating to employment, skill development, career guidance, sports facilities, transport, digital connectivity, and access to public services.¹⁰⁰

Ramgarh Block is also associated with the Baba Chamliyal shrine, situated close to the India–Pakistan border. The shrine and its annual congregation give the area social, cultural, and cross-border significance.¹⁰¹ The assessment was conducted in six selected border villages and localities of Ramgarh Block: Jerda, Nandpur, Daghamliyal, Rangoor, Barota, and Abtal. These locations were purposively selected because of their proximity to the International Border, rural characteristics, participation in campaign activities, and relevance to understanding community perceptions regarding substance-abuse prevention.

Together, these selected locations represent rural communities situated within the socially and strategically significant border belt of Ramgarh Block. Their inclusion enabled the study to assess campaign reach and community perceptions across different local settings. However, as the villages were purposively selected, the findings should be understood as reflecting the experiences and perceptions of the surveyed communities rather than representing all villages of Samba district.

Table 3.1: Distribution of Respondents by Block/Villages

S. No.	Block/Villages	Frequency	Percentage (%)
1	Jerda	35	15.9
2	Dug and Chamelyal	38	17.3
3	Nandpur	32	14.5
4	Rangoor	38	17.3
5	Abtal	20	9.1
6	Barota	25	11.3
7	Ramgarh	18	8.2
8	Vijaypur	14	6.4
Total	220	220	100.0

Source: Field Survey (2026)

Table 3.1 presents the geographical distribution of respondents across the selected villages and localities of Samba district. The findings indicate that the highest proportion of respondents belonged to Dug and Chamleyal (17.3%) and Rangoor (17.3%), followed by Jerda (15.9%) and Nandpur (14.5%). Collectively, these four locations accounted for nearly 65% of the total respondents, reflecting their substantial representation in the study.

Further, Barota contributed 11.3% of the respondents, while Abtal, Ramgarh, and Vijaypur accounted for 9.1%, 8.2%, and 6.4%, respectively. The inclusion of respondents from all selected villages and localities ensured broad geographical coverage of the study area, allowing the assessment to capture diverse community perspectives on the implementation and impact of the 100-Day Nasha Mukt Jammu Kashmir Abhiyan.

4. Data Analysis and Interpretation

The data collected through the household survey and Chaupals were systematically compiled, coded, and analysed to assess the impact of the 100-Day Nasha Mukht Jammu Kashmir Abhiyan in the selected border villages of Samba district. Quantitative data obtained from the structured questionnaire were analysed using descriptive statistical techniques, including frequencies and percentages, to understand respondent's socio-demographic profile, level of awareness, participation in campaign activities, perceptions regarding substance abuse, and suggestions for strengthening drug prevention initiatives.

In addition to the survey analysis, qualitative information obtained through village consultations, stakeholder interactions, and open-ended responses was analysed using thematic analysis to identify recurring issues, community concerns, and locally relevant policy suggestions. The combined use of quantitative and qualitative analysis provided a comprehensive understanding of both the measurable outcomes of the campaign and the perspectives of the community, thereby strengthening the overall impact assessment.

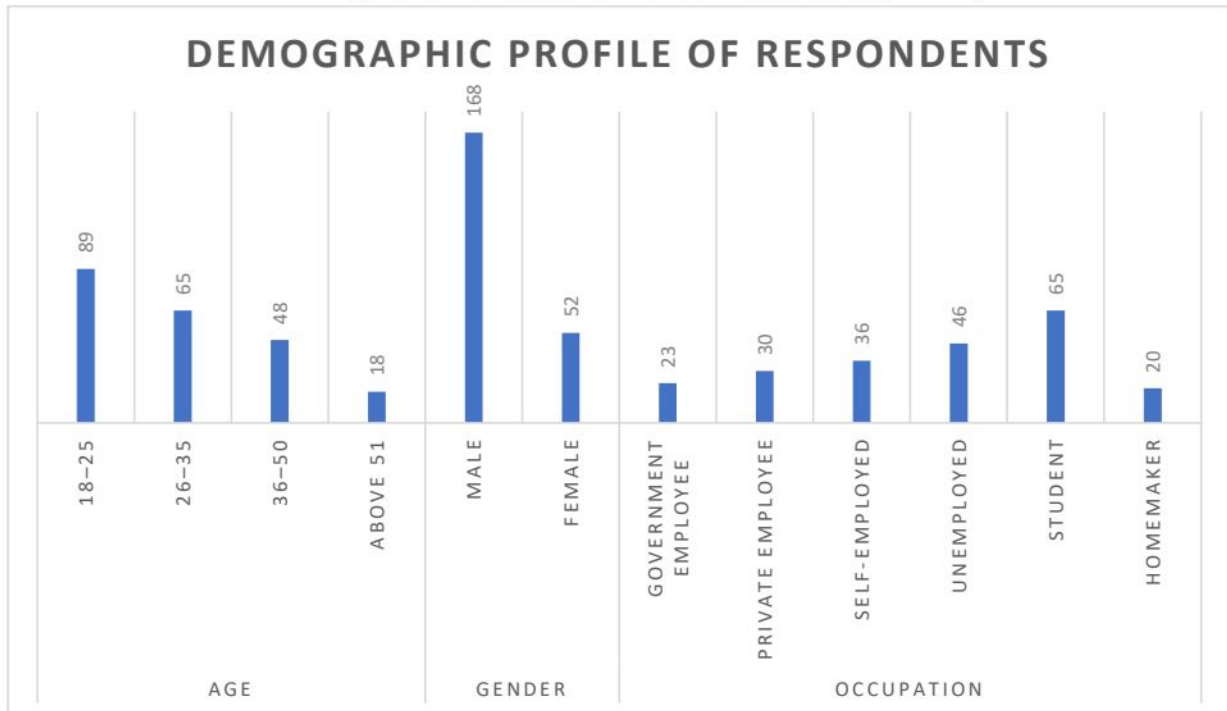
The findings are presented in the following sections through tables, charts, thematic summaries, and interpretative discussions.

Table 4.1: Demographic Profile of Respondents (N = 220)

	Category	Frequency	Percentage (%)
Age	18–25	89	40.5
	26–35	65	29.5
	36–50	48	21.8
	Above 51	18	8.2
Gender	Male	168	76.4
	Female	52	24.6
Occupation	Government Employee	23	10.5
	Private Employee	30	14.6
	Self-employed	36	16.4
	Unemployed	46	20.9
	Student	65	29.5
	Homemaker	20	9.1

Source: Field Survey, 2026

Figure 4.1 Demographic Profile of Respondents (N = 220)



Source: Field Survey, 2026

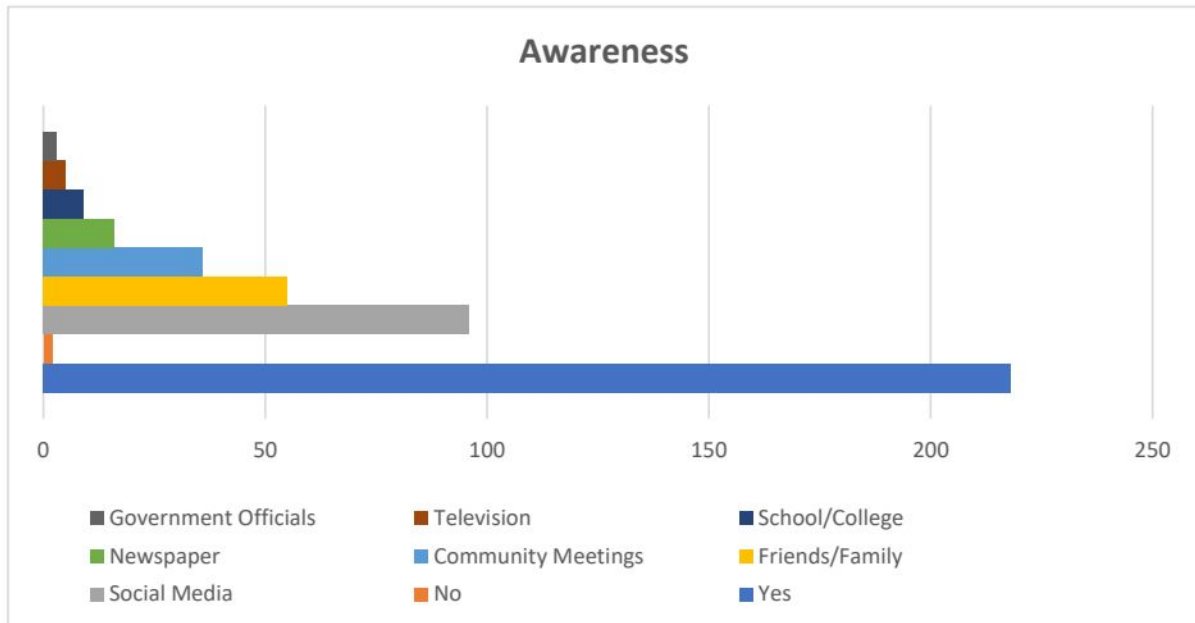
Table 4.1 presents the demographic profile of the respondents who participated in the impact assessment survey. Among the 220 respondents, the largest proportion (40.5%) belonged to the 18–25 years age group, followed by 29.5% in the 26–35 years category, indicating that the study primarily captured the perceptions of younger individuals. Respondents aged 36–50 years constituted 21.8%, whereas only 8.2% were above 51 years of age. In terms of gender, males accounted for 76.4% of the sample, while females represented 24.6%. Regarding occupation, students formed the largest respondent group (29.5%), followed by unemployed individuals (20.9%), self-employed respondents (16.4%), private employees (14.6%), government employees (10.5%), and homemakers (9.1%). This demographic composition indicates that the campaign effectively engaged youth and economically active sections of society, who are often considered critical stakeholders in substance abuse prevention initiatives.

Table 4.2: Awareness regarding the 100-Day Nasha Mukht Jammu Kashmir Abhiyan

Variable	Response	Frequency	Percentage (%)
Heard about campaign	Yes	218	99.1
	No	2	0.9
Source of Awareness	Social Media	96	44.6
	Friends/Family	55	25.0
	Community Meetings	36	16.4
	Newspaper	16	7.3
	School/College	9	4.1
	Television	5	2.3
	Government Officials	3	1.4

Source: Field Survey, 2026

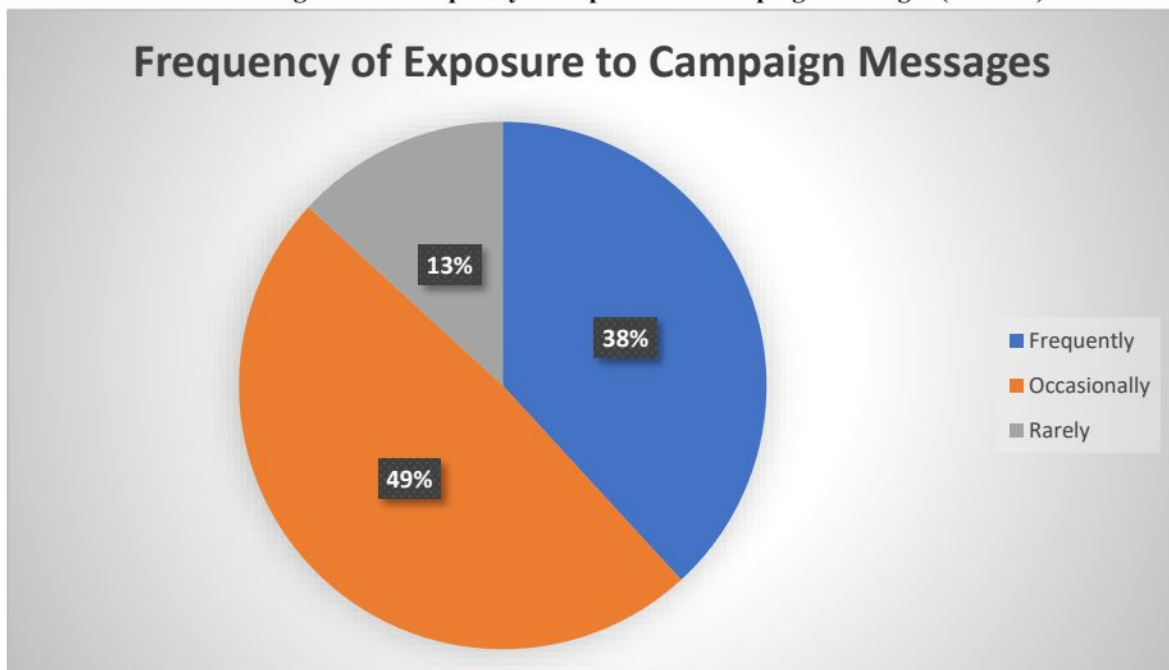
Figure 4.2: Awareness regarding the 100-Day Nasha Mukt Jammu Kashmir Abhiyan



Source: Field Survey, 2026

The findings reveal an exceptionally high level of public awareness regarding the 100-Day Nasha Mukt Jammu Kashmir Abhiyan, with 99.1% of respondents indicating that they had heard about the campaign. This demonstrates the extensive outreach achieved through the awareness initiatives. Social media emerged as the most influential communication channel (44.6%), followed by friends and family (25.0%) and community meetings (16.4%). Traditional media such as newspapers (7.3%) and television (2.3%) played comparatively smaller roles. The results suggest that digital platforms and interpersonal communication were the primary drivers of campaign visibility, highlighting the importance of integrating social media and community networks into future awareness programmes.

Figure 4.3: Frequency of Exposure to Campaign Messages (N = 220)



Source: Field Survey, 2026

Table 4.3: Frequency of Exposure to Campaign Messages (N = 220)

Response	Frequency	Percentage (%)
Frequently	84	38.2
Occasionally	107	48.6
Rarely	29	14.2
Total	220	100.0

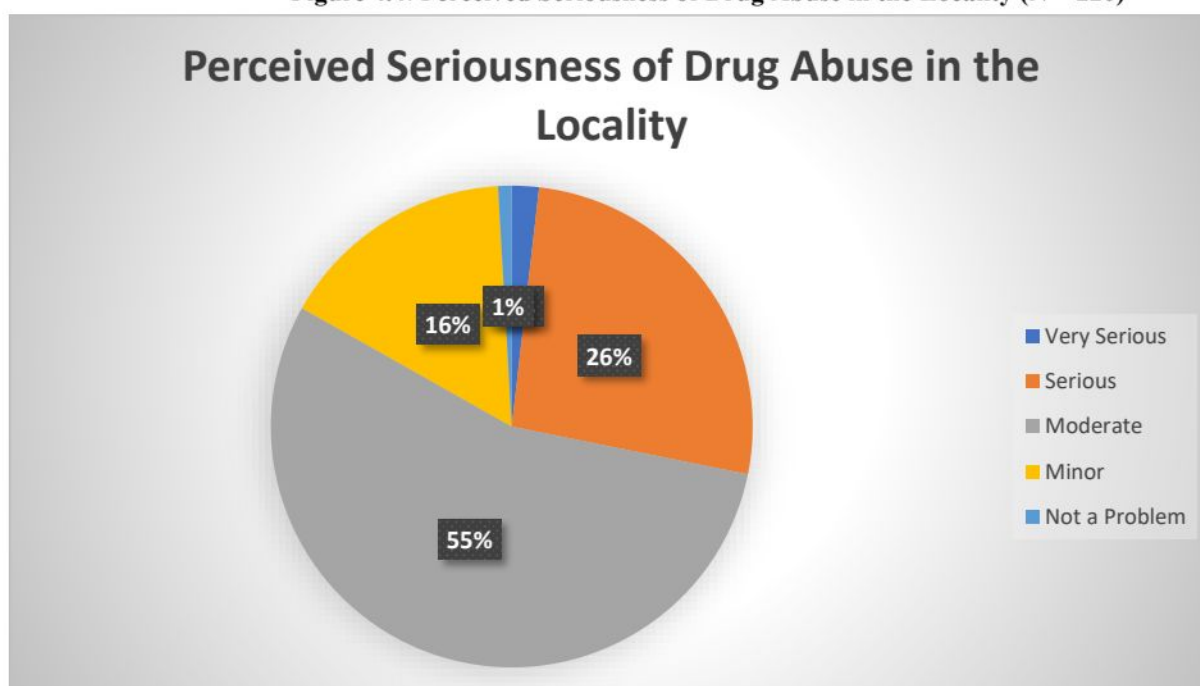
Source: Field Survey, 2026

Table 4.3 presents the frequency with which respondents were exposed to messages related to the 100-Day Nasha Mukht Jammu Kashmir Abhiyan. The findings reveal that nearly half of the respondents (48.6%) reported that they had occasionally seen or heard campaign-related messages, while 38.2% indicated frequent exposure. Only 14.2% reported rare exposure to the campaign. Overall, the results suggest that the campaign achieved substantial visibility among the target population, with approximately 86.8% of respondents reporting either frequent or occasional exposure. This indicates that the awareness campaign effectively reached a broad section of the community through various communication channels, thereby contributing to increased public awareness regarding drug abuse prevention.

Table 4.4: Perceived Seriousness of Drug Abuse in the Locality (N = 220)

Response	Frequency	Percentage (%)
Very Serious	4	1.8
Serious	58	26.4
Moderate	121	55.0
Minor	35	15.9
Not a Problem	2	0.9
Total	220	100.0

Source: Field Survey (2026)

Figure 4.4: Perceived Seriousness of Drug Abuse in the Locality (N = 220)

Source: Field Survey (2026)

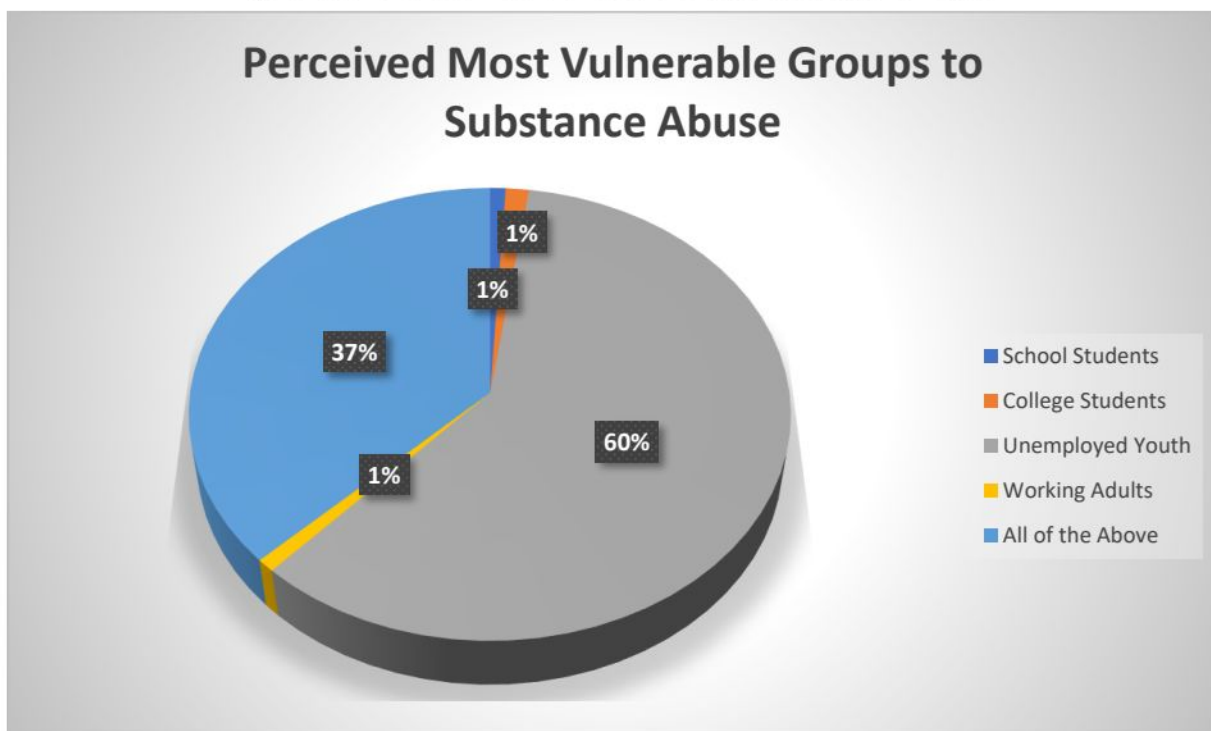
Table 4.4 illustrates respondent's perceptions regarding the seriousness of drug abuse in their locality. More than half of the respondents (55.0%) perceived drug abuse as a moderately serious issue, while 26.4% considered it a serious concern. A further 1.8% viewed the issue as very serious, whereas 15.9% regarded it as a minor concern and only 0.9% believed that it was not a problem. Collectively, over four-fifths (84.2%) of the respondents acknowledged drug abuse as at least a moderate social concern. These findings indicate that drug abuse is widely recognised as a significant community issue requiring sustained preventive measures, public awareness initiatives, and collaborative interventions by government agencies, educational institutions, and civil society organizations.

Table 4.5: Perceived Most Vulnerable Groups to Substance Abuse

Response	Frequency	Percentage (%)
School Students	2	0.9
College Students	3	1.4
Unemployed Youth	131	59.5
Working Adults	2	0.9
All of the Above	82	37.3
Total	220	100.0

Source: Field Survey (2026)

Figure 4.5: Perceived Most Vulnerable Groups to Substance Abuse



Source: Field Survey (2026)

Table 4.5 presents respondent's perceptions regarding the groups most vulnerable to substance abuse within their communities. A majority of respondents (59.5%) identified **unemployed youth** as the group at greatest risk of drug abuse. Additionally, 37.3% believed that **all population groups**, irrespective of age or occupation, are vulnerable to substance abuse. Very few respondents identified school students (0.9%), college students (1.4%), or

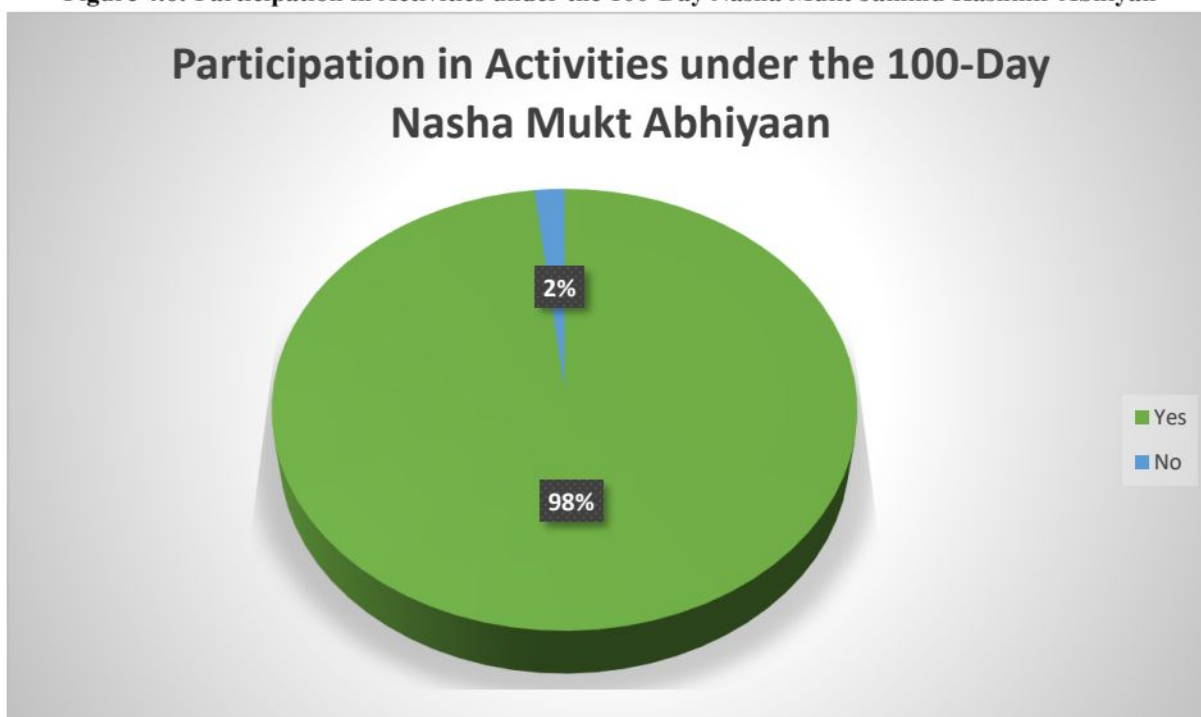
working adults (0.9%) as the most vulnerable group individually. These findings suggest that unemployment is widely perceived as a key social factor associated with substance abuse, while a considerable proportion of respondents also recognise drug addiction as a widespread societal issue affecting multiple demographic groups. The results highlight the importance of youth-focused employment initiatives, life-skills education, and comprehensive community-based prevention strategies to address the underlying drivers of substance abuse.

Table 4.6: Participation in Activities under the 100-Day Nasha Mukht Jammu Kashmir Abhiyan

Response	Frequency	Percentage (%)
Yes	216	98.2
No	4	1.8
Total	220	100.0

Source: Field Survey (2026)

Figure 4.6: Participation in Activities under the 100-Day Nasha Mukht Jammu Kashmir Abhiyan



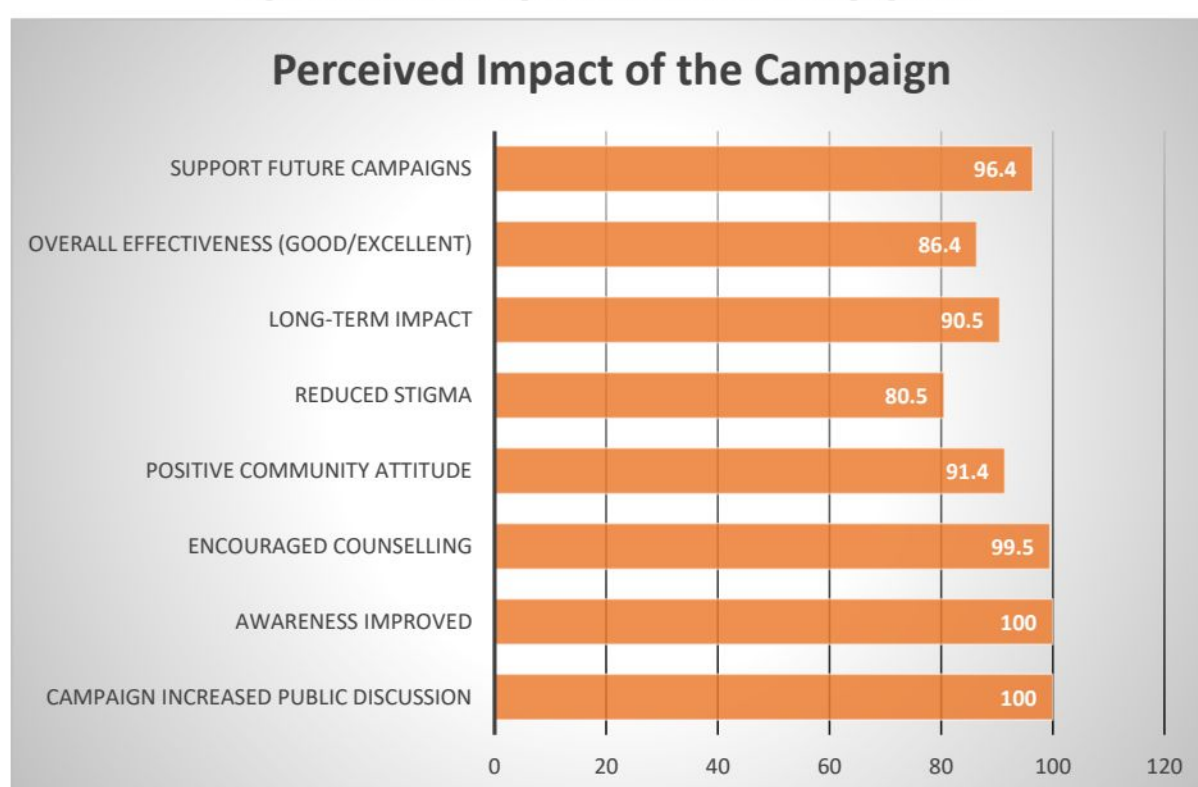
Source: Field Survey (2026)

Table 4.6 shows the level of public participation in activities conducted under the 100-Day Nasha Mukht Jammu Kashmir Abhiyan. An overwhelming majority of respondents (98.2%) reported that they had participated in at least one campaign activity, whereas only 1.8% indicated that they had not participated. The exceptionally high participation rate reflects the extensive reach and successful mobilisation efforts of the campaign across the study area. Such widespread community involvement demonstrates the effectiveness of the campaign in engaging citizens through awareness programmes, educational activities, and community outreach initiatives. High levels of participation are likely to enhance public understanding of the harmful consequences of drug abuse and strengthen collective commitment towards building a drug-free society.

Table 4.7 Perceived Impact of the Campaign

<i>Indicator</i>	Positive Response (%)
<i>Campaign increased public discussion</i>	100.0
<i>Awareness improved</i>	100.0
<i>Encouraged counselling</i>	99.5
<i>Positive community attitude</i>	91.4
<i>Reduced stigma</i>	80.5
<i>Long-term impact</i>	90.5
<i>Overall effectiveness (Good/Excellent)</i>	86.4
<i>Support future campaigns</i>	96.4

Source: Field Survey (2026)

Figure 4.7: Perceived Impact of the Nasha Mukta Campaign, 2026

Source: Field Survey (2026)

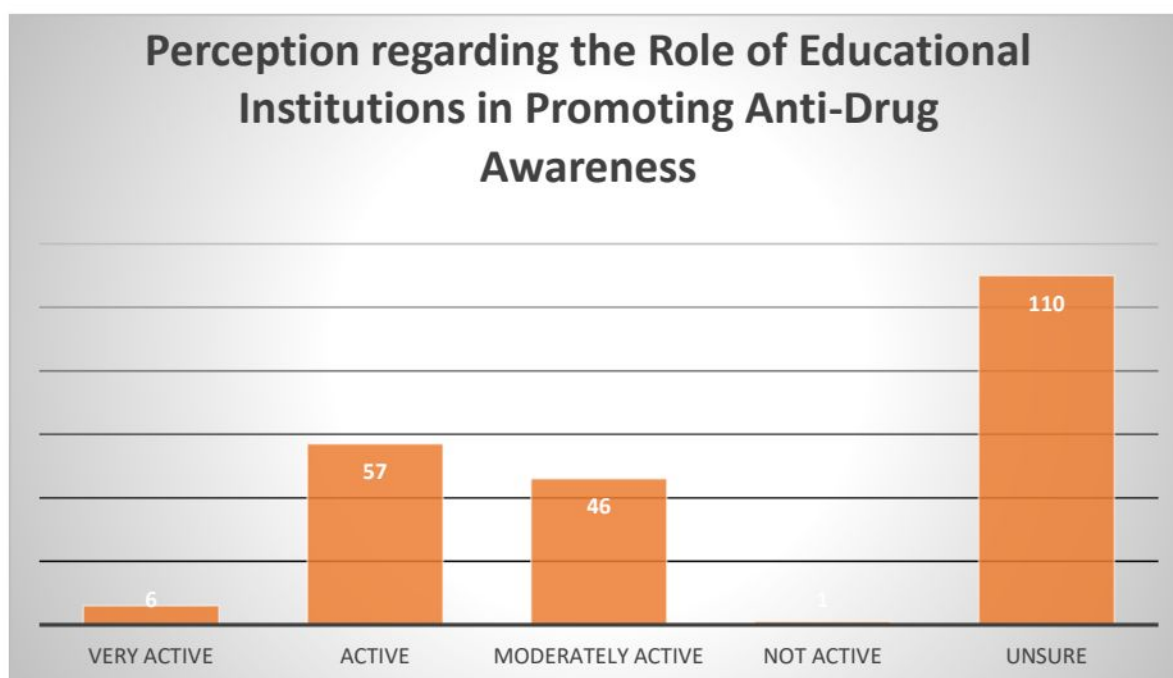
The findings indicate overwhelmingly positive public perceptions regarding the effectiveness of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan. All respondents agreed that the campaign enhanced public discussion and improved awareness about substance abuse. Nearly all respondents (99.5%) believed that the campaign encouraged individuals to seek counselling, while 91.4% observed positive changes in community attitudes toward drug prevention. Additionally, 80.5% believed that the campaign reduced the stigma associated with treatment, 90.5% expressed confidence in its long-term impact, and 86.4% rated the campaign as good or excellent. Furthermore, 96.4% supported the continuation of similar awareness programmes. Collectively, these findings suggest that the campaign successfully achieved its objectives of promoting awareness, encouraging behavioural change, and strengthening community support for drug prevention initiatives.

Table 4.8: Perception regarding the Role of Educational Institutions in Promoting Anti-Drug Awareness

Response	Frequency	Percentage (%)
Very Active	6	2.7
Active	57	25.9
Moderately Active	46	20.9
Not Active	1	0.5
Unsure	110	50.0
Total	220	100.0

Source: Field Survey (2026)

Figure 4.8: Perception regarding the Role of Educational Institutions in Promoting Anti-Drug Awareness



Source: Field Survey (2026)

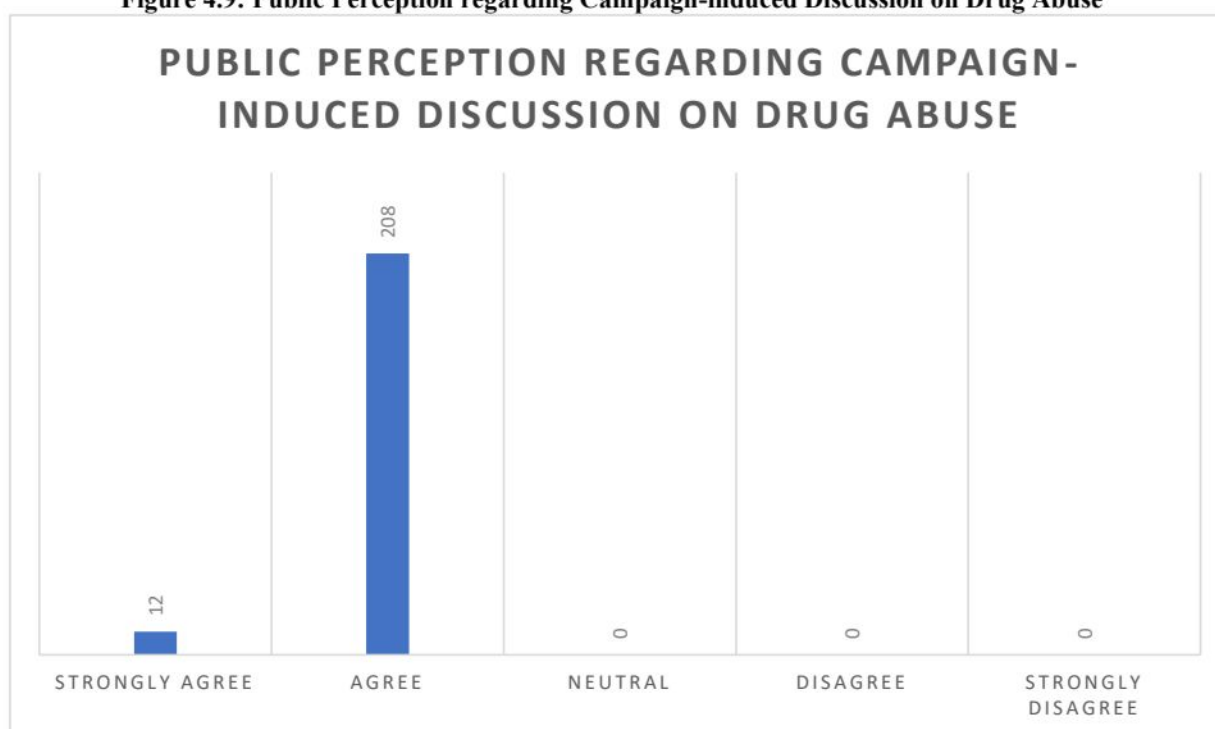
Table 4.8 presents respondent's perceptions regarding the role of educational institutions in promoting anti-drug awareness. Half of the respondents (50.0%) were **unsure** about the extent to which educational institutions actively promote anti-drug awareness, indicating limited visibility or awareness of institutional initiatives. Nevertheless, 25.9% perceived educational institutions as active, while 20.9% considered them moderately active in conducting awareness programmes. Only 2.7% believed that educational institutions were very active, whereas a negligible proportion (0.5%) reported that such institutions were not active. These findings suggest that although schools and colleges are contributing to anti-drug awareness, there remains considerable scope for increasing the visibility, frequency, and outreach of awareness programmes within educational institutions.

Table 4.9: Public Perception regarding Campaign-induced Discussion on Drug Abuse

<i>Response</i>	Frequency	Percentage (%)
<i>Strongly Agree</i>	12	5.5
<i>Agree</i>	208	94.5
<i>Neutral</i>	0	0
<i>Disagree</i>	0	0
<i>Strongly Disagree</i>	0	0
<i>Total</i>	220	100.0

Source: Field Survey (2026)

Figure 4.9: Public Perception regarding Campaign-induced Discussion on Drug Abuse



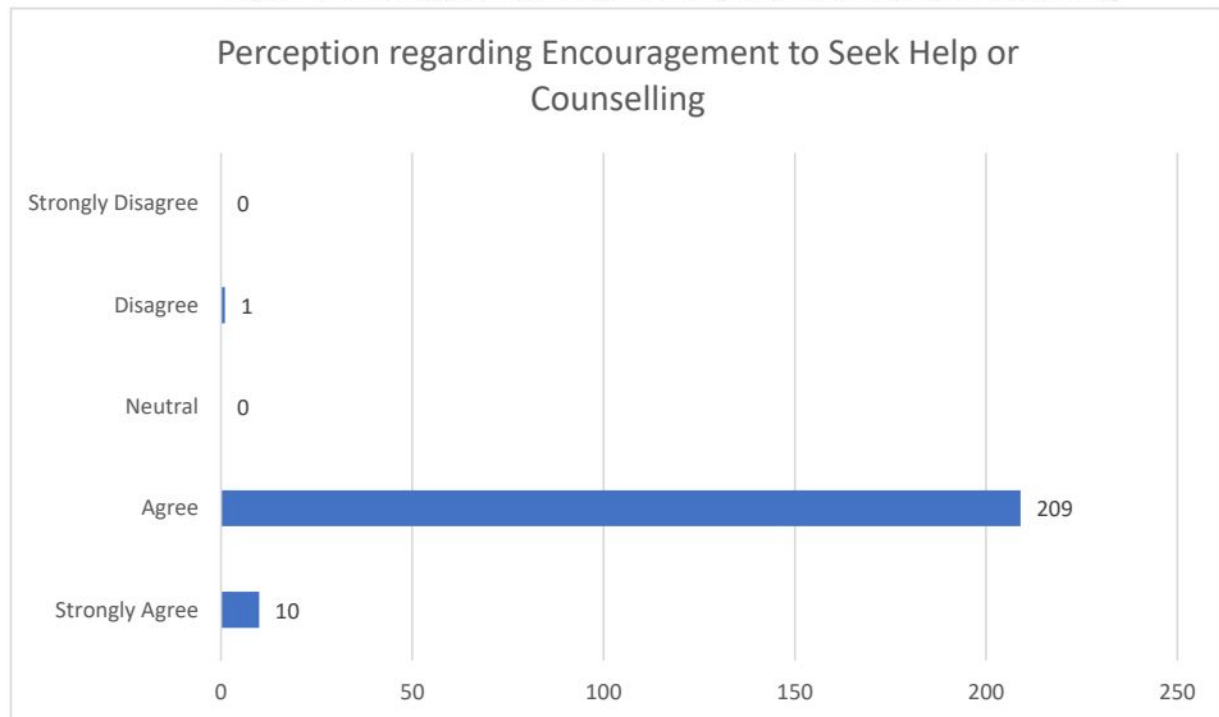
Source: Field Survey (2026)

Table 4.9 indicates respondent's perceptions regarding whether the 100-Day Nasha Mukht Jammu Kashmir Abhiyan increased public discussion on drug abuse. The findings demonstrate unanimous positive responses, with 94.5% of respondents agreeing and 5.5% strongly agreeing that the campaign successfully stimulated discussions on substance abuse within the community. The absence of negative responses reflects the campaign's effectiveness in encouraging dialogue and raising public consciousness about the harmful consequences of drug abuse. Increased public discussion is an important indicator of community engagement and serves as a foundation for behavioural and social change.

Table 4.10: Perception regarding Encouragement to Seek Help or Counselling

Response	Frequency	Percentage (%)
<i>Strongly Agree</i>	10	4.5
<i>Agree</i>	209	95
<i>Neutral</i>	0	0
<i>Disagree</i>	1	0.5
<i>Strongly Disagree</i>	0	0
Total	220	100.0

Source: Field Survey (2026)

Figure 4.10: Perception regarding Encouragement to Seek Help or Counselling

Source: Field Survey (2026)

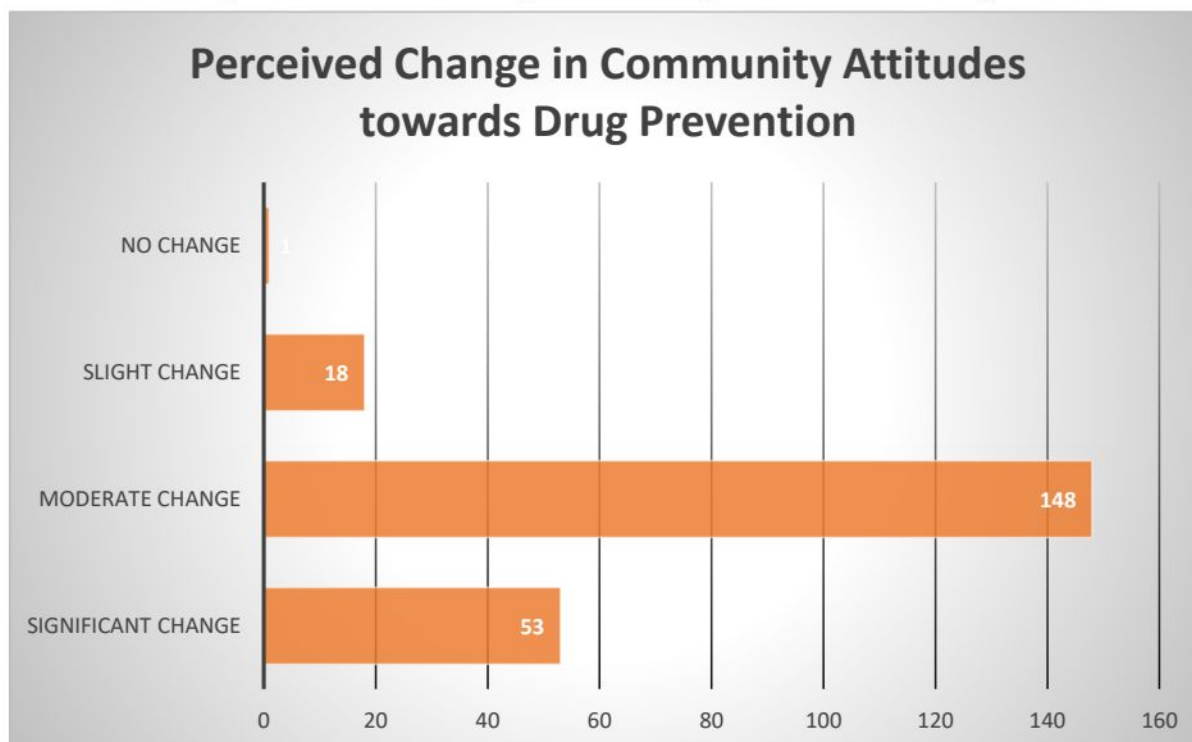
Table 4.10 shows respondent's perceptions regarding whether the campaign encouraged individuals to seek professional help or counselling for substance abuse-related issues. An overwhelming majority of respondents (99.5%) either agreed or strongly agreed that the campaign encouraged treatment-seeking behaviour, whereas only 0.5% disagreed. These findings suggest that the campaign played an important role in motivating individuals to consider counselling and rehabilitation services, thereby contributing to early intervention and recovery. Promoting help-seeking behaviour is a critical objective of substance abuse prevention campaigns, as it facilitates timely access to support service

Table 4.11: Perceived Change in Community Attitudes towards Drug Prevention

Response	Frequency	Percentage (%)
Significant Change	53	24.1
Moderate Change	148	67.3
Slight Change	18	8.2
No Change	1	0.5
Total	220	100.0

Source: Field Survey (2026)

Figure 4.11: Perceived Change in Community Attitudes towards Drug Prevention



Source: Field Survey (2026)

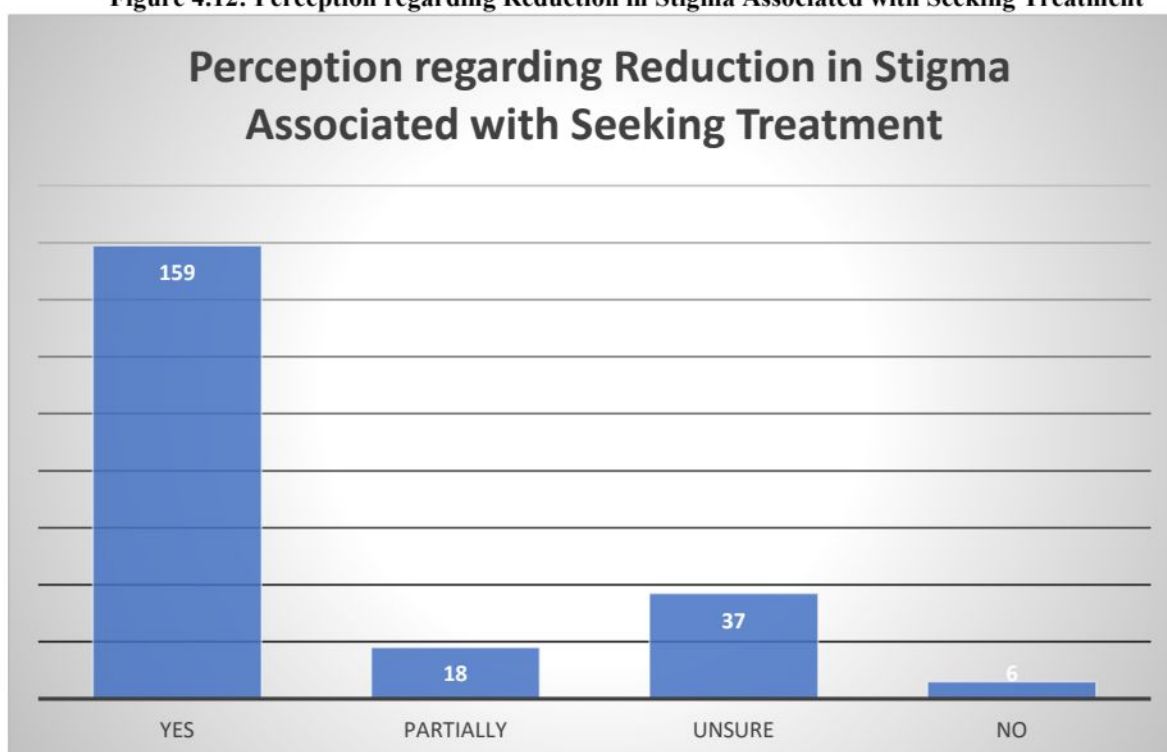
Table 4.11 presents respondent's perceptions regarding changes in community attitudes towards drug prevention following the campaign. A majority of respondents (67.3%) observed a moderate positive change, while 24.1% reported a significant positive change. Only 8.2% perceived slight changes, and less than one percent (0.5%) reported no change. Overall, more than 91% of respondents acknowledged noticeable positive changes in community attitudes, suggesting that the campaign successfully fostered greater social awareness and encouraged positive behavioural attitudes towards drug prevention.

Table 4.12: Perception regarding Reduction in Stigma Associated with Seeking Treatment

Response	Frequency	Percentage (%)
Yes	159	72.3
Partially	18	8.2
Unsure	37	16.8
No	6	2.7
Total	220	100.0

Source: Field Survey (2026)

Figure 4.12: Perception regarding Reduction in Stigma Associated with Seeking Treatment



Source: Field Survey (2026)

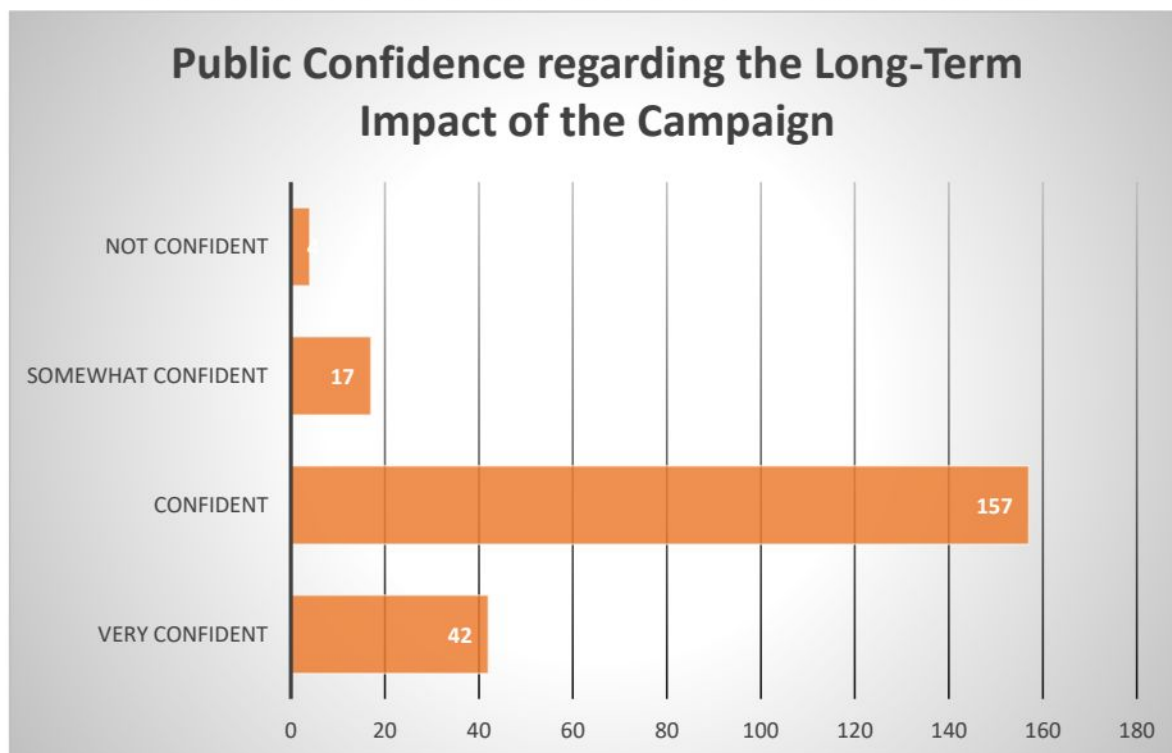
Table 4.12 illustrates respondent's perceptions regarding the campaign's role in reducing the stigma associated with seeking treatment for substance abuse. Nearly three-fourths of respondents (72.3%) believed that the campaign successfully reduced stigma, while an additional 8.2% felt that it had partially contributed to stigma reduction. However, 16.8% remained uncertain and only 2.7% believed that no reduction had occurred. These findings suggest that the campaign made a meaningful contribution towards normalising treatment-seeking behaviour and reducing negative social perceptions associated with substance abuse and rehabilitation.

Table 4.13: Public Confidence regarding the Long-Term Impact of the Campaign

Response	Frequency	Percentage (%)
Very Confident	42	19.1
Confident	157	71.4
Somewhat Confident	17	7.7
Not Confident	4	1.8
Total	220	100.0

Source: Field Survey (2026)

Figure 4.13: Public Confidence regarding the Long-Term Impact of the Campaign



Source: Field Survey (2026)

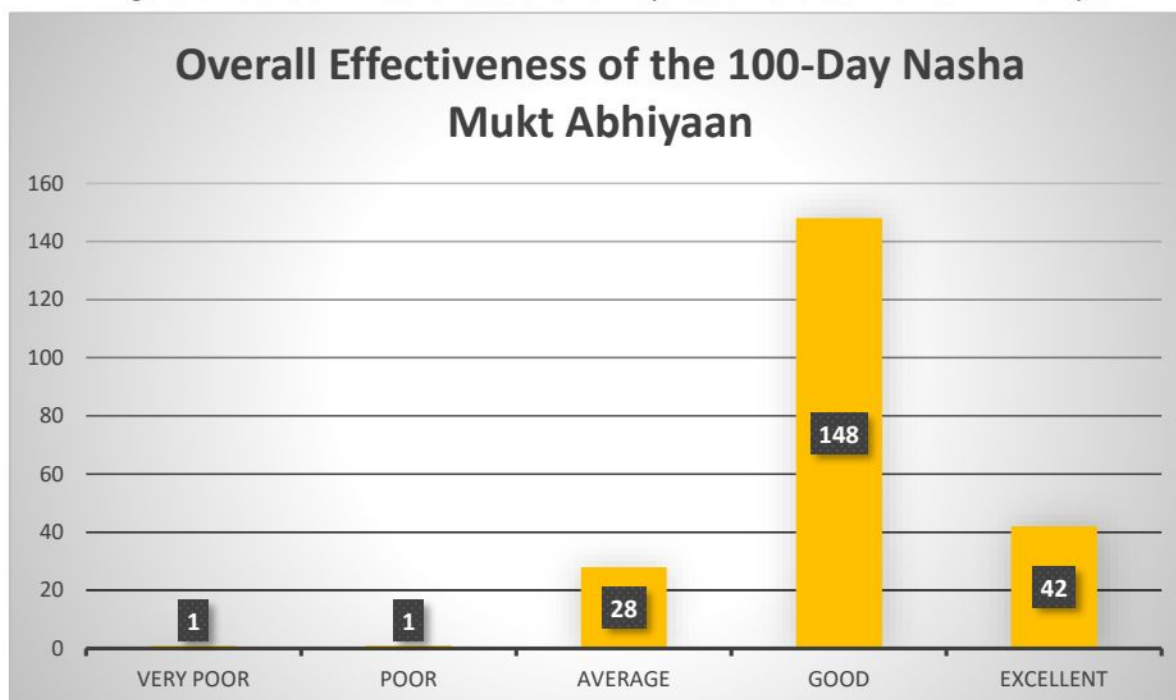
Table 4.13 presents respondent's confidence regarding the long-term impact of the 100-Day Nasha Mukht Jammu Kashmir Abhiyan. A substantial majority (71.4%) reported being confident, while 19.1% expressed being very confident that the campaign would have a lasting impact. Only 7.7% were somewhat confident and 1.8% lacked confidence in the campaign's long-term effectiveness. Overall, approximately 90.5% of respondents expressed confidence in the sustainability of the campaign's outcomes, reflecting strong public trust in its ability to generate enduring awareness and behavioural change.

Table 4.14: Overall Effectiveness of the 100-Day Nasha Mukht Jammu Kashmir Abhiyan

Response	Frequency	Percentage (%)
Very Poor	1	0.5
Poor	1	0.5
Average	28	12.7
Good	148	67.3
Excellent	42	19.1
Total	220	100.0

Source: Field Survey (2026)

Figure 4.14: Overall Effectiveness of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan



Source: Field Survey (2026)

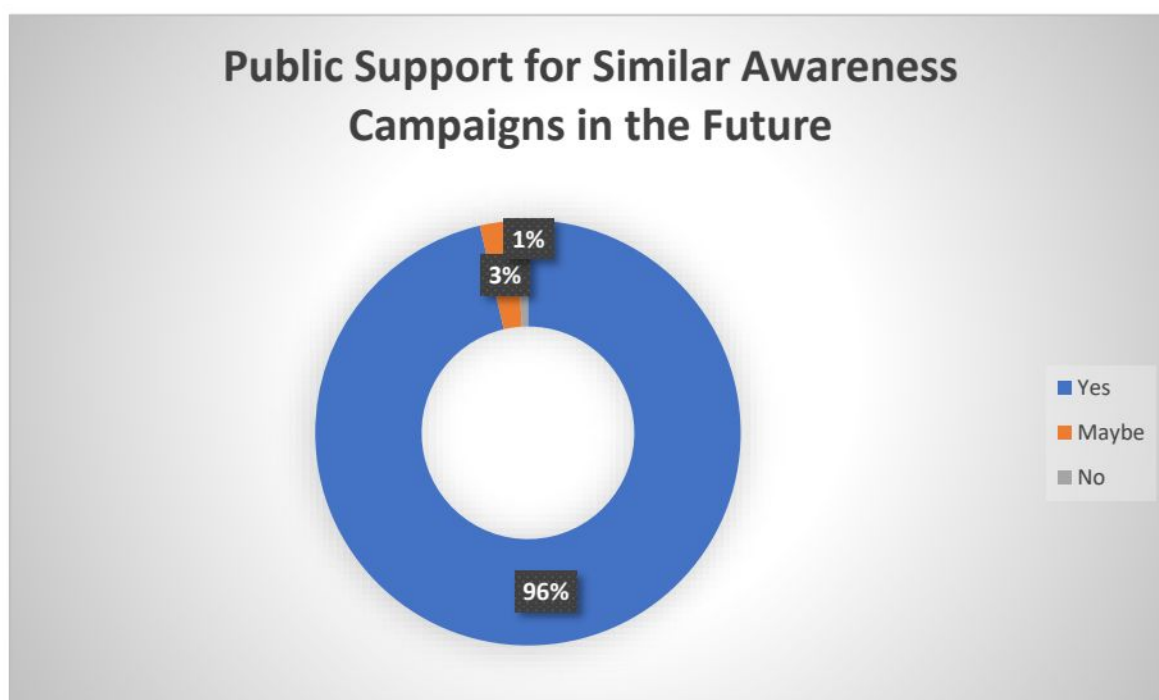
Table 4.14 presents respondent's assessment of the overall effectiveness of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan. More than two-thirds of respondents (67.3%) rated the campaign as **Good**, while 19.1% considered it Excellent. Only 12.7% rated its effectiveness as average, and less than one percent each perceived it as poor or very poor. Overall, 86.4% of respondents rated the campaign as either good or excellent, demonstrating widespread public satisfaction with the planning, implementation, and outcomes of the campaign. These findings indicate that the awareness initiatives were highly effective in achieving their intended objectives.

Table 4.15: Public Support for Similar Awareness Campaigns in the Future

Response	Frequency	Percentage (%)
Yes	212	96.4
Maybe	6	2.7
No	2	0.9
Total	220	100.0

Source: Field Survey (2026)

Figure 4.15: Public Support for Similar Awareness Campaigns in the Future



Source: Field Survey (2026)

Table 4.15 presents respondent's willingness to support similar awareness campaigns in the future. An overwhelming majority (96.4%) expressed support for organising similar anti-drug awareness initiatives, while only 2.7% responded "Maybe" and less than one percent (0.9%) expressed opposition. The exceptionally high level of support reflects public appreciation of the campaign and highlights the perceived importance of continuing awareness programmes as an effective strategy for preventing substance abuse and promoting healthy communities.

Table 4.16: Availability of Active Youth Clubs in the Locality

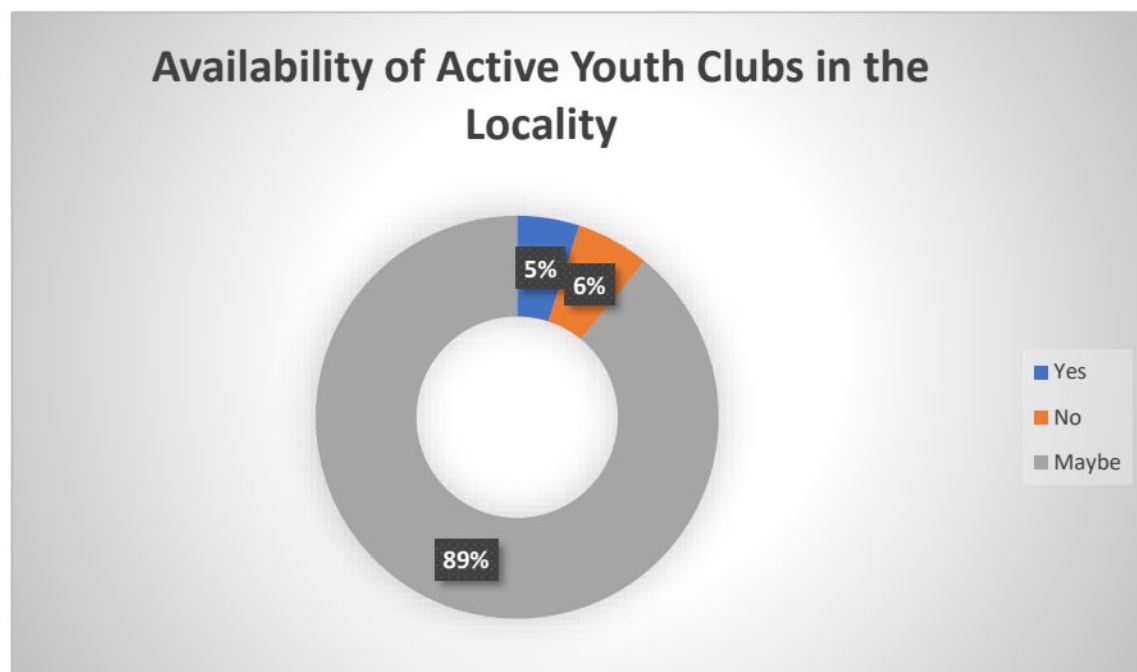
<i>Response</i>	Frequency	Percentage (%)
<i>Yes</i>	11	5.0
<i>No</i>	13	5.9
<i>Maybe</i>	196	89.1
Total	220	100.0

Source: Field Survey (2026)

Table 4.16 presents respondent's views regarding the presence of active youth clubs within their localities. A large majority of respondents (89.1%) indicated "Maybe", suggesting uncertainty about the existence or functioning of youth clubs in their communities. Only 5.0% confirmed the presence of active youth clubs, while 5.9% reported that no such clubs existed. These findings indicate a lack of public awareness regarding organised youth engagement platforms and suggest the need for strengthening the visibility, accessibility, and functioning

of youth clubs as important community-based institutions for promoting healthy lifestyles and preventing substance abuse.

Figure 4.16: Availability of Active Youth Clubs in the Locality



Source: Field Survey (2026)

Table 4.17: Mean Scores of Respondent's Perceptions regarding the Impact of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan

Rank	Statement	Mean	Standard Deviation
1	Has the campaign increased public discussion on drug abuse?	4.05	0.228
1	Has awareness about the dangers of substance abuse improved?	4.05	0.228
3	Has the campaign encouraged individuals to seek help or counselling?	4.04	0.250
4	How effective do you consider the 100-Day Nasha Mukta Jammu Kashmir Abhiyan overall?	4.04	0.614
5	How actively are educational institutions promoting anti-drug awareness?	4.69	1.380

Source: Field Survey (2026)

Table 4.17 presents the mean scores of respondent's perceptions regarding the effectiveness of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan. The findings indicate that the campaign was perceived very positively across all major dimensions of programme effectiveness. The statements *"The campaign increased public discussion on drug abuse"* and *"Awareness about the dangers of substance abuse improved"* recorded the highest mean score

(M = 4.05, SD = 0.228), indicating a high level of agreement among respondents that the campaign successfully enhanced public awareness and stimulated community dialogue on substance abuse.

Similarly, respondents strongly agreed that the campaign encouraged individuals to seek professional help or counselling (M = 4.04, SD = 0.250), reflecting its positive influence on promoting treatment-seeking behaviour. The overall effectiveness of the campaign also received a high mean score (M = 4.04, SD = 0.614), suggesting widespread public satisfaction with the planning, implementation, and outcomes of the initiative. Among the evaluated dimensions, the role of educational institutions in promoting anti-drug awareness recorded a comparatively lower mean score (M = 4.69, SD = 1.380). Although respondents generally perceived educational institutions as contributing positively to awareness generation, the relatively larger standard deviation indicates greater variation in opinions, suggesting that the visibility and consistency of awareness programmes may differ across educational institutions.

Table 4.18: Additional Perceptions regarding the Campaign

<i>Statement</i>	Mean	Standard Deviation
<i>Have you noticed any positive change in community attitudes toward drug prevention?</i>	1.85	0.566
<i>Do you believe the campaign has helped reduce the stigma associated with seeking treatment?</i>	1.61	1.035
<i>How confident are you that the campaign will have a long-term impact?</i>	1.92	0.580
<i>Would you support similar awareness campaigns in the future?</i>	1.06	0.339
<i>Is there any Youth Club active in this area?</i>	2.84	0.485

Source: Field Survey (2026)

Table 4.18 summarises respondent's perceptions on additional aspects of the campaign that were measured using different response categories. The findings indicate that respondents generally perceived positive changes in community attitudes towards drug prevention and expressed confidence in the long-term impact of the campaign. Furthermore, respondents showed overwhelming support for conducting similar awareness campaigns in the future, reflecting strong public acceptance of such preventive initiatives. However, responses regarding the availability of active youth clubs suggest uncertainty among participants, indicating a need to strengthen community-based youth engagement mechanisms and improve public awareness about existing youth organisations. These findings complement the overall assessment by highlighting both the achievements of the campaign and the areas requiring greater institutional attention.

4.1.2 Thematic Analysis of Open-ended Responses

Suggestions for Enhancing Youth Participation in Drug Prevention Initiatives

In addition to the structured questionnaire, respondents were invited to provide suggestions regarding measures that could strengthen youth participation in anti-drug initiatives. The responses were analysed using thematic analysis, and similar responses were grouped into common themes. The findings indicate that respondents emphasised the importance of continuous awareness, youth engagement, skill development, and community participation for achieving a sustainable drug-free society.

Table 4.19: Major Suggestions for Strengthening Youth Participation in Drug Prevention

S. No.	Theme Identified	Description of Community Suggestions
1	Sustainable Livelihood and Employment Generation	Community members strongly emphasised the need to create local employment opportunities through small-scale industries, entrepreneurship promotion, dairy farming, mushroom cultivation, food processing, and other livelihood activities to reduce youth vulnerability to substance abuse.
2	Skill Development and Vocational Training	Respondents recommended establishing skill development centres offering tailoring, computer education, technical trades, communication skills, personality development, documentation support, and other employment-oriented training programmes, particularly for rural youth and women.
3	Sports Infrastructure and Youth Engagement	Participants stressed the need to complete and upgrade Ramgarh Stadium, develop village playgrounds, running tracks, open gyms, and organise regular sports tournaments and recreational activities to encourage positive youth engagement.
4	Career Guidance and Educational Support	Community members suggested regular career counselling, mentoring programmes, competitive examination guidance, libraries, computer centres, and improved educational facilities to help young people build better career opportunities.
5	Strengthening Awareness and Community Participation	Respondents recommended continuing awareness programmes through schools, colleges, Panchayati Raj Institutions, NGOs, religious leaders, parents, and community volunteers to sustain public awareness and community ownership of drug prevention efforts.
6	Agriculture and Rural Livelihood Support	Several respondents highlighted the need to improve irrigation facilities, ensure remunerative prices for agricultural and dairy products, promote modern farming practices, and provide greater institutional support to farmers.

7	Border Area Infrastructure and Public Services	Participants recommended improving roads, public transport, mobile and internet connectivity, access to government services, and overall infrastructure development in border villages to improve quality of life and reduce social vulnerabilities.
8	Governance and Access to Government Schemes	Respondents emphasised the need for transparent implementation of welfare schemes, easier access to loans and subsidies, timely revenue services, effective land management, and better dissemination of government programmes.

Source: Thematic analysis of open-ended responses collected during the field survey (2026).

Interpretation of Thematic Analysis

The thematic analysis of suggestions received during the household survey, village consultations, and community interactions indicates that residents perceive substance abuse as a multidimensional challenge requiring solutions beyond awareness campaigns and law enforcement. While respondents strongly supported the continuation of anti-drug awareness programmes, they consistently highlighted the need to address the underlying socio-economic conditions that make young people vulnerable to substance abuse.

The most frequently discussed issue during community consultations was the lack of sustainable livelihood opportunities. Participants expressed concern that unemployment, limited local industries, declining interest in agriculture, and migration of youth in search of employment have increased frustration and reduced constructive opportunities for young people. Consequently, respondents recommended expanding employment generation programmes, promoting entrepreneurship, strengthening vocational training, and supporting self-employment initiatives.

Another prominent theme was the development of sports and recreational infrastructure. Community members repeatedly requested the completion and effective utilisation of Ramgarh Stadium, development of village playgrounds, open gyms, running tracks, and organisation of regular sports tournaments. According to respondents, constructive engagement through sports and cultural activities can play an important role in preventing substance abuse among youth.

Participants also emphasised the importance of strengthening education through career counselling, libraries, computer centres, and skill development programmes that prepare young people for employment and higher education. Similarly, several respondent's highlighted challenges faced by farmers and recommended improving irrigation facilities, agricultural support services, dairy development, and other livelihood opportunities to strengthen the rural economy.

The suggestions further revealed concerns regarding infrastructure and governance in border villages. Residents recommended improving roads, public transport, digital connectivity, access to government services, and implementation of welfare schemes. They also emphasised the need for transparent governance, easier access to loans and subsidies, and timely delivery of public services.

Finally, respondents recommended continuing awareness campaigns while strengthening counselling services, rehabilitation facilities, police-community cooperation, and strict action against drug traffickers operating in border areas. Overall, the thematic analysis suggest that the long-term success of drug prevention initiatives depends not only on awareness and enforcement but also on improving employment opportunities, youth engagement, education, sports infrastructure, rural development, and governance in border communities.

Figure 4.17: Thematic Analysis of Community Suggestions for Strengthening Drug Prevention in Border Villages of Samba District



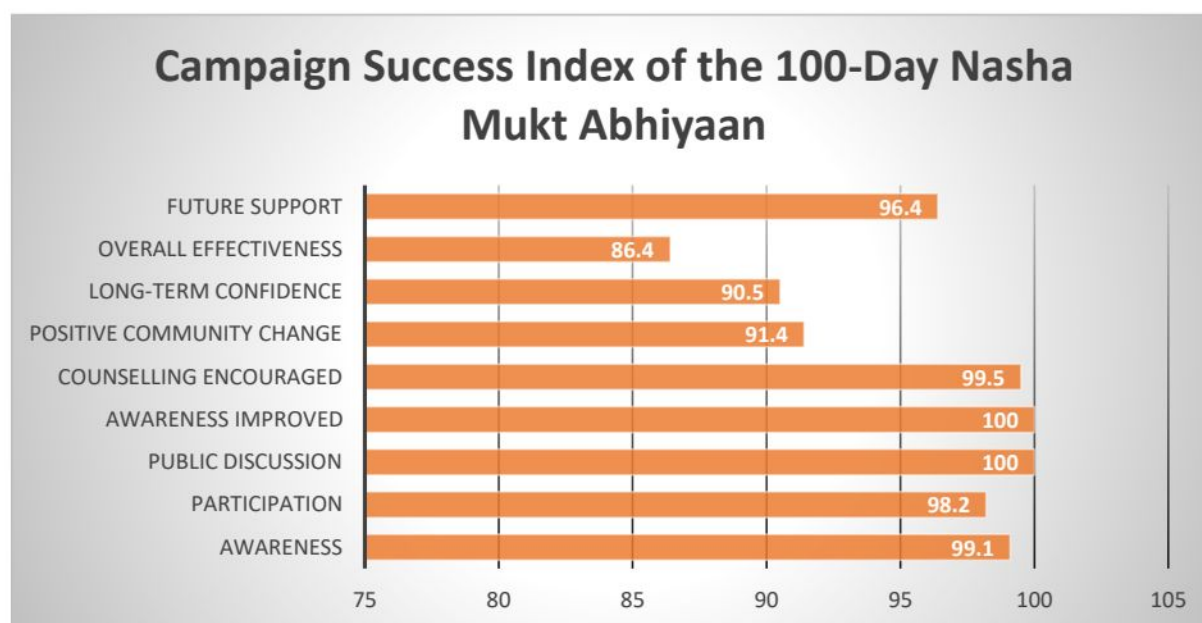
Source: Field Survey (2026)

5. Campaign Success Index & SWOT Analysis

5.1. Campaign Success Index

To provide an overall assessment of the effectiveness of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan, a Campaign Success Index has been developed based on the key performance indicators emerging from the public perception survey. The index summarises the major achievements of the campaign by highlighting the percentage of respondents expressing positive opinions across various dimensions of programme implementation and outcomes. The selected indicators represent the campaign's performance in terms of public awareness, participation, behavioural change, community engagement, confidence in sustainability, and future support. The Campaign Success Index offers policymakers and administrators a concise overview of the campaign's overall effectiveness and serves as a useful tool for future planning and decision-making.

Figure 5.1: Campaign Success Index of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan



Source: Field Survey (2026)

Table 5.1: Campaign Success Index of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan (N = 220)

S. No.	Performance Indicator	Positive Response (%)
1	Awareness about the Campaign	99.1
2	Community Participation	98.2
3	Campaign Increased Public Discussion	100.0
4	Awareness about Drug Abuse Improved	100.0
5	Campaign Encouraged Counselling and Help-Seeking	99.5
6	Positive Change in Community Attitudes	91.4
7	Confidence in Long-term Impact	90.5

8	Overall Campaign Effectiveness (Good/Excellent)	86.4
9	Support for Similar Campaigns in Future	96.4

Source: Field Survey (2026)

Table 5.1 presents the Campaign Success Index, which provides a consolidated overview of the overall performance of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan in Samba district. The findings indicate that the campaign achieved exceptionally high levels of public acceptance and participation across all major performance indicators. Awareness regarding the campaign reached 99.1% of respondents, while 98.2% actively participated in one or more campaign activities, demonstrating extensive community outreach and engagement.

The campaign performed particularly well in promoting dialogue and awareness related to substance abuse, with 100% of respondents agreeing that it increased public discussion on drug abuse and improved awareness regarding the harmful consequences of substance abuse. Likewise, 99.5% believed that the campaign encouraged individuals to seek professional help or counselling, highlighting its positive influence on treatment-seeking behaviour and stigma reduction.

Furthermore, 91.4% of respondents observed positive changes in community attitudes towards drug prevention, while 90.5% expressed confidence that the campaign would generate sustainable long-term benefits. Overall, 86.4% rated the campaign as either Good or Excellent, reflecting widespread public satisfaction with its implementation and outcomes. An overwhelming 96.4% supported the continuation of similar awareness initiatives in the future, indicating strong community demand for sustained anti-drug awareness programmes.

Collectively, the Campaign Success Index demonstrates that the 100-Day Nasha Mukta Jammu Kashmir Abhiyan was highly successful in achieving its primary objectives of raising awareness, promoting community participation, encouraging behavioural change, and strengthening public support for drug prevention initiatives. The consistently high scores across all performance indicators provide empirical evidence that the campaign has made a meaningful contribution towards building a healthier, safer, and drug-free society in Samba district.

5.2 SWOT Analysis of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan

A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was undertaken to provide a strategic assessment of the implementation and outcomes of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan in Samba district. The analysis is based on the quantitative findings obtained from the respondent survey, qualitative feedback received during field interactions, observations made during programme implementation, and discussions with community members and stakeholders. SWOT analysis serves as an effective planning tool by identifying the internal strengths and weaknesses of the campaign, while simultaneously recognising the external opportunities and threats that may influence the long-term sustainability of anti-drug initiatives. The findings of the SWOT analysis are presented in Table 5.2.

Table 5.2: SWOT Analysis of the 100-Day Nasha Mukht Jammu Kashmir Abhiyan

Strengths	Weaknesses
Extremely high public awareness regarding the campaign (99.1%). Excellent community participation in campaign activities (98.2%).	Limited employment and livelihood opportunities for youth continue to increase their vulnerability to substance abuse.
Strong collaboration among the District Administration, educational institutions, NGOs, Panchayati Raj Institutions, police, healthcare institutions, and local communities.	Inadequate sports infrastructure and limited recreational facilities reduce opportunities for constructive youth engagement.
Significant improvement in public awareness regarding the harmful effects of substance abuse.	Awareness regarding counselling, de-addiction and rehabilitation services remains uneven across villages.
Increased public discussion on drug abuse and rehabilitation.	Educational institutions require greater institutional support to sustain preventive activities beyond the campaign period.
Strong public confidence in the effectiveness of the campaign and overwhelming support for organising similar initiatives in the future.	Monitoring and follow-up mechanisms need to be institutionalised to assess long-term behavioural change and programme impact.
Opportunities	Threats
Expansion of skill development and vocational training centres to improve youth employability.	Samba district's proximity to the International Border continues to facilitate illegal trafficking of narcotic substances.
Development of sports infrastructure, including Ramgarh Stadium, village playgrounds, running tracks, and open gyms.	Unemployment, migration of youth, and limited livelihood opportunities increase vulnerability to substance abuse.
Promotion of entrepreneurship, agriculture, dairy farming, mushroom cultivation, and other livelihood initiatives.	Peer pressure and changing social influences continue to expose adolescents and young adults to drug use.
Strengthening career guidance, digital literacy, libraries, and computer education for rural youth.	Weak sports and recreational infrastructure may lead to reduced constructive engagement among youth.
Greater collaboration among government departments, Panchayati Raj Institutions, educational institutions, NGOs, and local communities for integrated drug prevention and rural development.	Social stigma associated with addiction discourages individuals and families from seeking timely counselling and rehabilitation services.

Source: Based on field survey findings, qualitative responses and observations.

The SWOT analysis demonstrates that the 100-Day Nasha Mukh Jammu Kashmir Abhiyan has established a strong foundation for drug prevention in Samba district through extensive public awareness, high community participation, and widespread public support for future awareness initiatives. The campaign successfully stimulated community discussions on substance abuse, improved awareness regarding the harmful effects of drugs, and encouraged positive attitudes towards counselling and rehabilitation services. These strengths indicate that the campaign effectively mobilised communities and created an enabling environment for preventive interventions.

Despite these achievements, the analysis also highlights several areas requiring further attention. The limited visibility and utilisation of Youth Clubs, moderate institutional involvement in awareness programmes, and insufficient public knowledge regarding counselling and rehabilitation services indicate that continuous institutional support is necessary beyond the duration of the campaign. Establishing regular monitoring and evaluation systems would further strengthen programme effectiveness and ensure that behavioural changes are sustained over time.

Figure 5.2: SWOT Analysis



The analysis also identifies several promising opportunities for strengthening future anti-drug initiatives. Educational institutions can play a more proactive role by integrating drug prevention into academic and extracurricular activities. Similarly, expanding digital awareness campaigns, strengthening youth engagement through sports and skill development programmes, and fostering partnerships between government agencies, educational institutions, and civil society organisations can significantly enhance the reach and sustainability of future interventions.

At the same time, external threats such as Samba district's strategic border location, the continued availability of narcotic substances, unemployment among youth, peer influence, and persistent social stigma associated with addiction continue to pose significant challenges. These factors emphasise the need for sustained, coordinated, and multi-sectorial efforts involving law enforcement agencies, educational institutions, healthcare providers, community organisations, and local communities to ensure long-term success in combating substance abuse.

The SWOT analysis further highlights that the campaign has created a strong foundation for community engagement. However, future interventions should move beyond awareness generation by strengthening employment opportunities, improving educational and sports infrastructure, enhancing access to counselling and rehabilitation services, and addressing the developmental challenges faced by border villages. Such an integrated strategy will not only reduce the risk of substance abuse but also contribute to the overall socio-economic development of the region.

Overall, the SWOT analysis indicates that while the 100-Day Nasha Mukht Jammu Kashmir Abhiyan has been highly successful in achieving its immediate objectives, maintaining its positive outcomes will require sustained awareness campaigns, institutional collaboration, community participation, youth empowerment initiatives, effective law enforcement, and continuous monitoring of programme outcomes.

6. Policy Implications and Youth Engagement

6.1 Policy Implications

The findings of the present impact assessment indicate that while the 100-Day Nasha Mukht Jammu Kashmir Abhiyan has significantly enhanced public awareness and community participation in Ramgarh Block, the long-term prevention of substance abuse requires a comprehensive and integrated policy approach. The field survey and village consultations revealed that substance abuse is closely associated with socio-economic, educational, developmental, and security-related challenges. Accordingly, the following policy implications are proposed for consideration by the District Administration and other concerned stakeholders.

I. Strengthen Border Security and Surveillance

Considering Samba district's strategic location along the International Border, there is a need to strengthen surveillance through modern technologies such as drone detection systems, aerial surveillance, intelligence-based operations, and improved inter-agency coordination to curb cross-border narcotics trafficking.

II. Institutionalise Drug Prevention in Educational Institutions

Educational institutions should be recognised as the first line of prevention by integrating drug awareness into school and college activities. Regular teacher training, awareness sessions, life skills education, and student counselling programmes should be institutionalised to enable early identification of vulnerable students and promote healthy lifestyle choices.

III. Establish Career Guidance and Youth Mentorship Programmes

Community consultations revealed that unemployment, lack of career guidance, and migration of youth in search of employment are major concerns. Schools, colleges, and community institutions should establish structured career counselling and mentorship programmes involving professionals, entrepreneurs, defence personnel, successful local youth, and vocational experts to provide guidance and positive role models.

IV. Promote Mental Health and Healthy Lifestyle

Regular awareness programmes on mental health, stress management, nutrition, yoga, meditation, and healthy lifestyles should be organised in collaboration with healthcare professionals, psychologists, AYUSH practitioners, dieticians, and counsellors to strengthen resilience among young people.

V. Strengthen Sports Infrastructure and Youth Engagement

The community strongly emphasised the need to develop sports infrastructure, including the completion and effective utilisation of Stadium at Shama Chak, Ramgarh, development of village playgrounds, open gyms, running tracks, and regular sports competitions. Sports should be promoted as an important strategy for constructive youth engagement and drug prevention.

VI. Promote Skill Development and Sustainable Livelihoods

Employment generation emerged as one of the most consistent concerns during village consultations. Government departments should expand skill development programmes, vocational training, entrepreneurship support, tailoring centres, digital literacy initiatives, and self-employment opportunities. Promotion of dairy farming, mushroom cultivation, food processing, and other rural enterprises should also be encouraged to strengthen local livelihoods.

VII. Improve Border Village Infrastructure and Governance

Development of roads, transport, digital connectivity, public services, libraries, computer centres, and access to government welfare schemes should be prioritised under existing programmes such as the *Vibrant Village Programme* and other rural development initiatives to reduce developmental disparities in border villages.¹⁰²

VIII. Strengthen Counselling, Rehabilitation, and Community Reintegration

Accessible counselling and rehabilitation services should be expanded through community-based and outpatient models to reduce stigma and improve access. Individuals recovering from substance abuse should be supported through livelihood opportunities, skill development, community participation, and rehabilitation programmes that facilitate their successful social reintegration.

IX. Promote Community Participation and Multi-Stakeholder Collaboration

Sustained success of drug prevention initiatives requires continued collaboration among the District Administration, law enforcement agencies, educational institutions, healthcare providers, Panchayati Raj Institutions, NGOs, youth clubs, religious leaders, and local communities. Village-level awareness campaigns, community monitoring mechanisms, and volunteer networks should be strengthened to promote collective responsibility for maintaining drug-free communities.

The findings of the present impact assessment indicate that the 100-Day Nasha Mukta Jammu Kashmir Abhiyan has significantly enhanced public awareness, encouraged community participation, and generated positive behavioural and attitudinal changes towards drug prevention in Samba district. Nevertheless, the study also identifies several areas requiring sustained intervention to ensure long-term success. Based on the survey findings, field observations, and community feedback, the following policy recommendations are proposed for consideration by the District Administration and other concerned stakeholders.

6.2 Youth Engagement for Drug Prevention in Samba District

6.2.1 Youth Engagement as the Central Pillar

The findings of the present study indicate that strengthening youth engagement should be a key priority for future drug prevention initiatives in Samba district. The survey findings show that nearly 60% of respondents identified unemployed youth as the group most vulnerable to substance abuse. A large proportion of respondents were also unaware of the existence of active Youth Clubs in their villages, while many expressed uncertainties regarding the role of educational institutions in anti-drug awareness. Suggestions received during the survey and

village Chaupals consistently highlighted the need for employment opportunities, skill development, sports infrastructure, career guidance, counselling services, and greater community participation. These findings suggest that awareness campaigns alone are unlikely to achieve sustained outcomes unless they are supported by structured opportunities for youth participation and leadership.

This finding is consistent with the objectives of the *Nasha Mukh Bharat Abhiyaan* (NMBA) and broader international guidance on youth participation. The Ministry of Social Justice and Empowerment assigns district-level committees the responsibility of conducting awareness programmes in educational institutions, establishing student clubs, facilitating counselling and rehabilitation, and promoting community participation through trained volunteers and peer educators. Similarly, WHO and UNICEF emphasise the meaningful involvement of young people in the planning, implementation, and review of programmes rather than limiting their participation to awareness activities alone.¹⁰³

For Samba district, youth engagement should therefore be viewed as a long-term strategy for strengthening community-based drug prevention. It should be treated as the delivery mechanism through which awareness becomes habit, habit becomes leadership, and leadership becomes community protection. This is especially important in a border district where the risks attached to drug availability, peer pressure, unemployment, and social vulnerability can reinforce one another if young people are left without constructive roles.

6.2.2 Barriers To Meaningful Youth Participation

Youth disengagement is rarely caused by lack of awareness alone. It usually arises from a combination of social, institutional, and practical barriers. In the Report, the most visible barriers are unemployment, weak visibility of Youth Clubs, insufficient recreational outlets, uneven awareness of counselling and rehabilitation services, and limited confidence that schools and colleges are consistently active on prevention. Community suggestions collected through surveys, Chaupals and interactions repeatedly linked drug vulnerability with lack of local work, migration, poor sports facilities, weak career support, and limited village-level youth platforms.

Global and Indian guidance helps explain why these barriers matter. WHO's guidance on adolescent and youth engagement emphasizes that engagement fails when power imbalances are ignored and when participation is not safe, voluntary, respectful, and inclusive. UNICEF similarly notes that youth participation becomes weak when it is tokenistic, when only the most confident young people are heard, when adults do not share decision-making power, and when communities do not provide supportive spaces. These are not abstract concerns. In a village setting, they translate into common problems such as irregular meetings, adult-dominated committees, lack of transport for girls, fear of social judgement, absence of follow-up, and no visible pathway from participation to real opportunity.¹⁰⁴

The survey findings, field interactions, and review of national and international guidance indicate that meaningful youth engagement is influenced by several institutional and community-level barriers. Based on these findings, the major barriers affecting youth participation in drug prevention initiatives in Samba district have been grouped into six

operational categories, along with corresponding administrative responses as shown in table 6.1

Table 6.1: Barriers to Youth Engagement and Suggested Administrative Responses

Barrier	What it looks like in practice	Suggested Administrative response
Economic constraints	Youth participation remains limited where local activities are not linked to employment, skill development, or livelihood opportunities.	Integrate youth engagement with skill development programmes, MY Bharat, career counselling, internships, and local livelihood initiatives ¹⁰⁵
Weak local platforms	Youth Clubs exist in some villages but remain inactive or have limited visibility.	Prepare a Panchayat-wise inventory of Youth Clubs, reactivate inactive clubs, designate nodal mentors, and develop an annual activity calendar ¹⁰⁶
Limited participation in decision-making	Youth are invited to events but not involved in planning or follow-up.	Shift to youth committees, peer educators, and village youth action groups to strengthen ownership and participation ¹⁰⁷
Limited recreational and safe spaces	Lack of playgrounds, open gyms, libraries, and regular community spaces restricts constructive youth engagement.	Utilize school premises after working hours, Panchayat halls, community centers, stadiums, and playgrounds for youth activities wherever feasible
Stigma and fear	Young people hesitate to discuss substance abuse, mental health concerns, or seek help for themselves or others.	Strengthen confidential referral mechanisms, improve access to counselling services, promote Tele-MANAS, and encourage non-stigmatising communication ¹⁰⁸
Limited adult support	Parents, teachers, and local elders may support awareness in principle but not sustained youth leadership	Build the capacity of parents, teachers, and community leaders to mentor youth and establish joint review mechanisms at school and village levels ¹⁰⁹

The barriers identified above highlight that sustained youth engagement depends not only on awareness activities but also on supportive institutional and community mechanisms. Addressing these barriers through coordinated action can strengthen youth participation and improve the long-term effectiveness of drug prevention initiatives in Samba district.

6.2.3 Moving from Awareness to Youth Ownership

The most useful way to revise the report is to present youth engagement as a continuum with four stages: exposure, participation, leadership, and ownership. This provides a clear administrative model.

Exposure is the entry stage. Youth first encounter the campaign through assemblies, social media, Chaupals, sports events, school activities, and interpersonal networks. The finding already shows that social media, friends and family, and community meetings were

major *Sources* of awareness. That means the district should continue awareness programmes, but use them mainly as an entry point into deeper engagement.

Participation begins when a young person is not only attending events but doing something concrete joining a club, helping conduct a pledge drive, assisting with a sports event, volunteering during a Chaupal, or supporting village-level outreach. This is where national platforms can help. MY Bharat is explicitly designed to connect youth aged 15–29 with experiential learning, volunteering, mentorship and leadership opportunities. National Service Scheme (NSS) is a Central Sector Scheme that provides school and college youth with hands-on experience in community service. MY Bharat engages youth in community development and nation-building activities. These three together offer a ready-made framework for moving youth from passive attendance to visible public action.¹¹⁰

Leadership develops when selected youth begin to take responsibility for planning and mobilising others. Schools can identify student leaders through a simple combination of teacher nomination, peer respect, regular attendance, participation in sports/cultural activities, communication ability, and willingness to volunteer. CBSE’s Life Skills, Health and Wellbeing programme already presents peer educators as “Life Skills and Wellbeing Ambassadors,” which provides a usable school-based model for Samba. Colleges can use NSS units, student councils, cultural committees, and NCC cadets to identify reliable student leaders. Where schools do not have formal anti-drug clubs, the district can begin with small mixed-gender “student ambassador groups” rather than waiting for elaborate structures.¹¹¹

Ownership is the final stage. Here, youth do not merely join programmes; they help design them. WHO’s recent youth co-creation guidance is especially useful on this point. It recommends involving youth in understanding the problem, designing responses, implementation, and review—not just as participants but as co-creators. For Samba, this can be translated into a district practice in which every Panchayat-level youth platform prepares a short local plan: which activities will be held this month, which youth leaders are responsible, which at-risk cases require referral, and what support is needed from departments. That is the practical shift from “youth should participate” to “youth are helping run the response.”¹¹²

The same logic applies to sports. UNODC’s guidance on sport and youth development is clear that sport becomes preventive when it is linked to trained coaching, life-skills development, and community mobilisation, not when it is treated only as recreation. This fits the Samba consultations, where Ramgarh Stadium, village playgrounds, open gyms, and tournaments were repeatedly demanded as tools for constructive engagement. The report can therefore strengthen the sports section by stating that regular tournaments should be paired with anti-drug leadership messages, peer-led announcements, referral awareness, and volunteer responsibilities for youth groups.¹¹³

6.3 Role of Schools, Panchayats, Youth Clubs, NSS, MY Bharat, And NCC In Engaging Youth

6.3.1 Schools and colleges

Schools and colleges provide an important platform for promoting drug prevention among adolescents and young adults through regular interaction with students, structured

learning environments, and co-curricular activities.. Under the Nasha Mukta Bharat Abhiyaan (NMBA), district-level committees are expected to organise awareness programmes in schools and colleges and encourage the formation of student awareness clubs. In addition, initiatives under Samagra Shiksha, the CBSE Life Skills, Health and Well-being Programme, and the National Mental Health Programme support life-skills education, career guidance, mental health awareness, and teacher capacity-building, all of which contribute to preventive interventions among young people.¹¹⁴

Based on the findings of the present study, educational institutions in Samba district may consider adopting a structured monthly programme comprising:

- identification of student ambassadors or peer educators with adequate gender and disciplinary representation;
- one life-skills and anti-drug awareness session every month;
- one student-led awareness or community engagement activity every month;
- a confidential referral mechanism for students requiring counselling or support;
- inter-school and inter-college activities such as debates, poster-making competitions, sports events, and peer-learning programmes; and
- periodic review of programme implementation by the school or college administration¹¹⁵

UNICEF recommends that adolescent participation should be inclusive and representative rather than limited to the most visible or outspoken students. Accordingly, educational institutions in Samba district should ensure that student ambassadors and peer educators reflect the diversity of the student population by including girls, students from rural and border areas, first-generation learners, sportspersons, students with creative interests, and others who demonstrate positive leadership within their peer groups.¹¹⁶

6.3.2 Panchayats and Youth Clubs

Panchayats and Youth Clubs can play an important role in sustaining community participation beyond awareness programmes. The MY Bharat describes Youth Clubs as village-level voluntary organisations established to promote youth development and community participation through programmes based on local needs and the mobilisation of available resources¹¹⁷ The findings of the present study indicate that respondents in the border villages of Samba district consistently identified sports facilities, employment opportunities, agriculture-based livelihoods, digital access, and counselling services as priority areas for youth engagement. Strengthening Youth Clubs in collaboration with Panchayats can therefore provide an institutional platform for addressing these local priorities.

Based on the findings of the study, Panchayats and Youth Clubs may consider organising monthly youth meetings, periodic sports and community service activities, and maintaining a simple register of youth volunteers to facilitate local participation. Each club should have a president or convenor, one girl representative, one sports representative, one education representative, and one health/referral volunteer. Their tasks should be modest and practical: mobilise attendance, identify youth who have dropped out or are unemployed, coordinate one constructive activity every month, and refer cases needing counselling to the proper channel. This is an administrative inference based on the local report and national youth-

participation guidance: youth platforms work best when they have a fixed calendar, visible responsibility, and adult support without excessive control.¹¹⁸

The MY Bharat platform can further strengthen these efforts by connecting Youth Clubs, educational institutions, and local organisations with volunteering opportunities, experiential learning programmes, capacity-building initiatives, and community service activities. Greater utilisation of this platform can enhance youth participation while improving access to government-supported programmes and recognition opportunities.¹¹⁹

6.3.3 NSS, MY BHARAT, NCC, sports clubs and local volunteers

Existing youth institutions such as National Service Scheme (NSS), MY Bharat, National Cadet Corps (NCC), sports clubs, and local volunteer groups provide an established platform for promoting community participation and preventive interventions. These organisations regularly engage young people in community service, leadership development, physical activities, and social awareness programmes. Integrating their activities within district-level drug prevention initiatives can strengthen coordination, expand community outreach, and promote sustained youth participation without creating additional institutional structures.¹²⁰

Table 6.2: Practical Contributions of Youth Institutions in the Nasha Mukta Abhiyan in Samba District

Institution	Practical contribution in Samba
NSS units	Campus-to-village outreach, surveys, peer talks, support during Chaupals, inter-college volunteer drives ¹²¹
MY BHARAT/ Youth Clubs	Youth mobilisation, registration of youth volunteers, sports and social action calendar, link with Panchayats ¹²²
NCC	Discipline-based outreach, leadership camps, school awareness support, community service events, model anti-drug pledges led by cadets ¹²³
Sports clubs	Daily/weekly structured engagement during vulnerable evening hours, tournaments with life-skills content, team-based mentoring ¹²⁴
Local volunteers	Community mobilisation, identification of out-of-school or unemployed youth, family contact, follow-up after awareness drives ¹²⁵

The institutions identified above provide an existing platform for sustained youth engagement in Samba district. Their effectiveness, however, depends on regular activities, active participation, and coordination among educational institutions, Panchayats, Youth Clubs, government departments, and community organisations. Consistent with the principles of the UNODC International Standards on Drug Use Prevention, strengthening existing community platforms through planned and sustained interventions can enhance the effectiveness of future drug prevention initiatives.¹²⁶

6.5. Role of rehabilitation centres, counselling services and peer mentors

The findings of the present study indicate strong public support for counselling and rehabilitation services, although awareness and visibility of available services remain limited. This provides an opportunity to strengthen the integration of treatment and counselling services within district-level drug prevention initiatives. Under the National Action Plan for Drug Demand Reduction (NAPDDR), the Ministry of Social Justice and Empowerment supports a range of service models, including Integrated Rehabilitation Centres for Addicts (IRCA), Community-based Peer-led Interventions, Outreach and Drop-in Centres, Addiction Treatment Facilities, and District De-addiction Centres. The *Nasha Mukta Bharat Abhiyaan* (NMBA) further assigns district-level committees the responsibility of identifying individuals requiring counselling or treatment, facilitating referrals to appropriate facilities, and monitoring counselling and rehabilitation services. In addition, support services such as the National De-addiction Helpline (14446), Tele-MANAS (14416/1800-89-14416), and Manodarpan provide accessible counselling and mental health support for different population groups.¹²⁷

Rehabilitation centres should be viewed not only as treatment facilities but also as important partners in community-based prevention. Their contribution may include awareness programmes in schools and villages, family counselling, orientation programmes for teachers and volunteers, referral support, follow-up after treatment, and sharing of district-level trends to strengthen local planning. The positive community perception of counselling observed in the present study provides a favourable environment for expanding these preventive and supportive services.

Individuals in recovery may also contribute to community awareness and rehabilitation efforts, provided their participation is voluntary, appropriately supervised, and based on informed consent. SAMHSA recognises the value of peer support workers with lived recovery experience in supporting long-term recovery and community reintegration, while the World Health Organization (WHO) emphasises that youth participation should be safe, respectful, voluntary, and trauma-informed.¹²⁸

In the context of Samba district, recovered individuals may therefore be engaged as peer supporters, mentors, and referral facilitators under appropriate professional supervision rather than being expected to repeatedly recount personal experiences in public awareness programmes.

Based on the findings of the present study and existing policy guidance, a district-level peer support framework may include:

- voluntary participation based on informed consent and readiness;
- clearly defined roles and responsibilities;
- linkage with counsellors or recognised treatment facilities for guidance and supervision;
- adherence to confidentiality and ethical standards;
- avoidance of coercive or sensational approaches to awareness; and
- greater emphasis on small-group mentoring, peer support, and follow-up activities than on one-time public interactions.¹²⁹

6.6 District action framework

Based on the findings of the present study and the existing institutional framework under the Nasha Mukta Bharat Abhiyaan (NMBA), a District Youth Engagement Framework for Drug-Free Border Villages is proposed for Samba district. The framework builds upon the existing responsibilities of the District-level NMBA Committee and seeks to strengthen coordination among government departments, educational institutions, Panchayats, Youth Clubs, civil society organisations, and community volunteers. In addition, the District Administration may consider including rehabilitation and socio-economic reintegration measures for individuals recovering from substance use disorders within future district-level action plans. The proposed framework comprises five strategic actions for strengthening youth engagement and community-based drug prevention in the district¹³⁰

6.6.1 Strengthening the District Coordination Mechanism

The existing District-level Nasha Mukta Bharat Abhiyaan (NMBA) Committee provides an appropriate institutional platform for coordinating youth engagement initiatives in Samba district. Rather than creating a separate mechanism, the District Administration may strengthen the existing committee by assigning greater emphasis to youth participation, preventive interventions, and community-based activities. The committee may undertake periodic reviews involving representatives from the Departments of Education, Social Welfare, Health, Police, Youth Services and Sports, MY BHARAT, selected educational institutions, NSS/NCC units, and rehabilitation service providers to monitor progress and improve inter-departmental coordination.

6.6.2 Panchayat-wise Youth Mapping

A Panchayat-wise youth mapping exercise may be undertaken to identify local resources, youth groups, and priority areas for intervention. The exercise may include information on active Youth Clubs, unemployed youth, school and college students, sports and recreational facilities, digital access, community volunteers, vulnerable locations, and counselling or referral needs. Such mapping can assist the District Administration in planning need-based interventions, improving resource allocation, and strengthening outreach in villages requiring greater support. The findings of the present study, particularly those relating to unemployment, limited sports facilities, weak youth platforms, and community concerns, highlight the importance of such an exercise in the border villages of Samba district.

6.6.3 Regular Activity Calendar

A district-level annual activity calendar may be prepared to ensure continuity and coordination of drug prevention activities across educational institutions, Panchayats, Youth Clubs, and community organisations. The calendar may include regular awareness programmes in schools and colleges, Gram Panchayat youth activities, sports and cultural events, counselling and referral awareness sessions, and digital outreach initiatives. Such a coordinated approach can improve institutional participation, facilitate inter-departmental convergence, and ensure continuity of community engagement throughout the year. The proposed activity calendar is consistent with the objectives of the Nasha Mukta Bharat Abhiyaan (NMBA) and may be implemented in collaboration with MY Bharat, Educational institutions, and other local stakeholders.¹³¹

6.6.4 Youth Leadership and Recognition

Educational institutions, Panchayats, and Youth Clubs may identify student ambassadors, peer educators, and community volunteers to support awareness activities and youth engagement initiatives. Efforts should be made to ensure balanced representation across gender and diverse social backgrounds. Recognition through certificates, identity cards, appreciation awards, linkage with MY Bharat, and opportunities to participate in district-level programmes may encourage sustained participation. The Nasha Mukta Bharat Abhiyaan (NMBA) also provides for the identification and training of community volunteers and peer educators, reinforcing the role of youth leadership in community-based drug prevention.¹³²

6.6.5 Suggested Monitoring Indicators

To monitor the implementation and progress of the proposed District Action Framework, the following indicators may be considered:

- Number of active Youth Clubs in each Panchayat.
- Number of student ambassadors, peer educators, and community volunteers trained.
- Number of schools and colleges conducting regular anti-drug awareness and youth engagement activities.
- Number of sports, cultural, and community engagement activities organised.
- Number of young people linked to skill development programmes, internships, or MY Bharat initiatives.
- Number of individuals referred for counselling or rehabilitation and the proportion completing the referral process.
- Number of parent, community, and Panchayat awareness meetings conducted.
- Participation of girls and young women in youth engagement activities.
- Number of active youth volunteers retained over a six-month period.
- Number of awareness programmes organised jointly by schools, Panchayats, Youth Clubs, NSS, MY BHARAT, NCC, and other stakeholders¹³³

Table 6.3 Stakeholder-wise Roles and Monitoring Indicators under the Proposed District Action Framework

Stakeholder	Key Responsibilities	Monitoring Indicators
District Administration	Convergence, review, youth mapping, block targets, inter-department coordination	Quarterly progress review, Panchayat-wise dashboard
Education Department	Student ambassadors, monthly school activities, teacher mentors, referrals and school-based activities	Institution-wise activity and student leadership records

Health / Social Welfare / Rehab services	Counselling, referrals, outreach, family sessions, peer mentor supervision	Referral completion, counselling sessions and outreach records
Police / ANTF	Preventive outreach, hotspot identification, school outreach, helpline awareness	Preventive meetings and action follow-up
Youth Services & Sports	Sports infrastructure, tournaments, coaching support, and youth engagement activities	Participation records, regular sports schedule
MY Bharat / Youth Clubs	Village mobilisation, monthly activities, local leaders, volunteer identification	Active club register and calendar
NSS / NCC / colleges	Volunteer drives, peer outreach, leadership development, village adoption	Campus-to-community engagement records
Panchayats and community	Community mobilisation, local support, family engagement, inclusion of girls and vulnerable youth, and village-level activities	Youth meeting records and community participation reports

Overall, the findings of the present study demonstrate that young people should be viewed not only as a population vulnerable to substance abuse but also as key partners in prevention. Strengthening youth engagement through educational institutions, Panchayats, Youth Clubs, sports, counselling services, and community organisations can enhance the long-term sustainability of drug prevention initiatives in Samba district. By building on existing institutional mechanisms and promoting coordinated community participation, the district can move beyond awareness-based interventions towards a more inclusive and community-driven approach to drug prevention.¹³⁴

7. Recommendations and Conclusion

7.1. Policy Recommendations

The policy recommendations presented in this matrix are derived from the quantitative findings, qualitative responses, field observations, and community consultations undertaken during the present assessment. They are intended to support coordinated planning and implementation by the District Administration, government departments, educational institutions, civil society organisations, and other relevant stakeholders in strengthening drug prevention initiatives in Samba district.

Table 7.1 Policy Recommendation Matrix for Strengthening Drug Prevention in Samba District

Issue identified	Evidence from the study	Recommended intervention	Lead and supporting agencies	Priority
Availability and trafficking of narcotic substances	Community consultations and field observations highlighted concerns regarding the availability and possible movement of narcotic substances in vulnerable border areas.	Strengthen surveillance in vulnerable areas through intelligence sharing, technology-assisted monitoring, regular anti-drug operations, and improved inter-agency coordination.	Jammu and Kashmir Police, Anti-Narcotics Task Force, BSF, District Administration, Samba	High
Youth unemployment and limited livelihood opportunities	Respondents consistently identified unemployment, migration, and limited livelihood opportunities as factors that may increase the vulnerability of young people to substance abuse.	Expand district-level skill-development programmes, vocational training, entrepreneurship support, self-employment schemes, employment fairs, and livelihood opportunities for vulnerable youth.	Department of Labour and Employment, Department of Skill Development, District Employment and Counselling Centre, Rural Development Department	High
Limited visibility and functioning of Youth Clubs	Most respondents were uncertain about the existence or functioning of active Youth Clubs in their localities.	Reactivate existing Youth Clubs, establish clubs in underserved villages, improve their visibility, and organise regular sports, cultural, volunteer, and community-service activities.	Department of Youth Services and Sports, MY Bharat, Panchayati Raj Institutions, District Administration	High

Inadequate sports and recreational infrastructure	Community members repeatedly emphasised the need for better sports facilities, including Ramgarh Stadium, village playgrounds, running tracks, open gyms, and organised tournaments.	Develop and upgrade sports infrastructure, organise regular village- and block-level tournaments, and use sports as a platform for constructive youth engagement and drug-prevention messaging.	Department of Youth Services and Sports, District Administration, Rural Development Department, Panchayati Raj Institutions	High
Need for career guidance and skill development	Young respondents and community members highlighted the need for career counselling, vocational training, computer education, digital literacy, and communication skills.	Establish structured career-guidance and mentorship programmes in schools, colleges, and community institutions; expand vocational training, digital literacy, and employment-oriented skill programmes.	School Education Department, Higher Education Department, Department of Skill Development, District Employment and Counselling Centre	High
Need for continuous preventive education and awareness	Respondents strongly supported continuing awareness initiatives beyond the 100-day campaign period.	Institutionalise year-round awareness programmes in schools, colleges, Panchayats, religious institutions, Youth Clubs, and community organisations using interpersonal, print, digital, and multimedia communication methods.	School Education Department, Higher Education Department, Department of Social Welfare, Department of Information and Public Relations, District Administration	High
Uneven visibility of educational-institution engagement	A considerable proportion of respondents remained uncertain about the extent to which educational institutions were actively promoting anti-drug awareness.	Incorporate regular awareness sessions, life-skills education, debates, poster-making and quiz competitions, expert lectures, peer-education activities, counselling sessions, and confidential referral mechanisms into academic and co-curricular calendars.	School Education Department, Higher Education Department, educational institutions, Health and Medical Education Department	High

Limited access to counselling, treatment, and rehabilitation information	Respondents generally believed that the campaign encouraged help-seeking, but community feedback indicated a need for sustained counselling support and greater awareness of available services.	Expand community-based counselling, outpatient support, confidential referral systems, de-addiction and rehabilitation services, and public information regarding available treatment facilities and helplines.	Health and Medical Education Department, Department of Social Welfare, de-addiction centres, District Mental Health Programme	High
Mental stress, emotional vulnerability, and peer influence	Community responses identified stress, anxiety, family difficulties, peer pressure, and social influence as factors associated with vulnerability to substance abuse.	Integrate mental-health counselling, psychological support, life-skills education, peer mentoring, resilience-building, stress-management, and early-identification mechanisms into schools, colleges, and primary healthcare services.	Health and Medical Education Department, District Mental Health Programme, School Education Department, Higher Education Department	High
Insufficient family and community participation	Open-ended responses emphasised the need for stronger involvement of parents, teachers, Panchayati Raj Institutions, community leaders, civil society organisations, and volunteers.	Conduct parent-orientation programmes, village-level awareness meetings, community dialogues, volunteer training, and capacity-building programmes for local leaders and community-based organisations.	District Administration, Panchayati Raj Institutions, Department of Social Welfare, educational institutions, NGOs, civil society organisations	Medium
Agriculture and rural livelihood challenges	Community members highlighted irrigation problems, low returns from agriculture and dairy farming, declining youth interest in	Strengthen irrigation support, dairy development, farmer-assistance programmes, mushroom cultivation, food processing, value-added agriculture, and other	Agriculture Production Department, Animal Husbandry Department, Rural Development Department, Department of Horticulture,	Medium

	agriculture, and limited rural livelihood opportunities.	locally suitable rural enterprises.	District Administration	
Border-village infrastructure and public-service gaps	Community members emphasised the need for improved roads, transport, digital connectivity, libraries, computer centres, public services, and access to government welfare schemes.	Improve physical and digital infrastructure through existing rural-development and border-area programmes and strengthen access to public services, educational resources, and welfare schemes.	Rural Development Department, Public Works Department, Department of Information Technology, District Administration, Panchayati Raj Institutions	Medium
Monitoring, follow-up, and evaluation	Long-term sustainability requires continued monitoring, follow-up, and evidence-based planning beyond the completion of short-duration campaigns.	Establish a district-level monitoring framework involving periodic surveys, stakeholder consultations, village-level reviews, programme documentation, and annual or periodic assessments of campaign reach and perceived outcomes.	District Administration, Department of Social Welfare, academic institutions, participating departments and agencies	High

The policy recommendations presented above are derived from the quantitative findings, qualitative responses, field observations, and community consultations undertaken during the present assessment. Although the 100-Day Nasha Mukta Jammu Kashmir Abhiyan achieved high levels of reported awareness and community participation, sustaining these outcomes will require a coordinated and multi-sectoral approach involving government departments, educational institutions, healthcare providers, law-enforcement agencies, Panchayati Raj Institutions, civil society organisations, Youth Clubs, and local communities.

The findings indicate that substance abuse vulnerability in the selected border villages is influenced by a combination of social, economic, psychological, and developmental factors, including unemployment, limited livelihood opportunities, peer influence, mental stress, inadequate sports and recreational facilities, insufficient career guidance, and developmental gaps. Future interventions should therefore integrate awareness initiatives with employment generation, skill development, mental health services, youth engagement, counselling, and broader rural development measures.

Considering Samba district's strategic location along the International Border, continued coordination among law-enforcement and security agencies remains essential. Strengthening surveillance, intelligence sharing, technology-enabled monitoring, and targeted anti-drug operations should be complemented by preventive and developmental interventions that address the underlying causes of substance abuse. Educational institutions, Youth Clubs, Panchayats, sports organisations, and community-based groups should continue to serve as important platforms for awareness generation, life-skills education, peer mentoring, leadership development, and community participation.

Improving access to counselling, treatment, rehabilitation, and referral services should remain an important priority. At the same time, livelihood promotion, entrepreneurship, vocational training, agriculture-based livelihoods, digital literacy, and other locally relevant economic opportunities can provide constructive alternatives for young people and strengthen community resilience in border villages.

The effective implementation of these recommendations will depend upon clearly defined institutional responsibilities, inter-departmental coordination, adequate resource allocation, and regular monitoring. Periodic surveys, stakeholder consultations, village-level reviews, and follow-up assessments should be undertaken to evaluate campaign reach, community participation, perceived outcomes, and the sustainability of interventions. Collectively, these measures provide a practical framework for strengthening long-term drug prevention efforts and supporting the development of healthier, safer, and drug-resilient communities in Samba district.

A coordinated approach integrating prevention, education, counselling, rehabilitation, law enforcement, youth empowerment, livelihood development, and community participation can strengthen the long-term response to substance abuse in Samba district. Sustaining these efforts will require continued institutional coordination, regular monitoring, and active public participation. In this context, following the successful completion of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan, the Lieutenant Governor of Jammu and Kashmir emphasised that the campaign marked the beginning of a sustained effort against substance abuse rather than its conclusion. He also announced the proposed Rehabilitation and Socio-Economic Reintegration Scheme for Drug Abuse Victims, 2026, aimed at supporting recovery through medical treatment, education and employment support, and long-term community reintegration. These policy directions reinforce several recommendations emerging from the present assessment, particularly those relating to rehabilitation, livelihood support, youth engagement, community participation, and sustained institutional coordination. As per the findings of the present study, the study recommends the Samba District should be included in the proposed Rehabilitation and Socio-Economic Reintegration Scheme for Drug Abuse Victims, 2026.¹³⁵

7.2 Conclusion

The present impact assessment of the 100-Day Nasha Mukta Jammu Kashmir Abhiyan indicates that the campaign made an important contribution to strengthening public awareness, encouraging community participation, and promoting collective responsibility for drug

prevention in the selected border villages of Samba district. Through awareness programmes, educational activities, community outreach, and stakeholder engagement, the campaign helped initiate public discussion on substance abuse and reinforced the importance of a coordinated and community-based response.

The quantitative findings show high levels of reported campaign awareness, participation, and public support for continuing similar initiatives in the future. Respondents also reported improved awareness of the harmful effects of substance abuse, greater discussion on prevention, and stronger recognition of the importance of timely counselling, treatment, and rehabilitation. However, these findings represent the perceptions and experiences of the surveyed respondents and should not be interpreted as direct evidence of sustained behavioural change or a measurable reduction in substance abuse.

The qualitative findings and community consultations provided further insight into the realities of border communities. Respondents associated vulnerability to substance abuse with a combination of social, economic, psychological, and developmental factors, including unemployment, limited livelihood opportunities, peer influence, mental stress, inadequate sports and recreational facilities, insufficient career guidance, migration of youth, and gaps in educational and community infrastructure. These findings suggest that sustainable drug prevention requires more than awareness alone.

The study therefore highlights the need for a comprehensive and community-centred approach. Awareness campaigns should continue, but they should be supported by employment generation, vocational training, skill development, career counselling, sports and recreational opportunities, mental-health support, accessible counselling and rehabilitation services, and active participation by families, educational institutions, Panchayati Raj Institutions, civil society organisations, healthcare providers, and government agencies. The study also showcases the importance of adopting an integrated and community-centred approach that combines preventive education, youth engagement, livelihood generation, skill development, counselling, rehabilitation, mental health support, and active participation by educational institutions, families, Panchayati Raj Institutions, civil society organisations, healthcare providers, law-enforcement agencies, and other government departments. Considering Samba district's strategic location along the International Border, continued efforts to strengthen surveillance and inter-agency coordination should complement these preventive and developmental measures. Sustained institutional coordination, regular monitoring, community participation, and continued investment in youth development and rehabilitation will be essential for building healthier, safer, and more resilient border communities and for advancing the long-term vision of a *Nasha Mukta Jammu and Kashmir*.

The upcoming *Nasha Mukta Yuva Abhiyan* is a good opportunity to build on this to further drug abuse prevention in Samba District. By bringing in youths from local communities as ambassadors for change and involving families and communities, in line with Prime Minister Narendra Modi's vision on this matter, we can develop a community-based movement towards a drug-free society and ultimately *Viksit Bharat*.¹³⁶

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**ANNEXURE I-
INTERVIEW SCHEDULE**

SECTION A: RESPONDENT PROFILE

1. Age ☐ 18–25 ☐ 26–35 ☐ 36–50 ☐ 51 years and above
2. Gender ☐ Male ☐ Female ☐ Other
- ☐ Student ☐ Government Employee ☐ Private Employee
3. Occupation ☐ Self-employed ☐ Homemaker ☐ Unemployed
- ☐ Other: _____
4. Block/Village/Address _____

SECTION B: CAMPAIGN AWARENESS

5. Have you heard about the “100-Day Nasha Mukti Abhiyaan”?
- ☐ Yes ☐ No
6. Through which source did you first learn about the campaign?
- ☐ Social Media ☐ Television/News ☐ Newspaper ☐ School/College
- ☐ Government Officials ☐ Friends/Family ☐ Community Meetings
- ☐ Other: _____
7. How frequently have you seen or heard messages related to the campaign?
- ☐ Frequently ☐ Occasionally ☐ Rarely ☐ Never

SECTION C: UNDERSTANDING OF DRUG ABUSE

8. How serious is the issue of drug abuse in your locality?
- ☐ Very Serious ☐ Serious ☐ Moderate ☐ Minor ☐ Not a Problem
9. Which group is most vulnerable to substance abuse in your area?
- ☐ School Students ☐ College Students ☐ Unemployed Youth
- ☐ Working Adults ☐ All of the Above
10. What are the major causes of substance abuse? *(Select up to four options.)*
- ☐ Peer Pressure ☐ Unemployment ☐ Mental Stress
- ☐ Family Problems ☐ Easy Availability of Drugs
- ☐ Curiosity/Experimentation ☐ Social Influence

SECTION D: PARTICIPATION AND COMMUNITY ENGAGEMENT

11. Have you participated in any activity conducted under the campaign?
- ☐ Yes ☐ No
12. If yes, which activities did you participate in? *(Select all applicable options.)*
- ☐ Awareness Rally ☐ Seminar/Workshop ☐ School/College Programme
- ☐ Anti-Drug Pledge ☐ Street Play ☐ Social Media Campaign
- ☐ Community Meeting

13. How actively are educational institutions promoting anti-drug awareness?

☐ Very Active ☐ Active ☐ Moderately Active ☐ Not Active ☐ Unsure

SECTION E: PERCEIVED IMPACT OF THE CAMPAIGN

14. Has the campaign increased public discussion on drug abuse?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

15. Has awareness about the dangers of substance abuse improved?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

16. Has the campaign encouraged individuals to seek help or counselling?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

17. Have you noticed any positive change in community attitudes towards drug prevention?

☐ Significant Change ☐ Moderate Change ☐ Slight Change ☐ No Change

18. Do you believe that the campaign has helped reduce the stigma associated with seeking treatment?

☐ Yes ☐ Partially ☐ No ☐ Unsure

SECTION F: COMMUNITY CONFIDENCE AND SUSTAINABILITY

19. How confident are you that the campaign will have a long-term impact?

☐ Very Confident ☐ Confident ☐ Somewhat Confident ☐ Not Confident

20. How effective do you consider the 100-Day Nasha Mukti Abhiyaan overall?

☐ Very Poor ☐ Poor ☐ Average ☐ Good ☐ Excellent

21. Would you support similar awareness campaigns in the future?

☐ Yes ☐ No ☐ Maybe

SECTION G: YOUTH ENGAGEMENT AND RECOMMENDATIONS

22. What do you consider to be the biggest drug-related issue affecting youth in your locality?

23. Suggest one concrete measure for involving youth in keeping the community drug-free.

24. Is there any active Youth Club in your locality?

☐ Yes ☐ No ☐ Unsure

25. If yes, how is the Youth Club engaging young people in the area?

26. What additional measures should be taken to sustain anti-drug initiatives after the conclusion of the campaign?

27. Please provide any additional comments or suggestions.

Photographic Documentation of Campaign Activities

Figure A.1 - Poster Making Competition organised under the 100-Day Nasha Mukht Jammu Kashmir Abhiyan at GHSS Gho Brahmana



Figure A.2 - Quiz Competition organised under the 100-Day Nasha Mukta Jammu Kashmir Abhiyan at GHSS Nandpur



**Figure A.3 - Quiz Competition and Anti Drugs Pledge organised under the 100-Day
Nasha Mukht Jammu Kashmir Abhiyan at GDC Ramgarh**



**Figure A.4 –Anti Drugs Pledge organised under the 100-Day Nasha Mukta Jammu
Kashmir Abhiyan at GHSS Rahya**



Figure A.5 –Prize Distribution & Certificate Presentation



Figure A.6 -Village Chaupals and Community Meetings







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